

Contribution of Anganwadi Centers of Ganderbal District (J & K), in Promoting Health Awareness and Preparedness for Primary Schooling: An Evaluative Study

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Abstract

India is the home of the largest child population in the world. The development of children is the first priority on the country's development agenda, not because they are the most vulnerable, but because they are our supreme assets and also the future human resources of the country. Tenth Five Year Plan (2002-07) underlines the fact that the future of India lies in the future of Indian children- across income groups, geographical locations, gender and communities. Researches on women and children reveal that there are several areas which require the attention of planners and programme implementers. Policy decisions based on research findings are rooted in ground reality and therefore have the capacity to bring about tangible improvement in the situation whether it is with regard to nutritional status, health practices or rights of women and children. The present study was undertaken to study the contribution of anganwadi centers in promoting health awareness and to study their contribution in preparing of children for primary schooling. In the present research, descriptive survey method and purposive sampling technique was used by the investigator to collect data from 40 Anganwadi workers (AWW), 40 beneficiaries (mothers) from Ganderbal district of Jammu and Kashmir. Self developed interview schedule for beneficiaries and a questionnaire for AWW was used to study the contribution of anganwadi centers. Descriptive statistics was used to describe the main features of collected data in quantitative terms .The results of the study of Ganderbal district revealed that food is provided to each category of beneficiaries and is provided regularly however the quality of food served is not satisfactory. Weight of children is also measured regularly and growth cards are also maintained. Immunization is provided to beneficiaries and immunization cards are also maintained. Malnourished and disabled children are also detected through Anganwadi centres (AWCs). Learning activities are conducted, teaching aids are also used by AWW during the conduction of learning activities. Information is also provided to children by AWW regarding the benefits of education. Mothers are aware about the enrollment of their children in AWC however children are not attending the AWC regularly. The quality of food served in AWC is not satisfactory and child weight is not also being measured regularly. No home visits are done by health staff during pregnancy and mothers were not very satisfied with the services provided by anganwadi centers in preparing the children for primary schooling.

Keywords: Anganwadi workers, Anganwadi Centres, Integrated Child Development Services

Introduction

Children are the most valuable section of our society. No nation on this globe can ignore the responsibility to ensure their proper growth and development as the future of the country lies with them. All the children neither have equal opportunities and facilities for living and learning nor have the same level of social acceptability. Developmental programmers aimed at reducing poverty do not necessarily reach children or improve the environment in which they live and grow. As per 2001 census the country has around 17% of children who are below the age of 6 years and majority of them live in economic and social environments which could impede the child's physical and mental development. These conditions include poverty, poor environmental sanitation, disease

infection, inadequate access to primarily health care, inappropriate child caring and feeding practices. The National Policy for Children was adopted in 1974 and the Integrated Child Development Services (ICDS) scheme was launched as a sequel to it in 1975. The National Policy for Children, 1974, has been adopted on the conviction that child development programmes are necessary to ensure equality of opportunity to all children. It provides the framework for assigning priorities to different needs of children (both before and after birth) and for responding to them in an integrated manner. ICDS is India's response to the challenge of meeting the holistic needs of the child (Gupta *et al.*, 2005).

The ICDS scheme was sponsored by the Government of India in 1975 with the major objective of providing opportunities of physical and psycho-social development to children in the age group of 0-6 years through an integrated package of early childhood services. The ICDS Scheme was launched with the objectives:

1. To improve the nutritional and health status of children in the age-group 0-6 years
2. To lay the foundation for proper psychological, physical and social development of the child
3. To reduce the incidence of mortality, morbidity, malnutrition and school dropout
4. To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development and
5. To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

Supplementary nutrition is the primary aspect of integrated child development services which includes supplementary feeding and growth monitoring and prophylaxis against vitamin A deficiency and control of nutritional anemia (George *et al.*, 1993 and George *et al.*, 2000). Growth monitoring and nutrition surveillance are two important activities that are undertaken. Referral services include health check-ups and growth monitoring, sick or malnourished children, in need of prompt medical attention, are referred to the primary health centre or its sub-centre. The anganwadi worker has also been oriented to detect disabilities in young children. She enlists all such cases in a special register and refers them to the medical officer of the primary health centre/ subcentre.

Pre-school education is the sixth fundamental component of the ICDS programme, in which all its services essentially converge at the anganwadi a village courtyard (Saini and Sharma, 2002). Anganwadi Centre (AWC) a village courtyard is the main platform for delivering of these services. These AWCs have been set up in every village in the country. As per Census of India 2001, there are 157.86 million children below six years of age, and many of them have inadequate access to health care, nutrition sanitation, child care early stimulation, etc. To ensure that all young children, even those from vulnerable section of society have access to their basic right, ICDS provide a package of service to ensure their holistic development. ICDS provides health, nutrition, immunization, preschool education health and nutrition education, and referral services to young children and their mothers (Thimmayamma, 1987; Jindal, 1999; Manhas and Qadri, 2010). ICDS also empowers mothers of take better care of their children).

However, in spite of the expansion of ICDS, evaluation studies done by Forum for Creche and Child Care Services (FORCE) indicate that ICDS reaches out to 30% of the children. Children from remote scattered hamlets and children living in new slum clusters are often of ambit of ICDS services. Malnutrition has decreased only marginally from 47% in 1998-99 to 46% in 2005-06, as was revealed in the National Family Health Survey III (2006). The Supreme Court, in its order dated 29.04.2004 directed the Government of India to increase the number of AWC to cover 14 lakhs habitations. Efforts are being made to universalize ICDS so that a functional AWC exists in every settlement and full coverage of children is ensured.

During the Eleventh Five Years Plan (2007-2012), nutritionally backward would be the focus of special attention, and micronutrient supplementation /fortification would be used as a strategy to combat specific micronutrient deficiencies. In spite of many lacunas in the functioning of the scheme, the achievement under ICDS are many. Notable among them is the progressive decline in infant and child mortality, and the spread of awareness about

immunization and health and nutrition education. Research reveals the true ground realities and field situation, and as a pointer to the path which needs to be taken to achieve desired results (Tyagi and Pradhan, 2015).

Singhi *et al.* (1996) evaluated the strengthening quality and access to services in ICDS programme in Rajasthan. The findings of the study were reflected that there was need to strengthen the integration of ICDS with other departments like health and education. Community should be involved to decentralize services like supply of supplementary food and other resources (Gopalan, 1992; Gopalan and Ramasastri, 1993). The AWW should have decision making power, receive adequate teaching material and equipment, and undergo reorientation training at regular intervals. Close and supportive relationship between gram panchayat and AWCs should be established. There is need to have variation in the food served to match the taste of children. Vacant posts should be filled. Awareness building campaigns through local communication mechanisms should be initiated. Gender compatibility should be established through the involvement of both, men and women. Serious thought should be given to raise the salary of AW helper.

Sobha (2003) Conducted study on Welfare services for women and children in Tirupati. The findings of the study reflected that it was suggested that improvement in service conditions' AWWs, frequent in-service training, incentives for better work in achieving better results, supply of essential medicines, strengthening of health and nutrition education to AWWs, supply of teaching aid and toys in AWCs, and supply of good quality weaning food should be ensured. Efforts should be made to spread awareness about ICDS scheme through mass media and personal contacts.

Kapil (2001) conducted study in Rajasthan to assess the weight gain pattern and nutrient intake among 61 severely malnourished children during different seasons. The study recommended that extra nutritional care should be provided to young children during summer and rainy seasons, as their growth and nutrient intake is comparatively lower in these seasons than during the winter season (Gopal, 2008)

The Centre for North East Studies and Policy Research (CNESPR) conducted a study to assess the functioning of ICDS in the AWCs of Assam and Meghalaya. There were many complaints against the ready to eat (RTE) packets as these were half opened and damaged. In several villages, pregnant women also refused immunization. Many parents did not allow their children to be weighed because of superstition. Community must be made aware of the benefits provided by AWCs. Services of ICDS should be available for every child under 6 years, not only for those from BPL families. Take-home rations (THR) for children should be provided on a regular basis.

Vinnarasan (2007), conducted a study on the factors influencing non- enrollment of children in ICDS AWC run by Chennai Corporation. 88 AWC situated in Adyar, Besant Nagar, Mandaveli, Santhome, Kotturpuram and Pattinapakkam were covered. It was found that 47.3% respondents believed that the purpose of existence of the AWC was to look after young children. It was suggested that adequate funds should be allotted to improve the physical infrastructure of AWC and provide them with basic facilities. Training for the staff should emphasize the value of their work, impart skills to mobilize community support, and also sensitize them about the Right to Participation of children in AWC. Government should emphasize and strongly enforce the convergence of services to children through different departments. The focus of ICDS should shift to providing quality Preschool education as the main task, with nutrition and health services playing roles similar to the Mid Day Meals Scheme in schools (Jindal and Shipra. 1999; Saiyed and Seshadri, 2000; Manhas and Qadri, 2010). Nazam (2013) conducted a study on India's response to challenge of meeting the holistic needs of child. Today the Integrated Child Development Services is one of the world's largest and most unique outreach programs for early childhood care and development having completed three decades. It is one of the program in the world which not only addresses health, nutrition and development needs of young children, adolescent girls and pregnant and nursing mothers across the life cycle (Nair and Radhakrishnan, 2004; Nair and Mehta, 2009).

Materials and Methods

Since the nature of the problem involved exploring and trying to understand the totality of a phenomenon in context- specific settings, a descriptive survey method was employed with purposive sampling technique. Two

blocks were selected from district Ganderbal. From each block twenty AWC were selected to make a total sample of forty AWW for the study. One mother was also selected from each center to make a total sample of forty mothers. Self-constructed questionnaires were developed for AWW, self-constructed Interview schedule was developed for mothers to get information regarding the contribution of Anganwadi centers for promoting health awareness and preparedness for primary schooling. The questionnaire and the interview schedule was divided into two parts (1) Promotion of health awareness (2) Preparedness for Primary schooling. In health awareness part the questions were framed on supplementary nutrition, growth monitoring, immunization, health check-ups and referral services while as in preparedness for primary schooling part questions were framed on pre school education. The validity of the questionnaire and interview schedule was established through face validity and content validity methods. The investigator visited CDPOs and sought their approval for collection of data. Descriptive statistics was used to describe the main features of collected data in quantitative terms. Children below the age of three years of age are weighed once a month and children 3-6 years of age are weighed quarterly. Weight-for-age growth cards are maintained for all children below six years. This helps to detect growth faltering and helps in assessing nutritional status. Besides, severely malnourished children are given special supplementary feeding and referred to medical service.

Result and Discussion

Results pertaining to the contribution of anganwadi centers in promoting health awareness. Response of AWW regarding the kind of food provided to each category in district Ganderbal.

Out of 40 respondents (AWW) of district Ganderbal 70% responded that they provide biscuits to infants and 30% responded that they provide khichdi to infants. 60% responded that they provide channapulow and 40% responded that they provide Halwa to the toddlers. Pregnant women: 65% responded that they provide both khichdi and halwa and 35% responded that they provide channapulow.

Response of AWW regarding the adequacy of food served in Ganderbal District.

Out of 40 respondents 75% agreed that food is adequately served, where as 25% agreed that food is not adequately served.

Response of AWW regarding Quality of food served in AWC of District Ganderbal.

Out of 40 respondents 35% responded that the quality of food served is good, 15% responded that the quality of food served is poor, 40% responded that quality of food served is average and 10% responded that they cannot say about the quality of food served.

Response of AWW regarding the regularity of food provided to children in AWC of district Ganderbal.

Out of 40 respondents 70% responded that food served is very regularly , 30% responded that the food is served regularly, 10% responded that food served is somewhat regular and 0% responded that it is very irregularly. Hence it may be concluded that food in AWC of Ganderbal is served regularly.

Response of AWW regarding the measuring of Childs weight regularly in AWC of district Ganderbal.

Out of 40 respondents 80% responded that Childs weight is regularly measured at AWC of district Ganderbal and 20% responded that Childs weight is not regularly measured. Hence it can be concluded that the Childs weight is regularly measured in AWCs of district Ganderbal.

Response of AWW regarding the maintenance of Childs weight-for-age growth cards in district Ganderbal.

Out of 40 respondents 80% responded that they maintain Childs weight-for-age growth cards and 20% responded that they do not maintain Childs weight-for-age growth cards. Hence it may be concluded that the Childs weight-for-age growth cards are being maintained in district Ganderbal.

Response of AWW regarding to whom immunization is provided in AWCs of district Ganderbal.

Out of 40 respondents 20% responded that they provide immunization to pregnant women, 30% responded that

they provide immunization to infants, 50% responded that they provide immunization to both pregnant women and infants. Hence it may be concluded that immunization is being provided in district Ganderbal.

Response of AWW regarding the kind of immunization provided in AWC of istrict Ganderbal.

Out of 40 respondents 10% responded that they provide BCG, 15% responded that they provide DPT , 60% responded that they provide polio/measles and 15% responded that they provide immunization to all. Hence it may be concluded that polio/measles immunization is provided regularly in AWCs of district Ganderbal.

Response of AWW regarding the maintaining of immunization cards in district Ganderbal.

Out of 40 respondents 90% responded that they maintain immunization cards and 10% responded that they do not maintain immunization cards. Hence it may be concluded that immunization cards are being maintained by AWW in district Ganderbal.

Response of AWW regarding the health check- ups done in AWC OF District Ganderbal.

Out of 40 respondents 15% responded that the health check ups are given to children below 6 years, 20% responded that health check ups are given to expectant mothers, 10% responded that health check ups are given to nursing mothers and 55% responded that health check ups are given to all.

Response of AWW regarding the conduction of NHE sessions in AWC of district Ganderbal.

Out of 40 respondents 70% responded that they conduct NHE sessions with mothers and 30% responded that they do not conduct NHE sessions with mothers. Hence it may be concluded that NHE sessions are being conducted in AWC of district Ganderbal.

Response of AWW regarding the detection of malnourished and disabled children through AWC of district Ganderbal.

Out of 40 respondents 40% responded that they detect the malnourished and disabled children and 60% responded that they do not detect the malnourished and disabled children. Hence it may be concluded that the detection of malnourished and disabled children is not done to a great extent through anganwadi centers of district Ganderbal.

Results pertaining to the contribution of anganwadi centers in preparedness of children for primary schooling.

Response of AWW regarding the conduction of any learning activity in AWC in district Ganderbal

Out of 40 respondents 80% responded that they conduct learning activities and 20% responded that they do not conduct any learning activity. Hence it may be concluded that learning activities are being conducted in AWC of district Ganderbal.

Response of AWW regarding having of teaching learning equipments in AWC in district Ganderbal.

Out of 40 respondents 60% responded that they have teaching learning equipments and 40% responded that they do not have teaching learning equipments. Hence it may be concluded that teaching learning equipments are present in AWC of district Ganderbal.

Response of AWW regarding the using of teaching aids in AWC in district Ganderbal.

Out of 40 respondents 80% responded that they use teaching aids and 20% responded that they do not use teaching aids. Hence it may be concluded that teaching aids are used adequately in AWC of district Ganderbal.

Response of AWW regarding the providing of any information to children about the benefits of education in district Ganderbal.

Out of 40 respondents 95% responded that they provide information about the benefits of education and 5% responded that they do not provide. Hence it may be concluded that the information is being provided to children about the benefits of education.

Response of beneficiaries regarding their Child enrollment in district Ganderbal.

All the 40 respondents responded that they are aware about their Childs enrollment. Hence it may be concluded that children are enrolled in AWC of district Ganderbal.

Response of beneficiaries (mothers) regarding the children attending the AWC in district Ganderbal.

Out of 40 respondents 50% responded that their children attend the AWC regularly, 40% responded that their children attend the AWC occasionally and 10% responded that their children attend the AWC rarely. Hence it may be concluded that the children do not attend the AWC regularly in district Ganderbal.

Response of beneficiaries (mothers) regarding who motivated them to enroll their child in AWC in district Ganderbal.

Out of 40 respondents 50% responded that they have enrolled their child in AWC by their own motivation, 40% responded that AWW have motivated them and 10% responded on the motivation of health worker.

Response of beneficiaries (mothers) regarding the quality of food served in AWC in district Ganderbal.

Out of 40 respondents 10% responded that the quality of food provided is good, 70% responded that the quality of food provided is fairly good and 20% responded that they cannot say. Hence it may be concluded that food served in AWC of district Ganderbal is not good.

Response of beneficiaries (mothers) regarding the measuring of Childs weight in AWC in district Ganderbal.

Out of 40 respondents 20% responded that their Childs weight is regularly measured at anganwadi centers and 80% responded that their Childs weight measured occasionally at anganwadi centers. Hence it can be concluded that Childs weight is not regularly measured in AWC of district Ganderbal.

Response of beneficiaries (mothers) regarding having of immunization cards of their child in district Ganderbal.

Out of 40 respondents 95% responded that their children have immunization cards and 5% responded that they do not have.

Response of beneficiaries (mothers) regarding any home visits by health staff during pregnancy of district Ganderbal.

Out of 40 respondents 5% responded that health staff visited their home during their pregnancy and 95% responded that health staff did not visit their home during their pregnancy. Hence it can be concluded that the health staff does not visit the homes of beneficiaries in district Ganderbal.

Response of beneficiaries (mothers) regarding any type of counseling provided by AWW after visiting their homes in district Ganderbal.

Out of 40 respondents 15% responded that AWW provided them the counseling but 85% responded that they did not receive any type of counseling. Hence it may be concluded that AWWs in district Ganderbal do not provide counseling to beneficiaries.

Results pertaining to find out the views of beneficiaries (mothers) about the contribution of AWC in preparedness for primary schooling.

To achieve the above objective the research question, “ How beneficiaries view the contribution of AWC in preparedness for primary schooling has been framed? To respond the question, the data has been presented in subsequent paragraph.

Response of beneficiaries (mothers) regarding any learning activity organized for children at AWC in district Ganderbal.

Out of 40 respondents 40% responded that learning activities are organized by AWC, 20% responded that no learning activity is organized and 40% responded that they are not aware about this thing. Hence it can be concluded that to some extent learning activities are organized.

Response of beneficiaries (mothers) regarding learning activities are they beneficial for child in district Ganderbal.

All the 40 respondents responded that learning activities are beneficial for the child. Hence it can be concluded

that the beneficiaries are aware about the benefits of education.

Response of beneficiaries (mothers) regarding the attitude of AWW towards children in district Ganderbal.

Out of 40 respondents 85% responded that the attitude of AWW towards children is kind and 15% responded that they were unable to observe. Hence it can be concluded that attitude of AWW towards children is kind.

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