International Journal of Humanities and Social Science Invention
ISSN (Online): 2319 – 7722, ISSN (Print): 2319 – 7714
www.ijhssi.org Volume 3 Issue 9 ǁ September. 2014ǁ PP.01-04

A Study on Anganwadi Workers in Rural ICDS Blocks of Punjab

Sarbjit Singh Kular[*]
[*] *Assistant Professor in Public Administration at Guru Gobind Singh College Sanghera (Barnala)*

ABSTRACT : *Integrated Child Development Services (ICDS) has been operating in the all districts of Punjab for decades.The present investigation was carried out to studythe profile of Anganwadi Workers (AWWs) and to assess knowledge of AWWs and problems faced by them while workingat Anganwadicentres. For this study, all three ICDS projects; namely Barnala, Sehnaand MehalKalan ICDS project were selected from Barnala district of Punjab. The results revealed thatabout 43.33% AWWs were from the age group of between 26-35years, 36.66% of them were matriculation and only 20% workers had an experience of more than 10 years. AWWs have best knowledge about the component of immunization (54.66%) while least about referral services (16.66). The problems felt by AWWs were mainly lack of availability of infrastructure facilities (80%) and inadequate honorarium (73.33%). It is recommended that the existing training of AWWs needs to be evaluated and their continuous education strengthened.*

KEY WORDS: *ICDS (Integrated Child Development Services), AWW (Anganwadi Worker), AWC (Anganwadi Centre), PSE (Pre-School Education), NHED (Nutrition and Health Education).*

I. INTRODUCTION

The Integrated Child Development Services (ICDS) Scheme is one of the flagship programmes of the Government of India and represents one of the world's largest and unique programmes for early childhood care and development. It is the foremost symbol of country's commitment to its children, pregnant women and nursing mothers, as a response to the challenge of providing pre-school non-formal education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. ICDS was launched on 2nd October 1975, on the auspicious occasion of the 106th birth anniversary of Mahatma Gandhi, the Father of the Nation[1].In the initial stages ICDS was implemented in 33 selected community development blocks all over India. ICDS has expanded considerably in subsequent years and at present there are 7076 sanctioned projects, 7025 operational projects in India and 155 sanctioned and 154 operational projects in Punjab[2]. Services under the scheme are being provided through a net-work of about 1331076 operational*Anganwadi* centers in India as well as 26656 operational*Anganwadi* centers in Punjab.The programmed beneficiaries are children below 6 years, pregnant women and lactating mothers for supplementary nutrition, immunization, health check ups, referral services. Women in the age group of 15-45 years and adolescent girls up to the age 18 years for health and nutrition education and children from three to six years of age are beneficiaries for non-formal pre-school education. All children below 6 years of age, pregnant women and lactating mothers are eligible for availing of services under the ICDS Scheme. Below Poverty Line (BPL) is not a criterion for registration of beneficiaries under ICDS. The Scheme is universal for all categories of beneficiaries and in coverage.Rattan (1997)[3] gave details about genesis, growth, components of ICDS and described a package of seven services comprising supplementary nutrition, immunization, health check-ups, and referral services' treatment of illness, Nutrition and health education and non-formal pre-school education which are provided under ICDS.

The focal point for the delivery of ICDS services in an *Anganwad*-a child care center located within the village or slum area itself. An Anganwadi Centre (AWC)usually covers a population of 400 to 800 in rural and urban areas and 300 to 800 in tribal and hilly areas.Each *Anganwadi*Centre is run by an *Anganwadi* worker (AWW), who is a part-time honorary worker. She is a woman of same locality, chosen by the people and having educational qualification of matric or graduation in some areas. She is assisted by a helper who is also a local woman and is paid a honorarium.Thakare et al, (2011)[4], revealed that Anganwadi Worker (AWW) is the community based voluntary frontline workers 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 of the ICDS scheme is to a great extent dependant on the profile of the key functionary i.e. the AWW, her qualification, experience, skill, knowledge, awareness etc.Being the functional unit of ICDS programme which involves different groups of beneficiaries, the AWW has to conduct various job responsibilities. Not only she has to reach to variety of beneficiary groups, she has to provide them with different services which include nutrition and health education, Pre-school education, supplementary nutrition etc. She also coordinates in arranging immunization camps, health check up camps.

Her function also include community survey and enlisting beneficiaries, referral services to severely malnourished, sick and at risk children, enlisting community support for Anganwadi functions, organizing women`s group and maintenance of record and register.While performing various different types of functions, it is obvious that she might have to face variety of problems. Anuradha (1985)[5] reported that 60% of the AWWs were in the age group of 15-24 years. 80% of AWWs were found to be undergraduates. 92% AWWs were trained and 48% of the AWWs felt that their workload was heavy. Kant *et al.* (1984)[6] found that majority 92.71 percent AWWs could not tell full form of ICDS. Most of them (90.62%) could not enumerate all the services being provided and none could list out their job responsibilities..Rekha*et al*. (1983)[7] had reported that in spite of delivery of package by AWWs, the mother's knowledge was poor in most of the component and it might be due to failure of AWWs in communication and imparting knowledge to the community. A problem mentioned by Nayar*et al.* (1999)[8] in their study is mainly related to inadequate honorarium and infrastructure. Keeping in view the relevance and effectiveness of the world`s largest and most unique ICDS programme, present study was conducted to assess the profile of Anganwadi Workers, knowledge of Anganwadi Workers and problems faced by Anganwadi Workers while working in rural ICDS Blocks of Punjab.

II. METHODOLOGY

In order to achieve the stipulated objectives of the present study, all three ICDS projects operating in Barnala district were selected. The ICDS projects so selected were Barnala,Sehna, MehalKalan. Further 10 *Anganwadis*each from Barnala, Sehna and MehalKalan ICDS project were selected randomly. In order to reach out the ultimate sampling units, 30Anganwadi Workers(AWWs) were selected by selecting one worker each from sample Anganwadi. For collection of primary data, responses were elicited from the chosen sample through open and close ended questions in the schedule through personal interview method. Schedule were designed in English and for the convenience of the respondents it were translated in Punjabi which is common language spoken in the Barnala district. Besides this, secondary sources of information like books, articles, and newspaper clippings, articles in research journals, websites and reports were also consulted to collect the factual data concerning the study. The study was conducted during August to December 2012. The data from the total sample of 30 Anganwadi workers was edited. The data collected was analyzed manually and tabulated.

For Anganwadi workers` knowledge assessment, a scoring system was developed. The knowledge assessment score from each AWW was calculated based on the response to a questionnaire containing 20 questions. The questionnaire was so designed as to contain question on every aspect of services provided through the Anganwadicentre. It included questions on different aspect of functioning of AWWs like immunization, pre-school education, nutrition and health education, referral services and supplementary nutrition. One mark was given for a correct response, while no mark was given for a wrong response of unanswered question. The knowledge of each AWW was scored out of 20. Workers with score of less than 10 were categorized as having inadequate knowledge, while those with score of 10 and above were labeled as having adequate knowledge.

III. Results and Discussion

Personal interview with Anganwadi Workers and observation generated important results and major onesare presented in the tabular form below:

Table 1: The profile ofAnganwadi Workers.

Parameters		Number of AWWs	Percentage
Age group (years)	20-25 years	01	3.33
	26-35 years	13	43.33
	36-45 years	11	36.66
	46+ years	05	16.66
Educational Status	Matriculation	11	36.66
	Higher secondary	07	23.33
	Graduation	08	26.66
	Post-graduation	04	13.33
Job Experience	Less than five years	12	40.00
	Six to ten years	12	40.00
	Eleven to Fifteen years	01	03.33
	Above fifteen years	05	16.66

Source: Called from primary data

In the present investigation as described in Table 1, it was found 43.33% of AWWs were aged between 26-35 years, followed by 36.66% AWWs aged between 36-45 years, some 16.66% AWWs of the selected sample

were aged 46 years or more than 46 years and merely one AWW belonged to the age group of 20-25 years. Around 36.66% of the AWWs were educated upto matriculation. 26.66% of AWWs were educated upto graduation level. 23.33% of the AWWs had higher secondary education and only 13.33%of AWWs were educated upto post-graduation level. Almost 40% of AWWs had service below 5 years, again 40% of AWWs had 6-10 years of service, some (16.66%) had service above 15 years and merely one (3.33%) of the AWWs had service between 11-15 years. The wages for AWWs were meager, which may be reason that only(19.99%) had service of more than ten years.

Table 2: Details of knowledge of AWWs regarding different services provided

Type of service	Total no. of questions asked	Total no. of correct responses	Percentage knowledge
Pre-School Education(PSE)	120 (30x4)	41	34.16
Nutrition and Health Education (NHED)	120 (30x4)	29	24.16
Immunization	120 (30x4)	65	54.16
Supplementary Nutrition Ration	120 (30x4)	49	40.83
Referral services	120 (30x4)	20	16.66
Total	600	204	34.00

Source: Called from primary data

Pre-school education is one of the most vital activities of the ICDS Program. This focuses on the total development of the children up to 6 years. Children of 3-6 years have the benefit of non-formal pre-school education through the institution of *Anganwadi*set up in each village. The data presented in Table 2 shows that a majority (65.84%) of the AWWs did not have proper knowledge and awareness about pre-school education component of ICDS scheme. Nutrition and Health Education for Women has the long-term goal of capacity building of women in the age group of 15-45 years so that they can look after their own health, nutrition and development needs as well as that of their children and families. Nutrition andHealth education is delivered by Anganwadi workers through inter-personal contacts and discussions at Aganwadicentres. But under the present study high majority AWWs have inadequate knowledge about NHED component.Children are considered fully immunized, if they have received one BCG injection to protect against tuberculosis, three doses each of DPT (diphtherias, peruses, tetanus), polio vaccination and one measles vaccine. In the present investigation more than half (54.16%) of the AWWs knew about the names of different types of vaccinations given to their children. With a view to improve the health and nutritional status of children, pregnant women and lactating mothers, the Supplementary Nutrition Programme has been included as the most important component of the ICDS Programme.The Table 2 clearly indicates that 59.17%AWWs did not know about the different nutritional supplements. During health check-ups and growth monitoring, sick or malnourished children, who are in need of prompt medical attention, are referred to the Primary Health Centre or its sub-center by Anganwadi worker .The data of study also proved that a high majority (66%) of the AWWs were not sure about referral services.

Table 3: Problems faced by Anganwadi workers

	Type of Problem	Number of AWWs	Percentage
1	Work overload	12	40.00
2	Inadequate supervision	14	46.66
3	Infrastructure related	24	80
4	Lack of help from community	17	56.66
5	Inadequate honorarium	22	73.33
6	Logistic supply related	14	46.66

Replying to the question about the problem faced by*Anganwadi* Workers at *Anganwadi*Centres, as Table 3 describes, it was found that work overload complained by 12(40%) AWWs, as their work involves daily home visits, a lot of record maintenance or they have to assist for other health programmes apart from their Anganwadi related work like in pulse polio programme, vitamin A distribution programme etc. Nearly half 46.66% *AWWs* viewed that Inadequate supervision from supervisors and C.D.P.Os was the main problem. Logistic supply related problems were complained by 14(46.66%), while 17 (56.66%) of the AWWs considered lack of help from community related to different activitiesof ICDS scheme as the major problem. As is evident from the data, 22(73.33%) workers complained of inadequate honorarium. A high majority24(80%) workers were infrastructure related due to inadequate space for displaying PSE posters or other posters related to nutrition and health education, space is not available for conducting recreational activities like outdoor

activities, nuisance by animals entering into AWC. However, it is sad to see that majority of Anganwadicentres are not running in their building.

IV. CONCLUSIONS

The findings of the study clearly indicated that maximum number of workers 13 (43.33%) were in the age group of 26-35 years. About 11 (36.66%) of AWW were matriculation which is consistent with many other studies. Only 06 ((20%) AWWs were had an experience of more than 10 years. On the whole it was found that AWWs have best knowledge about the component of immunization (54.66%) while least about referral services (16.66%).In present study the problems felt by AWWs were mainly lack of availability of infrastructure facilities (80%) and inadequate honorarium (73.33%). However, it is sad to see that majority of Anganwadicentres are not running in their building. Based on the present experiences, the following are some steps that need to be taken for improve the knowledge and awareness of AWWs

- All the AWWs should be given adequate training and re-training at proper intervals of time about all components of ICDS scheme in order to enable them to develop suitable skills for imparting different services more effectively at AWCs.
- Some more avenues of promotion to a higher post should be created for AWWs. Some quota could be fixed in the ANM training courses for the AWWs who were matriculates and had worked satisfactorily for at least 5 years. This would work as an incentive and help the AWWs to get a regular government job with a much better salary.

REFERENCES

[1] [1]Mamata, T and .Sarada D. 2009. *Child Right*, Discovery Publishing House Private Limited, New Delhi: p.6.

[2] [2]*Annual Report 2012-2013*. Ministry of Women and Child Development, Government of India, New Delhi.

[3] [3]Rattan, V. 1997.*Integrated child Development Services Program administration*, S.Chand and company Limited, New Delhi.

[4] [4]Thakare, M.M. Kuril B.M. Doibale M.K. and Goel N.K. 2011. Knowledge of Anganwadi Workers and their problems in an urban ICDS block. *Journal of Medical College Chandigarh*.1(1):15-19

[5] [5]Anuradha, K.1985. *Assessment of Non-formal Pre-school Education Component of Integrated Child Development Services Scheme operating in Hyderabad*, M.Sc. Thesis, Andhra Pradesh Agriculture University, Hyderabad.

[6] [6]Kant, L. Gupta, A. and Mehta, S.P. 1984. Profile of Anganwadi Workers and their Knowledge about ICDS.*Indian Journal of Paediatrics*. 51 (4):401-402.

[7] [7]Rekha, H. Udani, M.D. and Patel M.D.1983.Impact of Knowledge of Anganwadi workers on slum community.*Indian Journal of Paediatrics.* 50(403): 157-159.

[8] [8]Nayar, D. Kapil, U. and Nandan, D. 1999. Assessment of community contribution to the ICDS scheme in district Agra: a case study. *Indian Journal MaternChild Health*. 10(1): 4-5.