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Knowledge of Health and Hygiene Practices of the Beneficiaries and Non-Beneficiaries Under ICDS Programme in Marathwada Region

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ABSTRACT

The Government of India launched an ambitious multidimensional welfare programme in 1975-76 an experimental basis for improving the health and hygiene of children and mothers. It was gradually expanded throughout the country. The present study intends to appraisal of the knowledge of the beneficiaries and non-beneficiaries about health and hygiene practices under Integrated Child Development Services (ICDS) in Marathwada region. One hundred and fourty beneficiaries and equal No. of non-beneficiaries were selected from oldest block in each of the district of Marathwada for the study. Except use of bleaching powder no considerable difference was observed in use of health and hygiene practices between beneficiary and non-beneficiary women.

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INTRODUCTION

Integrated Child Developmet Services (ICDS) scheme is an important feature of the Twenty Point Programme. ICDS is one of the most ambitious, multidimensional welfare programme to reach millions of children and their mothers who are caught in the grip of mal-nutrition, diseases, illiteracy, ignorance and poverty. The scheme was launched in the country in 1975-76 with only 33 ICDS projects in the different states of India. At present, there are 2594 ICDS projects functioning in the country. ICDS aims to reach all the needy children in the age group of 0-6 years, expectant and nursing mothers and women in the age group of 15 to 45 years with basic services. The package includes services like health check-up, referral services,nutrition and health education etc. It is essential to apprise the knowledge of the beneficiaries and non-beneficiaries about health and hygiene practices so as to know the impact of the ICDS scheme p[e]ning to the health and hygiene component o[f] the scheme. Therefore, the present study intends to focus on appraisal of the knowledge of the beneficiaries and non-beneficiaries about health and hygiene practices under the ICDS programme in Marathwada Region with the following specific objectives :

1. To study the knowledge of health and hygiene practices of the respondents.
2. To measure the knowledge levels of the beneficiaries and non-beneficiaries about health and hygiene practices.

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MATERIALS AND METHODS

One oldest block from each district of Marathwada region was purposively selected. The first block established in a given district is termed as oldest block. Thus Ambad (1990), Bhoom (1984), Georai (1979), Kalmanuri (1990), Mukhed (1982), Udgir (1982) and Vaijapur (1983) ICDS blocks were selected, which were established in the year given in bracket. Four villeges from each of the blocks were selected randomly. Five beneficiary women and five non-beneficiary women were randomly selected from each of the villages. One shot case study (two groups) design was adopted for the study. The selected women from these two groups namely beneficiaries (140) and non-beneficiaries (140) were randomly selected and interviewed only once for the appraisal of knowledge of health and hygiene practices under the ICDS scheme.

Knowledge level of health and hygiene practices refers to the respondents knowledge regarding the health and hygiene. The scores of 1 and 0 were given for the correct and wrong answers respectively on each item. Summation of the scores indicated the level of the knowledge of the respondents about health and hygiene practices. The respondents were grouped into high, medium and low categories on their knowledge of health and hygiene practices based on the mean score I standard deviation.

RESULTS AND DISCUSSION

It is observed that the majority of beneficiaries (99.29%) and non-beneficiaries (97.14%) were having knowledge of 'covering the cooked food', while 'washing of hands before meal' (97.14% and 96.43%), cleaning of house regularly (90.17% and 82.29%), and the knowledge that mosquitoes develop in stagnant water (65.71% and 60.71%) was possessed by the beneficiaries and non-beneficiaries respectively. (Table 1) The knowledge of 'use of bleaching powder' for cleaning the drinking water was possessed by 35.57 per cent beneficiaries and only 9.29 per cent non-beneficiaries. Thus, among the above mentioned practices greater difference was found in case of use of bleaching powder. The other practices are simple and followed traditionally.

TABLE 1

Distribution of the respondents based on the knowledge of individual health and hygiene practices.

Sr. No.	*Items*	*Beneficiaries*		*Non-Beneficiaries*	
		No.	*Per cent*	*No.*	*Per cent*
1.	Use of bleaching powder	19	35.57	13	9.29
2.	Covering the cooked food	139	99.29	136	97.14
3.	Washing of hands before meal	136	97.14	135	96.43
4.	Cleaning of house	127	90.71	118	82.29
5.	Mosquitoes develop in stagnant water	92	65.71	85	60.71
6.	House flies spread the cholera	74	52.86	54	38.57

TABLE 2

Distribution of respondents based on the knowledge level (cumulative) of health and hygiene practices.

Sr. No.	Category	Beneficiaries		Non-Beneficiaries		'Z' Value
		No.	Per cent	No.	Per cent	
1.	Low level	22	15.71	36	25.71	
2.	Medium level	114	81.43	74	52.86	3.123**
3.	High level	4	2.86	30	21.43	
	Mean	4.19		3.86		

The knowledge level about health and hygiene practices was assessed in case of beneficiaries and non-beneficiaries of the ICDS programme. The distribution of respondents is given in Table 2. The results indicated that about 82.43 per cent and 15.71 per cent beneficiaries had medium and low level of knowledge respectively about the selected practices of health and hygiene. In case of non-beneficiaries 52.86 per cent had medium level of knowledge and 25.71 per cent had low level of knowledge about the health and hygiene practices.

The mean knowledge of beneficiaries was 4.19 and those of non-beneficiaries was 3.86. The difference between the means was significant as 'Z' value (3.123) was found to be significant at 0.01 level of significance. This difference is attributed to the practices of beneficiaries in the ICDS scheme. The beneficiaries and non-beneficiaries differed in the knowledge level of health and hygiene practices. These findings are in line with the findings quoted by Chopdar (1979), Patel and Udani (1984), Mittal and Gupta (1986) and Sheshadri and Gopaldas (1986).

Conclusion

Knowledge of health and hygiene practices of the beneficiaries and the non-beneficiaries were assessed into three categories namely, low, medium and high. Majority (81.43%) of the beneficiaries and non-beneficiaries (52.86%) had medium level of knowledge. The beneficiaries possessed a higher level of knowledge than the non-beneficiaries about the practices. It leads to the conclusion that there was gain in the knowledge of health and hygiene practices among the beneficiaries due to the implementation of ICDS programme.

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