

## Availability of Antenatal and Perinatal Care in an ICDS Area

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The Integrated Child Development Services (ICDS) Scheme is the largest health programme in India with the aim to reach all needy children (0-6 yr), expectant and lactating mothers, and women aged 15-45 years with basic services. The services include supplementary nutrition, immunization, nonformal education of preschool children, functional literacy of the women and essential health care and health surveillance. In order to evaluate availability of antenatal and perinatal care, the following study was undertaken in an ICDS area.

### Material and Methods

The study was conducted in the Chaksu rural ICDS Block near Jaipur during March-April 1991. Six anganwadi centres were chosen by the stratified random sampling method

from three geographical sectors of approximately equal population. Anganwadi centres under the primary health centre headquarter were excluded. One anganwadi at subcentre level and another at peripheral level (more than 5 km away from the subcentre) were chosen from each geographical sector. In this way, Kothoon, Shivdaspura and Dehlala at subcentre level and Mahadevpura, Kareeda-Khurz and Sawai Jai Singh Pura at peripheral level were included.

Door to door survey was carried out and all lactating mothers were interviewed through a pretested questionnaire. Lactating woman was defined as one who had delivered a child (living or dead) within the last 12 months and was not pregnant again during the same period.

### Results

In the study most of the mothers (93.4%) were between 18 to 35 years of age while 2.2% mothers were below 18 yr and 4.4% were above 35 yr. The distribution of the lactating mothers by source of antenatal, natal and postnatal care is shown in *Table I*. Utilization of nutrition services by lactating mothers is shown in *Table II*. Antenatal check up was done first time during 1st, 2nd and last trimester of 11%, 39.7%, and 22.1% mothers respectively. Most of the lactating mothers (66.2%) received tetanus toxoid completely during pregnancy (2 doses of tetanus toxoid or booster dose). Majority of the deliveries were conducted at home (78.6%). Initiation of breastfeeding was done within 6 h of birth by 17.2% lactating mothers while 28.3% mothers started breastfeeding even after 48 h.

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*Received for publication: October 30, 1993;*

*Accepted: November 27, 1994;*

## Discussion

Early marriage and child birth is still common in rural Rajasthan as 2.2% mothers were lactating below 18 years of age. In the study, antenatal care and

tetanus toxoid coverage is comparable with most of earlier reports. Most of the mothers received first antenatal check up before third trimester as against the general belief of last trimester antenatal check up in rural areas(1). Utilization of

**TABLE I—** Distribution of Lactating Mothers (n=136) by Source of Antenatal, Natal and Postnatal Care Received.

| Person from whom received | Antenatal care | Natal care  | Postnatal* care |
|---------------------------|----------------|-------------|-----------------|
| Untrained dai             | 1 (0.7)        | 74 (54.4)   | 0               |
| Trained dai               | 0              | 0           | 0               |
| ANM                       | 54 (39.7)      | 7 (5.1)     | 3 (2.2)         |
| LHV                       | 20 (14.7)      | 2 (1.5)     | 0               |
| Medical officer           | 21 (15.5)      | 14 (10.3)   | 12 (8.8)        |
| Others                    | 3 (2.2)        | 39 (28.7)   | 1 (0.7)         |
| Total received care       | 99 (72.8)      | 136 (100.0) | 16 (11.7)       |

Figures in parenthesis indicate percentages.

\* 0 to 10 days after birth.

**TABLE II—** Distribution of Lactating Mothers by Receipt of Nutritional Services

| Functionaries                  | Received     |                | Total received | Not received | Total |
|--------------------------------|--------------|----------------|----------------|--------------|-------|
|                                | Regularly    | Irregularly    |                |              |       |
| <i>Supplementary Nutrition</i> |              |                |                |              |       |
| During pregnancy               | 12<br>(8.8)  | 36*<br>(26.5)  | 48<br>(35.3)   | 88<br>(64.7) | 136   |
| During lactation               | 17<br>(12.5) | 22*<br>(16.2)  | 39<br>(28.7)   | 97<br>(71.3) | 136   |
| <i>Iron folic acid</i>         |              |                |                |              |       |
| During pregnancy               | 46<br>(33.8) | 22**<br>(16.2) | 68<br>(50)     | 68<br>(50)   | 136   |

Figures in parenthesis indicate percentages.

\* Any thing received less than 180 days (or 6 months) in a year was considered irregular.

\*\* If full quota of iron and folic acid tablets (100 tablets) was not received by lactating mother it was considered irregular.

iron folic acid tablets and supplementary nutrition in the study is comparable with the Central Technical Committee Report(2), but these services were poorly utilized.

Surprisingly most of the deliveries were conducted by untrained personnel (untrained dais 54.4%, others 28.7%) in this rural ICDS area inspite of the fact that about 72% mothers received antenatal care through trained health personnel. Delayed initiation of breastfeeding was traditional in this rural ICDS area as also reported by others(3,4). Only 1 /6th lactating mothers started breastfeeding within 6 h of birth. Postnatal health check up was very poor as most of the deliveries were conducted by untrained health personnel.

In conclusion, in this rural ICDS area, early antenatal checkups and com-

plete tetanus toxoid immunization were favorable but maternity assistance, initiation of breastfeeding as well as post natal care were poor.

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