



Knowledge of Anganwadi Worker about Integrated Child Development Services (ICDS): A Study of rural Blocks of Erode district

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ABSTRACT

BACKGROUND: The Integrated Child Development Services (ICDS), the nationwide programme of the Government of India offers the most important interventions for addressing the nutrition and health problems and promoting early childhood education among the disadvantaged population of the country. The present study was undertaken with the objective of assessing the awareness among anganwadi workers regarding the health and nutrition services for children (0-6yrs) in ICDS.

METHODS: The sample of the present study was taken from perundurai and erode rural block of Erode district-Tamil Nadu. Totally 100 samples were taken under the age group of 30-60 years. The tools used for study was self-devised interview schedule. A pre-tested, structured questionnaire was used for pre-assessment and post-assessment. Nutritional education was given to anganwadi workers by using pamphlet and presentation (PPT). After 30 days the impact of their knowledge was assessed.

RESULTS: In pre-assessment the anganwadi workers has 82.772% of knowledge about ICDS program and Nutrition. In post- assessment anganwadi workers gained the knowledge by 92.57%. Hence, 9.8% of nutritional knowledge has been gained by the anganwadi workers through education.

CONCLUSION: Anganwadi workers are the key person who will promote the good practices of services related to ICDS to enhance the health and nutritional status among mothers and children; hence they should have the regular and quality training program to equipped with better knowledge to prevent mortality and morbidity rate in the community.

Key words: ICDS programme, nutrition education, pre – post assessment, mortality, morbidity

INTRODUCTION

Anganwadi – the word derived from an Indian language “angan”, meaning courtyard - the central area in and around the house where all the activities are performed. Also, it's an open space where people meet, converse, do activities as community. This anganwadi system is primarily administered by the anganwadi worker (AWW). She is a health worker selected from the society and is trained for four months in areas such as, health, and nutrition and child-care. Anganwadi's are India's backbone in delivering the healthcare that everyone in country can access to it, by focussing on nutritional supplementation, women's health and so on (George N *et al.*, 2021)

Development of children is vital for the development of society. The government of India started the Integrated Child Development Scheme (ICDS) on 2nd October 1975 with an aim to provide essential services for the holistic development and well-being of children (Rajveer Kaur, 2011).

The programme is a package of six services, supplementary nutrition, immunization, health checkup, referral services, and nutrition and health education for mothers / pregnant mothers, nursing mothers and to adolescent girls (kishoris). (Sandhyarani, M. C & Rao C U, 2013).

METHODS

RESEARCH APPROACH: Quantitative research approach is essentially about collecting numerical data to explain a particular phenomenon, particular questions that seem immediately suited to being answered using quantitative methods. The quantitative research approach was used for the present study.

SETTING OF THE STUDY: Setting is the physical location and condition in which data collection takes place. The anganwadi workers are selected from the erode district of perundurai block and erode rural block of Tamil Nadu

SELECTION OF SAMPLE AND SAMPLING TECHNIQUE: Purposive sampling technique was used for the selection of anganwadi workers for the present study.

The sample was drawn from Erode district (N = 100). The entire sample for the study was divided into two groups. The first 50 samples was collected in Erode rural block and other 50 samples was collected in perundurai block of Erode district.

DATA COLLECTION METHOD:: For the present study the data was collected by using questionnaire which consists of **General information, ICDS programmes**(i) nutrition programme of ICDS – complimentary food, protein rich food, programme for adolescent girls(ii) health services – weight monitoring, Immunization, anemia control programme, menstrual hygiene programme, provision of medicine kit,(iii) poshan abhiyaan scheme.

PRE ASSESSMENT AND POST ASSESSMENT: The validated questionnaire was shared to the experimental group. Consent was included in the questionnaire along with socio- demographic sheet which were obtained from willing participants for the study. Pre assessment was conducted participants marked their response and submitted. After the pre assessment nutrition education was conducted. post assessment was conducted after 30 days.

The data was analysed by using descriptive and inferential statistics with the help of software (SPSS V2.0)

RESULTS AND DISCUSSION

In this present study it is inferred that Anganwadi workers in the rural area of Erode district, where 17% of the Anganwadi workers belongs to the age group of 30-35 years, 14% of the Anganwadi workers belongs to the age group of 35-40 years, 22% of the Anganwadi workers belongs to the age group of 40-45 years, 23% of the Anganwadi workers belongs to the age group of 45-50, 13% of the Anganwadi workers belongs to the

age group of 50-55 years, and the least group of anganwadi workers were from the age group between 55-60 years(11%).

In the present study it was found that 82.5% of AWW has a knowledge about ICDS and its programme in pre assessment test. In post assessment was found that 93.25% of AWW has answered correctly about ICDS and its programme 10.75% of knowledge is gained by the anganwadi works after the education

It was found that 96.8% of AWW has a knowledge about breast milk and breast feeding in pre – assessment. And in post- assessment 98.8% of AWW answered correctly.

It was found that 69.7% of AWW has a knowledge about nutrition in pre assessment. In postassessment it was found that 83.7% of AWW has answered correctly about nutrition. 14% of knowledge is gained by the anganwadi works after the education.

OVERALL ASSESSMENT

Total scores	Groups	Pre test Mean \pm SD	Post – test Mean \pm SD	t test	P value
49	Experimental group	82.775 \pm 18.807	92.571 \pm 7.626	-5.327	.000

Result of ‘t’ value in comparison with pre assessment and post assessment is -5.27 in comparison of pre assessment and post assessment 9.8% of knowledge is increased after the education. The mean value of pre assessment test 82.775% and mean value of post assessment 92.57%.

CONCLUSION:

Anganwadi workers are the key person who will promote the good practices of services related to ICDS to enhance the health and nutritional status among mothers and children; hence they should have the regular and quality training program to equipped with better knowledge to prevent mortality and morbidity rate in the community.

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