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## KNOWLEDGE ASSESSMENT OF ANGANWADI WORKERS OF JAIPUR ZONE, RAJASTHAN

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### Abstract

**Background:** Integrated Child Development Service (ICDS) is India's response to the challenge of meeting the holistic needs of children below six years of age, adolescent girls expectant and nursing mothers through the network of Anganwadis.

**Objectives:** To assess the knowledge of Anganwadi Workers of Jaipur Zone (Rajasthan) India.

**Materials and methods:** 8 AWCs were selected from each of the 5 Zones of Jaipur. So, total 40 AWCs were included in the present survey. Performance of each of the AWW from identified AWCs was assessed as per the 'Form no. (1)' of ICDS. Performance of various districts and various activities were analyzed and inferred in proportion and percentages.

**Results:** 100% of AWWs of Jaipur zone was well aware about the care of pregnant women and lactating women except Kangaroo Method Care (KMC) which is known to only 10%. All the surveyed AWWs had knowledge about Infant feeding and family planning except the advantage of breast feeding which were known to 72.5%. Referral services about children, pregnant women and lactating mothers were known to 80% of surveyed AWWs.

**Conclusion:** Knowledge of AWWs was excellent except Kangaroo Cara Method, advantage of breast feeding and Referral services.

**Keywords:** Anganwadis, AWW, AWC, ICDS, PSE, HNE

### Background

Integrated Child Development Service (ICDS) is India's response to the challenge of meeting the holistic needs of the child, launched Initially in 33 blocks (5<sup>th</sup> Five year plan), on October 2, 1975. Government of India with partnership of the international agencies like UNICEF, CARE and WFP provides a package of services to children below six years of age, adolescent girls, expectant and nursing mothers through the network of Anganwadis.<sup>1</sup>

The package of services provided by Anganwadis are Supplementary nutrition

(SNP), Non-formal pre-school education (PSE), Immunization, Health check-up, Referral services and Nutrition and Health Education (NHE).

Children below the age of six, pregnant & nursing mothers avail supplementary feeding support for 300 days in a year. By providing supplementary feeding, the Anganwadi attempts to bridge the caloric gap between the national recommended and average intake of children and women in low income and disadvantaged communities.<sup>2</sup>

Health Check-ups includes health care of children less than six years of age, antenatal care of expectant mothers and postnatal care of nursing mothers.

During health check-ups and growth monitoring if any sick or malnourished child found in need of prompt medical attention are referred to the Primary Health Centre or its sub-centre. The Anganwadi worker has also been oriented to detect disabilities in young children.

Non-formal Pre-school Education component of the ICDS considered the backbone of the ICDS programme, since all its services essentially converge at the Anganwadi. This is also the most joyful play-way daily activity, visibly sustained for three hours a day. It brings and keeps young children at the Anganwadi centre-an activity that motivates parents and communities to come at that Anganwadi centre.

Nutrition and health education (NHED) is a key element of the work of the Anganwadi worker. This forms part of BCC (Behaviour Change Communication) strategy. This had the long term goal of capacity-building of women-especially in the age group of 15-45 years- so that they can look after their own health, nutrition and developmental needs as well as that of their children and families.<sup>2</sup>

Out of these six, three services viz. immunisation, health check-up and referral, are designed to be delivered through the primary health care infrastructure. While providing SNP, PSE and NHE are the primary tasks of the Anganwadi Centre, the responsibility of coordination with the health functionaries for provision of other services rests with the *Anganwadi* worker (AWW).

## Materials and Methods

This descriptive qualitative study of was done at Aganwadi Centres of Jaipur Zone.

### Selection of Anganwadi Centres and Anganwadi Workers:

**Inclusion Criteria for AWC's:-** Must be functioning for more than one year.

- Jaipur Zone has five districts v.i.z. Jaipur, Dausa, Alwar, Jhunjhunu and Sikar
- Total **8 AWCs** was selected from **each district**.
- So, total **40 AWCs** were selected from **Jaipur Zone**.

### Selection of Anganwadi Workers:

40 AWW, one from each selected anganwadi Centre Related data were collected in **Form No. 1: Functioning of AWC/AWW Schedule: Respondent AWW'** from each of 40 AWCs of above 5 districts.

Data thus collected were compiled, classified and analyzed with excel 2007. Knowledge of AWWs about services related to pregnant women, lactating women, adolescent girls and children were found out as percentage of AWWs having correct knowledge of that particular service.

## Results and Discussion

It was found that knowledge about care of pregnant mothers AWWs were excellent and almost all AWWs had knowledge about tetanus toxoid immunization, taking more food, taking rest atleast 2 hours in day time and 8 hours in night, not lifting heavy weight and about not forgetting to take SN from AWCs.

It can be observed that knowledge about the care of lactating mothers of AWWs was very good and almost all AWWs used to advise to lactating mothers for taking more foods, taking SN, for regular health check-ups, for taking IFA tab and complete immunization of infant as per schedule. But knowledge about Kangaroo Care Method (KMC); a method of prevention of neonate by cold was only to 10% AWWs.

This study also observed that each AWW knew about infant feeding practices like breast feeding start immediately after of birth, colostrums feeding, exclusive breast feeding and weaning practices but knowledge about advantage of breast feeding was to 72.50% AWWs.

Further this study observed that each AWW knew about Family planning methods and their use. Further it was observed that 100% AWWs motivated eligible

female for LS, 55% AWWs were in favour of motivating for oral pills as contraception,

47.50% AWWs for condom and 15% AWWs for IUDs.

**The list of Aganwadis:  
Aganwadis were selected are as follows:-**

S.No.	District	CHC	PHC	AWC
1	Jaipur			Gulabi Nagar No. 2, Sushilpura (Sodala), Jaipur
2		Jamwa Ramgarh		Jamwa Ramgarh AWC No. 5
3			Naila	Naila AWC No. 1
4				Raniawas nearest AWC
5				Papad AWC No. 2 farthest AWC
6			Kharkada	Kharkada AWC No. 1
7				Sarjoli 1 <sup>st</sup> nearest
8				Booj AWC No. 1 <sup>st</sup> Farthest
9	Alwar			Alwar AWC No. 6
10		Bansoor		Bansoor Lalawali
11			Gunta	Gunta AWC No. 2
12				Shahpur AWC No. 1 nearest
13				Bhabedi AWC No. 2 farthest
14			Harsora	Harsora AWC No. 3 <sup>rd</sup>
15				Dheerpur AWC No. 2 nearest
16				Mugalpur farthest AWC
17	Dausa			Dausa AWC No. 3
18		Sikandara		Sikandra AWC No. 1
19			Bhandarej	Bhandarej AWC No. 18
20				Bhadana AWC No. 1 nearest
21				Jirota AWC No. 1 farthest
22		Garh		Garh AWC No. 2
23				Ranoli AWC No. 3 nearest
24				Mochingpura AWC No. 1 Farthest
25	Sikar			Sikar AWC No. 2
26		Piprali		Piprali AWC No. 3
27			Kolida	Kolida Patwar Bhawan, AWC No. 1 <sup>st</sup>
28				Swarooppura nearest AWC
29				Beri AWC No. 1 farthest AWC
30			Tarpura	Tarpura Comm. Rest House AWC No. 4
31				Govt.Pri.Sch.Ramchandrawali Jori, nearest
32				Ghorana AWC No. 1 <sup>st</sup> farthest AWC
33	Jhunjhunu			Jhunjhunu ward No. 30 (37) AWC
34		Malsisar		Malsisar AWC No. 7
35			Kant	Kant AWC
36				Anandpura Nearest AWC
37				Bhutiawas Farthest AWC
38		Ladusar		Ladusar AWC No. 1
39				Dhanuri AWC No. 1 <sup>st</sup> nearest AWC
40				Jaitpura farthest AWC

It was also observed from this study that 80% AWWs knew about referral services regarding children, pregnant and lactating women.

In the present study it was found that knowledge of AWWs about pregnant women was excellent i.e. 100% of surveyed AWWs knew educating women about registration of pregnancy, taking tetanus toxoid vaccination, taking more food in pregnancy, adequate rest and avoiding

heavy weight lifting. Only advice about to take atleast 100 IFA tablets during pregnancy was known to 85% of surveyed AWWs. AWWs did not know about atleast 4 ANC checkups during pregnancy. This difference may be because they did not remember the exact number of IFA tablets. This reason looks more appropriate as they were also lacking in the knowledge about number of ANC visits during pregnancy. Almost similar findings were of N.C. Dash (2006)<sup>3</sup> about the pregnant mothers. But in

contrast to this IIMR (2000)<sup>4</sup> study where it was found that 24% pregnant mothers received IFA tablets/syrup from AWCs. This may be due to present era study had more educated population.

In the present study it was also observed that knowledge of AWWs about lactating mother was very good. 100% of surveyed AWWs knew about educating women about taking more food in lactating, breast feeding and other related issues to breast feeding etc. like colostrums feeding, correct posture during breast feeding, nipple hygiene, frequency of breast feeding etc. But advice about to KMC was known to only 10% of surveyed AWWs. Such results may be because of lack of refresher courses for AWWs as KMC has been introduced recently in infant care.

The study revealed that 100% AWWs had knowledge about initiation of breast feeding, about colostrums, exclusive breast feeding, weaning practices and knowledge about advantage of breast feeding was present in only 72.50% AWWs. Such results may be the reflection of good literacy level of AWWs, impact of training course of AWWs and general awareness of AWWs.

These finding of present study further supported by a study conducted by NIPCCD (2004),<sup>1</sup> in Bihar and found that almost all AWWs conducted HNE session. Observations of Sen.(2004)<sup>5</sup> study was quit comparable who found that 100% on breast feeding, 97% on immunization, diet during pregnancy and lactation

In the present study it was found 100% AWWs had knowledge about majorly used contraceptive method, but they were having their preference of motivating eligible beneficiaries for LS (100%), oral pills (55%), condoms (47.5%) and Intra uterine devices (15%). None of AWW prefer to advice other than above mentioned contraceptives.

Study also revealed that 100% AWWs were having knowledge about SN, PSE, growth monitoring, immunization Vitamin A and distribution of IFA tab to children. These observations are well supported by N.C. Dash (2006)<sup>3</sup> study where it was reported that 90% children age group belonged to 0 - 3 years received Vitamin A. Other study conducted by SEDEM (2005)<sup>6</sup> also support the present study in which it was reported that 63.83% children were weighed by AWWs. The study further supported by SEEDS Haryana (2005)<sup>7</sup> who reported 15% respondents mentioned that health check-up camps were organized once a week. NIPCCD (2006)<sup>8</sup> found in a study that 59.6% get IFA tabs from AWCs and this is also strengthen the study. Balsekar, et al, (2005)<sup>9</sup> carried out a study of the ICDS programme in Trivendrum district, Kerala. Observation of this study was almost all AWCs children had 100% immunization coverage. The present study is well supported by a study conducted by NIPCCD (2006)<sup>8</sup> where they found that 75% registered beneficiaries for PSE attended the AWCs. SEEDS, Haryana (2005)<sup>7</sup>, where 83% of the families were getting SN.

**Table 1:**  
**\*Knowledge of AWWs: About Family Planning Methods**

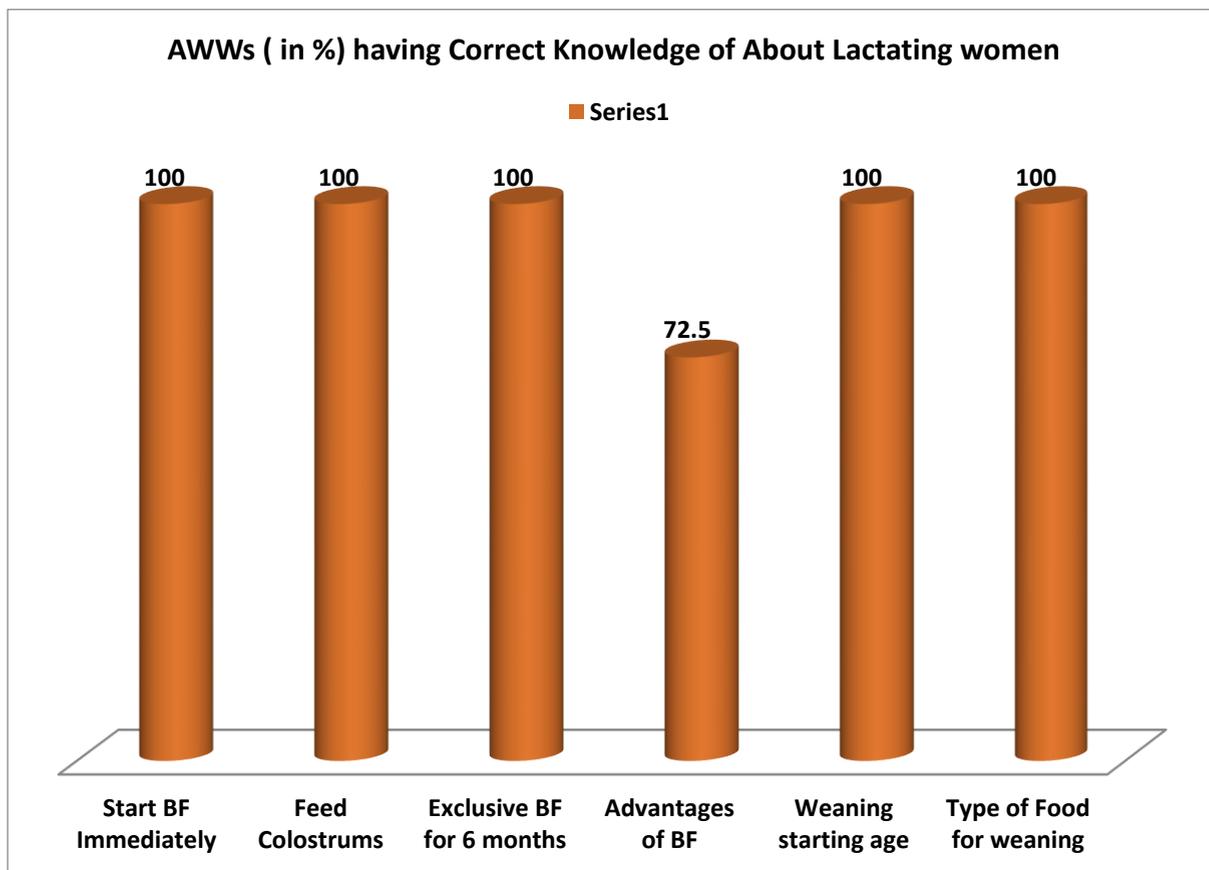
S. No.	About type of contraceptive Methods and their use	Jaipur N (%)	Alwar N (%)	Dausa N (%)	Sikar N (%)	Jhunjhunu N (%)	Total N (%)
1	Condom	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)
2	IUD	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)
3	LS	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)
4	Oral Pills	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)
5	Others Contraceptive Methods	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)
<b>*desired motivation by AWWs about type of contraceptive Methods</b>							
6	Condom	4 (50)	6 (75)	3(37.5)	2 (25)	4 (50)	19 (47.5)
7	IUD	2 (25)	2 (25)	0	1(12.5)	1(12.5)	6 (15)
8	LS	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)
9	Oral Pills	4 (50)	5(62.5)	6 (75)	2 (25)	5 (62.5)	22 (55)
10	Others Contraceptive Methods	0	0	0	0	0	0
11	Total Assessed	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)

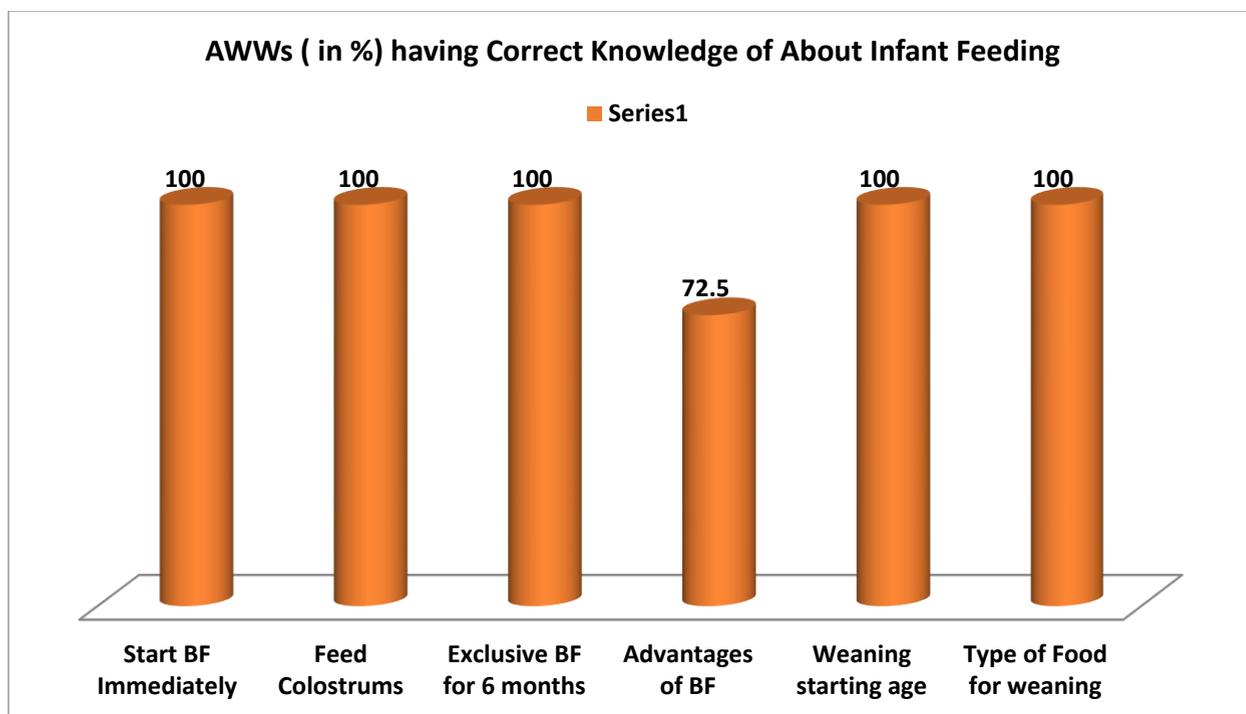
\*multiple response

**Table 2:**  
**Knowledge of AWWs: About Care of Pregnant Women**

S. No.	*Questions	Jaipur N (%)	Alwar N (%)	Dausa N (%)	Sikar N (%)	Jhunjhunu N (%)	Total N (%)
1	Registration at AWC as soon as pregnancy is detected	8 (100)	8 (100)	8 (100)	8(100)	8 (100)	40 (100)
2	Get at least 4 antenatal check up	8 (100)	6 (75)	6 (75)	5(62.5)	8 (100)	29(70.25)
3	Take tetanus toxoid immunization	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)
4	Take 100 or more IFA tablets	6 (75)	6 (75)	6 (75)	8 (100)	8 (100)	34 (85)
5	Must take supplementary/more nutrition	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)
6	Take more food/more than one time	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)
7	Rest at least 2 hours on left side during day and rest 8 hours at night	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)
8	Do not lift heavy weight	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)
9	<b>Total Assessed N (%)</b>	8 (100)	8 (100)	8 (100)	8 (100)	8 (100)	40 (100)

\*multiple response





The study revealed that 80% AWWs had knowledge about referral services. Besides knowing about referral services only 30% of ANM reported reference received from AWWs. The similar finding also found in SEDEM (2005)<sup>6</sup> in which 48.8% AWWs referred cases to ANMs. Similar observations were made by Gupta. B. et al (2001)<sup>10</sup> who

### Conclusion

In the present study it was found that the knowledge about ANC, PNC, infant feeding and weaning was excellent in all of surveyed AWWs except about minimum number of ANC visit and IFA tablets to be given to a pregnant women but about KMC in PNC and about proper advantages of breast feeding it was observed 10% to 72.5%. Likewise various methods of contraception were well known to all surveyed AWWs but preference of motivation depends upon type of contraceptive method. All AWWs had attitude to motivate for laparoscopic surgery but not for other method of contraceptives. More than 3/4 of surveyed AWWs in this

found that in majority of states less attention was given on referral services. In contrast to this study N.C. Dash (2006)<sup>3</sup> reported good reference of mothers and children. This difference may be because of more regular visit of ANM at AWCs.

study had the knowledge about referral services for children as well as for women.

### List of abbreviations

**ICDS:** Integrated Child Development Service  
**AWW:** Anganwadi Worker  
**AWC:** Anganwadi Centre  
**PSE:** Pre-school education  
**HNE:** Nutrition and Health Education  
**SN:** Supplementary nutrition  
**KMC:** Kangaroo Mother Care  
**ANC:** Antenatal Care/case  
**PNC:** Post-natal Care/case  
**LS:** Laparoscopic Sterilization  
**IUD:** Intra-uterine Device

**References**

1. National Institute of Public Cooperation and Child Development (NIPCCD), Regional Centre Lucknow, Kursi Road, P.O. Gudemba, Lucknow-226007, Uttar Pradesh, Lucknow: 2004, 165 P.
2. File://G:/ICDSArticles/ICDS Service. htm
3. Dash, NC: Impact Assessment/Evaluation of ICDS Programme in the State of Orissa. Centre for Rural Development, Institute of Media studies, OCHC complex, 1<sup>st</sup> Floor, Janpath, Kharvel Nagar, Bhubaneshwar, Orissa. Bhubaneshwar: 2006.170P.
4. Indian Institute of Health Management Research: Baseline Survey for World Bank Assisted ICDS-III project in Rajasthan. Indian Institute of Health Management Researchs, Prabhu Dayal Marg, Sanganer Airport, Jaipur (Raj): 2000.100 P.
5. Sen, Jhuthika: Report on Survey and evaluation of the Adolescent Girls Scheme. Voluntary Health Association (VHA), B-40, Qutab Institutional Area, Behind Qutab Hotel New Delhi: 2004, 77p.
6. Society of Economics Developments and Environmental Management (SEDEM): New Delhi: 2005, Quick review of the working of ICDS programme in Rajasthan.
7. Socio-Economic and Educational Development Society: Evaluation of Integrated Child Development Services Volume A: Haryana. SEEDS, RZF-754/29 Rajnagar-II, New Delhi; 2005. 47 P.
8. National Institute of Public Cooperation and Child Development, an Appraisal. Three decades of ICDS. New Delhi: 2006. 319P.
9. Balsekar, Ameya: George, Thomas, Ashish: Puett, Chloe: Dhingra, Preeti: A case study of the ICDS programme in Trivandrum District, Kerala. 2005.57P.
10. Gupta, B, Devender: Gumber, Anil: Concurrent Evaluation of ICDS: National Report (Volume-1) National Council of Applied Economic Research (NCAER), Parisial Bhawan, 11, Indraprastha estate, New Delhi: 2006.319P.