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Pre maternal services availed by ICDS beneficiary and non-beneficiary women of Agra District

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Abstract
The possible reasons for high mortality and morbidity are the inadequacy of health services and ignorance regarding the need of obtaining medical care by pregnant or lactating women. ICDS has an important role to fill in this gap of knowledge and non-availing attitude of women. An assessment in the present study of the frequency of availing pre maternal services and the coverage of beneficiaries can give important information regarding actual benefits to the vulnerable groups. The study was conducted on three hundred ICDS beneficiaries and non beneficiaries women of Agra District. The sample was selected by multi stage random sampling technique. The obtained $\chi 2$ value of 20.14 indicates that higher frequency of availed antenatal clinic services was associated with non beneficiary status of women. Significant association was observed between the beneficiary and non-beneficiary status of women with their status of TT vaccination during pregnancy ($\chi 2$=32.26). Significant association was obtained between the beneficiary and non-beneficiary status of women and consumption of iron folic acid tablet during pregnancy ($\chi 2$=11.17).

Keywords: ICDS beneficiaries, ICDS non beneficiaries, pre maternal services, Agra district

Introduction
Woman dies as a result of the complications arising due to pregnancy such as sepsis, hemorrhage or obstructed labour. The possible reasons for high mortality and morbidity are the inadequacy of health services and ignorance regarding the need of obtaining medical care by pregnant or lactating women. ICDS has an important role to fill in this gap of knowledge and non-availing attitude of women. Integrated Child Development Services (ICDS) is a prominent national program that provides package of services of children and women. Role of Anganwadi worker in ICDS scheme is to provide information to beneficiary mothers regarding reproductive health, balanced diet, pre and post maternal services, neo-natal care and family planning etc. Group discussions are often organized to impart education regarding health, breast feeding and immunization etc. at AWCs. AWWs also provide information to beneficiary mothers regarding health camp, doctor's visit and immunization day by visiting the beneficiaries at home as well as at AWCs. Present research has focused on pre maternal services. An assessment in the present study of the frequency of availing pre maternal services and the coverage of beneficiaries can give important information regarding actual benefits to the vulnerable groups.

Objective of the Study
To study the pre maternal services availed by ICDS beneficiary and non-beneficiary women.

Material and Methods
Sample selection- The study was conducted on three hundred ICDS beneficiaries and non beneficiaries women of Agra District The sample was selected by multi stage random sampling technique. Out of the selected three hundred women 150 women were ICDS beneficiaries and 150 were non beneficiaries from selected area. There was an equal representation of ICDS beneficiaries and non beneficiaries women. The selected women were in the age range of 15 to 45 years.
Tool Used- A self made interview schedule was used in the form of schedule to assess the pre maternal services availed by ICDS beneficiary and non-beneficiary women.

The tool had four items which were related to pre maternal services. A score of "1"was given for availing these services whereas a score of "0"was awarded for not availing the services. A subject could minimum score of 0 and maximum of 4. The reliability of the tool was 73% and validity was 85%.

Result and Discussions

The researcher wishes to point out that beneficiaries were the women who were obtaining the services directly through ICDS/Anganwadi workers. The non beneficiary women were those women who were not registered in ICDS/ Anganwadi but were availing some health service that was of their choice.

Table 1: Frequency of antenatal clinic services availed by ICDS beneficiary and non-beneficiary women

Availed antenatal clinic services	Beneficiaries		Non-beneficiaries		Total	
	No.	%	No.	%	No.	%
Nil	59	19.67	48	16.00	107	35.67
One	41	13.66	17	5.67	58	19.33
Two – Three	50	16.67	85	28.33	135	45.00
Total	150	50	150	50	300	100.00

(χ2=20.14, df=2, p=<0.01 significant)

Above table 1. shows the distribution of ICDS beneficiary and non-beneficiary women according to availed antenatal clinic services. Out of the 300 women, 19.67% beneficiary and 16.00% non-beneficiary women did not avail any kind of antenatal clinic services in their previous pregnancy. Again 13.66% Beneficiary and 5.67% non beneficiary respondents reported that they had availed antenatal clinic services only once in their previous pregnancy. On the other hand the 16.67% beneficiary and 28.33% non beneficiary women had availed antenatal clinic services two to three times in their previous pregnancy. Thus indicating that non beneficiaries were more regular with antenatal clinical services in comparison to their counterparts. Pathi & Das (2015) [6] reported that 11.8% women did not receive any type of antenatal clinic services. Although Bhomik and Manna (2017) [2] in West Bengal reported that most of the ICDS pregnant women had received health checkup regularly. The obtained χ2 value of 20.14 indicates that higher frequency of availed antenatal clinical services was associated with non beneficiary status of women. Whereas, the reverse was true for the beneficiary group. Reasons given by the ICDS beneficiary women for not availing antenatal clinical services are as shown like women did not feel the need, transportation difficulty, expensiveness, non availability of female attendant at centre.

Table 2: Number of beneficiary and non-beneficiary women vaccinated for tetanus during pregnancy

	Beneficiaries		Non- beneficiaries		Total	
	No.	%	No.	%	No.	%
Vaccinated	44	14.66	93	31.00	137	45.66
Not vaccinated	106	35.34	57	19.00	163	54.34
Total	150	50	150	50	300	I00

(χ2=32.26 df=1, p=<0.01 significant)

Table 2. shows that 31.00% of non-beneficiaries had been vaccinated for tetanus in comparison to their 14.66% counterparts. Significant association was observed between beneficiary and non-beneficiary status of women with their status of TT vaccination during their previous pregnancy (χ2=32.26). On the other hand a study conducted by FORCES (2017) [4] in Delhi stated that most of the pregnant beneficiaries (88.00%) were immunized. This result indicates strong need of an educative programmes and consistent efforts by AWWs. However poor vaccination status of beneficiary women was also reported by Advanced Management Services Consulting (2017) [1] in Uttarakhand.

Above table shows that the Tetanus Toxoid (TT) vaccine is given during pregnancy to prevent tetanus in mother as well as her baby. Antibodies formed in the body, after the vaccination, are passed on to the baby and protect her for a few months after birth. The results of the present study show that only 45.66% subjects had received TT shots. Some reasons have given by the women for not taking TT shots during pregnancy like husband do not want, delivered safe babies earlier without it, lack of knowledge, complications, vaccine not available.

Table 3: Regular consumption of iron folic acid tablets during pregnancy

Regular Consumption of iron folic acid	Beneficiaries		Non-beneficiaries		Total	
	No.	%	No.	%	No.	%
Consumed	108	36.00	80	26.66	188	62.66
Not Consumed	42	14.00	70	23.34	112	37.34
Total	150	50	150	50	300	I00.00

(χ2=11.17, df=1, p=<0.01 significant)

The table shows that 36.00%beneficiary women had taken iron folic acid tablets in their last pregnancy in comparison to only 26.66% non beneficiary who did so. Significant association was obtained between the beneficiary and non-beneficiary status of women and consumption of iron folic acid tablet during pregnancy (χ2=11.17).

Similarly, in a study conducted by Indian Institute of Social Development (IISD) (2019) [5] in Orrisa it was stated that more than 50% of the pregnant women were regular in the consumption of iron folic acid tablets. On the other hand a study of ''Prevention of Low Birth Weight Babies in the State" conducted by Advanced Management Services Consulting, (2018) [7] in Uttarakhand reported that only one third of the mothers in ICDS villages had consumed iron folic acid tablets regularly. In fact Dash (2016) reported that most of the mothers had not received any IFA tablet.

It is suggested to take the iron folic acid tablets for at least 90 days after the first trimester of pregnancy. The respondents gave their reasons for not taking it like taste bad, IFA tablets were not available, nausea and vomiting.

Table 4: Person conducting birth delivery

Delivery conducted by		Beneficiaries		Non-beneficiaries		Total	
		No.	%	No.	%	No.	%
Trained	Doctor	65	21.66	81	27.00	146	48.66
	Dai	63	21.00	51	17.00	114	38.00
Untrained	Family member	22	7.34	18	6.00	40	13.34
Total		150	50	150	50	300	100.00

(χ2=3.42, df=2, p=>0.05 insignificant)

Table 4. Indicates the distribution of beneficiary and non-beneficiary women according to the person who conducted the delivery of their child. Majority of the women (86.66%) were taking the services of trained person (Doctor-48.66%, Dai-38.00%) for delivery of their child. Very few respondents (13.34%) were getting their child delivered by an untrained person. The table shows that in the case of both beneficiaries (7.34%) as well as non beneficiary women (6.00%) delivery

by an untrained person was a less common practice. Most beneficiary women had their delivery done by trained person, that is by a doctor (21.66%) or dai (21.00%). Similarly in case of non beneficiary women most deliveries were conducted by a trained person, that is either by a doctor (27.00%) or by a trained dai (17.00%). Perhaps the reason for majority of women going for deliveries by a trained person could be contributed to general awareness, availability of such services nearing by, effect of media and AW generated education strategies. Taking the service of trained or untrained personal for delivery for child was insignificantly associated with the beneficiary and non beneficiary status of respondents ($\chi 2=3.42$).

Conclusion

The present study result indicate that non beneficiary women were more regular with antenatal clinic service in comparison to beneficiary women. Again more non beneficiary women had been vaccinated for tetanus in comparison to their counterparts. Although more beneficiary women had found for taken iron folic acid tablets in their last pregnancy. The study gives the information about the status of pre maternal services availed by women and also the reason for not availing the services. This information can prove beneficial for improving strategies to ensure better implementation of ICDS services.

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