ORIGINAL ARTICLE
pISSN 0976 3325 | eISSN 2229 6816
Open Access Article
www.njcmindia.org

ASSESSMENT OF BENEFICIARY RESPONSE ABOUT IMMUNIZATION AND HEALTH SERVICES PROVIDED AT ANGANWADI CENTRES OF JABALPUR DISTRICT

Asha Ram Tyagi[1], Sambit Pradhan[2]

Financial Support: None declared
Conflict of interest: None declared

How to cite this article:
Tyagi AR, Pradhan S. Assessment of Beneficiary Response about Immunization and Health Services Provided at Anganwadi Centres of Jabalpur District. Ntl J of Community Med 2015; 6(4):536-540.

Author's Affiliation:
[1]Assistant Professor; [2]pg, Department of Community Medicine, NSCB Medical College, Jabalpur

Correspondence:
Dr. Asha Ram Tyagi
artyagi11@gmail.com

Date of Submission: 24-09-15
Date of Acceptance: 26-11-15
Date of Publication: 31-12-15

ABSTRACT

Introduction: The availability and acceptability of immunization and health services are crucial for protection and maintaining the health of children, nursing mother and adolescent girls. Therefore their positive response and satisfaction make the programme successful.

Material and Methods: A cross sectional study was conducted using multistage random sampling technique during April 2011 to March 2012 in rural and urban each ICDS Projects of Jabalpur District. Secondly 25 Anganwadies each from rural and urban were randomly selected. Lastly 10 beneficiaries as despondence response recorded by house to house visit. The data was analyzed in MS excel.

Results: Beneficiaries 70.8% urban and 67.6% rural were satisfied with immunization services and 66.4% urban & 50.8% rural respondents agreed for availability of drugs at Anaganwadi centres. 21.6% rural, 16.4% urban reported health checkup. Heath education by 81.2% rural, 67.2% urban respondents. Work satisfaction reported 75.6% rural, 58.8% urban. All the rural respondents agreed to good attitude of Anganwadi workers. The referral services was reported available by 36%.

Conclusion: A mix response was recorded. Health education and work of Anagnawadies were reported satisfactory by rural beneficiaries. Health services seen better in rural areas whereas immunization in urban Anganwadies.

Key words:. Beneficiary response, immunization, heath services, Anaganwadicentres, Integrated Child Development Services (ICDS)

INTRODUCTION:

Integrated Child Development Services are provided through a vast network of ICDS centres better known "Anganwadi Centres" (AWCS) or Anganwadis for short, worker works there called anganwadi worker or AWW who is assisted by anganwadi helper or sahayeeka.[1]

This programme provides package of services, comprising supplementary nutrition, immunization, health check-ups referral services to children below 6 years of age, expectant and nursing mothers. Non formal pre- school education is also imparted to children of age group 3-6 years and health nutrition education to women age group 15-45 years and adolescent girls with reproductive health, hygiene and sanitation. The three services viz- immunization, health check –up and referral, are designed to be delivered through the primary health care system infrastructure, the main functionary at village level is health worker female. While providing supplementary nutrition, pre- school education, nutrition and health education are the primary task of anganwadi centres.

The responsibility of coordination with health functionary / worker for provision of other services rests with anganwadi worker (AWW).[2]

Since anganwadi centres being the central point for delivery of these services so its proper functioning go a long way in ensuring good health of mother and children thus reducing, morbidity mortality.

The health and nutrition needs of a child can't be addressed in isolation from those of his or her mother. The programme also extends to adolescent girls, pregnant women and nursing mothers that make the main beneficiary groups. A programme, no matter how much lucrative it looks to be, it cannot succeed to achieve ultimate goals or objectives without positive response of its beneficiaries.

To achieve the ultimate goal of programme especially for immunization, health checkups and referral services a good and satisfactory response of its beneficiaries[3] is of outmost value, hence assessment of beneficiary response would determine the clear picture of accessibility as well as acceptability of programme, therefore we intended to take up this study to assess the beneficiary response and compare its level between the urban, rural beneficiaries.

MATERIALS & METHODS

The study was permitted by N.S.C.B. Medical College, Jabalpur ethical committee. Informed consent was taken from respondents. A cross sectional comparative study was conducted in one rural and one urban ICDS project on Jabalpur district during 1st October 2011 to 30th September 2012.

In the first stage all the eight rural and six urban ICDS projects operating in Jabalpur district were listed. Then by using lottery method one rural and one urban ICDS project were selected.

The rural ICDS project selected was project 'Bargi' and the urban project selected was ICDS urban 3. After the selection of the projects, 25 anganwadi centres were selected by lottery method from each of the rural and urban ICDS projects.

In each of the anganwadi centres 10 beneficiaries were interviewed for assessing their response and satisfaction about various health services being provided at anganwadi centres i.e. immunization, health checkups, health education, drug distribution, referrals along with the attitude of anganwadi workers towards beneficiaries.

Information was taken by mean of interview with the beneficiaries going house to house. All the respondent beneficiaries were divided into four categories viz- mothers of the children, pregnant women, nursing mothers and adolescents girls.

The beneficiaries were asked for their feedback about the services provided at anganwadi centers.

Total 500 beneficiaries' responses were recorded 250 each from rural and urban areas. Having collected the data, it was analysed in M.S.excel.

RESULTS

Beneficiary response about the immunization and health services provided at rural and urban anganwadi centres was compared.

Out of 250 rural respondents only 139 (55.6%) say that immunization sessions are held regularly at anganwadi centres whereas 213 (85.2%) urban respondents agree that immunization sessions are held at urban anganwadi centres. 183 (93.4%) rural respondents testify that immunization cards are also being provided to the mothers / children equally satisfactory for urban respondents 193 (96.5%) 195 (78%) rural respondents say that immunization scheduled is well communicated and displayed through information, education and communication (IEC) materials. whereas the presence and availability of IEC materials is far better in urban anganwadi centres with the 230 (92%) respondents agreed to it. 177 (70.8%) urban respondents are more satisfied about the immunization services provided at the anganwadi centres in comparison with 169 (67.6%) rural respondents it was not found statistically significant (χ^2= 0.460, p=0.49) The collection of children by anganwadi Sahayeeka for immunization session was found to be abysmally poor at rural anganwadi centres as only 59 (23.6%) rural respondents reported that Sahayeeka was helping collection of children for immunization, in comparison with a better condition in urban anganwadis where 162 (64.8%) respondents agreed for collection of children by sahayeeka on the day of immunization. 166 (66.4%) urban respondents say that medicines for minor ailments are being provided at anganwadi centres but only 127 (50.8%) rural respondents endorsed it.

As far as the service of health checkup at anganwadi centres is concerned it is miserably poor in both rural and urban anganwadi centres as only 54 (21.6%) rural respondents say that health checkup are regularly organized at anganwadi centres in comparison with only 41 (16.4%) urban respondents made acceptance to it.

57(22.8%) rural respondents reported that money was being charged by Auxiliary nurse midwife (ANM) or health worker for immunization, in comparison with 42(16.8%) urban respondents, though it was not found statistically significant (χ^2= 2.469, p=0.1161). (Table -1)

Table-1: Response about the Immunization and health services provided at the Anganwadi Centres

Service	Rural (n=250)		Urban (n=250)	
	Yes (%)	No (%)	Yes (%)	No (%)
Organisation of immunization session in the AWC*	139 (55.6)	111 (44.4)	213 (85.2)	37 (14.8)
Money charged by ANM** for Immunization	57 (22.8)	193 (77.2)	42 (16.8)	208 (83.2)
Immunization card provided by the ANM/ Anganwadi worker	183 (93.4)	13 (6.6)	193 (96.5)	07 (3.5)
IEC*** about the Immunization schedule	195 (78)	55 (22)	230 (92)	20 (8)
Collection of children by Sahayika on the day of Immunization	59 (23.6)	191 (76.4)	162 (64.8)	88 (35.2)
Satisfaction about Immunization services	169 (67.6)	81 (32.4)	177 (70.8)	73 (29.2)
Medicine for minor illness provided at the centre	127 (50.8)	123 (49.2)	166 (66.4)	84 (33.6)
Health check up done at the Anganwadi Centre	54 (21.6)	196 (78.4)	41 (16.4)	209 (83.6)

*AWC- Anganwadi centre; **ANM- Auxiliary Nurse Midwife/female health worker; ***IEC – Information, Education, Communication

Table-2: Response about counseling and health education services provided by the Anganwadi worker

Services	Rural (n=250 (%)	Urban (n=250 (%)
Health education reproductive health	203 (81.2)	168 (67.2)
Use of drugs	173 (69.2)	160 (64)
Home visits	167 (66.8)	133 (53.2)
Family planning	137 (54.8)	121 (48.4)
Referrals	90 (36)	91 (36.4)

Table-3: Response about the attitude and satisfaction about work of Anganwadi worker

Attitude	Rural (n=250 (%)	Urban (n=250 (%)
Good	250 (100)	233 (93.2)
Bad	0 (0)	17 (6.8)
Satisfied	216 (86.4)	220 (88)
Not satisfied	34 (13.6)	30 (12)

Table-4: Satisfaction about the ICDS services overall

	Rural (n=250 (%)	Urban (n=250 (%)
Satisfied	189 (75.6)	147 (58.8)
Not satisfied	61 (24.4)	103 (41.2)

As far as response about counselling and health education service are concerned rural beneficiaries reported fairly good as education about reproductive health 203 (81.2%) rural respondent reported being provided at anganwadi centres (AWCs) compared to only 168 (67.2%) by urban respondents. It was found statistically significant. (χ^2= 12.07, p=0.0005).

173 (69.2%) rural respondents also agreed drugs for common ailments were being distributed by AWWs in comparision to 160 (64%) urban respondents, 167(66.8%) rural respondents reported that home visits by AWW were being given in comparison to only 133 (53.2%) urban respondents which was statistically significant . (χ^2= 9.075, p=.0026). Family planning services was reported available by 137 (54.8%) rural respondents as less number 121 (48.4%) urban respondents accepted it. 90 (36%) rural and 91 (36.4%) urban respondents reported that the referral services were available. (Table -2)

The response about the attitude and satisfaction about work of anganwadi workers all to 250 (100%) rural respondent reported as good whereas only 233 (93.2%) urban respondents accepted it. 220 (88%) urban beneficiaries were fully satisfied with the work of anganwadi workers and various services provided by them in comparison to 216 (86.4%) rural respondents.(Table -3)

The overall satisfaction about ICDS services was found fairly satisfactory among 189(75.6%) rural respondents in comparison to 147 (58.8%) urban respondents which were also statistically significant. (χ^2= 15.253, p=0.0001). (Table-4)

DISCUSSION

Immunization and health care services are crucial for healthy development of children also improving quality of life. Therefore the beneficiary response about these services both in rural and urban areas usher to the acceptability and quality of services.

In our study we found that the beneficiary response about satisfaction with immunization services was equally good about 70% among both rural urban respondents (Table -1)[2,3] organizing the immunization sessions at anganwadi centres more urban respondents reported that these were being held at anganwadi centres regularly while only 55.6% rural respondents agreed to it shows that almost every immunization sessions is held at anganwadi centres (AWC) in urban areas.[4] More than 90% of rural and urban beneficiaries respond that they were getting the immunization record cards.[5] Jadhav A. (2012) in Sangli City found 55% pregnant got their immunization cards.[5]More than 66% urban respondents agreed that the medicines for minor ailments were being distributed at anganwadi centres while only 50.8%, rural beneficiaries accepted it[6,7,8] but the ser-

vice of the health checkup at anganwadi centres by health personnel was miserably poor as only 21.6% rural and 16.4% urban respondents reported that it is being held, emphasizing that urban areas drastically lack it.[9,10,11] Information, education and communication (IEC) activities to mobilize the beneficiaries about immunization schedule etc. was fairly good according to both rural urban beneficiaries as 92% urban and 78% rural respondents reported that the time and place of these services were well displayed, however it is fairly better in urban areas. A few number of rural 22.8% and 16.8% urban respondents also disclose that they were being charged money by auxiliary nurse midwife (ANM) or health worker female which is slight more in rural areas.[12]

Health education about reproductive health by anganwadi centre was more number of rural respondents reported that health education about reproductive health was being provided at anganwadi centres in comparison to urban respondents that was statistically significant (χ^{22}= 12.07, p=0.0005).[13,14,15] A formative research and development services 2008 in their study in UP stated that majority of girls mentioned new learning had been in area of the health as well as reproductive health.[13] More number of rural respondents than urban agreed that they were getting use of common drugs.[16,17,18] Availing to family planning services was reported high among rural beneficiaries in comparison to less number of urban beneficiaries. [19]

Referrals was poor in both rural and urban anganwadi centres as only 36% of the respondents reported to it.[15,16,20]

But visits to respondents homes by anganwadi workers was reported by 66.8% rural as compared to only 53.2% urban respondents. Which was found significant (χ^{22} = 9.075, p= .0026) reinforcing the importance of anganwadi workers belonging to same locality.[17,21] In a study by SEEDS New Delhi 2005, mentioned that 32% of beneficiaries reported that weekly home visits were been made by anganwadi workers. [21]

Present study shows attitude of anganwadi workers towards the beneficiaries was reported as good by 100% rural respondents compare to 93.2% urban respondents.[22] More number of urban respondents than rural were satisfied with the work of anganwadi workers clearly shows that urban beneficiaries were more satisfied with the work of anganwadi workers. Vinnarasan A (2007) in his study at Chennai found that attitude of anganwadi workers is responsible for beneficiaries not sending their children to anganwadi hence poor enrollment at Anaganwadi centres.[22]

Present study shows as for as the overall satisfaction level with integrated child development services (ICDS), it is pretty good in rural beneficiaries as (75.6%) in comparison with only (58.8%) respondents from urban areas, agreed to it which was found statistically significant (χ^2=15.253, p=.0001). Davey A, Davey S, Datta U (2008) in their study also found 47.5% respondents satisfied with ICDS.[23]

CONCLUSION

We suggest that the immunization and drug availability need to be strengthened in rural anganwadis whereas urban anganwadis need for efficient health education health checkups and services of family planning with drug distribution. The referral services, registration need to be strengthened in both the rural, urban anganwadi centres.

REFERENCES

1. Focus on Children under six. Delhi: Citizen's Initiatives for the Rights of Children under six (CIRCUS), New Delhi; 2006: 150p.
2. Three decades of ICDS – An appraisal , New Delhi: NIPCCD; 2006: 319p.
3. Sobha, I. Welfare services for women and children, Tirupati: Sri Padmavati Mahila Viswa Vidyalayam, Dpet. Of Women's Studies; 2003:212p.
4. Final report on functioning of anganwadi canters in Assam and Meghalaya. Guwahati: Centre for North East Studies and Policy Research, Guwahati; 2006:230p.
5. Jadhav Ashok G. Implementation of ICDS: A study of selected anganwadis in Sangli city in Maharashtra. Lokavishkar International E- Journal. 2012 Jan- Feb- Mar.; 1 (1) 61p.
6. Paul D. Evaluation of Medicine Kit Provided to Anganwadi workers. New Delhi: NIPCCD; 2003:150p.
7. Evaluation study of ICDS in Haryana 2002-03. Chandigarh: Haryana, Dept. of Economics and Statistics, Chandigarh; 2004:102p.
8. Performance Appraisal of ICDS and Non- ICDS Districts with Reference to Holistic Development of Child and Mothers in the Light of Social Organization Participation: An Impact cum Comparative Study in the States of Maharashtra and Madhya Pradesh : a final report. New Delhi: Midstream Marketing and Research Pvt. Ltd. (MMR), New Delhi; 2005:160p.
9. ICDS project Implementation in Pooh Block (Kinnaur District) Himachal Pradesh: a case study. Lucknow: NIPCCD, Regional Centre Lucknow, Uttar Pradesh; 2003: 23p.
10. Facility Survey of Infrastructure at Anganwadi Centres (RFS- AWCs). New Delhi: National Council of Applied Economic Research, New Delhi; 2004.
11. Saikai, D.K. et al. ICDS in Tripura: an evaluation. Guwahati: NIPCCD Regional Centre, Guwahati; 2011: 159p.

12. Ranjan A, Swami K and Vardhan V. ICDS social audit report: GP Pachira, block Raniganj, District Araria. Patna; 2011: 20p.

13. Kishori Shakti Yojana (KSY) under the Ambit of ICDS in Uttar Pradesh and Rajasthan. Formative Research and Development Services, New Delhi, Delhi (2008), Delhi: Formative Research and Development Services New Delhi; 2008.

14. Gopal, A.K. et al Three Decades of ICDS: an appraisal New Delhi: National Institute of Public Cooperation and Child Development; 2006:319p.

15. Evaluation of Integrated child development services (ICDS): Volume A: Haryana. New Delhi: Socio- Economic and Educational Development Society (SEEDS), New Delhi; 2005:47p.

16. Barman, Nibha Rani, Functioning of anaganwadi centres under ICDS scheme: an evaluative study. Jorhat, Assam: Assam Agricultural Univ. Faculty of Homes Science, Dept. of Child Development and Family Relations; 2001:87p.

17. Baseline Survey for World Bank Assisted ICDS- III Project in Rajasthan, Jaipur: Indian Institute of Health Management Research, Jaipur, Rajasthan; 200:100p.

18. Women and Child Development / Integrated Child Development Services (WCD/ICDS) III Project. Delhi: World Bank, New Delhi; 2002-60p.

19. Evaluation Study of Integrated Child Development Services Scheme in Haryana: Economic and Statistical Adviser Planning department, Haryana; 2007: 76p.

20. A Social audit of ICDS in the state of Uttar Pradesh: a study by FORCES. New Delhi: FORCES; 2005:51p.

21. Evaluation of Integrated Child Development Services (ICDS): Volume B: Himachal Pradesh, New Delhi: Socio-Economic and Educational Development Society (SEEDS), New Delhi; 2005:52p.

22. Vinnarasan A. A study on Factors Influencing Non-Enrollment of Children in the ICDS Anganwadi Centres at Chennai Corporation. Chennai: Loyola College, Department of Social Work, Chennai, Tamil Nadu; 2007 : 170p.

23. Davey A, Davey S, Datta U, Perception regarding quality of services in urban ICDS blocks in Delhi. Indian J public Health. 2008; 52 (3), 156p.