P-ISSN: 2618-0723 E-ISSN: 2618-0731



NAAS Rating: 5.04 www.extensionjournal.com

### **International Journal of Agriculture Extension and Social Development**

Volume 7; Issue 2; Feb 2024; Page No. 158-160

Received: 09-11-2023 Indexed Journal
Accepted: 12-12-2023 Peer Reviewed Journal

# Assessment of knowledge of Anganwadi workers about immunization and health services provided by ICDS in Imphal East, Manipur

#### <sup>1</sup>Dolica Brahmacharimayum and <sup>2</sup>Puspita Das

\*1Student of Master Research, Department of Extension Education and Communication Management, College of Community Science, CAU, Tura, Meghalaya, India

<sup>2</sup>Professor and Head, Department of Extension Education and Communication Management, College of Community Science, Tura, CAU, Meghalaya, India

**DOI:** https://doi.org/10.33545/26180723.2024.v7.i2c.319

Corresponding Author: Dolica Brahmacharimayum

#### Abstract

The ICDS program is designed for the vulnerable section of the society like women and children it is important not only from health point of view but also from the point of socio economic as well as for a better future generation. The Anganwadi workers act as a bridge between the community and the ICDS. Keeping this in view this paper attempts to explore the socio economic characteristics and the knowledge of AWWs regarding the different aspects of health services provided by ICDS. For these purpose 150 respondents from Imphal East, Manipur were selected randomly and interviewed with a structured schedule. The data were analysed using appropriate statistical methods. The finding of the study revealed that almost all of the respondents had medium level of knowledge on the type of immunization to given to children under 6 years and more than half of the respondents had medium level of knowledge regarding the beneficiaries of referral services. Further age and working experience had a negative and significant correlation with the knowledge regarding different aspects of health services provided by ICDS while education had a positive and significant correlation. Thus, the present study strongly felt the need of improving the quality of awareness among Anganwadi workers about different aspects of health services provided by ICDS programs. Hence regular training camps should be organized for AWWs to increase their knowledge.

Keywords: ICDS, Anganwadi workers, immunization, knowledge

#### Introduction

The Government of India is tackling a number of significant health concerns, some of which are related to low birth weight, high child morbidity and death, and inadequate nutrition for mothers. High rates of illness and inadequate feeding practices for infants and young children are the direct causes of malnutrition in the first two years of life. So, in October 1975, the integrated child development system (ICDS) was launched, about 45 years ago, in response to the obvious issues of on-going hunger and malnutrition, particularly among children under the age of six. ICDS offers a package of health, nutrition and education services to the children below 6 years, pregnant and nursing mothers

The Anganwadi worker (AWW) is the community based frontline worker of the ICDS programme. She is chosen from the community and plays a crucial role because she is in constant communication with the beneficiaries. Her performance at Anganwadi centres is significantly influenced by her educational background and nutritional awareness. Since, they are the focal point for delivery of ICDS services to the children and mother. And also being the functional unit of ICDS that works with many beneficiary groups, it must perform a variety of duties. Coordination with community, beneficiaries and assistants is another crucial aspect of their day-to-day work. It is

evident that the Anganwadi staff may have encountered a wide range of issues while carrying out different sorts of tasks. With this in mind, the purpose of this study was to determine the Anganwadi workers level of awareness regarding the health and nutritional services of ICDS programs.

#### **Objectives**

- 1. To study the socio demographic profile of Anganwadi workers.
- To assess the knowledge of Anganwadi workers regarding the different aspects of health services provided by ICDS programs.

#### Methodology

The present study was carried out in Imphal East, Manipur where a total of 150 Anganwadi workers were selected randomly. The socioeconomic profile and knowledge of Anganwadi workers was assessed by interviewing Anganwadi workers with the help of structured interview schedule and informal discussion. Primary data was collected from the Anganwadi workers with the help of structured interview schedule. The data were analysed using statistical methods including percentage, frequency, mean score, Standard Deviation and Spearman's Rank Correlation Coefficient.

www.extensionjournal.com 158

#### **Results and Discussion**

#### 1. Socio-demographic characteristics of Anganwadi workers

Table 1: Distribution of respondents based on the socio-economic characteristics

n=150

Sl. No.	Variables	Categories	Frequency (f)	Percentage (%)
1.	Age	28-41	51	34.00
		42-55	75	50.00
		56-69	24	16.00
2.	Education	Secondary school passed	8	5.33
		Higher Secondary passed	42	28.00
		Graduate	97	64.67
		Post-Graduate	3	2.00
3.	Experience (Years)	1- 9	44	29.33
		10-18	83	55.34
		19-27	23	15.33

The data in Table 1 revealed that half of the respondents belonged to the age group 42-55 years. Further more than half of the respondents (64.67%) were graduates and also more than half of the respondents (55.34%) had experience between 10-18 years.

## 2. Knowledge of AWWs regarding different aspects of health services provided

**Table 2:** Distribution of respondents based on the knowledge on types of immunization to be given to children under 6 years

n=150

Immunization	Frequency (f)	Percentage (%)	
OPV	114	76.00	
Pentavalent	13	8.67	
Measeals	63	42.00	
Tetanus	80	53.33	
DPT	53	35.33	

<sup>\*</sup>multiple response

The data in Table 2 summarize the types of immunization that is to be given to children under 6 years. It was revealed that majority of the respondents (76.00%) had knowledge on OPV while 53.33 per cent had knowledge on tetanus, 35.33 per cent on DPT, 42 per cent on Measeals and the remaining 8.67 per cent had knowledge on Pentavalent vaccination. Similar, study by Baliga and Walvekar (2017) [1].

**Table 3:** Distribution of respondents based on knowledge on the beneficiaries of referral services

n=150

			11-150
Sl.	Beneficiaries of	Frequency	Percentage
no.	referral services	( <b>f</b> )	(%)
1.	No response	22	14.67
2.	Incorrect (women and child)	99	66.00
3.	Sick child	11	7.33
4.	Malnourished child	10	6.67
5.	At risk pregnancy	8	5.33

The data in Table 3 revealed that 14.67 per cent did not respond on the beneficiaries of referral services. Among those who responded, 66.00 per cent gave incorrect response regarding beneficiaries of referral services and the remaining 7.33 per cent, 6.67 per cent and 5.33 per cent gave correct response as sick child, malnourished child and

at risk pregnancy as beneficiaries of referral services respectively.

#### 3. Overall knowledge level

**Table 4:** Distribution of respondents based on the knowledge level of type of immunization to given to children under 6 years

n=150

Sl. No.	Level	Frequency (f)	Percentage (%)
1.	Low (<1.18)	2	1.33
2.	Medium (1.18-3.12)	135	90.00
3.	High (>3.12)	13	8.67
	Total	150	100

The data in Table 4 revealed that 90.00 percent of the respondents have medium level of knowledge on the type of immunization to given to children under 6 years.

**Table 5:** Distribution of respondents based on the knowledge level on beneficiaries of referral services

n=150

Sl. No.	Level	Frequency (f)	Percentage (%)
1.	Low (<0.21)	46	30.67
2.	Medium (0.21-2.24)	83	55.33
3.	High (>2.24)	21	14.00
	Total	150	100

The data in table 5 revealed that more than half (55.33%) of the respondents had medium level of knowledge regarding the beneficiaries of referral services.

**Table 6:** Factors affecting knowledge of the respondents regarding different aspects of health services provided by ICDS

Sl. No.	Independent variable	r value	p value
1.	Age	-0.179	< 0.01
2.	Experience (in years)	-0.266	< 0.01
3.	Education	0.339	< 0.01

The data in Table 6 revealed that age and working experience had a negative and significant correlation (<0.01) with the knowledge regarding different aspects of health services provided by ICDS while education had a positive and significant correlation (<0.01).

www.extensionjournal.com 159

#### Conclusion

The Anganwadi workers act as a bridge between the community and the ICDS. The study revealed that half of the respondents belonged to the age group 42-55 years, more than half of the respondents were graduates and had experience between 10-18 years. Further it was revealed that almost all of the respondents had medium level of knowledge on the type of immunization to given to children under 6 years and more than half of the respondents had medium level of knowledge regarding the beneficiaries of referral services. Further it was revealed that age and working experience had a negative and significant correlation with the knowledge regarding different aspects of health services provided by ICDS while education had a positive and significant correlation. Thus, the present study strongly felt the need of improving the quality of knowledge and awareness among Anganwadi workers about different aspects of health services provided by ICDS programs. Hence regular training camps should be organized for AWWs to increase their knowledge regarding different aspects especially growth monitoring and supplementary nutrition.

#### References

- Baliga SSB, Walvekar PR. A study on knowledge of anganwadi workers about integrated child development services at three urban health centers. Int J Community Med Public Health. 2017;4(9):3283-3287.
- 2. Deena JRJ, Sivanesan R. A Study on the Problems Involved in Anganwadi Centers. Think India Journal. 2019;22(19):294-303.
- 3. Kular SS. A Study on Anganwadi Workers in Rural ICDS Blocks of Punjab. International Journal of Humanities and Social Science Invention. 2014;3(9):1-4.
- 4. Meenal TM, Kuril BM, Doibale MK, Naveen GK. Knowledge of Anganwadi Workers and their Problems in An Urban ICDS Block. Journal of Medical College, Chandigar. 2011;1(1):15-19.
- 5. Tiruchirappalli LG, Kashyap A, Shanlax. Problems and Prospects of implementing ICDS in the states of Tamil Nadu and Assam. International Journal of Economics. 2016;4(8):52-63
- 6. Tyagi AR, Pradhan S. Assessment of Beneficiary response about immunization and health services provided at Anganwadi centres of Jabalpur District. Natl. J Community med. 2015;6(4):536-540.

www.extensionjournal.com