



Role of Integrated Child Development Services programme in Promoting the Health Status of Women in Srinagar, Kashmir.

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Abstract

It is estimated that one third of women of India in the reproductive age are undernourished with a body mass index (BMI) of less than 18.5 kg/m². Government of India has made an important intervention in improving the health status of women and children in India through its flagship programme Integrated Child Development Services (ICDS). Started with just two projects of ICDS in the state of Jammu & Kashmir in Billawer and Kangan region today there are 141 projects in the state with a total of 28599 Anganwadi centres operating in the three divisions of the state. In the year 2013-2014, 197324 expectant women/lactating women and 178855 adolescent girls availed the services from 28599 AWCs. This paper tries to study the role of ICDS in promoting the health status of women in Srinagar city. The Primary data was collected and analyzed from four ICDS projects of Srinagar city. Pregnant women, lactating mothers and women in the age group of 15-45 years were included in the study. A total of 144 beneficiaries and 44 functionaries were selected through Stratified

random sampling technique. Self devised Interview Schedule, Observation and Focused Group Discussions were the tools used to gather the required data. The data gathered through the administration of tools was coded and tabulated using Microsoft Excel. Secondary data in the form of existing literature, journal articles, websites and government reports and policy documents were also analyzed.

Keywords: *Women, Nutrition, ICDS, Development, Srinagar*

Introduction

The total population of India is 1,210.19 million of which 586.47 million are females that is about 48%. The importance of health particularly of women has been conceived by the planners of free India after few years of independence. The concern for women's health has been clearly spelt out in the National Health Policy of 1983, wherein it was recognized that if the quality of the life of people is to be improved, their health status

must be raised. In fact, health development has been viewed by policy planners as an integral part of the overall development of human resource (Saxena, Srivastava, Idris, Mohan, & Bhushan, 2000). Government of India has taken several measures to improve the health status of women in the country and Integrated Child Development Services Scheme (ICDS) is one of the flagship programmes working in that direction. ICDS is the largest welfare scheme in the development of maternal and child health in the world. Launched on October, 1975 by the Ministry of Child and Development in just 33 projects with 4891 Anganwadi Centres (AWC) today it has expanded to 7076 projects and 14 Lakh AWCs across the country. ICDS through its package of services caters to the supplementary nutrition, pre-school non-formal education, nutrition and health education, immunization, health check-ups and referral services of the children under the age group of 0-6 years, pregnant women and lactating mothers.ⁱ The successful implementation of ICDS has significantly improved the nutritional and educational status of women and children in the country (Singh & Gupta, 2016). ICDS since its inception in 1975 has made significant development but it is also not free from certain challenges like infrastructural constraints and irregular funds from both state and central government (Kumar & Banerjee).

UNICEF (2017) in its yearly report said that one third of Indian women of reproductive age are under-nourished and has a body mass index (BMI) of less than 18.5 kg/m². To cater to the challenge of the nutrition levels of pregnant women and lactating mothers ICDS's provision of supplementary nutrition provides them Take Home Rations (THSs) in the form of pre-mixes/ready to eat food. Pregnant women and lactating mothers are given 600 calories and 18-20 gram protein every day through the ICDS scheme. The doses of Tetanus Toxoid are given to expectant mothers with at least one month's gap between the two doses. Immunization process is carried out by Accredited Social Health Activist (ASHA)/ Auxiliary Nursing Midwife (ANM)/ Medical Officer (MO). Health checkups for children under the age of six and expectant women are offered in AWCs and Primary Health Centres (PHCs). The services like immunization, weight management, treating diarrhoea, and de-worming etc., are made available to children and women. Programmes on antenatal care to expectant mothers and post natal care to nursing mother and a neonatal care are covered under the ICDS. The objectives pursued in antenatal care are at-least complete physical and obstetrical examination of mother during her pregnancy. After delivery at least one home visit by a health worker for post natal checkup is mandatory within 10 days of delivery. When

health checkups are conducted at AWCs the women and children who need urgent medical attention are immediately referred to Primary Health Centre (PHC) or its sub-centre or district hospitals as the case may demand. During short periods of their trainings Anganwadi Workers (AWWs) are made familiar with health related complications which later on, at their centres prove to be helpful in detecting the problems in children and expectant or post delivery mothers. Anganwadi workers (Sandhyarani & Rao, 2013) play a significant role in ensuring that the services of the ICDS reach the targeted beneficiaries. In the year 2014-2015 1.98 crores women beneficiaries availed the services of supplementary nutrition.

Several researchers have studied the role of ICDS in improving the nutrient level status of children. (Joseph, 2014) through a cross-sectional study studied 350 children in the age group of 3-6 years registered in the Anganwadis of four districts in the state of Kerala. The districts selected were Thiruvananthapuram, Kollam, Pathanamthitta and Kottayam. The study found that stunting was found in 50 % of the male children and 58 % in the female children, wasting was found in 16.3 % in males and 20.5 % in males and 44.9 % males and 44 % females were underweight. The importance of ICDS can be understood by the fact that when it comes to non-ICDS

registered children stunting was found in 75 % male children and 69 % female children, wasting in 27.0 % females and 28 % males and 60.9 % males and 60.1 % females were underweight.

Mandatory mental health screening programme ICDS, New Delhi (2004) reported that health and development of a new born child is directly influenced by healthy pregnancy. Early Head Start (EHS) offers supportive services in life which bears greatest impact on the participatory children. After birth, growth and development of the child is directly related to its pre-natal period of growth and development. Services are being provided to pregnant women and their families by early head start programmes. NIPCCD (1997) conducted a nationwide study to assess the functioning of ICDS. The study based on the sample of 100 blocks and 700 villages, encompassing 25 states and one union territory brought to the light that comparatively smaller percentage of expecting females (36%) than nursing mothers (50%) were enlisted at Anganwadi for receiving supplementary food. Among the total enlisted women 50% in the age group of 15-45 years were receiving nutrition and health education and 52% expectant mothers in ICDS areas received Anti-tetanus toxoid vaccines against 45% women in non ICDS areas. Support to Anganwadi programmes was primarily lent by women 55% followed by

community leaders 47% and adolescent girls 33%.

Health Status of Women and Integrated Child Development Services in Jammu & Kashmir

The first two projects of ICDS in the state of Jammu & Kashmir was started in Billawer and Kangan region. Today there are 141 projects in the state with a total of 28599 Anganwadi centres operating in the three divisions – Jammu, Kashmir and Ladakh of the state.ⁱⁱ In the year 2013-2014, 197324 expectant

women/lactating women and 178855 adolescent girls availed the services from 28599 AWCs. Manzoor & Khurshid (2014) in their study showed that 70% of Anganwadi workers have best knowledge about supplementary nutrition and least about preschool education, immunization, nutrition and health education. The study further revealed that workers complained of inadequate honorarium, lack of help from community, delay in supplementary nutrition, excessive work load and record maintenance.

Women Beneficiaries of ICDS in district Srinagar

S. No	Project	No. of Pregnant women	No. of Nursing mothers	No. of 15-45 years women
1	Zaldagar	3453	2601	32887
2	Khanyar	2820	1897	23673
3	Iddgah	2233	2005	20831
4	Batwara	1433	1502	20770
5	Total	9939	8005	98161

Source: Child development project office- Srinagar Kashmir (2015)

Study Area

Srinagar district is situated in the centre of Kashmir valley and is surrounded by five districts. It is the summer capital of state of Jammu and Kashmir and has a special significance in the culture, political and economic development of the state. The district has the largest population density and has been divided into two tehsils. The two tehsils are

known by Srinagar North and Srinagar South and both the tehsils are divided by river Jhelum. Srinagar is a Muslim majority city with total population of 1,192,792 having 631,916 males and 560,876 females (Census, 2011).ⁱⁱⁱ Sex ratio of the city is depressingly low with 888 females per 1000 males which are further dropping at an alarming figure as is found in children where it is 869 girls per 1000

boys. The present study is conducted in four ICDS projects of Srinagar district. These projects are divided into different zones and each zone has been allotted AWCs as per the population of the zone. The district Srinagar was selected as the universe of this study because this district is the oldest district after Kangan as far as the establishment of AWCs is concerned additionally it has the highest number of ICDS beneficiaries.

Research Objective

ICDS has been on the forefront of improving the health status of women in India. This study is carried out to study the role and impact of ICDS in improving the health status of women in Srinagar.

Methodology

Women enrolled in the ICDS centres were interviewed in relation to what benefits/services they get out of ICDS programme. Also women were interviewed in groups in order to

seek their collective views regarding the impact of ICDS programme. In addition to this, focused interviews were conducted with women and other community members to analyze the participation of women in the ICDS programme. The interview schedules included both open ended and closed ended question and were employed with immense accuracy to get correct and impartial data. The data collected from a sample of 44 functionaries and 144 beneficiaries has been analyzed using Microsoft Excel.

Sampling

There are four ICDS projects in district Srinagar Zaldagar, Iddgah, Batwara and Khanyar. The projects are divided into different zones and each zone has been allotted AWCs as per the population of the zone. A total of 144 beneficiaries and 44 functionaries were selected through Stratified random sampling technique.

Description of sample group (women beneficiaries)

Project	Pregnant women	Nursing mothers	Other women (15-45 years)	Total
1 st	12	12	12	36
2 nd	12	12	12	36
3 rd	12	12	12	36
4 th	12	12	12	36
Total	48	48	48	144

Results and Discussions

ICDS programme provides an integrated package of services to women beneficiaries for

their proper health care, nutrition and social well-being. The delivery of the services under the ICDS programme will be effective if the functionaries are fully involved in the process.

Table 1: Services provided to women under ICDS

	Response	CDPO		Supervisors	
		N	%age	N	%age
Services provided to women under ICDS: CDPO/Supervisor	Nutrition	-	-	01	12.50
	Health Education	-	-	01	12.50
	Referral	-	-	0	0
	Health – checkups	-	-	0	0
	All of the above	04	100.00	06	75.00
Total		04	100.00	08	100.00

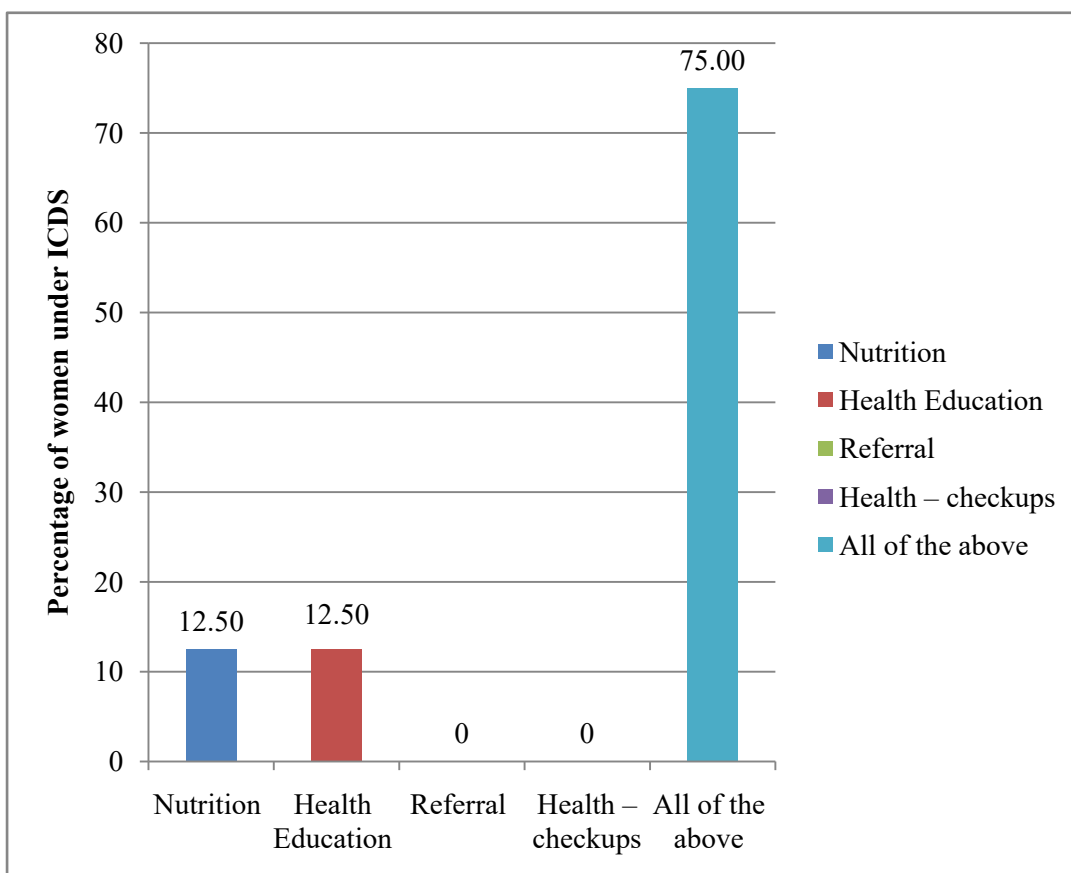


Figure 1: Services provided to women under ICDS

Majority of the women beneficiaries that is 75% get support from ICDS with respect to the services provided viz., nutrition, education, referral and health-checkup. 12.50 % said that they get only nutrition and another 12.50 % noted that they only get health education services. Still 25% women need to be roped in

for provision of the whole package of services. This can be done by carrying out awareness camps regarding the package of services available for the beneficiaries under the ICDS programme on one hand and by sensitizing functionaries especially supervisors towards this fact on the other hand.

Table 2: Programmes attended by pregnant women and their frequency

Response	N	%age
Discussion about women issues	9	18.75
Knowledge about welfare schemes	0	0.00
Pulse polio immunization campaigns	0	0.00
NHED sessions	0	0.00
All of the above	20	41.67
Not conducted	19	39.58
Total	48	100.00
Frequency of organizing		
Weekly	0	0.00
Twice a week	4	13.79
Monthly	23	79.31
Quarterly	2	6.90
Total	29	100.00
Reasons for attending		
Awareness about nutrition and other women related issues	29	100.00
Total	29	100.00

Information on the safe motherhood services are to be provided in ICDS centre by

organizing various programmes like nutrition and health education sessions and AWWs have

to play a role in facilitating these services meant for the women beneficiaries. It is clear from the data in the Table 2 that 41.67% of the pregnant women reported that they attend programmes viz., NHED sessions, knowledge about welfare schemes, pulse polio campaigns in AWC followed by 39.58% of the respondents who reported that these programmes are not conducted in our AWCs, which show that functionaries are not discharging their duties properly. 18.75% of respondents reported that they attend programmes in which discussions about women issues are conducted in AWC.

While inquiring about the frequency of such programmes from those who attend these programmes it was found that 79.31% of the respondents reported that these programmes are organized monthly in their respective AWCs followed by 13.79% who reported programmes are organized twice a week while 6.90% said that these programmes are organized quarterly in their AWCs. Reasons for attending these programmes were awareness about nutrition and other women related issues as was reported by the respondents who attended these programmes.

Table 3: Provision of IFA tablets/impact of NHED/involvement of community

	Response	N	%age
Provision of IFA tablets to women beneficiaries'	Yes	03	37.50
	No	01	12.50
	Depends on availability	04	50.00
	Total	08	100.00
Perception of supervisors regarding beneficial impact of NHED on women beneficiaries	Yes	08	100.00
	No	0	0
	Total	08	100.00
Involvement of community members in implementing ICDS services	Yes	08	100.00
	No	0	0
	Total	08	100.00

If yes whom do you involve	Mohalla President	04	50.00
	Elderly	01	12.50
	Local teacher	01	12.50
	Mahila Mandals	02	25.00
	Total	08	100.00

The functionaries of ICDS programme assist in the distribution of Iron and Folic Acid tablets to women and for imparting education to mothers on prevention of nutritional anemia. Regarding the provision of Iron and Folic Acid (IFA) tablets to women beneficiaries half of the supervisors reported provision of IFA tablets to women beneficiaries depends on availability, 37.50 % reported that IFA tablets is given to the women beneficiaries and 12.50 % reported that IFA tablets is not given to the beneficiaries. All the supervisors said Nutrition

and Health Education sessions are beneficial to women beneficiaries as they come to know about various issues regarding their health and hygiene in these sessions. Regarding community participation in ICDS all the supervisors involve the community members like Mohalla President, Mahila-Mandals, elderly persons and local teachers. The community participation is important for the smooth functioning of the programme as it increases the utilization of services and create sense of ownership.

Table 4: Age at marriage and conception after marriage

Response	N	%age	Response	N	%age
Age at marriage			Conception after marriage		
15-20	13	27.08	Within 6 months	30	62.50
21-25	18	37.50	6 month -1 year	06	12.50
26-30	11	22.91	Above 1 year	12	25.00
31-35	03	6.25			
36-40	03	6.25			
Total	48	100.00		48	100.00

The age at marriage and conception after marriage helps to know the advanced age of mother which can be the causation factors for various ailments in children. This aspect has also a detrimental effect on growth and developmental process of the baby. It has been found in many research reports that advanced age of mother can increase the chances of

disability in offspring. It is inferred from the results that majority of the women were comparatively younger. 27.08 % women were in the age group of 15-20, 37.50 % were in the age group of 21-25, 22.91 % were in the age group of 26-30, 6.25 % were in the age group of 31-35 and 36-40.

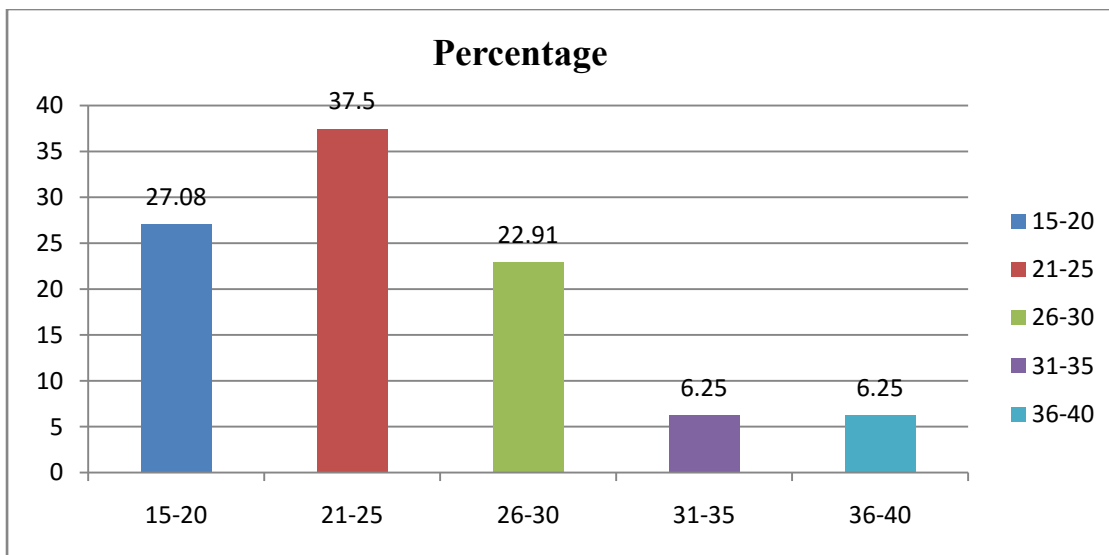


Figure 2: Age at marriage

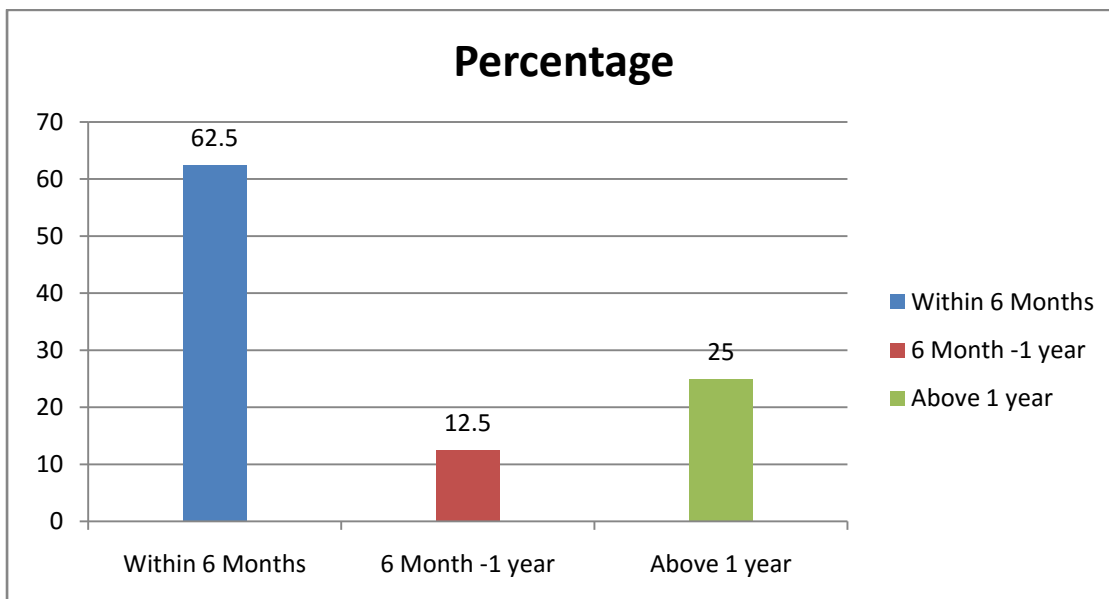


Figure 3: Conception after marriage

Data on the conception after marriage reveals that majority of the pregnant mothers i.e., 62.50% had conceived within 6 months of marriage followed by 25% who conceived after

one year of marriage while 12.50% of the respondents conceived between 6 months to one year after their marriage.

Table 5: Health checkups made by pregnant women/awareness about health checkups, immunization received

	Response	N	%age
Health Checkups	Yes	47	97.92
	No	01	2.08
	Total	48	100.00
Awareness about Health checkups	Once during pregnancy	04	8.33
	Twice	31	64.58
	Thrice	08	16.67
	Don't know about	05	10.42
	Total	48	100.00

It was found that majority of the respondents that is 97.92% noted that they had gone for their health checkups and received the immunization while 2.08% had not undergone for the health checkups hence not received any immunization. About awareness of health checkups of pregnant women majority of the respondents i.e., 64.58% said that health checkups are to be done twice during pregnancy followed by 16.67% who reported that health checkups are to be done thrice

during pregnancy while 10.42% of the respondents said that they don't know exactly about the number of health checkups to be done during pregnancy and 8.33% of the respondents said that it should be done once in the course of pregnancy.

Survival rates of mothers and neonatal depend to a great extent on the place of delivery, as the right place like the hospital ensure maximum possible hygiene and care is provided to the beneficiaries by well trained health

professionals. Besides the number of beneficiaries availing the antenatal, delivery and post natal services remains in records of the hospitals.

Table 6: Place of delivery for nursing mothers

Place of delivery	N	%age
Home	01	2.08
Hospital	47	97.92
Total	48	100.00

Regarding the place of delivery it is seen from the data in the table that majority of the respondents 97.92% reported that their delivery took place at government hospital while only 2.08% of the respondents said that their place

of delivery was home due to family custom to have a delivery at home. It is inferred from the data that majority of the deliveries took place at hospital which is a healthy sign as people are taking benefit from government institutions.

Table 7: Importance of visiting post natal clinic and inception of breast feeding among nursing mothers

Importance of visiting post natal clinic			Inception of breast feeding		
Response	N	%age	Response	N	%age
Yes	45	93.75	Immediately after birth	47	97.92
No	3	6.25	After a week	01	2.08
			After a month	0	00
Total	48	100		48	100.00

It is very important for the nursing mother to visit post natal clinics to check the progress of their health after delivery. The data in Table 7

shows that majority of nursing mothers that is 93.75% were of the opinion that it is important for nursing mothers to visit post natal clinics.

While the remaining 6.25% of respondents were of the opinion that it is not mandatory for nursing mothers to visit post natal clinics and

they said that they can manage their health on their own.

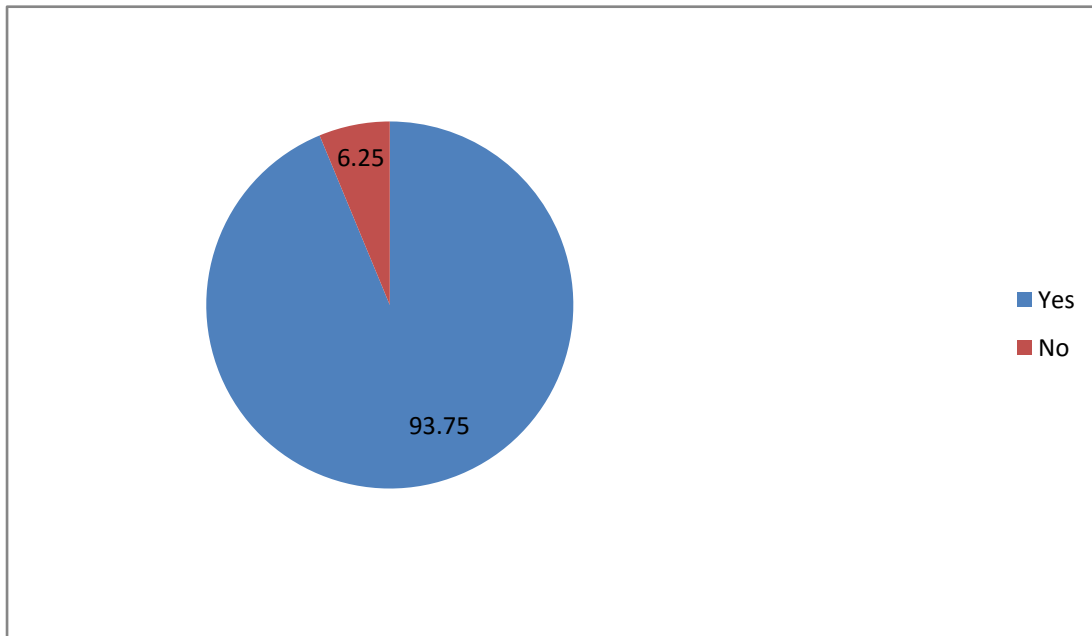


Figure 4: Importance of visiting post natal clinics

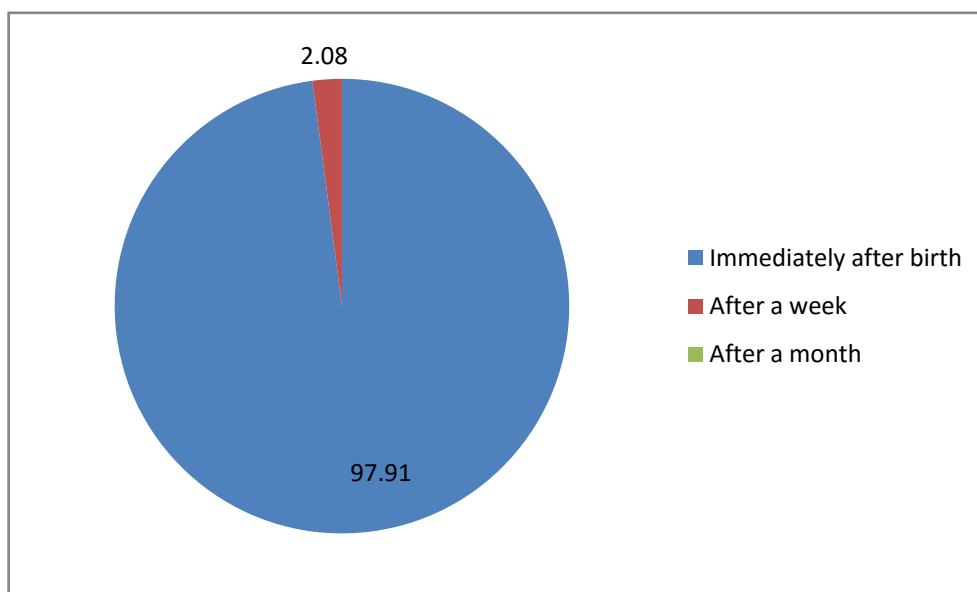


Figure 5: Inception of breast feeding

Every woman's journey to motherhood is different, but one of the first decisions a new mother makes is how to feed her child. When mothers choose to breast feed, they make an investment in baby's future. Breast feeding is a mechanism which ensures that baby is provided with perfect food. Breast feeding is an integral part of the reproductive process with important implications for the health of

mothers. With reference to the initiation of breast feeding it was revealed from the data that majority of the nursing mothers that is 97.92% under study had started breast feeding their babies immediately after birth followed by 2.08% who had started breast feeding their babies after one week of delivery as baby was not taking milk.

Table 8: Services other than supplementary nutrition availed from AWC

Services Availed	N	%age
Health Education	-	-
Health checkups	-	-
Medicines	02	4.17
Both health education and health checkups	35	72.92
None of the above	11	22.91
Total	48	100.00

The data from the table reveals that majority that is 72.92% of the nursing mothers reported that they receive both health education and health checkups from AWC followed by 22.91% who said that they did not receive any

services from AWC except supplementary nutrition. However, 4.17% of the nursing mothers said that they receive medicines from AWC.

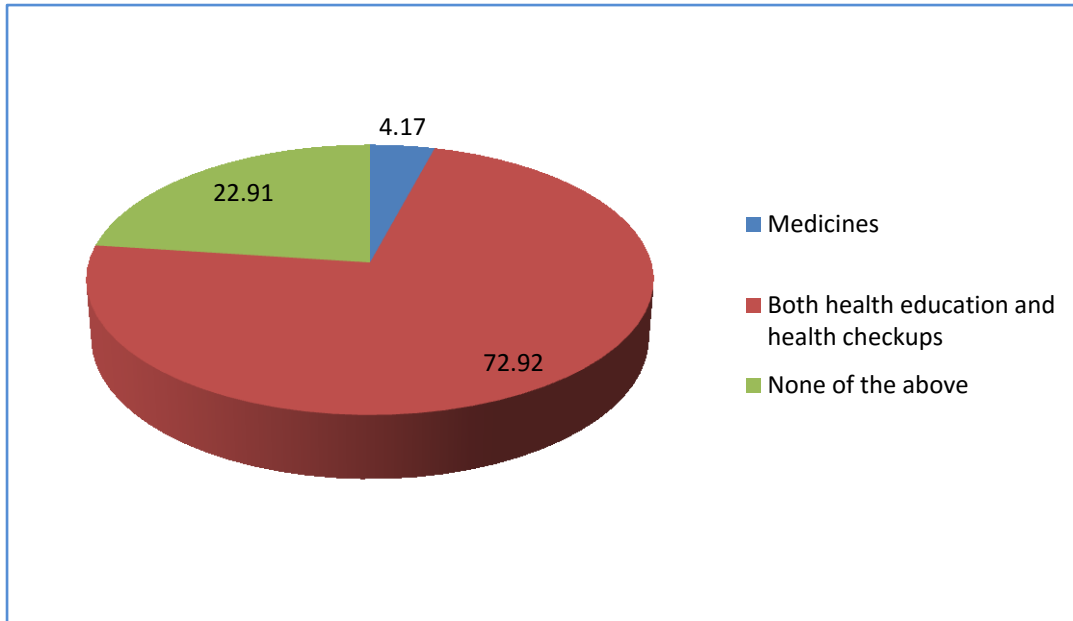


Figure 6: Services other than supplementary nutrition availed by nursing mothers

It is inferred from the results that majority of the respondents receive health education and health checkups from AWC.

Health status of women has a great impact on the health of their children. Information regarding healthy nutrition during pregnancy and breast feeding after delivery are important aspects to promote not only health of the women but also that of the child. Information

about the nutrition and health education to the women beneficiaries is provided in the AWCs. As such it becomes imperative for the nursing mothers to attend these programmes so as to get acquainted with valuable information for their healthy growth and development. It is also important for women to attend NHED programmes for the betterment of their health and their children.

Table 9: Beneficiaries attending Nutrition and Health Education programmes and Source of communication

Beneficiaries attending NHED programmes			Source of communication		
Response	N	%age	Response	N	%age
Yes	35	94.60	AWW	01	2.70
No	0	00	AWH	36	97.30
Sometimes	02	5.40	ASHA	0	00
Total	37	100		37	100

It is elucidated from the data in the table that majority that is 94.60% of the respondents attend NHED programmes followed by 5.40% of respondents who reported that they attend NHED programmes sometimes. Further majority of respondents 97.30% reported that AWH was the source of communication about NHED programmes while 2.70% said AWW was the source of communication for them.

ICDS programme aims to improve the nutritional status of the girls through life skill

education. Other women in the age group of 15-45 years include those women and adolescent who are enrolled in Anganwadi centre. This group of women is important section of society especially adolescent girls and this age group is more vulnerable to face hard situations. It is important step to improve the living condition of this vulnerable segment of population.

Table 10: Awareness about AWC along with frequency and source of awareness

Awareness of AWC			Frequency of visits			Source of awareness about AWC		
Response	N	%age	Response	N	%age	Response	N	%age
Yes	48	100	Daily	48	100.00	AWW	03	6.25
No	0	0.00	Alternate days	-		AWH	36	75.00
			Once a	-		ASHA	01	2.08

			week					
			Once a month	-		On own	08	16.67
Total	48	100.00		48	100.00		48	100.00

Awareness of AWC and frequency of visits has an impact on participation of beneficiaries in AWC and also depicts role of functionaries in creating awareness about AWCs among beneficiaries. The data in the table reflects that all the respondents were aware about AWCs and reported that they visit AWCs daily. Regarding the source of awareness majority of

the respondents 75% said that AWH was the source of awareness about AWC, 16.67% said that being locals they came to know themselves about AWC in the community, 6.25% of the respondents said that AWW was the source of awareness and 2.08 % noted ASHA as their source of awareness.

Table 11: Knowledge about services and NHED component of ICDS

Awareness of Services			Knowledge about NHED			Issues discussed under NHED		
Response	N	%age	Response	N	%age	Response	N	%age
Yes	30	62.50	Yes	25	52.08	Health and Hygiene issues	25	100.00
No	18	37.50	No	23	47.92			
Total	48	100.00		48	100.00		25	100.00

Awareness is the state or condition of being aware or consciousness of a particular situation or development. It is essential to create awareness among women regarding ICDS services especially Nutrition and Health Education (NHED) programmes for their overall growth and development. It is elucidated from the data

in table that majority 62.50% of the respondents were aware about the services provided to women beneficiaries followed by 37.50% who were not aware about different services provided to women beneficiaries in AWCs. Regarding NHED 52.08% of the respondents were aware about this service and issues discussed in NHED (all of the

respondents said that health and hygiene issues were discussed in such programmes), while

47.92% of the respondents were not aware about this service.

Table 12: Knowledge of other women (15-45 years) regarding vaccination/breast feeding and TT dosage

Knowledge about vaccines			Number of doses given		
Response	N	%age	Response	N	%age
Yes	06	12.50	01	-	00
No	42	87.50	02	02	33.33
			03	02	33.33
			Don't know	02	33.33
Total	48	100.00		06	100.00

The data in table clearly depicts that majority of the respondents that is 87.50% didn't have knowledge about vaccines provided to pregnant women being adolescents while a small proportion that is 12.50% of the respondents were aware about vaccines provided to pregnant women. Similarly with reference to the number of doses of vaccine given during pregnancy 33.33% of the respondents reported two doses are provided, another 33.33% said three doses are provided and rest of the respondents 33.33% said that they don't know about the doses of vaccine provided to pregnant women. It is inferred from the data that other women in the age group of 15-45 years

especially adolescent girls were not aware about reproductive issues in their lives.

Conclusion

The study revealed that all the supervisors reported NHED sessions are beneficial to women beneficiaries because they come to know about various issues regarding their health and hygiene. Half of the sampled supervisors involved Mohalla presidents in implementing ICDS programme, 12.50% involved elderly persons, 12.50% involved local teachers and 25% involve Mahila Mandals for the same. 41.66% sampled beneficiaries attended NHED sessions,

knowledge about welfare schemes and pulse polio campaigns, 18.75% attended programmes of discussion about women issues and 39.58% reported these programmes were not conducted. Majority that is 97.90% of pregnant women reported that they had done health checkups while 2.08% noted that they had not done the health checkups. Moreover 64.58% of the respondents reported health checkups were to be done twice during pregnancy, 16.66% reported thrice during pregnancy, 8.33% reported once in pregnancy and 10.41% did not know exactly about the number of health checkups to be done during pregnancy. Majority of the pregnant mothers that is 62.50% had conceived within 6 months of marriage followed by 25% who conceived after one year of marriage while 12.50% of the respondents conceived between 6 months to one year after their marriage. Findings from data on nursing mothers revealed majority of the nursing mothers delivered their babies at hospital. The data on other women in the age group of 15-45 years revealed that 87.50% of women were not having knowledge about vaccines provided to pregnant women and 12.50% had awareness about vaccines. Among the sampled respondents who were aware about vaccines 33.33% reported that 2 doses were provided another 33.33% reported that 3 doses were provided and rest 33.33% reported that

they don't know about the number of doses of vaccine to be provided to pregnant mothers.

Proper execution of the services under ICDS programme can change the lifestyles of women as they will become more health conscious. Pregnant women availing antenatal visits, deliveries managed by hospitals and health centres were high in number in urban areas. There is a need of creating public awareness about the provisions of ICDS programme especially for women beneficiaries. Print and electronic media can play an important role in generating awareness about the programme. The functionaries have to come forward for generating awareness among the masses by organizing seminars, awareness campaigns, rallies, road-shows etc., in order to make people pro-active of their own with respect to the services of ICDS programme.

Wayforward

Integrated Child Development Services is not just a nutrition programme, it is meant to provide a package of integrated services and it should not be restricted to supplementary nutrition but should include other interventions such as nutrition counseling, supplementation of micronutrients, antenatal care of pregnant mothers and post natal care of nursing mothers etc. But it has been found that supplementary nutrition service dominates ICDS programme.

Women beneficiaries should be the main concern in the ICDS programme as it is the woman who has to pass through the stressful and strenuous period in their life including pregnancy and lactation. They have to undergo a very grueling test affecting them not only physically but also psychologically. So women should be given priority in ICDS programme and more services should be added to catch the attraction of women beneficiaries which will be beneficial for them in the long run.

Nutrition and health education is very essential component of the ICDS programme for educating women beneficiaries and involving communities. Hence it should be given priority for interventions in ICDS programme. It was found during the course of study that nutrition and health education was actually below the desired level. So it is essential that CDPOs and Supervisors should be involved in organizing and imparting education to women beneficiaries. Moreover importance should be given to the nutritional status of women beneficiaries during antenatal and postnatal periods. Adequate provisions should be made for procuring relevant teaching and learning aids in imparting Nutrition and Health Education to women beneficiaries.

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