

KNOWLEDGE OF ANGANWADI WORKERS AND THEIR PROBLEMS-IN GADWAL (RURAL), MAHABUBNAGAR, DIST. AP

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Abstract: Anganwadi workers and helpers are engaged by the government to work in the state-operated Integrated Child Development Scheme (ICDS). This scheme caters to the health and pre-school education needs of children from birth to six years of age and also to the health and nutrition needs of pregnant women, nursing mothers, and adolescent girls, to study the profile of Anganwadi Workers (AWWs). To assess knowledge of AWWs & problems faced by them while working. The author discussed on “knowledge of Anganwadi workers and their problems” with special reference to Gadwal (Rural), Mahabubnagar, District .AP.

Keyword: Anganwadi workers, Icds, Knowledge, Problems.

INTRODUCTION:

The ICDS scheme was launched by Government of India on October 2, 1975 with 33 projects 19 rural, 10 tribal and 4 urban-distributed in as many as 22 states and the union territory of Delhi. Andhra Pradesh was one among the states and had two ICDS projects at Utnoor (Adilabad -district) and Thamballapally (Chittoor district).

Integrated Child Development Service (ICDS) scheme which operates at the state level to address the health issues of small children all over the country. The word 'Anganwadi worker' is derived from the Indian word Angan, which means the court yard (a central area in and around the house where most of the social activities of the household takes place). The Anganawadi worker and helper are the basic functionaries of the ICDS who run the Anganawadi centre and implement the ICDS scheme in coordination with the functionaries of the health education, rural development and other departments. Their services also include the health and nutrition of pregnant women, nursing mothers, and adolescent girls. The anganwadi worker is the most important functionary of the ICDS scheme. The anganwadi worker is a community based front line voluntary worker of the ICDS programme. She plays a crucial role in promoting child growth and development she is also an agent of social change.

For every 10 Anganwadi workers, there is an Anganwadi Supervisor to provide on-the-job guidance, who is also known as Mukhya Sevika. Apart from the healthcare, nutrition and educational work, the following are the responsibilities of the Anganwadi Supervisor:

- 1) Checks the list of beneficiaries from the low economic strata, who are severely malnourished,
- 2) Guides AWWs in the assessment of correct ages of children, correct method of weighing the children, and plotting their weights on growth charts,
- 3) Demonstrates to the AWWs the effective methods of

providing health and nutrition education to mothers, and maintains the statistics of the Anganawadis
The Mukhya Sevikas, in turn, report to the Child Development Projects officer (CDPO)

REVIEW OF LITERATURE:

Veera Raghava (1989) obtained the opinion of functionaries towards Icds scheme as part of her critical study of “achievements of Icds scheme in AP”. the results showed that majority (61%) of the functionaries of urban area had medium opinion towards the icds scheme. Followed by 25% high opinion and 14% low. With regards to the functions of rural area majority of them 56% had medium opinion followed by 31% high opinion and 13% low towards ICDS scheme.

Anuradha (1985): in her study found that AWW spent maximum time (3 hour 15 minutes) for pre-school education programme. She spent 12 to 37 minutes per day on each activity, i.e. health check - up, supplementary nutrition and health education. she spent on average, 3 hours per on Referral services and immunization.

Vijayalaxmi (1992): in her study “Assessment of training need job performances of ICDS supervisors working in Telangana region of AP.” Observed that 67% of supervisors were average in their level of job performance, as per the self ratings of supervisors.

A study conducted by Bhasin SK, Kumar R, Singh S, Dubey KK, Kapil U in 1994 in Delhi to know the knowledge of anganwadi workers about growth monitoring revealed almost all (99%) of the AWWs had adequate knowledge regarding the significance of the lines on the growth charts indicating different grades of nutritional status. However, only 43% of AWWs had the knowledge that growth monitoring can be started for a child at any age below 6 years and 37% had wrong knowledge that assessment of correct age is not required for growth monitoring. More than

90% of Anganwadi workers had adequate correct knowledge about weight of a child at 1 and 3 years. However, majority Anganwadi workers did not have correct knowledge regarding mid arm circumference between the ages of 1-5 years.⁶

A study conducted by Kapil U, Saxena N, Nayer D & Gnasekaran N in Rajasthan in 1996 to know the status of growth monitoring activities in selected ICDS projects showed that 90.0% of the AWW were not aware of correct sequence of steps required for conducting growth monitoring. 54.2% of the workers did not know about the type of intervention measures to be taken on findings of growth monitoring. About 33% of the AWW conducted growth monitoring at Anganwadi centre. About 75% of AWW were not able to use Salter weighing scales correctly. Nearly half of the AWW plotted weights incorrectly on growth charts.⁷

OBJECTIVES OF THE STUDY

- 1) To study the profile of Anganwadi Workers (AWWs)
- 2) To assess knowledge of AWWs & problems faced by them while working.
- 3) To study the role and responsibilities of Anganwadi worker and Anganwadi helpers
- 4) To assess the knowledge and skills of Anganwadi workers.

RESEARCH METHODOLOGY:

The present study was conducted in rural area of Gadwal, Mahabubnagar District;

The study had 50 Anganwadi workers as respondents from 50 Anganwadi centers each.

1. Primary Data: primary Data were collected through questionnaire and personal visits to Anganwadi centers.
2. Secondary Data: Secondary data were collected from the Department of Icds, Internet, Journals, Magazines, News Papers and Government Publications.

INTEGRATED CHILD DEVELOPMENT SERVICES (ICDS):

The ICDS Scheme is a centrally sponsored scheme and is the single largest integrated programme of Child Development. It was started in 1975-76 in 2 Blocks of the State on a pilot basis. The concept of Universalisation of ICDS with quality and the revised norms of AWCS / ICDS in April, 2007 increased the spread of ICDS.

At present 387 Projects, 80,481 Main AWCs 67,319 are in Rural Areas, 7,920 are in Urban Area and 5,242 are in Tribal Areas. In addition 10,826 Mini AWCs are also in operation all over the Andhra Pradesh State. It is estimated that there are more than 4.423 Anganwadi centers are functioning in the district. Gadwal (Rural) has 305 Anganwadi centers.

Services Provided by ICDS Scheme

- a) Supplementary Nutrition to 6 months to 6 years aged children, Pregnant and Lactating Mothers
- b) Non-formal Pre-School Education to 3-6 years Children
- c) Immunization to Children and Women. The services are provided with active co-ordination with the community and line Departments concerned.

- d) Health check-ups to Children and Women
- e) Referral services to Children and Women
- f) Health & Nutrition Education to Children, Women and Adolescent Girls
- g) Supplementary Nutrition Programme (SNP)
- h) Girl Child Protection Scheme
- i) Sabala
- j) Amruta Hastham

ROLE AND RESPONSIBILITIES OF AN ANGANWADI WORKER:

1. Assisting ASHA on spreading awareness for healthcare issues such as importance of nutritious Food, personal hygiene, pregnancy care and importance of immunisation
2. Act as a storekeeper to supply drug kits and medication to the needy on prescription of Auxiliary nurse midwife.
3. Coordination with block and district healthcare establishments to avail medical schemes.
4. Helping to mobilise pregnant/lactating women and infants for nutrition supplements.
5. Ascertaining immunization and health check-ups for all.
6. Working proactively to spread awareness of health schemes run by government.
7. To keep a record of expecting mothers, childbirths and diseases/infections of any kind.
8. Maintaining referral card for referring cases of mothers/children to the sub-centers/PHC.
9. Ascertaining child care by maintaining child cards for their detailed check-up.
10. Conducting health related survey of all the families and visiting them on monthly basis.
11. Conducting pre-school activities for children of up to 5 years.
12. Organising supplementary nutrition for feeding infants, expectant/nursing mothers.
13. Organising counseling/workshops along with ANM and block health officers to spread Education on topics like correct breastfeeding, family planning, immunisation, health check-up, ante natal and post natal check.
14. Sharing record of births with the Panchayat Secretary/Gram Sabha Sewak/ANM.
15. To visit expecting/nursing mothers in order to be on course with child's upbringing and Development.
16. To ensure that health components of various schemes is availed by villagers.
17. Informing supervisors for villages' health progression, or issues needing attention and intervention.
18. To ensure that Kishori Shakti Yojana (KSY), Nutrition Programme for Adolescent Girls (NPAG) and other such programmes are executed as per guidelines.
19. To determine any disability, infections among children and referring cases to PHC or District Disability Rehabilitation Centre if needed.
20. Following pulse polio immunisation (PPI) drives by organizing a camp at AWC.
21. Immediately reporting diarrhoea and cholera cases to health care division of blocks and district

Role and Responsibilities of Anganwadi Helpers:

- (i) To cook and serve the food to children and marchers
- (ii) To clean the Anganwadi premises daily and fetching water.
- (iii) Cleanliness of small children.
- (iv) To bring small children collecting from the village to the Anganwadi.



Anganwadi worker Asiya sultana, distributing the nutrition food for adolescent girls at KT-Doddy village in Gattu mandal, Mahabubnagar, Dist, AP

Problems of Anganwadi Workers:

There are many problems of Anganawadi workers that is Anganawadi workers toil for bettering the lives of millions of children across the country, and are the providers of several basic services to the poor.

- 1) The workers do not have permanent jobs with comprehensive retirement benefits like other government staff.
- 2) Low salaries
- 3) lack of Transport facilities
- 4) Lack of better storage facility
- 5) Lack of safe drinking water facility and Lack of sanitary facilities.

Table -1
Selection of sample units

Sl No	Sectors	No of Respondents	Percentage
1	Gadwal	5	10
2	Gattu	15	30
3	Dharur	10	20
4	Ieeja	10	20
5	Maldhakal	10	20
	Total	50	100

(Data indicates multiple responses)

Table 1 shows that selection of sample units in the present study. This study undertaken, Gadwal (Rural), Mahabubnagar, District .AP. The sample units have been collected from various sectors in Gadwal (Rural), project

Table-2
Age group of the Anganwadi workers

Sl No	Age group	No of AWWs	Percentage
1	20-30 year	7	14
2	30-40 year	38	76
3	40-years and above	5	10
	Total	50	100

(Data indicates multiple responses)

Table 2 shows that the age group of the respondents, the majority of 76 % (38) respondents were belonging to age group between 30-40 years, 14% (7) respondents were 20-30 years of age group, 10 % (5) respondents were 40 years and above of age group,

Table -3
Educational background of the Anganwadi workers

Sl No	Qualification	No of AWWs	Percentage
1	Matriculate	30	60
2	Intermediate	17	34
3	Degree	2	4
4	Above Degree	1	2
	Total	50	100

(Data indicates multiple responses)

In our study, 60 % (30) of Anganwadi workers were Matriculate, 34 % (17) Anganwadi workers were qualified inter, 4% (2) Anganwadi workers were passed degree level. 2% (1) Anganwadi worker has passed from other educational background like- BEd.

Table -4
Work experience of the Anganwadi workers

Sl No	Work experience	No of AWWs	Percentage
1	0-5	4	8
2	5-10	3	6
3	10-15	43	86
	Total	50	100

(Data indicates multiple responses)

It was found that majority 86% (43) were having a work experience of 10-15 years, while 8% (4) of them had a work experience of 0-5 years and 6 % (3) of them had a work experience of 5-10 years.

Table-5
Problems faced by Anganwadi workers

Sl No	Problems	No of AWWs	Percentage
1	Inadequate honorarium	44	88
2	Work overload	37	74
3	Lack of sanitary facilities, drinking water, electricity etc	32	64
4	Lack of help from community	2	4
5	Lack of toys and teaching aids	3	6

(Data indicates multiple responses)

In our study the problems felt by AWWs were mainly inadequate honorarium 88%(44) Work overload complained by 74%(37) 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. Lack of sanitary facilities, drinking water, electricity problems were complained by 64%(32) Lack of toys and teaching aids problems were complained by 6%(3) While only4%(2) complained of lack of help from community.

Table-6
Preparation of teaching material in Anganwadi centers for nutrition education

Sl No	Teaching material	No of AWWs	Percentage
1	charts related to Fruit - Colors and women pictures	46	92
2	Charts related to nutrition and health education	44	88
3	Charts related to hospital facility	33	66

(Data indicates multiple responses)

The majority of Anganwadi worker were preparing the teaching material in Anganwadi centre for nutrition education with charts related to Fruit -Colors and women pictures 92%(46). Charts related to nutrition and health education 88%(44) And Charts related to hospital facility were 66%(33). It was observed that amongst the different services provided by AWWs, they had the best knowledge about the nutrition and health education

RECOMMENDATIONS:

The present study suggests that the training of ICDS functionaries should emphasize more on important functions like growth monitoring, health and nutrition education. Majority of the Anganwadi centers were located in the Rental's houses, Anganwadi workers need to own building, Incentives and recognition for good work, supply of food material and equipment for demonstration.

CONCLUSION:

Most of the AWWs in Gadwal (Rural) were from age group 30-40 years, matriculate, experienced, having knowledge in their daily functions at AWCs. The knowledge increases with experience as an AWW, but has no relation with their educational qualification. Problems felt by them were mainly due to inadequate honorarium and excess work overload. It was found that some of the Anganwadi centers running in rental house they need to own Anganwadi Center. So, timely increments in honorarium should be considered.

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