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Irregularity in Availing Anganwadi Services by Children of Kolar District, Karnataka State.

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ABSTRACT: ***Background****: ICDS scheme is a flagship programme which provides a package of six services for children aged between 6 months-6 years, expectant and lactating mothers and adolescent girls covering 53.66lakh beneficiaries through 64518Anganawadi Centers, Karnataka. A large number of children in India do not have the optimal living conditions due to poverty and majority of parents are unable to give much stimulation to their child because of their own limitations. ICDS main aim is to cultivate desirable attitude, values, behavior pattern in children. Objectives: The present study aims to understand the current magnitude of the problem as also causes of dropout, understand determinants of dropouts from Anganawadi center. Materials and Methods: A Cross-sectional study was undertaken in Anganawadi centers of Mulbagal taluk of Kolar District.* ***Results****: 107 Parents noticed that children are irregular to attend anganawadi center. Anganawadi workers were spending most of the time in preparing supplementary nutrition and maintaining records and therefore it was difficult to concentrate on pre-school educational activities. Conclusion: Parents had high level of expectations from anganawadi center, they were half-heartedly satisfied with anganawadi services, and also they were not actively participating in the anganawadi activities.*

KEYWORDS: *I.C.D.S, Anganawadi Centre, Irregularity, Dropout, perception.*

I. INTRODUCTION:

Government of India initiated the Integrated Child Development Services (ICDS) scheme in 1975 which operates all over the country aiming at child health, hunger, malnutrition and school dropouts. ICDS is globally acknowledged and recognized as one of the world's largest and most unique community based outreach system for women and child development.[1, 2] The status of under-nutrition and malnutrition in women and child by providing supplementary nutrition through anganawadi centers is not likely to improve unless the dietary practices improve at the household level. ICDS lays the foundation for all-round development; social, mental, spiritual, physical and moral development encouraged to develop positive attitude, through child to social environment and child interaction. [3] Research studies shows that preschool education enhances early literacy skills, child's ability to learn to communicate ideas and feelings and to get along with other children are more likely to succeed in school and life. [4]People's active participation and cooperation is the key to success of a social and developmental programme which is aimed at bringing about a social change in the life of the people. [5] Community participation is not an automatic process; it moves at its own pace and requires systematic planned efforts on behalf of the social worker. It is imperative that they are involved in the programme right from its inception and the objectives and services of the programme are interpreted in a manner that enables them to perceive the programme as the one based on their felt needs. [6]

II. METHODS AND MATERIALS:

A cross sectional study was conducted in Mulbagal taluk from December 2011 to January 2012. The Mulbagal Taluk has a total of 425 Anganawadi centers, out of which 40anganwadi centers were randomly selected, which are in the field practice area of Depertment of Community Medicine, A team of doctors, social workers and anganawadi teachers were involved in the study. The children in each anganawadi center were enumerated and by using systematic sampling method every fifth child parent was interviewed and the data was collected from 224 parents for the study. A pretested and semi-structured questionnaire was used to assess awareness, perception, attitude and reason for irregularity of the child and acceptance of the services by the parents. The collected data was analyzed using standard statistical software.

Table No-1: Socio-demographic profile of parents

Socio-demographic profile	No. (n=224)	%
Caste		
Hindu Upper caste	5	4.48
Hindu Intermediary caste	105	46.88
Hindu Lower Caste	6	2.67
Schedule Caste & Schedule Tribe	91	40.63
Muslims	6	2.67
Converted Christians	2	0.9
Occupation of the Father		
Professional	0	0
Semi professional	2	0.9
Clerical/ Shop owner / Farmer	130	58.3
Skilled Worker	8	3.57
Semiskilled Worker	3	1.33
Unskilled Worker	3	1.33
Unemployed	78	34.82
BG Prasad Socio-economic class		
≥ Rs.3653	10	4.46
Rs.3652-1826	3	1.34
Rs.1825-1096	6	2.68
Rs.1095-548	18	8.04
≤ Rs.547	187	83.48
Family type		
Nuclear Family	137	61.16
Joint Family	87	38.38

Table No-2: Educational background of the parents

Education	Father (n=224)	%	Mother (n=224)	%
Illiterates	128	57.14	161	71.85
Literate without Schooling	6	2.67	9	4.01
Primary	19	8.48	12	5.35
Middle	16	7.14	15	6.69
High School	42	18.75	27	12.05
XII Standard/Diploma	11	4.91	0	0
Graduates	1	0.44	0	0
Post-Graduation	10	4.46	0	0

Table No-3: Parents' perception about Anganawadi activities (Multiple ans)

Responses	No	%
Anganawadi worker not attending Anganawadi centers regularly	15	6.69
Non- co-operation from Anganawadi workers	3	1.33
Anganwadi worker not taking proper care of children	11	4.91
No fixed time in opening Anganawadi center	3	1.33
Irregular food distribution at Anganawadi center	5	2.23
Except food no teaching or proper guidance to children	27	12.05
No teaching, playing or other activities at Anganawadi Centre	30	13.39
Food is not cooked properly	13	5.80

Table-4 Child is regular to A.W.C?

Sl No	Regular	Total no. of children	%
1	Very Regular	38	16.96
2	Regular	156	69.65
3	Average	18	8.04
4	Less than average	05	2.23
5	Very irregular	07	3.12
	Total	224	

The above table shows that anganawadi workers are not attending daily, coming from far off places. All respondents were aware of the ICDS. This could be due to a small and compact area covered by each Anganawadi center, Majority (47%) of the beneficiaries are from Hindu intermediary caste (vokkaliga/ gowda) and 41% of respondents are from schedule caste/ schedule tribes followed by Muslims (9.38%)and Converted Christians constituted 0.9%. Regarding the language the parents speaking Telugu are 119 (53.2%) Kannada speaking 76(33.92%) Most of the families are nuclear (62%) and only 38% are from joint families. [7] According to BG Prasad socioeconomic classification 83% of the respondents are from lower socioeconomic status [Table No.1]. Kolar District Literacy status is 50.45% and in Mulbagaltaluk it is 40.99%. In the study population 42.9%of the male and 28.2% of the female respondents are literates'.Hence literacy is very low in females in this study.When the father occupation was analyzed, 58% of the respondents are from agriculture background. [8]Favorable attitude to the Services of ICDS exists in the Community Most of the respondents are satisfied with services provided by Anganawadi center. 30.4% of the respondents are not happy with the services .The various reasons quoted were no-co-operation from Anganawadi worker, irregular food distribution at AWC center, no fixed time in opening Anganawadi center, food is not cooked properly [9], irregularity of Anganawadi workers and AWC center is far off. [Table No.3] This shows that there are some problemsin services of the Anganawadi center.The parents pointed out that the reasons for drop outs from Anganawadi center are due to irregularity of food distribution. They also pointed out that the Anganawadi center sometimes provides dry powder without cooking, thus leading to various stomach problems. [10]

Table- 5: The reasons of dropout (multiple answers)

Sl No	Reasons	Total No's
1	Food is not provided 5-10days	10
2	No other activities except food	16
3	Child was suffering from skin rashes, stomach ,pain or fever	12
4	Anganawadi Centre is far away	2
5	Can't say	2
6	A.W is not taking care of all children	9

III. DISCUSSION:

AnganawadiCenters, pre-primary schools run by the government under the integrated child development scheme have been witnessing a severe attendance shortage. Most of the anganawadi centers show 10to15 children on their attendance rolls. But only half of them are present in the center. Anganawadi center needs to provide pre-school education to children between 3to5years old and look after nutritional requirements and immunization of children below 6 in the area.The anganawadi center at keeluholali village,Mulbagal taluk has 35 children enrolled. However there were only22 children attending the Center. Majority (53.1%) of the respondents pointed out that the child is benefited going to Anganawadi because of nutritious food given at Anganawadi center. 59.8% of the Parents said that Children will learn alphabets,their health habits improved and 6.25% of them said that this was useful for further education.[11] [Table No.3] Parents noticed that health habits of children were improved (63.4%) and there was overall improvement in the preschool activities like outdoor activities, learning alphabets, singing rhymes ,speaking with others, identify the color , size, shape, time, number, seasons.[9, 12] [Table No.5] Some parents observed that Anganawadi workers were irregular (6.7%) and she is not properly functioning the duties of Anganawadi workers they come from far off places. [13], no proper teaching, irregular food supply, food being provided for only ten to twenty days in month. [14] Sometimes dry powder provided to children without cooking because of lack of firewood, gas, kerosene, [Table No.3] .

There is no active involvement of a primary school teacher in the programme. Neither youth club nor Mahilamandals take the responsibility of running the Anganwade Center. [15]Among 224 Anganwadi Centers, only 156(69.65) children visited the Center regularly, the parents express less than average and very irregular attendance was 12. This shows that there is some problem in running the Anganawadi Centre or some other reasons as per the above table4. The parents said that the reasons of the children not going to Anganawadi Centre is due to irregularity of Anganawadi workers and because food is not distributed in time 11 parents accepted, 3 parents said that the Anganawadi Centre sometimes provides only dry powder which causes stomach pain. Only few parents express the reason for dropout from Anganawadi Centre except food no other materials or activities in the Centre and question any advantage in sending the child to Anganawadi Centre (16).

IV. CONCLUSION:

The impact of ICDS, which is designed to deliver a package of devices to Children, Pregnant and lactating women and adolescent girls to break the intergenerational cycle of malnutrition, morbidity, and mortality takes a long time to achieve its intended goal. Number of behavioral changes with respect to health, sanitation, hygiene, education dietary habits/practices, etc. in the target population must precede realization if it's ultimate goals have to be achieved. The Utilization of the ICDS services are satisfactory in this area, even than it requires immediate attention by the health and ICDS authorities by conducting Periodic assessment of the functioning of anganawadis. It was found that a majority of parents had high level of expectations from Anganawadi Center, They were somewhat satisfied with Anganawadi services, yet they were participating in the Anganawadi activities. The Community regarded non-formal pre-school education asvery important component of ICDS, Parents also considered it as better way of acquiring good healthy habits and moral values. Anganawadi workers are spending most of the time in preparing supplementary nutrition and maintaining records, therefore it is difficult to concentrate on pre-school education activities Further efforts must be made by the Government to ensure that the objectives of ICDS is reached to the poor and the needy.

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