**Assess the knowledge and practices of Anganwadi worker on MCH services at selected Anganwadi centres Hyderabad T.S**

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**ABSTRACT**

Descriptive survey was undertaken to assess the knowledge and practices of Anganwadi worker on MCH services at selected Anganwadi centres Hyderabad on 100 Anganwadi workers at selected Anganwadi centres of Hyderabad. A Multi stage random sampling technique was used to select sample subjects from the population. Pilot study was conducted on 10 Anganwadi workers at selected Anganwadi centres and was found that the tool is feasible and appropriate. Reliability of the tool was tested by test retest method using Carl Pearsons formula The correlation was calculated. The obtained r value was equal to 0.72 ( r= 0.72), which indicated that the tool is reliable. Data collection was done from 100 Anganwadi workers who were selected using Multi stage random sampling technique. A sample frame was created by gathering the list of Anganwadi workers in the two projects. The Anganwadi workers were approached and data was collected. Analysis and interpretation of data was done with the help of the descriptive and inferential statistics. The data was organized, the study has thrown light on the fact that majority of the sample 77 percent were having Average knowledge of MCH services and only 19 percent having average knowledge of MCH services and only four percent having below average knowledge of MCH services. It shows that there was significant Correlation between knowledge and practices. So it shows that the Anganwadi workers who were having knowledge they were practicing good.The study shows that there was association of knowledge and Anganwadi workers education al status, their experience and the religion.

Key words : Knowledge,Assessment,anganwadi worker,MCH

**INTRODUCTION**

Maternal health and child health refers to a package of comprehensive health care services which are developed to meet promote, prevent, curative, rehabilitative needs of pregnant women before, during and after delivery and of infants and preschool children from birth to five years1.

Once the child is born it enters yet another sensitive phase of life. The children in the age group of zero to five years are vulnerable and are liable to get various diseases and disabilities which may lead to high morbidity and mortality2. It is very important to provide comprehensive health services to children because they are the assets and future of their families and Nation3. This phase of life is important because health status, health behaviour and lifestyles are formed during childhood, which determines the quality of life during the following years of life.4 The health status of children differs from place to place and in some places, it is assessed in terms of child mortality and morbidity.5 The factors which affect the health of children include poverty, ignorance, illiteracy, age, sex, environment, size of the family, malnutrition, lack of access to maternal and child health services6.

The ICDS programme was started in 1975 in pursuance of National policy for children and to improve the health status of women. It act as a portal of entry and creates acess to the health care services. ICDS services are provided by a vast network of ICDS centres, known as “Anganwadi centres”. The word Anganwadi is derived from the Hindi word “Angan” which refers to the courtyard of a house. In rural areas an Angan is where people get together to discuss, meet, and socialize. The Angan is also used occasionally to cook food or for household members to sleep in the open air. This part of the house is seen as the ‘heart of the house’. A network of “Anganwadi Centre (AWC)” literally is a courtyard play centre, providing integrated services comprising supplementary nutrition, immunization, health check-up, referral services, pre-school education and health and nutrition education. It is a childcare centre located within the village or the slum area itself. It is the central point for the delivery of services at community levels to children below six years of age, pregnant women, nursing mothers and adolescent girls.7

Under the ICDS scheme, one trained person is selected to focus on the health and educational needs of children from zero to six years, this person is the Anganwadi worker (AWW). The Anganwadi worker is the most important functionary of the ICDS scheme. The Anganwadi worker is a community based front line voluntary worker of the ICDS programme. This service will help the children to get into the right path from the pre-school age. The Integrated Child Development Service (ICDS) scheme is utilized to help the family especially mothers to ensure effective health and nutrition care, early recognition and timely treatment of ailments. The term “maternal and child Health” (MCH) refers to the promotive, preventive, curative and rehabilitative health care for mothers and children. It includes the sub-areas of maternal health, child health, family planning, school health, handicapped children, adolescence and health aspects of care of children in special settings such as day care centres.8

Delivery of MCH services under ICDS scheme is managed in an integrated way through Anganwadi centres, its workers and helpers. The services of Immunization, Health Check-up and referral Services delivered through Public Health Infrastructure under the Ministry of Health and Family Welfare UNICEF has provided necessary equipment for the ICDS scheme since 1975. World Bank has also assisted with the financial and technical support for the programme.9

The Anganwadi worker, a woman selected from the local community, is the key functionary. She, with assistance from a helper, is responsible for the population of an average village (about 1000 people).The Anganwadi worker surveys all the families in the community and identifies children younger than six years, and pregnant and lactating women. 10

Anganwadi workers responsible to give supplementary feeding support for 300 days per year. On an average, the daily supplement is expected to provide 500 calories and 12 to15 gram of protein to children, and 600 calories and 18 to20 gram of protein to pregnant or lactating women.11 Children who are severely malnourished are given an additional 300 calories and 8 to10 gram of protein on the basis of medical advice. The Anganwadi worker also monitors the growth of children who attend the Anganwadi centre by weighing them periodically and plotting the data on weight-for-age growth cards. Additionally, she is entrusted with the responsibility of nutrition and health education of women aged 15 to 45 years.12

**Statement of the problem:**

Knowledge and Practices of Anganwadi Workers on MCH Services at Selected Anganwadi Centres Hyderabad, TS.

**Objectives of the study:**

1. Assess the knowledge of Anganwadi workers regarding MCH services.
2. Assess the practices of Anganwadi workers in providing MCH services.
3. Identify the relationship between knowledge and practices of MCH services provided by Anganwadi workers.
4. Associate the knowledge of Anganwadi Worker with selected Demographic Variables.

**Research approach:**

The research approach for this study was quantitative approach. In this study the investigator intended to assess the knowledge and Practices of Anganwadi Workers on MCH Services.

**Research Design:**

The design used for this study was descriptive survey method In this the investigator was intended to access the Knowledge and Practices of Anganwadi Workers on MCH Services at selected Anganwadi Centres, Hyderabad.

**Setting:**

There are 940 Anganwadi centres in Hyderabad and they are divided in to the 5 projects. Project I comprises of 247 Anganwadi centres, functioning at Malakpet I.Project II comprises of 155 Anganwadi centres functioning at Ameerpet. Project III comprises of 147 Anganwadi centres, functioning at Nanal Nagar. project IV comprises of 179 Anganwadi centres functioning Malakpet II. Project V consists of 183 Anganwadi centres functioning at Secunderabad. The setting for this study is ICDS project I and project IV. Which are randomly selected using chit method from the five projects at Hyderabad.

**Population:**

The population for the present study consists of Anganwadi workers at Malakpet I and II ICDS project Hyderabad.

**Sample:** The sample for the study are Anganwadi Workers from ICDS project I at Malakpet I and ICDS project IV at Malakpet II .

**Sample Size:**

The size of sample for the present study consists of 100 Anganwadi workers, 50 Anganwadi Workers from ICDS project I at Malakpet I and 50 sample from ICDS project IV at Malakpet II .

**Sampling Technique:**

Multi stage random sampling technique was used to select the Anganwadi workers. In the first stage of sampling Project I and project IV were selected randomly using chit method from five ICDS projects existing in Hyderabad. A sample frame was created by gathering the list of Anganwadi workers in these two projects. After this 50 Anganwadi worker were selected randomly using chit method again from project I and 50 sample from project IV. Thus a sample of 100 was selected.

**Table -1**

**Distribution of Anganwadi workers According to the level of knowledge**

**n=100**

**Below Average Above**

**Average Average**

­­­­ F % F % F %

04 04 77 77 19 19

**Figure :1 Distribution of Anganwadi Worker According to the level of knowledge**

**Table –2**

**Correlation Between Knowledge and Practices of Anganwadi Workers**

**n=100**

**Knowledge Practices**

**Below Average Above Poor Fair Good**

**F** 04 77 19 - 80 20

**%** 04 77 19 - 80 20

**Characteristics Pearson Correlation df table value Inference**

Knowledge and 1 1 0.9995 Correlation

Practices

**Findings :**

There was no significant association between knowledge and age the obtained chi square value 10.658 was significantly lower than the table chi square value 15.51 with df 8 at 0.05 level of significance. There is a significant association between knowledge of Anganwadi workers on MCH services and their educational status. the obtained chi square value 23.688 was significantly higher than the table chi square value 12.59 with df 6 at 0.05 level of significance.

There is a significant association between knowledge of Anganwadi workers on MCH services and their experience. that the obtained chi square value 16.63 was significantly higher than the table chi square value 15.51 with df 8 at 0.05 level of significance.

There is a significant association between knowledge of Anganwadi workers on MCH services and their religion. that the obtained chi square value 14.221 was significantly higher than the table chi square value 12.59 with df 6 at 0.05 level of significance. There is a no significant association between knowledge of Anganwadi workers on MCH service and their marital status. that the obtained chi square value 0.838 was significantly lower than the table chi square value 9.49 with df 4 at 0.05 level of significance.

**DISCUSSION**:

The analysis with the distribution of demographic data show that out of 100 Anganwadi worker 32 percent were between 31 to 35 years,28 percent were between 36 to 40 years, 23 percent were between 41 and above12 percent were between 26 to 30 years and five percent were between 20 to 25 years. Fifty three percent studied upto SSC,29 percent studied intermediate, 10 percent studied degree or above and five percent studied diploma. 25 percent were have seven to nine years of experience,25 percent were having 10 to 12 years of experience,18 percent were having one to three years of experience,18percent were having four to six years of experience and 14 percent were having above 12 years of experience. Fifty three were Hindus, 34 were Muslims and 13 were Christians. Ninty three were married women, Five were widows, Two were un married women. All the 100 subjects attended on job training on MCH services.

**CONCLUSION :** Following conclusions were drawn on basis of the findings of the study.

1.the study has thrown light on the fact that majority of the sample 77 percent were having Average knowledge of MCH services and only 19 percent having average knowledge of MCH services and only four percent having below average knowledge of MCH services.

2. It shows that there was significant Correlation between knowledge and practices. So it shows that the Anganwadi workers who were having knowledge they were practicing good.

3.The study shows that there was association of knowledge and Anganwadi workers education al status, their experience and the religion.

**Implications:**

The findings of the study have several implications for Anganwadi workers. The Anganwadi workers have good knowledge and practice skills on MCH services. i,e Antenatal visits, Immunization, Growth monitoring and maintenance of records. They require some more inservice education programme to improve their knowledge on providing of MCH services. The study has thrown light that majority of Anganwadi workers who are the grass root level workers for providing MCH services. Were having average level of knowledge in MCH services. with the India giving a miss to MDG goals it becomes very important that the MCH services provided by the Anganwadi workers are carried out with keen precision. The study also thrown light on the fact that the Anganadi worker who had higher knowledge were having better practices. Thus it becomes important for the Govt to take up measures to improve the knowledge level of the Anganadi workers.

At the individual level the Anganwadi worker con up date them selves with the current trends and requirements in MCH services. The project supervises who are responsible for quality of the services providing by these Anganwadi workers can adopt measures to ensure that the Anganwadi workers will keep themselves intune with present requirement this could include frequent one to one interaction, or group interaction, discussion on present trends and requirements, and surprise checks. Thus the quality of the services could be maintained or monitored.

Community Health nurses can also contribute their part by reinforing the knowledge of Anganwadi workers in relation to MCH services, they can also function as mentors. They can also conduct in services education through community workshop/ seminars.

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