

# IMPACT OF ASSESSMENT OF NUTRITION KNOWLEDGE AMONG ICDS WORKERS IN SIVAGANGAI DISTRICT

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## Abstract

Most of the studies have been concentrated on the Nutritional and health status of the beneficiaries of ICDS less focus has been shifted over to assess the knowledge and awareness among Anganwadi worker regarding recommended ICDS programme, who are actually the main resource person. A cross-Sectional study was undertaken among 1500 Anganwadi worker in health centres in 12 blocks Sivagangai District. For Anganwadi workers knowledge assessment a scoring system was developed. (Alim 2012) The knowledge assessment score form each Anganwadi worker was calculated based on the response to a questionnaire containing 90 questions. First, Focused block kallar to conduct the pilot study. So the study was undertaken to assess the knowledge of Anganwadi workers in Kallar block in Sivagangai District.

**Keywords:** Anganwadi workers, Nutrition, Knowledge.

## INTRODUCTION

The Anganwadi workers is the community based voluntary front line worker of the ICDS programme selected from the community she assumes a pivoted role due to her close and continuous contact with the beneficiaries, Her educational level related to her performance in Anganwadi centres. The output of ICDS scheme to a great extent depends on the profile of the key functionary that experience, skills, attitude, training etc (Bhasin, 2001). In rural areas ICDS workers is where people get together to discuss, meet and socialize. A network of Anganwadi centre (AWC) literally it is a courtyard play centre, provides integrated services comprising supplementary nutrition, breast feeding, immunization, health check-up, reference services, pre-school education & health, nutrition education. (Barooh, 2020)

Through government is spending lot of money on ICDS programme, impact is very poor most of the study concentrated on the nutritional health status of the beneficiaries of ICDS. Less focus has been shifted over to assess the knowledge and awareness among Anganwadi workers regarding recommended ICDS programmes (Saibaba , 2002).

According to the World Health Organization malnutrition is by the biggest contributor to child mortality and is more common in India and in other developing countries. Malnutrition limits the development and the capacity to learn. Nandi Foundation study based on survey of the highest and weight for more than one lakh children in six states in India has found that as many 42% of under five are severally or moderately underweight and 59% of them suffer from moderate to severe standing 2013.

## OBJECTIVES

1. To study socio-economic profile of the ICDS work.
  - a) To study the different age variations of the respondent.
  - b) To focus the educational qualification of the respondent.
2. To identify categories present in Anganwadi centres.
3. To study the instruments handling knowledge about ICDS workers.
4. To study the knowledge related on nutritional programme of ICDS workers.
5. To focus the immunization and health check-up related knowledge of ICDS workers.
6. To study the Breast Feeding knowledge of ICDS workers.
7. To Assessment the nutritional knowledge about ICDS workers.

## METHODOLOGY

### 1. Selection of Sample and Size:

A size of ICDS workers reported at the ICDS workers training centres was procured at the time of study were randomly selected. A noted no of 100 ICDS workers were selected for the study with equal representation from kallal block in Sivagangai District.

### 2. Selection of Area:

Six Panchayat in Sivagangai District was Chosen for the study and as to convenience of the researcher are the Panchayats names, Natarajapuram, Alangudi, Aranmanipatti, Pannangudi, Muthupatti, Pillar, Sengani, T. Puthur, Thambipatti.

### 3. Study Tools:

Questionnaire : An interview schedule was formulated by the researcher to collect sure as with socio-economic & demographic profile, the knowledge about the various ICDS services like breast feeding, health education, immunization, Supplementary nutrition, growth monitoring and Nutritional programmes.

### 4. Analysis of Data:

The raw data obtained was coded classified and tabulated and subsequent analysis conducted using SPSS software. Descriptive statistics such as frequency, percentage and standard deviation will be used for analysing social-economic profile & nutritional knowledge assessment practice.

## RESULT AND DISCUSSION

### I. Socio – Economic profile of ICDS workers:

	Variations	Classification	Percentage
Socio – Economic profile of respondent	Age	30-35 Years	22%
		35-40 Years	35%
		40-45 Years	30%
		45 & above Years	13%
	Education Qualification	9 <sup>th</sup> standard	3%
		10 <sup>th</sup> standard	46%
		12 standard	45%
		UG	7%

Data concluded that 22% ICDS workers had 30-35 years, 35% had 35-40 years, there are 30% respondent had the age group of 40-43 years and only 13% respondent had 45 & above the age group. The result demonstrated and 46% of ICDS workers had attained 9<sup>th</sup> standard and 10<sup>th</sup> standard nearly 45% ICDS workers attained 12<sup>th</sup> standard and only 7% ICDS workers studied undergraduate. Kuppuswamy's socio-economic status revised scale was used to classify economic status of the participants. (Gupta., 2008).

## II. Instruments handling knowledge of ICDS worker

Category	Percentage
<b>First aid box / Medicine kit</b>	
Yes	96 %
No	4%
<b>Baby Weighting Scale</b>	
Yes	100%
No	-
<b>Adult Weighting Scale</b>	
Yes	83%
No	17%
<b>Stadiometer</b>	
Yes	89%
No	11%
<b>Indoor Playing equipment in Anganwadi centre</b>	
Yes	88%
No	12%

There are 96% respondents are used first aid box and medicine kit and only 4% respondents were not used kit. There are 100% respondents use baby weighting scale in the Anganwadi centres, 83% respondents knowing the weighting scale usage and 17% respondents didn't knowing the knowledge 89% respondents knowing the stadiometer usage but 11% respondents did not have the knowledge 88% Anganwadi centres have indoor playing equipment and 12% Anganwadi workers did not have the adequate knowledge.

## III. Knowledge on nutritional programme

ICDS Nutritional programme	Percentage
Poshan Abiyan	75%
Kishorisharakthi Yojana	20%
Noon Meal Programme	5%

The data concluded 75% ICDS respondents knowing nutritional programme related knowledge. The only aware 20% respondents knowing the kishorishakthi Yojana Programme, but only 5% ICPS working knowing the knowledge of noon meal programme.

#### IV. Immunization & Health check-up knowledge on ICDS workers

TT-1, TT-2, TT booster vaccine	Percentage
Infants	21%
Pregnant Women	79%
<b>BCG, Pentavalent, ralevinues, measles / MR dose</b>	
Infants	90%
Pregnant Women	6%
Not sure	4%
<b>DPT booster 2 is given for the children</b>	
5-6 Years	63%
8-10 Years	13%
Not sure	25%

(Supriya, 2012)

The data showed like that are 21% respondents answering infants vaccine TT1, TT2, TT booster and 79% respondents answering the pregnant women vaccinated TT1, TT-2, TT. The BCG, Pentavalent, rolavinues, measles/MR doses are vaccinated in 90% infants. 6% pregnant women but not surely 4% present.

The DPT booster 2 given the children (ie) 62% vaccinated 5-6, 13% vaccinated 8-10 years & not surely on 25% of children are answering ICDS workers.

#### V. Breast Feeding related Knowledge on ICDS Workers

Time of initiation of breast feeding	Percentage
As early as possible.	70%
Giver latter	20%
Not sure	10%
<b>Colostrum is given to the baby</b>	
Yes	80 %
No	12%
Not sure	8%
<b>Colostrum is secreted for how many days after delivery</b>	
1-3 days	60 %
7-10 days	17%
Not sure	3%
<b>Age up to the child should be breast feed exclusively</b>	
3 months	55%
6 months	25%
Not sure	20%

The data concluded is awareness about breast feeding is time o initiation of breast feeding of as yearly as possible knowledge on respondent like 70%, given leter us 20% not sure knowledge is only 10% percents present.

Colostrums are given to the baby answering of respondent like 62% but not answered merely is 20% present.

Colostrums secreted answered is 1-3 day like 60%, 17%, respondent answered 7-10 days and not sure is answered 3%.

Breast feeding is given by the baby there are answered 55%, 25% respondents answer 6 months breast feeding is important and 20% respondents answered not sure.

## VI. Assessment of nutritional knowledge on ICDS worker

<b>Vitamin D helps in the absorption of</b> 1. Calcium 2. Phosphorous 3. Both a & b	<b>Percentage</b> 72% 20% 8%
<b>Vitamin C help in the absorption of</b> 1. Iron 2. Calcium 3. None of the above	80% 10% -
<b>Deficiency of which vitamin caused bleeding gums, loosening of teeth.</b> 1. Vitamin D 2. Vitamin K 3. Vitamin C	65% 35% 5%
<b>Ragi is very good source of</b> 1. Calcium 2. Ft 3. Vitamin C	72% 18% 10%
<b>Egg white is rich in Carbohydrates</b> 1. Minerals 2. Proteins	10% 90%

(Singh, 2012)

The table indicates the 72% respondents answered Vitamin D helps in the absorption of Calcium, 20% respondents answered phosphorous and 8% respondents answered as b.

80% respondents answered the Vitamin C helps in the absorption body, there are 10% respondents answer of calcium.

65% respondents answered vitamin D deficiency causes bleeding gums, loosening of teeth respondents, 35% respondents answered vitamin K and 5% respondents answered vitamin C causes bleeding gums, loosening of teeth.

Ragi is very good source 72% respondents answered correct and 18 % respondents answered 18% respondents answered fat but only 10% respondents answered 10%.

Egg white is rich in protein there 90% respondents answered and only 10% respondents answered minerals.

## CONCLUSION

In Kallal block the age group 40-45 years, they are studied 10<sup>th</sup> standard. Their nutritional knowledge is moderate. Well and good trained nutritional course provided, there are also improve the nutritional knowledge. Knowledge assessment score went on increasing as the experience in years was increasing, this review reveals that knowledge of Anganwadi worker (ICDS) worker regarding nutrition range from poor to excellent on different aspects. The quality of knowledge was on of the neglected features among ICDS workers. ICDS workers are the key person who will promote the good practice of services related to ICDS to enhance the health and nutritional status among mothers and children hence they should be equipped with better knowledge through regular and quality training programme.

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