



Understanding the Knowledge, Attitude and Practices of Grass Root-Level Workers of ICDS in Surat City, Gujarat, Western India

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ABSTRACT

Objective: To assess functioning of ICDS and understanding the operational challenges of its implementation.

Methodology: In collaboration with the SMC which caters to 5 blocks comprising of 1004 anganwadis under the ICDS, anganwadi workers (AWW) n= 929, KAP was assessed using a pretested questionnaire during 8 meetings conducted for 5 blocks of Surat. Data regarding the KAP of AWW, infrastructure of AWCs; delivery of Nutrition and health education, supplementary nutrition, preschool education, immunization, referral services and community participation were elicited.

Results: KAP results of the grass root level workers of ICDS Surat reveals that 97% AWW had passed were 10th standard and 97% AWW had received In-service training. Infrastructure of AWW was good (97% had RCC construction and 60% ad toilet facilities, 65% had water supply and 55% had electricity). However the Ready to eat (RTE) supplementary nutrition supplied by the ICDS was not acceptable to the community. Awareness regarding the importance of growth monitoring, preschool education, nutrition and health counselling and supplementary nutrition was also not satisfactory.

Conclusion: Though all ICDS workers were trained by the government, the quality of teaching learning can be strengthened so as to focus on child growth and nutrition. RTE 'Balbhog' need to be promoted among the children.

Keywords: Knowledge, Attitude, Practices, Anganwadi workers, ICDS

INTRODUCTION

The first six years of a child's life are most crucial as the foundations for cognitive, social, emotional, physical, motor and psychological development are laid at this stage.¹ As per Census of India 2001, there are 157.86 million children below six years of age, and many of them have inadequate access to health care, nutrition, sanitation, child care, early stimulation, etc.² To ensure that all young children, even those from vulnerable sections of society have access to their basic rights, ICDS was launched in 1975 to provide a package of services to ensure their holistic development. ICDS provides health, nutrition, immunization, preschool education,

health and nutrition education, and referral services to young children and their mothers.³ ICDS also empowers mothers to take better care of their children.³

During the Eighth, Ninth and Tenth Five Year Plan periods, the outreach of ICDS services increased enormously, and several initiatives were taken to improve the quality of services, the goal being universalization with quality.⁵

With high prevalence of malnutrition among children in Gujarat, Surat ranks second. Although Gujarat is considered to be one of the most developed states in India, ironically, almost every second

child under three years of age in the state is under-nourished.⁴ Malnutrition specifically under - nutrition, is one of the prime cause of morbidity and mortality in early childhood.⁵

ICDS Scheme in Surat started in 1982-83. This program was implemented through 100 AW's and today it operates through 1004 AWC's across 7 zones in 5 Ghataks.

These centres are functional to provide Supplementary Nutrition, Monitor the growth of children, Pre-school Education, Immunization, Health and Nutrition Education and Referral services for further medical management.

There are no studies on the situational analysis of functioning of ICDS in Surat city. The present study, the Surat Municipal Corporation (SMC) assisted ICDS project was undertaken by The M.S. University, Vadodara and Sheth P.T. Mahila College, Surat was planned with an objective to identify the gaps in the services delivered by ICDS, evaluate the functioning of the ICDS and gain better understanding related to the operational challenges of its implementation in Surat city.

The study reveals the true ground realities and field situation, and serves as a pointer to the path which needs to be taken to achieve desired results. This compilation covers the situational analysis study on ICDS conducted during February-March 2015. It includes studies on Administration of ICDS; Knowledge, Attitude, Behaviour and Practices of Anganwadi workers; Evaluation of ICDS for Supplementary Nutrition - Balbhog, Nutrition and Health Education, Immunization, Referral Services, Community Participation in ICDS, Infrastructure of AWC's and Pre-School Education. It is hoped that the compilation would be useful to all persons and organizations working for the betterment of vulnerable sections of society.

MATERIAL AND METHODS

The paper is a part of formative research study on "Strengthening the ICDS - Strategies to improve child nutritional status in Surat city." This study was carried out in urban Anganwadi area of Surat in the state of Gujarat. It is a community based cross sectional observational study. In Urban area

of Surat city, there are a total of 1004 anganwadis. All AWW were called for participating in the study from across 7 zones namely Varacha, Katargam, Limbayat, Udhana, Athwa, Rander and Central across 5 Ghataks. The study period was 2 months 15 days. Data was collected with the help of structured Questionnaire, interviews and Focus Group Discussions (FGD). These sessions were organized in Community halls, Health centers or Public library depending on the availability. The group discussion was conducted in local language i.e. Gujarati.

All AW are divided into Ghataks and each Ghatak has a Child Development Project Officer (CDPO) as its head. Each session was organized by the in-charge CDPO and conducted in their presence. The nature and purpose of the study were explained to the participants before the interviews, questionnaire filling and focus group discussions.

Knowledge was expected as per the guidelines listed. Evaluation of their KABP was based on their response in the questionnaire and interviews. A five point Likert scale was used to assess the knowledge categorizing as excellent (100%), good (80%), satisfactory (60%), Poor (40%) and Very Poor (20%). The responses were quantified into number and percent and presented in tabular form. Only complete and correct responses were considered.

RESULTS

Profile of AWWs: The 929 AWW covered had varied profile with education ranging from 7 to 12 grades, age ranging from 21 to 53 years and experience between 1 to 28 years. The level of literacy was satisfactory and at majority (97%) of the AWC's were at least matriculation. About 97% AWW had received In-service training and 15% had received both in-service and orientation training as in Table 1.

Infrastructure of AWCs: The infrastructure of SMC owned AWC was found to be satisfactory but major issues were seen in rented AWCs. These centres lacked basic amenities like toilet, potable water supply, electricity and stove & gas connection for preparation of Balbhog.

Table 1: Profile of Anganwadi workers (AWW)

Age group (yrs)	AWW	Metric Pass (%)	Training		
			In service (%)	Pre service (%)	Both (%)
< 25	6	6 (100)	6 (100)	5 (83)	5 (83)
25-35	361	355 (98.3)	360 (98)	91 (25)	60 (17)
36-45	384	374 (97.4)	372 (97)	82 (21)	51 (13)
> 45	178	166 (93.2)	163 (91)	42 (24)	23 (13)
Total	929	901 (97)	901 (97)	220 (24)	139 (15)

SMC owned AWC also lacked gas, stove and water supply timings didn't match the AW timings and thus they had to rely on neighbourhood for potable water. From a total of 1004 AWCs, 500 AWCs are owned by SMC and from 504, 90% are rented and rest are either owned by Trust or Mobile. Majority(97.5%)of the AWCs have concrete 'pucca' roof and only 2.5% of the total owned centres have aluminium roof which face major functional issues during monsoon and witness decreased attendance during summer.

Table 2: Other infrastructure facility at anganwadi

Infrastructure Facilities	Present/ Available (%)	Absent/ Not available (%)
Toilet	557 (60)	372 (40)
Electricity	511 (55)	418 (45)
Gas supply	510 (55)	419 (45)
Drinking water supply	604 (65)	325 (35)
Storage facility	604 (65)	325 (35)

Table 3: Practices of ICDS Functionaries with respect to ICDS services

Age group (years)	AWW In %	Correct counselling	
		Pregnant Beneficiaries*	Lactating Beneficiaries#
< 25	4	83	80
25-35	45	86	75
36-45	36	91	66
> 45	16	93	86

* Counselling given (95 %); # Counselling given (94 %)

Nutrition and Health Education: Nutrition and health Education (NHE) is one of the important components of ICDS for achieving Child Development which is one of major objectives of this nationwide scheme. Dissemination of NHE is a key responsibility of the AWW and thus her knowledge and practices are an important indicator to map its delivery and community participation. 80% AWW are equipped with satisfactory skills and knowledge to provide basic information to the community. More than 20% complained of poor community participation in the celebration of Nutrition day or Mamta Diwas instead of repeated invitation and sensitization. As seen in Table 3, 95% AWW reported that Counselling was given to pregnant woman and 94 % reported counselling to lactating woman.

Supplementary Nutrition: Majority of the participants negatively responded about their community liking the BALBHOG. The reasons included its monotonous taste, bland flavour, presence of inedible contents in the premix. These packets were immediately discarded by the community people after distribution by AWW or were fed to their cattle. They also complained of the beneficiaries con-

tracting diarrhoea who were fed BALBHOG (Raab). Community accepted raw ingredients like grains better instead of the premix according to the AWW.

Pre School Education: It was found that 35% AWW complained of inadequate space and 40% AWW complained about lack of materials like toy and games & education material for delivering pre-School education. These AWW comprised of those who mainly functioned from rented AWCs. In many areas of this zone, it was found that parents were more interested in sending their children to private schools or crèches. In a few places corporation runs Pre-primary schools and this created confusion among the community about where to send their child. Thus many children did not participate in AW activities full time.

Immunization: AWWs mentioned that non-achievement of immunization target was due to irregular and untimely visits. Also vaccination is organized for short duration of time between 4 AWCs at a given time on a single day and thus participation became difficult. Non-cooperation and untrained health staff further discouraged participation. More than 10% AWW complained of untrained professionals for vaccination which resulted in inflammation and permanent hypertrophic scar at the site of vaccination. These parents refrained from future participation for booster doses and thus immunization could not be achieved. Community participation was reported to be extremely poor instead of regular sensitizations.

Referral Services: Medicines were not provided at more than 20% Health centres. People had to purchase it from private pharmacy stores. Referrals complaint of inadequate treatment facilities especially for ANC and delivery and this resulted in 10-15% home deliveries annually across 5 ghataks. The AWC's are not provided with referral slips, they have to get it photocopied at personal costs which refrains them from referring all the needy ones. Only 19.8% centres reported the availability of referral slips. A small percentage (15%) of AWW reported that money was demanded by the Govt. Hospital staff from the referred community people even after presentation of referral slips.

Community Participation: Although 5% reported good community support and participation in general whereas >25% reported that community participation was poor for vaccination and supplementary nutrition. Even after calling them repeatedly, participation was not up to mark. Adolescent girls and females go to work and thus cannot attend anganwadi sessions. As the community comprises of immigrants from U.P. and Bihar, regular and long term participation is a major challenge.

Language barrier was reported by 2% AWW which made it difficult to interact with the community.

DISCUSSION

Integrated Child Development Services aim at enhancing the health, nutrition and learning opportunities for infants, young children and their mothers, especially targeted for the under privileged and deprived. The program's goals are reduction of infant mortality rate to <60/1000, reduction in child mortality rate to <10/1000 and reduction in maternal mortality rate by at least 50%.⁶

The present study has tried to explain some reasons and operational challenges preventing ICDS reaching its potential.

Majority AWW (97%) were educated and working in their respective AWCs for long duration and had also received in-service job training but only 35.5% AWWs had received Pre-service/induction training. Also, it was collectively reported that the pre-service trainings were not scheduled immediately after appointments and sometimes they were even delayed for months. It has been documented that proper training improves AWWs performances⁷ and the lack in adequate training may be the reason for their poor performance.⁸

The present study reports 97.5% AWCs with Concrete 'pucca' type of building which indicated quite a well-developed infrastructure. Also, 60% availability was reported for separate toilet facility, electricity and gas supply was available in 55% of the AWCs and 65% AWCs were equipped with drinking water supply and storage facility which was contradicting the findings of the Tamil Nadu study.⁸

Nutrition health education of adolescent girls, pregnant women and mothers is one of the services provided under the ICDS. The findings of this study reports that 80% AWW were equipped with satisfactory knowledge, these findings were consistent to the findings on knowledge on IYCF which were reported to be satisfactory by Parikh et al. ⁹and skills to impart basic counselling to the community. An average of 94.5% AWW reported of giving counselling to pregnant and lactating females which is inconsistent to majority of the findings in other studies.¹⁰⁻¹¹ AWWs complained of poor community participation which was similar to the finding of a review in Rajasthan.¹²

Present study reported that the immunization services were inadequate and by untrained professionals thus failure in achieving targets of 100% immunization. Similar findings were reported in a review by NCAER.¹³Referral slips were unavailable at 80.2% AWCs which might be a reason for

poor referrals to higher centres which was also reported in a study carried out in Gujarat state.^{7,14}

CONCLUSION

The infrastructure of the ICDS anganwadi centres was quite well developed. The immunization services were inadequate and found to be challenging due to untrained staff. Overall Knowledge of anganwadi worker was satisfactory however; the trainings to induct the anganwadi worker were irregularly conducted. The trainings were found to be a critical gap and needs to be addressed for equipping the workers for correctly and effectively promote child feeding practices. Reinforcement of trainings for all the frontline workers would help accelerate prevention and reduction of under nutrition in the community

RECOMMENDATIONS

Though all ICDS workers were trained by the government, the quality of teaching learning can be strengthened. Training given to functionaries should focus more on reaching mothers and children below 36 months. The performance of AWCs and services delivered still needs improvement. Adequate attention needs to be directed towards proper buildings and housing of AWCs with all basic amenities like toilet, water supply, gas & stove facilities and electricity supply with lights and fans in functional condition. Adequate measures needs to be taken to ensure provision of toilet facilities at all the AWCs. To improve the overall quality of Nutrition and Health Education (NHED), and develop the skills of AWWs, refresher training should be organized at the sector level, so that AWWs can easily participate in them. The finding helps in providing some insight in the existing situation. A holistic approach to optimize the functioning of the scheme is needed. There is a need to strengthen inter and intra departmental coordination for smooth delivery of the programme.

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