

# Knowledge and Attitude Regarding Rastriya Bal Swasthya Karykarm among Anganwadi Workers

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## ABSTRACT

Rashtriya Bal Swasthya Karyakram (RBSK) is a new initiative aiming at early identification and early intervention for children from birth to 18 years to cover 4 'D's viz. Defects at birth, Deficiencies, Diseases, Development delays including disability. It is important to note that the 0 - 6 years age group will be specifically managed at District Early Intervention Center ( DEIC ) level while for 6 - 18 years age group, management of conditions will be done through existing public health facilities. DEIC will act as referral linkages for both the age groups. The finding shows the pre-test knowledge score of Anganwadi workers regarding on Rastriya Bal Swasthya Karykarm. The level of knowledge on Rastriya Bal Swasthya Karykarm is divided under the following heading inadequate, moderate adequate and adequate. Maximum samples is 66 % ( 20 ) had inadequate score and 4% ( 1 ) had adequate score and 30 % ( 09 ) was moderate adequate. Overall mean score of the data was 16.14, and SD 2.07, shows that the data is scattered around the mean value.

**Keywords:** Knowledge, Attitude, Rastriya Bal Swasthya Karykarm, Anganwadi.

## INTRODUCTION

First level of screening is to be done at all delivery points through existing Medical Officers, Staff Nurses and ANMs. After 48 hours till 6 weeks the screening of newborns will be done by ASHA at home as a part of HBNC package. Outreach screening will be done by dedicated mobile block level teams for 6 weeks to 6 years at anganwadis centres and 6 - 18 years children at school. Once the child is screened and referred from any of these points of identification, it would be ensured that the necessary treatment/intervention is delivered at zero cost to the family (<https://vikaspedia.in/>).

To facilitate screening of children, there is a strong convergence with the Ministry of Women and Child Development for screening children the age group 0 – 6 years enrolled at Anganwadi centres and with the Ministry of Human Resource Development for screening the children enrolled in Government and Government aided schools. The newborn is screened for birth defects in health facilities by the doctors at health facilities and during the home visit by ASHA (peripheral health worker). The task is gigantic but quite possible, through the systematic approach that RBSK envisages. It would yield rich dividends in protecting and promoting the health of our children, when implemented in right earnest (Ministry of Health & Family Welfare, Government of India).

**OBJECTIVES**

1. To assess the knowledge regarding Rashtriya Bal Swasthya Karyakram among Anganwadi workers.
2. To find out the association between pretest knowledge score of Anganwadi workers regarding Rashtriya Bal Swasthya Karyakram with their selected socio-demographic variables.

**METHODOLOGY**

The research design used for the study was descriptive one group pre test design. The study was conducted among selected anganwadi workers at urban areas at Rewa. The analysis, interpretation and discussion of data collected from 30 anganwadi workers residing in urban areas in Rewa subjects through non probability purposive sampling, anganwadi workers residing in urban areas in Rewa (MP). Descriptive and inferential statistics were adopted for the analysis and interpretation of the data.

**FINDINGS AND DISCUSSION**

**Section-I: Description of demographic variables**

- ❖ Data showed that Majority (50%) of subjects are at the age of 26-32, (30%) of subjects are at the age of 19-25, (16%) of subjects are at the age of 33-39 and remaining (4%) of subject are at the age of ≥ 40.
- ❖ Data showed that Majority (50%) of subjects are 10<sup>th</sup> passed, (20%) of subjects are 12<sup>th</sup> passed, (17%) of subjects are illiterate, (13%) of subjects are complete their graduation.
- ❖ Data showed show that Majority (53%) of subjects having family income between 6000-10000Rs/-, (20%) of subjects are having family income with in 5000Rs/-, (14%) of subjects are having family income >16000Rs/-, and( 13%) of subjects are gaining 10000-15000Rs/-
- ❖ Data showed show that Majority ( 63% ) of subjects are having 2 years of experience,( 20% ) of subjects are having 1 year of experience and (17%) of subjects are having ≥ 3 years of experience.
- ❖ Data showed show that majority 60% of subjects are belongs to joint family, (34%) of subjects belongs to nuclear family, (6%) of subjects are belongs to extended family.
- ❖ Data showed show that Majority (40%) of subjects got information from friends, (33%) of subjects got information from Parents and (27%) of subjects got information from mass media.

**Section- II: level of knowledge score of anganwadi workers regarding rastriya bal swathya karykarm.**

S.No.	Level of Knowledge	Knowledge Score	Frequency	Percentage	Mean	Standard Deviation
1.	Inadequate	1-9	20	66%	16.14	2.07
2.	Moderate adequate	10-17	09	30%		
3.	Adequate	18-26	1	4%		
			30	100%		

\*\*\* p<0.05

The above table shows the frequency and percentage distribution of the pre-test knowledge score of Anganwadi workers regarding on Rastriya Bal Swathya Karykarm. The level of knowledge on Rastriya Bal Swathya Karykarm is divided under the following heading inadequate, moderate adequate and adequate. Maximum samples is 66 %( 20) had inadequate score and 4% (1) had adequate score and 30

%( 09) was moderate adequate. Overall mean score of the data was 16.14, and SD 2.07, shows that the data is scattered around the mean value.

### **Section- III: Chi-square analysis to find out association between pre-test knowledge score of Anganwadi workers and selected baseline characteristics.**

The data shows that there is significant association between the pre-test knowledge score of Anganwadi workers on Rastriya Bal Swathya Karykarm and selected demographic variables variable at 0.05 level of significance such as experience in year. So that research hypothesis accepted and null is hypothesis rejected.

### **CONCLUSION**

The nursing personnel at various levels to make them aware on sexual abuse, which will enable them to provide health education to the nurses and society on Rastriya Bal Swathya Karykarm. There is a need for nurses to develop health- teaching material for teaching the client. Health education should be a part of the job description of various categories of nursing personnel. Nursing curriculum should include more projects on Rastriya Bal Swathya Karykarm. Workshops, seminars and symposium can be organized were parents, school teachers, and staff nurses on identifying the factors leading to Rastriya Bal Swathya Karykarm. Community health nurses should visit the home to find out the homely practices of community peoples. In–service education for the staff regarding Rastriya Bal Swathya Karykarm should be conducted to update their knowledge in this area.

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