Knowledge of Anganwadi workers and their problems in Rural ICDS block

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Abstract

The Anganwadi worker (AWW) is the community based voluntary frontline worker of the ICDS programme. Selected from the community, she assumes a pivotal role due to her close and continuous contact with the beneficiaries. Children grow and develop amazingly. Mothers with their children under five years of age, not only constitute a large proportion of the community but also a "vulnerable" or special risk group. The first five years of a child's life are most crucial for the foundations for physical and mental development. Objective of this study was to study the profile of Anganwadi workers (AWWs). To assesses knowledge of AWWs & problems faced by them while working. Study design: cross sectional study. Methods:- Anganwadi centres were selected by convenient sampling technique. The functioning of AWWs was assessed by interviewing Anganwadi workers for their literacy status, years of experiences, their knowledge about the services rendered by them and problems faced by them. Result of the study was majority (53%) AWWs were in the age range of 20-30 years, whereas only (5%) were in the age range of > 50 years. The majority (45%) AWWs were educated up to secondary; while (34%) were educated up to higher secondary and only (3%) were educated up to primary class and post graduate. (29%) AWWs had maximum experience in the range of more than 15 years and the majority, (42%) had 5-10 years of experience. In the present study major problem was that other infrastructure related problems and inadequate supply of play material as their major problem, was reported by (55%) of the AWWs, (24%) had reported Inadequate water, electricity supply and drainage system, (10%) had problem of delay in receiving funds and necessary items, like kerosene oil, cooking items etc. (8%) had problem of inadequate honorarium, and only (3%) of AWWs had problem of record maintenance was unnecessary burden. (63%) of AWWs covered 100-500 population and (32%) of AWWs covered population range of 500-1000 population and (5%) AWWs covered more than 1000 population. JSY services to mothers was being provided by (76%) AWWs, and (26%) of AWWs reported that they provided prophylaxis against blindness and anaemia & (50%) also participate in DOTS programme by giving medicines. 100% AWCs had charts and poster and only 26.3% of AWCs had adequate play materials.

Keywords: AWW, AWC, ICDS, JSY, DOTS, ANC, PNC.

Introduction

Children grow and develop amazingly. Mothers with their children under five years of age, not only constitute a large proportion of the community but also a "vulnerable" or special risk group.[4] The first five years of a child's life are most crucial for the foundations for physical and mental development.[9]

Today, ICDS scheme represents one of the world's largest and unique programs for early childhood development to improve the condition of expectant and nursing mothers. ICDS symbolizes India's commitment to her children towards meeting the challenge of providing pre-school education and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality.[10] It attempts to provide a package of wholesome integrated service, supported by related services like mid-day meal, balwadi, and special nutrition.[11]

Government of India launched the Integrated Child Development Services (ICDS) scheme, which was introduced on experimental basis on 2nd October 1975. ICDS today represents one of the world's largest programmes for early childhood development. ICDS Scheme is the most comprehensive scheme of the Government of India for early childhood care and development. It aims at enhancing survival and development of children from the vulnerable section so the society.

The Anganwadi worker (AWW) is the community based voluntary frontline worker of the ICDS programme. Selected from the community, she assumes a pivotal role due to her close and continuous contact with the beneficiaries. The output other ICDS scheme is to a great extent dependant on the profile of the key functionary i.e. the AWW, her qualification, experience, skills, attitude, training etc. An Anganwadi is the focal point for delivery of ICDS services to children and mothers. An Anganwadi normally covers a population of 1000 in both rural and urban areas and 700 in tribal areas. Services at Anganwadi center (AWC) are delivered by an Anganwadi worker (AWW), who is a part-time honorary worker. She is a woman of same locality, chosen by the people, having educational qualification of middle school or matric or even primary level in some areas. She is assisted by a helper who is also a local woman and is paid a honorarium.[1]

Anganwadis are India's primary tool against the scourge of child malnourishment, infant mortality and curbing preventable diseases such as polio.[5] Their services can also be important tool to fight mental and physical disability in children.[6] India has the world's largest population of malnourished or under-nourished

children.[7] Various researches have considerably explored many aspects of this scheme with variable results, but the coverage has been patchy and difficult to compare because of complexity involved in wholesome approach of the service and their constituents.[8]

Review of Literature

1. Thakare Meenal M; Kurll BM; *Doibale MK, Goel Naveen K (2011**)** conducted study to assess the knowledge of Anganwadi workers and their problems in an urban ICDS block Dept. of Community Medicine, Government Medical College & Hospital, Chandigarh and Government College & Hospital, Aurangabad. To study the profile of Anganwadi workers (AWWs). To assesses knowledge of AWWs & problems. Raced by them while working. Study design: Cross sectional study. Methods:- Anganwadi centres were selected by stratified sampling technique. From each sector, 20% AWWs were enrolled into study. The functioning of AWWs was assessed by interviewing Anganwadi workers for their literacy status, years of experiences, their knowledge about the services rendered by them and problems faced by them. Result: Most of AWWs were from the age group of between 41-50 years; half of them were matriculate and 82.14% workers had an experience of more than 10 yrs. Majority (78.58%) of AWWs had a knowledge assessment score of above 50%. They had best knowledge about nutrition and health education (77.14%). 75% of the workers complained of inadequate honorarium, 14.280/complained of lack of help from community and other problems reported were infrastructure related supply. excessive, work overload and record maintenance. Conclusions: Majority of AWWs were beyond 40 years of age, matriculate, experienced, having more than 50% of knowledge related to their job. Complaints mentioned by them were chief honorarium related and excessive workload.

2. Sandip B. Patil, Doibale M. K. Study of Profile, knowledge and problems of Anganwadi workers in ICDS blocks: A cross sectional study. To assess knowledge of AWWs & problems faced by them while working. A cross sectional study Anganwadi centres were selected by stratified sampling technique. From each block 10% AWWs were enrolled into study. The functioning of AWWs was assessed by interviewing Anganwadi workers for their literacy status, years of experiences, their knowledge about the services rendered by them and problems faced by them. Most of AWWs were from the age group of between 41-50 years; more than half of them were matriculate and 34(69.38%) workers had an experience of more than 10 years. Majority (81.63%) of AWWs had a knowledge assessment score of above 50%. They had best knowledge about nutrition and health education (70%). Of the workers 87.7% complained of inadequate honorarium, 28.5% complained of lack of help from community and other problems reported were infrastructure related supply, excessive work overload and record maintenance. Majority of AWWs were beyond 40 years of age, matriculate, experienced, having more than 50% of knowledge related to their job. Complaints mentioned by them were chiefly honorarium related and excessive workload.

Material and Methods

Design and Setting: A descriptive cross sectional survey was planned on AWCs of purposively selected ICDS blocks of District Kabirdham between March 2017 to July 2017. To exclude the biasness in the sample, 38 AWCS were selected by simple random technique. Enlisting of AWCs and then random selection were done in the meetings held with the supervisors in presence of child development project officers. The working time of AWCs is from 9 am-3 pm daily except in summer when the timing is 9 am-12 noon. The Anganwadi centers were visited by the investigator during this time period.

The functioning of AWC was assessed by interviewing Anganwadi workers for their literacy status, years of experience, their knowledge about the services rendered by them and problems faced by them. Adequacy and frequency of different services was also assessed. Functioning of AWCs was also assessed by means of records, reports, the infrastructure, & logistics available at the Centre.

Data Collection Tools and Technique and Analysis: Structured questionnaire was prepared to collect socio-demographical data, assess knowledge and parameters of functioning and infrastructure. The questions regarding knowledge, functioning and infrastructure were formulated in simple language for clarity and ease of understanding, on the basis of pertinent literature. This validated questionnaire was then administered to the 38 AWWs individually on different dates after obtaining the consent and briefing them about the purpose of the study. Along with this cross-questioning and observation techniques. Descriptive statistics were used to describe demographic characteristics and other variables considered in the study. At the end of data collection delivered in service education programme regarding play therapy and how to improve the physical and mental development of children through the available resources in AWCs.

Results

Socio Demographic Profile: Table 1 indicates that the majority (53%) AWWs were in the age range of 20-30 years, whereas only (5%) were in the age range of > 50

years. The majority (45%) AWWs were educated up to secondary; while (34%) were educated up to higher secondary and only (3%) were educated up to primary class and post graduate. In so far as the work experience was concerned, (29%) AWWs had maximum experience in the range of more than 15 years and the majority, (42%) had 5-10 years' experience, while only (16%) had had minimum experience of 0-5 years.

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

S. No.	Variables	Frequency	Percentages
1.	**Age in Years**		
	20-30 yrs	20	53%
	31-40 yrs	11	29%
	41-50 yrs	5	13%
	> 50 yrs	2	5%
2.	**Education**		
	Primary	1	3%
	Secondary	17	45%
	Higher secondary	13	34%
	Graduate	6	15%
	Post graduate	1	3%
3.	**Experience**		
	0-5 years	6	16%
	5.1-10 years	16	42%
	10.1-15 Years	5	13%
	>15 years	11	29%

Infrastructural Facilities of the AWCs

In the present study, as Table 2 reveals, (89%) AWCs were situated in own premises, while (11%) were situated in rented building. (92%) of AWCs had Pucca building and only (8%) had kuccha building. (18%) AWCs were having only 1 room and (32%) were having 2 rooms and (50%) were having more than 2 rooms. Almirah/wooden boxes were available in (26%) of AWCs and in all the AWCs there were chairs, tables, tools, mats, medical kits, first aid boxes, stadiometer, charts and poster & weighing machines in AWCs. (100%) of children had Taatpatti/Mat to sit. (53%) AWCs had adequate ventilation. Only (11%) AWCs had toilet facilities and (100%) AWCs had open drainage system. (84%) AWCs had separate kitchen and using smoke chulha. (74%) had adequate electricity supply. Small playground was in (13%) and open space in (87%) of AWCs. (55%) of AWCs were using handpump water, (40%) were using tap water & only (5%) were using well.

Table 2: Showing infrastructural facilities of the AWCs

S. No.	Facilities in the AWC	Yes	No.
1.	Adequate Ventilation	20 (53%)	18 (47%)
2.	Ownership of AWCS	34 (89%)	4 (11%)
3.	Type of Building	35 (92%)	3(8%)
4.	Toilet	4 (11%)	34 (89%)
5.	Drinking water	38 (100%)	0
6.	Adequate Electricity supply	28 (74%)	10 (26%)
7.	Playground	5 (13%)	33 (87%)
8.	Open space	12 (32%)	26 (68%)
9.	Almirah, wooden box,	10 (26%)	28 (74%)
10.	Chair, Table, tool	38 (100%)	0
11.	Mat	38 (100%)	0
12.	Medicine Kit	38 (100%)	0
13.	First Aid Box	38 (100%)	0
14.	Posters and charts	38(100%)	0
15.	Weighing machine	38 (100%)	38 (100%)
16.	Adequate drainage facilities	0	38 (100%)
17.	Separate kitchen	32 (84%)	6 (16%)
18.	Cooking method-LPG	6 (16%)	32 (84%)

Problems Faced by Anganwadi Workers: Table 3 reveals that problem of other infrastructure related problems and inadequate supply of play material as their major problem, was reported by (55%) of the AWWs, (24%) had reported Inadequate water, electricity supply and drainage system, (10%) had problem of delay in receiving funds and necessary items, like kerosene oil, cooking items etc. (8%) had problem of inadequate honorarium, and only (3%) of AWWs had problem of record maintenance was unnecessary burden.

Table 3: Showing Problems faced by Anganwadi workers

S. No	Problems Faced by Anganwadi Workers	Frequency	Percentages
1.	Inadequate honorarium	3	8%
2.	Excessive record and report maintenance	1	3%
3.	Delay in receiving funds and necessary items, like cooking items etc.	4	10%
4.	Inadequate water, electricity supply and drainage maintenance	9	24%
5.	Other infrastructure related problems and inadequate supply of play material	21	55%
6.	No problem.	0	

Table 4 reveals most of the AWCs were open for 25 days except govt. holidays. (63%) of AWWs covered 100-500 population and (32%) of AWWs covered population range of 500-1000 population and (5%) AWWs covered more than 1000 population.

Majority of AWCs 23 (61%) had 2-10 pregnant women in their area, 4 (11%) AWCs did not have any pregnant woman registered and 8 (21%) AWC was found catering to more than 10 pregnant women. 27(71%) AWCs had 2-10 PNC mother, 7(18%) had 1-2 PNC mother and only 2 (5%) AWCs had more than 10 and no PNC mother. Majority of 34% of AWCs had registered 11-20 no. of adolescent girls, 29% of AWCs had registered more than 30 adolescent girls and only 11% of AWCs had registered 1-10 no. of adolescent girls. 55% of AWCs had registered 11 to 20 no. of children under 1-6 years of age group and 57% of AWCs had registered 1 to 10 no. of children under one year of age group only 1 (3%) AWCs had no registered children less than one year of age group.

Table 4: Showing AWWs showing functions of AWWs

S. No.	AWW Covered Population	Frequency	Percentages
1.	< 100	0	0
2.	100-500	24	63%
3.	500-1000	12	32%
4.	> 1000	2	5%

S. No.	Registered ANC Mother	Frequency	Percentage
1.	Nil	4	11%
2.	1 to 2	3	7%
3.	2 to 10	23	61%
4.	> 10	8	21%
	Registered PNC Mother		
1	Nil	2	5%
2	1 to2	7	18%
3	2 to 10	27	71%
4	> 10	2	5%

S. No.	Registered Adolescent Girls	Frequency	Percentages
1.	1 to 10 No.	4	11%
2.	11 to 20	13	34%
3.	21 to 30	10	26%
4..	> 30	11	29%
	Registered Children 1-6 Years		
1.	1 to 10	6	16%
2.	11 to 20	21	55%
3.	21 to 30	4	11%
4.	> 30	7	18%

	Registered Children 0-1 Years		
1.	Nil	1	3%
2.	1 to 10	22	57%
3.	11 to 20	13	34%
4.	21 to 30	1	3%
5.	> 30	1	3%

Assessment of the Services Delivered by Anganwadi Workers: Table 5 reveals that in the present study, (100%) of AWWs maintained records of immunization, health check-ups, assistance given to hospital staff in immunization, health check-ups, provide health & nutritional education to beneficiaries and referral services.

JSY services to mothers was being provided by (76%) AWWs, (100%) AWWs got support of community and (26%) of AWWs reported that they provided prophylaxis against blindness and anaemia & (50%) also participate in DOTS programme by giving medicines. 100% AWCs had charts and poster and only 26.3% of AWCs had adequate play materials.

Table 5: Assessment of the services delivered by Anganwadi workers

S. No.	**Assessment of the Services Delivered by Anganwadi Workers**	**Yes**	**No**
1.	Do you maintain records of immunization, health check-ups etc.	68 (100%)	
2.	Do you assist hospital staff in immunization, health check up	68(100%)	
3.	Do you provide referral services	68 (100%)	
4.	Do you provide health and nutritional education to adolescent girl, women & the community?	68 (100%)	
5.	Do you provide prophylaxis against blindness and anaemia	10 (26.3%)	28 (74%)
6.	Do you have any kind of work overload	8 (21%)	79%
7.	Do community supports you	68 (100%)	
8.	Do you participate in DOTS programme by giving medicines to TB patients	19 (50%)	19 (50%)
9.	Do you provide JSY Services to mothers	12 (31.5%)	26(68.4%)
	Availabilities of Informal Educational Material		
1.	Charts and poster: Available	68 (100%)	
2.	Play materials: Adequate/ inadequate	10(26.3%)	28(73.6%)

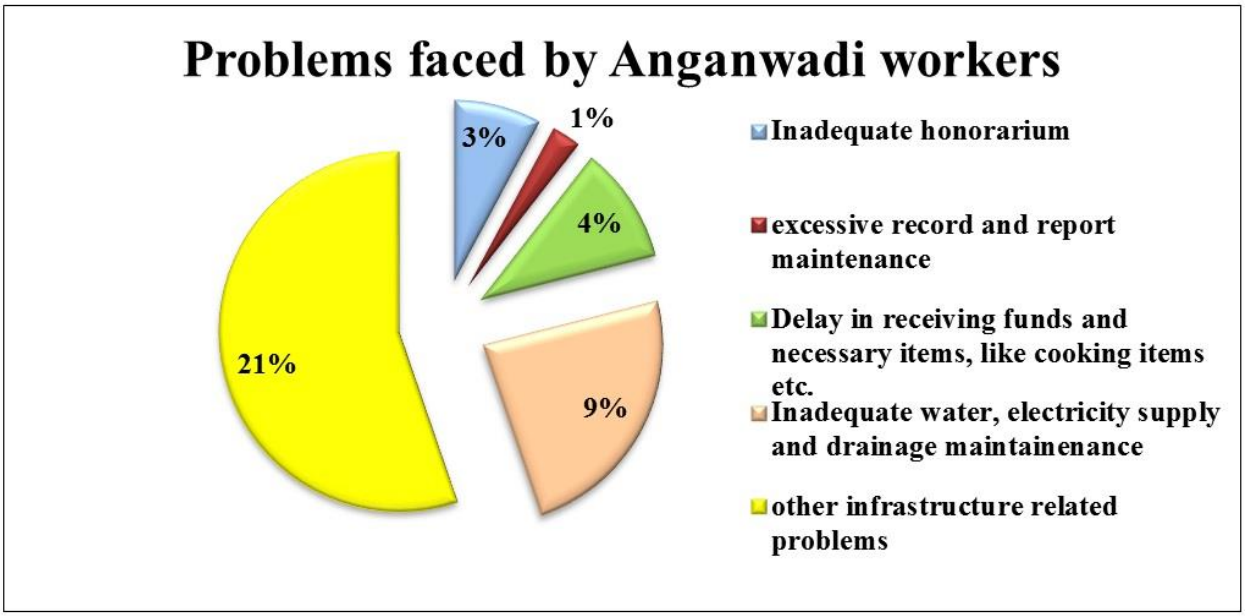

Fig. 1: Pie graph represent distribution of problems faced by Anganwadi workers

आंगनबाड़ी कार्यकर्ताओं को बताया प्ले थेरपी के बच्चों के मानसिक विकास का तरीका

भास्कर न्यूज | कवर्धा

सकीय नर्सिंग कॉलेज कवर्धा
कम्युनिटी हेल्थ नर्सिंग विभाग
र बीएससी नर्सिंग चतुर्थ वर्ष
छात्राओं ने शुक्रवार को ग्राम
ानवागांव में प्रशिक्षण कार्यक्रम
आयोजन किया। कार्यक्रम में
र्सिंग स्टूडेंट्स ने विभिन्न खेलों की
नकारी देते हुए प्ले थैरेपी के जरिए
ये 6 वर्ष उम्र के बच्चों में शारीरिक
मानसिक विकास बढ़ाने के
के बताए।
साथ इसके द्वारा बच्चों को होने
ने फायदों के बारे में भी बताया।
र्यक्रम में सहायक प्राध्यापक
पना जोशी ने 35 आंगनबाड़ी
र्यकर्ताओं को कैसे हम विभिन्न
ी वस्तुओं का उपयोग कर

कवर्धा. आंगनबाड़ी कार्यकर्ताओं को प्रशिक्षण देती नर्सिंग छात्राएं।

का मनोरंजन कर सकते हैं और इसके जरिए कैसे इनके शारीरिक व

में आंगनबाड़ी कार्यकर्ताओं सुपरवाइजर सोना धुर्वे, पुष्पल

Fig. 2

Discussion

This study was conducted on randomly selected 38 AWWs. Aim of this study specifically was to study the profile of Anganwadi workers (AWWs) & problems faced by them while working. The functioning of AWWs was to assessed by interviewing Anganwadi workers for their age, literacy status, years of experiences, infrastructural facilities of the AWCs assessment of the services delivered by Anganwadi workers, functions of AWCs and problems faced by them. Observation and cross checking techniques were also used to ascertain the factual information. The collected data was analysed and interpreted. The majority (53%) AWWs were in the age range of 20-30 years, whereas only (5%) were in the age range of > 50 years. Gupta et al in their study at the ICDS block worked out the average age of AWWs to be 23.7 years.[13] Programme Evaluation Officer (PEO) study on the integrated child development services project found that about 82% of the Anganwadi workers belonged to the age group 18-25 years.[14] The majority (45%) AWWs were educated up to secondary; while (34%) were educated up to higher secondary and only (3%) were educated up to primary class and post graduate. Vasundhara et al[12] in their project Observed that 96.16% of AWWs had education up to the high school level and 2 were graduates.

In so far as the work experience was concerned, (29%) AWWs had maximum experience in the range of more than 15 years and the majority, (42%) had 5-10 years of experience.

In the present study major problem was that other infrastructure related problems and inadequate supply of play material as their major problem, was reported by (55%) of the AWWs, (24%) had reported inadequate water, electricity supply and drainage system, (10%) had problem of delay in receiving funds and necessary items, like kerosene oil, cooking items etc. (8%) had problem of inadequate honorarium, and only (3%) of AWWs had problem of record maintenance was unnecessary burden. (63%) of AWWs covered 100-500 population and (32%) of AWWs covered population range of 500-1000 population and (5%) AWWs covered more than 1000 population.

100% of AWWs maintained records of immunization, health check-ups, assistance given to hospital staff in immunization, health check-ups, provide heath & nutritional education to beneficiaries and referral services. JSY services to mothers was being provided by (76%) AWWs, (100%) AWWs got support of community and (26%) of AWWs reported that they provided prophylaxis against blindness and anaemia & (50%) also participate in DOTS programme by giving medicines. 100% AWCs had charts and poster and only 26.3% of AWCs had adequate play materials.

Thakare (2011) conducted similar study in their study 75% of the workers complained of inadequate honorarium, 14.280/complained of lack of help from community and other problems reported were infrastructure related supply. Excessive, work overload and record maintenance.[2] At the end of data collection researcher organized in-service education programme regarding play therapy and how to improve the physical and mental development of children through the available resources in AWCs.

Conclusion

AWCs need to be strengthened in structure and supplies and AWWs need to be given more in-service educational programme and training programme along with salary so that they can be motivated to take interest in all activities of the project. At the end of data collection organized in service educational programme for Anganwadi workers, theme of the programme was play therapy- how to improve the physical and mental development of children under 6 years of age groups. There is genuine need to repair/replace the storing bins and other equipment time to time. It was found that

majority of AWWs were not able to focus on physical and mental development related activities in AWCs.

Limitation

The sample of this study was small viewing the large number of AWCs, so, future study need to include a larger sample size so as to generalize the results to draw reasonable inference.

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