

Folk Media and participatory communication in Child Health Development: An Exploratory study amongst Anganwadi Workers in Cachar District of Assam

Jyotish Dutta

Research Scholar (M.phil)

Department of Mass Communication

Assam University, Silchar

Dr. Paromita Das

Assistant Professor

Department of Mass Communication

Assam University, Silchar.

Abstract

Integrated Child Development Services (ICDS) programme is a community-based programme. It is the country's most comprehensive & multi-dimensional programme. It is a centrally sponsored scheme of the Ministry of Women and Child Development. The health worker called as Anganwadi workers runs this programme under the Anganwadi centers.

The Anganwadi are a type of rural childcare center in India. Its helps in providing nutrition, pre-school education, Immunization and vaccines among children between the age group of 0-6 years. It is one of the most important programmes of the other government programmes in India as it deals with child health and nutrition who are the future of this nation.

Thus with this thought in mind the present paper has been written on a research that was conducted to assess the knowledge, awareness level and performance of AWWs as well as the communication pattern of ICDS. Here the study also attempted to find out whether the folk media or participatory communication can play a role. The study was conducted in Cachar district of Assam and thus the paper.

Keywords: ICDS, Community, Anganwadi, Health Services, Folk medi, Angnwadi Centre.

1.01 Introduction

Integrated Child Development Services (ICDS) programme is a community-based programme. It is by the community for the community. ICDS Programme was launched on 2nd October 1975 – the 106th birth anniversary of Mahatma Gandhi—the Father of the Nation. ICDS is the country's most comprehensive &

multi-dimensional programme. It is a centrally sponsored scheme of the Ministry of Women and Child Development.

ICDS has emerged as the world's largest programme for child's nutrition and malnutrition. This scheme has expanded remarkably in its scope and coverage providing a well-integrated package of services through a network of community level called as Anganwadi Centers (AWCs). Under each Anganwadi Centre, Anganwadi Workers (AWWs) are there who are the key player to enhance health and nutritional status of women and children at the grass root level. Therefore, the entire scheme is dependent on their communication skill and good behavior.

Each of these Anganwadi is taken care by an Anganwadi worker and a helper. An Anganwadi worker and an assistant are managing the Anganwadi Centre.

Anganwadi worker are a health worker usually high school pass. They are not limited to the basic ICDS schemes. They can also play an important role in other National Health Programme, like DOT provider for tuberculosis patient (RNTCP), Pulse Polio Immunization (PPI), motivator for Tubal ligation cases (Family Planning), house to house Survey in various other health and election related duties.

The population norms for setting up of an Anganwadi center as given by Ministry of Women and Child Development is as under:

- One Anganwadi center for (rural \urban projects) for 400-800 Population;
- Two Anganwadi centers for 800-1600 Population;
- Three Anganwadi centers for 1600-2400 Population

1.02 Scheme of Child Development Services (ICDS) under Anganwadi center

The basic purpose of the ICDS scheme is to meet the health, nutritional and educational needs of the poor and vulnerable infants, pre-school-aged children, and women in their childbearing years. Its specific objectives are:

- To develop the nutritional and health status of children in the age-group 0-6 years.
- To lay the foundation for proper psychological, physical and social development of the child.
- To reduce the prevalence of mortality, morbidity, malnutrition and school dropout.
- To achieve effective co-ordination of policy and functioning along with the various departments to promote child development.

- To improve the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

(Source: - <https://icds-wcd.nic.in/>)

1.03 Functions of an Anganwadi

- Supplementary nutrition
- Immunization
- Health check ups
- Referral services
- Non formal preschool education
- Nutrition and health education.

1.04 Beneficiaries of ICDS

- Children below six years
- Adolescent girls
- Women in the age group 15-45 years
- Expectant and Nursing Mothers

1.05 Operational Definitions

Child: Child is a human being between the births to development period. As per the Constitution of India, a person below 14 years is a child. The Census of India also considers a person below 14 years as a child. According to Indian census, child is considered as 0-6 years. Here, ICDS schemes define 0-6 years is a child.

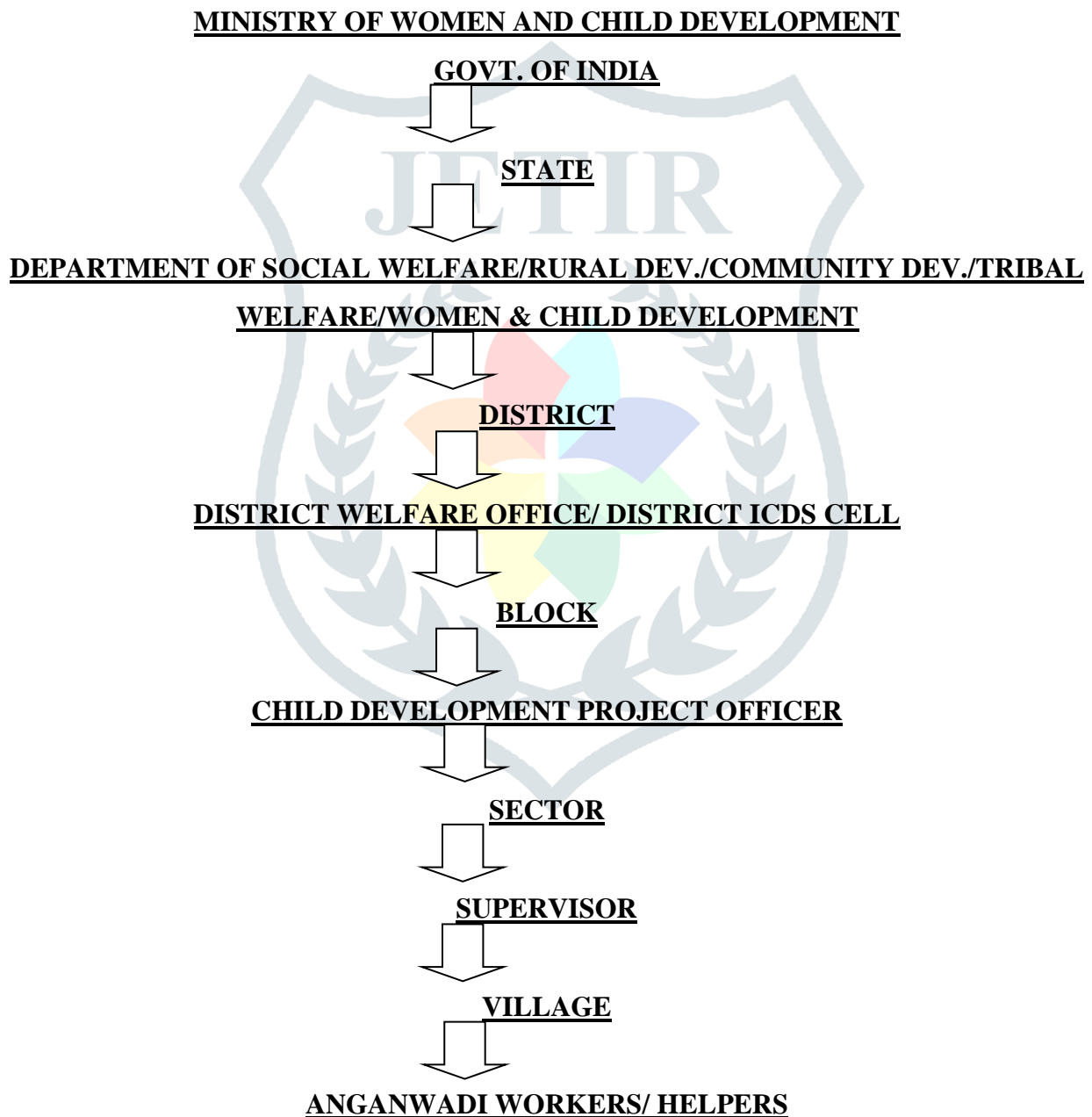
AWC: Anganwadi center is a convergence of services for children and women. Anganwadi Centers is a place or Institutes where, Anganwadi Workers done their all the activities. It is located within the village. It's may be any school, Temple, Masjid, Club etc. Anganwadi center provides basic health care in Indian villages as a part of Indian Public healthcare system. A typical Anganwadi center is a kind of play school cum a health center.

AWW: Anganwadi Worker is a community based frontline voluntary worker. An Anganwadi Worker who is supported by a Helper in service delivery runs an Anganwadi. The term 'Anganwadi' means 'courtyard' in Hindi. In rural areas an Angan is a place where people socialize.

Participatory Communication: The term ‘Participatory Communication’ refers to here as a place where all the villagers get together in a common place for a common purpose. For example Market place (Bazar/Hat), Field, Play Ground (Khelar Math), Festivals like- Annaprashon, Durga Puja, CharakPujaKirtan etc.

Folk Media: Folk Media refers to traditional media based on their languages, music, attitudes, behaviours etc. For example Folk Dance (Bihu Dance/Dhamail Dance) and Folk Songs (Bihu/Kirtan/OjarGan/BhatialiGan) etc.

1.06 Administrative and organizational set up



1.07 Population of Cachar District

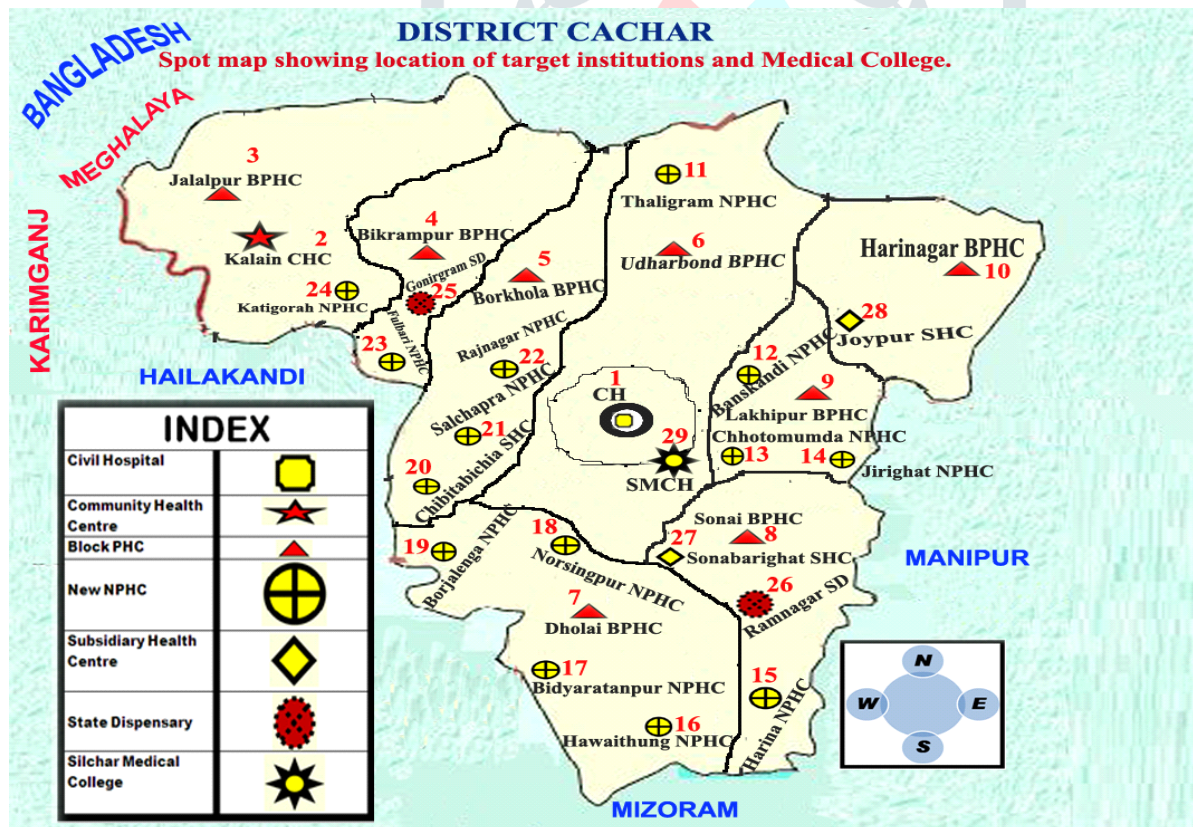
Residence	Population	Male	Female
Rural	1,420,309	727,130	693,179
Urban	316,010	159,486	156,524
Total	1,736,319	886,616	849,703

(Census of India, 2011)

1.08 Health Profile of Cachar District

Cachar district is divided into eight health blocks. Each health blocks is known as block primary health center. Eight blocks primary health centers names are 1) Birkampur block primary health center, 2) Borkhala block primary health center, 3) Dholai block primary health center, 4) Hrinagar block primary health center, 5) Jalalpur block primary health center, 6) Lakhipur block primary health center, 7) Sonai block primary health center, and 8) Udharbond block primary health center.

Map of Cachar District with Block PHC



(Source: <http://cachar.gov.in/portlets/health>)

1.09 Health institutions under Cachar

Bikrampur BPHC	Borkhola BPHC	Dholai BPHC	Harinagar BPHC	Jalalpur BPHC	Lakhipur BPHC	Sonai BPHC	Udharbond BPHC	Silchar Urban
Bikrampur PHC	Barkhola PHC	Dholai PHC	Harinagar PHC	Jalalpur BPHC	Lakhipur PHC	Sonai PHC	Udharbond PHC	SMCH
Fulbari MPHC	Salchapra MPHC	Bidyaratapur MPHC	Joypur SHC	Katigorah Model	Banskandi MPHC	SonabariGhat PHC	Thaligram MPHC	SMDC H
Sibtilla MPHC	Rajnagar MPHC	Borjalenga MPHC	BMCH, Alipur (PPP)	Kalain CHC	Jirighat MPHC	Harina MPHC	DigorKhasipurMPHC	UHC
Gonirgram SD	Chibitbichia MPHC	Darmikhal MPHC			Chutomamda MPHC	Ramnagar SD	SalgangaTrikol Model	SSNS Sharam
		Hawaithang MPHC			DigharFuler tal SHC	Rengti PHC	Chotodudpatil Model	
		Narsingpur MPHC						
PPP-TE: 1	PPP-TE: 1	PPP-TE: 1	PPP-TE: 1		PPP-TE: 1	PPP-TE: 1	PPP-TE: 9	
Sub Centre- 21	Sub Centre- 42	Sub Centre- 45	Sub Centre- 27	Sub Centre- 18	Sub Centre- 43	Sub Centre - 46	Sub Centre- 28	Urban FW Unit

(Source: <http://cachar.gov.in/portlets/health>)

1.10 Health Institutions profiles of Cachar District

Health Institutions	Sanctioned	Total Functional Number	Non Functional	Remarks
Medical College	1	1	0	Silchar Medical College
District Hospital	1	2	0	S.M Dev Civil Hospital
Model Hospital	7	3	4	Functioning– Tikol-Salganga, Chotoduthpatil, Katigorah Non Functioning – Chibiiitabichia, Kachudaram, Chotomamda, Palonghat
Community Health Centre (CHC)	3	1	2	Kalain CHC
Block Primary Health Centre (PHC)	8	8	0	
Mini PHC (MPHC)	20	17	3	Non Functioning – Rajatilla, Digakhal, Rongpur
State Dispensary (SD)	2	2	0	Gonigram, NatunRamnagar
Sub Centre (SC)	270	270	0	
Ambulance (108)		18		

Ambulance (102)		13		
Ambulance (Adaroni)		17		
Blood Bank		1		SMCH
Blood Storage		1		SMDCH
PPP – Tea Garden Hospital		15		
PPP - Charitable		02		BMCH, Alipur, SSNA Silchar

(Source:-<http://cachar.gov.in/portlets/health>)

2.01 Review of literature

“Health is the greatest gift, contentment the greatest wealth, faithfulness the best relationship.” - Buddha

“Communication is a mechanism through which human relations exist and develop.” – Wilber Schramm

1. Profile of Anganwadi workers and their knowledge regarding maternal and child health services in an urban area Prachi D Sondankar, Shubhlaxmi D Kotnis , Anjali P Kumavat, International Journal of Medical Science and Public Health / 2015 / Vol 4 / Issue 4

The author states that every Anganwadi Worker should be given basic training before joining as the AWW. The Author also suggests that continuous education in the form of refresher training (in-service) should be on regular basis for updating the knowledge of AWWs. Frequent and intensive trainings will definitely improve their knowledge.

In this article the authors examines the impact of knowledge of Anganwadi Workers how they have developed their knowledge level, he defines, " the Knowledge can get affected by factors like age, educational level, effectiveness of training, years of experience. Also factors like motivation by supervisors and personal attitude, incentives, etc., may affect the knowledge level."

2. A study on knowledge of anganwadi workers about integrated child development services at three urban health centers, SulakshanaShridharBaliga, Padmaja R. Walvekar, International Journal of Community Medicine and Public Health, Baliga SS et al. Int J Community Med Public Health. 2017 Sep; 4(9): 3283-3287

In this article, the author states that the awareness level of Anganwadi workers regarding the health and nutritional services under ICDS programs. The result shows that 18 (23.7%) of AWWs had poor knowledge of health services provided, 20 (26.3%) had average knowledge and 38 (50%) had good knowledge.

The author also adds that knowledge had no relation with experience and their educational qualification. Hence regular training camps should be organized for AWWs to increase their knowledge regarding different aspects, especially growth monitoring and supplementary nutrition.

3. Strengthening Primary Health Care Through Asha Workers: A Novel Approach in India, Mane Abhay B and Khandekar Sanjay V, Primary Health Care 2014, 4:1

The ASHA has played an important role in providing primary health care to the village level by creating awareness on health and its social determinants among the beneficiaries. They are the grass root level worker of Health Services. They have made easier the access to health care for the local community which in turn the increased utilization of primary health care and thus brought the health services in the door to door of the villagers.

In this article, the author states that, Giving ASHAs on active and greater role advocacy would provide them with greater recognition in their communities. They can play a potential role in providing primary health care at the village level. More than 6 years after the launch of the NRHM, the ASHA has emerged as a significant catalyst in improving the health situation especially among women and children."

4. Factors influencing utilization of ASHA services under NRHM in relation to maternal health in rural Lucknow, Manish K Singh, JV Singh, N Ahmad, ReemaKumari, A Khanna, Indian J Community Med [serial online] 2010 [cited 2019 Jun 12]; 35:414-9

In this study the author states that, out of the 350 RDW studied, only 74 had at-least one postnatal check-up. This can be attributed to the ignorance of majority of the women and their families regarding importance of postnatal care and also partly due to lack of effort on the part of ASHA, who also need to be sensitized on postnatal care. Thus there is a need to enhance the knowledge and awareness of ASHA on the importance of postnatal care. Specialists should provide her hands on training in postnatal care components. This will reflect into proper utilization of ASHA services for postnatal care.

According to the author, "Under NRHM, ASHA has been assigned the responsibility to counsel women regarding early registration, birth preparedness, adequate ANC, safe delivery, postnatal care etc. and to mobilize the community and facilitate them in accessing these services for improvement in maternal health."

5. Changing role of Anganwadi workers, A study conducted in Vadodara district, health line ISSN 2229-337X Volume 3 Issue 1 January-June 2012

The study shows that almost 80% AWWs participated in other National Health Programme like Pulse Polio Immunization (PPI), House to house survey, Elections duties, family planning programme etc. 67% AWWs worked as DOT provider for Tuberculosis patients. Almost 87% Anganwadi workers were from same village where the Anganwadi is located. All AWWs get about Rs. 2500 as remuneration per month.

One important observation was that 33% Anganwadi workers felt that the workload has increased more due to participation in other National health programme and other activities which demands more of their time and thus the basic activity of Anganwadi suffers. Underpaid and overworked, Anganwadi workers are the real providers of many basic services for the poor Indian citizens. The Anganwadi worker and helper, who are the basic functionaries of the ICDS, are not treated at par with other government employees, but are called "workers" or "voluntary workers".

3.01 Aim of the Study

Folk Media and participatory communication in Child Health Development: An Exploratory study amongst Anganwadi Workers in Cachar District of Assam.

3.02 Objectives of the Study

The objectives of the study are as follows:

- To understand the communication patterns of Anganwadi Workers with Children/beneficiary;
- to find out the available Child Health Development schemes in ICDS;
- to assess whether any folk media or participatory means of communication is being used by AWWs;
- to find out the role folk media or participatory means of communication can play in disseminating the scheme related information;

3.03 Methodology

Study Area: The study was conducted in the Cachar district of Barak Valley of Assam. The District comprises of total 15 blocks namely: Borkhola, Borjalenga, Baskandi, Binnakandi, Kalain, Katigorah, Lakhipur, Narshingpur, Palanghat, Raja Bazar, Salchapra, Silchar, Sonai, Tapang, Udarbandh. For the purpose of the study the above mentioned blocks has been selected for the study.

Universe of the study: Anganwadi workers.

Sampling procedure

The sample comprised of the Anganwadi Workers (AWWs). Out of the 15 blocks under the study area, four blocks (each from East, West, North and South) was selected and the Anganwadi workers under these blocks has been drawn on the basis of stratified sampling proportionally as a samples.

3.04 Tools and Techniques of Data collection:

Data was collected from primary and secondary sources. Primary data were collected from the Anganwadi workers.

For the primary data, the Data was collected through in depth interview and observation method. Structured interview schedule has been used by the researcher, as a tool for data collection with various questions framed on the knowledge level among Anganwadi workers regarding the schemes of ICDS, awareness regarding child health & nutrition and the problems faced by them in communicating and implementing the same. A case study was also undertaken to understand the role of folk media.

The secondary data was collected from official records, published reports of similar projects, journals and literature form social science discipline etc.

4.01 Findings

To understand the communication patterns of Anganwadi Workers with Children/beneficiary

The study shows that the communication patterns of Anganwadi workers are mostly door-to-door communication. They communicate with each and every household in her jurisdiction. The Anganwadi Workers communicate with parents of the children or beneficiaries of ICDS programmes at the AWC also. She also communicates with the Adolescent girls, Women in the age group of 15-45 years, pregnant women and their mother-in laws about malnutrition, homemade food that provides nutrition for both child and mother, care at the time of pregnancy, child health, health check-up.

To find out the available Child Health Development schemes in ICDS

In the study, the researcher found that under the schemes of ICDS, an Anganwadi worker provides weekly or monthly Health Check-up, Immunization, Vaccines, Nutrition, Exercise, Sports activities, Cleanliness activities, Plantation etc.

To assess whether any folk media or participatory means of communication is being used by AWWs

The study reveals that though there is no direct use of folk media, however participatory communications being used extensively such as door-to-door communication or home visits, celebration of Annoprashon (first rice feeding ceremony of newly born baby), Sathbakhn (ceremony organized for the pregnant lady when she

completes seven month of her pregnancy), Baubath (reception party of the newlywed couples), Birthday, Pushon and Pustikaron Dibash (a group discussion about Health and Nutrition with children 0-6 years, pregnant women, nursing mothers and adolescent girls) etc.

To find out the role folk media or participatory means of communication can play in disseminating the scheme related information

Since the study is based on 15 blocks of Cachar district and most of the blocks are in remote areas where the education level of the villagers is also very low, communicating any information becomes more challenging.

Thus to find out the role of folk media or participatory means of communication a case study was conducted in three Anganwadi Centres wherein a drama (Natak) was scripted in local language (Sylheti) with eight characters and was performed in front of the beneficiaries and parents of the beneficiaries. At the end of the performance the audience were asked to recall the benefits or schemes of the ICDS. Most of the beneficiaries and parents of the beneficiaries could recall many of the benefits of ICDS programmes.

5.01 Conclusion

In the study, the researcher has found that though there is use of participatory communication or face-to-face communication wherein the AWWs communicate with the parents of the beneficiary in local language to make them understand, the AWWs mentioned that they don't remember or fail to recall the information received. In such a case it is observed that the messages communicated through the form of folk media such as Puppet Show, Drama, Street Play, Folk Dance (Bihu Dance/Dhamail Dance) and Folk Songs (Kirtan/OjarGan/Bhatiali Gan) etc will be more effectively communicated and easily remembered. More visual communication can be employed to achieve the desired goal.

Local media can be involved in publicizing or broadcasting the ICDS programme. Presently there is no involvement of local media in this scheme also there is hardly any information at the local NGOs, SHGs or clubs.

In the case of Health services of ICDS, the beneficiaries are not interested to take Immunization and Vaccines. They follow the traditional health care system. They are of the view that Immunization and Vaccines are not at all helpful for good health, also they have side effects for which traditional methods are most trusted health care system. In such a scenario the work of the AWWs becomes more challenging and it is where communication strategy should be given more emphasis in order to convince them and adopt modern health care system and thus make a healthy AWC, a healthy nation.

References

- Annie Liu, Sarah Sullivah, Singh Prabhjot; community Health Worker in global Health Scale and Scalability, Mount Sanai Journal of Medicine: vol- 78, issue- 3, May 2011.
- Bhasin SK, Bhatia V, Kumar P, Aggrawal OP. 2001. Long Term Nutritional Effects of ICDS. Indian Journal of Pediatrics, 68(3): 211-216.
- Govt. of India 2010, ICDS Evaluation Report, Dept. of Women and Child Development. Ministry of Human resources Development, New Delhi.
- Govt. of India ICDS 2010, Dept. Of Women and Child Development. Ministry of Human Resources Development, New Delhi
- Respecting the rights of the Indian child". UNICEF, New Delhi. UNICEF, 2011.
- Sharma .N, Desai. G; Changing role of Anganwadi worker-a study conducted in Vadodara district of Gujarat; Journal of Indian Health line; June,2012.
- World Bank. 2011. The Integrated Child Development Services Program (ICDS) – Are Results Meeting Expectations? World Bank
- Ministry of Women and Child Welfare Development, Govt of India. Retrieved 15 April, 2019, from Icds: <https://icds-wcd.nic.in/>
 - Director of Health Society. Retrieved 22, April 2019, from Cachar Health Profile: <http://cachar.gov.in/portlets/health>
 - Scribd, Retrieved 03, May 2019, from An analytical study of the Anganwadi Scheme and its impact on rural economy with special reference to Nagpura sector of Durg district of Chhattisgarh: <https://www.scribd.com/document/405444710/02-synopsis-pdf>
 - Baliga Sulakshana Shridhar and Walvekar Padmaja R. (2017). Retrieved 11 May, 2019, from A study on knowledge of anganwadi workers about integrated child development services at three urban health centers: <https://www.ijcmph.com/index.php/ijcmph/article/view/1692/1414>
 - B. Mane Abhay and V. Khandekar, Sanjay (2014). Retrieved 17 May, 2019, from Strengthening Primary Health Care Through Asha Workers: A Novel Approach in India : <https://www.omicsonline.org/open->

[access/strengthening-primary-health-care-through-asha-workers-a-novel-approach-in-india-2167-1079.1000149.pdf](#)

- Anganwadi Centres, Assam, Retrieved 26 May, 2019, from National Portal of India: <https://www.india.gov.in/search-anganwadi-centres-assam>
- Role of Anganwadi Workers. Retrieved 30 May, 2019, from Target Study: <https://targetstudy.com/articles/role-of-anganwadis-in-early-schooling-of-rural-children.html>
- Press Information Bureau (01-March-2013). Retrieved 02 June, 2019, from Ministry of Women and Child Development, Government of India : <http://pib.nic.in/newsite/PrintRelease.aspx?relid=92848>
- Desal, Gaurav, Pandit Niraj and Sharma Diwakar Sharma (2012). Retrieved 16 June, 2019, from Changing role of Anganwadi workers, A study conducted in Vadodara district: http://www.iapsmgc.org/index_pdf/11.pdf
- Sociology of Health : Community Health. Retrieved 20 June, 2019, from Integrated Child Development Services in India : https://www.brainkart.com/article/Integrated-Child-DevelopmentServices-in-India_23514/
- Child-Labour. Retrieved 23 June, 2019, from Unicef India: <https://unicef.in/Whatwedo/21/Child-Labour>
- Puja Mandal. Retrieved 29 June, 2019, from The Community Development Programme of India: <http://www.yourarticlelibrary.com/india-2/the-community-development-programme-of-india-2405-words/4866>
- U. Kapil (2002). Retrieved 04 July, 2019, from Integrated Child Development Services (ICDS) scheme: a program for holistic development of children in India : <https://www.ncbi.nlm.nih.gov/pubmed/12173700>