

# **Assess the Knowledge and Factors Influencing Utilization of Services Provided By Anganwadi Workers among Mothers Attending the Selected Anganwadies**

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**ABSTRACT:** Children are the first call on agenda of human resource development and foundation for lifelong learning and human development is laid in these crucial early years. It is now globally acknowledgement is a prerequisite for economic development of any nation.The Anganwadi Services Scheme is a unique programme for early childhood care and development. It offers a package of six services, viz. Supplementary Nutrition, Pre-School Non-Formal Education, Nutrition and Health Education, Immunization, Health Check-Up and Referral Services.

A cross-sectional study was conducted to assess the knowledge of mothers and factors influencing on non-utilization of anganwadi services at Sangli-Miraj-Kupwad corporation area.A structured questionnaire of 15 items and one checklist was administered to collect data. R value of both tools was greater than 0.7 so both tools was reliable. A pilot study was conducted on 14th August of 2019 in Anganwadi no.57 at bethelhemIngar, Miraj.10% of total samples that is 15 samples were selected by using probability cluster random sampling technique. The results shows that 87% mothers having average knowledge and 13% mother having good knowledge about anganwadi services.For the final study total 140 samples were selected by probability cluster random sampling method. It was found that 5(3.6%) mothers have poor knowledge score,69(49.3%) mothers have average knowledge and6( 47.1%) mothers have good knowledge about Anganwadi services. Many factors also influenced on non utilization of Anganwadi services i.e. household convenience related factors (37%), accessibility of services related factors (52.85%),quality and preference related factors (63.57%)and informative and awareness related factors(50%).There is significant association between Age and Monthly family income.The present study is aimed at assess the knowledge and factors influencing for utilization of anganwadi services. The conceptual framework selected for this study is the health promotion model Nola J Pender. It base in the social learning theory of Albert Bandura, which postulates the importance of cognitive processes in the changing of behavior. Fishbein's theory of reasoned action, which asserts that behavior is a function of personal attitudes and social norms, is also important to the model's development.

**Keywords-** Assess, Knowledge, Factors, Influencing

## **INTRODUCTION**

Children are the first call on agenda of human resource development and foundation for lifelong learning and human development is laid in these crucial early years. It is now globally acknowledgement is a prerequisite for economic development of any nation.The Anganwadi Services Scheme is a unique programme for early childhood care and development. It offers a package of six services, viz. Supplementary Nutrition, Pre-School Non-Formal Education, Nutrition and Health Education, Immunization, Health Check-Up and Referral Services. The beneficiaries under the Scheme are children in the age group of 0-6 years, pregnant women and lactating mothers. The central government dedicates to the nation a unique program for children of India on the birthday of mahatma Gandhi.2<sup>nd</sup> October 1975 the Integrated Child Development Service (ICDS) was started. It is one of the solid foundations for the development of nations human recourse by providing an integrated package for women and young children for the 1000population one anganwadi is established.<sup>1</sup>

As per census of India 2011, there are 15,87,89,287 children below 5 years of age. and many of them have inadequate access to health care nutrition, sanitation, child care, early stimulation etc.<sup>2</sup>

ICDS programme is largest national programme of mother and child health development in the world. The beneficiaries include children below 5 years, pregnant, lactating mothers and adolescent girls.<sup>3</sup>

ICDS Programme provides an integrated approach for covering all basic services for improved child care, early stimulation and learning, health and nutrition. Water and environmental sanitation aimed at the young children, expectant and lactating mothers, other women and adolescent girls in community. The objective of ICDS programme are, to improve nutritional status of children of 0-5 years, to reduce the incidents of morbidity, mortality, malnutrition and school dropout, achieve effective co-ordination amongst various departments to promote child development, to lay foundation of proper psychological, physical and social development of child to enhance mothers capability to look after normal health and nutritional needs of the child.<sup>4</sup>

According to a study conducted by Biswas AB et al about awareness of ICDS scheme in West Bengal, 84.2% (5) women were aware about ICDS while another study conducted in rural area of Gulbarga, Karnataka by Madhavi H et al found that about 90.83% (6) of pregnant ladies utilized the ICDS scheme. But very few studies have been carried out in urban slum areas of cities in central India. With this background, a study was conducted to assess and evaluate the awareness about this national scheme in the urban slums along with its utilization in the slum for benefits of women and children.<sup>5</sup>

We have also tried to find reasons for under- utilization or non- utilization of ICDS. Also to find out association between various socio- demographic factors such as socioeconomic status, type of family, literacy etc. and utilization of ICDS scheme.

### **OBJECTIVES OF THE STUDY-**

- 1) To assess the knowledge of mothers regarding services provided by anganwadi workers.
- 2) To assess the factors influencing utilization of services provided by anganwadi workers.
- 3) To find out the association between the knowledge score with demographic variable of mothers attending the anganwadi.

### **2. REVIEW OF LITERATURE**

The Review of literature for present study is organized under the following heading.

#### **Section A: Research Studies related to knowledge on Anganwadi services.**

**Kavita Betageri, Sunita Tata, (2017)**-The effectiveness of structured Teaching Programme on knowledge regarding ICDS programme among mothers of under five children in Karad. The sample size was for this study consisted 60 mothers selected by non probability convenient sampling technique. Structured knowledge questionnaires were used to assess the knowledge of mothers regarding ICDS. The result showed that the mean, standard deviation of the total knowledge scores of mothers regarding ICDS programme revealed that the pre test mean knowledge score and standard deviation of the mothers was 14.3, 1.78, which was increased in post test to 23.3, 2.03. Obtained pre and post test scores paired 't' value is 38.684 and p value is <0.0001 which is considered extremely significant, indicates significant improvement in knowledge of mothers.<sup>6</sup>

#### **Section B: Research studies related to impact of anganwadi services.**

##### **F. Saiyed and S. Seshadri**

The study was carried out in urban Baroda in Gujrat, Impact of the integrated package of nutrition and health services. In the study 610 preschool children (0-36 months) under an urban ICDS block were placed in three categories of service utilization viz. full, partial and none. The impact of the extent of service utilization on nutritional status and morbidity was assessed over a one year period. The findings showed that complete utilization of all services resulted in significant improvement in nutritional status as assessed through anthropometric indices, height/age, weight/height, as percent ZCHS median standard.<sup>7</sup>

#### **Section C: Research Studies related to utilization, perception of anganwadi services.**

**Dr. Hossain, Dr. S.P. Patel, Dr. Monika, Dr. Pooja in 2017**-Utilization and parental Perception towards Anganwadi services in Rural Lucknow the cross sectional study design was used and the sample size was 314 was collected by two-stage random sampling technique. The study found utilization of anganwadi services to be quite low. As compared to preschool education more of the parents perceived supplementary nutrition to be beneficial.

Most of them were not satisfied and on a whole perceived the services to be of poor quality. There should be need of improve the satisfaction level of the end use.<sup>8</sup>

**METHODOLOGY-**

A cross-sectional study was conducted to assess the knowledge of mothers and factors influencing on non-utilization of anganwadi services at Sangli-Miraj-Kupwad corporation area. Total 140 samples were selected by probability cluster random sampling method. A structured questionnaire of 15 items and one checklist was administered to collect data. R value of both tools was greater than 0.7 tools was reliable. The conceptual framework based on Nola J Pender.

**RESULTS AND DISCUSSION-**

**SECTION-I**

**TABLE NO-1**

**Frequency and Percentage Distribution of selected demographic variables.**

SR.NO	VARIABLES	FREQUENCY	PERCENTAGE
1.	<b>AGE(IN YEARS)</b>		
	20-30 years	112	80
	31-40 years	28	20
2.	<b>EDUCATION</b>		
	-Primary and secondary	74	52.9
	-Higher secondary	40	28.6
	-Graduation and above	26	18.6
3.	<b>OCCUPATION</b>		
	-House-wife	124	88.5
	-Self employed	02	1.4
	-Service	14	10
4.	<b>MONTHLY FAMILY INCOME</b>		
	below- Rs 10000/-	33	23.6
	Rs.10001-20000/-	80	57.1
	Rs.20001-30000/-	23	16.4
	Rs30001 and above	04	2.9
5.	<b><u>Do you have information regarding health services provided by AWW</u></b>		
	<b><u>Yes</u></b>	140	
	<b><u>SOURCE OF INFORMATION</u></b>		
	<b>From –AnganwadiSevika</b>	129	92.1
	<b>-ASHA</b>	10	7.1
	<b>- Staff Nurse</b>	1	0.7

**n=140**

**Above table shows that,**

-112(80%)mothers belongs to the age group 20-30yrs.74(52.9%)mothers had primary and secondary education. Maximum 124(88.5%)mothers are house wife. Mostly 33(23.6%)mothers having family monthly income is below10,000/-and 80(57.1%)of family monthly income is 10,001-20000/-.Maximum 129(92.1%)mothers had received information regarding anganwadi services from anganwadi worker and 10(7.1%) mothers received information from ASHA workers and 1(0.7%)mothers from ANM nurse

**SECTION-II**

**TABLE-2**

**Frequency and percentage of mothers response regarding knowledge questionnaire on anganwadi services. n=140**

<b>Sr.no</b>	<b>Question</b>	<b>correct answer</b>	<b>%</b>	<b>incorrect answer</b>	<b>%</b>
1.	Which are the objectives of anganwadi services?	45	32.14	95	67.85
2.	Who is the service provider at anganwadi?	124	88.57	16	11.42
3.	Which is the area where the anganwadi services provided?	74	52.85	66	47.14
4.	Who is the beneficiary of anganwadi services?	34	24.2	106	75.71
5.	What kind of supplementary nutrition is given to 3-6yrs child?	122	86.42	19	13.57
6.	What is the main purpose to admit 3-6yrs children in anganwadi?	69	49.28	71	50.71
7.	Which service is provided by anganwadi worker?	129	92.14	11	7.85
8.	Which type of information is given about vaccine to pregnant women in anganwadi?	111	79.28	29	20.71
9.	Which type of information is given about medicine to pregnant women?	86	61.42	54	38.57
10.	Which service is given to mother immediate after delivery?	99	70.71	41	29.28
11.	Which of the following service is provided to pregnant or lactating mother in emergency?	65	46.42	75	53.57
12.	For which disease the treatment is available at anganwadi?	104	74.28	36	25.71
13.	Which type of health service provided to child less than 3yrs?	106	75.71	34	24.28
14.	Which is the scheme for adolescent girls?	52	37.14	88	62.85
15.	Which of the following service is provided for women who are between the age group of 15-45yrs	67	47.85	73	52.14

**Above table shows,**

Maximum 124(88%) mother knows anganwadisevika was the service provider at anganwadi.106(75%) mothers don't know the beneficiary age group of anganwadi.122(86%)mothers know the supplementary nutrition provide to 3-6 yrs child in anganwadi.71(50%) mother don't know the main purpose of admitting the child at anganwadi.111(79%) mother know the information about vaccine in pregnancy.Mostly104(74%) mothers know the treatment is available in anganwadi for diarrhea.88(62%) mothers don't know the scheme for adolescent girls. 73(53%) mothers don't know the which type of service is provided to women between age group 15-45yrs.

**TABLE NO.3**

**Frequency percentage distribution of mothers as per level knowledge regarding anganwadi services.**

**n=140**

Level of knowledge	Frequency	Percentage
Poor(0-5)	5	3.6
Average(6-10)	69	49.3
Good (11-15)	66	47.1

(0-5)Poor knowledge,(6-10)Average knowledge,(11-15) Good knowledge

- **Table no.3 values shows that,**

5(3.6%) mothers had poor knowledge, 69(49.3%) mothers had average knowledge and 66(47.1%) mothers had good knowledge regarding anganwadi service

**SECTION-III**

**TABLE NO.4**

**Frequency and percentage distribution of utilization of anganwadi services provided by anganwadi worker.**

**n=140**

Sr.no	Services provided by anganwadi worker	Utilization of Services			
		Yes		No	
		Freq.	%	Freq.	%
<b>A.</b>	<b>Services for pregnant women</b>				
.	I got help for early registration of pregnancy from anganwadi worker.	140	100	0	0
	AWW took me for antenatal check up.	116	82.9	24	17.1
	AWW measures my height and weight every 15 days.	107	76.4	33	23.6
	I got education on antenatal diet	136	97.1	4	2.9
	I got supplementary nutrition from anganwadi.	133	95	7	5
	I received information on danger signs of pregnancy .	122	87.1	18	12.9
	I received information regarding referral services.	126	90	14	10
	Anganwadi worker took me to ANC clinic for T.T. immunization	115	82.1	25	17.9
	I got iron, folic acid and calcium tablets from anganwadi.	106	75.7	34	24.3
	I was motivated for institutional delivery from anganwadi worker.	140	100	0	0

	I received cash benefits of Indira Gandhi MatrutvaSahyogYojana scheme through Anganwadi workers.	82	58.6	57	40.7
<b>B.</b>	<b><u>Services for children up to 6 years.</u></b>				
	My child was taken to immunization clinic by anganwadi worker.	130	92.9	10	7.1
	AWW measures my child's height and weight .	140	100	0	0
	AWW assesses the child's development and report me.	131	93.6	9	6.4
	My child gets supplementary nutrition .	135	96.4	5	3.6
	My child gets Vit. A dose every six months in anganwadi.	132	94.3	8	5.7
	My child receive ORS when child having diarrhea from anganwadi.	118	84.3	22	15.7
	AWW gives de-worming medicine every six months in anganwadi.	126	90	14	10
	My child received non-formal education after 3years of age in anganwadi.	140	100	0	0
<b>c.</b>	<b><u>Services for Lactating mother</u></b>				
	I receive assistance for breast feeding by anganwadi worker.	119	85	21	15
	I got health education for complementary feeding after six months of age.	133	95	7	5
	AWW takes me to anganwadi for weight assessment.	116	82.9	24	17.1
	I received supplementary nutrition from anganwadi.	131	93.6	9	6.4
	I get iron, folic acid and calcium tablets	104	74.3	36	25.7
	I get cash benefits under the scheme of Indira Gandhi MatrivaShayogYojana	66	47.1	74	52.9

**Above table shows that,**

**A) Services for Antenatal mothers,**

17.1%anc mothers doesn't utilize anganwadi for antenatal check up 23.6% of Antenatal mother do not check height and weight in anganwadi.2.9% of ANC mother don't take education on antenatal diet in Anganwadi.5% of ANC mother don't take supplementary nutrition from anganwadi.12.9%of ANC have not received information on danger sign of pregnancy.10% of ANC mothers have not received information regardingreferral services from anganwadi worker.17.9% of ANC mother don't take T.T immunization in Anganwadi.24.3% of ANC mother don't take iron, folic acid and calcium tablets from anganwadi.40.7%ANC mothers have not received cash benefit from anganwadi.

**B) Services for children up to 5 years,**

-7.1% of mother don't utilize anganwadi for the immunization of their child.6.4% Anganwadi worker assess the child's development but don't report to mother.3.6% mother don't utilize supplementary nutrition from anganwadi for the child.5.7% mothers don't utilize anganwadi for vit.A dose for the child. 15.7% mothers don't utilize anganwadi for ORS from Anganwadi.10% of mothers don't take deworming medicine from anganwadi.

**C) Services for Lactating mother,**

15% mothers don't receive assistance for breast feeding by anganwadi worker.5% of mothers have not got health education for complimentary feeding .17.1% of mother don't visit anganwadi for weight assessment.6.4%mother don't take supplementary nutrition from anganwadi.25.7% mother don't take iron ,folic acid, calcium tablets from anganwadi.

**SECTION-IV**

**TABLE NO.5**

**Factors influencing on non-utilization of anganwadi services**

**n=140**

Sr.no	Factors	Freq.	Percentage
A)	Household convenience related factors	52	37
B)	Accessibility of services related factors	74	52.85
c)	Quality and preference related factors	89	63.57
D)	Informativeness and awareness related factors	70	50

**TABLE NO .5** shows that many factors are influenced for non utilization of anganwadi services in that Household convenience related factor are (37%) in that reasons are given by mothers like(family not allowed, busy in household work, lack of time etc).

-Accessibility of services related factors are influenced 52.85% in that (there is distance is far away from anganwadi, ir-regular supply ,no availability of vehicle etc. these reasons are included.

-Quality and preference related factors are influenced 63.57% in that lack of quality of services, they use private hospital services, not necessary of anganwadi services etc. these reasons are included.

-informativeness and awareness related factors like lack of detailed information about anganwadi services are 50%.

**SECTION-V**

**TABLE NO-6**

**Association between knowledge score with demographic variables.**

**n=140**

Sr.no	Variables	Fisher's exact test	P value	Remark
1)	<b>Age</b>			
	a)20-30yrs	7.857	0.015	Significant association
	b)31-40yrs			
2)	<b>Education</b>			
	a)Primary and secondary	6.358	0.138	No significant association
	b)Higher secondary			
	c)Graduation and above			
3)	<b>Occupation</b>			
	a)House wife			No significant

	b)Self-employed	<b>8.125</b>	<b>0.25</b>	<b>association</b>
	c)Service			
<b>4)</b>	<b>Monthly family income</b>			
	a)Below Rs.10,000/-	<b>14.385</b>	<b>0.013</b>	<b>Significant association</b>
	b)Rs.10,001-20000/-			
	c)Rs.20,001-30000/-			
	d)30,001 and above			

**TABLE NO. 6**

There is statistically significant association between demographic variable age and income its ‘p’ value is less than 0.05. There is no statistical significant association of the knowledge score with education, occupation and source of information its ‘p’ value is more than 0.05.

**Discussion**

**Frequency and percentage of utilization of anganwadi services provided by anganwadi workers.**

Mostly 116(82.9%) ANC mothers utilize the antenatal check up in anganwadi centre.133(95%)ANC mother receive supplementary nutrition from anganwadi.106(75.7%)ANC mothers receive iron and folic acid and calcium tablets from anganwadi. 130(92.9%) mothers utilize the anganwadi for child’s immunization.135(96.4%) mothers gets supplementary nutrition from anganwadi.118(84.3%)mothers utilize anganwadi for ORS when having diarrhea.140(100%)child received non-formal education after 3years of age.119(85%)received assistance for breast feeding by anganwadi.7(5%) of mothers have not got health education for complimentary feeding.24(17.1%) of mother don’t visit anganwadi for weight assessment.74(52.9%)mothers have not received cash benefit from anganwadi.

Another study done by KartikSudhakarPatil,Meenal et all in Nagpur utilization of services provided under ICDS was around 77.48% in general and only 152977.15%) beneficiaries out of total 197 utilized the available services. Level of utilization was poor ANC and Lactating mothers.11(68.75%)ANC don’t utilize the immunization and health check-up services .10(62.5%)did not take supplementary nutrition and 13(81.25%) did not attend the educational programs .Only 5(38.46%)nursing mothers received supplementary nutrition and health education.<sup>9</sup>

**SECTION-IV**

**Frequency and percentage of Factors influencing on non-utilization of anganwadi services**

-Accessibility of services related factors are influenced 52.85% in that (there is distance is far away from anganwadi, ir-regular supply ,no availability of vehicle etc. these reasons are included. -Quality and preference related factors are influenced 63.57% in that lack of quality of services, they use private hospital services, not necessary of anganwadi services etc. these reasons are included. -informativeness and awareness related factors like lack of detailed information about anganwadi services are 50%.

Another study result found out in study conducted in Udupi district by JawaharPreethy et all where result were different than the current study as 43% stated household work,40%stated longer distance from anganwadi and 13% lacked awreness about the anganwadi services.<sup>10</sup>

Also one another study conducted by Kartik,SudhakarPatil.Meenal et all in Nagpur find out the factors of non utilizedanganwadi services like 24%House hold work,4%Ir-regular supply of supplementary nutrition,28%Lack of Awareness,11%Behaviour of anganwadi worker ,18%said that no need of benefits and 15% mothers gives another reasons for not utilize the anganwadi services.<sup>9</sup>

**SECTION-V**

**Association between knowledge score with demographic variables.**

In the present study there is statistically significant association between demographic variable age and income its ‘p’ value is less than 0.05. There is no statistical significant association of the knowledge score with education, occupation and source of information its ‘p’ value is more than 0.05.

In the another study shows that,

No association between education of women and utilization of ICDS services ( $p>0.05$ ). Similarly no significant association was found between occupation and utilization of ICDS ( $p>0.05$ ). Type of Family too had no significant association with utilization of ICDS services ( $p>0.05$ ). Socio-Economic Status whereas had a highly significant association with the utilization of ICDS services. The families with more Per-Capita Income showed less utilization in compared to families with less PCI. Therefore an inverse relation can be seen between SES and Utilization of ICDS services.

The findings of the present study have been discussed with reference to the objective and assumption. Findings of the study show that mothers having average knowledge about anganwadi services but many different factors are influenced on no utilization of anganwadi services.

## CONCLUSION

Analysis and interpretation was done on 140 mothers, where Frequency and percentage distribution done for demographic variables.

Assessing the knowledge of mothers regarding anganwadi services by questionnaire and utilization of anganwadi services by check list. There are many factors are influenced on non utilization of anganwadi services. Association of demographic variables with knowledge score was done on calculated p value where it resulted that there is association of age and income and no significant association of knowledge score with education, occupation and source of information.

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