

**INTEGRATED CHILD DEVELOPMENT SERVICES:
ASSESSMENT OF AWARENESS AND KNOWLEDGE LEVELS OF ANGANWADI
WORKERS IN NALGONDA ZONE**

Ms. SARIKA KOLUGIRI
Asst Professor, Lords Institute of
Engineering and Technology, Hyderabad
&
Ph.D Research Scholar, Dept of Business
Management,
Osmania University, Hyderabad, Telangana
State
koluguri.sarika@gmail.com

Prof. A. SURYANARAYANA
Former Dean, Faculty of Management,
Osmania University, Hyderabad-500007
professorsuryanarayana@gmail.com

ABSTRACT

Integrated Child Development Services (ICDS) Program is India's response to the challenge of meeting the holistic needs of children below six years of age, adolescent girls, as well as expectant and nursing mothers, through the network of Anganwadis. In this background, an attempt is made to assess the awareness levels and knowledge about ICDS of Anganwadi Workers of Nalgonda Zone, Telangana District, India. Eight Anganwadi Centers (AWCs) were selected from each of the five zones of Nalgonda district. Thus, a total of 40 AWCs were included in the present survey. Performance of each of the Anganwadi Workers (AWW) from the identified AWCs was assessed as per the 'Form No. 1' of ICDS. Using simple statistical tools such as proportions and averages, the performance of various districts and various activities were analyzed and appropriate inferences were drawn. The researchers have concluded from the results obtained from the survey that 100% of AWWs of Nalgonda zone were very well aware about the ways and means of taking care of pregnant women and lactating women except those related Kangaroo Method Care (KMC), which is known only to only 10% of AWWs. All the surveyed AWWs had knowledge about infant feeding and family planning. However, only 72.5% of them have knowledge about the advantage of breast feeding and 80% of them about the referral services about children, pregnant women, and lactating mothers.

KEYWORDS: Anganwadis, AWW, AWC, ICDS, PSE, and HNE

➤ **INTRODUCTION**

Integrated Child Development Services (ICDS) is India's response to the challenge of meeting the holistic needs of the child. It was launched initially in 33 blocks on October 2, 1975 during the 5th Five year plan, by Government of India in association with partnering agencies like UNICEF, CARE, and WFP. It provides a package of services to children below six years of age, adolescent girls, expectant and nursing mothers through a network of Anganwadis¹. The package of services provided by Anganwadis includes Supplementary Nutrition (SNP), Non-formal Pre-school education (PSE), Immunization, Health check-ups, Referral Services, and Nutrition and Health Education (NHE). Children below the age of six, pregnant and nursing mothers generally avail supplementary feeding support for 300 days in a year. By providing supplementary feeding, the Anganwadis attempt to bridge the caloric gap between the nationally recommended and average intake of children and women in low income and disadvantaged communities². Health check-ups include healthcare of children less than six years of age, antenatal care of expectant mothers and postnatal care of nursing mothers. During health check-ups and growth monitoring stage of any sick or not normally nourished child is found in need of prompt medical attention, the child is immediately referred to the Primary Health Centre or its Sub-center. All the Anganwadi Workers are generally given the orientation training to detect disabilities in the young children. Non-formal Pre-school Education component of the ICDS is considered as the

backbone of the ICDS Programme as all its services essentially would converge at the Anganwadis.

This is also considered as the most joyful play-way daily activity, which is visibly sustained for three hours a day. It is an activity that motivates parents and communities to come to the Anganwadi Centre and to bring and keep young children there. Nutrition and Health Education (NHED) is a key element of the work of the Anganwadi worker. This forms part of Behavior Change Communication (BCC) Strategy. This had the long term goal of capacity-building of women—especially those in the age group of 15-45 years—so that they can look after their own health, nutrition, and developmental needs as well as those of their children and families². From out of these six services, three of them viz., immunization, health check-up, and referral are designed to be delivered through the Primary Health Care infrastructure. While providing Supplementary Nutrition, Pre-school Education, and Nutrition and Health Education are the primary tasks of the Anganwadi Centre, the responsibility of coordination with the health functionaries for provision of other services rests only with the Anganwadi Worker.

➤ **Methods and Material**

The present descriptive study of qualitative nature was carried out at Anganwadi Centers of Nalgonda Zone.

• **Selection of Anganwadi Centers (AWCs) and Anganwadi Workers (AWWs)**

The selection criterion chosen for the present survey is that the AWCs must have been functioning for more than one year. At present, the Nalgonda Zone has five districts viz., Nalgonda, Dausa, Alwar, Jhunjunu, and Sikar under its jurisdiction. Eight AWCs are selected from each of the five districts thus making it a total of 40 AWCs from the Nalgonda Zone [See **Table-1** below]. One AWW is drawn from each of the forty AWCs and selected for data collection using *Form No. 1*.

• **Functioning of Anganwadi Centers (AWCs)/Anganwadi Workers (AWWs) Schedule**

Anganwadi Workers are chosen from each of the 40 Anganwadi Centers of the five districts as chosen above to act as the respondents for the present survey. Data collected from these respondents are compiled, classified, and then analyzed using Excel 2007 package. Adequate knowledge of AWWs about services offered and related to pregnant women, lactating women, adolescent girls, and children was found out as a percentage of AWWs having the right knowledge of that particular service. Knowledge about the care of pregnant mothers AWWs were excellent and almost all AWWs had knowledge about tetanus toxic immunization, taking more food, taking rest for about two hours at least during the day time and eight hours in the night, keeping away from lifting heavy weights and being aware of taking SN from AWCs. It is also observed that knowledge about the care of lactating mothers of AWWs was very good and almost all AWWs are found to be offering advice to lactating mothers for taking more foods, taking SN, regular health check-ups, for taking Iron-folic Acid (IFA Tablets), and complete immunization of infants as per schedule. However, knowledge about Kangaroo Care Method (KMC)—a method of prevention of neonate by cold was—only 10% among AWWs. It is also found out from the study that each AWW was aware of infant feeding practices like commencing breast feeding immediately after child birth, colostrums' feeding, exclusive breast feeding, and weaning practices. But knowledge about the advantages of breast feeding was only up to 72.50% among AWWs. Further, the study also observed that each one of the AWWs knew about Family Planning methods and their use. It was also observed that 100% of AWWs did motivate eligible females for LS. While 55% of AWWs were in favor of motivating for oral pills as contraception, only 47.5% and 15% of AWWs were favoring condoms and IUDs respectively.

TABLE-1

List of Anganwadis as Selected for the Survey

S. No.	District	CHC	PHC	AWC
1	Nalgonda			Rahmat Nagar, Main Center
2		Manyam Chalka		Regualr, AWC
3				Priyadarshini Colony, Main center, Nalgonda
4				Regular, Main, AWC
5				Anand Nagar, Manyamchalka
6				AWC No.-3
7				Abbasiya Colony, Nalgonda, AWC No.-4
8				Main Regular
9	Nakrekal			Ammanabolle-1, Main
10			Akkenapally	Ammanbole-II, Main
11				AmmanaBolle – III, Main
12		Narketpally		
13				Thondalvai-1, Regular
14				Juvvigudem, Main Center
15			Narketpally	Melakunta, Regular
16				Nallabavi
17	Mungode			Bodangiparthi Village
18		Kammagudem	Bodangiparthi	Kammagudem
19				0102
20				Chamalapalli-1
21				Village Main Center
22		Cheekatimamidi	Chamalapally	Chamalapally
23				0103
24				AWCNo.1Farthest
25	Miryalguda			Sikar AWC No-2
26				Piprali AWC No-3
27		Avanthipuram	Adavidevulapally	Main Center, Near Fire station,
28				AWC Center No-1
29				Avanthipuram
30				Near Main Road, AWC No-2
31		Ammanabole	Azmeerathanda	Azmeera Thanda
32				Mini Center
33	Damercherla			Main Center,
34		Veerampalem	Veeralpalem	Near Vishnupuram Bus Stop
35				AWC No.-1, Vadapalle
36				Main Center
37				Near Satyanarayanapuram Village
38		BuggabaviGudem	Thangaiguda	Maincenter
39				AWC No-3, Thangaiguda
40				Near Bus stop

The following observations were made from the present study [See Table-2 and Table-3 and also Figures 1 & 2 given at the end]

- 80% Anganwadi Workers (AWWs) knew about referral services regarding children as well as pregnant and lactating women.
- 100% of surveyed respondents had knowledge of AWWs about pregnant women and

is considered as excellent

- AWWs knew about educating women regarding registration of pregnancy, taking tetanustoxoid vaccination, taking more food in pregnancy, adequate rest, and avoiding heavy weightlifting.
- Only 85% of the surveyed AWWs knew the need for advising about taking at least 100 Iron-folic Acid (IFA) tablets during pregnancy as they did not remember the exact number of that they had advised. This reason looks more appropriate as they were also lacking in the knowledge about number of Anti-natal Care (ANC) visits needed to be made during pregnancy.
- AWWs did not know that at least four Anti-natal Care (ANC) Check-ups are needed during pregnancy.
- Almost similar findings were made by N.C. Dash (2006)³ about the pregnant mothers. However, in contrast to this, IIMR (2000)⁴ study observed that only 24% pregnant mothers received IFA tablets/syrup from AWCs. Higher percentages reported in the current study may be due to the fact that the respondents drawn for the survey are more educated.
- Knowledge of AWWs about lactating mothers was very sound as 100% of the surveyed were aware of educating women about taking more food during lactating period, need and importance of breast feeding, and other related issues to it such as colostrums feeding, correct posture during breast feeding, nipple hygiene, frequency of breastfeeding, etc.
- Only 10% of the surveyed respondents knew about the necessity and methods to offer advice about Kangaroo Mother Care (KMC) and this is attributable to non-availability of refresher courses for AWWs as KMC has been introduced recently in infant care.
- 100% AWWs had knowledge about initiation into breastfeeding, colostrums, exclusive breastfeeding, weaning practices, which may be attributable to their better literacy levels and impact of training programs in the form of higher awareness levels.
- But only 72.5% of the AWWs were aware the benefits from breastfeeding.
- These findings are very well supported by a study conducted by NIPCCD (2004)¹ in Bihar that concluded that almost all AWWs conducted HNE sessions.
- Observations as were made by Sen (2004)⁵ are equally comparable as they also found that 100% of AWWs had knowledge about breastfeeding and 97% of them had awareness on immunization, diet during pregnancy, and lactation.
- 100% AWWs had knowledge about majorly used contraceptive method. However, for motivating eligible beneficiaries, they had their own degrees of preference, which are as follows: LS (100%), Oral pills (55%), Condoms (47.5%), and Intra-Uterine Devices (15%). However, none of the AWWs prefers to advise any contraceptive method other than the ones mentioned above.
- 100% AWWs were having knowledge about Supplementary Nutrition (SN), Pre-school Education (PSE), Growth monitoring, Immunization, Vitamin-A and distribution of IFA Tablets to children.
- And these observations are equally corroborated by the study made by N. C. Dash (2006)³ who reported that 90% children in the age group of 0-3 years received Vitamin A.
- The findings of the present study are also supported by another study conducted by

SEDEM (2005)⁶, which has reported that 63.83% children were weighed by AWWs.

- Findings of the present study are equally supported by Socio-Economic and Educational Development Society (SEEDS) Haryana (2005)⁷, which has reported that 15% respondents mentioned that health check-up camps were organized once in a week.
- Findings from the National Institute of Public Cooperation and Child Development (NIPCCD) (2006)⁸ Study that 59.6% get IFA Tablets from AWCs further strengthen the observations made by the current study.
- Balsekar, *et al*, (2005)⁹ carried out a study of the Integrated Child Development Service (ICDS) Programme in Trivandrum District, Kerala and observed that almost all Anganwadi Centers (AWCs) children had 100% immunization coverage.
- The findings from the present study are well supported by a study conducted by NIPCCD (2006)⁸ that had reported 75% registered beneficiaries for PSE attended the AWCs and also by another study, SEEDS, Haryana (2005)⁷, which reported that 83% of the families were getting Supplementary Nutrition (SN).
- The study revealed that 80% AWWs had knowledge about referral services. However, only 30% of ANMs reported that references were received from AWWs. Similar findings also were found in Society of Economics Developments and Environmental Management (SEDEM) (2005)⁶ Study in which 48.8% AWWs referred cases to ANMs. Similar observations were made by Gupta. B. *et al.*, (2001)¹⁰

➤ CONCLUDING COMMENTS

The present study has found out that the knowledge about Anti-natal Care (ANC), Post-natal Care (PNC), infant feeding and weaning was excellent in all the surveyed Anganwadi Workers (AWWs). But it is not so about the minimum number of ANC visits to be made and the number of Iron-folic Acid (IFA) tablets to be given to a pregnant woman. The extent of knowledge about Kangaroo Mother Care (KMC) in Post-natal Care and about proper advantages of breast feeding was observed to be only 10% to 72.5% respectively. Moreover, various methods of contraception were well known to all the surveyed AWWs but the preference demonstrated for motivation depended upon the type of contraceptive method. Significantly, all AWWs had a favorable attitude to motivate women to go only for laparoscopic surgery but not for other methods of contraception. Over 75% of the AWWs surveyed in the present study provided less than desirable attention to 'referral services'. In contrast to this study, the one conducted by N.C. Dash (2006)³ reported good number of referrals for mothers and children. The difference in the findings might be due to more regular and frequent ANC visits at Anganwadi Centers (AWCs) in the latter study.

Table-2
Knowledge of AWWs about Family Planning Methods

S. No.	Type of Contraceptive Methods and their Use	Nalgonda N= (All 100 %)	Nakerkal N= (All 100 %)	Mungode N= (All 100 %)	Miryalguda N= (All 100 %)	Damercherla N= (All 100 %)	Total N= (All 100 %)
1	Condom	8	8	8	8	8	40

2	IUD	8	8	8	8	8	40
3	LS	8	8	8	8	8	40
4	Oral Pills	8	8	8	8	8	40
5	Other Contraceptive Methods	8	8	8	8	8	40
*Preferred Motivation by AWWs about Type of Contraceptive Methods (N = %)							
6	Condom	4 (50)	6 (75)	3 (37.5)	2 (25)	4 (50)	19 (47.5)
7	IUD	2 (25)	2 (25)	0	1 (12.5)	1 (12.5)	6 (15)
8	LS	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)
9	Oral Pills	4 (50)	5 (62.5)	6 (75)	2 (25)	5 (62.5)	22 (55)
10	Other Contraceptive Methods	0	0	0	0	0	0
11	Total Assessed	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)

*Multiple responses

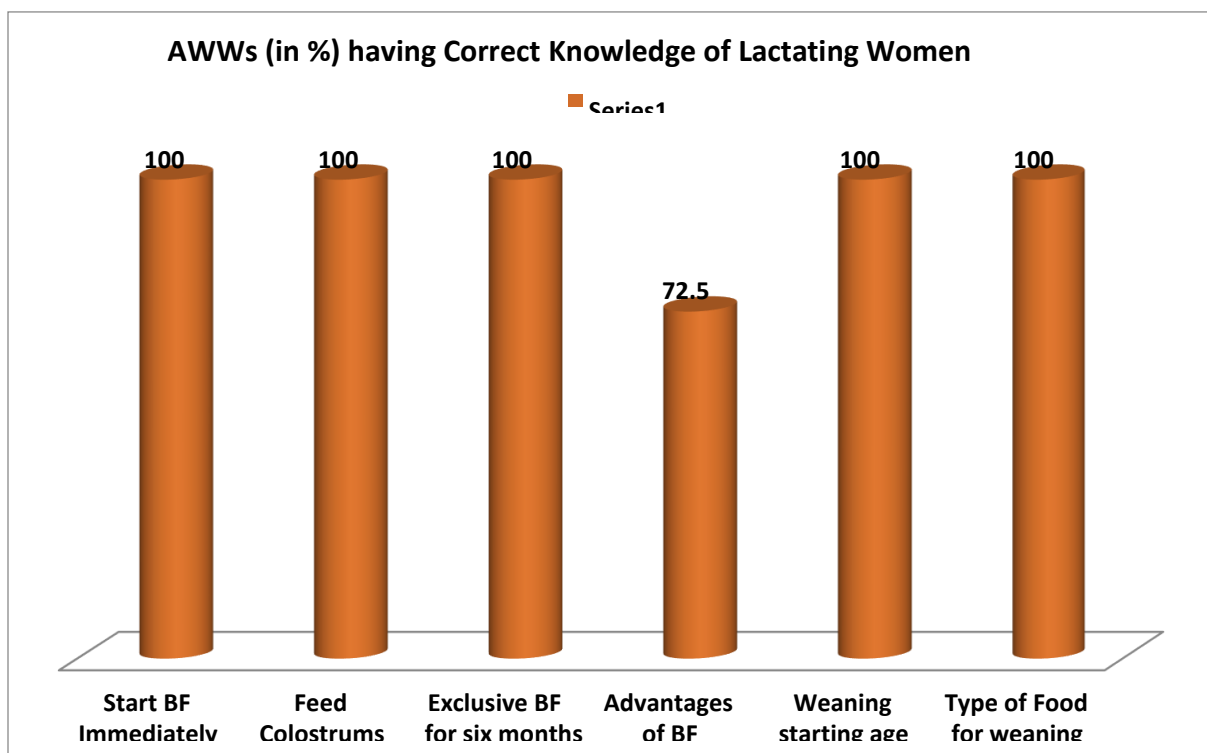
Table-3
Knowledge of AWWs about Care of Pregnant Women

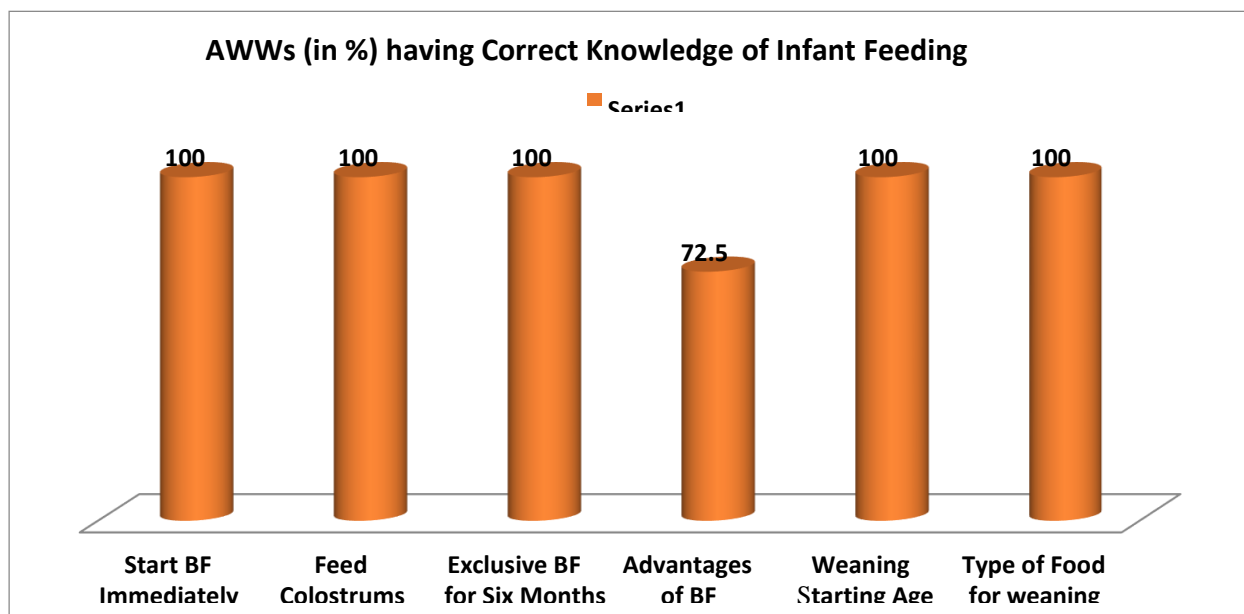
S. No.	*Questions	Nalgonda (N= in %)	Nakerkal (N= in %)	Mungod (N= in %)	Miryalguda (N= in %)	Damercherla (N= in %)	Total (N= in %)
1	Registration at AWC as soon as pregnancy is detected	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)
2	Get at least Four ante-natal check-up	8 (100)	6 (75)	6 (75)	5 (62.5)	8 (100)	29 (70.25)
3	Take Tetanustoxoid Immunization	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)
4	Take 100 or more IFA Tablets	6 (75)	6 (75)	6 (75)	8 (100)	8 (100)	34 (85)
5	Must take supplementary/more nutrition	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)
6	Take more food/more than onetime	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)
7	Rest at least Two hours during day and	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)

	rest Eight hours at night						
8	Do not lift heavy weights	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)
9	Total Assessed = N (in %)	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)

***Multiple responses**

FIGURES-1 & 2





List of Abbreviations:

- **ICDS:** Integrated Child Development Service
- **AWW:** Anganwadi Worker
- **AWC:** Anganwadi Centre
- **PSE:** Pre-school Education
- **HNE:** Nutrition and Health Education
- **SN:** Supplementary Nutrition
- **KMC:** Kangaroo Mother Care
- **ANC:** Antenatal Care/Case
- **PNC:** Post-natal Care/Case
- **LS:** Laparoscopic Sterilization
- **IUD:** Intra-uterine Device

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