

Impact of Anganwadi Programme Regarding Health and Nutrition Education on ICDS Beneficiaries in Kangra District of Himachal Pradesh

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ABSTRACT Integrated Child Development Scheme (ICDS) provide basic essential services viz. nutrition, health and education for the proper development of the children in the age group upto six years and mothers in the age group of 15-45 years in their own village/block. The study in Panchrukhi (ICDS) and Bhawarna (non ICDS) blocks revealed that all the 10 Anganwadi had poor physical set up as they were accommodated within the Panchayat Ghars due to low rental Charges approved by ICDS authorities. Low salary and poor education of Anganwadi workers affected their working. Health and nutrition components were not given much importance by ICDS authorities. ICDS respondent mothers had slightly better knowledge regarding immunization/vaccination, supplementary feeding and prenatal care while in other aspects of health and nutrition, the difference between the two was non-significant.

INTRODUCTION

Integrated Child Development Scheme (ICDS) is a centrally sponsored scheme by the government of India which was selected on October 2, 1975. The scheme provides basic essential services for the proper development of the child, viz. nutrition, health and education simultaneously in the age group upto six years and mothers in the age group of 15-43 years in their own village.

Anganwadi is the focal point for the delivery of package of service, run by the Anganwadi worker who is assisted by a helper in conducting various activities such supplementary nutrition, immunization, nutrition and health education, non format preschool education and referee services. The child Development for proper implementation of ICDS scheme in the project area. To study the overall impact of ICDS programme on nutrition welfare of children with

particular reference to Anganwadi programme, the study was undertaken in Panchrukhi (ICDS) and Bhawarna (non-ICDS) blocks with the objective to examine the extent of knowledge about health and nutrition education of ICDS and non-ICDS women.

MATERIALS AND METHODS

The study pertains to ten Anganwadi centres namely Deogran, Padyarkhar, Chdhrehar, Patti, Khildu, Rajpur, Lower Dadh, Lambapat, Banuri & Lohna, located in Panchrukhi ICDS block of Kangra district of Himachal Pradesh.

The sample consisted of ten preschool are (3-5 years) from each randomly selected Anganwadi centre. Thus in all the sample was of 100 children in ICDS block. For the comparative study an equal sample of 100 children was selected randomly from adjoining non-ICDS Bhawarna block. Awareness about health and nutrition education component of the mothers in both blocks was assessed by interview and scoring method. General discussion with mother and Anganwadi workers were done to know the constraints in the functioning of Anganwadi programme. Data collected were tabulated and statistically analysed.

RESULTS AND DISCUSSION

General Information About Selected Anganwadi Centre

The data presented in the table 1 depict the general information of selected Anganwadi Centre located in Panchrukhi block of Kangra district of Himachal Pradesh (H.P.) where ICDS is in operation. All the ten Anganwadi Centres

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Anganwadi workers at Patti and Banuri centres were unmarried while all others were married. All the AWWs lived near to the Anganwadi centre at a distance of less than half kilometers. AWW of Deogran and Padyarkhar had experiences of 3 years and 4 1/2 years of service, respectively. Chdhrehar and Khildu Anganwadi workers had the lowest experience of 2 1/2 years of service while all others had 4 years experience. None of the Anganwadi worker had undergone any refresher course. All the AWWs since they joined these jobs received training only for 3 months and were paid salary of Rs. 400/- per month. Poor training coupled with low salary of Anganwadi workers were responsible for their scanty interest in conducting various health and nutrition education activities. Lack of short term refresher courses was also one of the main reasons for this. Besides the guide book for Anganwadi Workers' is in English and is not understood by the AWWs due to their low level of education.

Impact of Health and Nutrition Education on ICDS Beneficiaries Awareness of Mothers Regarding Deficiency Diseases

An attempts was made to study the awareness of mothers regarding different aspects like deficiency diseases, Common ailments, contagious diseases, weaning and supplementary feeding and prenatal care.

Table 3, indicates, none of the mothers, neither in ICDS nor non ICDS block had any knowledge about symptoms and causes of marasmus

and Kwashiorkor diseases. The position with regard to awareness about knowledge on anemia and Vitamin A deficiency was no better either. Thus the percentage of mothers unaware about symptoms and causes of anemia and Vitamin A deficiency was 51 per cent in non ICDS block and 73 per cent of 82 per cent in ICDS and as high as 98 per cent in non-ICDS block, respectively. Thus awareness of mothers regarding deficiency diseases was poor both in ICDS as well as non-ICDS blocks though the position in ICDS block was slightly better than non-ICDS block.

Awareness of Mothers Regarding Common Ailments

Table 4 reveals that in case of ICDS block 89 and 11 per cent of mothers had complete knowledge and partial knowledge symptoms of cough, cold and fever respectively as against 88 and 12 per cent of mothers who had complete knowledge and partial knowledge respectively about the symptoms of these diseases in non-ICDS block. However, none of the respondents were having knowledge about the causes of these diseases either in ICDS or in non-ICDS block. It was found that there was almost no difference in the knowledge about this ailment in ICDS and non-ICDS block.

Diarrhoea is a major problem which is affecting the nutritional status of children. It was found that 41 per cent had complete and 59 per cent had partial knowledge about symptoms of diarrhoea in ICDS block, as against 10 per cent

Table 3: Awareness of respondents regarding deficiency diseases

Level of knowledge	Block	Deficiency diseases				
		Symptoms/causes	Marasmus	Kwashiorkor	Anaemia	Vit. A deficiency
Complete	ICDS	S	0	0	25	0
		C	0	0	1	8
	Non-ICDS	S	0	0	23	1
		C	0	0	0	1
Partial	ICDS	S	0	0	24	27
		C	0	0	30	10
	Non-ICDS	S	0	0	6	1
		C	0	0	9	1
	ICDS	S	100	100	51	73
		C	100	100	69	82
Not at all	Non-ICDS	S	100	100	71	98
		C	100	100	91	98

S = Symptoms; C = Cause

Note: Sample size in both (ICDS & Non-ICDS) = 100 each

Table 4: Awareness of respondents regarding common ailments

Level of knowledge	Block	Symptoms/ Causes/Treatments	Common ailments		
			Cough, Cold, Fever	Diarrhoea	Malaria
Complete	ICDS	S	89	41	20
		C	0	67	62
		T	-	-	21
	Non-ICDS	S	88	10	9
		C	0	27	51
		T	0	-	37
Partial	ICDS	S	11	59	47
		C	0	12	28
		T	-	-	43
	Non-ICDS	S	12	88	18
		C	0	0	5
		T	-	-	10
Not at all	ICDS	S	0	0	33
		C	100	21	10
		T	-	-	36
	Non-ICDS	S	0	2	73
		C	100	73	44
		T	-	-	53

S = Symptoms; C = Cause; T = Treatment

Note: Sample size in both (ICDS & Non-ICDS) = 100 each

of mothers who had complete, 88 per cent partial and 2 per cent who had knowledge at all in non-ICDS block. As far as awareness about causes of diarrhoea were concerned 67 and 12 per cent and 21 per cent of mothers had complete, partial and not at all knowledge at all, respectively in non-ICDS block. It can be concluded from this table that ICDS mothers had slightly better status about knowledge of diarrhoea than non-ICDS mothers.

Awareness of Respondents Regarding Weaning and Supplementary Feeding

Weaning is a process through which an infant is accustomed to take food other than milk. This is the most crucial phase since most cases of severe malnutrition occur in the post weaning period and are generally due to wrong weaning practices, knowledge of mothers was assessed about weaning and supplementary feeding in both blocks depicted in table 5. It can be seen from this table that in ICDS blocks 91 per cent of mothers had partial knowledge, whereas in case of non-ICDS block the percentage was 34, 50 and 16 per cent, respectively in terms of complete, partial and no knowledge at all.

Results indicated that ICDS mothers had more knowledge regarding right age to start weaning. Again it was found that 53 per cent of

mother had complete, 20 per cent partial and 27 per cent mothers had the knowledge about the right age start supplementary feeding in ICDS block whereas in non ICDS, majority of mothers (88%) had only partial knowledge about it, thus it was clear from these results that ICDS respondents had more knowledge as compared to non ICDS on this aspect.

Results have also revealed that nearly one fourth (24%) of mothers had complete knowledge while 76 per cent had partial knowledge about types of supplementary foods, as against this, in non-ICDS block the percentage was 18 and 82 per cent regarding complete and partial knowledge respectively.

Table 5: Awareness of respondents knowledge regarding weaning and supplementary feeding in two blocks of Kangar district (HP)

Level of knowledge	Block	Aspect		
		Right age to start weaning	Right age to supplementary feeding	Type of supplementary foods
Complete	ICDS	91	53	24
	Non-ICDS	34	8	18
Partial	ICDS	9	20	76
	Non-ICDS	50	88	82
Not at all	ICDS	0	27	0
	Non-ICDS	16	4	0

Note: Sample size in both (ICDS & Non-ICDS) = 100 each

Awareness of Respondents Regarding Prenatal Care

Parental care is the care taken by mothers during pregnancy. Mother should have regular health check-up better nutrition so that she delivers a healthy baby. Such need should be emphasized through nutrition and health education by Anganwadi centre. Results on this aspect have been presented in table 6.

The perusal of this indicates that in various aspects such as anti-natal check UPS, vaccination, importance of supplementary diet for pregnant women, starting period of breast feeding

of mothers regarding health and nutrition education component. Health and nutrition education should therefore be given to all women in the age group of 15-45 years.

Policy Implications

1. Physical infrastructure of the Anganwadi Centres should be proper. Accommodating them with the Panchayat and in the home of AWW will surely affect the functioning of the Anganwadi Workers. This could be ensured through the enhanced rental charges for AWW.

Table 6: Awareness of respondents regarding pre-natal care in two blocks of Kangra district (HP)

Aspects	Level of knowledge					
	Complete		Partial		Not at all	
	ICDS	Non-ICDS	ICDS	Non-ICDS	ICDS	Non-ICDS
Anti-natal check up	12	9	84	64	4	27
Vaccination	32	1	26	11	42	88
Importance of supplementary for pregnant women	39	9	55	86	6	5
Importance of breast feeding	0	0	100	100	0	0
Starting period of breast feeding	83	16	17	0	0	84
Importance of colostrum	0	0	71	14	29	86

Note: Sample size in both (ICDS & Non-ICDS) = 100 each

and importance of colostrum, ICDS respondents had better knowledge than non ICDS respondents. It was interesting to know that regarding the importance of breast feeding all the 100 ICDS and 100 non ICDS mothers had only partial knowledge. However the awareness was better in ICDS block than in non ICDS block.

CONCLUSIONS

From the perusal of the results it can be concluded that ICDS had better status than Non ICDS block especially in respect of awareness regarding common ailments, weaning and supplementary feeding and prenatal care. Refresher courses and short term training can be useful to enhance the knowledge of Anganwadi workers as they are the key workers of this programme community participation needs to be motivated so as to have a great impact on the knowledge

2. Training of AWWs should be practical oriented. Besides job training, refresher courses should be organised by various agencies. Books related to Anganwadi services should be in simple and Hindi language education and health education to the mothers properly.
3. Community participation is a must until the mothers are educated, their co-operation shall not be forthcoming for the success of the programme. AWWs should seek the help of University (HPKV) for their extension activities by involving the students of Home Science in practical work. Involvement of university extension workers in practical work. Involvement of university extension workers in anganwadi programme can help to diagnose regular camps once in a month to teach the villager about the importance of Anganwadi programme and how villages

can cooperate other Anganwadi workers in conducting various Anganwadi activities successfully. Home Science students can help the AWWs in making teaching aids from indigenous material. Audio visual aids help in lot make HNE session more easy and interesting to the mother so that the programme is carried with effectiveness.

4. Employment of Home Science graduates as Anganwadi supervisors would go a long way in improving the working of these centres. However, they need to be placed in a better pay scale.

Government can help a lot in making the programme effective if the facilities in Anganwadi Centres are increased and the pay scale of AWWs is increased adequately.

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