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Assessment of anganwadi workers awareness on maintenance of register and referral services provided by ICDS in Imphal East, Manipur

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Abstract

Integrated Child Development Services (ICDS) is a government program in India which provides various services to children under 6 years of age and their mothers. With the assistance of Anganwadi Workers ICDS services are provided at the local level through Anganwadi Centres. The Anganwadi worker should be self-sufficient to deliver the different activities of ICDS services at doorstep. Keeping this in view this paper attempts to explore the awareness on maintenance of register in the Anganwadi centre and referral services provided by ICDS. For these purpose 150 respondents from Imphal East, Manipur were selected randomly. The data of Anganwadi workers was assessed by interviewing with the help of structured interview schedule and informal discussion. The data were analysed using appropriate statistical methods. The finding of the study revealed that age of the respondents had a negative and significant correlation while experience and qualification had a positive and significant correlation with the awareness regarding the type of register to be maintained moreover age and experience had no significant correlation with the awareness regarding referral services provided by ICDS while education had a positive and significant correlation with the awareness regarding referral services provided by ICDS. Hence frequent interactions among Anganwadi workers and supervisors should be introduced for imparting information and awareness on different aspects of ICDS.

Keywords: ICDS, Anganwadi workers, register, referral services

Introduction

In the year 1975, the integrated child development system (ICDS) was launched, about 45 years ago, which offers a package of health, nutrition and education services to the children below 6 years, pregnant and nursing mothers. Anganwadi workers with the guidance of ICDS supervisors and CDPO (Child Development Project Officer) works to discharge the services of ICDS and act as an immediate consultant at the doorstep of expected mothers and lactating mothers. They are the community based voluntaries frontline workers of the ICDS programme selected from the community, she plays a pivotal role due to close and continuous contacts with the beneficiaries. Anganwadi workers are responsible for conducting home visits, implementing program activities, counselling families and maintaining records of beneficiaries. They also play a crucial role in promoting child growth and development and mobilizing community support.

Objectives

1. To assess the awareness on maintenance of register.
2. To assess the awareness on referral services provided by ICDS

Methodology

The present study was carried out in Imphal East, Manipur

where a total of 150 Anganwadi workers were selected randomly. The data of Anganwadi workers was assessed by interviewing Anganwadi workers with the help of structured interview schedule and informal discussion. Primary data was collected from the Anganwadi workers with the help of structured interview schedule. The data were analysed using statistical methods including percentage, frequency, mean score, Standard Deviation and Spearman's Rank Correlation Coefficient.

Results and Discussion

1. Maintenance of register

A total of 11 register is supposed to be maintained in the Anganwadi centre namely Supplementary Food Distribution register, Home Visit plans register, Pre-school Education register, Immunization register, Weight record register of children, Family Details register, Referrals register, Pregnancy and Delivery register, Supplementary Food Stock register, Vitamin A-Bi Annual record register, Summaries register. Though they were supposed to maintain 11 registers, they were maintaining records of food stock and distribution in one register instead of two. Similarly, they are maintaining Vitamin A- Bi annual records in Home visit register. Hence instead of 11 registers they have awareness on 9 registers.

Table 1: Distribution of respondents on the awareness regarding the type of register to be maintained in Anganwadi centre n=150

Sl. No.	Name of register	Frequency (f)	Percentage (%)
1.	No response	46	30.67
2.	Supplementary Food Stock and Distribution register	76	50.66
3.	Home Visit plans register	62	41.33
4.	Pre-school Education register	60	40.00
5.	Immunization register	25	16.67
6.	Weight record register of children	12	8.00
7.	Family Details register	11	7.33
8.	Referrals register	2	1.33
9.	Pregnancy and Delivery register	1	0.67
10.	Summaries register	0	0

#Multiple response

The data in Table 1 indicate that around one third of the respondents (30.67%) did not respond about the type of registers to be maintained in the Anganwadi Centre. Half of the respondents (50.66%) had awareness on Supplementary Food Stock and Distribution register followed by 41.33 percent had awareness regarding Home Visit plans register and 40.00 percent knew about Pre-school education register.

Similarly, 16.67 percent had awareness on Immunization register, 8.00 percent on weight record register of children, 7.33 percent on Family details register, 1.33 percent on Referrals register and only 0.67 percent had awareness on Pregnancy and Delivery register. On the contrary, none of the respondents had awareness on Summaries register.

Table 2: Socio- economic factors affecting the awareness of the respondents on maintenance of register

Sl. No.	Parameters	High level		Medium level		Low level		r value	P value (5%)
		f	%	f	%	f	%		
1. Age									
	28-41	10	6.67	6	4.00	36	24.00	-0.33*	0.0003
	42-55	6	4.00	21	14.00	47	31.33		
	56-69	1	0.67	13	8.67	10	6.67		
2. Experience of the AWW									
	1-8	10	6.67	6	4.00	28	18.67	0.33*	0.000031
	9-16	7	4.67	22	14.67	54	36.00		
	17-25	0	0	12	8.00	11	7.33		
3. Education									
	Secondary school passed	0	0	5	3.33	3	2.00	0.33*	0.000003
	Higher Secondary passed	3	2.00	17	11.33	22	14.67		
	Graduate	13	8.67	18	12.00	66	44.00		
	Post-Graduate	1	0.67	0	0	2	1.33		

The data in Table 2 revealed that around three fourth of the respondents (31.33%) who belonged to the age group of 42-55 years had low level of awareness regarding the awareness on maintenance of register. Also, it was found that age of the respondents had a negative and significant correlation ($r=-0.33, p<0.05$) with the awareness regarding the awareness on maintenance of register. Again, 36 percent of the respondents who had experience of between 9-16 years had low level of awareness regarding the awareness on maintenance of register. Besides, statistical analysis revealed that experience of the Anganwadi workers had a

positive and significant correlation ($r= 0.33, p<0.05$). Further, it revealed that a large proportion of the respondents (44%) who were graduates had low level of awareness regarding the awareness on maintenance of register and it was found that educational qualification of the respondents had a positive and significant correlation ($r=0.33, p<0.05$) with the awareness regarding the awareness on maintenance of register

2. Referral services

Table 3: Distribution of respondents based on the awareness on referral services n=150

Category (Referral services)	Options	f	%
Identification of Children at risk	No response	30	20.00
	Decrease in weight	115	76.67
	Delayed physical development	10	6.67
	Delayed mental development	6	4.00
	Delayed walking	1	0.67
	Delayed speech	1	0.67
Identification of Pregnant women at risk	No response	36	24.00
	Decrease in weight during pregnancy	112	74.66
	Diahorea	2	1.33
	High blood pressure	1	0.67
	No response	36	24.00

It is depicted in Table 3 that 20.00 percent of the respondents had no awareness on how to identify children at risk while majority (76.67%) had mentioned reduction in weight as one of the indicators to identify children at risk.

On the other hand 24.00 percent respondents who had no awareness on how to identify women at risk while majority (74.66%) mentioned reduction in weight during pregnancy as one the indicator to identify women at risk.

Table 4: Socio- economic factors affecting awareness of the respondents on referral services

Sl. No.	Parameters	High level		Medium level		Low level		r value	P value (5%)
		f	%	F	%	F	%		
1. Age									
	28-41	8	5.33	2	1.33	42	28.00	-0.13	.112
	42-55	5	3.33	3	2.00	66	44.00		
	56-69	3	2.00	6	4.00	15	10.00		
2. Experience of the AWW									
	1-8	7	4.67	0	0	37	24.67	-0.16	0.050
	9-16	8	5.33	7	4.67	68	45.33		
	17-25	1	0.67	4	2.67	18	12.00		
3. Education									
	Secondary school passed	0	0	3	2.00	5	3.33		
	Higher Secondary passed	4	2.67	4	2.67	34	22.67		
	Graduate	11	7.33	4	2.67	82	54.67		
	Post-Graduate	1	0.67	0	0	2	1.33	0.194*	0.0198

The data in Table 4 revealed that 44 percent who belonged to the age group 42-55 had low level of awareness regarding referral services provided by ICDS. Further, it shows that age had no significant correlation with the awareness regarding referral services provided by ICDS. Also, on further analysis it revealed that 45.33 percent who had experience of 9-16 years had low level of awareness and no significant correlation was found between the experience of the respondents regarding referral services provided by ICDS. Further, it revealed that more than half of the respondents who were graduates had low level of awareness regarding referral services provided by ICDS. And on further analysis it was found that education had a positive and significant correlation ($r=0.19$, $p<0.05$) with the awareness regarding referral services provided by ICDS.

Conclusion

The study revealed that half of the respondents (50.66%) had awareness on Supplementary Food Stock followed by Home Visit plans register, Pre-school education register, Immunization register, Family details register, Referrals register, Pregnancy and Delivery register. On the contrary, none of the respondents had awareness on Summaries register. Further age of the respondents had a negative and significant correlation while experience and qualification had a positive and significant correlation with the awareness regarding the type of register to be maintained. In addition it was revealed that 20.00 percent of the respondents had no awareness on how to identify children at risk while majority (76.67%) had mentioned reduction in weight as one of the indicators to identify children at risk. On the other hand 24.00 percent respondents who had no awareness on how to identify women at risk while majority (74.66%) mentioned reduction in weight during pregnancy as one the indicator to identify women at risk. Moreover age and experience had no significant correlation with the awareness regarding referral services provided by ICDS while education had a positive and significant correlation with the awareness regarding referral services provided by ICDS. Hence frequent interactions among Anganwadi workers and

supervisors should be introduced for imparting information and awareness on different aspects of ICDS.

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