

# A study to Assess the knowledge regarding selected child welfare programme in India among Anganwadi workers in selected urban areas at Bengaluru

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**Abstract:** Assess the knowledge regarding selected child welfare programme in India among the mothers of under five children in selected rural areas at Bengaluru with a view to develop informational booklet. **Objectives** 1. To assess the knowledge level regarding selected child welfare programme in India among Anganwadi workers in selected urban areas at Bengaluru. 2. To find out the association between knowledge scores and selected socio-demographic variables. **Methodology:** Non-experimental research approach which is used to achieve the objectives of the study. Research design was Descriptive survey design. Population includes Anganwadi workers who is staying in Urban areas of Bengaluru. The sample size consists of 100 Anganwadi workers. Non-probability convenient sampling technique was adopted. **Results:** The present study revealed that among 100 Anganwadi workers 52 (52%) were having adequate knowledge, 48 (48%) were having moderate knowledge and none of them are having inadequate knowledge. **Conclusion:** The present study revealed there was association between knowledge and some of socio-demographic variables like age, monthly income and previous knowledge about Child welfare programmes are significant at  $p < 0.01$  level and religion and educational status are significant at  $p < 0.05$  level. These findings suggested the mothers of under-five children need to focus on child welfare programmes to gain the good knowledge.

**Key Words:** knowledge, Child Welfare Programmes, Anganwadi workers.

## 1. INTRODUCTION:

Child welfare services seek to provide supportive service to families of children. It is one of the important responsibilities for the society and the state to assist the family for the welfare of the children. Child welfare covers the entire spectrum of needs of children who are socially, economically, physically or mentally handicapped, and are unable to avail the services provided by the community. The child welfare is the responsibility of community and nation.<sup>1</sup> India has the largest child population in the world. Children constitute the assets of any country. Child development is as important as the development of material resources and the best way to develop national human resources is to take care of children. Child health in India is still in critical condition. Children under the age of five years are underweight<sup>1</sup>.

## 2. REVIEW OF LITERATURE:

Arshdeep Singh, Dr. Bikramjit Singh (2025) conducted a study to assess the level of knowledge regarding Mid-day Meal Programme among teachers in selected Government Schools of Abohar, Punjab. 100 school teachers were selected by adopting purposive sampling technique. A structured knowledge questionnaire was used to assess awareness levels. Results revealed that 40% of teachers had very good knowledge, 29% had good knowledge and 31% had average knowledge. A significant association was found between knowledge levels and variables such as age, qualification, years of experience, and type of school ( $p < 0.05$ ). However, no significant association was observed with gender and religion. The study emphasizes the importance of regular awareness and training initiatives for school teachers, as their role is crucial in the successful implementation of the Midday Meal Scheme<sup>2</sup>.

Sherin Parmar et al (2024) conducted a study to assess the knowledge and attitude regarding optional vaccines and barriers to use among mothers of under five children in Kheda, Gujarat. Total 384 mothers of under five children were

selected by using systematic random sampling technique. A knowledge questionnaire tool, Likert attitude scale and barrier questionnaire was used for data collection. The results revealed that 240 (63%) of mothers have low knowledge, 123 (32%) have moderate knowledge, and 21 (5%) have good knowledge regarding optional vaccination. When 1 (0.3%) mother have Unfavourable attitude, 275 (71.6%) have moderate attitude, and 108 (28.1%) have favourable attitude towards optional vaccination. The mean score of attitudes is 8.7083. The Correlation-Coefficient (r) of knowledge and attitude is 0.76<sup>3</sup>.

**Kumbhar V (2023)** conducted a study to assess the effect of planned teaching on knowledge of mothers regarding prevention of Vitamin A deficiency among under five children from a selected urban area. Total study sample were 100 mothers of under five children and semi-structured questionnaire were used to assess the knowledge. Results revealed that the majority of the mothers belong to the age group of 21–40 (83%) and (41%) completed secondary education, Majority (58%) had two children. The knowledge mean score in pretest in the area of concept of Vitamin A was 1.78, whereas in post-test, it was increased to 3.39. Mean score analysis is done in different sections of questionnaire such as Sources of Vitamin A, requirement of Vitamin A and Vitamin A deficiency, and prevention and prophylaxis and it's found increased in post-test score in all respective areas. The overall mean score was 13.8 out of maximum score of 50 in pre-test and 31.8 in post-test which was statistically significant<sup>4</sup>.

**Debata I & Ranganath T S (2023)** conducted a community based cross-sectional study to assess evaluation of the performance of Anganwadi Workers in delivering Integrated Child Development Services in the Rural field practice area of a Tertiary Medical College in South India. Total 21 AWWs were interviewed in 21 Anganwadi Centres. Results revealed that 11 (52.4%) of Anganwadi workers had "good" knowledge about delivering different services under the ICDS scheme, 08 (38.1%) had "poor" knowledge while 02 (9.5%) workers had "satisfactory" knowledge<sup>5</sup>.

### 3. OBJECTIVES:

- To assess the knowledge level regarding selected child welfare programme in India among Anganwadi workers in selected urban areas at Bengaluru.
- To find out the association between knowledge scores and selected socio-demographic variables.

### 4. METHODOLOGY:

Non-experimental research approach is used to achieve the objectives of the study. Research design was Descriptive survey design. Population includes Anganwadi workers who is staying in Urban areas of Bengaluru. The sample size consists of 100 Anganwadi workers. Non-probability convenient sampling technique was adopted. Self-structured questionnaires were used to assess the knowledge.

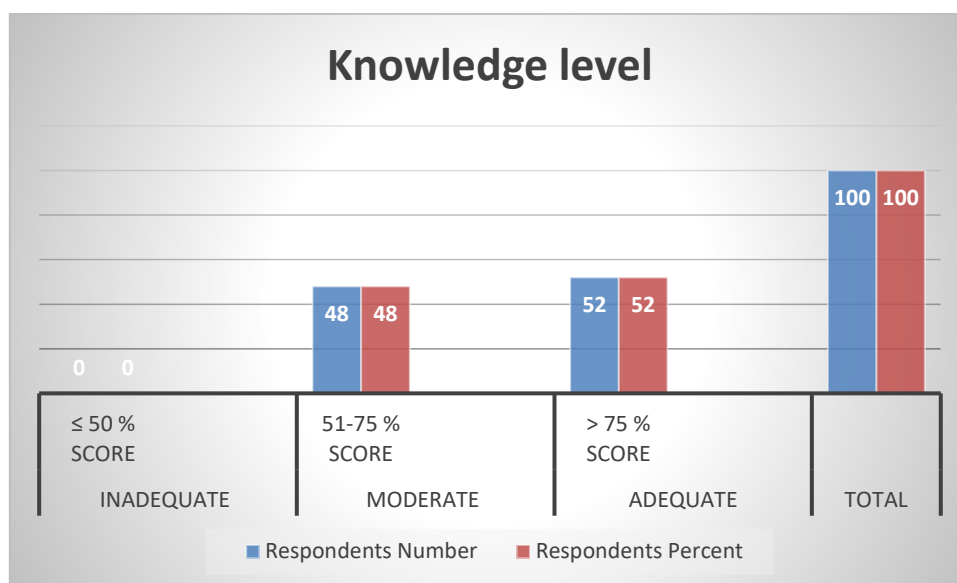
### 5. RESULTS:

Using both descriptive and inferential statistics, the results were calculated accordingly to the study's objectives.

**TABLE – 1:**

**Classification of Respondent Knowledge level on Child Welfare Programme among Anganwadi workers**

Knowledge Level	Category	Respondents	
		Number	Percent
Inadequate	≤ 50 % Score	0	0
Moderate	51-75 % Score	48	48.0
Adequate	> 75 % Score	52	52.0
<b>Total</b>		100	100.0



**Level of Knowledge on Child Welfare Programme among Anganwadi workers**

**TABLE – 2**  
**Over all Mean Knowledge scores on Child Welfare Programme among Anganwadi workers**

Aspects	Max. Score	Knowledge Scores			
		Mean	SD	Mean (%)	SD (%)
Overall	20	15.28	2.27	76.4	11.3

N=100

**6. CONCLUSION :**

The present study revealed that among 100 Anganwadi workers 52 (52%) were having adequate knowledge, 48 (48%) were having moderate knowledge and none of them are having inadequate knowledge.

**7. IMPLICATIONS:**

The implications drawn from the present study are of vital concern to health teams including Nursing practice, Nursing education, Nursing administration, Nursing research and so on.

**NURSING PRACTICE:**

- In the Health care centres, small teaching sessions can be conducted regarding child welfare programmes by the nurses to improve the knowledge of mothers of under-five children.
- Planned health programmes are to be scheduled in the health care centres on fixed days for mothers of under-five children regarding child welfare programmes.
- Health care providers can take active part in conducting mass awareness programmes regarding child welfare programmes.

**NURSING EDUCATION:**

- The Community Health Nursing Curriculum needs to be strengthened to enable nursing students with knowledge regarding child welfare programmes.

**NURSING ADMINISTRATION:**

- Conduct regular training programmes in the Community areas and health care centres to create awareness.

**NURSING RESEARCH:**

- The nurses and nursing students should be encouraged to do research regarding child welfare programmes
- Utilization of research findings in clinical practice has to be encouraged.

**8. RECOMMENDATIONS:**

- A similar study can be conducted to compare Anganwadi workers in Urban and Rural
- A study can be conducted to assess the effectiveness of structured teaching programme on child welfare programmes among mothers of under-five children.
- A large-scale survey can be conducted to assess the utilization of child welfare programmes.

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