

## NUTRITIONAL AWARENESS PREVAILING AMONG ANGANWADI WORKERS

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### ABSTRACT

*Nutritional awareness is the most powerful determinant of performance, followed by guidance from the supervisors or health functionaries and education level of anganwadi worker. The key objective of the present study is to assessment of nutritional awareness among anganwadi workers. The sample of the present study comprises two hundred anganwadi workers selected by simple random sampling method belonging to Palanpur taluka of Banaskantha district. The personal and socio-economic characteristics viz age, education, type of family, family size, family annual income, were studied as independent variables. Nutritional awareness of anganwadi workers was studied as dependent variables. Questionnaire was filled up by personal interview. The data were analyzed by descriptive statistics method using SPSS software. Results from this study revealed as far as education level is concerned, all the anganawadi workers were literate and it is interesting to note that almost forty four percent of them were highly qualified i.e., graduate or post graduate. More than half (59.50%) anganwadi workers had high level of nutritional awareness. It clearly shows that anganwadi workers possess good nutritional awareness. These results are in line of results presented by other researchers also. Education of the anganwadi workers showed highly significant positive correlation with their nutritional awareness.*

**Keywords :** *nutritional awareness, icds, anganwadi workers, anganwadi centres*

### INTRODUCTION

Nutritional awareness is the most powerful determinant of performance (Bhimani et al., 2020; Vinaya et al., 2020), followed by guidance from the supervisors or health functionaries and education level of anganwadi workers (Gujral *et al.*, 1992). Nutritional awareness of the anganwadi workers strengthen their skills and raise their capabilities to identify the children earliest moving towards malnutrition with the help of regular growth monitoring so as to take appropriate and early corrective action for further departure from good health. Nutritional awareness also helps workers as a teaching tool for empowering the mothers for preventive actions and better nutrition care of their children.

Since the success rate of this nationwide integrated programme also depends upon the fact as to how we are preparing our anganwadi workers to combat with the problem of malnutrition, it becomes really important to upgrade anganwadi workers with quality training and advanced nutrition knowledge as nutrition knowledge was the most powerful determinant of performance (Gujral et al., 1992).

There were number of the researches carried out on the nutritional status of the beneficiaries of ICDS, evaluation

of nutrition and health services provided by anganwadi centres but very less focus has been shifted to assess the nutritional awareness of the anganwadi workers who are actually the main resource person of the programme and whose nutritional awareness and skills do have a direct impact on the child health and implementation of the programme. For the better outcome of ICDS project it is expected that at least the anganwadi workers must have an adequate nutritional awareness.

Banaskantha district has been identified as a backward district of Gujarat. Malnutrition among children is still a major problem in this area. It is understood that good nutritional and health care facilities can be availed by the children if anganwadi workers possesses good nutritional awareness. So, it was found necessary to collect the information about prevailing basic nutritional awareness among anganwadi workers of Palanpur taluka of Banaskantha district. Hence the present investigation has been an attempt to assess the nutritional awareness among anganwadi workers of Palanpur taluka, of Banaskantha district.

### OBJECTIVE

To assess nutritional awareness prevailing among anganwadi workers of palanpur taluka

**METHODOLOGY**

For the study purpose, Palanpur taluka, Banaskantha district was selected. Total 420 anganwadi centres were working in Palanpur taluka. Out of which two hundred anganwadi workers were selected as respondents by the simple random sampling method for this study. The personal and socio-economic characteristics were studied as independent variables. Nutritional awareness of anganwadi

workers was studied as dependent variable. Personal and socioeconomic characteristics recorded by interviewing the individual respondent personally. Researcher prepared nutritional awareness test was used for testing the nutritional awareness of anganwadi workers. Questionnaire was filled up by personal interview. The data were analyzed by descriptive statistics method using different statistics tools i.e., frequency, percentage, correlation co-efficient using SPSS software.

**RESULTS AND DISCUSSION**

**Table 1: Personal and socio-economic variables of anganwadi workers**

(n = 200)

Sr. No.	Personal and socio-economic variables	f	%	
1	Age	20 to 30 years	27	13.50
		31 to 40 years	52	26.00
		41 to 50 years	61	30.50
		51 to 58 years	60	30.00
2	Education level	Secondary	78	39.00
		Higher Secondary	33	16.50
		Graduate	40	20.00
		Post-Graduate	49	24.50
3	Religion	Hindu	188	94.00
		Muslim	12	06.00
4	Caste	General	39	19.50
		OBC	86	43.00
		SC	72	36.00
		ST	03	01.50
5	Family type	Nuclear	109	54.50
		Joint	91	45.50
6	Family size	Small family (up to 4 members)	84	42.00
		Medium family (5-8 members)	104	52.00
		Large family (above 8 members)	12	06.00
7	Family income	Medium level	177	88.50
		High level	23	11.50
8	Housing condition	Kaccha house	31	15.50
		Pakka house	169	84.50

As shown in Table 1. about one third (30.50%) of the workers were in the age group of 41 to 50 years and 30.00 per cent workers were in the age group of 51 to 60 years, whereas 26.00 per cent workers were in age group of 31 to 40 years and 13.50 per cent belonged to 20 to 30 years age group. As far as education level is concerned, all the anganwadi workers were literate and it is interesting to note that almost forty four percent of them were highly qualified i.e., graduate or post graduate. Most of the (88.50%) of the anganwadi workers had medium level of annual income

while only 11.05 per cent anganwadi workers had high level of annual income. Most (84.50%) of the anganwadi workers were living in good housing condition in pakka house. Some studies were conducted on tribal farm women of nearby Sabarkantha district and researchers observed lower socio-economic conditions i.e., low income, large family size and poor education level of the study women while in this study researcher found better socio-economic condition of the respondents. (Dave and Mistry (2017), Dave and Chaudhary (2019)<sup>a</sup> Dave and Chaudhary (2019)<sup>b</sup>).

The similar study conducted by Sharma (2014) revealed that anganwadi workers had the highest knowledge about nutrition for vulnerable groups (48.40%) followed by basic nutrition (46.23%) and then growth monitoring (43.00%). However, anganwadi workers have average knowledge of all three aspects of nutrition.

Similar, findings concluded by Thakare *et al.*, (2011) that majority (77.14%) of the anganwadi workers had best knowledge about the component of nutrition and health education while 29.46 per cent workers had least knowledge about supplementary nutrition in Chandigarh.

(n= 200)

**Table 2 : Assessment of knowledge regarding basic nutrients**

Sr. No.	Statements	Correct Answers	
		f	%
1	What is nutrition	151	75.50
2	What is nutrient	110	55.00
3	What is balance diet	138	69.00
4	Nutrients are known as a micronutrient	77	38.50
5	Nutrients are known as a macronutrient	193	96.50
6	Nutrients are required in small amount in our body	119	59.50
7	Nutrients are required in higher amount in our body	109	54.50
8	Body building nutrient	97	48.50
9	Full form of B.M.I.	71	35.50
10	Full form of O.R.S.	54	27.00
11	Full form of E.C.C.E.	72	36.00
12	Fat soluble vitamins are.	155	77.50
13	Water soluble vitamins are.	51	25.50
14	Timing of exclusive breast feeding	112	56.00
15	Correct time of weaning food	178	89.00
16	First yellow coloured milk secreted just after delivery containing higher amount of nutrients is called...	174	87.00
17	Nutrient is required for sufficient production of the breast milk in lactating mothers	133	66.50
18	Nutrients tablets given to the adolescent girls for anemia prevention on Mamata Taruni Divas	125	62.50
19	Nutrient tablets are given with O.R.S. liquid for controlling the diarrhea in child	149	74.50
20	Nutrient tablet given to the pregnant women at anganwadi centres	177	88.50

From above table it is revealed that majority of workers had good knowledge about micronutrient sources such as vitamin C, vitamin D, iron and iodine. They were also aware about protein and fat sources which are given to the child as a supplementary nutrition.

Dogra and Shashi (2012) conducted a study in Jammu state, India and reported that there were 55.00 per cent anganwadi workers were actually aware about nutritional services provided at anganwadi centres and they were able to explain it but none of them was familiar with the energy and protein requirement of the targeted age group.

(n= 200)

**Table 3. Assessment of awareness regarding sources of nutrients**

Sr. No.	Statements	Correct Answers	
		f	%
1	Rich source of protein	116	58.00
2	Rich source of fat	138	69.00
3	Rich source of energy	116	58.00
4	Rich source of vitamins	131	65.50
5	Rich source of Vitamin C	177	88.50
6	Rich source of Iron	160	80.50
7	Rich source of fiber	83	41.50

Sr. No.	Statements	Correct Answers	
		f	%
8	Rich source of vitamin A	125	62.50
9	Rich source of calcium	105	52.50
10	Food known as complete food	95	47.50
11	Nutrient is obtained from sunlight	161	80.50
12	Nutrients fortified in "SATVA MITHU (salt)"	159	79.50
13	Nutrient is present in drumstick leaves (added in food preparation in anganwadi centres)	175	87.50
14	Major nutrients present in wheat and gram dal powder given to the severely malnourished child as a supplementary food	174	87.00
15	Vitamin enhances the immune system in our body	88	44.00
16	Nutrient lost if the fruits are kept for long time period	76	38.00

**Table 4 : Level of nutritional awareness prevailing among anganwadi workers (n = 200)**

Sr. No.	Level of nutritional awareness	Frequency	Percent
1	Low level of knowledge (below 19 score)	27	13.50
2	Medium level of knowledge (19-21 score)	54	27.00
3	High level of knowledge (above 21 score)	119	59.50

It reveals from Table 4 that more than half (59.50%) anganwadi workers had high level of nutritional awareness, others (27.00%) had medium level of nutritional awareness and only few (13.50%) had low level of nutritional awareness. It clearly shows that anganwadi workers possess good nutritional awareness. These results are in line of results presented by other researchers also.

A cross Sectional study of profile, knowledge and problems of anganwadi workers in ICDS Blocks, Aurangabad district was conducted by Patil and Doibale (2013) and concluded that (70.00%) workers had best knowledge about the component of nutrition and health education while (31.90%) of the workers had least knowledge about supplementary nutrition. Eighty per cent anganwadi workers had a knowledge assessment score of above 50 per cent as per the questionnaire provided.

Kamala (1989) evaluated nutritional knowledge of the anganwadi workers of Tirupati urban ICDS project and revealed that more than half (63.00%) of the anganwadi workers had below the average level of nutritional knowledge and the rest (37.00%) of the workers had an average level of nutritional knowledge. The anganwadi workers had fairly good knowledge on nutritive value of food, child feeding, sanitation and nutrition during pregnancy and lactation. The anganwadi workers had low knowledge regarding cooking methods, preservation of foods, breast feeding, nutritional deficiencies diseases and supplementary feedings.

**Table 5 : Correlation between the independent variables with nutritional awareness of anganwadi workers (n=200)**

Sr. No.	Independent variables	Coefficient correlation 'r' value
X <sub>1</sub>	Age	-0.142*
X <sub>2</sub>	Caste	0.051
X <sub>3</sub>	Religion	0.118
X <sub>4</sub>	Family type	0.025
X <sub>5</sub>	Family size	-0.053
X <sub>6</sub>	Housing condition	0.043
X <sub>7</sub>	Education	0.294**
X <sub>8</sub>	Annual income	-0.007

\*\* Correlation is significant at the 0.01 level,  
\*Significant at the 0.05 level (2-tailed), NS = Not Significant.

The results from Table \5 indicates that education of the anganwadi workers showed highly significant positive correlation with their nutritional awareness. Age of anganwadi workers showed significant negative correlation with nutritional awareness. Socioeconomic characteristics viz., family size, family type, annual income of family, caste, religion and housing condition did not show any significant correlation with nutritional awareness of anganwadi workers.

Joshi *at al.*, (2018) concluded that awareness and practice of anganwadi workers related to the various services under IMNCI were inadequate, and it is also statistically associated with the educational qualification of the workers. Educational status plays a key role for the knowledge and performance of the workers. Thus, it is recommended that the level of education should be given a prime importance during the recruitment of anganwadi workers.

Prasanti (2013) conducted a study in Sundargarh district of Odisha and reported that Moreover, Graduated women were much more aware about various ICDS scheme

compared to the 10<sup>th</sup> and 12<sup>th</sup> qualified workers. Thus, it also suggested that education was positively associated with the correct knowledge score about ICDS scheme among anganwadi workers.

Thakare *et al.*, (2011) concluded that awareness about ICDS services increases with the increased level of education of anganwadi workers.

## CONCLUSION

It is concluded from the study that as far as education level is concerned, all the anganwadi workers were literate and it is interesting to note that almost forty four percent of them were highly qualified i.e., graduate or post graduate. Most of the (88.50%) of the anganwadi workers had medium level of annual income while only 11.05 per cent anganwadi workers had high level of annual income. More than half (59.50%) anganwadi workers had high level of nutritional awareness, others (27.00 %) had medium level of nutritional awareness and only few (13.50 %) had low level of nutritional awareness. It clearly shows that anganwadi workers possess good nutritional awareness. These results are in line of results presented by other researchers also. Education of the anganwadi workers showed highly significant positive correlation with their nutritional awareness while age showed significant negative correlation with nutritional awareness of anganwadi workers.

## POLICY IMPLICATION

The level of education should be given a prime importance during the recruitment of anganwadi workers.

## CONFLICT OF INTEREST

No conflict of interest among researchers.

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