International Journal of Applied Research 2015; 1(9): 364-368

ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2015; 1(9): 364-368
www.allresearchjournal.com
Received: 24-06-2015
Accepted: 27-07-2015

Dr. Sarbjit Singh Kular
Assistant Professor in Public Administration, Guru Gobind Singh College, Sanghera Barnala, Punjab, India.

Correspondence:
Dr. Sarbjit Singh Kular
Assistant Professor in Public Administration, Guru Gobind Singh College, Sanghera Barnala, Punjab India.

Women health security through ICDS in rural Punjab

Sarbjit Singh Kular

Abstract
Integrated Child Development Services (ICDS) Scheme, which has been operating in the all districts of Punjab for decades. Under the present study women health security had been evaluated through Supplementary Nutrition ration component of ICDS, in the light of the objectives, to assess the availability of regular Supplementary Nutrition ration for women in Anganwadi centres, number of days for distributing supplementary nutrition from 1st January to 31st December, 2012 and percentage of the enrolled pregnant and nursing women coming to receive supplementary nutrition. For the study, three rural ICDS projects; namely Barnala ICDS project, Sehna ICDS project and Mehal Kalan ICDS project were selected from Barnala district of Punjab. The study was conducted during August to December 2013. A total of 30 Anganwadis (10 from each ICDS project) were selected on the basis of random, which was working at least the last 20 years. It was found that only 33.33% AWWs were getting SN ration in time. It was shocking to note that a high majority (83.34%) of AWWs did not distribute SN ration for 300 days in a year as they were supposed to under the rules. All the projects put together, 44.47% nursing mothers and 48.19% pregnant women did not regularly receive SN ration from the AWCs. Thus, In Punjab the women health security through ICDS programm was unsatisfactory.

Keywords: Integrated Child Development Services (ICDS), Anganwadi Worker (AWW), Anganwadi Centre (AWC), Supplementary Nutrition (SN), Below Poverty Line (BPL).

Introduction
The health and nutritional status of Indian women is intrinsically linked to their status in society. Research on women's status has found that the contributions Indian women make to families often are overlooked, and instead they are viewed as economic burdens. There is a strong son preference in India, as sons are expected to care for parents as they grow in age. This "son preference" along with high dowry costs for daughters, sometimes results in the maltreatment of daughters. Further, Indian women have low levels of both education and formal labour force participation. They typically have little autonomy, living under the control of first their fathers, then their husbands and finally their sons. All of these factors exert a negative impact on the health and family status of Indian women.

Poor health has repercussions not only for women but also for their families. The care and development of children is closely linked with the condition of women. Her status, care and, development directly affects the overall development of her children [1]. Women in poor health are more likely to give birth to low weight infants. They also are less likely to be able to provide good food and adequate care to their children. Finally, a woman's health affects the household economic well-being, as a woman in poor health will be less productive in the labour force.

It had been rightly said that child's need for health protection began even before birth. In fact, there was a close relation between maternal health and child health. Mothers and children were especially at risk because of the particular vulnerability at certain stages of the process of growth and development. According to J.E. Park, mothers and children constituted not only a large group, but were also a "vulnerable" or special risk group. "The risk is connected with child-bearing in the case of women and growth, development and survival in the case of infants and children [2]."

The Union Ministry of Health and Family Welfare in India held a similar view as it also observed, "Since mothers and children have additional requirement for reproductive growth and development and are biologically more vulnerable to environmental influences, special

programs are required in pregnancy, child birth and childhood in addition to the general health measures [3]."

The Ministry of Women and Child Development in India too reiterated that women's health played an important role in determining the health of the future population, because women's health had an intergenerational effect. The low health situation of women had a cumulative impact reflected in the high maternal mortality rates, the incidence of low birth weight babies, high pre-natal mortality and foetal wastage and consequent high fertility rates [4].

Realizing the great importance of bringing improvement in women's health and nutritional status, in 1975 Government of India initiated an integrated approach for the delivery of health care as well as nutrition and education services at the village level through Anganwadi Centres (AWCs). This national programme, known as the Integrated Child Development Services (ICSD) Scheme is one of the flagship programmes of the Government of India and represents one of the world's largest and unique programmes for early childhood care as well as pregnant and nursing mothers etc. In the initial stages ICDS was implemented in 33 selected community development blocks in India. ICDS has expanded considerably in subsequent years and at present there are 7076 sanctioned projects, 7025 operational projects in India and 155 sanctioned and 154 operational projects in Punjab [5]. Services under the scheme are being provided through a net-work of about 1331076 operational *Anganwadi* centers in India as well as 26656 operational *Anganwadi* centers in Punjab. The programmed beneficiaries are children below 6 years, pregnant women and lactating mothers for supplementary nutrition, immunization, health check-ups, referral services. Women in the age group of 15-45 years and adolescent girls up to the age 18 years for health and nutrition education and children from three to six years of age are beneficiaries for non-formal pre-school education. All children below 6 years of age, pregnant women and lactating mothers are eligible for availing of services under the ICDS Scheme. Below Poverty Line (BPL) is not a criterion for registration of beneficiaries under ICDS. The Scheme is universal for all categories of beneficiaries and in coverage [6]. The focal point for the delivery of ICDS services in an *Anganwadi* [7] - a child care center located within the village or slum area itself. Each *Anganwadi* is run by an *Anganwadi* worker (AWW) and a helper and usually covers a population of 400 to 800 in rural and urban areas and 300 to 800 in tribal and hilly areas. Vijay Rattan [8] is his book (1997) gave details about genesis, growth, components of ICDS and described a package of seven services comprising supplementary nutrition, immunization, health check-ups, and referral services' treatment of illness, Nutrition and health education and non-formal pre-school education which are provided under ICDS

Supplementary Nutrition Programme

With a view to improve the health and nutritional status of children, pregnant women and lactating mothers, the Supplementary Nutrition Programme has been included as the most important component of the ICDS Programme. Malnutrition, endemic poverty and low household incomes over the years have resulted in poor nutritional status of the population in these households resulting in food distress and food insecurity. Food insecurity impacts them more adversely. When families and people suffer, children and women suffer most due to their greater vulnerability and higher biological need for nutritional protection and security, growing infants, adolescent girls, pregnant women and nursing mothers face far greater risk from the nutritional depletion than others. This nutritional insecurity pre-eminently of pregnant and nursing women and children in the formative years is addressed through the Supplementary Nutrition Programme. Malnutrition impairs physical and mental development and hence providing nutritional support to children in the vulnerable age group is essential to prevent the onset of malnutrition and growth faltering in the formative years [9].

With a view to reduce morbidity and mortality among the vulnerable sections of the population, the Supplementary Nutrition Programme through the ICDS scheme has proved to be one of the most important food-based interventions in India. Under the scheme, Supplementary Nutrition is provided to expectant and nursing mothers from low income families for a period of 300 days in a year as per nutritional norms at the Anganwadi centres. In the case of pregnant women, supplementary nutrition is admissible now from the day the pregnancy is discovered upto the date of delivery. The nursing mother is eligible for supplementary nutrition for the first six months of lactation [10].

The Government of India has recently, revised the cost of supplementary nutrition for different category of beneficiaries. On average, the effort is to provide daily nutritional supplements to the extent of 600 calories and 18-20 gms of protein per pregnant women and nursing women. The number of beneficiares for Supplementary Nutrition in all over India was 18084590 pregnant and lactating women and in Punjab, the number of beneficiaries for Supplementary Nutrition was 2, 88, 318 pregnant and lactating women, up to 31st January, 2013. In Punjab, the ICDS programme is well-spread with 155 sanctioned and 154 operational projects at present in 2013 [11].

But, Ajay Kumar, Monika Singh and Kuldeep Bauddh (2010) [12] presented very grim realities saying that every sixth malnourished child in India lives in U.P., about 56% children born to illiterate mother were under weight, every second adolescent girls was anemic, about 49% women was below 45 kgs, less than 3% mothers received the minimum full dosage of Iron, Folic acid tablets, only one in 20 new born was put to the breast within the first hours of birth and 23% mother undergo health checkup after delivery. Dongre (2008) [13] found that poor co-operation from villages, mothers do not follow medical advice, mothers are busy with from work, irregular and poor health checkup services, mother do not follow dietary advices, poor personal hygiene of families, poor environmental sanitation and poor child care practices etc. are most common reasons for the limited success of ICDS programme. In the background of these observations, it is very important to investigate the relevance and effectiveness of the world`s largest and most unique ICDS programme.

Scope and Objectives

The scope of present study is to evaluate the women health security through Supplementary Nutrition ration of ICDS programme in three ICDS Project namely Barnala, Sehna and Mehal Kalan of Barnala district of Punjab. In this study Supplementary Nutrition ration component of ICDS had been evaluated in the light of the objectives, to assess the availability of regular Supplementary Nutrition ration for women in Anganwadi centres, number of days for

distributing supplementary nutrition from 1st January to 31st December, 2012 and percentage of the enrolled pregnant and nursing women coming to receive supplementary nutrition.

Methodology

For the present study, three rural ICDS projects; namely Barnala ICDS Project, Sehna ICDS project and Mehal Kalan ICDS project were selected from Barnala district of Punjab. The study was conducted during August to December 2013. A total of 30 Anganwadi (10 from each ICDS project) were selected on the basis of random, which was working at least the last 20 years. The present study is primarily based on primary sources of information. For primary data, responses were elicited from the Anganwadi Workers (AWWs) through open and close ended questions in the Schedule followed by personal interviews. Schedules were designed in English and for the convenience of the respondents, they were translated in Punjabi which is common language spoken in the Barnala district. Observation method was also used during personal visits to AWCs. Besides this, secondary sources of information like books, articles, and newspaper clippings, articles in research journals, websites and reports were also consulted to collect the factual data concerning the study. The data from the total sample of 30 Anganwadi workers was edited. The data collected was analyzed manually and tabulated.

Findings

The study undertook to assess the women health security through Supplementary Nutrition Ration of ICDS programme at Anganwadi Centres and brought the following findings from the *Anganwadi* workers.

Table 1: Are you getting Supplementary Nutrition ration in time? If no, what was the main reason? (*Anganwadi Workers)*

Attributes	Responses			Responses of Total AWWs
	Barnala ICDS Project	Sehna ICDS Project	Mehal Kalan ICDS Project	
Yes getting in time	04(40)	03(30)	03(30)	10(33.33)
No, food items not supplied	06(60)	07(70)	07(70)	20(66.67)
No, due to transportation problem	--------	--------	---------	----------
No, food items were spoiled	-------	-------	-------	----------
Total	10	10	10	30(100)

Source: *Culled from Primary data. Figures in brackets are percentages.*

Pregnant women and nursing women are beneficiaries for supplementary nutrition ration as per national norms. In the case of pregnant women, supplementary nutrition ration is admissible now from day of pregnancy is discovered upto the date of delivery. The nursing mother is eligible for SN ration for the first six months of lactation. A glance at the Table 1 indicates that 33.33% AWWs answered that they were getting SN in right time. A majority (66.67%) of the AWWs viewed that they did not get SN ration of food items in time due to lack of supply properly from Government during 1st January 2012 to 31st December, 2012.The finding also indicated that the major problem faced by the AWWs related to the quantity of food materials which they received was much less than what was due or required.

Table 2: For how many days from 1st Jan to 31st Dec, 2011 Supplementary Nutrition was distributed? (Anganwadi Workers)

Attributes	Responses			Responses of Total AWWs
	Barnala ICDS Project	Sehna ICDS Project	Mehal Kalan ICDS Project	
300 days	02(20)	01(10)	02(20)	05(16.66)
250 days	05(50)	05(50)	05(50)	15(50)
200 days	03(30)	04(40)	03(30)	10(33.33)
Any Others	----	----	----	----------
Total	10	10	10	30(100)

Source: *Culled from Primary data. Figures in brackets are percentages.*

As per the supplementary nutrition program of ICDS scheme, 300 days of feeding for pregnant and nursing women per year is envisaged. As seen in Table 2, only 16.66% of the AWWs distributed SN ration for 300 days in a year, while 50% AWWs distributed SN ration for 250 days in a year. The remaining 33.33% AWWs distributed SN ration 200 days in a year

It is shocking to note that a high majority (83.34%) of the AWWs distributed SN ration less than 300 days in a year. Besides it, distribution of SN ration ideally takes place six days a week but many Anganwadi Centres were not open on all days.

Table 3: Average data detail of Supplementary Nutrition to beneficiary pregnant women from 1st Jan to 31st Dec, 2011. *(Anganwadi Workers)*

	Total No. of Eligible	Total No. of enrolled	Attended activities zero days	Received 1-14 days	Received 15-24 days	Received 25 days and above
Pregnant Women in Barnala ICDS Project	921	820	252	58	62	448
Pregnant women in Sehna ICDS Project	793	775	287	41	45	402
Pregnant women in Mehal Kalan ICDS Project	801	769	257	28	31	453
Total	2515	2364 (93.99)	796 (31.65)	127 (05.04)	138 (05.48)	1303 (51.81)

Source: *Culled from secondary data Figures in brackets are percentages.*

Nutrition program for pregnant women is one of the most important services provided by the Anganwadi. In the case of pregnant women as Table 3 explains that there were total average 2515 eligible women for SN ration at AWCs. About 2364 (93.99%) of the pregnant women were enrolled in the register of AWWs. Out of them 796 (31.65%) pregnant women did not come at AWWs to receive SN ration in the whole year. The number of pregnant women who received SN ration for 1 to 4 days was 127 (05.04%). Only 138 (05.48%) pregnant women received SN ration for 15-24 days in a month from AWWs. Near half 1303 (51.81%) pregnant women received SN ration from AWCs for 25 days and above.

It can be concluded that about 48.19% pregnant women did not receive regularly SN ration from the AWCs. It seems it was due to various reasons like pregnant women did not give high priority to Anganwadi ration and ICDS personnel also did not motivate them about the benefits of supplementary nutrition.

Table 4: Average data detail of Supplementary Nutrition to beneficiary nursing mothers from 1st Jan to 31st Dec, 2011. (Anganwadi Workers)

	Total No. of Eligible	Total No. of enrolled	Received ration zero days	Received 1-14 days	Received 15-24 days	Receivd25 days and above
Nursing mothers in Barnala ICDS Project	816	695	197	51	44	403
Nursing mothers in Sehna ICDS Project	796	761	221	46	29	465
Nursing mothers in Mehal Kalan ICDS Project	682	652	177	41	28	406
Total	2294	2108 (91.89)	595 (25.93)	138 (6.01)	101 (4.40)	1274 (55.53)

Source: *Culled from secondary data. Figures in brackets are percentages.*

The total average coverage of nursing mothers, as given in Table 4 from 1ts Jan., 2011 to 31st Dec., 2012 there were total average 2294 eligible nursing mothers for SN ration at all 30 *AWW*s. It was found that 2108 (91.89%) nursing mothers were enrolled in the register of *AWC*s. Out of them, 595 (25.93%) nursing mothers did not receive SN ration from AWCs during this period. 138 (6.01%) nursing mothers received SN ration for 1 to 4days in a month. Merely 101 (04.40%) nursing mothers received SN ration for 15-24 days and the next of the 1274 (55.53%) nursing mothers received SN ration for 25 days and above in a month from AWCs.

The data of study also indicated that 44.47% nursing mothers in selected sample did not regularly receive SN ration.

Conclusion

It can be seen about the women health security through supplementary nutrition ration of ICDS programme at AWCs that the emerging scene is not very good. It was found that only 33.33% AWWs were getting SN ration in time during 1 Jan 2012 to 31 Dec 2012. It was shocking to note that a high majority (83.34%) of AWWs did not distribute SN ration for 300 days in a year as they were supposed to under the rules. All the projects put together, 48.19% pregnant women and 44.47% nursing mothers did not regularly receive SN ration from the AWCs. Thus, the health security of pregnant women and nursing women through SN ration at AWCs was not satisfactory.

Women development have been central targets of the family planning programme from the late 1960s but their reproductive health needs were never acknowledged beyond the survival of the child nor was there any concern to have an integrated/holistic approach to deal with their health issue. Besides it, for development of women`s health is not only framing policies but it is the proper coordination and implementation of the polices. It is seen from the present study that due to lack proper coordination and implementation of the polices, a large number of women were not receiving supplementary food from AWCs. Based on the present experiences, the following are some of the steps that need to be taken for improve the women's health through ICDS:

- It is recommended that efforts should be made to further improve the coverage of women for receiving supplementary food by exhaustive door to door surveys, encouraging consumption of food at the Anganwadi and enhancing mother's awareness about appropriate supplementary foods.

- Irregular supply of supplementary nutrition ration at AWCs did not only affect the health of expectant women and lactating mothers, but also adversely affects community's image of AWCs. In this context, apart from issuing necessary instructions to concerned agencies for regular supply of supplementary nutrition, Government must also look into the reasons for such disruption in each case and initiate necessary actions required in the given situation.

In addition, mothers and Anganwadi workers need to be given skill training in preparing local recipes. It is also suggested that at least two mothers should necessarily help Anganwadi workers and helpers, in rotation, in cooking and serving supplementary nutrition ration.

References

1. Vijay Rattan. Women and Child Development, S. Chand & Company Ltd. New Delhi, 2000, 365.
2. Park JE, Park K. Text Book of Preventive and Social Medicine, Banarsidas Bhanot Publishers, Jabalpur, 6th Ed, 1977, 547.
3. Maternal and Child Health, Annual Report, Ministry of Health and Family Welfare, Government of India, New Delhi, 1982-83, 158.
4. Country Report: Fourth World Conference on Women. Beijing, Department of Women and Child Development, Government of India, 1995, 84.
5. Annual Report, Ministry of Women and Child Development, Government of India, New Delhi, 2012-13, 223.

6. Ibid. *Anganwadi* in Gujarati language from which it was taken means "Courtyard Garden", (*Angan* mean Courtyard and *wadi* mean garden). The expression *Anganwardi* was first used officially in the report of Mina Swaminathan committee on preschool education in appointed by the then Ministry of Education an Social Welfare, 1972.
7. Vijay Rattan. Integrated child Development Services Program administration, S. Chand and company Ltd, New Delhi, 1997.
8. Special Nutrition Programme and ICDS Under Revised Long Term Action Plan in the K.B.K. District of Orissa, Planning and Coordination Department, Government of Orissa, Bhubaneswar, *www.Odisha.gov.in*, assessed on 23rd March, 2013, 2005, 5.
9. Vijay Rattan. Integrated Child Development Services Program Administration, S. Chand and Company Ltd., New Delhi, 1997; l:150.
10. Annual Report, Ministry of Women and Child Development, Government of India, New Delhi, 2012-13, 223.
11. Ajay Kumar, Mokia Singh, Kuldeep Bauddh. Women and Child Health profile in Utter Pradesh, Kurukshetra, February 2010; 58(4):24-26.
12. Dongre AR, Deshmukh PR, Garg BS. Eliminating Childhood Malnutrition: discussion with mother and Anganwadi Workers, Journal of Health studies. May-December. 2008; 1(2-3):48-52.