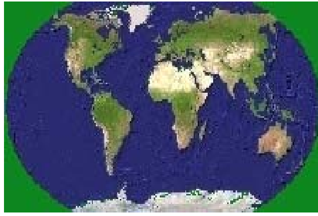

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Mitin Parmar
3rd year resident, Community Medicine Department, B.J. Medical College, Ahmedabad, Gujarat, India.

Shashank Patel
3rd year resident, Community Medicine Department, B.J. Medical College, Ahmedabad, Gujarat, India.

Saurabh Rathod
3rd year resident, Community Medicine Department, B.J. Medical College, Ahmedabad, Gujarat, India.

Nilesh Patel
3rd year resident, Community Medicine Department, B.J. Medical College, Ahmedabad, Gujarat, India.

Kartik Ninama
2nd year resident, Community Medicine Department, B.J. Medical College, Ahmedabad, Gujarat, India.

Correspondence
Mitin Parmar
3rd year resident, Community Medicine Department, B.J. Medical College, Ahmedabad, Gujarat, India.

Knowledge of Anganwadi Worker about Integrated Child Development Services (ICDS): A Study of Urban Blocks in Ahmedabad District of Gujarat

Mitin Parmar, Shashank Patel, Saurabh Rathod, Nilesh Patel, Kartik Ninama

Abstract
Background: Most of the evaluation study concentrated on the nutritional and health status of the beneficiaries of ICDS. Less focus has been shifted over to assess the knowledge and awareness among AWW regarding recommended ICDS programmes, who are actually the main resource person. The key objective of the present study is to assess the correct knowledge among Anganwadi Worker about Integrated Child Development Services (ICDS).
Methods: The sample for the present study comprises of 30 Anganwadi workers belonging to three Urban Blocks of Ahmedabad District. Twenty six knowledge indicators are considered to estimate the mean knowledge score related to six domains of ICDS services. If the response is correct then it is coded as 1 or else equal to 0.
Results: The mean knowledge score about various ICDS services is about 12.83, and the individual score ranging from minimum of 7 to maximum of 19.
Conclusions: Frequent interactions among Anganwadi workers and supervisors should be introduced for imparting information and awareness. Though Government of India putting lot of money to enhance the health status of both mother and children through AWCs, the results suggest to relook the operational aspects of AWCs at the grass root level.

Keywords: Anganwadi Centre; Anganwadi worker; ICDS; Children; Awareness; Knowledge; Training

1. Introduction
The Government of India initiated the Integrated Child Development Service (ICDS) scheme on experimental basis from 2nd October 1975 to reduce the level of infant and child mortality rates Today ICDS represents one of the world's largest programmes for early childhood development The main objective of this programme is to cater to the needs of the development of children in the age group of 0-6 years It is one of the largest child care programmes in the world aiming at child health, hunger, malnutrition and its related issues. ICDS services are provided a vast network of ICDS centres, it is known as “Anganwadi”.Under the ICDS scheme, one trained person is selected to focus on the health and educational needs of children age 0-6 years this person is the Anganwadi worker (AWW). The Anganwadi worker is a community based front line voluntary worker of the ICDS programme. The Integrated Child Development Service (ICDS) scheme is utilized to help the family especially mothers to ensure effective health and nutrition care, early recognition and timely treatment of ailments.
Its specific objectives are:
To develop the nutritional and health status of children in the age-group 0-6 years.
To reduce the prevalence of mortality, morbidity, malnutrition and school dropout.
To improve the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.
To put the groundwork for proper psychological, physical and social development of the child.
There are six dimensions or services of ICDS scheme which are provided by AWCs
1. Supplementary Nutrition
2. Immunization
3. Health check-up
4. Referral services
5. Non-formal Preschool education
6. Nutrition and health education

Aims and Objectives

The key objective of the study is to assess the correct knowledge among Anganwadi Worker about Integrated Child Development Services (ICDS). Specific objectives are as follow:

To examine the socio-economic background of Anganwadi Workers there training service condition.

To assess the awareness among the Anganwadi Workers regarding the health and nutritional services of ICDS programme.

To study the problems faces by AWWs while implementing the ICDS programme.

2. Materials and Methods

Study area:

The present study was conducted in urban area of Ahmedabad District during the year 2014 of September month.

The study area was confined to 3 Blocks namely Daskroi, sanand, and bavla.

All the selected AWCs are belonging to urban areas and the selection of AWCs was purposive.

Sampling

The sample for the present study comprises of 30 Anganwadi workers belonging to three Blocks of Ahmedabad District.

I have selected 14 AWWs from Daskroi, 13 AWWs from Sanand and 3 AWWs from Bavla.

Tools Applied

A face to face interview schedule was used as a tool for data collection with various questions framed on the knowledge among Anganwadi workers regarding the services of ICDS.

Major content of the interview schedule were: socio-economic and demographic profiles of AWWs, Knowledge about various ICDS services (like immunization, nutritional and health education, supplementary nutrition, growth monitoring) and problem faced by AWW while implementing ICDS programmes.

Data Collection

Quantitative study design was followed to collect necessary information on Anganwadi workers awareness regarding child health & nutrition. Data were collected personally by making personal visits to Anganwadi centres.

Data was collected both from primary and secondary sources.

Primary data was collected from all the Anganwadi workers. The secondary data was collected from official records.

Data Analysis

The data obtained was complied and tabulated using the SPSS. Univariate and Multivariate analysis is performed to address above objectives.

Assessing Knowledge Score

Twenty six knowledge indicators are considered to estimate the mean knowledge score related to six domains of ICDS services.

If the response is correct then it is coded as 1 or else equal to 0. So the individual knowledge score will vary from 0 to 26.

Total knowledge score is estimated by adding the individual scores of each response.

3. Results

Various studies in recent past clearly highlighted the importance of socio-economic and demographic characteristics of AWWs in implementing the ICDS programmes. In the present study 30 Anganwadi Workers were interviewed. The Anganwadi Worker and helper are the basic functionaries of the ICDS. They are not government employees, but are called "social workers" or "voluntary workers". All the Anganwadi workers get about Rs.4250 as payment per month. The working hours are from 9 A.M to 1P.M and then they go for home visit another 1hour till 2 PM. They visit 5 houses every day. All Anganwadi workers get guidance from Auxiliary Nurse Midwife (ANM).

Socio demographic characteristics of Anganwadi Workers

Figure 1: Percentage distribution of respondent by Age (in Years)

Figure 1: shows that 33.3% of Anganwadi workers were less than 30 years, 53.3% of workers were in the age group of 30-40 years and 13.3% were 41 years and above. Results suggest that major portion of AWWs belongs to age group of 30-40 years.

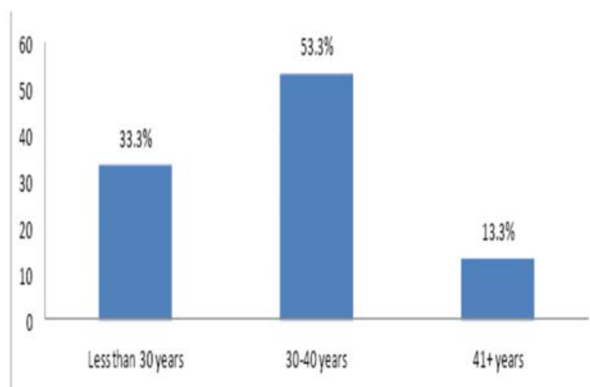


Fig 2: Percentage distribution of respondent by education

In the present study 30 Anganwadi workers were interviews and it is evident from the Figure.5 that 26.7% of the A Percentage distribution of respondent by educationnganwadi workers were 10th passed, 43.3% were 12th passed, 30% had education up to graduation level and above.

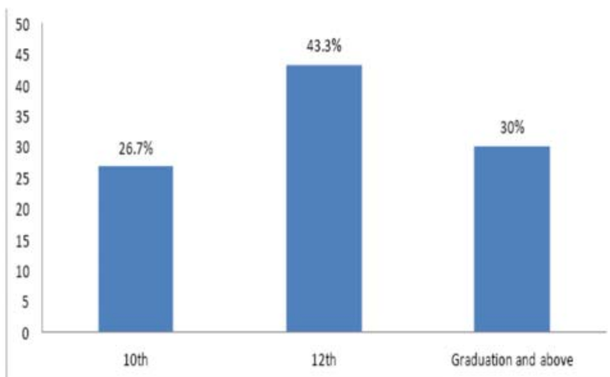
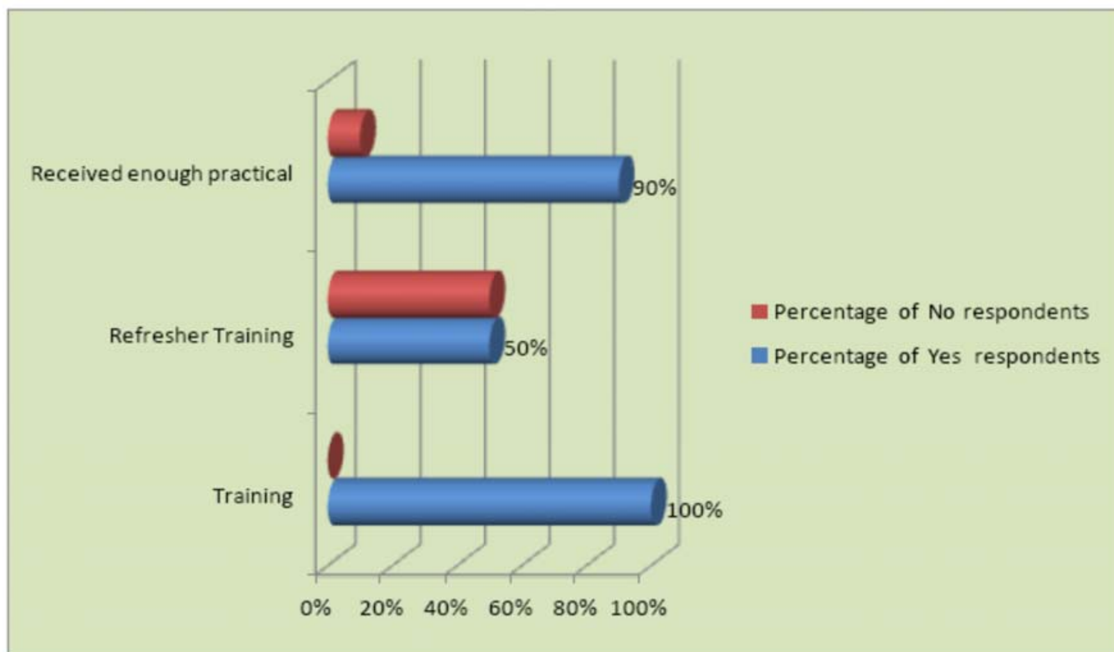


Fig 3: Percentage distribution of respondent by Training and Refresher training

As for as training status Anganwadi worker was concerned, it was found that majority of Anganwadi workers 100% were trained and have attended the ICDS training programme but among all 30 workers, only 50% of them attended the refresher training. Result also suggests that majority of the AWWs those who received training had opinion that they received enough practical experience during training sessions.



While performing different types of functions it is obvious that Anganwadi workers supposed to face variety of problems. As per the Govt. Guideline the minimum qualification for AWW is 10th pass but she is expected to perform all these job responsibilities. Also community participation, co-ordination with the superiors, beneficiaries and helper are important parts of her daily work. Results suggest that 56.7% are complained of inadequate salary while only 16.7% complained of lack of logistic supply related problems (Table 3.1). About half of the AWWs complained that they have Infrastructure structure related problem like inadequate space for displaying non-formal preschool education (NFPSE) posters or other posters related to nutrition and health education, space is not available for conducting fun activities like outdoor activities, irritation by animals entering into AWC. Forty three percent of workers not happy because of overload of work. And 40% of the workers complained for excessive record maintenance as they have to assist for other health programmes apart from their Anganwadi related work like in pulse polio programmes, vitamin A distribution programme conducted by Municipal Corporation

Table 1: Problems faced by Anganwadi workers:

Types Of Problem	Number of AWWs with the problem
Inadequate salary	17(56.7)
Infrastucture related	15(50.0)
Logistic supply related	5(16.7)
Work overload	13(43.3)
Excessive record maintenance	12(40.0)
Total (N)	30

As mentioned in the methodology section, 26 variables are considered to estimate the total knowledge score of correct responses.
Table 2 clearly highlights that the mean correct knowledge score is about 12.83 and the range varies from 7 to 19.

Table 2: Knowledge and Awareness of Anganwadi Workers about Icds Services:

	Mean Score	Min	Max	SD
Correct Knowledge Score(N=30)	12.83	7	19	2.71

Result from the following table highlight that the knowledge score is higher for graduated women compare the other qualified women. The mean knowledge score for women who passed 10th is about 11.75 which is lower than the knowledge score for Graduated women (mean score 14.67).This evidence suggest that Graduated women are much more aware about various ICDS scheme compared to the 10th qualified workers. So, the level of education positively associated with the knowledge score about the ICDS scheme knowledge also increases.

Table 3: Knowledge differential by education

Education Qualification	Mean Score	95% CI	
		Lower bound	Upper Bound
10th	11.75	9.48	14.02
12th	12.23	12.99	13.56
Graduation	14.67	12.43	16.91

Results from the following table suggest that those women were received the refresher training, they are more knowledgeable than other trained women. All AWWs had opinion that there is improvement in their knowledge and practice after getting the induction training or refresher training. Those who are attended the refresher training they feel the training received was enough practical oriented.

Table 4: Knowledge differentials by Training Status

Refresher training	Mean score	95% CI	
		Lower Bound	Upper bound
Yes	13.73	12.09	15.37
No	11.93	10.72	13.14

4. Discussion

The study revealed that the correct answers related to antenatal care, post-natal care, family welfare services, management of diarrhea and prevention of vitamin A deficiency and nutritional anaemia were not up to mark and not satisfactory.

Though all the workers were trained; but 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. So, regular qualities training as well as on spot training programme are strongly needed.

We can understand from these hard revealing facts that these unpolished training programmes are not going to help to fight against the alarming existing rate of malnutrition (43%) in our country and thus making ICDS an ongoing success story. Since the success rate of this nationwide 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.

Anganwadi workers were familiar with the various services of ICDS but their importance for the programme was not clear to them. The quality of knowledge was one of the neglected features among Anganwadi workers. Anganwadi workers are the key person who will promote the good practices of services related to ICDS to enhance the health and nutritional status among mothers and children; hence they should be equipped with better knowledge through regular and quality training program.

5. Conclusion and Recommandation

Present study shows that only 23.3% of the Anganwadi workers have knowledge about the flattened growth line on growth chart. Similarly about 26.7% of Anganwadi workers have correct knowledge about the calories and proteins given to grade 4 malnourished child, 16.7% had correct knowledge about weight gain per year between age group 3 and 60% had correct knowledge about the average weight of a 1year old child, and 20% knew the correct red colour mid arm circumference (MAC) strip means.

Result also suggests that the mean knowledge score is higher for women who have completed graduation compare to their counterparts. The mean knowledge score for women with 10th qualification is about 11.75 which is lower than the knowledge score for Graduated women (mean score 14.67).This evidence suggest that Graduated women are much more aware about various ICDS scheme compared to the 10th and 12th qualified workers. So, education is positively associated with the correct knowledge score about ICDS scheme among Anganwadi workers.

Majority of the AWWS were trained and had received in service job training and 50% of the workers had received refresher training. It was found that all the Anganwadi workers maintaining all the recommended registers and also maintaining monthly weight register and growth chart records. Results suggest that 56.7% are complained of inadequate salary while only 16.7% complained of lack of logistic supply related problems. About half of the Anganwadi workers complained that they have Infrastructure related problem like inadequate space for displaying Non-Formal Preschool Education (NFPSE) posters or other posters related to nutrition and health education, space is not available for conducting recreational activities like outdoor activities, irritation by animals entering into Anganwadi centre. Forty three percent of workers not happy because of overload of work. And 40% of the workers complained for excessive record maintenance as they have to assist for other health programmes apart from their Anganwadi related work like in pulse polio programmes, vitamin A distribution programme conducted by Municipal Corporation.

The present study strongly felt the need of improving the quality of knowledge and awareness among Anganwadi workers about various ICDS schemes.

There is a strong and intense need for improving the training quality provided to Anganwadi workers to enhance their knowledge regarding various ICDS schemes.

Frequent interactions among Anganwadi workers and supervisors should be introduced for imparting information and awareness.

Also infrastructure facilities should be improved for better implementation of ICDS scheme.

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