



A CROSS SECTIONAL STUDY OF THE PROFILE, KNOWLEDGE, AND ISSUES OF ANGANWADI WORKERS IN ICDS BLOCKS OF AMRAVATI DISTRICT MAHARASHTRA

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ABSTRACT

The study evaluates the knowledge of Anganwadi Workers (AWW) regarding Integrated Child Development Services (ICDS) as well as problems encountered by them at their workplace. The study was carried out from January 2021 to December 2021 (one year) with a sample size of 45 AWWs from 3 ICDS blocks of Amravati District (Maharashtra state). Data was collected through a self-prepared questionnaire which contains 20 questions regarding the knowledge of Anganwadi Workers about ICDS services and 8 questions regarding workplace-related problems faced by them. Results indicate that the majority of AWWs in ICDS Blocks were between the ages of 41 and 50, matriculated, experienced, and knowledgeable of more than 50% of the everyday tasks performed at AWW centers. As an AWW, knowledge grows with experience, but it has nothing to do with school background. Their problems were primarily brought on by an insufficient honorarium and an excessive workload. A timely increase in honorarium should therefore be taken into account.

KEYWORDS : Anganwadi Workers, Child Development Services (ICDS), Knowledge, Issues

INTRODUCTION

Children are a nation's greatest resource. The growth of children is just as crucial as the growth of resources. The Government of India's ICDS Scheme is its most extensive early childhood care and development program. It attempts to improve the survival and development of kids from disadvantaged social groups. Being the largest outreach program in the world with a focus on young children under the age of six, pregnant women, and nursing mothers, ICDS has sparked interest among academics, planners, policymakers, administrators, and those in charge of implementation all over the world. As a result, numerous research studies have been carried out to examine and assess the program's impact. However, it is clear that the majority of investigations merely offered fragmentary data. Additionally, these researches haven't offered enough proof of the interrelation of numerous program implementation-related variables. The Anganwadi worker (AWW), a frontline volunteer employee of the ICDS program chosen from the community, plays a crucial role because she is in constant and intimate touch with the program's beneficiaries. The profile of the primary functionary, the AWW, including her training, experience, abilities, attitude, and qualifications, greatly influences the ICDS scheme's output. AWW is required to carry out a variety of distinct job duties. She must not only connect with a range of benefit groups but also offer them various services. This study was carried out in ICDS Blocks in Amravati District keeping in mind the aforementioned factors.

METHODOLOGY:

Two Integrated Childhood Development Services Scheme (ICDS) blocks from the Amravati District were the sites of the current investigation. The research was done between January 2021 and December 2021. It was cross-sectional descriptive research.

Sample Selection:

The sampling technique employed was multistage sampling. In the beginning, three (Amravati, Bhatkuli and Daryapur with 117,150 and 179 AW Centers respectively) blocks were chosen at random from a list of a total of 14 ICDS blocks in Amravati District. Then, 10% of the Anganwadi centers from each block were chosen by stratified random sampling. In each segment of the initiative, all Anganwadi centers (AWCs) were included. 10% of the Anganwadi in each block were randomly chosen using the lottery approach. 45 Anganwadi in total were chosen for the study for this reason. . Anganwadi centers were enlisted

and then randomly chosen during meetings with the supervisors, who were also present for the child development project officers. Anganwadi centers are open daily from 10 a.m. to 1 p.m., with the exception of the summer, when they are open from 9 a.m. to 12 p.m.

The effectiveness of AWC was evaluated by speaking with Anganwadi staff about their literacy levels, years of experience, knowledge of the services they provide, and issues they have encountered. Different services' sufficiency and frequency were also evaluated. Anganwadi centers efficiency was also evaluated using the records, reports, infrastructure, and logistics on hand at the facility.

A grading system was created for the knowledge assessment of Anganwadi workers. The results of a questionnaire with 20 questions were used to determine the knowledge evaluation score for each AWW. Every facet of the services offered by the Anganwadi Centre was included in the questionnaire's design. It asked about a variety of AWW-related topics, such as immunization (4 questions), prevention of blindness and anemia, nutrition and health education (6 questions), supplemental nutrition (3 questions), growth monitoring (5 questions), and referral services (2 questions). A correct response received one mark, whilst an incorrect response or an unanswered question received none. Each anganwadi worker's knowledge was given a score out of twenty. Workers who had a score of nine or less were classified as having inadequate knowledge, while those who received a score of ten or more were classified as having acceptable knowledge.

RESULTS

Table 1: Information about what AWWs know about the various services offered.

Type of Services	Total Questions Asked	Total Correct Response	Knowledge Percentage
Immunization	180 (45x4)	121	67.2
Nutrition and Health Education	270 (45x6)	242	89.6
Supplementary Nutrition	135 (45x3)	88	65.2
Growth Monitoring	225 (45x5)	212	94.2
Referral Services	90(45x2)	59	65.6
Total	900	722	80.2

The table 1 illustrates information pertaining to what

Anganwadi workers know about the various services offered. It is evident from the information that Anganwadi workers have the best knowledge of growth monitoring services (94.2%) whereas 89.6% of AWWs have knowledge about nutrition and health education services. Furthermore percentage of AWWs having knowledge regarding immunization, referral service and supplementary nutrition service is 67.2%, 65.6% and 65.2% respectively.

Table 2: Knowledge assessment results for an Anganwadi worker in relation to her experience

Experience in Year	No. of AW with score <10	No. of AW with score ≥10	Total	Percent
Less than 5 Year	6 (50%)	6 (50%)	12	26.7
5 to 10 Years	2 (16.66%)	10 (83.33%)	12	26.7
11 to 15 Years	1 (6.67%)	14 (93.33%)	15	33.3
More than 15 Years	0	6 (100%)	6	13.3
Total	9	36	45	100
percent	20.0	80.0	100.0	

Above Table 2 illustrates information pertaining knowledge assessment results for an Anganwadi worker in relation to her experience. It is evident from the information that as the experience of AWWs increase their knowledge regarding ICDS services also increased.

Table 3: Knowledge evaluation results for an Anganwadi worker in relation to her education.

Education	No. of AWW with score <10	No. of AWW with score ≥10	Total	Percent
Secondary School Certificate (SSC)	6 (35.29%)	11 (64.71%)	17	37.8
Higher Secondary School Certificate (HSSC)	3 (15.78%)	16 (84.21%)	19	42.2
Graduate	0	7 (100%)	7	15.6
Post Graduate	0	2 (100%)	2	4.4
Total	9	36	45	100
Percent	20.0	80.0	100	100

Table 3 demonstrates information regarding knowledge evaluation results for an Anganwadi worker in relation to her education. It is apparent from the information that as educational status of AWWs increased their knowledge regarding ICDS services also increased.

Table 4: Workplace issues for Anganwadi workers

Type of Problems	Number	Percent
Insufficient Honorarium	45	100
Infrastructure related problems	29	64.4
Logistic Supply Related Problems	32	71.1
Overload of Work	41	91.1
Excessive Record Keeping	42	93.3
Lack of Community Support	37	82.2
Lack of adequate supervision	31	68.9
Other Problems	21	46.7

Table 4 illustrates information pertaining to workplace issues of AWWs. It observed that insufficient honorarium is the problem reported by all (100%) AWWs, whereas 93.3% of AWWs reported the problem of excessive record keeping. In addition to this, problems such as overload of work and lack of community support were reported by 91.1% and 82.2% of AWWs respectively. Furthermore, problems like logistic supply-related problems, the problem of lack of adequate supervision, infrastructure-related problem and other problems was reported by 71.1%, 68.9%, 64.4% and 46.7% AWWs respectively. As their work involves daily home visits, a lot of record maintenance, or they have to assist with other health programmes aside from their Anganwadi-related work, they do not have enough space to display NFPSE

posters or other posters related to nutrition and health education, nor do they have enough space to conduct recreational activities like outdoor activities or prevent nuisance from animals entering AWC. As and when needed, community assistance or participation was always made accessible. People will occasionally assist with meal delivery if an employee is preoccupied with AWC or other activities.

DISCUSSION:

The Integrated Child Development Services (ICDS) scheme is the world's and India's largest initiative for promoting mother and child health and nutrition. Gupta et al., () found maximum number of employees, 17, were between the ages of 41 and 50 (34.69%). In their investigation at the ICDS block, calculated that the average age of AWWs was 23.7 years. In a study conducted by the Programme Evaluation Officer (PEO) for the Integrated Child Development Services project, it was discovered that 2% of the Anganwadi employees were between the ages of 18 and 25. 50% of AWWs were older than 35 years old, according to Khan et al. In their critical evaluation of AWCs, Seema et al. noted that 32% of AWWs were younger than 30.30% of AWWs were in the age range of 25 to 35 years, according to a thorough evaluation of the national program that was conducted by the National Institute of Public Cooperation and Child Development (NIPCCD) after three decades of ICDS.

We found that 19 (42.2%) of AWWs were educated up to HSSC, which is consistent with the findings of numerous other studies. In their project, Vasundhara et al. found that 2 AWWs were graduates and that 96.16% of them had at least a high school diploma. Wide disparities in the educational backgrounds of Anganwadi employees were found by the World Food Programme, India, a pilot project funded by the United States. The median educational level was Standard VIII, with 25% of people having less than a Standard V education and 5% having a degree.[8] In their survey, Kapil et al. noted that 88% of AWWs had finished primary education.

Maximum number of employees 21 (46.6%) had more than ten years of experience. According to Kapil et al., (1991), 70% of AWWs had experience working in the ICDS sector for at least ten years.

According to the results of our study, AWWs are the group with the best understanding of growth monitoring (94.2%) and the least knowledge of supplemental nutrition (62.2%). According to Bhasin et al., (1995), 99% of people had adequate knowledge of the growth charts' significance in indicating various levels of nutritional status, 90-91% knew the right weights for children at 1 and 3 years old, and 17-30% knew the right mid-upper arm circumference (MUAC) for children between the ages of 2 and 4 who were receiving optimal nutrition. Only 11.8% of Anganwadi personnel could define fever, according to Chattopadhyay. Over 90% of professionals correctly identified the stages of vitamin A deficiency and the dosing regimen for children; 59% knew the total amount of IFA (Iron, Folic Acid) pills that should be given to a pregnant woman.

According to the results of our study, 80.0% of AWWs scored above 50% on the knowledge assessment questionnaire. According to Gopaldas et al. (1990) study, 87% of ICDS functionaries could comprehend growth charts. In our survey, the AWWs' main complaints were an insufficient honorarium (100%) and overload of work (91.1%). Inadequate honoraria and infrastructure are the key issues raised in other studies as well.

CONCLUSION:

The majority of AWWs in ICDS Blocks were between the ages of 41 and 50, matriculated, experienced, and knowledgeable of more than 50% of the everyday tasks performed at AWCs.

As an AWW, knowledge grows with experience, but it has nothing to do with school background. Their problems were primarily brought on by an insufficient honorarium and an excessive workload. A timely increase in honorarium should therefore be taken into account.

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