

Evaluation of Knowledge and Attitude Towards Breast Feeding and Growth Monitoring Practices Among Anganwadi Workers in Rural Field Practice Area.



Medical Science

KEYWORDS : ICDS, Anganwadi workers, educational intervention

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ABSTRACT

Today Integrated Child Development Services (ICDS) represents one of the world's largest programmes for early childhood development. The main objective of this programme is to cater to the needs of the development of children in the age group 0-6 years. The Anganwadi worker is the community based front line voluntary worker of the ICDS programme.

Objectives:

- 1) To assess the knowledge and attitude about the aspects of breast feeding and growth monitoring practices.
- 2) To find the gap in the knowledge and fill it by educational intervention.

Materials and methods:

This is an educational interventional study conducted in rural field practice area of tertiary care hospital in Mumbai. A predesigned proforma was used to obtain the information about breast feeding and growth monitoring practices after obtaining consent to participate in the study. After obtaining the data, it was tabulated in Microsoft excel. Scoring was done to assess the knowledge. Later, education was given regarding breast feeding and growth monitoring issues to them, and post test was conducted using the same proforma, then tabulated and analysed.

Results:

68 Anganwadi workers participated in our study with the majority in the 31-40 years of age. 58.82% were educated up to 10th standard and 52 (76.47%) workers were trained with 41 (60.29%) had an experience < 10 years. Pre-test score was good (18-25) in 3 participants. The score was good in 17 participants after education intervention. The change in knowledge was found to be statistically highly significant ($p = 0.000$).

Conclusion:

The study shows that education intervention improves the knowledge of AWW who are the key persons to promote good practices in her area and hence their knowledge should be upgraded with regular training programme.

INTRODUCTION:

ICDS programme is a globally recognized community based early child care programme. It was initiated in Oct. 1975 in India in a response to the challenge of breaking a vicious cycle of malnutrition, impaired development, morbidity and mortality in young children etc. and working in convergence with other programme such as NRHM, Sarva Shiksha Abhiyan and others.

Anganwadi worker is the basic functionaries' at the most peripheral level catering 1000 population in rural areas and 750 populations in tribal areas. The key functions of Anganwadi centers are to provide supplementary nutrition to the children below 6 years of age and nursing and pregnant mothers from below poverty line families; immunization of all children less than 5 years of age and immunization against tetanus for all expectant mothers; provide nutrition and health education to all women in the age group 15-45 years. In addition to this also provide non-formal pre-school education to children in the age group 3-5 years.

Anganwadi workers are the key player to enhance health and nutritional status of women and children at the grass root level, but recent studies shows that they are less capable of providing recommended Maternal and Child (MCH) services to the deprived group of population (Davey and Dutta, 2004; Thakare et al 2011). Though government is spending lot of money on ICDS programme, impact is very ineffective. Less focus has been shifted over to assess the knowledge and awareness among AWW regarding recommended ICDS programme, who are actually the main resource person.

The present study aims at giving education to AWW regarding the growth monitoring of children and breast feeding practices. It will study the basic socio-demographic profile of AWW, assess their knowledge regarding growth monitoring and breast feeding practices.

MATERIALS AND METHODS:

This is an educational intervention study conducted in the field practice area of Rural Health Training Centre attached to the teaching hospital and medical college. After obtaining the approval from institutional ethics committee, this study was conducted on 68 Anganwadi workers which were under the field practice area, to assess the knowledge and attitude about breast feeding and growth monitoring practices among them.

A predesigned proforma was used to assess the knowledge after obtaining consent to participate in the study. This proforma consisted of 18 questions which are closed ended type of questionnaire covering the topic of breast feeding and growth monitoring practices. After obtaining the data, it is tabulated in the Microsoft excel. Scoring was done to quantify the knowledge and classified as excellent (>25), good (18-25), fair (15-18), poor (10-15) and very poor (<10).

Later, educational intervention was given to them using flip-charts and blackboard regarding the facts of breast feeding and growth monitoring and post test was conducted using the same proforma immediately after intervention then tabulated and analysed using spss 20.0 version.

RESULTS:

68 Anganwadi workers were participated in our study. Study findings throw light on various socio-demographic factors and knowledge of Anganwadi workers about their practices.

Table 1 depicts the socio-demographic profile of Anganwadi workers in which maximum (36.8%) were in the age group of 31-40 years. 58.82% AWW were studied up to matriculation and only 8.82% were graduate. Maximum (54.4%) were working for 10 years and 76.5% had done training (before placement and periodic training).

Fig 1 illustrates that pretest score was good (18-25) in 9 participants and it was good in 33 participants after the intervention similarly it was excellent (>25) in 10 study subjects. The change in knowledge was found to be statistically highly significant ($p < 0.0001$).

Table 2 shows that the post-test show an increase in knowledge (average rank of 0.0 Vs average rank of 31.0). Observed difference between both the test is found to be significant ($p = 0.000$). Thus we might assume that regular training can cause significant increase in knowledge scores.

DISCUSSION:

Anganwadi workers are the key functionaries for effective implementation of Integrated Child Development Services Schemes (ICDS) in India. They are formally trained for the non-formal, pre-school education of children between 3 and 6 years of age, primary health care and first-aid to children under 6 years, health education to pregnant and lactating mothers, supplementary feeding of children of ages 0-6 years, referral services for severely malnourished children and assisting health staff in immunization⁽¹⁻³⁾.

Socio-demographic profile shows that 36.8% AWWs were in the age group of 31-40 years. 58.82% of them were studied upto matriculation level, 54.4% had 10 years of working experience. An evaluation report on ICDS project (1976-1978) observed that 82% of Anganwadi workers belonged to age group 18-25 years⁽⁴⁾. A report published by National Institute of Public co-operation and Child development (NIPCCD) in 2005 observed that 30% Anganwadi workers were of 25-35 years of age. 43.2% Anganwadi workers were matriculate, 62% of them had work experience over 10 years⁽⁵⁾.

In the present study only 13.23% of them had good score in the pretest. Similar study was conducted by Dorle et al⁽⁶⁾ among Anganwadi workers observed that 15% of them had good score. After education intervention 48.53% of them had good score. Hence reinforcement of regular training to them would help to bring acceptable changes in community.

In a study conducted by Satpathy⁽⁷⁾ among Anganwadi workers, 20% had very high score, 74% had Average score and remaining 6% had a very low score in the pretest, however in our study 13.24% had good score, 23.53% had fair score, 33.82% had poor score and 29.41% had very poor score, which got change to 48.53% after education intervention which was found to be statistically highly significant ($p < 0.0001$).

CONCLUSION:

Though breast feeding practices are universal, early weaning and faulty feeding practices are the important cause of malnutrition and infection in young children's. Anganwadi workers are the key persons who can change the practices in community and raise awareness about breast feeding and growth monitoring. Hence they should be trained with adequate and timely knowledge by regular training programmes.

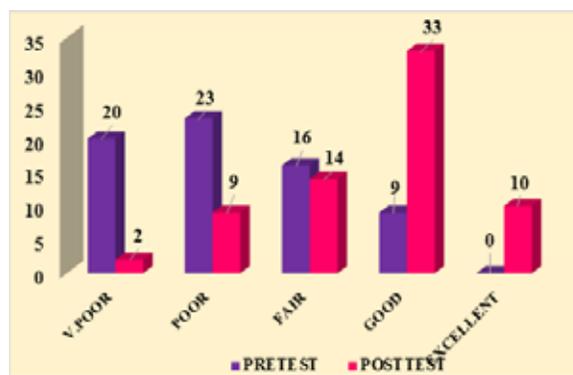
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Table 1: Socio-demographic profile of Anganwadi workers

Character		Number	Percentage
Age (in Yrs)	21-30	10	14.7%
	31-40	25	36.8%
	41-50	18	26.5%
	>50	15	22.1%
Educational status	Upto 10std	30	19.12%
	10 std	23	58.82%
	12 std	9	13.24%
	graduate	6	8.82%
Training status	Yes	52	76.5%
	No	16	23.5%
Work experience (in Yrs)	Upto 10 Yrs	37	54.4%
	10-20 Yrs	9	13.2%
	>20 Yrs	22	32.4%

Fig 1: Knowledge about breast feeding and growth monitoring practices after educational intervention.



Chi sq= 44.7 d.f.= 4 p = <0.0001

Table 2: Comparison of knowledge of AWW before and after educational intervention

POSTTOTAL - PRETOTAL	N	Mean Rank	Sum of Ranks	Test Statistics
Negative Ranks	0	0.00	0.00	Z= -6.974 p= 0.000
Positive Ranks	61	31.00	1891.00	
Ties	7			
Total	68			

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