

Awareness among Anganwadi Workers and the Prospect of Child Health and Nutrition: A Study in Integrated Child Development Services (ICDS) Jammu, Jammu and Kashmir, India

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ABSTRACT The Integrated Child Development Services (ICDS), the nationwide programme of the Government of India offers the most important interventions for addressing the nutrition and health problems and promoting early childhood education among the disadvantaged population of the country. The present study was undertaken with the objective of assessing the awareness among anganwadi workers regarding the health and nutrition services for children (0-6yrs) in ICDS. The sample of the present study was taken from Purmandal block of Jammu. The tools used for study was self devised interview schedule. In the nutrition aspect, the present study revealed that 55 % of anganwadi worker were actually aware of nutritional services provided at anganwadi centres and were able to explain it if asked but none of them was familiar with the energy and protein requirement of the targeted age group and were unaware of the fact as to how many caloric food they are providing to children. In the health perspective it was revealed that 30% of anganwadi workers, who were assessing the nutritional status of child in anganwadi, were not aware of the method applied for assessment. It was found that although anganwadi workers were maintaining monthly weight registers and growth charts records but majority (65%) of them were not aware of the importance of growth chart. The study shows that in spite of the all training of anganwadi workers, their performance as well as awareness in terms of nutrition and health perspective was not satisfactory and hence an utmost need of frequent training as well as on spot training programme was strongly felt.

INTRODUCTION

The Integrated Child Development Scheme (ICDS) is utilized to help the family, especially mothers to ensure effective health and nutrition care, early detection and timely treatment of ailments. The scheme which was started in the year 1975 in three blocks on experimental basis, aims at development of children in the age group 0-6 years, adolescent girls and pregnant and lactating mothers belonging to disadvantaged sections of society. A network of "Anganwadi Centre" literally, courtyard play centre, provides integrated services comprising supplementary nutrition, immunization, health check-up, referral services, pre-school education and health and nutrition education. This service will help the children to get into the right from the preschool age. Today in India, the ICDS has a network of more than 5000 projects covering more than 75 percent of the Community Development Blocks and 273 Urban Slum pockets of the country. Integrated Child Development Services Scheme covers all the 140 ICDS blocks of Jammu and Kashmir. As of March 2007, a total of 18772 Anganwadi Centres (AWCs) were sanctioned in the state and out of which 18043 (96 percent) were operational. In Jammu and Kashmir, under the

scheme, a total number of 368060 eligible children (6-72 months age) and 90215 pregnant and lactating women are getting benefits for various services. (Evaluation report on ICDS, J & K 2009). But in spite of the ongoing direct nutrition interventions like ICDS, India still contributes to about 21 percent of the global burden of child deaths before their fifth birthday (UNICEF 2007). The country has achieved self-sufficiency in food grains at national level but food insecurity at household level continues to be a cause of concern. Under nutrition continues to be a major public health problem in India, the most vulnerable groups being women of reproductive age group and young children. A study conducted (Das Gupta et al. 2004) to assess the level of child malnutrition in India, found that the poor northern states with high level of child malnutrition and nearly half of India's population have the lowest programme coverage. They also found little evidence of programme impact on child nutrition in villages with ICDS centre.

The anganwadi worker is the most important functionary of the ICDS scheme. The anganwadi worker is a community based front line voluntary worker of the ICDS programme. She plays a crucial role in promoting child growth and development. She is also an agent of social change, mobilizing

community support for better care of young children. But a picture in past reflects a totally another story that majority of anganwadi workers (92.71%) could not even tell full form of ICDS. Most of them (90.62%) could not enumerate all the services being provided and none could list out their job responsibilities (Kant et al. 1984). Another study (Davey and Datta 2004) revealed that anganwadi centers were not that much popular as expected for this might be poor rapport between anganwadi worker and community members. Regarding source of awareness of anganwadi centers running in the area, only 5% respondents came to know about anganwadi centers through the visits made by anganwadi workers to them. Although much of the researches have been done on the nutritional status of the beneficiaries of ICDS, evaluation of nutrition and health services rendered by anganwadi centers but very less focus has been shifted over to knowledge and awareness among the anganwadi workers, who are actually the main resource person of the programme and whose knowledge and skills do have a direct impact on the implementation of the programme. As the anganwadi workers play an important role due to their close and continuous contact with the people of community, especially the children and women, so there is an utmost need to assess the level of awareness in anganwadi workers regarding services provided by them in anganwadi centers. Thus, the present study has been taken up with the main objective of assessing the awareness among anganwadi workers regarding the health and nutrition services of ICDS.

METHODOLOGY

The present study was conducted in rural area of Purmandal block of Jammu district during the year 2008-2009. Purmandal block of ICDS is situated in Bari Brahmana.

Sample Size: The project had 40 anganwadi workers as respondents from 40 anganwadi centers each.

Sampling Technique: Multi stage sampling technique was adopted for sample selection. Samples were randomly selected for the purpose.

Tools Applied: A self -devised interview schedule was used as a tool for data collection with various questions framed on the awareness among anganwadi workers regarding nutritional services of ICDS and its importance, nutritional

requirement of child under supplementary nutrition in ICDS and awareness of method applied and assessment of nutritional status of child in ICDS. Questions were also framed on the importance of maintenance and preparation of growth chart and nutrition education teaching material.

Data Collection: Data were collected personally by making personal visits to anganwadi centers. The data obtained was compiled and tabulated.

Data Analysis: Analysis of the data was done qualitatively and quantitatively using frequency distribution and percentage.

RESULTS AND DISCUSSION

As the anganwadi worker is the key person in the programme, her education level and knowledge of nutrition plays an important role related to her performance in the anganwadi centre. It has also been reported that, in addition to education level, training of anganwadi workers about growth monitoring plays a beneficial role in improving their performance (Gopaldas et al. 1990). In the present study 40 anganwadi workers were interviewed and it is evident from the Table 1 that 17.5% of the anganwadi workers were under matric, 47.5% were matriculate, 27.5% had education up to higher secondary level and 7.5% up to graduation level. It was found that 25% of anganwadi workers were having a work experience of 0-10 years, while 65% of them had a work experience of 10-20 years and 10 % of them had a work experience of 20-30 years. It was also found that majority (92.5%) of anganwadi workers were trained and had received in-service job training. Only 7.5% were untrained.

Table 1: Demographic profile of anganwadi worker

Parameters	Frequency	Percentage
<i>Qualification</i>		
Under Matric	7	17.5
Matric	19	47.5
Intermediate	11	27.5
Graduate	3	7.5
Total	40	100
<i>Work Experience</i>		
0-10 yrs	10	25
10-20 yrs	26	65
20-30 yrs	4	10
Total	40	100
<i>Training Status</i>		
Trained	37	92.5
Untrained	3	7.5
Total	40	100

Nutrition knowledge was the most powerful determinant of performance, followed by guidance from the supervisors or health functionaries and education level (Gujral et al. 1992). In the nutrition aspect, the present study revealed that 55% anganwadi worker were aware regarding the nutritional services provided at anganwadi centre but they were not capable of explaining it in terms of its importance while 10% anganwadi worker stated that to increase child's interest in pre-school education component, a provision of nutritional services has been made in anganwadi centres. It was evident from the study that only 35 % of anganwadi workers were aware of nutritional services provided in anganwadi centre and were clear with the objective of ICDS for supplementary nutrition (Table 2) while remaining 10% stated that they consider equal importance for both, supplementary nutrition as well as preschool education component for the provision of nutritional services in anganwadi centres. Further it was found through study, when a query was made to anganwadi workers regarding the per child requirement while distributing supplementary nutrition in anganwadi centre that there was a section of anganwadi worker (25%) who were unfamiliar with the correct information and thus were non responsive. Among anganwadi workers who did reply to the query, 15% of them replied about quantity of ration being given to beneficiaries per day in anganwadi centre. None of the anganwadi worker was familiar with the energy and protein requirement of the targeted age group and was unaware of the fact as how much caloric food they are providing to children (Table 3).

Table 2: Awareness of nutritional services among anganwadi workers and role of nutritional services in ICDS

Responses	Frequency	Percentage
To provide supplementary nutrition children	14	35
To cater attention of child for preschool education	4	10
Aware but no specific justifications available	22	55
Total	40	100

In the health perspective, as far as assessment of nutritional status of child and method applied was concerned, it was revealed during the study that 30 % of anganwadi workers, who were assessing the nutritional status of child in anganwadi centre

Table 3: Awareness regarding per child requirement while distributing supplementary nutrition

Responses	Frequency	Percentage
50 gm child, 100gm pregnant mother and nursing mother.	6	15
1/2 kg, katori and plates too	10	25
Rs.2.25/day and 1/2 kg of every item	4	10
Rice 50gm, mongi 25gm, chana 70gm	4	10
Due to age in which they require	2	5
Fruit and other things	4	10
No response	10	25
Total	40	100

as a part of their job profile, were not aware of the method applied for assessment. It was revealed that they were performing mechanically and were not clear with the basic concepts of their working. Among other anganwadi workers, 25 % were reported to have assessed the nutritional status of child through growth chart while 40 % anganwadi workers stated that they were doing the same by checking weight every month. There were 5 % of anganwadi workers who stated that they were doing the task with the help of their training experience (Table 4). Although the anganwadi workers

Table 4: Assessment of nutritional status of child and method applied

Responses	Frequency	Percentage
Through growth chart	10	25
Through weight every month	16	40
Through training facility	2	5
Yes but no specific details of method applied	12	30
Total	40	100

Table 5: Maintenance of growth chart and its importance

Responses	Frequency	Percentage
To report the growth of child to parents	6	15
To assess the growth of child	4	10
To develop the grade of child (normal)	2	5
To maintain the growth and records of child	2	5
Yes but no specific reasons were clear	26	65
Total	40	100

responded to the query but the responses were not satisfactory as expected from a well-trained resource person. It was found that although anganwadi

workers were maintaining monthly weight registers and growth charts records but during the study it was found that majority of anganwadi workers (65 %) were not aware of the importance of growth chart instead they were maintaining the growth charts as per the requirement of their job profile only (Table 5). Fifteen per cent of anganwadi workers stated that for the purpose of reporting child's growth to parents they have to maintain the growth charts. The national evaluation of ICDS by NIPCCD (1992) also shows that about 36.3 percent anganwadi workers were not able to monitor the growth of children. The main reason that was pointed out was the lack of skills among anganwadi workers in filling up growth charts. It was also found that majority of anganwadi worker were preparing the teaching material in anganwadi centre for nutrition education and half of them (50 %) were preparing charts related to nutrition and health education. (Table 6) but it was also a revealing fact in study that 15% of anganwadi workers were imparting nutrition education without the use of any teaching material.

Table 6 : Preparation of teaching material in anganwadi centers for nutrition education

<i>Responses</i>	<i>Frequency</i>	<i>Percentage</i>
Fruit charts, dal chart	8	20
Colors ,dal and wooden pictures	4	10
Charts related to nutrition and health education	20	50
Charts related to hospital facility	2	5
No preparation	6	15
Total	40	100

CONCLUSION

The present study shows that in spite of the fact that most (92.5%) of the anganwadi workers in Purmandal block were trained, it was found that performance as well as awareness among anganwadi workers regarding the importance of growth charts and growth monitoring was not satisfactory. Their nutritional knowledge regarding the role of supplementary nutrition and ICDS norms was also not up to the mark as expected from a trained worker and hence an utmost need of regular quality training as well as on spot training programme was strongly felt. It is therefore, suggested that anganwadi workers should receive quality nutrition health education periodically, perhaps through mobile in-service training or

refresher courses. The study also suggests that the quality of training being provided to anganwadi workers at training centres should be strictly scrutinized as it is the first step towards the achievements of goals of ICDS. A study (Datta 2001) done in the past reveals the fact that the training centers were very old and there were no additional classes or laboratories for intensive work or doing practical. There was no feedback taken from training centers. The CDPOs/supervisors do not visit the anganwadi centers to see how anganwadi workers communicate with beneficiaries. Thus, we can understand from these hard revealing facts that these unpolished training programmes are not going to help us in our battle against the alarming prevailing rate of malnutrition (43%) in our country (UNICEF 2007) and thus making ICDS an ongoing success story. Since the success rate of this nation wide integrated programme solely depends upon the fact as to how we are preparing our ground workers to combat with the problem of malnutrition, it becomes really important to upgrade our ground worker i.e. anganwadi worker with quality training and enhanced and advanced nutrition knowledge as nutrition knowledge was the most powerful determinant of performance (Gujral et al. 1992).

RECOMMENDATIONS

It was felt during the present study that regular visits by the supervisors or health functionaries to the anganwadi centre for guiding and helping the anganwadi worker could provide repeated on-the-job training, and frequent and regular interaction between supervisors and anganwadi workers is actually beneficial for the improved knowledge and thus performance of anganwadi worker. The present study also suggests that the training of ICDS functionaries should emphasize more on important functions like growth monitoring, health and nutrition education. The content of the training course for anganwadi workers also needs thorough analysis.

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