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A Case Study

Study on profile, knowledge about health services of anganwadi workers in Tumkur district Karnataka state

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SUMMARY : 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 their profile and knowledge about health services to reduce IMR, MMR, participation in village health nutrition days, village health and sanitation committee as a member in ICDS. The sample of the present study was taken from five talukas of Tumkur district of Karnataka. The tools used for study was self devised interview schedule. In the profile, the present study revealed that 66 per cent of anganwadi worker were medium age group followed by 25 per cent belong to young age group and only 09 per cent belong to old age group. Majority (73 %) were having High school or 10 th pass level education followed by 27 per cent were having 12 th pass or intermediate education level. In the knowledge about health services it was revealed that 41 per cent of anganwadi workers, who were having good knowledge followed by 32 per cent medium and 27 per cent, were low knowledge on IMR, MMR, vitamin A, and 72 per cent of the anganawadi workers more than 8 time out of 12 times in an year participated in village health nutrition days along with health assistant of health and family welfare department and majority (69%) of the anganawadi workers less than 5 times in an year participated in village health and sanitation committee as a member. The study shows that in spite of the all training of anganwadi workers, their performance as well as awareness in terms of health servises was not satisfactory and hence, a nut most need of frequent training as well as awareness programme was strongly felt.

KEY WORDS :
ICDS, anganwadi, Village, Health service, IMR, MMR

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BACKGROUND AND OBJECTIVES

The word anganwadi means "courtyard shelter" in Indian languages. They were started by the Indian government in 1975 as part of the Integrated Child Development Services programme to combat child hunger and malnutrition. Today it is world's largest operational programme all over India. It is the most comprehensive scheme of the Government of India for the health of mother and child who constitute 60 per cent of the total populations (Park, 2009; Gupta and Mahajan, 2003 and PCH, 2000). A typical anganwadi centre also provides basic health care in Indian villages. It is a part of the Indian public health-care system. Basic health-care activities include contraceptive counseling and supply, nutrition education and supplementation, as well as pre-school activities The centres may also be used as depots for oral rehydration salts, basic medicines and contraceptives. As many as 13.3 lakh anganwadi and mini-anganwadi centres (AWCs/ mini-AWCs) are operational out of 13.7 lakh sanctioned AWCs/ mini-AWCs, as on 31.01.2013. These centres provide supplementary nutrition, non-formal pre-school education, nutrition and health education,

immunization, health check-up and referral services of which later three services are provided in convergence with public health systems.

Worker functions:

The basic work of anganwadi workers is extremely important and needs to be carried out in the most efficient manner possible. They need to provide care for newborn babies as well as ensure that all children below the age of 6 are immunized or in other words have received vaccinations. They are also expected to provide antenatal care for pregnant women and ensuring that they are immunized against tetanus. In addition to this they must also provide post natal care to nursing mothers. Since they primarily focus on poor and malnourished groups it becomes necessary to provide supplementary nutrition to both children below the age of 6 as well as nursing and pregnant women. Consistently they need to ensure that regular health and medical checkups of women who fall between the age group of 15 to 49 years take place and that all women and children have access to these checkups. They also need to work towards providing preschool education to children who are between 3 to 5 years old.

Worker responsibilities :

The Ministry of Women and Child Development has laid down certain guidelines as to what are the responsibilities of anganwadi workers (AWW) (Kant *et al*., 1984) and Gupta *et al*. (1979) in their study at the ICDS "plock worked out the average age of AWWs to be 23.7 yrs. Programme Evaluation Officer (PEO, 1982). Study on the Integrated child development services project found that about 82 per cent of the anganwadi workers belonged to the age group 18-25 years. Khan *et al.* (1992) reported that 50 per cent of AWWs were more than 35 years of age. Seema (2001) in the critical assessment of AWCs observed that 32 per cent of AWWs were below 30 yrs age. Vasundhara *et al.* (1993) in their project Qbserved that 96.16 per cent of AWWs had education up to the high school level and 2 were graduates. Kapil *et al*. (1996) in their study mentioned that 88 per cent of AWWs had completed primary school. Researchers have reported that 70 per cent of AWWs had worked in the ICDS\ area for 10 years (Kapil *et al.,* 1991). Some of them are as follows. These include showing community support and active participation in executing this programme, to conduct regular quick surveys of all families, organize pre-school activities, provide health and nutritional education to families especially pregnant women as to how to breastfeeding practices etc.

Workers' system :

The anganwadi system is mainly managed by the anganwadi worker (AWW). She is a health worker chosen from the community and given 4 months training in health, nutrition and child-care. She is in charge of an anganwadi which covers a population of 1000. About 20-25 anganwadi workers are supervised by a Supervisor called Mukhyasevika (Supervisor), 4 Mukhyasevikas are headed by a Child Development Projects Officer (CDPO).

There are an estimated 10.53 lakh anganwadi centres employing 18 lakh mostly-female workers and helpers across the country. They provide outreach services to poor families in need of immunization, healthy food, clean water, clean toilets and a learning environment for infants, toddlers and pre-schoolers. Bhasin *et al.* (1995) reported that 99 per cent had adequate knowledge about the significance of the growth charts that indicate different grades of nutritional status, 90-91 per cent had correct knowledge about weight of a child at 1 and 3 years, 17-30 per cent knew the correct mid-upper arm circumference (MUAC) for an optimally nourished child aged 2 and 4 years. Chattopadhyay (2004) found that only 11.8 per cent anganwadi workers could define fever. More than 90 per

Table A : showing Taluk wise distribution of Anganawadi centres and SHG members in Tumkur district of Karnataka

Sr. No.	Taluk	Anganwadi centres	No.of self-groups (SHG)	Total no.of women in SHG (SC)	Total no.of women in SHG (ST)	Total no.of women of all categories
1.	CN,Hally	365	1015	3137	1519	16600
2.	Gubbi	464	1170	3056	1608	18017
3.	Koratagere	290	583	2046	1090	8003
4.	Kunigal	393	793	991	147	13419
5.	Madugiri	430	965	3629	1971	15376
6.	Pavagada	329	893	3894	2073	13572
7.	Sira	463	965	4622	1789	16597
8.	Tiptur	343	930	2575	728	14236
9.	Tumkur	676	1450	4889	1863	21598
10.	Turuvekere	328	785	2122	378	13325
	Total	4081	9549	30961	13166	150743

Source: Women and child Development Department

cent workers correctly knew about the stages related to vitamin A deficiency and dosage schedule for children 59 per cent knew the total number of IFA (Iron, Folic Acid) tablets to be given to a pregnant mother. Problems mentioned in other studies are also mainly related to inadequate honorarium and infrastructure (Nayar *et al.*, 1999).They also provide similar services for expectant and nursing mothers. According to government figures, anganwadis reach about 5.81 crore children and 1.02 crore pregnant or lactating women.

Anganwadis are India's primary tool against the scourges of child malnourishment, infant mortality and curbing preventable diseases such as polio. While infant mortality has declined in recent years, India has the world's largest population of malnourished or under-nourished children. It is estimated that about 47 per cent of children aged 0–3 are under-nourished as per international standards.

Anganawadi centres in Karnataka:

At present 61187 AWCs and 3331 mini anganwadi centres are functioning in 204 ICDS projects in the state, covering all the 175 talukas (181 rural projects and 12 tribal and 11 urban projects). During 2013-14, 56.21 lakh beneficiaries availed benefits under the scheme.

Anganawadi centres in Tumkur district :

There are 4081anganawadi centres with one anganawadi worker and one helper in each centre. There are catering the services of maternal health, child health and nutrition. Every 3rd Saturday in these anganawadi centres ' village health day' is conducted by anganawdi worker, junior female health assistant, male and female supervisors and there are 9549 self-helps groups which comprises of 30961 SC women and 13166 ST women as a members.

RESOURCES AND METHODS

Study on profile, knowledge about health services of anganwadi workers in Tumkur district Karnataka state was carried out during 2013-14.

200 anganwadi workers were selected from ten taluks of Tumkur district. anganwadi workers were selected by proportionate random sampling method from ten taluks (20 from each taluk) were taken as respondents and data was collected by personal interview method.

Data were also collected from secondary sources of information such as reports of Department of women and Child Development Department. PRIs and health and family welfare department. Discussions were held with elected members of Panchayat Raj Institution, officials of these departments, experts and executives, to elicit their views, ideas and opinion on the important issues pertaining to health services and the role of anganwadi workers. The data was collected through personal interview and secondary source was analyzed by using suitable statistical techniques.

OBSERVATIONS AND ANALYSIS

The results from Table 1 indicated that majority (73.00 %) of the respondents were having 10 th pass or High School education followed by 12 th pass education (27.00 %).

Table 1: Distribution of respondents according to education level

Sr. No.	Category	Anganwadi workers	
		Frequency	Frequency
		200	100.00
1.	9 th pass	0.00	00.00
2.	10 pass	146	73.00
3.	12 pass	54	27.00
4.	Graduates	00	00.00

It was apparent from Table 2 that majority of the respondents (66.00 %) were under middle age category followed by young age (25.00 %) and less percentage of old age (9.00 %) group. To understand the role of anganwadi workers in enhancing the health services and their knowledge in Tumkur district Karnataka was analyzed.

Table 2 : Distribution of respondents according to their age

Sr. No.	Category	Anganwadi workers	
		Frequency	Percentage
1.	Young age (<35 yrs)	50	25.00
2.	Middle age (36-50 yrs)	132	66.00
3.	Old age (>50 yrs)	18	9.00
			00.00
		200	100.00

Knowledge of health services :

It is the degree to which the factual information is possessed by the respondent regarding the health services like MMR, IMR Nutrition, immunization and the their level of knowledge was measured with the help of a scale developed by Venkataramaiah (1991) with suitable modifications by using rating scale which consists of 'Yes' and 'No' type of questions. The 'Yes' item was scored by giving one point and zero if respondent has not answered correctly. The maximum score on this scale was 10. Based on the total score obtained by the respondents on knowledge of farming enterprise, they were grouped into three categories, keeping the mean and standard deviation as check. Low : <X – 1/2 S.D., Medium : X + 1/2 S.D., High : >X + 1/2 S.D.

The present study revealed from Table 3 that 41 per cent of anganwadi workers, who were having good knowledge followed by 32 per cent medium and 27 per cent, were low knowledge on IMR, MMR, vitamin A,

It is evident from Table 4 that 72 per cent of the anganawadi workers more than 8 time out of 12 times in an

Table 3: Distribution of respondents according to their monthly incentives

Sr. No.	Category	Anganwadi workers	
		Frequency	Percentage
1.	Low	54	27.00
2.	Medium	64	32.00
3.	High/good	82	41.00
		200	100.00

year participated in village health nutrition days along with health assistant of health and family welfare department and majority (69%) of the anganawadi workers less than 5 times in an year participated in village health and sanitation committee as a member.

Table 4: Distribution of respondents according to their participation in VHND and VHSC

Sr. No.	Category	Anganwadi workers			
		VHND		VHSC	
1.	Less than 5	00	00.00	138	69.00
2.	5-8 times	144	72.00	43	21.50
		56	28.00	19	9.50
	Total	200	100.00	200	100

Conclusion :

The study has clearly shown that majority (73 %) of the Anganawadi workers were having high school or 10 th pass level education and only 41 per cent of anganwadi workers, who were having good knowledge of health Services shows that in spite of the all training of anganwadi workers, their performance as well as awareness in terms of health servises was not satisfactory and hence, a nut most need of frequent training as well as awareness programme was strongly felt.

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