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KNOWLEDGE AND UTILIZATION OF INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS) IN CENTRAL KARNATAKA

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ABSTRACT

Child malnutrition is a significant issue in India. Prevalence of under nutrition among children fewer than 5 remain concerning, with millions still affected. Programs like the Integrated Child Development Services (ICDS) aim to address malnutrition through supplementary nutrition, health check-ups, and early childhood care. To study the socio demographic profile of mothers and assess their utilization and perception regarding ICDS services.

Keywords : ICDS, Utilization, Anganwadi, Mothers

INTRODUCTION

Pediatric malnutrition has consistently been a worldwide public health issue. In a nation such as India, which continues to face challenges related to malnutrition and insufficient prenatal and antenatal support regarding pre-school and health education, numerous health initiatives were launched by the Government of India (GOI) that failed to effectively engage the intended community. In 1974, India established a national policy for children that aimed to launch a comprehensive holistic multicentric program featuring a set of services. The Integrated Child Development Services Scheme (ICDS) is a centrally funded initiative that began in Karnataka on October 2, 1975, with a pilot project in T. Narasipur, Mysore District, featuring 100 Anganwadi Centers. It offers a wide range of services designed to establish a strong foundation for the physical and mental growth of children aged 0-6 years, aiming to enhance their nutritional status and decrease child mortality and malnutrition rates. The Integrated Child Development Services (ICDS) scheme is a primary outreach initiative designed to enhance maternal and child health (MCH) care while reinforcing MCH activity implementation, including immunization, growth tracking, and the provision of vitamin A and iron folic acid supplements. In 2021, the number of people covered by ICDS was 89 million, representing around 7 percent of the overall population of one billion.

The primary focus of the initiative is on the villages where more than 75 percent of the inhabitants reside. Urban slums are a critical focus of the initiative. ICDS is essential to guarantee a fundamental minimum standard of health and nutrition for the most at-risk groups of its population. ICDS has been successful in addressing childhood underweight. It has developed into one of the largest family and community welfare programs globally. The Indian Government is dedicated to ensuring the program is accessible to everyone.Despite significant funding and prolonged execution of the ICDS, there is still much to be achieved in the area of child development in India.Children in India still face a significant burden of anthropometric failures, with the prevalence of stunting under five at 38% and

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underweight at 36% in 2015-16. The continual and extensive occurrence of child undernutrition therefore stays a key policy issue.

The ICDS program is anticipated to greatly enhance the POSHAN Abhiyaan and achieve quicker declines in child anthropometric deficiencies. Consequently, the execution of ICDS differs among various states, making it equally crucial to gather insights from individuals' experiences and pinpoint opportunities and challenges for improving coverage, efficiency, and impact. In the field practice area, it was noted that mothers with children under five were not making full use of ICDS services due to insufficient awareness of these services. We recognized the necessity to evaluate the awareness, usage, satisfaction levels with usage, and obstacles to non-usage related to ICDS among women. Enhancing understanding of ICDS services will enable beneficiaries to participate actively and make effective use of the services.

OBJECTIVES

To study the sociodemographic profile of mothers receiving services under ICDS and to assess utilization and perception of mothers regarding ICDS services.

MATERIALS AND METHODS

This community based cross sectional study was carried out during the period December 2024 to February 2025 for a period of 3 months in the field practice area of department of community medicine, Basaveshwara Medical College, Chitradurga, Central Karnataka, India among the beneficiaries of ICDS scheme. A total of 32,000 populations are covered under Urban Health Training Centre. Pavithra R et al: Knowledge and Utilization of ICDS Services in Central Karnataka Considering the value of P as 90.5%, value of d as 0.5 and 'Confidence Limit' as 95%, the sample size calculated was 133. But around 150 mothers of children aged 0-6 years (registered beneficiaries of AWC) were taken in the study. Out of 32 AWCs, all the pregnant mothers i.e 152 registered under Anganwadi for a period of 3 months were taken into study. After taking permission from the Institutional Ethical Committee (IEC), study was carried out for three months from December 2024 to February 2025. An informed consent was taken from the women to be interviewed from the household. Detailed sociodemographic information of her family, information regarding knowledge of the ICDS scheme and utilization of ICDS services such as immunization, supplementary nutrition, health checkup, referral services, preschool non-formal education and health education etc. were collected in a predesigned and pretested questionnaire by questioning in the local language for better response and clarity. Data was analyzed using SPSS version 22. Data is presented in frequency and percentages. During the study, the subjects with poor knowledge of ICDS were given proper information about this scheme through personal counseling in the local vernacular language. The subjects who have been enrolled but are under utilizing the ICDS scheme were motivated to take maximum benefit of the scheme. The subjects who fall under the beneficiary group but are not enrolled and not utilizing the scheme but are interested and needy were linked to the service provider (Anganwadi worker) through proper channel.

RESULTS

In the present study, the majority, i.e. 72 (47.4%) mothers were in the age group of 26-30 years, followed by 67 (44.1%) in the age group of 21-25 years. 74.9 % of the participants were Hindu religion, followed by the Muslim religion (31.5%); 5 (3.6%) belonged to other religions. In total, 29 (19%) of the mothers were illiterate while 70 (46%) had completed only primary education and 6 (4%) were graduates or above. The socioeconomic classification was assessed using the modified

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Kuppuswamy Scale (2016). The majority of the study participants (69.7%) belonged to the upper lower socioeconomic class (class IV), followed by the lower middle class (class III) (23%).

In the current study, 96 (63.2%) mothers lived in a nuclear family, 45 (29.6%) lived in a 3 generation family , followed by 11 (7.2%) participants lived in a joint family.

Table 1 : Socio demographic profile of study participants

	No. (n=152)	%
AGE (in years)		
≤20	3	1.9
2125	67	44.1
2630	72	47.4
3135	6	4
3640	4	2.6
RELIGION		
HINDU	114	74.9
MUSLIMS	33	21.5
OTHERS (CHRISTIAN, JAINS)	5	3.6
PARITY		
1	54	35.2
2	79	52.2
>3	19	12.6
EDUCATION		
Illiterate	29	19
Primary	70	46
Middle	25	16.5
Matriculate	22	14.5
Graduate and above	6	4
SOCIOECONOMIC STATUS		
Upper	0	0
Upper middle	7	4.6
Lower middle	35	23
Upper lower	106	69.7
Lower	4	2.7
TYPE OF FAMILY		
Nuclear	96	63.2%
Joint	11	7.2%
3 generation	45	29.6

KNOWLEDGE ABOUT SERVICES PROVIDED UNDER ICDS

In our study 143(94.3%) women were aware about Anganwadi. They were aware about the AWW of their respected area. Majority women 131(92.1%) women knew about provision of supplementary nutrition, 128(89.4%) knew about immunization services and health checkups, 107 (74.6%) & 81(56.3%) respectively knew about nutritional & health education & non formal education, but only 49 (34.3%) were aware about Referral services. Major source of information about Anganwadi was the AWW herself as 120(84.11%) women received the information from her.

UTILIZATION OF SERVICES OF ICDS

Utilization of Services provided under ICDS was around 77.48% in general, and only 152 (77.15%) beneficiaries out of total 197 utilized the available services. Out of 103 houses with 1 beneficiary only 80 (52.98%) houses utilized the services, and out of 45 houses with two beneficiary only 36 (23.83%) houses utilized the services.

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The study consisted of 12 Pregnant women and 10 Nursing mothers. Level of utilization was poor among pregnant and nursing mothers, Out of these 6 (50%) pregnant ladies neither utilized the immunization services against tetanus nor the health check-up services, 9 (75%) did not take supplementary nutrition and 11 (91.6%) ladies did not attend the Educational programs. Nursing mothers too were ignorant regarding health checkup as only 4 (40%) used it, only 3 (30%) nursing mothers received supplementary nutrition and mere 2 (20%) received Nutrition & Health education.

Table 2: Knowledge, Attitude, Practices of individual services among those registered (n = 152)

S. No	Services	YES/NO	Supplementary nutrition	Immunization	Pre-school education	Health check-up
1.	Do you know?	Yes	152 (100%)	10 (80.3%)	12 (92.6%)	12 (93.5%)
		No	0 (0%)	4 (28.6%)	2 (14.3%)	2 (14.3%)
2.	Do you avail?	Yes	13 (97.3%)	0 (25.2%)	11 (82.5%)	11 (82.5%)
		No	1 (7.2%)	14 (100%)	3 (21.5%)	3 (21.5%)
3.	If yes, how often?	Almost daily	5 (42.4%)	7 (0%)	0 (100%)	
		Weekly once	5 (43.5%)	3 (15.3%)	0	
		Monthly once	3 (14.1%)	0 (84.7%)	0	(93.6%)
		Less often	0	1 (9%)	10 (91%)	(6.4%)
4.	If not, reason?	Going to school (1)	Near-by Govt. facility	Going to school (1) Don't know (2)	Private (1) Don't know (2)	

Table 3 : Response of mothers regarding supplementary nutrition and counselling

Response	Yes	%
Received regular supplementary food	86	56.3
Received counselling regarding supplementary nutrition	70	46.2
Received counselling regarding quantity of food to be given to child at home	97	63.5
Received counselling regarding weight gain of the baby	83	54.8

In this study, 86 (56.3%) mothers reported that their children received supplementary food from AWC regularly (Table 3). Around 63.5% of the mothers were satisfied with the counselling given by Anganwadi teachers regarding quantity of food to be given to children at home.

Discussion In our study 91.6% women knew about ICDS services while some services were very well known other weren't. Similar aspect was looked into by Biswas AB et al in a study conducted in Howrah and Purulia districts of West Bengal in 2007, in that study results lower than the current study were found as 84.2% of women were aware of any ICDS services.

A study in Udupi district by Jawahar Preethy et al showed that 49.3% had average knowledge of ICDS while 46.7% had poor knowledge about ICDS services. In the present study, 100% of the participants received supplementary nutrition. About 80.3% of the children and pregnant women received immunization in Anganwadi center during immunization session conducted by ANM's.

Another study conducted in rural area of Gulbarga, Karnataka by Madhavi H et al found that 50.88% had regular checkups and 70.33% took regular Supplementary nutrition. A contrasting result was seen in a study conducted in Latur district by Jitendra Surwade et al in which the urban Supplementary nutrition utilization (48%) was more than the Rural (37.7%).

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A study done in Tripura, showed 67.5 % were getting supplementary nutrition from ICDS. A study done in Karnataka, showed 95.9% children were getting supplementary nutrition, 99.3% getting immunization services, 83.4% were getting preschool education and 66.0% were getting regular health check-up.

In our study about 93.5% of the beneficiaries come regularly for health check up. On contrary, the study by Thakare et al had shown lower health check-up coverage.

Most of the reasons for not utilizing the services were presence of nearby government hospital and most of them preferred sending the children to private schools. The work of Davey A et al. confirmed many barriers like not easy accessibility of the AWC and less space available at the AWC (68.6%), followed by the poor quality of the food distributed (66.7%) and irregular preschool education (57.1%) from AWCs.

A study conducted in Udupi district by Jawahar Preethy et al had contrasting results with around 74.1% and 7.4% utilization of supplementary nutrition and immunization respectively which is very less than the current study. On the contrary the study by Preethy et al had reported only 4.8% attended health education sessions.

In the current study, 46.25 of the mothers Received counselling regarding supplementary nutrition and 54.8% of them Received counselling regarding weight gain of the baby. In a similar study from Gujarat, it was reported that only 20.8% of mothers received counselling regarding child nutrition and only 12.5% said received counselling regarding child growth chart.

In the current study, only 56.6% of the children who were sick were referred by AWW and the rest were treated only at home. Similar results were found in a study where the uptake of referrals by beneficiaries was very low as opposed to the expected uptake of 100%.

A study conducted in Uttar Pradesh, found that nearly two-fifth (39.5%) of parents did not send their children to Anganwadi centres and more than one-third (36.6%) of parents said that overall services were of poor quality.

SUGGESTION

IEC activities and Health education regarding the services provided in Anganwadi centres should be conducted. Regular Health check ups should be conducted by the nearby Urban health centre faculties.

CONCLUSION

This study indicated that the utilization of ICDS services was very less among the beneficiaries and had to be improved. This can be improved by strengthening IEC activities regarding the services in the study area.

REFERENCES

1. Madhavi H, Singh HK, Bendigiri ND. A study on utilization of Integrated Child Development Services (ICDS) scheme and beneficiaries' satisfaction in rural area of Gulbarga district. Pravara Med Rev 2011;3(3):13-7.
2. Surwade JB, Mantri SB, Wadagale AV. Utilization of ICDS scheme in urban and rural areas of Latur District with special reference to pediatric beneficiaries. Int J Recent Trends Sci Technol 2013;5(3):107-10.
3. Das R, Bhattacharjee P. A study on utilization of ICDS scheme among children below 6 years of age in an urban area of Agartala, Tripura. Indian J Appl Res 2016;5(7):494-6.
4. Sivanesan S, Kumar A, Kulkarni MM, Kamath A, Shetty A. Utilization of Integrated Child Development Services (ICDS) scheme by child beneficiaries in Coastal Karnataka, India. Indian J Community Health 2016;28(2):132-8.

ISSN: 2348-473X
Peer Reviewed & Refereed Journal (IF: 6.74)
Journal Website: www.nrjss.in

5. Thakare MM, Kuril BM, Doibale MK, Goel NK. A study of functioning of anganwadi centres of urban ICDS block of Aurangabad City. Indian J Prev Soc Med 2011;42(3):253-8.
6. Davey A, Davey S, Datta U. Perception regarding quality of services in urban ICDS blocks in Delhi. Indian J Public Health 2008 JulSep;52(3):156-8. PMID: 19189840.
7. Preethy J, Navaneetha M, Ansuya. A study to identify the knowledge and utilization of Integrated Child Development Scheme (ICDS) services among women in Udupi District, Karnataka. Int J Nurs Educ 2011;3(2):79-82.
8. Chaudasama RK, Kadri A, Joshi N, Vala MC. Evaluation of supplementary nutrition activities under Integrated Child Development Services (ICDS) at anganwadi centres of different districts of Gujarat. Online J Health Allied Sci 2013;12(1):3.
9. Meena JK, Verma A, Kumar R. Evaluation of Integrated Child Development Services (ICDS) program implementation in an urban slum of Delhi, India. International Journal of Research in Medical Sciences 2017; 5(8) :3443-3447.
10. Rehman HM, Patel SP, Agarwal M, Singh VK, Mahour P. Utilization and parental perception towards anganwadi services in rural Lucknow: A cross-sectional study. Int J Health Sci Res 2017;7(2):22-30.