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Reflection of Integrated Child Development Services (ICDS) in Implementation of Services at Bishnah and Purmandal Block, Jammu

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KEYWORDS Anganwadi Worker. ICDS. Awareness. Health. Nutrition. Training

ABSTRACT The present research is an attempt to study the awareness of anganwadi workers regarding implementation of services in Integrated Child Development Services (ICDS) project Bishnah block and Purmandal block. A sample of 100 respondents (anganwadi worker) was selected from Bishnah and Purmandal block of Jammu district. Multi stage sampling technique was adopted for sample selection. The tool consisted of a self- devised interview schedule for assessment of awareness among anganwadi workers about implementation of services of ICDS. Results of the study revealed that neither the awareness nor the implementation of services was at satisfactory level as desired by the objectives of ICDS. Hence there is a strong and intense need for improving the training quality provided to anganwadi workers before letting them go into the field jobs.

INTRODUCTION

The Integrated Child Development Services (ICDS) programme is a globally recognized community based early child care programme, which addresses the basic interrelated needs of young children, expectant and nursing mothers and adolescent girls across the life cycle, in a holistic manner. ICDS in India is a response to the challenge of breaking a vicious cycle of malnutrition, impaired development, morbidity and mortality in young children, working in convergence with other flagship programmes such as National Rural Health Mission, Sarva Shiksha Mission and others. The ICDS is perhaps one of the better concerned programmes, yet on travels around country one realises that there is a huge gap between what is expected of the programme and the ground situation. What is even more worrying is that even the existing centres do not function effectively and that corruption, mismanagement and callousness seem to permeate even the ICDS programme (Ramachandran 2005). At the grassroot level, delivery of various services to target groups is given at the Anganwadi Centre (AWC). An AWC is managed by an honorary Anganwadi Worker (AWW) and an honorary Anganwadi Helper (AWH). In ICDS there are 7073 sanctioned projects out of which 6506 are operational through out India while in the state of Jammu and Kashmir there are 140 sanctioned projects which are fully operational. With the constant effort of fight against undernutrition, ICDS has reached up to approx. 44 percent children nationally and 29 percent within state but in spite of this massive reach the nutritional status of children under normal category has still attained only up to 54.16 percent children at national level and 68.88 percent children at state level (NIPCCD 2009). Various studies (Barman 2001; Forces New Delhi 2007) in recent past has revealed that implementation of services under ICDS are not up to satisfactory standards and still more efforts are needed for improving the quality of services for the successful achievement of expected targets. In the opinion of some scholars (Sharma 1987; Chattopadhya 1999), the attainment of ICDS Programme goals depends heavily upon the effectiveness of the anganwadi workers, which in turn, depends upon their knowledge, attitude and practice. The studies done in past have strongly concluded on the need of improved knowledge and awareness among anganwadi workers but regrettably it was found to be the most underrated aspect of there job profile (Kant et al. 1984 ; Gopaldas et al. 1990; Bhasin et al. 2001). Thus, the present study has been taken up with the main objective of as-

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sessing the awareness among anganwadi workers regarding the implementation of services of ICDS in following areas viz. pre-school education, supplementary nutrition, immunization and growth monitoring .

METHODOLOGY

The present study was conducted in rural area of Bishnah block and Purmandal block of Jammu district during the year 2009-2010. One hundred anganwadi workers were selected as respondents. Multi stage sampling technique was adopted for sample selection. Samples were randomly selected for the purpose. A self devised interview schedule was used as a tool for data collection with the various questions framed on the provision and importance of different services of ICDS, the execution procedures required for different services and implementation of various services of ICDS at anganwadi centre. Data was collected by personal visits made to anganwadi centres. The data obtained was coded and tabulated. Analysis of the data was done qualitatively and quantitatively using simple numbers and percentage.

RESULTS AND DISCUSSION

Nutrition knowledge and training apart from her education plays an important role in the performance of anganwadi workers (Gopaldas et al. 1990). The present study performed in the Purmandal and Bishnah blocks of Jammu district reflected a demographic profile of the anganwadi workers of the area. Table 1 showed that the majority (44 percent) of the anganwadi workers were in the age group between 30-40 years, which is otherwise, considered as the most efficient age groups in term of performance of employee under ICDS. On the other hand, the minimum percentage (7 percent) of anganwadi workers falls in age group between 50-60 years. Among the anganwadi workers of the two blocks, viz. Purmandal and Bishnah, the majority (43 percent) of anganwadi workers were qualified up to Matric, followed by 27 percent who were graduates. Remaining anganwadi workers had qualifications up to middle school (20 percent), under Matric (3 percent), Intermediate (20 percent), and Post Graduation (3 percent) and above Post Graduation (2 percent). Table 1 also revealed the information regarding the work experience of anganwadi workers. Majority of anganwadi workers had experience of around 10 years (72 percent) in job while 17 percent anganwadi workers had experience between 10-20 years and remaining 11 percent of anganwadi workers had experience between 20-30 years. As far as training status of anganwadi worker was concerned, it was found through the data of Table 1 that majority of anganwadi workers (70 percent) were trained. Only 30 percent of anganwadi workers were found with untrained status.

Table 1: Demographic profile of anganwadi worker

Parameters	*Frequency (%) (n=100)*
Age (in yrs)	
20-30	30 (30)
30-40	44 (44)
40-50	19 (19)
50-60	07 (07)
Qualification	
Middle school	02 (02)
Under matric	03 (03)
Matric	43 (43)
Intermediate	20 (20)
Graduate	27 (27)
Post graduate	03 (03)
Above post graduate	02 (02)
Work Experience	
0-10 yrs	72 (72)
10-20yrs	17 (17)
20-30 yrs	11 (11)
Training Status	
Trained	70 (70)
Untrained	30 (30)

Various studies in recent past had reflected the importance of knowledge and awareness of anganwadi worker in performance of anganwadi worker (Kant et al. 1984; Udani et al. 1980; Gujral et al. 1992; Bhasin et al. 2001). The information gathered under Table 2 revealed the fact that the majority of anganwadi workers (96 percent) were aware regarding the use of teaching aids at anganwadi centre while only 85 percent anganwadi workers were aware regarding the importance of provision of pre- school education at anganwadi centre. Thus, although the purpose and effectiveness of pre- school education was clear among lesser number of anganwadi workers but the use of teaching aids was popular among anganwadi workers and they were using it frequently for the purpose of imparting pre school education at anganwadi centre. The study revealed an unsatisfactory pic-

ture on part of supplementary nutrition component of ICDS. Table 2 demonstrated that only 62 percent of anganwadi workers from both the blocks had an approach towards the purpose and provision of inclusion of supplementary nutrition under the ICDS service but when it came to the performing calibre of anganwadi workers , the picture provided by the study was below par as there were only 69 percent anganwadi workers who were capable of delivering constructive suggestions to a mother of malnourished child at home and with the help of her (AWW) own knowledge and awareness regarding malnutrition, could play an efficient role as a care taker at anganwadi centre. The awareness regarding the provision of referral services was 65 percent only among the total sample under study. The study revealed the fact that although the large section of anganwadi workers were aware about the importance of provision of supplementary nutrition but in favour of the malnutrition and referral services, the result on implementation part was not satisfactory. The knowledge was rather incomplete and not up to the mark.

Table 2: Awareness among anganwadi workers regarding services of ICDS and its implementation at anganwadi centres

Awareness among AWW regarding	*Awareness status (%)*	
	Aware (n=100)	*Not Aware (n=100)*
Provision of pre school education at AWC	85 (85)	15 (15)
Use of teaching aids at AWC	96 (96)	4 (4)
Provision of supplementary nutrition at AWC	62 (62)	38 (38)
Health check up facility for children	77 (77)	23 (23)
Provision of vaccines at AWC	73 (73)	27 (27)
Suggestion for malnourished child	69 (69)	31 (31)
Provision of referral services at AWC	65 (65)	35 (35)
Types of health records maintained at AWC	86 (86)	14 (14)
Importance of growth chart	68 (68)	32 (32)
Name of weighing scale used at AWC	25 (25)	75 (75)
Precautions to be taken during weighing of child	87 (87)	13 (13)

As depicted in Table 2, awareness among anganwadi workers' regarding heath check up facility for children at anganwadi centre was 77 percent, while 73 percent of anganwadi workers were aware regarding the provision of different vaccines at anganwadi centre. Various studies in recent past had reflected unsatisfactory implementation of growth monitoring practices by anganwadi workers under ICDS (Bhasin et al. 1995; Datta 2001). The present study revealed that although the majority (87 percent) of anganwadi workers were aware regarding various precautions to be taken during weighing of child and 25 percent anganwadi workers were actually familiar with the name of weighing scale used at anganwadi centre for weighing purpose. The study also depicts that majority of anganwadi workers (68 percent) were aware regarding the importance of growth chart but there remained a scope of improving the quality of knowledge they had with themselves. The responses made by anganwadi workers were either incomplete or were not up to the mark.

As shown in Table 3, 15 percent anganwadi workers were highly aware regarding the importance of growth charts in term of growth of child and detecting the grades of malnutrition. The second highest (11 percent) of anganwadi workers were those who had the proper knowledge of supplementary nutrition in terms of menu as well as quantity. These highly aware anganwadi workers were familiar with need of child in terms of calories and quantities of food stuff to be supplied under supplementary nutrition as well as with the need of kind of menu to be served under the scheme. The study also depicts about the section of anganwadi workers (10 percent) who were highly aware regarding the options for places of referral services to be made when there is need at anganwadi centre, followed by the section of anganwadi workers (9 percent) who were highly aware regarding the objectives of inclusion of pre-school education component under ICDS in parallel to supplementary nutrition. These workers were responsive to the query with maximum number of answers possible for the same and thus were considered as highly aware among the entire chosen sample under study.

Although the majority of anganwadi workers, that is, 96 percent and 87 percent were aware concerning the services like use of teaching aids for pre-school component and precautions to be taken during weighing of child respectively but when it came out to refine the anganwadi workers further with highest level of awareness among all existing aware respondents, the study revealed that only 8 percent of anganwadi workers were falling among both parameters (Table

Table 3: Highest level of knowledge and awareness among anganwadi workers regarding implementation of services at anganwadi centres

Parameters	*Frequency (%)*
Knowledge of purpose of PSE for preparation of child for school, clearance of basic concepts and teaching method by play way	09 (09)
Use of chart, posters and hand made puppets, clay materials and toys for PSE	08 (08)
Knowledge of supplementary nutrition in terms of menu as well as quantity	11 (11)
Knowledge of precautions for malnourished child like child nutrition, GLV's, fruits, milk and milk products and visit to doctor	08 (08)
Knowledge of place of referral services in terms of PHC and govt. hospitals both	10 (10)
Knowledge of importance of growth chart in terms of child growth and detection of grades of malnutrition	15 (15)
Knowledge of precautions like minimising clothes, correction of zero error and proper selection of place for hanging weighing machine	08 (08)

2). Only these 8 percent anganwadi workers for both parameters were responsive to query with maximum number of correct answers possible. Similarly, there were 69 percent aware anganwadi workers who were capable of making few suggestions for the condition of malnourished child but when a further refine check was made for the highly aware anganwadi workers, with the maximum possible responses against the query, then it was found through the study that there were only 8 percent anganwadi workers who scored the highest.

Another interesting finding of the study came out into picture was regarding the implementation of services at anganwadi centre, in spite of the knowledge of services among anganwadi workers. It was found that 86 percent and 77 percent anganwadi workers were familiar with the various types of health records to be maintained and vaccines to be provided at anganwadi centre, respectively (Table 2) but on the implementation level at anganwadi centre, it was found during the study that the most popular type of record maintained by anganwadi workers were attendance register (90 percent), followed by immunization (86 percent), nutrition consumption (84 percent) and home survey (84 percent) register (Fig. 1). It was found during

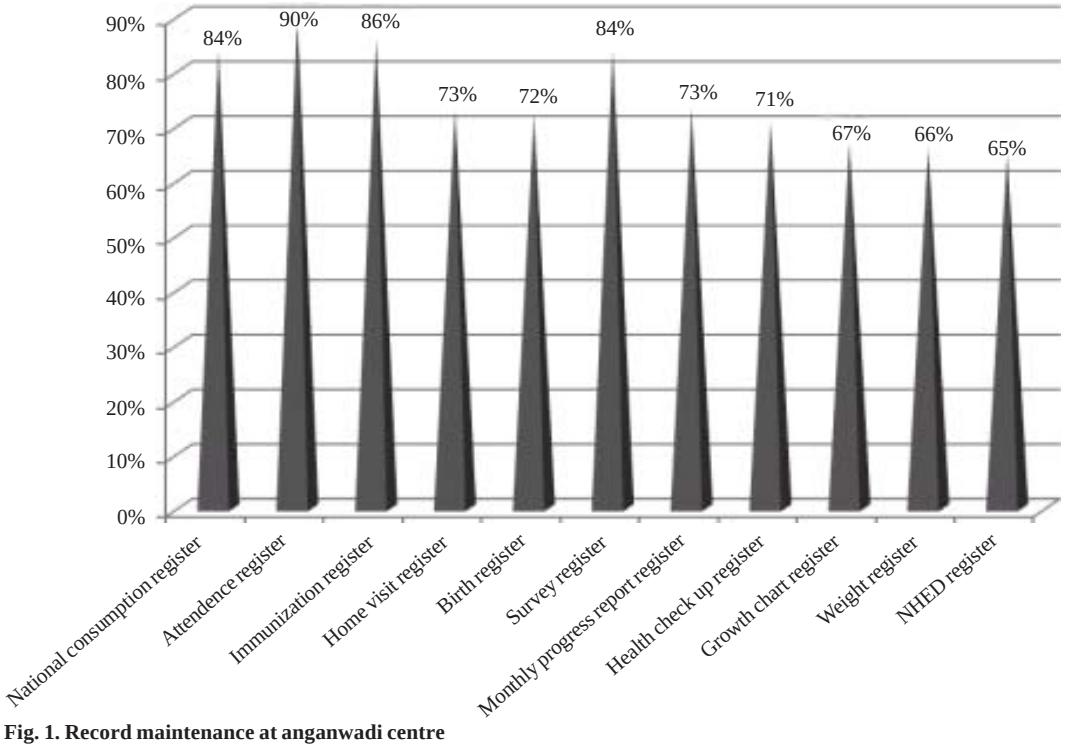

Fig. 1. Record maintenance at anganwadi centre

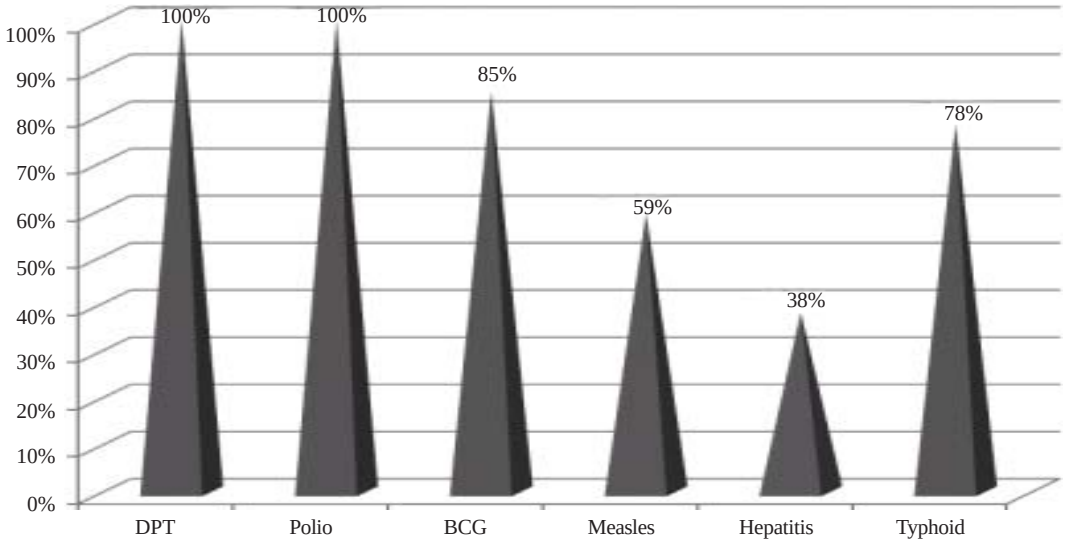

Fig. 2. Vaccines provided at anganwadi centre

the study that the growth chart, weight register and nutrition and health education (NHED) register were used to be the neglected by anganwadi workers in practice as the maintenance for these registers was found to be 67 percent, 66 percent, and 65 percent respectively at anganwadi centres. This was an alarming situation as repeatedly various studies in past had emphasised on the importance of growth monitoring for the successful eradication of malnutrition in country. It was also found in the study that only polio vaccinations (100 percent) were available at anganwadi centre followed by DTP (89 percent), BCG (85 percent), and Typhoid (78 percent) but the other important vaccines like measles (59 percent) and hepatitis (38 percent) were not into implementation at anganwadi centre (Fig. 2) due to high cost and non- availability.

CONCLUSION

It can be concluded that mostly anganwadi workers were familiar with the various services of ICDS but the provision of these services, their importance for the programme was not clear to them, also the implementation part of these services was immensely lacking in aspect of effective utilization of these services by the beneficiaries and for beneficiaries. The study also revealed that irregularities at work place were a common practice among anganwadi workers. The quality of knowledge was one of the neglected features among job profile of anganwadi workers. Since the percentage of highly aware anganwadi workers for various services was ranging in between the 8-15 percent only, therefore, the study strongly felt the need of improving the quality of knowledge and awareness among anganwadi workers. Hence, there is a strong and intense need for improving the training quality provided to anganwadi workers before letting them go into the field jobs. Frequent interactions among anganwadi workers and supervisors should be introduced for imparting information and awareness.

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