

Knowledge of Anganwadi Workers Regarding Childhood Immunization

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Abstract

The word Anganwadi means “courtyard shelter” in Hindi. They were started by the Indian Government in 1975 as the part of the Integrated Child Development Service (ICDS) scheme to combat child hunger and malnutrition. A typical Anganwadi Centre provides basic health care in Indian villages. It is a part of the Indian public health-care system. Basic health-care activities include contraceptive counselling and supply nutrition, education and supplementation, as well as pre-school education. The centers may also be used as depart for oral rehydration salts, basic medicines and contraceptives. The basic work of Anganwadi Workers (AWW) is extremely important and needs to be carried out in the most efficient manner possible. They need to provide care for new born babies as well as ensure that all children below the age of 6 are immunized or in other words have received vaccinations. To prevent the child from health related problem, immunization is utmost necessary. Immunization of infants protects children from six vaccine preventable diseases, tetanus, tuberculosis and measles. These are major preventable that helps in preventing the child mortality, disability, morbidity and related malnutrition. As the AWW is the key functionary in the ICDS scheme operating at the most peripheral level (1000 population). It is thus of utmost importance that AWW has adequate scientific knowledge about immunization so that she can impart the correct knowledge to beneficiaries. Therefore present study was under taken to find out the knowledge of AWWs regarding childhood immunization. For this purpose, a total number of 60 AWWs were selected randomly from two blocks of District Ghaziabad. They were interviewed with the help of self prepared interview schedule. The results reflect that most of AWWs were from the age group of between 41-50 years. Mostly AWWs were intermediate and 43.33% AWWs had an experience of more than 15 years. It was assess that all AWWs had the best knowledge about Immunization.

Key words: *Knowledge, Childhood, Immunization, Anganwadi Worker.*

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Introduction

India is the second most populated country in the world nearly a fifth of the world population. It is a young country with 472 million children. An analysis of age wise distribution reveals that 29.5 per cent of children are aged 0-5 years. The majority of India's children (73 per cent) live in rural areas. These children are the future human resource of country. But largest population of India is malnourished. In order to counter the issues gripping the country there is a need for a higher number of medical and healthcare experts. Unfortunately India is suffering from a shortage of skilled professionals.

To combat this situation, Government of India in 1975 initiated the Integrated Child Development Services Scheme which operates at the state level to address the health issues of small children, all over the country. It is the foremost symbol of country's commitment to the children.

Under the Integrated Child Development Services Scheme, One trained person is allotted to a population of 1000 to bridge the gap between the person and organized healthcare and to focus on the health and educational need of children aged 0-6 years. This person is the Anganwadi Worker. By virtue of her position in the community the AWW has more chances to interact and to educate the beneficiaries. AWW has to conduct various types of job responsibilities. Not only she has to reach to variety of beneficiaries groups, she has to provide them with different services which include nutrition and health education, non formal education, supplementary nutrition, growth monitoring and promotion and family welfare services. She also coordinates in arranging immunization camp. She ensures that all children below the age of 6 are immunized. Therefore through the Anganwadi system the country is try to meet its goal of enhanced health facilities that are affordable and accessible by using local population. For that AWW should have appropriate knowledge of childcare activities. The service of immunization is designed to be delivered through the primary health care infrastructure but, about immunization coverage, India is far away from meeting the target.

The National Family Health Survey (NFHS) shows a marginal improvement in vaccination coverage of India over the years. NFHS-1 conducted in 1992-93 reported a vaccination coverage of 35.4% which rose to 42% by NFHS-2 conducted in 1998-99. NFHS-3 conducted in 2005-6 reported vaccination coverage of 43.5 %. The most recent wave of NFHS-4 finds that immunization coverage has now increased to 62% in 2015-2016.

In this regard NFHS 2015-16 results seem to be valid, as more or less similar findings emerged from the Rapid Survey on Children (RSOC) conducted in 2013-2014 with immunization coverage of about 65% for all India.

Percentage levels of full immunization in India, 2005-06 and 2015-16

NFHS	Full immunization (%)		
	2005-06	2015-16	Change
Place of residence			
Rural	39	61	23
Urban	58	64	6
Social group			
Scheduled tribe	31	56	25
Scheduled caste	40	63	23
Other backward classes	41	62	21
None of them	54	64	10
Wealth quintile			
Lowest	24	53	29
Second	33	61	28
Middle	47	64	17
Fourth	55	67	12
Highest	71	70	-1
All India	44	62	19

The results of Rapid Survey on Children in terms of immunization found that only 65.3 percent of children are fully immunized and the percentage is lesser in rural areas as well as for SC and ST children (RSOC 2013-14).



In term of child immunization in U.P., NFHS-4 shows the following report-

Indicators	NFHS-4 (2015-16)			NFHS-3 (2005-06)
	Urban	Rural	Total	Total
1. Children age 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)	53.6	50.4	51.1	23.0
2. Children age 12-23 months who have received BCG (%)	88.3	87.4	87.6	61.0
3. Children age 12-23 months who have received 3 doses of polio vaccine (%)	69.8	67.8	68.3	87.6
4. Children age 12-23 months who have received 3 doses of DPT vaccine (%)	68.8	65.9	66.5	30.0
5. Children age 12-23 months who have received measles vaccine (%)	70.8	70.8	70.8	37.7
6. Children age 12-23 months who have received 3 doses of Hepatitis B vaccine (%)	56.0	52.0	52.8	na
7. Children age 9-59 months who received a vitamin A dose in last 6 months (%)	36.4	40.4	39.5	5.6
8. Children age 12-23 months who received most of the vaccinations in public health facility (%)	77.5	86.4	84.5	80.5
9. Children age 12-23 months who received most of the vaccinations in private health facility (%)	14.5	2.5	5.1	5.4

In term of child immunization in District Ghaziabad, NFHS-4 shows the following report-

Indicators	NFHS-4 (2015-16)		
	Urban	Rural	Total
1. Children age 12-23 months fully immunized (BCG, measles, and 3 doses each of polio and DPT) (%)	60.7	62.0	61.1
2. Children age 12-23 months who have received BCG (%)	91.8	88.5	90.7
3. Children age 12-23 months who have received 3 doses of polio vaccine (%)	70.5	70.4	70.4
4. Children age 12-23 months who have received 3 doses of DPT vaccine (%)	77.9	73.2	76.3
5. Children age 12-23 months who have received measles vaccine (%)	82.5	73.3	79.4
6. Children age 12-23 months who have received 3 doses of Hepatitis B vaccine (%)	70.2	58.3	66.1
7. Children age 9-59 months who received a vitamin A dose in last 6 months (%)	39.3	25.7	34.9
8. Children age 12-23 months who received most of the vaccinations in public health facility (%)	67.9	83.7	73.2
9. Children age 12-23 months who received most of the vaccinations in private health facility (%)	26.4	2.9	18.5

The above immunization coverage report is an important indicator to track the achievements of immunization of last decade. Although the pace of improvements has accelerated but it leaves much to be desired when compared to the target of Universal Immunization Programme. This raises a fundamental question that why does immunization programme is still lacking to achieve more than 85% coverage. Even after the universalization of ICDS, India has biggest burden of malnourished children in the world. Suboptimal utilization of services by beneficiaries is a big challenge before all programmes. Utilization of services also depends upon the knowledge of AWW regarding the service and its perceived usefulness among beneficiaries. Appropriate knowledge of AWW will be key to success. Therefore the present study was conducted to assess the Knowledge of Anganwadi Workers regarding Childhood Immunization.

Objective of the study

To assess the knowledge of Anganwadi Workers regarding childhood immunization.

Delimitation of the study

- 1) The study has been delimited to only AWW of District Ghaziabad, Uttar Pradesh.
- 2) The study has been delimited to Rajapur and Muradnagar blocks of District Ghaziabad, Uttar Pradesh.

Design of the study

The present study aims at assessing the knowledge of Anganwadi Workers regarding childhood immunization. For this purpose descriptive method of research was used.

Sampling

Stratified random sampling technique has been used to select the sample. Two blocks namely Rajapur and Muradnagar of District Ghaziabad were selected randomly. 30 AWWs were selected randomly from each block to make a total sample of 60 AWW.

Tool

Tools are the best way to collect the information for research purpose. A self made interview schedule was used to assess the knowledge of Anganwadi Workers regarding childhood immunization.

Analysis of Data

In the present study, percentage and mean score was used to analyze the data.

Results & Discussion

Demographic profile- Table-1 indicates that the majority, (53.33%) AWWs were in the age above 40 years, whereas only (1.67%) were in the age range of 21-30 years. The majority (31.67%) AWWs were 12th pass; while (30%) were 10th pass and only (8.33%) were 8th pass. In so far as the work experience was concerned, (43.33%) AWWs had maximum experience above 15 years, (16.67%) had 11-15 years and (38.33%) had 5-10 years' experience, while only (1.67%) had minimum experience of 0-5 years.

Table-1: Showing Socio-demographic profile of AWW's

Variables	Frequency	Percentage (%)
1. Age (in years)		
a. 21-30 years	01	1.67
b. 31-40 years	27	45
c. Above 40 years	32	53.33
2. Educational		
a. 8th pass (Middle)	05	8.33
b. 10th pass (Matriculation)	18	30
c. 12th pass (Senior Secondary)	19	31.67
d. Graduate and above	18	30
3. Work Experience in years		
a. 0-5 years	01	1.67
b. 6-10 years	23	38.33
c. 11-15 years	10	16.67
d. 15 to above	26	43.33

Table-2: Knowledge of AWWs regarding immunization schedule (n=60)

S.No.	INDICATOR	NO.OF CORRECT RESPONSE	% OF CORRECT RESPONSE
1.	BCG vaccine is given at birth.	60	100
2.	The interval between OPV-1 and OPV-2 disease is one month.	60	100
3.	At the age of 9 month measles-1 vaccine is given.	60	100
4.	At the age of 16-24 month booster dose of DPT is given.	60	100
5.	Two vaccines of JE should be given to a child.	60	100

Mean score =500/5=100%

The knowledge of AWWs regarding immunization schedule is shown in table-2 all AWWs had 100% knowledge.

Knowledge of AWWs regarding immunization schedule

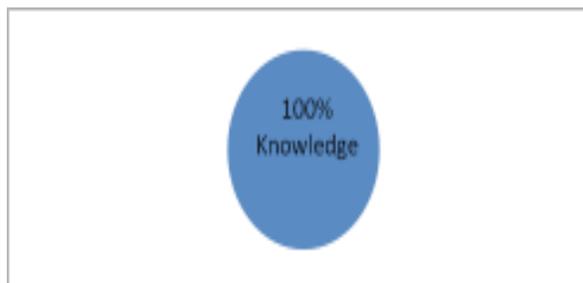


Table-3: Knowledge of AWWs regarding prevention of disease through vaccine (n=60)

S.No.	INDICATOR	NO.OF CORRECT RESPONSE	% OF CORRECT RESPONSE
1.	For prevention of T.B. BCG vaccine is given.	60	100
2.	To prevent diphtheria, pertusis and tetanus DPT vaccine is given.	48	80
3.	<i>Pentavalent vaccine</i> provides protection to a child from 5 life-threatening diseases – Diphtheria, Pertussis, Tetanus, Hepatitis B and Hib.	39	65
4.	JE vaccine is a vaccine that protects against Japanese encephalitis.	33	55

Mean Score=300/4=75%

Table-3 shows that AWWs had 75% knowledge regarding prevention of disease through vaccine.

Knowledge of AWWs regarding prevention of disease through vaccine

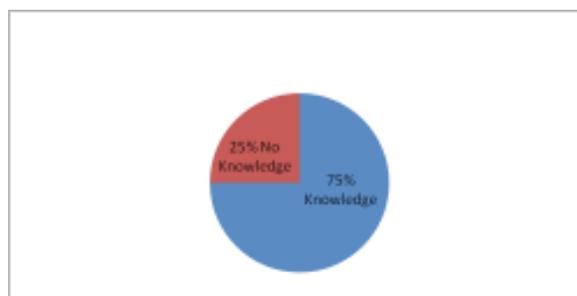


Table-4: Knowledge of AWWs regarding side effects associated with vaccine (n=60)

S. No.	INDICATOR	NO.OF CORRECT RESPONSE	% OF CORRECT RESPONSE
1.	After 4-10 days of vaccination of MMR mild fever, swelling and body ache is noticed in child.	60	100
2.	After vaccination of DPT rashes, swelling and fever is seen in child.	60	100
3.	After vaccination of JE pain, redness and swelling where the shot was given, fever headache, muscle ache is seen in child.	36	60
4.	Diarrhea, vomiting fever greater than 39.5°C and swelling is seen after <i>Pentavalent vaccine</i>	31	51.67
5.	If the side effect associated with any vaccine out of control Dr. is consulted.	60	100

Table-4 shows that AWWs had 82% Knowledge regarding side effects associated with vaccine

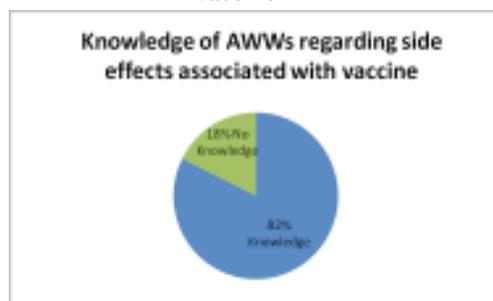


Table-5: Knowledge of AWWs regarding their job responsibilities (n=60)

S.No.	INDICATOR	NO.OF CORRECT RESPONSE	% OF CORRECT RESPONSE
1.	To identify the children for immunization and give the list of such children to ANM.	60	100
2.	To motivate the parents of beneficiaries and explain the significance of vaccination.	60	100
3.	To help the ANM for vaccination.	60	100
4.	To fill up the entries in immunization card.	60	100
5.	To ensure that every child should have immunization card.	60	100
6.	To give information about next vaccine to the parents of the child.	60	100

Mean Score=600/6=100%

Table-5 shows that AWWs had 100% knowledge regarding their job responsibilities towards immunization.

Knowledge of AWWs regarding their job responsibilities



Conclusion:

Recognized by policy-makers as a supreme national asset, children deserve the best in national investment. The National Plan of Action for Children (NPAC) therefore stands as the country's practical expression of commitment to national progress. This is a declaration of foundational investment. Several significant steps were taken to implement the NPAC 1974. These include: implementation of the ICDS programme since 1975 to address the need for early childhood care; implementation of the immunization programme since 1978 as an essential intervention to protect children from life-threatening diseases that are avertable. This service is delivered by Ministry/ Department of Health and Family Welfare through NRHM & Health system. In order to ensure that these services are accessed by large number of people the Anganwadi Worker tries to mobilize support from within the community. For this the Anganwadi Worker conducts extensive surveys and registers the same, of all the families in the community to identify children below six years of age and pregnant and nursing mothers. Fixed day immunization sessions. AWWs are key functionaries of ICDS scheme. The output of the scheme depends on the knowledge of AWWs to great extent. As these workers is the backbone of a sustainable support system in the care of children. It is thus of utmost important that AWW has adequate knowledge about immunization so that she can impart the correct knowledge to beneficiaries. Therefore present study was under taken to assess the knowledge of AWWs regarding childhood immunization. The present study finding highlights that most of the AWWs were from the age group of between 41-50 years, mostly AWWs were intermediate and majority of AWWs had an experience more than 15 years. The study shows that total 60 AWWs have 100% knowledge regarding immunization schedule. Similarly total AWWs have 100% knowledge about their job responsibilities toward immunization. The study done by Prasanti Jena also supported that most of

the Anganwadi Workers have best knowledge about the component of Immunization. 93.3% knew the correct knowledge about the measles vaccine, 76.7% knew about the doses of DPT vaccine and 73.3% booster dose of DPT. This study also supported by L.H. Madhavi, et. al in their study it was reported that 86.66% AWWs have a better knowledge about the immunization. The present study shows that the knowledge of AWWs regarding prevention of disease through vaccine was not satisfactory. There was a lack in their knowledge of newly introduced vaccine. As well as knowledge regarding side effects associated with vaccine was also not up to the mark as expected from a trained worker. The study suggests the need of continuous education in the term of refresher training (in service) should be on regular basis for updating the knowledge of AWWs and their performance should also be constantly monitored.

Recommendation

- * The present study felt the need of improving the quality of knowledge and awareness among Anganwadi Workers about immunization.
- * There is a need for improving the training quality provided to Anganwadi workers to enhance their knowledge regarding immunization.
- * Frequent interactions among Anganwadi Workers and Supervisors should be introduced for imparting information and awareness.

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