

# Level of awareness among aganwadi workers regarding nutrition and health care

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■ **ABSTRACT :** The word Aganwadi means “courtyard shelter” in Hindi. These centers were started by the Indian government in 1975 as part of the Integrated Child Development Services programme to combat child hunger and malnutrition. Aganwadi are India’s primary tool against the scourges of child malnourishment, infant mortality and curbing preventable diseases such as polio. As the Aganwadi worker is the key person in the programme, her level of awareness regarding this project will definitely help in better outcomes, and development of the villages. Therefore, present study was under taken to find out the level of awareness of Aganwadi workers and it’s relation to their back ground characteristics. For this purpose a total number of 120 AWWs was selected randomly from two blocks of district Faizabad they were interviewed with the help of self prepared interview schedule. Out of total AWWs maximum 64.2 per cent belonged to 36-50 years age group. Awareness regarding nutrition and health care maximum (97.5%) of AWWs were having complete knowledge about food item for a new born babies and followed by right age to introduce semi solid food (94.2%) result indicates that in all categories AWWs of 36-50 years age group had better knowledge, the awareness of AWWs was different, they were not equally aware. The positive correlation ship was found between the level of awareness and the educational status of AWWs. Thus it can be said that education helps in boots up the level of awareness.

■ **KEY WORDS:** Awareness, Nutrition, Health care, Aganwadi workers

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India is a country suffering from overpopulation, malnourishment, poverty and high infant mortality rates. In order to counter the health and mortality issues gripping the country there is a need for a high number of medical and healthcare experts. Unfortunately India is suffering from a shortage of skilled professionals. The integrated child development service is the best expression of our commitment for children, pregnant

and nourishing mothers. It is today’s largest and unique and integrated programme of the world for early child development, covering intervention for health nutritional well being, psychological and cognitive development. The services of ICDS project are provided through Anganwadi centre. Aganwadi are India’s primary tool against the scourges of child malnourishment, infant mortality and curbing preventable diseases such as polio.

While infant mortality has declined in recent years. It is estimated that about 47 per cent of children aged 0–3 are under-nourished as per international standards. Therefore through the Anganwadi system the country is trying to meet its goal of enhanced health facilities that are affordable and accessible by using local population. Anganwadi centres provide supplementary nutrition, non-formal pre- school education, nutrition and health education, immunization, health check-up and referral services of which later three services are provided in convergence with public health systems.

Best *et al.* (1992) observed that Anganwadi workers regarding knowledge about nutritive value of common foods, dietary beliefs during antenatal period, lactation and during a few common diseases. The study revealed that all the workers were aware of the fact that during pregnancy, mothers require extra calories in order to meet the demands of foetus.

According to UNDP (2008) Integrated Child Development Service (ICDS) scheme is presently the only major national programme in the country which focuses on the nutrition needs of under six children, adolescent girls, pregnant and lactating women through Anganwadi Workers (AWW). She has to ensure key child services like supplementary nutrition, micro-nutrient supplementation, immunization, periodic health check-ups and referral. Being a signatory of the Millennium Declaration of the UN Millennium Summit, India had to halve childhood malnutrition by year 2015.

In the present study, an attempt has been made to understand the level of awareness among Anganwadi

workers regarding nutrition and health care and its relationship with personal variables.

### Objective of the study:

- To assess the level of awareness of Anganwadi workers in the area related to. Nutrition and Health Care.
- To find out relationship between personal variables and the level of awareness.

Multi stage random technique was used for the collection of data. In first stage out of the ten blocks of district Faizabad, two blocks namely Milkipur and Amaniganj were randomly selected, then a list of Anganwadi workers was prepared from this 60 Anganwadi workers were selected from each block. Thus, total 120 AWWs were selected randomly. A self prepared interview schedule was used to collect the data. Percentage, Mean Score, and correlation coefficient was used to analyze the data.

Table 1 depicts that most of the AWWs 64.2 per cent were from the age group 36-50 yrs. maximum (97.5%) were having complete knowledge about food items for a new born baby followed by right age to introduce semi solid food (93.3%), regular check-up in pregnancy (75.0%), maintenance of nutrition health card (57.5%), when do nutrition and health day celebrated (53.3%), when do child health nutrition month celebrated (38.3%), role of anganwadi to control iodine deficiency(37.5%), main causes of malnutrition(26.7%) but a very least knowledge about health check-up in 3-6 month (24.2%).

**Table 1 : Percentage distribution of the Anganwadi worker's according to their level of awareness regarding nutrition and health care across age and educational qualification**

Sr. No.	Level of awareness	18-35 years N-24 (%)	36-50 years N -77 (%)	50 years and Above N -19 (%)	Total N-120 (%)	High- school N-31 (%)	Intermediate N-32 (%)	Graduate N 36 (%)	Post- graduate N -21 (%)	Total N-120 (%)
1.	Celebration of child health day	CK	11 (45.83)	30 (38.96)	5 (26.32)	46 (38.3)	8 (25.80)	10 (31.25)	19 (42.3)	46 (38.3)
		PK	-	1 (1.29)	1 (5.2)	2 (1.7)	1 (.8)	-	-	2 (1.7)
		NK	13 (54.16)	46 (65.32)	13 (68.42)	72 (60.0)	22 (70.96)	22 (68.75)	17 (47.92)	11 (52.38)
2.	Food items for a new born baby	CK	24 (100)	75 (97.40)	18 (94.73)	117 (97.5)	30 (96.77)	32 (100)	36 (97.2)	117 (97.5)
		PK	-	-	-	-	-	-	-	-
		NK	-	2 (2.59)	1 (5.26)	3 (2.5)	1 (3.22)	-	-	2 (9.52)

Table 1 contd...

Contd... Table 1

3.	Celebration of nutrition and health day	CK	10 (41.66)	46 (65.33)	8 (42.10)	64 (53.3)	16 (51.6)	14 (43.75)	19 (51.3)	15 (71.42)	64 (53.3)	
		PK	-	-	-	-	-	-	-	-	-	-
		NK	14 (58.33)	31 (44.02)	11 (57.89)	56 (46.7)	15 (48.38)	18 (56.25)	17 (45.9)	6 (28.52)	56 (46.7)	
4.	Right age to introduce semi solid food	CK	24 (100)	73 (94.80)	16 (84.21)	113 (94.2)	28 (90.32)	31 (96.87)	35 (94.5)	19 (90.47)	113 (94.2)	
		PK	-	3 (5.89)	-	3 (2.5)	-	1 (3.1)	-	2 (9.52)	3 (2.5)	
		NK	-	1 (1.29)	3 (15.78)	4 (3.3)	3 (9.66)	-	1 (2.7)	-	4 (3.3)	
5.	Causes of malnutrition	CK	6 (24.6)	22 (28.57)	4 (21.05)	32 (26.7)	8 (25.80)	6 (18.75)	13 (35.1)	5 (23.80)	32 (26.7)	
		PK	15 (62.5)	39 (50.64)	9 (47.36)	63 (52.5)	15 (48.3)	20 (62.5)	16 (43.2)	12 (56.14)	63 (52.5)	
		NK	3 (12.3)	16 (20.77)	6 (31.57)	25 (20.8)	8 (25.8)	6 (18.75)	7 (18.9)	4 (19.04)	25 (20.8)	
6.	Regular check-up in pregnancy	CK	19 (79.16)	57 (74.02)	14 (73.68)	90 (75.0)	25 (80.6)	23 (71.87)	30 (81)	12 (57.14)	90 (75.0)	
		PK	2 (8.2)	3 (3.89)	2 (10.52)	7 (5.8)	1 (3.22)	-	2 (5.4)	4 (19.04)	7 (5.8)	
		NK	3 (12.5)	17 (22.07)	3 (15.98)	23 (19.2)	5 (16.1)	9 (28.12)	4 (16.8)	5 (23.80)	23 (19.2)	
7.	Role of Aganwadi to control iodine deficiency	CK	12 (49.2)	27 (35.06)	6 (31.57)	45 (37.5)	13 (41.9)	9 (28.12)	15 (40.5)	8 (38.09)	45 (37.5)	
		PK	1 (4.1)	4 (5.19)	1 (5.2)	6 (5.0)	2 (6.44)	1 (3.1)	3 (8.1)	-	6 (5.0)	
		NK	11 (45.1)	46 (59.76)	12 (63.15)	69 (57.5)	16 (61.61)	22 (68.75)	18 (48.6)	13 (61.9)	69 (57.5)	
8.	Maintenance of nutrition health card	CK	16 (66.6)	43 (55.34)	10 (52.63)	69 (57.5)	11 (35.48)	21 (65.6)	26 (70.2)	11 (52.38)	69 (57.5)	
		PK	-	2 (2.59)	-	2 (2.59)	-	1 (3.1)	-	1 (4.17)	2 (1.7)	
		NK	8 (33.3)	32 (41.55)	9 (47.36)	49 (40.8)	20 (64.5)	10 (31.35)	10 (27)	9 (42.85)	49 (40.8)	
9.	Health check-up in 3-6 month	CK	11 (45.81)	17 (22.27)	1 (5.26)	29 (24.1)	4 (12.9)	9 (28.12)	12 (32.4)	4 (19.04)	29 (24.2)	
		PK	9 (36.9)	37 (48.05)	10 (52.63)	56 (46.6)	15 (48.3)	14 (43.75)	15 (40.5)	12 (52.14)	36 (46.7)	
		NK	4 (16.6)	27 (35.06)	8 (42.1)	39 (38.9)	12 (38.9)	9 (28.12)	9 (24.3)	5 (23.80)	35 (29.2)	

Table 2 : Correlation co-efficient of independent variables (age and education) with the level of awareness of AWWs in nutrition and health care area

Sr. No.	Awareness	Age	Education
1.	Awareness related to Nutrition and Health	0.2163*	0.2012*

**Conclusion :**

In most of the areas AWWs who belong to the age group 36-50 and those who were Graduate were having the better awareness level in comparison to others. It can be concluded that Aganwadi workers had good

awareness level the in some areas but their level of awareness in other areas like nutrition month celebrated, role of Aganwadi to control iodine deficiency, main causes of malnutrition, health check-up in 3-6 month .is not very satisfactory. To enhance the level of awareness

among AWWs government should organize the regular training camps, workshop and seminars Nair *et al.* (2009).

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