International Journal of Trend in Scientific Research and Development (IJTSRD)
Volume 9 Issue 1, Jan-Feb 2025 Available Online: www.ijtsrd.com e-ISSN: 2456 – 6470

An Exploratory Survey on ICDS Knowledge among Anganwadi Workers in Hamirpur District Himachal Pradesh

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ABSTRACT

This exploratory study aimed to assess the knowledge of Anganwadi workers regarding ICDS in Hamirpur District, Himachal Pradesh. A non-probability convenient sampling method was used to select 60 Anganwadi workers. Data was collected using a structured questionnaire. The results showed that the majority of Anganwadi workers had adequate knowledge about nutrition and health education, referral services, and non-formal preschool education. However, they had moderate knowledge about immunization, growth monitoring, and supplementary nutrition.

Objectives

1. To Assess the level of knowledge regarding the Integrated Child Development Scheme (ICDS) among Anganwadi workers.
2. To Examine the relationship between ICDS knowledge scores and selected demographic variables among Anganwadi workers.

Introduction:

The Integrated Child Development Scheme (ICDS) was launched in 1975 with the objective of improving the nutritional and health status of vulnerable groups, including children, pregnant women, and nursing mothers. Anganwadi workers are the frontline functionaries responsible for implementing ICDS at the village level. They provide a range of services, including supplementary nutrition, immunization, health check-ups, and preschool education.

Methodology

This exploratory study employed a non-experimental descriptive research design. The study was conducted in Anganwadi centers in Hamirpur District, Himachal Pradesh. A non-probability convenient sampling method was used to select 60 Anganwadi workers. Data was collected using a structured questionnaire to assess their knowledge on various aspects of ICDS.

Results

The results showed that:

- Majority of the Anganwadi workers (56.67%) had adequate knowledge about nutrition and health education.
- 43.34% had moderate knowledge about immunization programs.
- Most workers (70%) had adequate knowledge about referral services.
- 58.34% had moderate knowledge about supplementary nutrition.
- 66.64% had adequate knowledge about non-formal preschool education.

Discussion

The findings of this study highlight the need for capacity building and training programs for Anganwadi workers to enhance their knowledge and skills. The study also suggests that Anganwadi workers require ongoing support and supervision to ensure effective implementation of ICDS.

Conclusion

This exploratory study concludes that Anganwadi workers in Hamirpur District, Himachal Pradesh have varying levels of knowledge about different aspects of ICDS. The study highlights the need for targeted interventions to enhance the knowledge and skills of Anganwadi workers.

How to cite this paper: Deepika | Dr. Khemchand "An Exploratory Survey on ICDS Knowledge among Anganwadi Workers in Hamirpur District Himachal Pradesh" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-9 | Issue-1, February 2025, pp.925-937, URL: www.ijtsrd.com/papers/ijtsrd75124.pdf

IJTSRD75124

Recommendations

Based on the findings of this study, the following recommendations are made:

1. Conduct regular training and capacity-building programs for Anganwadi workers in Hamirpur District.
2. Provide ongoing support and supervision to Anganwadi workers.
3. Develop targeted interventions to enhance the knowledge and skills of Anganwadi workers.
4. Conduct further research to explore the factors influencing the knowledge and skills of Anganwadi workers in Hamirpur District.

INTRODUCTION

The Integrated Child Development Services (ICDS) Scheme was launched by the Government of India on October 2, 1975, to combat high infant and child mortality rates. India, classified under the South East Asian Region (SEAR D), faces significant health and nutrition inequalities, with mortality rates for children under five years old at 74 per 1000 live births [1].

Objectives of ICDS:

- Improve nutritional and health status of children aged 0-6 years
- Enhance psychological, physical, and social development
- Reduce mortality, morbidity, malnutrition, and school dropout rates
- Promote child development through effective policy coordination

Services Provided by Anganwadi Centers:

- Nutrition and Health Education: Educating women on health, nutrition, and development needs
- Immunization: Protecting children from vaccine-preventable diseases
- Referral Services: Referring children and mothers to medical facilities as needed
- Growth Monitoring: Tracking children's weight and growth development
- Supplementary Nutrition: Providing additional nutrition to children, pregnant women, and nursing mothers
- Non-Formal Pre-School Education: Offering early childhood education and development activities

The ICDS Scheme operates through a network of Anganwadi Centers, with Anganwadi workers providing essential services to children, pregnant women, and nursing mothers.

Need for the Study

Children are the future of society, and their well-being is crucial for national development. Unfortunately, Indian children face numerous challenges, including high infant and under-five mortality rates, malnutrition, and inadequate access to healthcare and education.

Alarming Statistics:- Infant mortality rate: 50- Under-five mortality rate: 93- 25% of newborns are underweight- Only 1 in 3 children is exclusively breastfed for 6 months- 1 in 2 children under 5 suffers from moderate or severe malnutrition- Only 1 in 3 children receives a full course of DPT vaccinations- Only 1 in 5 children is protected against vitamin A deficiency- Approximately 60 million children in India are underweight

Consequences of Under Nutrition:

Persistent undernutrition has severe consequences on health, education, and productivity, hindering human development and economic growth, particularly among the poor and vulnerable.

Justification for the Study:

Given the alarming statistics and the critical need to address the health, nutrition, and educational challenges faced by Indian children, this study aims to explore the knowledge and practices of Anganwadi workers in promoting child development and addressing malnutrition.

Operational Definitions

1. Knowledge: Verbal responses of Anganwadi workers on ICDS services.
2. Integrated Child Development Scheme (ICDS): A government program providing services to children, pregnant women, and lactating mothers.
3. Anganwadi Workers: Trained women working in Anganwadi centers.
4. Anganwadi Centers: Rural childcare centers providing ICDS services.

Assumptions

- Younger Anganwadi workers may have less knowledge than older workers.
- Higher-educated workers may have more knowledge than less-educated workers.
- Experienced workers may have more knowledge than less-experienced workers.
- Anganwadi workers may have varying knowledge on ICDS.

Hypothesis

H1: There is a significant association between knowledge level and demographic variables.

Delimitations

- Study limited to Hamirpur District, Himachal Pradesh.
- Only Anganwadi workers willing to participate were included.
- Data collection period was one month.
- Only workers who can read and write Hindi were included.

Research Approach and Design

This exploratory study employed a descriptive survey approach to investigate the knowledge of Anganwadi workers regarding Integrated Child Development Scheme (ICDS) in Hamirpur District, Himachal Pradesh. A non-experimental descriptive research design was used.

Variables

1. Dependent Variable: Knowledge of Anganwadi workers regarding ICDS.
2. Extraneous Variables: Age, Marital status, Education, Religion, Type of family, Work experience, Area of living, Monthly income, and Source of information.

Setting

The study was conducted in Anganwadi centers in Hamirpur District, Himachal Pradesh.

Population and Sample

The population consisted of Anganwadi workers in Hamirpur District. A convenience sample of 60 Anganwadi workers was selected.

Sampling Technique

Non-probability convenience sampling technique was used.

Tool Development

A structured knowledge questionnaire was developed and validated to assess the knowledge of Anganwadi workers regarding ICDS services.

Scoring Key

Each correct answer was awarded 1 score, and incorrect answers were awarded 0. The total score was 60.

Content Validity and Reliability

Content validity was established through expert opinions. Reliability was established using the split-half method.

Pilot Study

A pilot study was conducted among 6 Anganwadi workers to test the feasibility and practicability of the study.

Data Collection

Data was collected using the structured knowledge questionnaire. Informed consent was obtained from participants.

Data Analysis

Descriptive and inferential statistics were used to analyze the data.

Ethical Considerations

Formal permission was obtained from the concerned authorities, and confidentiality was assured to participants.

DATA ANALYSIS AND INTERPRETATION

This chapter presents the analysis and interpretation of data collected from Anganwadi workers in Hamirpur District, Himachal Pradesh. The data analysis aims to summarize and organize the collected data to answer the research questions and test the hypothesis formulated for the study. The results will provide insights into the level of knowledge regarding Integrated Child Development Scheme (ICDS) among Anganwadi workers.

SECTION:-A

SOCIO- DEMOGRAPHIC VARIABLES OF ANGANWADI WORKERS

Table (1): Frequency and percentage distribution of Anganwadi workers according to their Age, Marital status, Education, Religion, Type of family, Work experience, Area of living, Monthly income of anganwadi workers and Source of information. **N=60**

S.NO.	DEMOGRAPHIC VARIABLES	FREQUENCY (f)	PERCENTAGE (%)
1.	**Age**		
	a) 18-25	6	10%
	b) 26-35	18	30%
	c) 36-45	25	42%
	d) Above 46	11	18%
2.	**Marital status**		
	a) Single	6	10%
	b) Married	35	59%
	c) Divorce	9	15%
	d) Widow	10	16%

3.	**Educational status** a) Illiterate b) 4-7th c) 8-10th d) 10-12th e) Up to degree	 0 3 20 29 8	 0% 5% 34% 48% 13%
4.	**Religion** a) Hindu b) Muslim c) Sikh d) Christian	 30 8 14 8	 50% 13% 24% 13%
5.	**Type of Family** a) Single b) Joint	 36 24	 60% 40%
6.	**Work experience** a) Up to 5 years b) 6-10 years c) 11-15 years d) Above 16 years	 6 24 15 15	 10% 40% 25% 25%
7.	**Area of living** a) Rural b) Urban	 23 37	 38% 62%
8.	**Monthly income of Anganwadi workers (Rs)** a) Up to 900 b) 901-1800 c) 1801-3000 d) Above 3000	 0 3 39 18	 0% 5% 65% 30%
9.	**Source of information** a) News paper & magazine b) Radio & television c) Internet d) Participated in community programme	 12 26 12 10	 20% 44% 20% 16%

Key Findings

The majority of Anganwadi workers were:

- Aged 36-45 years (42%)
- Married (59%)
- Educated up to 10-12th standard (48%)
- Hindus (50%)
- From single families (60%)
- Had work experience between 6-10 years (40%)
- Lived in urban areas (62%)
- Relied on radio and television as their primary source of information (44%)

Section B

Over all knowledge regarding integrated child development scheme among Anganwadi workers

Table-2 Frequency and percentage distribution of subjects over all knowledge regarding Integrated Child Development Scheme **N=60**

Integrated Child Development Scheme	OVER ALL KNOWLEDGE					
DIMENSIONS	INADEQUATE KNOWLEDGE		MODERATE KNOWLEDGE		ADEQUATE KNOWLEDGE	
	F	%	F	%	F	%
Nutrition and Health education	2	3.33%	24	40%	**34**	**56.67%**
Immunization	3	5%	**26**	**43.34%**	31	15.66%
Referral Services	0	0%	18	30%	**42**	**70%**

Growth monitoring	1	1.66%	**30**	**50%**	29	48.34%
Supplementary nutrition	0	0%	**35**	**58.34%**	25	41.66%
Non Formal preschool education	0	0%	20	33.33%	**40**	**66.64%**

Table (2) Indicate that majority of the subjects 34 (56.67%) had adequate knowledge and 02 (3.33%) had inadequate knowledge about Nutrition & Health education. The majority of the subjects 26 (43.34%) had moderate knowledge and 3 (5%) had inadequate knowledge about Immunization. The majority of the subjects 42 (70%) had adequate knowledge and 0 (0%) had inadequate knowledge about Referral services. The majority of the subjects 30 (50 %) had moderate knowledge and 1(1.66%) had inadequate knowledge about Growth monitoring. The majority of the subjects 35 (58.34%) had moderate knowledge and 0 (0%) had inadequate knowledge about Supplementary nutrition. The majority of the subjects 40 (66.64%) had adequate knowledge and 0 (0%) had inadequate knowledge about Non formal preschool education.

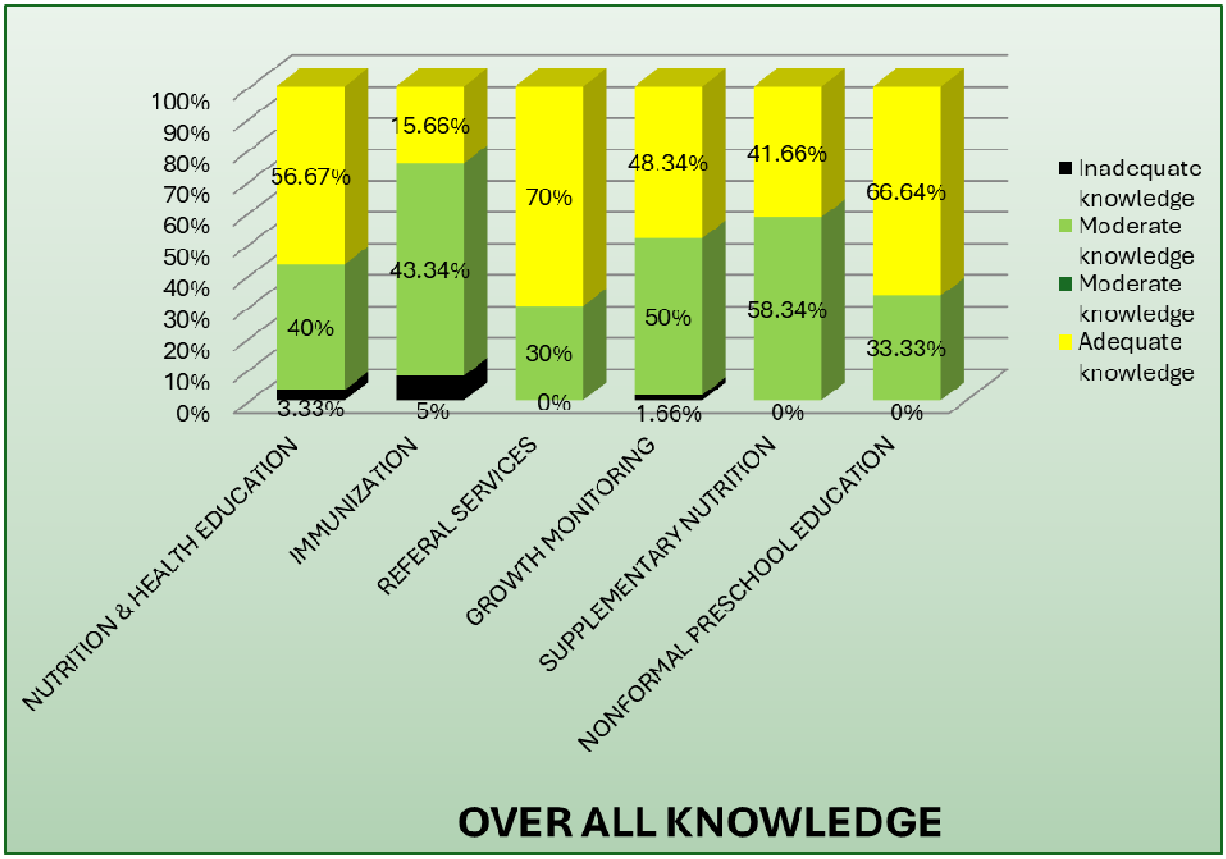
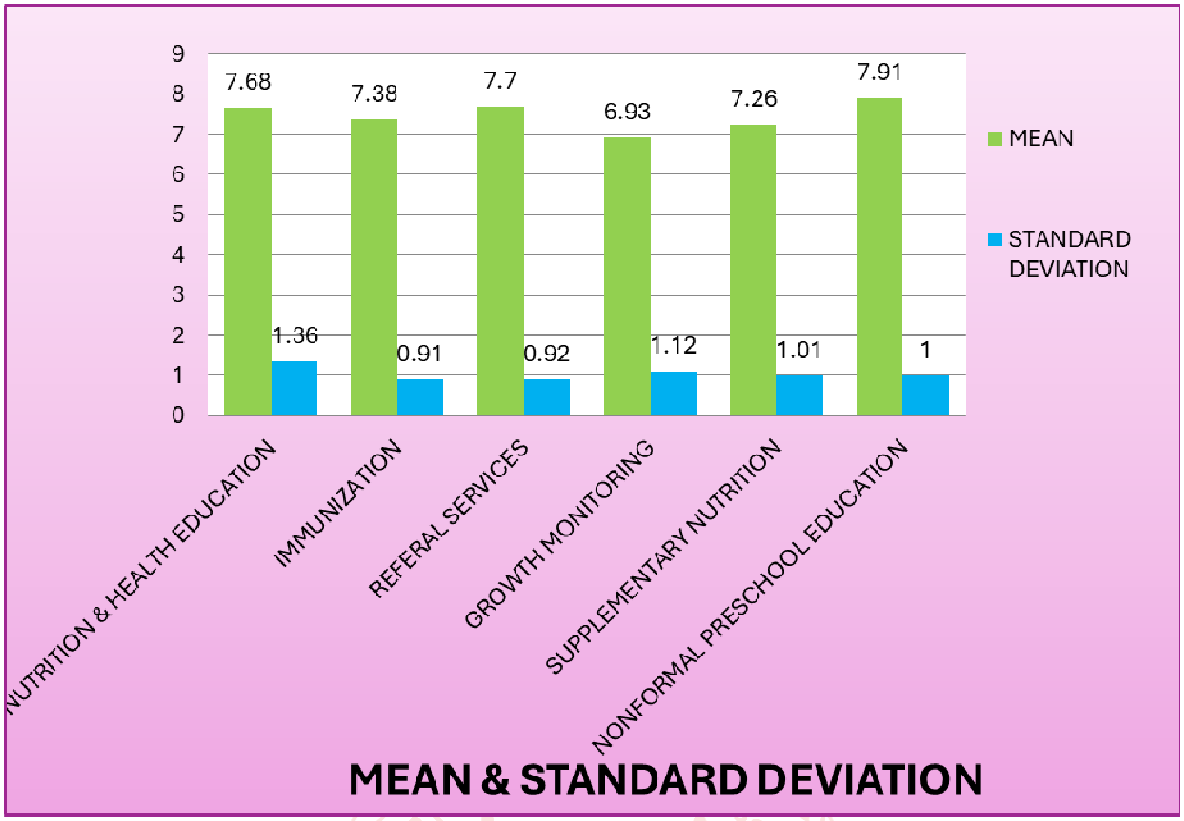


Fig: Frequency and percentage distribution of subjects over all knowledge regarding Integrated Child Development Scheme.

TABLE 3: Mean and standard deviation of knowledge regarding Integrated Child Development scheme **N=60**

S. No.	Level of Knowledge Regarding ICDS	Maximum Score	Mean	Standard Deviation
1.	Nutrition & Health education	10	7.68	1.36
2.	Immunization	10	7.38	0.91
3.	Referral services	10	7.7	0.92
4.	Growth monitoring	10	6.93	1.12
5.	Supplementary nutrition	10	7.26	1.01
6.	Non formal preschool education	10	7.91	1.00



 # Not significant at p <0.05 level

Table (4.1) shows that there was no significant association between the Age, Marital status, Education, Religion, Type of family, Work experience, Monthly income and Source of information. So null hypothesis was accepted and research hypothesis was rejected. But there was a significant association between the Area of living, so null hypothesis was rejected and research hypothesis was accepted**.**

SECTION- C

Association between the level of knowledge with Age, Marital status, education, religion, type of family, work experience, area of living, source of income and source of information of Anganwadi workers.

TABLE 4.1: Association between the level of knowledge score with Nutrition and Health education.

N=60

NUTRITION & HEALTH EDUCATION							
S.NO	**Demographic Variables**	**Frequency**	**DF**	**Chi Square value**	**Table value**	**P Value**	**Level of significance**
1.	**Age (in Years)** a) 18-25 b) 26-35 c) 36-45 d) Above 46	 6 18 25 11	6	6.204	12.59	0.4007	#
2.	**Marital status** a) Single b) Married c) Divorce d) Widow	 6 35 9 10	6	2.4119	12.59	0.8782	#
3.	**Education** a) Illiterate b) 4 -7th standard c) 8 -10th standard d) 10-12th standard e) Up to degree	 0 3 20 29 8	6	1.6125	12.59	0.9517	#

4.	**Religion** a) Hindu b) Muslim c) Sikh d) Christian	 30 8 14 8	6	4.90106	12.59	0.5566	#
5.	**Type of family** a) Single b) Joint	 36 24	2	1.7202	5.99	0.4231	#
6.	**Work experience (in Years)** a) Up to 5 b) 6-10 c) 11-15 d) Above 16	 6 24 15 15	6	5.482	12.59	0.4836	#
7.	**Area of living** a) Rural b) Urban	 23 37	3	9.792	7.82	0.0204	*
	Monthly income of anganwadi workers (Rs) a) Up to 900 b) 901-1800 c) 1801-3000 d) 3000-and above	 0 3 39 18	1	0.0129	3.84	.909474	#
9.	**Source of information** a) News paper & magazine b) Radio & television c) Internet d) Participated in community programme	 12 26 12 10	6	5.386	12.59	0.4953	#

***Significant at p<0.05 level** **# Not significant at p <0.05 level**

Table (4.1) shows that there was no significant association between the Age, Marital status, Education, Religion, Type of family, Work experience, Monthly income and Source of information. So null hypothesis was accepted and research hypothesis was rejected. But there was a significant association between the Area of living, so null hypothesis was rejected and research hypothesis was accepted**.**

Table 4.2: Association between the level of knowledge score with Immunization.

N=60

IMMUNIZATION							
S. No	**Demographic Variables**	**Frequency**	**DF**	**Chi Square value**	**Table value**	**P Value**	**Level of significance**
1.	**Age (in Years)** a) 18-25 b) 26-35 c) 36-45 d) Above 46	 6 18 25 11	6	4.0752	12.59	0.6665	#
2.	**Marital status** a) Single b) Married c) Divorce d) Widow	 6 35 9 10	6	3.0719	12.59	0.79977	#
3.	**Education** a) Illiterate b) 4 -7th standard c) 8 -10th standard d) 10-12th standard e) Up to degree	 0 3 20 29 8	2	7.2007	5.99	.027314	*

4.	**Religion** a) Hindu b) Muslim c) Sikh d) Christian	 30 8 14 8	3	10.2161	7.82	.016816	*
5.	**Type of family** a) Single b) Joint	 36 24	3	0.138	7.82	0.98692	#
6.	**Work experience (in Years)** a) Up to 5 b) 6-10 c) 11-15 d) Above 16	 6 24 15 15	6	34.09	12.59	0.00001	*
7.	**Area of living** a) Rural b) Urban	 23 37	2	1.6795	5.99	0.4318	#
8.	**Monthly income of anganwadi workers (Rs)** a) Up to 900 b) 901-1800 c) 1801-3000 d) 3000-and above	 0 3 39 18	1	3.461	3.84	.06284	#
9.	**Source of information** a) News paper & magazine b) Radio & television c) Internet d) Participated in community programme	 12 26 12 10	3	4.2714	7.82	.233609	#

***Significant at p<0.05 level** **# Not significant at p <0.05 level**

Table (4.2) depicted that there was no significant association between the Age, Marital status, Type of family, Area of living, Monthly income and Source of information. So null hypothesis was accepted and research hypothesis was rejected. But there was a significant association between the Education, Religion and Work experience, so null hypothesis was rejected and research hypothesis was accepted.

Table 4.3: Association between the level of knowledge score with Referral services. N=60

REFERRAL SERVICES							
S. No	**Demographic Variables**	**Frequency**	**DF**	**Chi Square value**	**Table value**	**P Value**	**Level of significance**
1.	**Age (in Years)** a) 18-25 b) 26-35 c) 36-45 d) Above 46	 6 18 25 11	3	2.9826	7.82	0.39432	#
2.	**Marital status** a) Single b) Married c) Divorce d) Widow	 6 35 9 10	3	2.193	7.82	0.53333	#
3.	**Education** a) Illiterate b) 4 -7th standard c) 8 -10th standard d) 10-12th standard e) Up to degree	 0 3 20 29 8	2	1.432	5.99	.48872	#

4.	**Religion** a) Hindu b) Muslim c) Sikh d) Christian	 30 8 14 8	3	3.8416	7.82	0.27909	#
5.	**Type of family** a) Single b) Joint	 36 24	1	0.478	3.84	0.48933	#
6.	**Work experience (in Years)** a) Up to 5 b) 6-10 c) 11-15 d) Above 16	 6 24 15 15	2	0.9524	5.99	0.62115	#
7.	**Area of living** a) Rural b) Urban	 23 37	1	0.408	3.84	0.52299	#
8.	**Monthly income of anganwadi workers (Rs)** a) Up to 900 b) 901-1800 c) 1801-3000 d) 3000-and above	 0 3 39 18	1	2.5548	3.84	.10996	#
9.	**Source of information** a) News paper & magazine b) Radio & television c) Internet d) Participated in community programme	 12 26 12 10	3	4.4297	7.82	0.21883	#

***Significant at p<0.05 level** **# Not significant at p <0.05 level**

Table (4.3) described that there was no significant association between the Age, Marital status, Education, Religion, Type of family, Work experience, Area of living, Monthly income and Source of information. So null hypothesis was accepted and research hypothesis was rejected.

Table 4.4: Association between the level of knowledge score with Growth monitoring. N=60

GROWTH MONITORING							
S. N0	**Demographic Variables**	**Frequency**	**DF**	**Chi Square value**	**Table value**	**P Value**	**Level of significance**
1.	**Age (in Years)** a) 18-25 b) 26-35 c) 36-45 d) Above 46	 6 18 25 11	3	2.2941	7.82	.317578	#
2.	**Marital status** a) Single b) Married c) Divorce d) Widow	 6 35 9 10	6	5.212	12.59	0.51693	#
3.	**Education** a) Illiterate b) 4 -7th standard c) 8 -10th standard d) 10-12th standard e) Up to degree	 0 3 20 29 8	2	4.7152	5.99	0.09465	#

4.	**Religion** a)Hindu b)Muslim c)Sikh d)Christian	 30 8 14 8	3	2.436	7.82	.486961	#
5.	**Type of family** a)Single b)Joint	 36 24	2	1.592	5.99	0.45113	#
6.	**Work experience (in Years)** a) Up to 5 b) 6-10 c) 11-15 d) Above 16	 6 24 15 15	3	8.743	7.82	0.03291	*
7.	**Area of living** a) Rural b)Urban	 23 37	3	1.37	7.82	0.71259	**#**
8.	**Monthly income of anganwadi workers (Rs)** a) Up to 900 b) 901-1800 c) 1801-3000 d) 3000-and above	 0 3 39 18	4	25.582	9.49	3.8	*
9.	**Source of information** a) News paper & magazine b) Radio & television c) Internet d) Participated in community programme	 12 26 12 10	3	8.1372	7.82	.043259	*

***Significant at p<0.05 level** **# Not significant at p <0.05 level**

Table (4.4) stated that there was no significant association between the Age, Marital status, Education, Religion, Type of family and Area of living. So null hypothesis was accepted and research hypothesis was rejected. But there was a significant association between the Work experience, Monthly income of Anganwadi Workers and Source of information, so null hypothesis was rejected and research hypothesis was accepted.

Table 4.5: Association between the level of knowledge score with Supplementary nutrition. N=60

SUPPLEMENTARY NUTRITION							
S. No	**Demographic Variables**	**Frequency**	**DF**	**Chi Square value**	**Table value**	**P Value**	**Level of significance**
1.	**Age (in Years)** a) 18-25 b) 26-35 c) 36-45 d) Above 46	 6 18 25 11	3	0.415	7.82	0.93713	#
2.	**Marital status** a) Single b) Married c) Divorce d) widow	 6 35 9 10	3	3.054	7.82	0.38338	#
3.	**Education** a) Illiterate b) 4 -7th standard c) 8 -10th standard d) 10-12th standard e) Up to degree	 0 3 20 29 8	3	2.7444	7.82	0.43274	#

4.	**Religion** a) Hindu b) Muslim c) Sikh d) Christian	 30 8 14 8	3	4.4379	7.82	0.217897	#
5.	**Type of family** a)Single b)Joint	 36 24	2	18.287	5.99	0.000107	*
6.	**Work experience (in Years)** a) Up to 5 b) 6-10 c) 11-15 d) Above 16	 6 24 15 15	3	2.984	7.82	0.39409	#
7.	**Area of living** a)Rural b)Urban	 23 37	1	1.939	3.84	0.163777	#
8.	**Monthly income of anganwadi workers (Rs)** a)Up to 900 b)901-1800 c)1801-3000 d)3000-and above	 0 3 39 18	2	0.925	5.99	0.6298	#
9.	**Source of information** a)Newspaper & magazine b) Radio & television c)Internet d)Participated in community programme	 12 26 12 10	3	4.18	7.82	0.242672	#

***Significant at p<0.05 level** **#Not significant at p <0.05 level**

Table (4.5) indicates that there was no significant association between the Age, Marital status, Education, Religion, Work experience, Area of living, Monthly income of Anganwadi workers and Source of information. So null hypothesis was accepted and research hypothesis was rejected. But there was a significant association between the Type of family, so null hypothesis was rejected and research hypothesis was accepted.

Table 4.6 Association between the level of knowledge score with Non formal preschool education N=60

NON FORMAL PRESCHOOL EDUCATION							
S. No	**Demographic Variables**	**Frequency**	**DF**	**Chi Square value**	**Table value**	**P Value**	**Level of significance**
1.	**Age (in Years)** a) 18-25 b) 26-35 c) 36-45 d) Above 46	 6 18 25 11	3	1.0922	7.82	0.77896	#
2.	**Marital status** a) Single b) Married c) Divorce d) Widow	 6 35 9 10	2	2.3549	5.99	.308067	#
3.	**Education** a) Illiterate b) 4 -7th standard c) 8 -10th standard d) 10-12th standard e) Up to degree	 0 3 20 29 8	1	0.0353	7.82	.851067	#

4.	**Religion** a) Hindu b) Muslim c) Sikh d) Christian	 30 8 14 8	3	1.074	7.82	0.78336	#
5.	**Type of family** a) Single b) Joint	 36 24	1	0	3.84	1	#
6.	**Work experience (in Years)** a) Up to 5 b) 6-10 c) 11-15 d) Above 16	 6 24 15 15	3	2.513	7.82	0.47295	#
7.	**Area of living** a) Rural b) Urban	 23 37	1	0.0353	3.84	.851067	#
8.	**Monthly income of anganwadi workers (Rs)** a) Up to 900 b) 901-1800 c) 1801-3000 d) 3000-and above	 0 3 39 18	1	3.2143	3.84	.072998	#
9.	**Source of information** a) News paper & magazine b) Radio & television c) Internet d) Participated in community programme	 12 26 12 10	3	5.1808	7.82	.159029	#

***Significant at p<0.05 level** **# Not significant at p <0.05 level**

Table (4.6) point out that there was no significant association between the Age, Marital status, Education, Religion, Type of family, Work experience, Area of living, Monthly income and Source of information. So null hypothesis was accepted and research hypothesis was rejected.

DISCUSSION

The present study aimed to assess the level of knowledge regarding Integrated Child Development Scheme among Anganwadi workers in Hamirpur District, Himachal Pradesh.

Major Findings:

1. Majority of Anganwadi workers (42%) were aged 36-45 years.
2. Most workers (59%) were married.
3. Highest education level (48%) was 10-12th standard.
4. Most workers (50%) were Hindus.
5. Majority (60%) belonged to single families.
6. Most workers (40%) had 6-10 years of work experience.
7. Majority (62%) lived in urban areas.
8. Most workers (65%) earned ₹1801-3000/month.
9. Primary source of information (44%) was radio and television.

Discussion Sections:

A. Demographic characteristics
B. Overall knowledge regarding ICDS
C. Association between knowledge score and demographic variables.

Summary

This study assessed the level of knowledge regarding Integrated Child Development Scheme (ICDS) among Anganwadi workers in Hamirpur District, Himachal Pradesh.

Conclusion

The study revealed that the majority of Anganwadi workers had adequate knowledge about Nutrition and Health education, Referral services, and Non-formal preschool education. However, they had moderate knowledge about Immunization, Growth monitoring, and Supplementary nutrition.

Nursing Implications

1. Nursing Education: Focus on community health nursing curriculum and in-service education for health professionals and Anganwadi workers.
2. Nursing Practice: Community health nurses can play a crucial role in improving knowledge and providing health services.
3. Nursing Administration: Organize staff development programs, periodic evaluation, and necessary health education and administrative support.

Recommendations

1. Conduct a comparative study between ICDS and Non-ICDS blocks.
2. Evaluate the efficiency of various teaching strategies.

Limitations

1. Small sample size.
2. Limited data collection period (4 weeks).
3. The study did not assess attitude and practice of Anganwadi workers regarding ICDS programme.

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