

Understanding the status of knowledge borne by the Anganwadi workers for providing ICDS services in the Darjeeling district of West Bengal

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ABSTRACT: The basic knowledge content of the Anganwadi workers (AWWs) and the spectra of problems they encounter were assessed in this study. The present study was carried out in two blocks, Matigara and Phansidewa, of Darjeeling district. A total of 50 Anganwadi workers, 11 from Matigara II gram panchayat of Matigara block and 39 from Ghoshpukur gram panchayat of Phansidewa block, were selected. In order to construct their profile, the basic information of the workers including their name, age, education and their working experience was collected. For the ASSESSMENT of their knowledge regarding ICDS services, a scoring system was developed. Most of AWWs belonged to the age group of 35-45 years. All the workers have cleared secondary examination (Madhyamik) and 48% among them passed Higher Secondary examination. The length of service of 40% of AWWs was below 10 years, 40% between 10 to 15 years, and the remaining above 15 years. All the AWWs opined they received inadequate support from the community which is a major predicament in providing ICDS service. From the scores pertaining to the knowledge base per AWW, it was shown that the knowledge content score increased with the educational level but the difference is not statistically significant. Also no correlation was obtained between the length of service and the knowledge content of the AWWs. The study has revealed that in spite of the awareness about the health check-up and growth monitoring services of ICDS Scheme, most of the Anganwadi workers had no knowledge or poorly informed about the total calorie requirement and the amount of protein needed for malnourished children and pregnant women. Hence, this study has attempted to uncover the knowledge gaps, existing among the AWWs, which are to be addressed for successful rendering of the ICDS Services.

Keywords: Anganwadi workers, Anganwadi Centre, profile, knowledge, problems

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I. INTRODUCTION

The Integrated Child Development Services (ICDS) Scheme was launched on 2nd October 1975, on the auspicious occasion of the 106th birth anniversary of Mahatma Gandhi by the Government of India, which has over the years grown into one of the largest integrated family and community welfare schemes in the world.¹ Government of India has committed towards ensuring universal availability of the programme. It is the representation of country's commitment to its children, pregnant women and nursing mothers, as a response to the challenge of providing pre-school non-formal education as well as to break the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other.² To achieve its objectives ICDS provides services like, a) Immunization, b) Supplementary nutrition, c) Health checkup, d) Referral services, e) Pre-school non formal education, and f) Nutrition and Health information. All children below 6 years of age, pregnant women and lactating mothers are eligible for availing of services under the ICDS Scheme.

These services are provided from Anganwadi centres (*Anganwadi* means "courtyard shelter" in Indian languages) located within the village or slum area itself. An Anganwadi Centre (AWC) usually covers a population of 400 to 800 in rural and urban areas and 300 to 800 in tribal and hilly areas.³ Each Anganwadi Centre is run by an Anganwadi worker (AWW), who is a part-time honorary worker. They are not government employees, but are called "social workers" or "voluntary workers".⁴ She is a woman of the same locality, chosen by the people and having an educational qualification of matric or even graduation in some areas.⁵ She is assisted by a helper who is also a local woman and is paid an honorarium. Selected from the community, she

assumes a pivotal role due to her close and continuous contact with the beneficiaries. “She is also an agent of social change, mobilizing community support for better care of young children, girls, and women”.⁶

Being the functional unit of ICDS programme which involves different groups of beneficiaries, the AWW has to conduct various job responsibilities. Not only has she to reach to a variety of beneficiary groups, but also provide them with different services which include nutrition and health education, Pre-school education, supplementary nutrition etc. She also coordinates in organising immunization camps, health check up camps.⁷The output of the ICDS scheme is to a great extent dependent on the profile of the key functionary i.e. the AWW, her qualification, experience, skill, knowledge, awareness, etc.⁸ The study was aimed to draw the basic profile of the AWWs, the problems faced by them while working, and finally to assess the level of knowledge borne by the Anganwadi workers for providing ICDS services in the Darjeeling district of West Bengal.

II. METHODOLOGY

This study was carried out in two blocks, Matigara and Phansidewa, of Darjeeling district. Anganwadi Workers were selected randomly from these two blocks. A total of 50 Anganwadi workers, 11 from Matigara II gram panchayat of Matigara block and 39 from Ghoshpukur gram panchayat of Phansidewa block, were selected for the study. For collection of primary data, responses were elicited from the chosen sample through open and close ended questions in the schedule through personal interview method. Schedule were designed in English and for the convenience of the respondents it were translated in Bengali which is the common language spoken in the surveyed areas. For knowing their profile, the basic information of the worker like, her name, age, education and their working experience was collected. For the assessment of their knowledge regarding ICDS services, a scoring system was developed. The knowledge assessment score from each AWW was calculated based on the response to a questionnaire of 27 questions. The questionnaire was so designed as to question every aspect of services provided through the Anganwadi centre and the functioning of AWWs like immunization, growth monitoring, nutrition and health education, health check-up and supplementary nutrition. One mark was given for a correct response, while no mark was given for a wrong response or unanswered question. The knowledge of each AWW was scored out of 27. Workers with score of less than 14 were categorized as having inadequate knowledge, while those with score of 14 and, above were labeled as having adequate knowledge. The detailed data was entered into the Microsoft Excel sheets, presented in the form of tables and figures, and subsequently analyzed statistically using percentages and χ^2 -test. For all the statistical tests, a *p*-value of <0.05 was considered as statistically significant and *p*-value of <0.01 was considered as statistically highly significant.

III. RESULTS AND DISCUSSION

Table 1 describes the profile of Anganwadi Workers. It was found that the maximum number of workers (62%) were in the age group of 35-45 years, 24% were in the age group of 25-35 years. The lowest number i.e., 7 (14%) belonged to the age group of 45-55 years. 56% of the AWWs are married and 18% of them are unmarried. The respondents hailed from different castes: 50% from Scheduled Tribe, 26% from Scheduled Caste, 18% from General Castes, and only 6% from Other Backward Classes. 52% of AWWs qualified secondary examination, and 48% in addition to secondary have also passed Higher Secondary examination. The service lengths of the AWWs were like this: 40% had service below 10 years, another 40% had 10-15 years of service, and the rest 20% had served more than 15 years.

Table 1: The profile of Anganwadi Workers (AWWS)

Parameters	Number of Anganwadi Workers	Percentage
Age Groups (in Years)		
25-35	12	24.00
35-45	31	62.00
45-55	7	14.00
Total	50	100.00
Marital Status		
Married	38	56.00
Unmarried	09	18.00
Widow	3	6.00
Total	50	100.00
Caste		
General	9	18.00
Scheduled Caste	13	26.00
Scheduled Tribe	25	50.00

Other Backward Class	3	6.00
Total	50	100.00
Educational Status		
Matriculation	26	52.00
Higher Secondary	24	48.00
Total	50	100.00
Working Experience as AWWs (in Years)		
Less than 10 years	20	40.00
10 to 15	20	40.00
More than 15 years	10	20.00
Total	50	100.00

Table 2 shows all the correct responses of the Anganwadi workers. It indicates that only 46% of the AWWs have answered correctly regarding the immunization service of Anganwadi centre. 88% of the AWWs have the correct knowledge about the measles vaccine, 86% about booster dose of DPT but only 16% knew about the gap between two successive doses of DPT vaccine. Regarding growth monitoring service, 58.66% of the AWWs answered correctly. It was found that majority of Anganwadi workers were not aware about the significance of the yellow colour on mid-arm circumference strip. No AWW has the knowledge about the flattened growth line on growth chart. Nutrition and Health Education for Women has the long-term goal of building capability of women in the age group of 15-45 years so that they can look after their own health, nutrition and development needs as well as that of their children and families. Nutrition and Health education is delivered by Anganwadi workers through inter-personal contacts and discussions at Anganwadi centres.

Table 2: Details of knowledge of AWWs regarding different services provided

Types of Services	Total Numbers of Questions asked	Total Numbers of Correct Responses	Percentage of Correct Response
Immunization	50 x 5 = 250	115	46.00
Growth monitoring	50 x 6 = 300	176	58.66
Nutrition and Health Education	50 x 4 = 200	116	58.00
Health Check-up	50 x 6 = 300	176	58.66
Supplementary Nutrition	50 x 6 = 300	81	27.00
Total	1350	664	49.18

Table 2 shows that 58% of the AWWs have the correct knowledge about nutrition and health education. Regarding the health check-up services of AWC, 58.66% of the AWWs are aware about it. With a view to improve the health and nutritional status of children, pregnant women and lactating mothers, the Supplementary Nutrition Programme has been regarded as the most important component of the ICDS Programme. Table 2 clearly indicates that 73% of the AWWs do not know about the amount of calories and proteins given to a nourished child, a malnourished child and a pregnant woman through supplementary nutrition.

Table 3: Problems faced by Anganwadi workers

Types of Problems	Number of Anganwadi Workers	Percentage
Inadequate honorarium	47	94.00
Infrastructure related	37	74.00
Work overload	49	98.00
Lack of help from community	50	100.00
Excessive Record Maintenance	31	62.00

Table 3 reflects the reply of the questions about the problems which are faced by Anganwadi Workers at their Anganwadi Centres. It shows that 100% of the AWWs considered the lack of help from the community a major problem in providing the services of ICDS Scheme. Infrastructure related problems were complained by 74% AWWs. , it was found that work overload complained by 98% AWWs, as their work involves daily home visits beside other activities related to ICDS Services. Excessive record maintenance is also a problem considered by 62% of the AWWs. 94% of the AWWs complained of inadequate honorarium.

Table 4: Anganwadi Worker's Knowledge Score corresponding to her Educational Level

Educational Level	Average of the Knowledge Assessment Score
Matriculation	10.538
Higher Secondary	11.416

$$\chi^2 = 1.78; \quad DF = 1; \quad p > 0.05$$

Table 4 indicates that average knowledge assessment score increases as their educational level increases but the difference is not statistically significant.

Table 5: Anganwadi Worker's Knowledge Score related to her Working Experience

Working Experience of AWWs in years	Average of the Knowledge Assessment Score
Less than 10 years	10.90
10 to 15 years	11.35
More than 15 years	10.30

$$\chi^2 = 2.823; \quad DF = 2; \quad p > 0.05$$

From Table 5, it is found that there is no relationship between the working experiences of AWWs and their knowledge assessment score.

IV. CONCLUSION

The study revealed the fact that although a large section of Anganwadi workers were aware about the health check-up and growth monitoring services of ICDS Scheme, but the knowledge of information regarding the requirement of calorie and proteins for malnourished children and pregnant women was very poor. It is thus evaluated from this study that the knowledge level of the AWWs about the ICDS Services was not sufficient.

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