

CHAPTER: 01

ASSESSING THE KNOWLEDGE LEVEL OF ANGANWADI WORKERS ON SERVICE GIVEN IN INTENSIVE NUTRITION CARE CENTRE UNDER INTEGRATED CHILD DEVELOPMENT SCHEME (ICDS) IN TEN BLOCKS AT KUTCHCHH DISTRICT OF GUJARAT

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INTRODUCTION

The "Intensive Nutrition Care Centre" (INCC) was initiated by the ICDS department under the "BALAM SUKHAM" mission on August 14, 2014, to address malnutrition in children aged 6 months to 6 years, specifically those with Severe Acute Malnutrition and Moderate Acute Malnutrition [1]. The program provides nutritious food following established guidelines. Children with severe acute malnutrition and concurrent illnesses are referred to the "Child Malnutrition Treatment Centre" (CMTC) at the block level or the "Nutrition Rehabilitation Centre" (NRC) at the district level. Each centre accommodates ten children for a month and is managed by one Anganwadi Centre (AWC), one Anganwadi Worker Helper (AWH), and one Accredited Social Health Activist (ASHA). Treatment requires children to stay at the centre during the day, with the option to go home at night. One family member (usually the mother or father) can stay with the child, receiving a compensation of Rs. 100. The centre operates from 9 am to 5 pm and focuses on treating SAM and MAM children without diseases at the local level.

According to the 2011 census, Kutchchh district has a total population of 20,923,71, with a density of 389 people per sq. km. The district covers 45,652 sq. km and includes 960 villages and 14 cities. The sex ratio in Kutchchh is 925 per 1000 males, compared to Gujarat's figure of 933. The Child Sex Ratio, based on the 2011 census, is 841 compared to Gujarat's 893 [2].

Malnutrition is a significant problem leading to child deaths in the 0 to 6 years age group, both nationally and in Gujarat. The INCC program in Gujarat aims to address this issue effectively. It plays a crucial role in promoting child health and nutrition, educating mothers about child feeding, appropriate responses to illness, and understanding various factors influencing child growth and development [3]. Services provided under the INCC program have the potential to help health workers and parents identify early problems in children and implement corrective measures [4].

RESEARCH QUESTION

What were the present level of knowledge held by Anganwadi workers regarding the services provided in the Intensive Nutrition Care Centre (INCC) program under the Integrated Child Development Services (ICDS) in the Kutchchh district?

RESEARCH OBJECTIVE

1. To evaluate the current knowledge of Anganwadi Workers concerning the services offered within the INCC program in the Kutchchh district of Gujarat.
2. Investigate and identify the gaps between the expected knowledge level of an Anganwadi worker in relation to the services provided under the INCC program and their actual knowledge.

RESEARCH METHODOLOGY

The study, conducted from March to May 2015, employed a descriptive research design to assess the knowledge of Anganwadi workers (AWWs) regarding the services provided in the Intensive Nutrition Care Centre (INCC) program in the Kutchchh district of Gujarat. The study encompassed Bhuj-1, Bhuj-2, Gandhidham-1, Naliya, Mandvi, Mundra, Anjar, Rapar, Bachau, and Nakhatrana blocks. A non-probability (purposive) sampling approach was utilized, resulting in a sample size of 50 AWWs. The study group comprised 5 AWWs from each of the 10 selected blocks, where the INCC program was implemented. Informed consent was obtained from the AWWs, who were explained the nature and purpose of the study. A line listing of all Anganwadi Centers (AWCs) was created for each block, and 5 AWCs were selected from blocks where the INCC program was conducted.

The visits were made to Anganwadi centres for the purpose of collecting both primary and secondary data. Primary data was acquired directly from the AWWs, whereas secondary data was

sourced from official records, journals, and literature guidelines. Ethical considerations were paramount, with informed consent obtained from all participants. Participants were given prior information before visits, and confidentiality was assured throughout the data collection process. Those who declined participation were not coerced in any way, ensuring a respectful and ethical approach in the study.

RESULTS AND DISCUSSION

The study revealed that all Anganwadi Workers (AWWs) were well-informed about the Intensive Nutrition campaign. However, when it came to enrolling children with severe diseases, 20% of AWWs lacked clarity and knowledge on the matter. Additionally, 31% of AWWs were not familiar with the various types of malnutrition. Regarding methods for preventing malnutrition, 35% of AWWs lacked understanding. In terms of diagnosing malnutrition using the Mid Upper Arm Circumference method, 34% of Anganwadi workers were unfamiliar, while 70% were proficient in detecting malnutrition through the Appetite test. Approximately 74% of AWWs were knowledgeable about interpreting Growth charts, distinguishing between upward and downward curves. Concerning breastfeeding practices, 24% of AWWs were unaware of the precise timing to initiate breastfeeding. Malnutrition should continue breastfeeding. These findings emphasized the need for targeted training and education to enhance the knowledge and proficiency of Anganwadi Workers in various aspects related to child nutrition and health.

CONCLUSION

It is advisable to conduct refresher training sessions for Anganwadi Workers (AWWs) to enhance their understanding and proficiency in selecting children for the campaign. This would ensure that AWWs have updated and clear guidelines for enrolling children, especially those with severe diseases. A comprehensive training

program should be implemented at the Block level, focusing on key aspects such as the Appetite test, Mid Upper Arm Circumference measurement, and the interpretation of Growth charts. To achieve this, a hierarchical training approach can be adopted, involving the training of supervisors, block coordinators, and Child Development Project Officers (CDPOs) at the block level. These trained personnel can then effectively impart their knowledge to the AWWs. Special emphasis should be placed on counselling sessions for Anganwadi Workers, highlighting the significance of breastfeeding. By raising awareness among AWWs, they can play a pivotal role in educating and sensitizing the community about the importance of breastfeeding.

REFERENCES

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