



ANGANWADI WORKERS' EVOLVING ROLES IN AMRAVATI DISTRICT: A STUDY

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ABSTRACT

The study investigates the changing roles of Anganwadi workers in the modern environment with a great deal of confidence and clarity. The researchers conducted a thorough investigation by visiting 120 Anganwadi centers, which make up approximately 25% of the centers in the Amravati district. The data was collected through interviews with AWWs, and the study found that the average age of Anganwadi workers was 33.8 years, with an age range of between 20 and 53 years. The researchers also discovered that AWWs are overworked and struggling to keep up with their daily tasks. The National Rural Health Mission (NRHM) has introduced an identical cadre of ASHAs in each village, and it is imperative for the government health authorities and other authorities to utilize them effectively. Therefore, the study recommends that AWWs should tailor their services to meet the needs of the community they serve.

KEYWORDS : Anganwadi, AWW, ASHA workers Amravati district

INTRODUCTION

The Integrated Child Development Scheme (ICDS) was created in October 1975 to combat the severe issues of chronic hunger and malnutrition affecting children (Kant et al., 1984; GOI, 2010). In the last 35 years, ICDS has grown to become the world's largest early childhood development program (Jayanti, 2004), with each Anganwadi catering to roughly 1,000 individuals in rural and urban areas, and 700 in tribal communities (Gujral et al., 1991; GOI, 2010). Despite their title of "social workers" or "voluntary workers," Anganwadi Workers and Helpers are not government employees (Jayanti, 2004), but they are some of the most devoted and committed public servants. Even though they are paid only Rs. 2500 per month, these workers and assistants are entrusted with extensive responsibilities (Jayanti, 2004). They are considered part-time workers and are supposed to work for only four hours a day in the centers. However, they have established grassroots connections and can recognize specific people and organizations in any community. Their primary responsibilities include providing supplementary nutrition to children under the age of six, nursing mothers, and expectant mothers from low-income families; immunizing all young children under the age of six and expectant mothers against tetanus; educating all women between the ages of 15 and 45 about nutrition and health; and conducting basic health checks, including antenatal care for expectant mothers. They also play a crucial role in identifying and referring severe cases of malnutrition or disease to district hospitals, hospitals, or community health centers. ICDS and Anganwadi workers have been instrumental in improving the health and welfare of countless children and mothers over the years, and their efforts must be recognized and supported.

The Study Was Conducted With Regards To

1. How have the roles of anganwadi workers evolved over time?
2. What are some challenges faced by anganwadi workers in modern socio-economic conditions?
3. How effective are Mahila-mandals and Village Health Committees in promoting community health?
4. What are the benefits of involving local communities in healthcare initiatives?
5. What steps can be taken to improve the working conditions of anganwadi workers?

MATERIALS AND METHODS

The investigation conducted in the Amravati District of Vidarbha Region in Maharashtra was a well-planned and comprehensive cross-sectional study. The sample selection

was made purposefully and conveniently to ensure an accurate representation of the entire geographic area, covering 25% of the total Anganwadi centers in the district. The interviews were conducted with each of the chosen Anganwadi employees after obtaining ethical approval for the research. A pre-tested questionnaire was utilized for data collection, and oral consent was obtained from the study population. The investigation was carried out from October to December 2022, and the data was compiled and analyzed using Microsoft Excel and SPSS software. The findings indicate that the average age of Anganwadi workers was 33.8 years, with a variation between 20 and 53 years. This study provides valuable insights that can be used to develop and implement effective policies and programs to improve the quality of life for the people in the region.

OUTCOMES

The study analyzed a total of 120 Anganwadi centers out of 478 in the Amravati district, which is approximately 25% of all centers. The study found that the average age of the Anganwadi workers ranged from 20 to 53 years. Moreover, 21.7% of the sampled female workers had completed at least secondary education, 34.2% had completed at least higher secondary education, and 37.5% had completed more than higher secondary education. On the other hand, only 6.7% of the AWWs analyzed had finished their primary-level education.

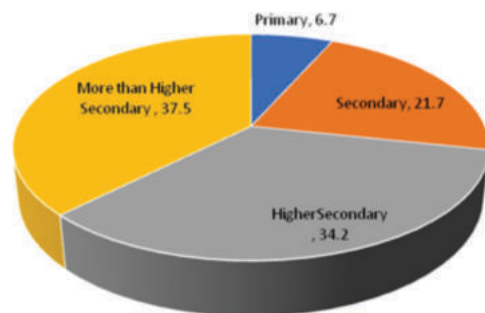


Figure: I: Education of AWWs

The project aims at improving the health and well-being of the community by providing accessible and affordable health services. The project focuses on Anganwadi employees who work as frontline workers to provide various health services to the community. Project Progress: Nearly 77% of Anganwadi employees were from the same community as the facility. All

AWWs receive a monthly salary of roughly Rs 5000. The average number of years spent working as an AWW was 7.48 years. The average population that study AWWs serviced was 1017.23. The office is open from 11 a.m. to 3 p.m., after which they make home visits. They go to five homes each day. ANM provides advice to all AWWs. AWWs typically take 10 to 15 days off during the summer and 8 to 10 days off during Diwali. 89.7% of AWWs said they continue to work on record-keeping and other tasks even when they are on vacation. To keep a record of their work, AWWs maintain different registers, including the survey register, afternoon meal registration, morning breakfast register, Masala registry, school health register, visiting register, student register, and register for young children. They also organize various events such as a competition for children's health, a competition for pregnant women's health, a meeting for parents, a competition for the best dishes, a meeting for moms, and a meeting for fathers. They held "Annaprasan Day" every fourth Friday of the month, during which they educated postpartum moms about weaning techniques. The cases of grade 2-3 children, pregnant women for registration, and lactating mothers are sent to primary health centers by AWWs in collaboration with auxiliary nurse midwives. Every month for all children and every 15 days for malnourished students in grades 2-3, weights are taken.

Table 1: Awards To Anganwadi Employees For Participating In The National Health Program

Programme	Incentive (Rs.)
IPPI	75 per Day
Mamta Divas	50 per day
RNTCP-drug provider	250 per patient
Motivator of TL cases	150 per case

Nearly 42 (35%) Anganwadi workers had attended training in Integrated Management of Neonatal Childhood Illness (IMNCI). After completing the IMNCI course, all AWWs felt that their knowledge and practice had improved. Aside from ICDS, all AWWs received rewards for their involvement in or service in national health programs. Conclusion: The project has made significant progress in improving the health and well-being of the community. The Anganwadi employees have been actively involved in providing various health services, and their knowledge and practice have improved after attending the IMNCI course. The project team will continue to monitor and evaluate the project's progress to ensure that it meets its objectives.

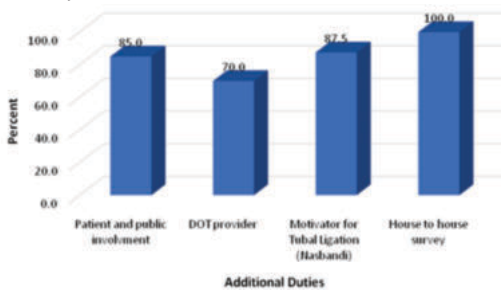


Figure 2 : Additional Duties

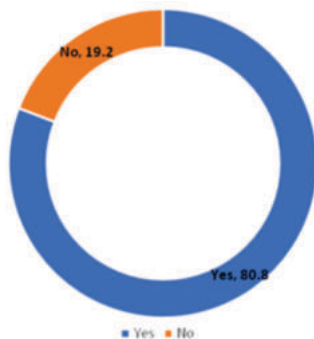


Figure 3: Preoccupied With Extra Burden?

In other national health programs like PPI, house-to-house surveys, and the selection of patients for TL in family planning programs, about 85%, 100% and 87.5% of AWWs respectively took part. 70% of AWWs provided DOT care to patients with tuberculosis. 80.8% of AWWs thought they were overworked or couldn't devote enough time to basic Anganwadi activities because they were preoccupied with other tasks, whereas 19.2% of AWWs had not experienced it.

Although only one District of the area was studied, and only a small sample was used, the findings point to the necessity for a larger investigation. The average age of the research participants in the current study was 33.8 years, which was considerably younger than the average age of AWWs in the study carried out in Pondicherry by Datta et al., where it was 42.64 years.

CONCLUSION

The real providers of many essential services for the underprivileged Indian residents are the overworked and underpaid Anganwadi employees. The basic ICDS employees, the Anganwadi worker and helper, are not treated equally with other government workers; instead, they are referred to as "Calle workers" or "voluntary workers." They receive simply an "honorarium" instead of "wages" (which would come with some minimum service requirements). According to the current survey, the AWWs are overworked and unable to defend their everyday task. The National Rural Health Mission (NRHM) has created a second, identical cadre of ASHAs (Accredited Social Health Activists) in each village, which the government health authorities and other authorities need to bear in mind. They ought to be used properly. Therefore, the AWWs will customize their services to meet community needs.

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