

Adoption of ICDS Practices by the Rural Families in Jhansi District of Bundelkhand

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Abstract

Government of India has planned and executed so many Programmes since inception of Five years Plans to uplift the women and child development Programmes at gross root level ICDS is one of the trainer one being implemented to inform the over all condition of children in the country at large. The development process is not paralleled in all the part of country . The present study was being planned and conducted in Bundel khand Region still running for behind so for the implementation of ICDS is concerned keeping this in mind the present study was conducted in Jhansi District , covering one Tehsil, one C.D.Block , 05 villages and 60 families under each selected village, Thus making total 300 families as responndants . The primary data was gathered with the help of well structured interview schedule. The collected data was pooled, quantified , classified, tabulated and analysed. The outcomes of the study clearly reveal that more than 80% rural families respondents have adopted the ICDS practices to high extent. To mention some of the practices are; Nutrition elements taken by women duing pregnancy, taking precautions during pregnancy, getting rejection/vaccination of illitarate duing pregnancy, going routine check-up, using breast feeding , giving colostrums to the baby just after delivery, using mother milk , using baby complementary food, pulse polio to the child was used, regular check-up of child health, taken precuaction for preventing malnutrition and attended the physical hygience during birth of child.

Key words: C.D.Block, ICDS, malnutrition, pregnancy,

Introduction

Any national development strategy that emphasizes human development essentially begins with the welfare of children , investments made in children's health, nutrition and education help in reducing hunger and malnutrition, extending life expectancy, and lowering death rates and school drop out rate among them , planners all over the world recognized that access to minimum services to children is likely to ensure their optimal development and world help in shaping them in to adults capable of contributing to economic and social development of nation . India has 170 million children who are below the 6 years of age.A majority of them are raised in families living in extreme conditions of poverty. Consequently important indicators of social development in India still ranks low infant morortality rate. Further we have not been able adhere to the target on universal primary education and control dropout rate at primary level that continues to be as high as 32.65%(year book 2008).

Due to the interlocking problem of the grinding poverty of families children grew in uncongenial environment characterized by non-availibility of civic amenities, health care and back of access to cognitive

stimulation,skills and knowledge. These remain as the major urgent needs of children in the country. Several intervention programmes and services, therefore, have emerged during the last few decades. In order to safeguard survival and development of disadvantaged children , both Central Government/ state Government and voluntary organizations need special attention to look after the essential requirements to meet out their demands considering the importance of contribution of ICDS right from Central to grassroot level. The researcher has selected the research area on ICDS entitled "Adoption of ICDS Practices by rural families in Jhansi District of Bundelkhand."

Specific Objectives

To study the extent of adoption of ICDS Pratices and its impact on rural families under study.

Research Methodology

Expost facto type descriptive research design mainly based on survey Method was developed .Jhansi District was selected Purposively from Bundelkhand Region keeping in view of well acquaintancy of investigator with the area, people and local dialect.Out of five Tehsils in Jhansi District one Tehsil was selected

randomly. Out of nine block only one C.D. Block was selected. Five village's and three hundred respondents consisting sixty families were selected through random sampling method. The primary data were collected with the help of well structured interview scheduled. The collected data were quantified in the form of coding sheet, classified, tabulated, analyzed and interpreted accordingly.

Results and Discussion

The important findings pertaining to the extent of adoption of ICDS practices are given and discussed in table-1

(A) Adoption of ICDS Practices by the respondents:

It is evident from Table 1 shows that cent-percent respondents have adopted the ICDS practices to high extent like 'Using breast feeding to the baby just after delivery', 'The child taken for health check-up', and 'Attended physical hygiene during bath on all the organs' followed by 'Giving food just after birth' (94.67%), 'Giving mother's milk' (89.00%), 'Giving colostrums to baby' (87.00%), 'Getting vaccination of Titanus during pregnancy' (83.33%), 'Taken precaution for preventing malnutrition' (82.00%), 'Time for baby bath during summer' (81.33%), 'Mother milk is sufficient' (81.33%) 'Taking nutrition elements during pregnancy' (80.675), 'Breast feeding after 4 hours' (80.675), 'Baby complementary food' (80.67%) 'Nails cutting of child whenever required' (80.00%), and 'Dose of pulse polio was given to child (80.00%).

Table further reveals that more than 60.00 percent respondents have also adopted the ICDS

practices like 'Cleaning the teeth of child' (79.33%), 'Giving more nutritious food to child' (77.67%), 'One time bath during summer' (77.67%), 'In early symptoms of disease' (76.67%), 'Going for routine check-up during pregnancy' (70.33%), 'Taking child for health check-up' (70.00%), 'Getting Sweet powder of Soyabean from Anganwadi Kendra' (70.00%), 'Extra milk was given to baby' (69.67%), 'Increasing the quantity of grains' (69.67%), 'Getting Daliya' (69.33%), 'Vaccinated the child of Deptheriya' (69.00%), 'Taking cow/buffalo milk' (69.33%), 'Getting the items to child in Anganwadi Kendra' (68.67%), 'Using milk, 'green vegetables daily in the diet during pregnancy' (68.33%), 'An able doctor/ children specialist' (68.00%), 'getting Pure-vegetables' (68.00%), 'Taking Calcium- 500-600 mg' (67.00%), 'Taking iron pills during pregnancy' (66.67%), 'Getting fruits from Anganwadi Kendra' (66.67%), 'Taking iron-10 mg/day' (64.33%), 'Extra milk was given by bottle' (63.00%), 'Sending child to Anganwadi School' (63.00%), 'Eating one fruit daily during pregnancy' (62.67%), 'Taking the child for routine health check-up' (62.67%), 'Grain and pulses as complementary food' (60.67%), and 'Increasing the quantity of milk' (60.33%).

Table also reveals that less than 35.00 percent respondents were observed having adopted ICDS practices to medium extent, while 62.33 percent, 52.33 percent, 46.00 percent, 39.33 percent, 37.67 percent, 21.67 percent and 21.33 percent respondents have adopted the ICDS practices to Low extent respectively.

Table1: Adoption of ICDS practices by the respondents

Sl. No.	Statements	High Adoption		Med. Adoption		Low Adoption	
		No.	%	No.	%	No.	%
1.	Taking Nutrition elements during pregnancy	242	80.67	30	10.00	28	9.33
(a)	Protein	154	51.33	82	27.33	64	21.33
(b)	Calories 300 Cal	141	47.60	94	31.33	65	21.67
(c)	Iron-10 mg/day	193	64.33	72	24.00	35	11.67
(d)	Calcium-500-600 mg	201	67.00	60	20.00	39	13.00
	Eating one fruit daily during pregnancy	188	62.67	80	26.67	32	10.67
2.	Using milk, fruit, green leaf vegetables daily in the diet during pregnancy	205	68.33	62	20.67	33	11.00
3.	Taking iron pills during pregnancy	200	66.67	70	23.22	30	10.00
4.	Getting vaccination of Titanus during pregnancy	241	83.33	38	12.67	21	7.00
5.	Taking precaution during pregnancy	250	83.33	32	10.67	18	6.00
6.							

(a)	Extra rich diet	256	85.33	28	9.33	16	5.33
(b)	Rest	180	60.00	81	27.00	39	13.00
(c)	Give up eating hot food	165	55.00	89	29.67	46	15.33
7	Going for routine check up during pregnancy	211	70.33	71	23.67	18	6.00
8.	Using breast feeding to the baby just after delivery.	300	100.00	0.00	0.00	0.00	0.00
(a)	After 4 hours	266	80.67	34	11.33	0.00	0.00
9.	Giving colostrums to baby	261	87.00	28	9.33	11	3.67
10	Giving food just after birth	284	94.67	16	5.33	0.00	0.00
(a)	Mother/s milk	267	89.00	33	11.00	0.00	0.00
11	Mother milk is sufficient	244	81.33	40	13.33	16	5.33
(a)	Cow/ Buffalo milk	208	69.33	70	23.33	22	7.33
(b)	Dairy milk	90	30.00	97	32.33	113	37.67
12.	Extra milk was given to baby	209	69.67	74	24.67	17	5.67
(a)	By bottle	189	63.00	66.	22.00	45	15.00
(b)	By bowl and spoon	150	50.00	90	20.00	60	20.00
13	Baby complementary food	242	80.67	38	12.67	20	6.67
(a)	Fruit	178	59.33	80	26.67	42	14.00
(b)	Water and pulses	38	12.67	105	35.00	157	52.33
(c)	Grain and pulses	182	60.67	77	25.67	41	13.67
14.	Giving more nutritious food to child	233	77.67	46	15.33	21	7.00
15	Vaccinated the child-						
(a)	T.B.	180	60.00	70	26.67	50	16.67
(b)	Deptheriya	207	69.00	61	20.33	33	11.00
(c)	Small Pox	158	52.67	82	27.33	60	20.00
(d)	Polio drops	253	84.33	38	12.67	9	3.00
16.	Vaccinated the baby by all vaccine	170	56.67	90	30.00	30	13.33
17.	Dose of Pulse Polio was given to the child	240	80.00	60	20.00	0.00	0.00
18.	Taking the child for routine health check-up	187	62.67	78	26.00	35	11.67
19.	The child taken for health check-up	300	100.00	0.00	0.00	0.00	0.00
(a)	Regularly	62	20.67	100	33.33	138	46.00
(b)	In early symptoms of disease	230	76.67	44	14.67	26	8.67
20	Taking the child for health check-up	210	70	61	20.33	29	9.67
(a)	An able doctor/ children specialist	204	68.00	65	21.67	31	10.33
(b)	To Vaidya	80	26.67	88	29.33	112	37.33
(c)	To hakim	22	7.33	91	30.33	187	62.33
21.	Have taken precaution for preventing malnutrition	246	82.00	38	12.67	16	5.33
(a)	Increasing the quantity of milk	181	60.33	74	24.67	45	15.00
(b)	Increasing the quantity of grains	209	69.67	55	18.33	36	12.00
(c)	Increasing the quantity of pulses	148	49.33	86	28.67	66	22.00
22.	First year the growth and development of child is satisfactory	172	57.33	90	30.00	38	12.67
23.	Times for baby bath during summer	244	81.33	32	10.67	24	8.00

(a)	One time	233	77.67	40	13.33	27	9.00
(b)	Two times	176	58.67	0.00	26.67	4	14.67
(c)	Three times	86	28.67	96	32.00	118	39.33
24.	Attended the physical hygiene during bath On all the organs	300	100.00	0.00	0.00	0.00	0.00
25.	Nails cutting of child whenever required	240	80.00	43	14.33	17	5.67
26.	Cleaning the teeth of child	238	79.33	38	12.67	24	8.00
27.	Sending child to Aganwadi School	189	63.00	75	25.00	36	12.00
28.	Getting the items child in Aganwadi School	206	68.67	70	23.33	24	8.00
(a)	Sweet powder of Soyabean	210	70.00	70	23.33	20	6.67
(b)	Daliya	208	69.33	68	22.67	24	8.00
(c)	Puri-vegetables	204	68.00	65	21.67	31	10.33
(d)	Fruits	200	66.67	58	19.33	42	14.00

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