

CHAPTER: 11

CURRENT LEVELS OF KNOWLEDGE AMONG ANGANWADI WORKERS ABOUT INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS) AND THEIR NEED OF TRAINING PROGRAMMES FOR CAPACITY BUILDING

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INTRODUCTION

India is characterized by high levels of regional inequality, social stratification, and a diverse multicultural society. The existing economic and social disparities are mirrored in health and nutrition inequalities, which persistently affect the population. According to the World Health Organization's classification of 14 sub-regions, India falls within the Southeast Asian Region (SEAR D), marked by high child and adult mortality rates. Currently, child mortality in India for those under 5 years of age stands at approximately 74 per 1000 live births. The poor health and nutritional status of children in marginalized groups pose a challenge to achieving the Millennium Development Goals (MDGs) outlined by the United Nations. In response, the Indian government launched the Integrated Child Development Service (ICDS) scheme on an experimental basis on October 2, 1975, aiming to reduce infant and child mortality rates. Today, ICDS stands as one of the world's largest programs for early childhood development [1].

The primary objective of this program was to address the developmental needs of children in the 0-6 age group. The focus on preschool education aims to ensure the holistic development of children, providing a learning environment conducive to promoting social, emotional, and cognitive development. The original goal was to achieve the universalization of ICDS services throughout the country by the end of 1995-96. ICDS is recognized as one of the largest childcare programs globally, addressing child health, hunger, malnutrition, and related issues.

A study revealed that correct knowledge and perception for promoting complementary food practices were found to be at 40% among ICDS Anganwadi Workers (AWWs) [2]. This indicates a significant gap between knowledge and practice in complementary feeding, emphasizing the need to enhance the training of AWWs for better outcomes [2]. Another study highlighted that awareness about ICDS services increases with higher levels of education. Additionally, it suggested that providing fewer honorariums coupled with excessive workloads can negatively impact the efficiency of AWWs. A study

conducted in Purmandal block indicated that while a majority (92.5%) of Anganwadi workers were trained, their performance and awareness regarding the importance of growth charts and growth monitoring were not satisfactory [3].

RESEARCH QUESTION

What was the existing level of awareness among Anganwadi workers regarding the different services provided under the Integrated Child Development Scheme, and what was the necessity for training initiatives to enhance the capacity of Anganwadi workers?

RESEARCH OBJECTIVES

1. To examine the socio-demographic attributes of Anganwadi Workers.
2. To evaluate the present extent of awareness among Anganwadi Workers concerning the services provided within the ICDS program.
3. To investigate the necessity for training initiatives aimed at enhancing the capacity of Anganwadi workers.

RESEARCH METHODOLOGY

The research was carried out in the urban region of Patan District from February to April 2014, focusing specifically on three Blocks – Patan 1, Patan 2, and Chanasma. A purposive sampling approach was employed to select 150 Anganwadi workers, distributing them evenly across the three blocks. Data collection involved face-to-face interviews utilizing a structured schedule, covering socio-demographic details and knowledge of ICDS services. The quantitative study design included personal visits to Anganwadi centers for data gathering from both primary and secondary sources. Excel and SPSS were utilized for data analysis, with univariate analysis employed to address the research objectives.

RESULTS & DISCUSSION

The findings indicated that all Anganwadi workers, constituting 100%, had undergone training for induction and orientation, and had participated in the ICDS training program. However, among the total 150 workers, only 50% had attended refresher training. The results also revealed that a majority of the Anganwadi Workers (AWWs) who received training expressed the opinion that they lacked sufficient practical experience during their training sessions. They expressed a desire for more practical sessions to effectively implement growth monitoring and supplementary nutrition. Additionally, the results suggested that approximately 41% of centers had less than 20 children, 47% had 20 to 30 children, and only 12% of Anganwadi centers had 30 or more children. During interviews, it was observed that many children were not attending the Anganwadi Centers (AWCs) because their parents preferred private schools over AWCs. In urban areas, playgroups were favored more than AWCs.

CONCLUSION

The current research underscored the imperative to enhance the depth and breadth of knowledge among Anganwadi workers regarding different ICDS schemes, with a particular emphasis on growth monitoring and supplementary nutrition. There was a pressing need to elevate the quality of training imparted to Anganwadi workers to augment their understanding of diverse ICDS initiatives. Introducing regular interactions between Anganwadi workers and supervisors was essential for providing information and fostering awareness. Collaboration with the health department was crucial to offer training in referral services, specifically for directing malnourished children to VCNC, CMTC, and NRC centers, and ensuring proper follow-up for these children.

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