The Integrated Child Development Service (ICDS) scheme is presently the only major national programme in the country which focuses on the nutrition needs of under six children, adolescent girls, pregnant and lactating women through Anganwadi Workers (AWW). She has to ensure key child services like supplementary nutrition, micro-nutrient supplementation, immunization, periodic health check-ups and referral. Being a signatory of the Millennium Declaration of the UN Millennium Summit, India has to halve childhood malnutrition by year 2015 [UNDP, 2008]. Even after 30 years of implementation of ICDS, about 39.7 per cent of below three years children in Maharashtra were found undernourished and about 50 per cent children used Anganwadi services in the last 12 months [NFHS India, 2008]. The need for reappraisal of ICDS has already been recommended [Tandon and Kapil, 1993]. Therefore the aim of the present study was to formatively explore the Anganwadi workers’ (AWW) perceptions regarding operational constraints in reducing child malnutrition and the mothers’ perceptions regarding supplementary nutrition given to the beneficiaries under ICDS.

Study area and methods
The present study was undertaken in 23 villages surrounding the Primary Health Centre at Anji of rural Wardha, which is also a field practice area of Dr Sushila Nayar School of Public Health, Mahatma Gandhi Institute of Medical Sciences, Sewagram, having population of 31,482. It is a rural, agriculture-based population

Abstract: This study explores anganwadi workers’ (AWW) perceptions of the operational constraints in reducing child malnutrition and the mothers’ perceptions regarding the supplementary nutrition given to beneficiaries. The present triangulated formative research was undertaken in the villages surrounding the Primary Health Centre at Anji in rural Wardha district. The AWWs indicated four major groups of operational constraints in reducing malnutrition. The first comprised reasons related to co-operation like poor cooperation from villagers and parents, irregular and poor health check up activity. The second comprised reasons related to the mothers like failure to follow medical and dietary advice as they remained busy in their seasonal agricultural work. The rest were related to poverty and poor sanitation. The major issue mothers was related to poor quality of supplementary food.

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with 80.5 per cent literacy (87.7 per cent among male and 72.8 per cent female), where the predominant religion was Hindu (86 per cent) followed by Buddhist (12 per cent) and other religious groups comprised 2 per cent of the population. About 11.4 per cent of the population was, below poverty line as per the norms of the Government of Maharashtra. Recently, in all the 23 villages, supplementary nutrition is being provided through women’s self help groups (SHGs).

A triangulation of qualitative methods like free list, pile sort exercise [Dawson, Manderson and Tallo, 1993] and Focus Group Discussions (FGDs) [Hudelson, 1994], which are useful to explore the perceptions and attitudes of local people [Morgan, 1997] was undertaken to increase the validity of results. To begin with, all the Anganwadi Workers (n=25) were asked to individually enlist the operational constraints in reducing childhood malnutrition. Later, 12 operational constraints (Figure 1) with relatively high Smith’s S value were pile sorted. In pile sort exercise, ten purposively selected Anganwadi Workers, who were willing to participate and talk freely, were individually asked to form the groups of these 12 constraints which they felt went together. These exercises were carried out in their monthly meeting where all the 25 anganwadi workers from 23 villages were present. A two dimensional scaling and hierarchical cluster analysis was completed with pile sort data to get collective picture of their perceptions. The analysis of free list and pile sort data was undertaken using Anthropac 4.98.1/X software [ANTHROPAC, 1998].

To understand the mothers’ perceptions regarding supplementary nutrition, we conducted eight FGDs with the mothers of pre-school children from different purposively selected socio-economic strata of the study area. A trained social worker after obtaining informed consent conducted FGDs in local language with
the group of mothers (6-8 respondents) using semi-structured guidelines. The numbers of FGDs were decided by saturation point i.e where it stopped yielding any new information. The facilitators encouraged the participants to freely exchange their experiences related to supplementary nutrition at Anganwadis. A note taker carefully recorded the discussion in local language. Qualitative content analysis was used to analyze the data. All these exercises were carried out by a trained social worker with a degree of Masters in Social Work and who has five years of experience in using these methods. The sampling technique adopted for the present study was purposive with maximum variance.

According to AWWs, the various operational constraints in reducing child malnutrition (with descending Smith’s S value) were: 1) poor cooperation from villagers; 2) poor understanding of parents; 3) mothers do not follow medical advice; 4) mothers are busy with farm work; 5) Irregular and poor health check up service; 6) mothers do not follow dietary advices; 7) poor personal hygiene of families; 8) poverty; 9) poor environmental sanitation; 10) poor child care practices; 11) poor support from authorities, and 12) various social problems.

Operational Issues and Quality of Food

In pile sort exercise, four major groups of causes of persistence of malnutrition were formed. The first major group comprised of reasons related to the co-operation like poor co-operation from villagers and parents, irregular and poor health check up activity. AWWs felt sandwiched between programme targets to reduce malnutrition and high expectations of village people from the government schemes. Sometimes, AWWs have to spend money from their pockets to prepare nutritious diet for severely malnourished child. The second group of constraints was related to the mothers. These related to failure to follow medical and dietary advice as they remained busy with their seasonal agricultural work. The rest of the two groups were related to poverty and poor environmental and personal hygiene. During discussions participating AWWs, revealed that apart from record keeping and supplementary nutrition for beneficiaries, which take up most of their work time, they have to spend time for other National Health Programmes like sanitation campaign and family welfare programme. (Figure 1)

The major issue that emerged from the mothers during FGDs was related to the poor quality of supplementary food. Mothers said that the khichari, a preparation of rice and dal (pulses), a common supplementary food, contained very little oil and dal component. So children refused to eat it every day. Although, there was variety in the supplementary food available, such as use of sprouted grains and green peas, it was less frequently prepared. Few women appreciated the newer initiative of involvement of village based women’s self help groups in supplementary food distribution. The quality of supplementary nutrition improved in terms of use of oil and vegetables. It ensured involvement of villagers and supervision of gram panchayat (local self government) in service provision. However, the variety of
supplementary food items has decreased.

Anganwadi workers said the village based operational constraints for multifaceted problem of malnutrition ranged from poor cooperation at various levels to various social and financial problems related to beneficiaries. The mothers identified loopholes in supplementary nutrition program of ICDS.

One of the main objectives of Integrated Child Development Services Programme (ICDS) is to improve maternal and child nutrition. The effective delivery of ICDS services at village level depends on the efficiency of AWWs. In the present study, the AWWs pointed out several village level operational constraints in reducing child malnutrition. Most of the workload was due to record keeping which led to the neglect of their other primary functions such as nutritional education and informal education. Ghosh (2008) have already pointed out the similar fact and emphasized that AWWs prime responsibility should be health and nutrition education. Ghosh et al (2002) have also stressed that in-depth nutrition education regarding feeding with home available foods can help to improve nutrition. Integrated Management of Neonatal and Childhood Illnesses (IMNCI) have emphasized dietary counselling of the mothers on frequency of feeding and adding oil/ghee in diet [MoHWF,2006]. AWW should devote more time for nutrition education on faulty feeding practices of mothers. The arrival of another village level female worker called Accredited Social Health Activist (ASHA) under recently launched National Rural Health Mission (NRHM) may be trained in effective communication to bridge gaps in present maternal and child health services and to support the Anganwadi Worker in imparting Nutritional Education of mothers [Ghosh, Kilaru and Ganapathy, 2002].

Without adequately addressing the existing field level operational constraints in ICDS, the involvement of AWWs in other national health programs at the cost of their essential primary functions and the quality of supplementary food, the problem of malnutrition is less likely to get reduced. As a step towards ensuring community participation, the involvement of village based women’s self help group and village gram panchayat(local self government) in supplementary food distribution is encouraging, but their sensitisation regarding qualitative and nutritive aspects of supplementary nutrition is crucial. The grampanchayat can now ensure this through Village Health, Nutrition and Sanitation Committee (VHNSC) formed in each village under National Rural Health Mission. Kent (2006) has suggested the right based approach specifying entitlement of beneficiaries for supplementary feeding and entitled families should be informed of what services they are entitled to. Notably, the success of community based Tamil Nadu Integrated Nutrition Project (TINP) was in their focused approach on nutrition intervention including growth monitoring and selective nutritional supplementation [Rohde, Chatterjee and Morley, 1993].

To efficiently tap the potential of AWWs for reducing multidimensional problem of malnutrition, ICDS needs to design and implement flexible, area-specific and
focused activities for AWWs. The capacity of ICDS staff should be improved to address field level operational constraints in reducing child malnutrition. In order to maintain quality, the selective supplementary nutrition may be undertaken. AWW should spend more time on nutrition education related to faulty feeding practices of the mothers. The scope of the present formative study was limited to explore perceptions of AWW and the mothers based on qualitative data, which is useful for generation of hypothesis for future research.

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