HEALTH PRACTICES OF MOTHERS OF ICDS CHILDREN

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ABSTRACT

Healthy women is a pre requisite for creating a healthy nation. The investigator selected 500 mothers of ICDS children from Madurai, Krishnagiri, Ramanathapuram and Dindigul districts by random sampling method. Their health care facilities and practices of mothers were assessed. After nutrition education the awareness on health was improved and correct the imbalance of existing situation.

KEY WORDS: Random Sampling, ICDS- Integrated child development services.

INTRODUCTION

Health and human development form an integral component of overall socio economic development of any nation. Women being the chief health care providers take care of family and community as a whole. Women's health involves their emotional, social and physical well being. Biological needs based on gender differences would however merit special attention. Mother is the central figure who provides child care, hygiene, nutrition and primary health care.

World-over the women's health gets neglected or is not treated equally at par with men either within the home or by the society owing to patriarchal mindsets.

The health care problems of women have been identified for priority attention and efforts made for maternal health services should be focused. The cultural norms, which affect women's health are attitude of marriage, age at marriage, pattern of family organisation and the ideal role demanded of women by social conventions. Improvements in female health status are therefore critically depends on a number of components such as education, opportunities for skill building, income generation, decision making and the availability of basic support services to carry out women's multiple roles. This study was undertaken to assess the health care facilities available and the practices of mothers of ICDS children.

Methodology:

A. Selection of the sample : The random sampling technique was used to select 500 women.

B. Selection of the area : After the pilot study, districts such as Ramanathapuram, Krishnagiri, Dindigul and Madurai were chosen for this study.

C. Selection of the tool: The interview schedule was used to assess the information on the general background and the availability of health care facilities were analysed.

Results and Discussion :

1. Availability of water and sanitation facilities

The availability of water and sanitation facilities mentioned by the mothers is given in Table 1

TABLE 1

Availability of water and sanitation facilities

Criteria	Before education		After education	
	Number	Percent	Number	Percent
1. Availability of water affecting health	171	34.2	456	91.2
2. Effects of unsafe drinking water				
a. Fever	329	65.8	447	89.4

b. GI problems	164	32.8	451	90.2
c. other problems (vomitting, diarrohea, dysentry etc)	227	45.3	498	99.6
3. Methods used to make water safe				
a. Filter	147	29.4	373	74.6
b. boiling	79	15.8	346	69.2
4. Reason for not treating to make water clean				
a. Expensive	346	69.2	171	34.2
b. Water is already clean	253	50.6	97	19.4
c. Don't know the methods	164	32.8	32	6.4

About 34.1 percent of the mothers mentioned that they were using the water which is available to them without the consideration of the quality of the water. But after education 91.2 percent were mentioned the importance of using quality water. Initial response regarding the effects of unsafe drinking water indicated that only 32.8 percent of them were aware of leading to GI problems which was increased upto 90.2 percent after education. For other problems like vomitting, diarrhoea and dysentry, there was a marked improvement (99.6 percent) was noted in the knowledge regarding usage of safe drinking water.

Before education only 29.4 percent were using water filter which was increased to 74.6 percent after education. Boiling water is the simple method to make the drinking water safe. After education 69.2 percent were practicing the boiling method for making water safe. About 69 percent of mothers opined that treating water is more expensive and 32.8 percent were not aware of the methods of treating water. Final values indicated positive attitudinal changes towards the importance of treating water and their awareness of treating methods.

II. Sanitation Attitudes and Practices

Table II indicates the sanitation attitudes and practices of selected subjects

TABLE II

Sanitation Attitudes and Practices

Criteria	Before Education		After Education	
	Number	Percent	Number	Percent
1. Before handling food	99	19.8	316	63.2
2. After defecation	82	16.4	352	70.4
3. Before/ After eating food	76	15.2	413	82.6
4. After weaning	175	35.0	399	79.8
5. Before carrying the baby	39	7.8	314	62.7
6. While entering from outdoors	47	9.4	391	78.2

From the above table it is clear that, before education only 19.8 percent had the practice of washing hands before handling food, which was increased upto 63.2 percent which shows the significance of health education. Before carrying the baby, after weaning and while entering home from outdoors and after defecation showed marked improvement in their practice by the influence of health eduaction.

III. Reasons for hand washing

The following table depicts the reasons mentioned by the mothers for washing their hands to maintain health.

TABLE III

Reasons for hand washing

Criteria	Before Education		After Education	
	Number	Percent	Number	Percent
1. Hygiene: Feel clean	107	21.4	422	84.4
2.Health:Prevent infection	184	36.8	470	94.0
3.Apperance:Appears good	64	12.8	391	78.2

Initially only 21.4 percent mothers had a concept that they feel clean when they wash their hands. After health education 84.4 percent were mentioned the importance of washing hands for their hygiene. Final values after education indicated the positive attitude towards washing hands for preventing infectious diseases and appears good.

IV. Solid waste disposal

Table IV explains the solid waste disposal methods indicated by the selected mothers

Table IV

Solid waste disposal

Criteria	Before Education		After Education	
	Number	Percent	Number	Percent
Community dustbin	131	26.2	446	89.2
In open drain	369	73.8	84	16.8
Burn in open	268	53.6	62	12.4

Before health education about 26.2 percent were using the community dustbin. But the awareness indicated positive attitudinal change towards the importance of using community dustbin to prevent infectious diseases. Majority of the mothers (73.8 percent) were using open drain for waste disposal after nutrition education the percentage of people having that practice decreased (16.8 percent) markedly.

On health education the percentage of people burning the waste disposal in open place were decreased upto 12.4 percent which indicates their awareness on health.

Conclusion:

Health education will promote all aspects of well being. Poor knowledge attitude practices of health care may leads to high mortality and morbidity rate. By providing health awareness among women can save many people lives. This study concluded that nutrition education can ensure a good and healthy life.

Reference:

www.WHO.int<health systems>