

Adoloscence girls development and ICDS: A case study of anganwadi centres in Kannur District, Kerala

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Abstract

Background/Objectives: Kerala has made significant achievement not only demographic transition but also epidemiological and healthcare transition. Adolescent girls are facing many health problems such as anemia, under weight and malnutrition. A nutritionally balanced diet is important in adulthood. ICDS provide nutritional food, nutritional class, health camp, personality development class, career guidance to the adolescent girls. ICDS is the major network which formed to conduct different programs for development of adolescent girls. The major objectives of the study are- (1) To examine the accessibilities of ICDS schemes and services by adolescent girls in kannur district. (2) To analyze the utilization of ICDS services by adolescent girls in kannur district.

Methods/Statistical analysis: The study is based on both primary and secondary data. The secondary data were collected from published and unpublished source. The primary data were collected from 50 BPL adolescent girls of the ten anganwadies on a random basis. Information will be collected through structured schedules.

Findings: ICDS scheme helps to improve the health and nutritional status of adolescent girls. Most of the adolescent girls are actively participated the nutritional classes. Anganwadi centers are the backbone of ICDS project. Nutritional foods are provided for the ICDS through anganwadi centers.

Improvements/Applications: Facilities should be provided for the improvement of ICDS activities and more modules can be developed with specific focus in mind, example, leadership training, teaching, goal setting etc. Capacity building training can be given to different levels of functionaries to see the relative impact of it on the adolescent girls club functioning.

Keywords: Adolescent girls, welfare programmes, ICDS, anganwadi centres

1. Introduction

The Integrated Child Development Scheme (ICDS) was formally mandated by Government of India in 1975 has been recognized as the largest and unique community based outreach programme for the women and child development in the world [1]. It is established with an integrated approach to provide early childhood services including of supplementary nutrition, immunization, health check up, medical referral service, nutrition and health education for women and pregnant and nursing mother and non formal education of child up to the age of 6 years [2]. This programme mainly give importance in assuring nutrition needs of the under the age group of 6 years children, adolescent girls and pregnant and lactating women through the anganwadi workers who where the implementers of the ICDS [3, 4].

Adolescent girls demanded special attention in their health and nutritional care. Apart from that, this life cycle stages has been important from the preventive intervention point of view, as any intervention at this stage will have a lasting impact on the life cycle of an individual. Intervention at this stage can rectify the development defects of early child. All these consideration leads to the conceptualization and formulation of the adolescent girl's schemes. The adolescent girl's scheme of ICDS was introduced to bring in positive changes in the lives of the adolescent girls especially the school dropout girls in the country. Adolescent girls even though formed a sizable portion of population hadn't received any place in the service delivery, under any of the scheme until them. On identify all these lacunae along with the realization of the potential for long term impact of any developmental intervention at this age in the life cycle of women planners decided to include this age group also in the service delivery package of the ICDS program. Thus the new scheme is called the Adolescent girls scheme launched in the year 1991.

Kerala is being as a women- friendly state in India has achieved attractive development in human development, especially women empowerment. According to the 2011 Census the adolescent sex ratio of the state is 1010. The

state government has initiated many programmes for the development of Adolescent Girls with the collaboration of ICDS. The first ICDS project in Kerala was setup in 1995 at Vengara in Malapuram district under the first batch launched in the country. At present more than 15000 anganwadi centres are functioning in 120 blocks in the states, which has the total of 152 blocks, the remaining 32 blocks has Balawadi centre has set up by the state government. The basic purpose of ICDS scheme to meet the health, nutrition and education needs of the poor and valuable infant preschool aged and women is the child bearing years. Kerala has a wide network of ICDS and the number of projects progressively increasing year by year.

2. Statement of the Problem

Human resource is the wealth of the country and is very essential for attaining development as well as growth in a country [5]. ICDS programme in India is one of the largest welfare programmes in the world. The ICDS scheme is one of the initiatives taken by the central government which provide a package of six services such as supplementary nutrition, health check up, immunization, referent service, nutrition and health education for mother or pregnant women, nursing mother and adolescent girls through anganwadi centres.

Adulthood is a significant phase of transition accompanied by physical and psychological changes. This is the time to make adolescent aware of and informed about various facets of life in order to promote a healthy way of living. Awareness of health, nutrition, life style related behaviour and adolescent reproductive and sexual health need to be positioned easier transitions to women hood. During the period nutritional originating earlier in life as well as those occurring during the period itself can addressed. Going beyond this adolescent girls need to be viewed not just in terms of their needs but even as individuals who would become productive members of society in future. ICDS its opportunity for early childhood development seeks to reduce both social economic and gender inequality. To better address concern for women and child, it was necessary to design intervention girl for adolescent girls. The significance of ICDS programme is growing and it touches all aspects of child and women's who need and effective programme to promote their capabilities and to achieve self development. In this context a study is needed to understand the accessibility and utilization of schemes and services for adolescent girls implemented and proposed by government through ICDS.

3. Review of literature

The studies relater to ICDS and adolescent girl development are summarised below.

Jain and Monica (2015) found that all most half of Indian children's are stunted, endangering their and human capital formation significantly. India's only national programme for combating widespread child malnutrition is integrated child development scheme. The girls 0 to 2 receiving supplementary feeding intensely are at least 1cm taller than those not receiving it in rural India. The estimates are similar for boys aged 0 to 2 but less than robust [6].

Jitendra et al (2013) revealed to compare the utilization of services provided under ICDS to children attending anganwadies centres" and health and nutritional status of beneficiaries in the urban and rural areas of Latur district. The study is based on cross sectional data of 506 children of the district on pre-structured Performa. They concluded that the utilization of supplementary nutrition and non formed preschool education was more in urban area. Utilization of immunization, vitamin a prophylaxis, IFA supplementation and health check up services was more in rural [7].

UNICEF Report (2011) found that girls iron requirement increases dramatically to adolescents as a results of the expansion of the lean body mass, total blood volume, and the onset of menstruation, the changes make adolescent girls more susceptible to anemia, which has lasting negative consequences for them and for the survival, growth development of their children later in life to solve this problem the government of India introduced a anemia control programme for adolescent girls. The main objective of the programme is to reduce the prevalence and severity of anemia in school going adolescent girls using school as the delivery channel and in out of school adolescent girls using the community anganwadi centre of India's integrated child development service programme as the delivery platform [8].

Anitha Malhothra (2007) assessed the diet quality and nutrition status of beneficiaries of adolescent girl's scheme. 209 girls from 6 rural block Delhi, Rajasthan and Uttar Pradesh comprises the sample weight and height were measured and dietary intake data were gathered by one day 24 hour recall compiled with food frequency approach.

It reveals not only a high incidence of under nutrition but also an inadequate energy intake among beneficiaries of adolescent girl's schemes. Therefore sustained efforts are needed to strength the scheme for improving its field level implementation [9].

Sangitha Trivedi (2000) revealed the utilization of ICDS scheme in children one to six years of age in rural bank block of central India. The evolutional nutritional services were under taken in the rural ICDS blocks. A door to door survey was conducted in six anganwadi area in ICDS block and 5 randomly selected matched on ICDS in rural area served as controls. There were total area served as control was to 709 children in ICDS and 500 non ICDS blocks in 1 to 6 years age group. The difference between was not statistically significant for nutritional status on 2 blocks but remarkably better immunization status was observed non ICDS blocks [10].

From the review of literature, it can be seen that ICDS is one of the important health care programme of Government of India to eradicate health as well as social issues.

4. Results and Discussions

The sample size of fifty registered adolescent girls was selected from ten anganwadies in kannur district. Anemia, lack of adequate height/weight is factors which can bad to complication in future. Close monitoring is necessary to make the girls aware of their health status. Table 1 shows distribution of respondent on the basis of height and weight. Majority of adolescent girls in kannur district were belonging in between 150-155 Cm of height. The lowest number of adolescent girls included in between 130-135 cm of height.

Table 1. Distribution of respondent on the basis of height and weight

Height (cm)	No of respondents	Weight (kg)	No of respondent
130-135	3 (6)	25-30	3 (6)
136-140	6 (12)	31-35	7 (14)
141-145	9 (18)	36-40	8 (16)
146-150	12 (24)	41-45	11 (22)
150-155	20 (40)	46-50	21 (42)

Percentage in bracket Source: Primary data

Considering the weight of respondents, 6 percent of girls were found in between 25 and 30 of weight, 14 percent were between 31 and 35, about 42 percent were belongings to 46 -50 kg of weight.

Table 2. Details of Illness

Illness continuously	No of respondent	Percentage
Eating disorder	2	4
Stomach pain	4	8
Breath problem	1	2
Leg pain	2	4
Fever and headache	2	4
No problem	39	78

Source Primary data

The table 2 reveals that 78 percent of the adolescent have no illness at present. About 4% of the adolescent girls suffering from fever, headache, leg pain and eating disorder. Approximately 8% suffering due to stomach pain and only 1% suffering from breathe problem.

Table 3. Distribution of sample respondents on the basis of participation

No of adolescent	Attending Meeting	Not attending meeting
50	42(84%)	8(16%)

Source: Primary data

Table 3 shows distribution of sample respondents on the basis of participation. Out of 50 adolescent girls, about 84% of them were participated the meetings conducted by the anganwadi centres. Nearly 16% of the adolescent girls are not attending the meeting. The main reasons for irregular participation of the meetings are most of the sample respondents are student. Therefore they have no time to attend the meetings and busy with academic activities.

Table 4. Impact assessment of the programme

Type of programme	Number of girls attended the programme	Improved	Not improved
Nutritional class	50(100%)	50 (100%)	0
Health camp	46(92%)	42(91.30%)	4(8.69%)
Personality development	49(98%)	49(100%)	0
Career guidance	42(84%)	36(85.71%)	6(14.28%)
Maternal health care classes	35(70%)	27(77.14%)	8(22.85%)

Source: Primary data

Table 4 shows the type of programmes for the adolescent girls through ICDS and its effectiveness. Among the sample respondents 100% adolescent girls are attending Nutritional Class, 92% participating Health Camp, 98% attended personality development, and 84% and 70% are respectively attending career guidance and maternal health care classes. Among the girls attended 100% viewed as there is improvement from the nutritional class. Out of 92% of the adolescent who attended health camp, 91.30% were improved and rests of them are not improved. 22.85% of the adolescent who attend the maternal health care classes are not attending the classes.

Table 5. status of sample respondents on the basis of food in take

Number of girls getting nutritional food	Number of girls collecting food regularly	Getting adequate food	Getting quality food
50	43(86%)	40(93.02%)	41(95.3%)

Source: Primary data

The table 5 shows that 86% of the adolescent girls collecting nutritional food regularly through anganwadies. About 40 adolescences argued that they can get adequate food and 41 adolescents can get quality food through anganwadies. ICDS play an important role in promoting adolescent health and development through various services. Kishori Shakthi Yojana (KSY) is an important initiative under which adolescent girls clubs were formed in every Anganwadi in the ICDS network. Effort was made to ensure all adolescent girls become members of the club. These clubs meet at least once month. The clubs have elected leaders like president and secretaries. KSY is a 100% centrally sponsored scheme meant for the development of Adolescent Girls.

Table 6. Distribution of sample respondent on the basis of effectiveness of the programme

Programme	Number of members
KushiriShakhtyYojana	30(60%)
National Nutritional Programme	42(84%)

Source: Primary data

National Nutrition Mission was launched with an objective of reduction in mal nutrition elimination micro nutrient deficiency and reduction in chronic energy deficiency by providing subsidised food. In Kerala Palakkad and Malappuram districts were selected. Food grains are supplied to pregnant and lactating women with weight less than 40 Kg and adolescent with weight less than 35 Kg.

Table 6 shows distribution of sample respondent on the basis of effectiveness of the programme. On the whole, 60% of the adolescent girls have the membership in Kishori ShakthiYojana. About 84% have the membership in national nutritional programme. The scheme help for the development of adolescent girls by providing nutritional food, nutritional classes, health camp, personality development classes, carrier guidance and also the maternal health care classes. ICDS concentrate including good health hygienic practices among adolescent girls and also their capacity building. Table 7 shows distribution on the basis of suggestions made by respondents. Around 52% of the adolescent girls have suggested that class of experts will helps them to improve the education session.

Table 7. Distribution on the basis of suggestions made by respondents

Suggestion for improve the educational session	Number of respondents
Class by expert	26(52%)
Training for the member	6(12%)
Reading materials on adolescent issues	18(36%)

Source: Primary data

Nearly 36% suggested that reading materials on adolescent issue will help to improve the educational session. Only 12% suggested that training for the members will help to improve the education session. The State Government in Kerala has noted that there was a low level of awareness regarding sexual and reproductive health among adolescents and a lack of proper facilities to deal with these problems in the State.

Table 8. Distribution on the basis of attitude towards ICDS Programme

Opinion about the ICDS programme	Number of respondents
Good	38(76%)
Average	12(24%)
Poor	0

Source: Primary data

From the table 8, about 76% of the adolescents have the opinion that ICDS programme is good and 24% that respond that ICDS programme is an average. ICDS was implemented to offer several potential benefits to adolescence. In practice the scheme help adolescents to become healthy citizen of India in some extent.

5. Conclusion

ICDS is one of the major programmes for the development of children, women and adolescent girls. Various interventions aimed at addressing the developmental demand of the adolescent girls are in progress in many part of the country. ICDS with its unique services delivery programme to the adolescent has immense potential to serve the under privileged youth in the country. Anganwadi workers gave awareness to the importance of ICDS to the adolescent girls that helps to increase the utilization of ICDS services. This helps to reduce the malnutrition, health problems and also awareness about the family life.

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