

The Awareness among Anganwadi Workers about Children with Developmental Delays

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Abstract:

Early childhood is a critical stage of development that forms the foundation for children's future well-being and learning. The developments which happen during prenatal to eight years are crucial, normally occurs at the appropriate time, but sometimes a child may face developmental delay. Identifying the children struggling with developmental delays (DDs) is vitally important and the Anganwadi Workers (AWWs) are a front line community health worker assigned to work for identifying the children with disabilities in the community. The successful implementation of any program depends upon the knowledge, attitude and practice among functionaries. In the present study an attempt was made to understand the awareness of Anganwadi workers regarding children with DDs. A total of 408 Anganwadi workers from randomly selected Anganwadi centres of ICDS blocks of Mysore urban and Mysore rural area were the respondents. The primary data were collected through self-structured interview schedule and questionnaire. The findings revealed that the AWWs were reasonably educated, but their monthly income was unsatisfactory. They had work experience of more than 5 years and trained for 1 – 5 times. Majority of them had undergone UDISHA portage training on early identification. The AWWs of the present study had a high level of awareness about the children with DDs and their awareness was not influenced by the factors like their age, area of residence, educational level, monthly income, religion and number of years of work experience except the type of training undergone by AWWs. The AWWs who had participated in UDISHA Portage training on early identification of DDs exhibited significantly higher mean awareness score than their counterpart. The present study suggested that a comprehensive training focusing on child development, developmental delays, early identification of developmental delays, screening for

developmental delays and disability are utmost important to enhance the awareness on disability among AWWs who have been assigned the greatest role of dealing children during early stage.

Key Words: *Awareness, Anganwadi workers, Children with developmental delay*

Introduction:

Early childhood development is the key to a full and productive life for a child and to the progress of a nation. Early childhood is a critical stage of development that forms the foundation for children's future well-being and learning (UNICEF, 2001). The developments which happen during prenatal to eight years are crucial, normally occurs at the appropriate time, but sometimes a child may face developmental delay. Developmental delay occurs when a child exhibits a significant delay in the acquisition of milestones or skills, in one or more domains of development (i.e., gross motor, fine motor, speech / language, cognitive, personal / social, or activities of daily living). A significant delay has been traditionally defined as discrepancy of 25 percent or more from the expected rate, or a discrepancy of 1.5 to 2 standard deviations from the norm (Poon et.al. 2010). According to World Health Organization (2011), about 5% of the world's children 14 years and below age have some form of disability. According to Census of India (2011), 2.21% of disabled person to total population in India is noticed. It is higher among males (2.41%) and rural (2.24%) than females (2.01%) and urban (2.17%) population. With regard to the disabled population of children by age and sex indicates that the percentages of disabled children under 0-4 years, 5-9 years and 10-19 years of age are at 1.14%, 1.54% and 1.82%, respectively, and in all these age groups, the percentage share of males (1.18%, 1.63% and 1.96%) is higher than females (1.11%, 1.63% and 1.96%) respectively.

Identifying the children struggling with developmental delays (DDs) is vitally important, for a number of developmental disorders are preventable and substantial proportion can be suitably rehabilitated if it is identified at an early stage. Early identification of children with developmental delays (DDs) is important in the primary care settings. Since, early childhood is the age where a health care provider is closely involved with children and families for significant impact on the course of the child's development (Developmental Disabilities Resources for

Health Care Provider, 2006). Though the PHC centres have been recognized as a focal point for identifying the disabilities and to provide the rehabilitation services to needy people, it was observed that a significant number of children were not being followed at the PHC, therefore there is a need to create more awareness for early detection of disabilities at PHC level and also for more decentralization of rehabilitation service (Padmamohan, et.al, 2009). As early child development, an outcome of the survival and care practices adopted in a particular setting, is objectively reflected in the developmental status of children, any delay, disassociation or deviation in the development of children and its cause/contributory factors may be indicative of the need for strengthening the existing programs or the need for exploring and initiating newer possibilities (Nair and Radhakrishnan, 2004).

The Anganwadi Workers (AWWs) are a front line community health worker assigned to work for identifying the children with disabilities in the community and creating awareness among the public about the various rehabilitation facilities along with discharging the ICDS services (Johnsey, et.al. 2013). The AWW is the most important functionaries of the ICDS scheme. The Government of India established Integrated Child Development Service (ICDS) scheme in 1975. It is one of the world's largest and most unique outreach programs for early childhood care and development. It symbolizes India's commitment to its children (Shilpa, et.al. 2014). One of the aims of ICDS is to enhance the survival and development of children from the vulnerable sections of the society (Patil and Doibale, 2013; Sandhyarani and Rao Usha, 2013). The AWW is also an agent of social change, mobilizing community support for better care of young Children (Poon, et.al. 2010). AWWs are formally trained for non-formal, pre-school education which caters to the developmental needs of children between 3 and 6 years of age, primary health care and first-aid to children under 6 years and pregnant and nursing mothers, supplementary feeding of children of ages 0-6 years, referral services for severely malnourished children, and assisting health staff in immunization (Shilpa, et.al. 2014). The role of AWWs has been valued as the most dedicated and committed public servants who can develop grass-root contacts (Desai 2012).

The successful implementation of any program depends upon the knowledge, attitude and practice among functionaries. In the opinion of some scholars the achievement of ICDS program

goals depends heavily upon the effectiveness of the Anganwadi workers, which in turn, depends upon their knowledge, attitude and practice (Sharma, 1987; Chattopadhyay, 1999). Earlier studies focused more on the nutritional status of the beneficiaries of ICDS, evaluation of nutrition and health services rendered by AWWs centres, but very less focus has been shifted over to Knowledge and awareness among the AWWs who are the main resource person and whose knowledge and skills do have a direct impact on the implementation of the ICDS programme (Manhas and Dogra, 2012).

The trained Anganwadi workers were able to perform better in providing the basic services regularly, properly and effectively. A study by Thakare, et.al. (2011), most of the AWWs in Urban ICDS Block, Aurangabad were from age group 41-50 years, matriculate, experienced, having knowledge of more than 50% in their daily functions at AWCs. Knowledge can get affected by factors like their age, educational level, the effectiveness of training, lack of continuing education, and years of experience (Sondankar 2015). One of the studies (Mathur, et. al. 1995) concluded that AWW can help in early detection and appropriate management of incipient and preventable childhood disabilities.

The Anganwadi worker assumes an important role, since she is in close and continuous contact with the beneficiaries (Thakare, et.al. 2011). Young children, especially from rural and urban slum areas spend their precious time in Anganwadi Centre with AWWs. The awareness of Anganwadi workers on DDs is a step towards knowing their early identification process. It can be mostly determined by observing the child's development for a long time. Therefore the awareness of Anganwadi workers on DDs needs to be focused in child development research. Literature survey shows that negligible studies have been conducted on awareness among AWWs specifically related to children with DDs. As per Sarva Shiksha Abhiyan Report (2014), Karnataka State is making sincere efforts to meet the last mile challenges related to education, there is an urgent need to plan for the children with special needs with early detection and intervention programmes along with enhancing the knowledge, skills and effective role played by community health workers. In the present study, an attempt was made to understand the awareness of Anganwadi workers regarding children with DDs.

Methodology:

A cross sectional study was conducted on Anganwadi Workers (AWWs) of Mysore city and Taluk. The sample included a total of 408 Anganwadi workers from randomly selected Anganwadi centres which comes under the jurisdiction of ICDS Blocks of Mysore urban and Mysore rural area. The investigator sought the permission from the Heads of concerned departments before starting the data collection. The informed consent was also taken from AWWs. The investigator personally visited the AWCs and primary data were collected through self-structured interview schedule and questionnaire. The interview schedule included socio-demographic profile and infrastructural facilities availed at the AWCs. A self developed questionnaire on awareness regarding children with DDs was administered. This questionnaire consisted of 39 questions with two or four multiple choice responses. The questionnaire was designed to elicit the knowledge regarding developmental milestones and child development, definitions, nature and generic issues related to DDs, benefits/advantages of early identification, preventative measures, screening tools, signs and symptoms. The right answer to each question was assigned with a score of '1'. The sum of scores indicates the level of awareness and the score ranges between 0-39. The higher score indicates the high level of awareness while lower score indicates a low level of awareness regarding children with DDs. The collected data were subjected to statistical analysis using the SPSS 16.0 version for windows. The mean and Standard deviation was calculated. The t-test and ANOVA test was applied to check the significant difference between variable groups. The findings of the study are as follows.

Results and Discussion

Table 1 reveals the personal characteristics of Anganwadi Workers. The higher percentages of AWWs were from more rural (54.9%) than urban (45.1%) areas. The majority of them were in the age group of 40 to 50 years (35.0%) followed by 30 to 40 years (29.4%), 20 to 30 years (17.9%) and 50 to 60 years (17.6%). Higher percentages of them studied up to SSLC (70.3%) while 25% of them studied up to PUC and few percentages of them studied up to Degree (4.7%). The vast majority of them belonged to Hindu religion (90.9%). More than 80% of AWWs were earning the salary of Rs. 5000/- and less per month while remaining 16.2% of them were earning the salary of Rs 5001 to 10,000/- per month.

Table – 1: Personal Characteristics of Anganwadi Workers

Personal Information		AWWs (N=408)	
		No	%
Area	Rural	224	54.9
	Urban	184	45.1
Age Groups	20 to 30 years	73	17.9
	30 to 40 years	120	29.4
	40 to 50 years	143	35.0
	50 to 60 years	72	17.6
Educational Qualification	Degree	19	4.7
	PUC	102	25.0
	Up to SSLC	287	70.3
Salary Groups	Up to Rs 5000/-	342	83.8
	Rs. 5001 to 10,000/-	66	16.2
	Above Rs.10,000/-	0	0.0
Religion	Hindu	371	90.9
	Non-Hindus	37	9.1

Table – 2: Information related to Job and Job Training of Anganwadi Workers

Information related to Job and Job training		AWWs (N=408)	
		No	%
Duration of Work Experience	Up to 5 years	95	23.3
	5 to 10 years	81	19.9
	10 to 20 years	158	38.7
	20 years and above	74	18.1
In-service training	Yes	408	100.0
No. of in-service training attended	1 to 5	177	43.4
	5 to 10	158	38.7
	10 to 15	60	14.7
	15 and above	13	3.2
UDISHA Portage Training	Attended	276	67.6
	Not attended	132	32.4

According to table 2, the higher percentage of AWWs had the work experience of 10 to 20 years (38.7%) followed by 5 years and below (23.3%), 5 to 10 years (19.9%) and 20 years and above (18.1%). Cent percent of AWWs of the present study had undergone in-service training. The Anganwadi workers have been undergoing two types of regular training i.e. job training of 26

working days and in-service refresher training course of 5 working days for once in every two years. Beside these two training, induction training of 6 working days on initial appointment has been given to AWWs. In the present study, the higher percentage (43.4%) of AWWs had undergone training for 1-5 times followed by 38.7 percent had undergone training for 5-10 times and 14.7 percent had undergone 10-15 percent. Around 3 percent of them had undergone training for 15 and more time.

The curriculum of both job trainings and in-service refresher course for AWWs touched on the issues of child developments, child growth and monitoring and early identification of developmental delays. The UDISHA Portage was one of the trainings on early identification of DDs which was given to AWWs in selected regions of Karnataka State including Mysore District. The UDISHA Portage Project has trained a large number of Anganwadi workers as well as Supervisors to enhance their knowledge and skills so that they can help mothers to understand the underlying principles of child development and assist children with DDs by using resources available in the family and community (UNICEF 2003). In the present study, majority of the AWWs (67.8%) had undergone UDISHA portage training programme (In job training and Refreshers).

On the whole, the above results prove that the AWWs were reasonably educated. But their monthly income was unsatisfactory. They had work experience of more than 5 years and trained for 1 – 5 times. One of the studies concluded that knowledge can get affected by factors like their age, educational level, effectiveness of training, lack of continuing educational, years of experience. The study also concluded that continuous education of AWWs in the form of refresher training (in-service) should be on regular basis for updating the knowledge of AWWs. Frequent and intensive trainings definitely improve their knowledge and basic training should be completed before joining as the AWW (Sondankar et.al, 2015). In the present study, area, age, education, monthly income, religion, duration of work experience, number of trainings attended and UDISHA portage training undergone by the AWWs were treated as study variables to check its influence on awareness among AWWs regarding children with DDs.

Table – 3: Mean and SD score of Awareness about Children with Developmental Delays among Anganwadi Workers

Awareness about Children with DDs	Mean	SD
Anganwadi workers (N=408)	34.14	1.71

Table 3 revealed that the mean awareness score of AWWs was 34.14 with SD of 1.71 where the maximum score could be 39.00. This clearly indicated that the AWWs of the present study had a high level of awareness about the children with DDs.

Table – 4: Mean, SD and t/F values of Awareness about developmental delays among Anganwadi Workers by variable groups

Variables		N	Mean	SD	F / t value
Areas	Rural	224	34.40	1.688	0.405 NS (d.f.=406) P>0.686
	Urban	184	34.33	1.562	
Age groups	20 to 30 years	73	33.99	1.696	1.933 NS (d.f.=3,404) P>0.124
	30 to 40 years	120	34.37	1.680	
	40 to 50 years	143	34.45	1.613	
	50 to 60 years	72	34.60	1.479	
Educational groups	Up to 10 th Std	287	34.37	1.583	0.620 NS (d.f.=2,405) P>0.538
	PUC	102	34.28	1.708	
	Degree	19	34.74	1.939	
Religion groups	Hindus	371	34.35	1.661	-0.676 NS (d.f.=406) P>0.500
	Non-Hindus	37	34.54	1.304	
Income groups	Up to Rs. 5000/-	342	34.41	1.620	1.259 NS (d.f.=406) P>0.209
	Rs. 5001 to 10000/-	66	34.14	1.681	
Duration of work Experience	Up to 5 years	95	34.18	1.738	0.637 NS (d.f.=3,404) P>0.592
	5 to 10 years	81	34.36	1.646	
	10 to 20 years	158	34.47	1.507	
	20 years and above	74	34.41	1.619	
No. of in-service training attended	1 to 5	177	34.25	1.697	0.565 NS (d.f.=3,404) P>0.639
	5 to 10	158	34.47	1.619	
	10 to 15	60	34.45	1.545	
	15 and above	13	34.38	1.261	
UDISHA Portage on Early Identification	Attended	276	34.50	1.612	-2.384* (d.f.=406) P<0.018
	Not attended	132	34.09	1.641	

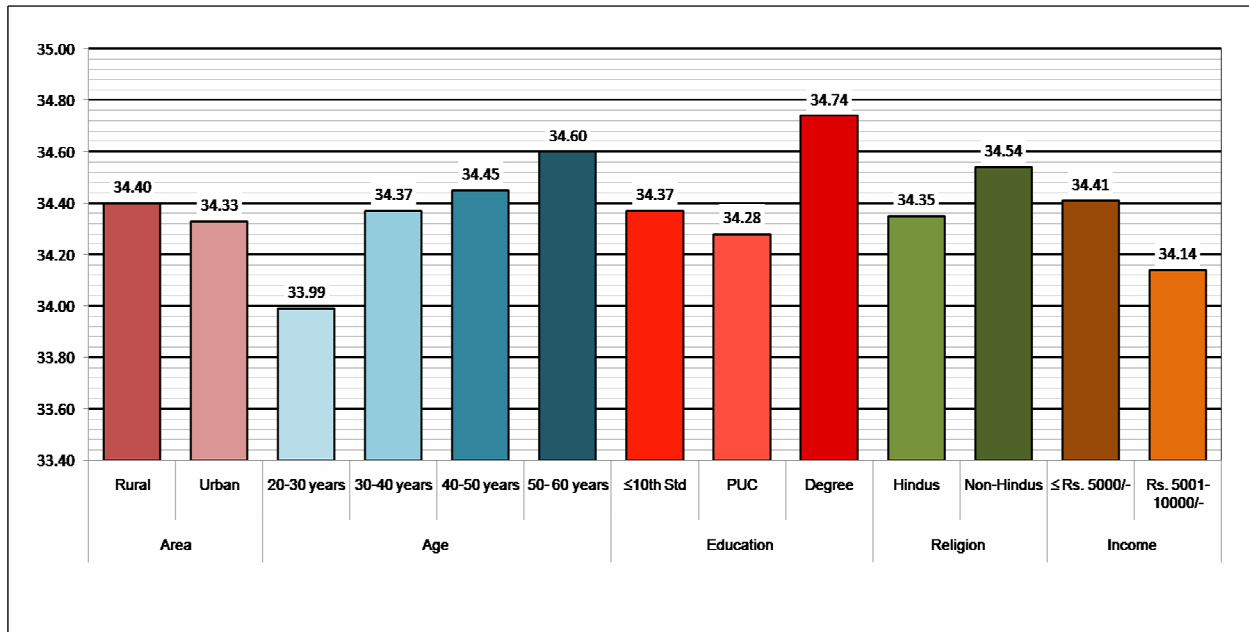


Fig-1: Mean Awareness Score of Anganwadi Workers by Area, Age, Religion and Income Groups

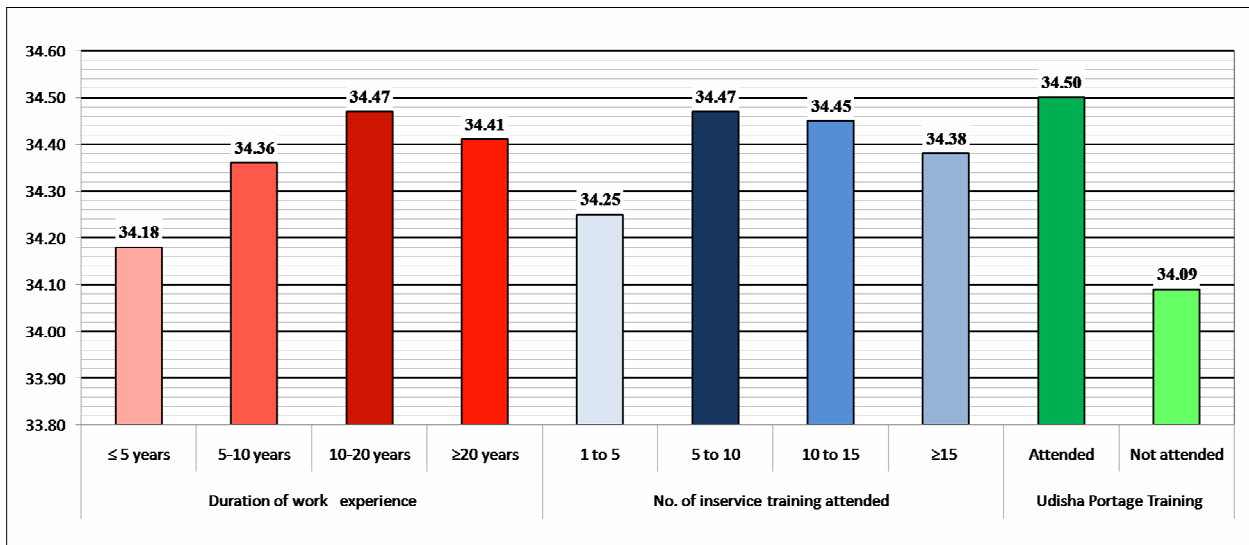


Fig-2: Mean Awareness Score of Anganwadi Workers by Work Experience, No of trainings and UDISHA Portage training attended

Table 4 indicates Mean, SD and t/F values of awareness about children with DDs among Anganwadi Workers by variable groups (Fig 1 and 2). As per area, AWWs of both rural and urban areas exhibited equal mean awareness score and no significant mean difference was

observed. With regard to age groups, the AWWs of 20 to 30 years of age displayed slightly lesser mean awareness score (33.99) compared to their counterparts. But no significant mean difference was found. Corresponding groups of AWWs under education, religion and income had shown the same mean awareness scores and no significant difference was found between these corresponding groups. With regard to the number of years of work experience of AWWs, significantly lower mean awareness score (33.59 ± 1.680) was exhibited by AWWs with work experience of less than 5 years compared to their counterparts, but no significant mean difference was observed. These findings clearly indicated that awareness among AWWs was not influenced by the factors like their age, area of residence, educational level, monthly income, religion and number of years of work experience except the type of training undergone by AWWs. The AWWs who had participated in UDISHA Portage training on early identification of DDs exhibited significantly higher mean awareness score than their counterpart who had not attended the UDISHA portage training. The t-value of -2.384 at $P < 0.018$ level confirms that the UDISHA portage training had enhanced the awareness among the participated AWWs regarding children with DDs. The present study confirms that though all the AWWs had undertaken in-service training but the awareness among AWWs participated in UDISHA Portage training regarding Children with DDs was significantly at superior level. Most recent study (Parmar, et. al. 2015) conducted on the knowledge of Anganwadi worker about integrated child development services (ICDS) in urban blocks of Ahmedabad district of Gujarat observed that though all the Anganwadi workers were trained, but the performance as well as awareness among Anganwadi workers regarding the importance of growth charts and growth monitoring was not satisfactory. This study suggested that on spot training programmes are strongly needed to keep up to the mark in enhancing their knowledge regarding various ICDS schemes.

Conclusion

The present study concludes that AWWs had a good awareness about children with DDs. In particular the AWWs who had attended UDISHA portage training displayed higher level awareness about children with DDs. The present study suggested that since the first 3 to 5 years of life are critical for child's developments and early detection of developmental delays can minimize the problems of disabilities, a comprehensive training focusing on child development,

developmental delays, early identification of developmental delays, screening for developmental delays and disability are utmost important to enhance the awareness on disability among AWWs who have been assigned the greatest role of dealing children during early stage.

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