

# An Exploratory Study to Assess the Knowledge and Attitude of Anganwadi Workers regarding their Job Responsibilities in Selected Blocks of Ludhiana, Punjab

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**Abstract:** Anganwadi workers (AWWs) play a pivotal role in the delivery of community-based health and nutrition services under the Integrated Child Development Services (ICDS) scheme. Their knowledge and attitude towards job responsibilities directly influence the effectiveness of service delivery. The present study was undertaken to assess the knowledge and attitude of AWWs regarding their job responsibilities in a selected block of Ludhiana, Punjab. An exploratory research design was adopted. A total of 100 AWWs were selected using purposive sampling. Data were collected using a structured questionnaire and attitude scale. Findings revealed that majority of AWWs possessed moderate knowledge, while their attitude towards job responsibilities was generally positive. The study highlights the need for periodic training and supportive supervision to enhance their role performance.

**Keywords:** Anganwadi Workers, Knowledge, Attitude, Job Responsibilities, ICDS, Community Health

## 1. Introduction

W. Somerset Maugham

In the vast rural hinterland of India, a new social force has silently emerged, unlike anything ever seen before. They are Anganwadi workers, Anganwadi Helpers, health workers, and other contractual workers all from local areas, all educated and entrusted with the responsibility of providing healthcare to women and children. This army of women is widely respected in village as they fulfill crucial needs- like helping with childbirth, sickness, distributing nutritional food, giving pre-school education and generally advising womenfolk on various personal and social matters. Varna S (2010) 2012

The blue print for the ICDS scheme was prepared by Department of Social Welfare in 1975. The revised population norms were recommended by Interministerial Task Force in May 2005: 500-1500 population for setting up an Anganwadi Centre in rural and urban projects and 300-1500 on tribal projects. Mini Anganwadi Centres were also recommended. Strong nutrition component in form of supplementary nutrition, vitamin A prophylaxis, Iron & Folic acid distribution is present in this programme. The workers who deliver services are called Anganwadi Workers. Good preventive medicine demands effective planning, monitoring, and evaluation of health programmes. Criticism is often voiced that nutrition programmes are not based on good intentions. It is considered unethical to launch a major nutritional programme without a built in-provision for monitoring, evaluation, and feedback. Park K (2009)<sup>2</sup>

In pursuance of the National Policy for Children, 1974 "Integrated Child Development Services (ICDS) Programme, 1975" was India's response to the challenge of meeting the holistic needs of the children. Launched on 2<sup>nd</sup> October 1975 in 33 blocks, the Integrated Child Development Services (ICDS) scheme has emerged from its

small beginnings, to become a flagship programme for the integrated development of children from prenatal to six years of age. It represents one of the world's largest and most unique programmes for the early childhood development, adopting a multi-sectoral approach to child development, incorporating health, early education, and nutrition interventions. Central Project Management Unit (2007)<sup>2</sup> 2.013

After 25 years, it is the time to look ahead. The vision for tomorrow is to reach all women and children (vulnerable groups) from disadvantaged groups, so that each of them can realize full development potential, with learning opportunities provided to them in community areas. the anganwadi worker is the community-based voluntary frontline workers of the ICDS programme. Chattopadhyay D (2004)<sup>1</sup>

Training of the functionaries is the most vital components of the ICDS programme. With more than 25 years of implementation of the programme, a lot of changes have taken place in the child development sector. Also, there is a change and paradigm in the philosophy of ICDS programme, which is now geared towards accessibility, quality improvement, early stimulation, and team work at the community level. As a result, there are a lot of expectations from ICDS. Undoubtedly a change is required in the role and job responsibilities of ICDS functionaries and their training. Job responsibilities of Anganwadi workers are Planning for implementation of ICDS programme; Service delivery; Information, Education & Communication; Community Contact and Management & Administration. National Institute of Public Cooperation and Child Development (2004) 2014<sup>2</sup>

The job responsibilities of Anganwadi Workers were defined way back in 1975. These have stood the test of time, but lot many changes have occurred and many new policies & programmes have come up. To keep pace with the time

and newer developments, the job functions of Anganwadi Workers and other functionaries have been redefined to enrich the job and make these more relevant to the needs and aspirations of women and children. Some of the newer job responsibilities which need special attention are strengthening of advocacy, communication & social mobilization for survival, protection and development of children especially the girl child, prevention & detection of disability among children, management of childhood illnesses, enlisting adolescent girls, Health & [08:29, 06/07/2021] saima: nutrition education to adolescent girls, life cycle- based interventions and improving quality of service delivery & management. Attitude building & motivation components have also been incorporated into the curriculum. Lal S, Paul D (2003)"

In India, nearly 13 million children in the 3-6 years age group are expected to reach the Integrated Child Development Service centres known as Anganwadi's. At these Anganwadi's they are to be befriended, looked after, and provided pre-school education by a female worker, recruited from the vicinity - rural or urban known as Anganwadi worker. These women are the mainstay of the largest government run integrated programme in the world aimed at providing six basic services. Integrated Child Development Scheme is the biggest social sector programme of the Government of India serving as a vital safety net for the most vulnerable sections of the population living in poverty. It currently covers over 4,300 development blocks (administrative units) of the country and benefits nearly 27 million children under 6 years of age, and over 5 million women Nieuwenhuyse CV, Medrano P (2000) 2013

In modern times with the advent of industrialization and urbanization the joint family system is gradually disintegrating and nuclear families are on increase. The role of mother has simultaneously changed. Due to the long working hours

The environment at home has taken a radical change, which has eroded the material of home environment. The love and security that earlier supported a growing child has decreased. The concept of Anganwadi was derived to place a child in such an environment where he/she could meet the different children needs and Anganwadi worker was meant to supplement these needs of the child. Sethi DP (1997) 2011

Anganwadi workers are the most peripheral workers under Integrated Child Development Services (ICDS) scheme. Working for a population of 1000 they provide first level health care particularly in rural areas and peripheral urban areas. The training curriculum of Anganwadi Workers includes Maternal and Child Health care and Females seek their advice in health matter matters including Maternal and Child Health (MCH) care services. They form an important link between community and health care delivery system. It is, however, not very clear as to how much of the knowledge that they acquire during training actually finds place in their day-to-day work and how much of it they retain over the passing years. Singh BM, Vashist S (1993) 2012

### Need of the Study 2019

Kant L et al (2008) evaluated the profile of Anganwadi workers and their knowledge about ICDS. Based on the Evaluation profile of 96 Anganwadi Worker subjects under a project in Delhi, the knowledge deficit areas were identified which pointed out that in spite of Anganwadi Training received by (92.71%) of Anganwadi workers, only (17.71%) lived and worked in the small locality. Out of these (3.12%) were aware of ICDS beneficiaries and services at Anganwadi centre's. Majority (90.62%) was unable to enumerate the services being provided and none could list out their job responsibilities. It was recommended that the existing training of Anganwadi Workers needs to be evaluated and their continuous education strengthened.

Dongre AR et al (2008)" stated in perceived responsibilities of Anganwadi Workers and Malnutrition in Rural Wardha that overall prevalence of underweight and severe underweight among under- six children was found to be (53%) and (15%) respectively and among children below three years it was (47%) and (15%) respectively. Eight Anganwadi workers were assessed through Venn diagram exercise for their responsibilities. Among the three significantly perceived responsibilities, record keeping got the highest priority followed by pre-school education and supplementary food distribution. Other activities like growth monitoring, immunization and examination of malnourished children got relatively poor emphasis. Notably very little importance was given to mother's health education. 2013 planning, DOTS follow-up for tuberculosis, and girl child protection schemes. Each of these is a major task in itself and requires lot of effort.

UNICEF (2005) in its report stated that Integrated Child Development Services is a centrally sponsored scheme implemented through the State governments/Union territories administrations with 100% financial assistance for inputs. The report illustrated that 5671 ICDS projects have been sanctioned out of which 5422 with 578457 Anganwadi Centres were functioning. The Anganwadi Centres as per population norm was one Anganwadi Centre per 1000 persons in rural & urban projects and one Anganwadi Centres per 700 persons in the tribal projects.

Chattopadhyay D (2004) conducted a study in Hooghly District, West Bengal to assess the Knowledge and Skills of the Anganwadi workers, 34 Anganwadi workers were selected through simple random sampling from 11 areas. In finding it was stated that (11.8%) Anganwadi workers could define fever, (17.6%) knew age group for exclusive breastfeeding, and (32.4%) knew the criteria for iron prophylaxis in children. No Anganwadi worker weighed the child twice to take the average and none recorded the weights on the growth charts. No Anganwadi worker properly counted the beneficiaries for supplementary nutrition. Only (25%) weigh corn Soya blend and (20%) got the utensils cleaned by acceptable water. It was stated that though the knowledge of Anganwadi workers regarding other major activities is mostly adequate, their knowledge and skill in many key areas need improvement. 2014

Ramachandran V (2004)<sup>14</sup> stated that on our field visits in Rajasthan and Uttar Pradesh we did not come across even a

single instance where the Anganwadi Workers had monitored grade 3 or 4 malnourished child and used the opportunity to demonstrate the effectiveness of supplementary feeding. Anganwadi workers find it easier to manage older children and are not motivated to provide home-based care or services to the younger children. Monitoring systems currently used do not capture the range and quality of services provided to under-three's.

Aijaj R (1987) highlighted in study "Improve implementation of I.C.D.S." that Anganwadi workers organize activities in the Anganwadi centre like organizing games, narrating stories, singing songs, organizing creative and cognitive development activities for children, communicate with the children, weigh the children, distribute the supplementary nutrition, prepare & update lists of children for immunization and give vitamin A drops to the Activities organized in the anganwadi center are directed towards promoting health status in children, ability to express thoughts & feelings and also understanding concepts like color, shape, texture, size, and directions. 2015

Secretary to Government of India (1974)' Integrated Child Development Service scheme is the largest national programme. The objective of this programme is to improve the health status and nutritional status of children in the age group of 0-6 years. The package of services provided by the Integrated Child Development Scheme includes supplementary nutrition, immunization, health checkup, referral services, health education, and pre-school education. The services are rendered eventually through the Anganwadi worker at the village centre called Anganwadi.

The researcher during her community health experience observed that Anganwadi Workers were directly involved in providing health care services to the local people. Investigator observed that most of Anganwadi Workers have a lot of work load i.e. service delivery, community contacts, maintenance of records and reports, participation in various government initiatives like census, pulse polio campaign etc. but they were not clear about their job responsibilities and were not performing their assigned responsibilities. Thus, the researcher with the support from the research findings selected the topic to assess the knowledge and attitude of Anganwadi Workers related to their job responsibilities to know their strengths and to prepare Guidelines of Job Responsibilities for their future reference.

This study is significant because it highlights knowledge and attitudinal gaps that can be addressed through targeted training programs, ultimately improving service delivery in the ICDS system.

### Statement of Problem

An Exploratory Study to Assess the Knowledge and Attitude of Anganwadi Workers Regarding their Job Responsibilities in Selected Blocks of Ludhiana, Punjab.

### Purpose of the Study

To find out the deficit areas with a view to prepare information guidelines and create awareness among Anganwadi workers about their job responsibilities

### Objectives of the Study

- To assess the knowledge of Anganwadi Workers regarding their job responsibilities.
- To assess the attitude of Anganwadi Workers regarding their job responsibilities.
- To assess the relationship between knowledge and attitude of Anganwadi Workers regarding their job responsibilities.

### Operational Definition

- Anganwadi Worker: The worker at the village level who delivers the services under ICDS programme is called Anganwadi Worker.
- Job responsibilities: Job responsibilities are the job description of an Anganwadi Worker i.e. Implementation of ICDS programme; Service delivery; Information, Education & Communication; Community Contact and Management & Administration. It says for what all things she is responsible for as specified above.
- Knowledge: It means basic information possessed by a person. In this study it refers to the level of information of Anganwadi Workers regarding their job responsibilities in the working areas.

Attitude: It is a way of thinking or feeling about someone or "Conceptual Framework"

"Conceptual framework" helps to express abstract ideas in a more readily understandable or precise form than the original conceptualization

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"The conceptual framework" of the study (Fig.1) was based on "Three phase theory of task performance" described by P. M.Fitts and I. M. Posner. Fitts and Posner (1967)" suggested that the learning process is sequential and that we move through specific phases. The theory suggests that the performance of the task is characterized by three phases:

The Cognitive phase/ Task Specific level.

The Associative Phase/ Task Contextual level.

The Autonomous phase/ Level of personnel and professional development.

- 1) Cognitive phase: The cognitive phase involves identification and development of the "component parts of the skill". It involves formation of a mental picture of the skill. Involving the analysis of tasks at this level Anganwadi workers get an understanding of concepts and tasks in Job Responsibilities. It is gained from the knowledge derived through formal as well as informal education perceived by sensation, perception, memory, and reasoning. Cognitive phase i.e. Knowledge and attitude of Anganwadi workers and its relationship with their variables such as age (in years), educational qualification, training attended, Duration of experience as anganwadi worker, Number of staff development programmes/Anganwadi training camps attended, marital status, family income (per month) and religion was



assessed.

- 2) Associative phase: It involves linking the component parts into a smooth action - involves practicing the skill and using feedback for perfection of skill. It can modify through knowledge initiated activities. It is the phase when rect pattern of responses are developed through practice. At this level of task contextual, anganwadi workers are involved in building desired attitude towards job responsibilities and action for fulfillment of Job responsibilities. Right knowledge about Job responsibilities helps in formation of right attitude and motivates for right practice. In the study, guidelines of job responsibilities were used for skill perfection.
- 3) Autonomous phase: It involves developing the learner skills so that it becomes automatic - involves little or no conscious thought or attention whilst performing the skill not all performers reach this stage. The appropriate knowledge about Practices and positive attitude is not readily acquired unless the subject has correct knowledge or information or field experience. The autonomous phase i.e. practices were not observed in the study, thus mentioned under unstudied areas.

## 2. Review of Literature

Researchers undertake literature review to familiarize themselves with the knowledge base. Review of literature helps to lay foundation for a study, and can also inspire new research ideas. The literature review for the study has been presented under following headings:

- 1) Literature related to Knowledge and attitude of Anganwadi workers
- 2) Literature related to the Job Responsibilities of Anganwadi workers

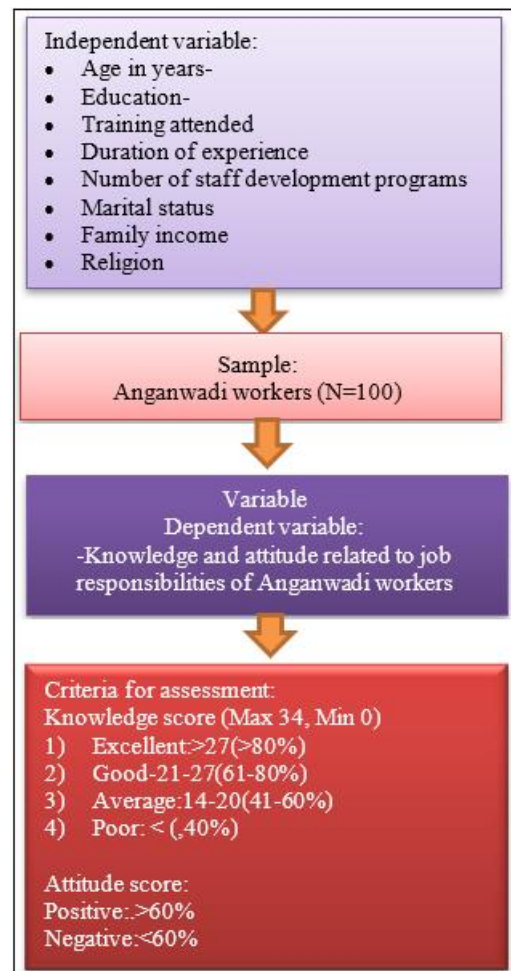
### 1) Literature related to Knowledge and Attitude of Anganwadi workers.

**Vaijyanti KR (2010)** reported in study "Analyzing the ICDS Anganwadi Centres in Benguluru" that an Anganwadi worker has as many as 21 tasks to perform. 1547 Anganwadi workers from 56 administrative blocks were studied and analysis showed that (99%) of Anganwadi workers maintained the staff attendance register, (98%) maintained stock register & account register. (95%) maintained the health register and Only (31%) Anganwadi Workers reported that they are maintaining the learning progresses of children. It was reported that (42%) of Anganwadi centres have formed Friends of Anganwadi workers in their centres, (35%) of Anganwadi centres reported that the members are active, in child assessment (96%) of workers are trained to do the assessment and (98%) of centres have completed the baseline test.

### 2) Literature related to Job responsibilities of Anganwadi workers

**Ramana GNV et al (2009)** conducted study on 104 Anganwadi workers to assess knowledge regarding child care. Study results depicted that about (90%) Anganwadi workers were aware of the proper time and methods of weaning. Nearly (64%) Anganwadi workers were aware of only weight-for-age as an indicator for early detection of malnutrition while none of them was aware of mid-arm circumference measurement also as an indicator. (86%)

Anganwadi workers could name at least four vaccines to be administered to children below six years of age. Only (28.5%) Anganwadi workers were aware of first aid to be given to children suffering from hyperpyrexia and convulsions. However, (78%) Anganwadi workers were aware of first aid to be given for diarrhoea management which included homemade ORS. It was felt that there were few lacunae in the knowledge of Anganwadi workers regarding child care, which needed to be rectified.



**Figure 1:** Schematic presentation of Research Plan

### Research Design

Anon experimental research design was considered appropriate for the study to assess the knowledge and attitude of the Anganwadi workers.

### Research Setting

"The study was conducted among Anganwadi workers from 35 villages in Raikot block, Ludhiana". The total population of Anganwadi workers of block Raikot was 129 from which 100 Anganwadi workers were selected. Ludhiana is a city and municipal corporation in Ludhiana district in the Punjab state of India. Integrated Child Development Services scheme was launched in year 1995 in district Ludhiana covering 12 blocks. The total number of Anganwadi workers working in Ludhiana as per march, 2010 report were 2270 (rural 1811 urban 459) the block coverage of Anganwadi workers was Jagroan, Sudhar, Machhiwara, Raikot, Pakhowal, Delhon, Urban I, Urban II, Urban III, Urban IV,

Ludhiana rural, Mangat, Doraha, and Khanna with number of Anganwadi workers 186, 88, 129, 140, 122, 152, 120, 115, 197, 130, 268, 130, and 152 respectively.

### Inclusion Criteria

Anganwadi workers working in the Raikot Block were selected for the study

### Exclusion Criteria

Anganwadi workers from urban area were excluded from the study Development and Description of the Tool

A questionnaire was developed after a review of literature to design the appropriate tool for collection of data. Review of literature from books, journals, and internet, expert's opinion and investigator's own experience in the field area provided foundation for the construction of the tool. A proposed draft was prepared comprising of 05 questions related to Demographic Variables, 31 related to Knowledge Questions and 25 Attitude Statements.

**Table 1:** Level of knowledge and score

| Level of Knowledge | Percentage | Score |
|--------------------|------------|-------|
| Excellent          | >80        | >27   |
| Good               | 61-80      | 21-27 |
| Average            | 41-60      | 14-20 |
| Below Average      | <40        | <30   |

**Table 2:** Level of attitude and score

| Level of Attitude | Score |
|-------------------|-------|
| Positive          | >60   |
| Negative          | <60   |

## 3. Analysis and Interpretation

This chapter deals with the analysis and interpretation of the data collected from 100 anganwadi workers regarding their job responsibilities in terms of knowledge and attitude. The data thus obtained was analyzed and interpreted in accordance with the objectives by using descriptive and inferential statistics at  $p < 0.05$  level.

In descriptive statistics, mean, mean percentage & standard deviation and in inferential statistics- co-efficient of correlation, chi-square test were used for analyzing the distribution of knowledge and attitude of anganwadi workers.

### Objectives

- To assess the knowledge of Anganwadi Workers regarding their job responsibilities.
- To assess the attitude Anganwadi Workers regarding their job responsibilities.

## 4. Result

### Section A: Description of sample characteristics

**Table 3:** Frequency and percentage distribution of demographic data of Anganwadi workers

| Demographic Data  | f  | %  |
|---|----|----|
| <b>1.Age (in years)</b>   |    |    |
| 18-27   | 5  | 5  |
| 28-37   | 38 | 38 |
| 38-47   | 43 | 43 |
| >48   | 14 | 14 |
| <b>2.Educational qualification</b>  |    |    |
| 10 <sup>th</sup>  | 47 | 47 |
| 12 <sup>th</sup>  | 29 | 29 |
| Graduate  | 11 | 11 |
| Any other   | 13 | 13 |
| <b>3.Training attended</b>  |    |    |
| YES   | 72 | 72 |
| NO  | 28 | 28 |
| <b>4.Duration of experience as Anganwadi</b>                                      |    |    |
| 0-5 years   | 48 | 48 |
| 6-10years   | 11 | 11 |
| 11-15years  | 27 | 27 |
| >15years  | 14 | 14 |
| <b>5. Number of staff development programme/ Anganwadi training camp attended</b> |    |    |
| 0-5   | 54 | 54 |
| 06-10   | 8  | 8  |
| 11-15   | 14 | 14 |
| >15years  | 24 | 24 |
| <b>6. Marital status</b>  |    |    |
| Married   | 68 | 68 |
| Unmarried   | 9  | 9  |
| Divorcee  | 2  | 2  |
| Widow   | 21 | 21 |
| <b>7.Family income (per month)</b>  |    |    |
| <2500   | 48 | 48 |
| 2501-5000/-   | 31 | 31 |
| 5001-7500/-   | 10 | 10 |
| >7500/-   | 11 | 11 |
| <b>8. Religion</b>  |    |    |
| Sikh  | 85 | 85 |
| Hindu   | 15 | 15 |

**Table 3:** Reveals that (43%) of anganwadi workers were 18-47 years of age followed by (38%) 28.37 years (14%) 48 years and (5%) 18-27 years respectively.

Highest (47%) anganwadi workers were 10<sup>th</sup> pass (29%) 12<sup>th</sup> pass (13%) any other, and (11%) graduates.

Training area illustrated that (72%) respondents had attended training and (28%) anganwadi workers had attended no training.

Duration of experience as Anganwadi worker delineates that highest (48%)

Anganwadi workers had 0-5 years duration of experience whereas (27%) had 11-15 years experience (14%) were from > 15 years experience, remaining (11%) had 6-10 years experience.

The percentage of respondents who had attended staff development programmes was 54, 24, 14 and 08 from 0-5, >15, 11-15, and 6-10 groups respectively.

Anganwadi workers were maximum (68%) married followed by (21%) widow, (9%) unmarried and (2%) divorcee respectively.

Major (48%) number of respondents belonged to the family income group of <Rs. 2,500 followed by (31%) respondents from Rs. 2501-5000, (11%) from  $\geq$  Rs 7500 and 10% from Rs. 5001-7500.

Majority (85%) of anganwadi workers was from sikh religion and (15%) were hindu.

Hence, it was concluded that major number of anganwadi workers were from age group 38-47 years, were matric qualified, were mostly trained, less experienced, had attended more number of staff development programmes, married had family income less than Rs 2.500 were from sikh religion.

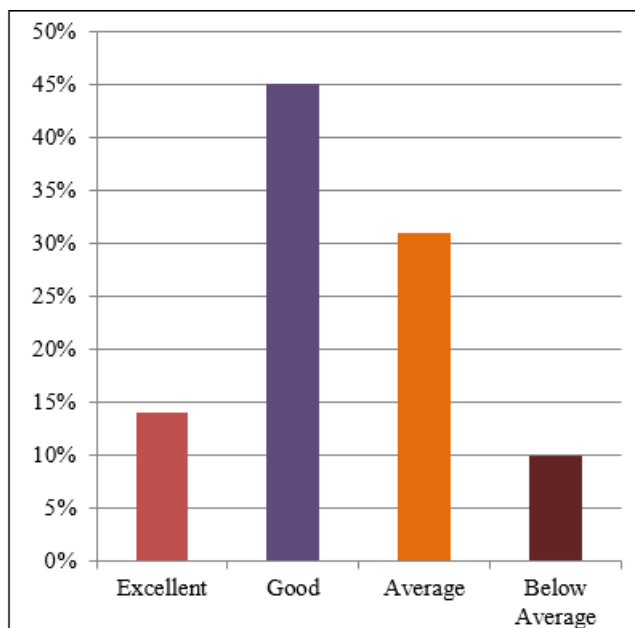
## SECTION II

**Objective I:** To assess the knowledge of Anganwadi Workers regarding their job responsibilities.

**Table 2 (a):** Frequency and percentage distribution of knowledge of Anganwadi workers regarding their job responsibilities, N=100

| Level of knowledge | Score                   | Knowledge score |     |
|--------------------|-------------------------|-----------------|-----|
|                    |                         | f               | %   |
| Excellent          | >80% (>27)              | 14              | 14% |
| Good               | 61-80% (21-27)          | 45              | 45% |
| Average            | 41-60% (14-20)          | 31              | 31% |
| Below average      | $\leq 40$ ( $\leq 13$ ) | 10              | 10% |

**Frequency and percentage distribution of knowledge of Anganwadi workers regarding their job responsibilities.**



**Table 2 (a) and fig. 3** illustrate that highest number 45(45%) of anganwadi workers had good knowledge followed by 31 (31%) average knowledge, 14 (14%) excellent knowledge and 10 (10%) anganwadi workers with below average score regarding their job responsibilities.

"Thus, most Anganwadi workers demonstrate good knowledge of their job responsibilities".

## 5. Discussion

In this section, the investigator interpretively discussed the results of the study. The result and discussion of the study are the research opportunity to examine the logic of the theoretical framework, the methods, and the analysis.

The findings were interpreted in relation to the research objectives and existing literature. Knowledge and attitude of Anganwadi Workers was assessed regarding their job responsibilities in relation to age (in years), educational qualification, training attended. Duration of experience as Anganwadi Worker, Number of staff development programme/ Anganwadi Training camps attended, marital status, Family Income (per month) and Religion.

The first objective of the study was to assess the knowledge of the Anganwadi workers regarding their job responsibilities. The findings of the study revealed that among 100 anganwadi workers 45 (45%) had good knowledge, 31(31%) had Average, 14 (14%) had excellent and 11 (11%) had below average Knowledge regarding their job responsibilities. The above findings were in compliance with findings of Gupta P, Maheswari S (1985) who stated that majority of respondents had average concepts about roles and responsibilities and also Goriawalla N, Lima HD (2009) reported that (81%) had high rating for knowledge. In contrary Parkash V et al (2009) 5% reported the knowledge of nearly (50%) anganwadi workers was just average or below average. Only one Anganwadi Worker could answer all the questions. Khan & Hasan (1992), Datta V (2008), Joshi A (2009) also reported that Anganwadi workers were fully trained and had adequate information.

Maximum Mean Knowledge score was found in area of area of service delivery and least in Management & Administration which was in compliance with priority stated by National Institute of Public Cooperation and Child Development (2006) which is supplementary nutrition (service delivery). Study findings were in contrary to findings of Dongre et al (2008)" who stated that Anganwadi worker's most of the workload was due to record keeping neglecting their primary functions.

## 6. Recommendations

- 1) Similar studies can be conducted in a different setting like at State level and National Level.
- 2) A comparative study can be conducted to assess the knowledge and Attitude regarding Job Responsibilities among the Anganwadi Workers of Rural and Urban Blocks of selected area.
- 3) An Experimental study can be done to assess the effectiveness of handbook on the knowledge regarding the job responsibilities of Anganwadi Workers in selected areas.
- 4) An Observational study can be done to observe the practices of Anganwadi workers regarding their Job Responsibilities in selected areas.
- 5) A cross-sectional study can be carried out to assess the

Knowledge, Attitude and Practices of Anganwadi workers in the Specific area of Service Delivery in selected areas.

## 7. Summary

The present study was an exploratory study conducted to assess the Knowledge and Attitude of Anganwadi Workers. 100 Anganwadi workers were selected by convenience sampling technique. Data was collected by using structured questionnaire and Likert Scale. Conceptual Framework of study was based on "Three Phase theory of Task Performance" given by Fitts and Posner. Analysis of data showed that overall Knowledge of Anganwadi Workers was good and majority of anganwadi possessed positive attitude. Negative relationship was found between the knowledge and attitude of anganwadi workers. The association of knowledge and attitude with selected variables was found to non-significant except with variable training attended as it showed significant association with knowledge of Anganwadi workers regarding their job responsibilities.

## 8. Conclusion

The study findings revealed that Anganwadi Workers had Good Knowledge and majority had positive attitude regarding their job responsibilities. The negative correlation between knowledge and attitude suggests that the two are independent variable. The variables were found to be having non-significant association with Knowledge and attitude. Only training had significant impact on the Knowledge of Anganwadi Workers.

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