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A Study to Assess the Knowledge Regarding ICDS Services among Mothers at Selected Anganwadi Centre's Tirupati

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Abstract

Currently the most important scheme in the field of child welfare is the ICDS scheme. The blue print for the scheme was prepared by the department of social welfare in 1975. The project was sanctioned in October 1975. ICDS scheme was launched on 2 October 1975, the 106th birth anniversary of Mahatma Gandhi the father of nation. Therefore, a study was conducted to assess the knowledge regarding ICDS services among mothers at selected [1]. Research design was cross-sectional descriptive design. The study was conducted at Anganwadi centres, Tirupati. Population includes mothers of under-five children. Sample size consists of 100 mothers of under-five children under inclusion criteria. Non-probability convenient sampling technique was adopted based on inclusion criteria. A structured knowledge questionnaire is used to assess the knowledge regarding ICDS services among mothers. The collected data were analyzed by descriptive and inferential statistics. Study findings revealed that out of 100 mothers 53(53%) had moderate knowledge, 38 (38%) had adequate knowledge and only 9 (9%) had inadequate knowledge regarding ICDS services. The mean knowledge regarding ICDS services among mothers is 23.14 with the standard deviation of 4.362. There is a significant association between knowledge regarding ICDS services with age of mother, educational status of mother, educational status of father, monthly income, religion at $p<0.01$ level. A majority of mothers were having moderate knowledge regarding ICDS services and demographic variables were statistically significant, and hence it can be concluded that, there should be improve knowledge regarding ICDS services by providing education regarding various services for different groups in order to improve the utilization of ICDS services to improve maternal and child health.

Keywords: ICDS services; Knowledge; Mothers.

Background

Integrated Child Development Scheme (ICDS) represents one of the world's largest and most unique programs for early childhood development. India has got the response to provide pre-school education to reduce malnutrition, morbidity and mortality of children through network of ICDS centres it is known as Anganwadi [1]. The word Anganwadi is derived from the Hindi word 'Angan' which refers to the courtyard of a house [6]. The package of services provided by the ICDS scheme includes supplementary nutrition, immunization, health check-up, referral services,

nutrition, health education, and pre-school education [2]. The distribution of iron and folic acid tablets and mega dose of vitamin A is also undertaken to prevent iron deficiency Anaemia and xerophthalmia respectively.

Objectives

1. To assess the knowledge regarding ICDS services among the mothers,
2. To find out the association between knowledge scores regarding ICDS among the mothers with selected socio-demographic variables.

Need for the study

Nutritional deficiency constitutes a major public health problem in India and other countries of the developing world. Every year 50 percent of children are undernourished in India [3]. Nutritional problems like Protein Energy Malnutrition, anaemia and vitamin A deficiency continue to play a larger proportion in Indian children. The diet and nutritional status of rural children in India is far away from being satisfactory. The most common cause of malnutrition include faulty infant feeding, inadequate food and health security, lack of awareness and knowledge regarding their food supplements and absence of a responsible adult care givers [1]. The average Indian child has a poor start to life. Both infant and under-five mortality rates for Indian children is 67 and 93 respectively, it is higher than the developing country on average. One in four newborns is underweight. Only about one in three is exclusively breastfed for the first six months. Nearly one in two children less than five years of age suffers from moderate or severe malnutrition. One in three children does not get a full course of DPT (diphtheria, pertussis and tetanus immunization), and only one in three has the opportunity to be in an early learning programme. Just about one in five is protected against vitamin A deficiency [4].

Methodology

Research approach

Non- experimental approach was adopted.

Research design

Cross-sectional descriptive design

Setting

Selected Anganwadi centres at Tirupathi

Sample and Sample size

In this study sample consisted of 100 Mothers of under-five children

Sampling technique

Non-probability convenient sampling technique was adopted

Tool

The tool consists of three sections: Section-I: Consists of questions related to demographic data. Section-II Consist of structured knowledge questionnaire on knowledge regarding ICDS services.

Tool was sound to be highly reliable and valid. Pilot study was conducted before the main study to assess the feasibility. Data was collected from mothers of under five children selected Anganwadi centres Tirupathi by taking permission from the Child developmental project officer (CDPO) Tirupathi, and written consent from mothers. Finally all the respondents were thanked foe their co-operation and given information booklet as a self instructional module for creating awareness regarding ICDS services.

Findings

Section-I: Distribution of demographic variables among adolescent students.

Table is not provided

The data presented in the above table reveals that out of 100 mothers majority (39%) are in the age group of 26-30 years, next majority (38%) were in the age group of 21-25 years and below 20 years of age are (13%), above 30 years of age group are 10 percent. Based on the age of the child majority (39%) are 3 years old, 2 years old (26%), 4 years old (24%) and below one year children are (11%) Based on the educational status of the mother majority of the mothers (49%) had high school education, (20%) had degree and above educational status, (15%) are illiterates, (11%) had intermediate education, and (5%) had primary education. Based on the educational status of the father (44%) had high school education, (25%) had degree and above educational status, (14%) are illiterates, (10%) had primary education, (7%) 7 had intermediate level education. Considering the occupations of mothers (91%) are housewives, (7%) are coolies, (2%) were employees. Considering the occupations of fathers (40%) are coolies, (39%) are doing business, (10%) had private job, (9%) are government employees, (2%) were based on agriculture. Based on the monthly income (38%) had income of Rs. 5000 to 10000, (34 %) had income below Rs. 5001, (16%) had income of Rs 10001 to 15000 and (12%) had income of above Rs 15001. Considering the religion Hindus were (81%), Muslims were (53%), Christians were (1%). Based on type of family, nuclear families are (72%), joint families are (24%) and extended families are (4%). Based on source of information regarding ICDS from health personnels are (82%), family members are (16 %), and friends and relatives are (2%).

SECTION-II: Distribution of level of knowledge regarding ICDS services among mothers attending Anganwadi centres.

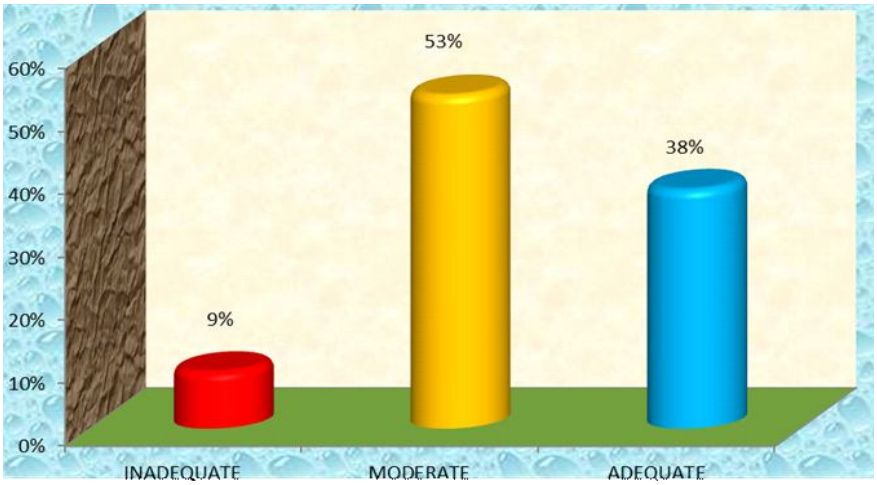

Fig. 1: Percentage distribution of level of knowledge on ICDS services

Section-III: Mean and standard deviation for level of knowledge on ICDS services among mothers.

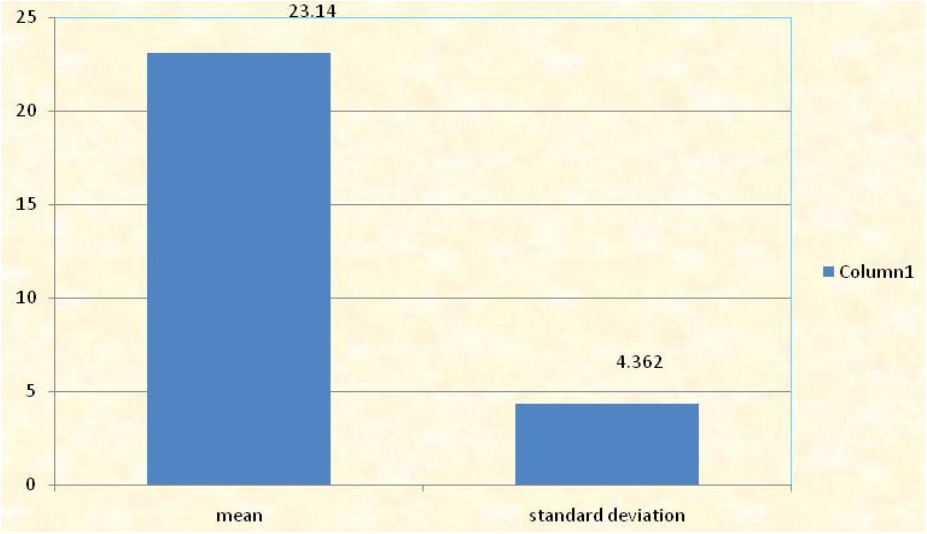

Fig. 2: Mean Standard deviation for level of knowledge on ICDS services

Table 1: Knowledge levels on ICDS services among mothers

S. no	Demographic variables	Chi-square(χ^2)	Degree of freedom	p value
1.	Age of the mother in years	39.26	16	0.000**
2.	Age of child in years	3.248	4	0.777
3.	Educational status of mother	39.483	16	0.000**
4.	Educational status of father	28.481	10	0.000**
5.	Occupation of mother	1.618	2	0.806
6.	Occupation of father	7.966	8	0.437
7.	Monthly family income	26.544	9	0.000**
8.	Religion	16.047	8	0.003**
9.	Type of family	8.020	4	0.091
10.	Source of information regarding ICDS	7.436	4	0.258

** = significance at 0.01 level
*= significance at o.o5 level
NS = not significant

Table reveals that there is a significant association between knowledge regarding ICDS services with age of mother, educational status of mother, educational status of father, monthly income, religion at p<0.01 level. Remaining demographic variables are not showing any association in knowledge regarding ICDS services with age of child in years, occupation of mother, father, type of family, source of information regarding ICDS.

Discussion

Hence the null hypothesis formulated in the study was rejected that there is significant relationship between the levels of knowledge regarding ICDS services with selected demographic variables among mothers.

The results of the present study supported by earlier study Jawahar, Preethy; Navaneetham (July 2011) has conducted a descriptive survey study to identify the knowledge and utilization of integrated child development scheme (ICDS) services among women in Udupi district, Karnataka**.** with a sample size of 225. Results out of 225 women 49.3% had average knowledge and 46.7% with poor knowledge regarding ICDS [5].

In relation to Association between demographic variables and levels a similar study was conducted by Ms. Telsy Sunny (2013) has been conducted a cross-sectional study on knowledge regarding ICDS program among the mothers of under-five children residing at Uttarahalli village in Bangalore the sample size of 60 mothers. The association between the demographic variables and knowledge scores is 0.05% (5% level). There is a significant association between knowledge level and selected demographic variables such as age, educational status, occupation, per-capita monthly income, and source of information [6].

Implications

The implications drawn from the present study is of a vital concern to health professionals including nursing practice, nursing education, nursing administration and nursing research.

Nursing practice

- In community small teachings can be conducted regarding various services provided under ICDS, who are the beneficiaries under ICDS to reduce maternal and infant mortality, morbidity rate, to improve nutritional health status of children.
- As a community health nurse, can make all the attempts to create Awareness and initiate activities regarding ICDS services among mothers.
- Nurses working in the community should realize their role in educating the benefits of ICDS.
- Teaching programme can be conducted for groups, as it would allow both literate and illiterate clients to enhance their knowledge about ICDS services.

Nursing Education

- The community health nursing curriculum needs to be strengthened recent programs and schemes
- Community nurse health educators should plan for in-service education and conduct education programs on services under ICDS.
- Community health nurses can develop educational material to teach the community about the ICDS scheme, its objectives and services.

Nursing Administration

- The community health nurse should organize

the in-service education programs on ICDS services utilization

- Administration policies should allow for improvement in utilization of ICDS services
- Administration of policies in order to implement the scheme effectively in the health centers.

Nursing Research

- More research is needed towards the improvement in utilization of ICDS services.
- The community nurses and nursing students should be encouraged to do research in the field of interest regarding ICDS services.
- Utilization of research findings in the nursing practice should be encouraged.

Limitations

- The study was confined to a specific geographic area which obviously limits to any larger generalization.
- No attempt was made to know the reasons for inadequate knowledge regarding ICDS services.
- Sample size of the study was small which imposed a limit on generalization.

Recommendations

- A similar study could be conducted on larger sample.
- A comparative study can be conducted to assess level of utilization of ICDS services among beneficiaries in urban and rural areas.
- A similar study can be conducted to assess the knowledge and practice of ICDS services among mothers
- A similar study can be conducted to structure teaching programme of ICDS services among mothers
- The study can be replicated in different community settings
- Information booklet and manuals can also be prepared and distributed to community about the ICDS services
- A study can be conducted to evaluate the effectiveness of ICDS in a reducing maternal and infant mortality rate.
- An experimental study can be conducted using control and experimental group.

Conclusion

In this study most of the mothers had inadequate and moderate knowledge regarding ICDS services. There was a significant association between knowledge level and selected demographic variables such as Age of mother (39.26**), Education status of mother (39.483**), Education status of father (28.481**) Monthly income of the family (26.544**), Religion (16.047**). There is a significant association at $p<0.01$ level.

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