



Level of Knowledge of Nursing Women about Critical Health Care Areas in Rural Punjab

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Abstract

The Integrated Child Development Services (ICDS) 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 and development. Present study was conducted to examine the impact of Nutrition and Health Education (NHED) of ICDS on the nursing women in terms of enhancing their knowledge in the critical Health Care areas. The study was conducted in Barnala District of Punjab. A total of 30 villages were selected on the basis of random. From each village 2 nursing women were selected randomly. Thus a total of 60 nursing women were in the sample. It was found that about 20% women did not go to a proper place for the child delivery and their deliveries had taken place at home. A high majority (80%) of the women did not undergo any health check-up after the delivery. A majority (61.66%) nursing women did not receive supplementary nutrition ration from AWCs. It was shocking to note that 88.33% nursing women did not have awareness about the main cause of measles and a high majority (86.66%) of nursing women were not sure about the right way of managing measles. Majority (65%) women did not have any knowledge to prepare oral re-hydration solution.

Keywords: Anganwadi Worker (AWW); Anganwadi Centre (AWC); Nutrition and Health Education (NHED); Supplementary Nutrition (SN)

Introduction

The Integrated Child Development Services (ICDS) 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 and development. It is the foremost symbol of country's commitment to its children, pregnant women and nursing mothers, as a response to the challenge of providing pre-school non-formal education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. It was launched on 2nd October 1975, on the auspicious occasion of the 106th birth anniversary of Mahatma Gandhi, the Father of the Nation [1]. In the initial stages ICDS was implemented in 33 selected community development blocks all over India. ICDS has expanded considerably in subsequent years and up to 31st March 2013; there are 7076 sanctioned projects, 7025 operational projects in India. In Punjab ICDS program has expanded very rapidly. At present, there are 155 sanctioned and 154 operational projects [2]. Vijay Rattan [3] in 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. Manisha Jain [4] rightly pointed out that the objectives of the ICDS mission would be to institutionalize essential services and strengthen structure at all level. There is a plan to roll out strengthened and restructured ICDS in three years beginning with 200 high burden districts in the first years 2012-2013 and so on.

Nutrition and Health Education (NHED) component of ICDS scheme for Women has the long-term goal of capacity building of women in the age group of 15-45 years especially Pregnant women and Nursing women, so that they can look after their own health, nutrition and development needs as well as that of their children and families. The main objective of education in nutrition is to help individual to establish food habits and practices that are consistent with the nutritional needs of the body and adapted to the cultural pattern and food resources of the area in which they live. Nutrition and Health Education comprises basic health, nutrition and development information related to childcare and development, infant feeding practices, utilization of health services, family planning and environmental sanitation, maternal nutrition, ante-natal care, prevention and management of diarrhoea, acute respiratory infections and other common infections of children [5]. Health and Nutrition education is delivered by Anganwadi workers (AWW)

and ANMs through inter-personal contacts and discussions at Anganwadi (literally meaning “thecourtyard”) Centres (AWC). Each Anganwadi usually covers a population of 400 to 800 in rural and urban areas and 300 to 800 in tribal and hilly areas. An important contact point is established with the nursing mothers to educate them about services for children like taking care and monitoring of child’s growth, timely immunization, knowledge about breast feeding, colostrum feeding, treatment of diarrhoea/minor illness, not to provide home-made medicines during illness, preparation of nutritious food/feeding practices, importance of education of the child, about cleanliness and hygiene, preparation of oral dehydration solution, care of severely malnourished children. Services for Mother provided are about immunization during pregnancy, about institutional delivery, about feeding practices during pregnancy and lactating period, Iron-Folic Acid (IFA) supplementation, about correct posture during pregnancy, correct posture during breast-feeding, about self-care and health, about diseases illness, about nipple hygiene, purification of water to mothers and adolescent girls, small family norms, etc [6].

But, Ajay Kumar, Monika Singh and Kuldeep Bauddh [7] (2010) 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 check-up after delivery. Dongre [8] (2008) found that poor co-operation from villages, mothers do not follow medical advice, mothers are busy with from work, irregular and poor health check-up 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. So, this field study carried out in the Barnala district of Punjab to examine the impact of NHED of ICDS on the nursing women in terms of enhancing their knowledge in the critical Health Care areas like, health check-up, immunization, nutrition care of children and women, prevention of nutritional deficiency diseases, etc. and the extent to which the nursing women put this knowledge into practice.

Materials and Methods

The present study was conducted in all three ICDS project: Barnala, Sehna and MehalKalan of the Barnala District of Punjab. The study was conducted during August to December 2012. A total of

30 villages (10 from each ICDS project) were selected on the basis of random. From each village 2 nursing women were selected randomly. Thus a total of 60 nursing women were in the sample, from all 30 villages which were having Anganwadi for at least the last 25 years, as such nursing women are expected to avail the NHED service of ICDS scheme. These women were interviewed by house to house survey using interview schedule consisting of close ended question. Schedule is designed in English and for the convenience of the respondents, it was translated in Punjabi which is common language spoken in Barnala District of Punjab. Secondary sources of information like books, articles, websites and governments reports were also consulted to collect the factual data concerning the study.

Findings

Keeping in view the specific objective, personal interviews with nursing mothers were conducted. Interviews and observations brought important facts to light. The results are presented in the tabular form below.

(Nursing Women)				
Attributes	Responses			Responses of Total NW
	Barnala ICDS Project	Sehna ICDS Project	MehalKalan ICDS Project	
Home/un trained Dai	03(15)	04(20)	05(25)	12(20.00)
PHC/sub centres and Govt. Health staff.	16(80)	08(40)	11(55)	35(58.33)
Private hospital,Private health staff	01(05)	08(40)	04(20)	13(21.66)
Any other				
Total	20	20	20	60(100)

Table 1: Where was the child born? Who gave you maternity assistance at the time of delivery?

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

In the present investigation as described in Table 1, about 20% of deliveries had taken place at home and also they were attended by untrained dais. The deliveries of about 58.33% women had taken place at primary health centres/sub centres and government hospitals and these were performed by government health staff. The deliveries of 21.66% women had taken place at private hospitals and the same were attended to by private health staff. It was sad to find that 41.66% women did not go to any of proper places for the deliveries.

(Nursing Women)				
Attributes	Responses			Responses of Total NW
	Barnala ICDS Project	Sehna ICDS Project	MehalKalan ICDS Project	
PHC/sub centre /Govt. Hospital	04(20)	01(05)	03(15)	08(13.33)
Private hospital	01(05)	01(05)	02(10)	04(6.66)
Anganwadi Centre	-----	-----	-----	-----
No health check-up conducted.	15(75)	18(90)	15(75)	48(80.00)
Total	20	20	20	60(100)

Table 2: Did you get regular health check-up after delivery? If yes, where was last health check-up done? Source: Culled from Primary data. Figures in brackets are percentages.

According to the laid down system, normally the mother and the baby should have two health check-ups within 7-10 days of delivery for their well-being and to prevent infection. Table 2 shows a shocking result that a high majority (80%) of the women did not undergo any health check-up after the delivery. Only 20% women got their health check-up after delivery. Out of them 13.33% of the nursing women underwent the check up at primary health centres/sub centres or Governmental hospitals and merely four(6.66%) women underwent this check-up at such private hospital which was not a proper place for check-up. This indicates a sorry state of affairs.

(Nursing Women)				
Attributes	Responses			Responses of Total NW
	Barnala ICDS Project	Sehna ICDS Project	MehalKalan ICDS Project	
All consumed	02(10)	01(05)	05(25)	08(13.33)
Some consumed	05(25)	06(30)	04(20)	15(25.00)
Did not consume	-----	-----	-----	-----
Did not receive at all	13(65)	13(65)	11(55)	37(61.66)
Total	20	20	20	60(100)

Table 3: Have you received Supplementary Nutrition food from AWC? If yes, did you consume the given food? Source: Culled from Primary data. Figures in brackets are percentages.

The government of India has laid down that NW are eligible to receive SN ration for six months of delivery from AWCs. In the Table 3, it was appalling to note that majority (61.66%) women did not receive any SN ration from AWCs. Overall, 38.33% women received SN ration from AWCs. Out of them, only some (13.33%) women consumed all food given by AWWs and about 25% women consumed some part of the given food. On further probing, it was found that it was due to various reasons such as it was hard to digest, was not tasty, was of poor quality or was not cooked properly.

(Nursing Women)				
Attributes	Responses			Responses of Total NW
	Barnala ICDS Project	Sehna ICDS Project	MehalKalan ICDS Project	
Yes	05(20)	05(15)	05(20)	15(25.00)
No	15(80)	15(85)	15(80)	45(75.00)
Total	20	20	20	60(100)

Table 4: Did you know about the type of vaccination to be given to a child up-to three years of age? Source: Culled from Primary data. Figures in brackets are percentages.

Immunization is ensured by providing BCG, DPT, Polio and measles vaccines as necessary to the child. They prevent young child from six child-killer diseases like measles, diphtheria, whooping cough, tuberculosis, poliomyelitis and tetanus. The Government of India began the process to bring awareness to the parents about the need for child vaccination. This message is reinforced by AWWs, ANWs, television and radio advertisements, by newspapers, posters and public address systems and by all the communication resources at the local level. In the present study as explained in the Table 4, found that a majority (75%) of the nursing women did not

(Nursing Women)				
Attributes	Responses			Responses of Total NW
	Barnala ICDS Project	Sehna ICDS Project	MehalKalan ICDS Project	
Due to some infection.	01(05)	04(20)	02 (20)	07(11.66)
Due to some deficiency.	01(05)	01(05)	-----	02(03.33)
Due to some curse.	-----	-----	-----	-----
Do not know.	18(90)	15(75)	18(80)	51(85.00)
Total	20	20	20	60(100)

Table 5: What causes Measles?

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

know about the different types of child vaccinations. Only 25% women have proper awareness and knowledge about child vaccinations. Thus, the awareness and knowledge about child vaccination in NW is considered to be inadequate.

Measles is caused by minute particles or viruses which are only visible under the electronic microscope. It is highly infectious and can spread by droplets from the nose or throat of infected children. A perusal of the data of table 5 indicates that, a high majority (85%) women replied that they did not have proper knowledge about the cause of measles. Some (11.66%) nursing women correctly replied that measles occurred due to some virus infection. Merely two (3.33%) women felt that it occurred due to some deficiency. It was shocking to note that a large number (88.33%) women did not have proper knowledge and awareness about the main cause of measles which is the number one killer disease among the six preventable diseases by vaccination. The awareness of nursing women cannot be considered up to the mark in this regard.

(Nursing Women)				
Attributes	Responses			Responses of Total NW
	Barnala ICDS Project	Sehna ICDS Project	MehalKalan ICDS Project	
Go to a doctor and get vaccination.	03(15)	01(05)	04(20)	08(13.33)
Use Neemleaves and other traditional medicine.	06(30)	13(65)	07(35)	26(43.33)
Obeisance at Shitala Mata Temple	03(15)	01(05)	03(15)	07(11.66)
Did not know	08(40)	05(25)	06(30)	19(31.66)
Total	20	20	20	60(100)

Table 6: How would you treat Measles?

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

For the purpose of treatment of measles, Table 6 indicates that only 13.33% of women reported that they went to a doctor for the treatment of the measles; about 43.33% women answered that they treated the measles with neem leaves and other traditional medicines, some (11.66%) of the women replied that they went to the Shitala Mata Temple for the treatment of the measles, while 31.66% women did not have awareness and knowledge about the treatment of the measles. The findings again indicated that a large number (86.65%) of the women were not sure about the correct way of managing measles. It is a sorry state of affairs.

(Nursing Women)				
Attributes	Responses			Responses of Total NW
	Barnala ICDS Project	Sehna ICDS Project	MehalKalan ICDS Project	
Private health staff	-----	01(05)	03(15)	04(06.66)
Govt Health Staff	08(40)	05(15)	03(15)	16(26.66)
Anganwadi worker	-----	-----	01(05)	01(01.66)
Did not know	12(60)	14(80)	13 (65)	39(65.00)
Total	20	20	20	60(100)

Table 7: Do you know how to prepare ORS (Oral Rehydration Solution)? If yes, who gave advice to you?

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

Replying to questions about knowledge as how to prepare oral rehydration solution to prevent diarrheal diseases, which is the leading cause of children’s deaths in India. The Table 7 shows shocking result that a majority (65%) women did not have any knowledge to prepare oral rehydration solution. Only 35% of the nursing women reported that they have skill to prepare oral rehydration solution. Out of them, some (6.66%) women received advice to prepare the oral rehydration solution from private health staff, 26.66% women received this skill from government health staff and merely one (1.66%) woman received advice to prepare oral re-hydration solution from Anganwadi workers. So the role of the AWWs was very unsatisfactory regarding this activity.

Discussion

A study on health and nutrition education component of ICDS programme on nursing women in terms of enhancement of their knowledge about child vaccination, nutritious food for children, prevention of nutritional deficiency diseases, family size and family planning etc., was analysed on 60 nursing women in rural area of Barnala district of Punjab. It was found that about 20% women did not go to a proper place for the child delivery and their deliveries had taken place at home. The result from our finding is much better compared to the 50% deliveries had taken place at home reported by Syed E. Mahmood [9]. A high majority (80%) of the nursing women did not undergo any health check-up after the delivery. It was sad to find that a majority (61.66%) nursing women did not receive supplementary nutrition ration from AWCs due to various reasons like lack of time, the uncalled for behaviour of AWWs and irregularity of supplementary nutrition ration at AWCs. Contrary to the present study, Sharma, *et al.* [10] observed from a

study in Chhattisgarh that 71.73% of the nursing women received supplementary nutrition food from the AWCs. A majority (75%) of the nursing women did not know about the different types vaccinations to be given to child. The position was good in Odisha to compare present findings as Paul B., *et al.* [11] found that 50.9% of the nursing women were known about the different types of routine vaccination of children. It was shocking to note that 88.33% nursing women did not have awareness about the main cause of measles. The findings also indicated that a high majority (86.66%) of nursing women were not sure about the right way of managing measles. A study conducted by SEDEM, New Delhi [12] reported that 61.6% women did not know what causes of measles and about 52.4% were not sure about managing measles. A majority 65% of nursing women did not have any knowledge to prepare oral rehydration solution. Adequate measures, if taken, to remove the deficiencies of ICDS scheme can make it an even more beneficial program for the receptive population of rural Punjab.

Conclusion

The results showed that the nursing women did not have adequate knowledge and proper awareness about nutrition and health care areas related to the children and women. In this regard, it is recommended that Supervisors should be given the responsibility of organising formal NHED sessions at regular intervals in AWCs under their supervision. Continuous and effective monitoring by Child Development Project Officers (CDPOs) and district officials, as also active participation of health functionaries, can go a long way in the effective implementation of this component. For group formation and collecting women at one place for NHED sessions, locally popular social or recreational event or activity may be organised. Utilisation of folk media needs to be included in the training component of AWWs to strengthen their skills in imparting NHED effectively.

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