KNOWLEDGE OF ANGANWADI WORKERS AND THEIR PROBLEMS IN AN URBAN ICDS BLOCK

Thakare Meenal M, Kuril BM, Doibale MK,* Goel Naveen K*

*Deptt. of Community Medicine, Government Medical College & Hospital, Chandigarh and Government Medical College & Hospital, Aurangabad.**

ABSTRACT

Objectives: To study the profile of Anganwadi Workers (AWWs) . To assess knowledge of AWWs & problems faced 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 experience, 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, 14.28% 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 chiefly honorarium related and excessive workload.

Keywords: Anganwadi workers, profile, knowledge, problems.

INTRODUCTION

In pursuance to the national policy for children, the 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 sections of the society.

Being the world's largest outreach programme targeting infants and children below six years of age, expectant and nursing mothers, ICDS has generated interest worldwide amongst academicians, planners, policy makers, administrators and those responsible for implementation.

Corresponding Author :

Dr. Thakare Meenal M,
Deptt. of Community Medicine, GMCH, Chandigarh.
Phone : +919501433200, 0172- 4052923 (Res.)
E-mail : meenalthakare@rediffmail.com

Consequently, a large number of research studies have been conducted to evaluate and assess the impact of the programme. There has been research in depth and several studies have analyzed its various facets. But it can be seen that most of the studies have provided only piecemeal information. These studies also have not provided ample evidence on interdependence of various variables related to implementation of programme.

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 of the 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]

Being the functional unit of ICDS programme which involves different groups of beneficiaries, the AWW has to conduct various different types of 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, Non Formal Pre School Education (NFPSE), supplementary nutrition, growth monitoring and promotion and family welfare services. She also coordinates in arranging immunization camps, health check up camps. Her functions also include community survey and enlisting beneficiaries, primary health care and first aid, referral services to severely malnourished, sick and at risk children, enlisting community support for Anganwadi functions, organizing women's groups and Mahila Mandals, school enrolment of children and maintenance of records and registers. The work of AWW is supervised by full time workers, the Mukhya Sevikas.[1]

While performing various different types of functions it is obvious that she might have to face variety of problems. Though only educated till matriculation as per the criteria of educational qualification for recruitment as an AWW in an urban project, she is expected to perform all these job responsibilities. Also community participation, co ordination with the superiors, beneficiaries and helper are important parts of her daily work. Taking into consideration all above factors this study was conducted in Urban ICDS Block of Aurangabad city, Maharashtra.

MATERIAL AND METHODS

The present study was carried out at the urban Integrated Childhood Development Services Scheme (ICDS) block of Aurangabad city from June 2006 to June 2007. It was a cross sectional type of study. ICDS projects of Aurangabad started on 1st August 1982. It consists of child development project officer, two Mukhya Sevikas, four Auxiliary Nurse Midwives (ANMs) and 139 Anganwadi centres (AWCs). Out of these, 111 are old AWCs, while 28 are new started in the month of January 2006. For each AWC Anganwadi worker (AWW) and helper are working. For the operational aspect of the project, the city is geographically divided into four sectors i.e. sectors A, B, C and D. The Anganwadi centres had been numbered from 1 to 139. Each sector on an average consisted of 34 Anganwadi centres.

Sample: - AWWs were selected by stratified sampling technique. From each sector, 20% AWWs were enrolled into study. For sector A & D, 20% relates to 6.4 AWWs. So for these sectors the number of AWWs was rounded up to 7. AWWs were selected randomly from each sector (A, B, C, D) using lottery system. The working time of AWCs is from 10 am-1 pm daily except in summer when the timing is 9 am-12 noon. The Anganwadi centres were visited by the investigator on Mondays and Thursdays during this time period. AWCs where workers were not available at first visit due to any reason were revisited.

The profile and knowledge of AWWs was assessed by interviewing Anganwadi workers on basis of a pretested proforma. For knowing their profile, basic information about the worker was collected in terms of her name, age, education and experience as an Anganwadi worker.

For Anganwadi workers' knowledge assessment, a scoring system was developed. The knowledge assessment score from each AWW was calculated based on the responses to a questionnaire containing 30 questions. The questionnaire was so designed as to contain questions on every aspect of services provided through the Anganwadi centre. It included questions on different aspects of functioning of AWWs like immunization, prophylaxis against blindness & anaemia, nutrition & health education, supplementary nutrition, growth monitoring & referral services. One mark was given for a correct response, while no mark was given for a wrong response or unanswered question. The knowledge of each AWW was scored out of 30. Workers with score of less than 15 were categorized as having inadequate knowledge, while those with score of 15 and above were labelled as having adequate knowledge.

Feedback was also taken with respect to problems faced by them in implementing the scheme.

RESULTS

Maximum number of workers, 11(39.28%) were in the age group of 41-50 yrs ,7(25%) each in the age group of 31-40 years and more than 50 years. Lowest number i.e., 3 (10.7%) belonged to the age group of 20-30 yrs. Almost half (53.57%) of AWWs were matriculate. Only 3.57% AWWs were post- graduate. Majority (82.14%) of AWWs had an experience of more than 10 yrs.

It was observed that amongst the different services provided by AWWs, they had the best knowledge about

Table 1
Details of knowledge of AWWs regarding different services provided

Type of service	Total no. of questions asked	Total no. of correct responses	Percent knowledge
Nutrition and health education	140	108	77.14
Referral services	56	40	71.42
Immunization	168	114	67.85
Prophylaxis against blindness and anaemia	196	103	52.55
Growth monitoring	168	82	48.80
Supplementary nutrition	112	33	29.46
Total	**840**	**480**	**57.14**

AWWs: Anganwadi workers

Table 2
Anganwadi worker's knowledge assessment score related to her experience

Experience in years	No. of AWWs	Average of the knowledge assessment score
< 5yrs	2 (7.14)	14.5
5-10 yrs	3 (10.71)	16
> 10 yrs	23 (82.14)	17.56

Figures in parenthesis indicate percentages.
AWWs: Anganwadi workers
$\chi^2 = 4.99$ D.F. = 2 $p > 0.05$

Table 3
Anganwadi worker's knowledge assessment score related to her education

Experience in years	No. of AWWs	Average of the knowledge assessment score
Matriculate	15 (53.57)	17.26
Intermediate	4 (14.28)	16.5
Graduate	8 (28.57)	17.12
Post-graduate	1 (3.57)	19

Figures in parenthesis indicate percentages.
AWWs: Anganwadi workers
$\chi^2 = 0.1979$ D.F. = 3 $p > 0.05$

the component of nutrition and health education (77.14%) while least about supplementary nutrition (29.46%) (Table 1). 78.58 % of AWWs had a knowledge assessment score of above 50% as per the questionnaire provided.

Knowledge assessment score went on increasing as the experience in years was increasing. But the difference was not statistically significant ($p > 0.05$) (Table 2). No relationship was found between the educational qualification of the worker and her knowledge about different services provided by her ($p>0.05$) (Table 3).

As is evident from the data, 75% workers complained of inadequate honorarium. While only 14.28% complained of lack of help from community. Other problems complained by 32.14% workers were infrastructure related due to inadequate space for displaying NFPSE 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. Logistic supply related problems were complained by 39.28%. Work overload complained by 50% as their work involves daily home visits, a lot of record maintenance or they have to assist

Table 4
Problems faced by Anganwadi workers

Sr. no.	Type of problem	No. of AWWs with the problem
1.	Inadequate honorarium	21 (75)
2.	Excessive record maintenance	19 (67.85)
3.	Work overload	14 (50)
4.	Logistic supply related	11 (39.28)
5.	Infrastructure related	9 (32.14)
6	Inadequate supervision	6 (21.42)
7.	Lack of help from community	4 (14.28)
8	Others	9 (32.14)

Figures in parenthesis indicate percentages.
AWWs: Anganwadi workers

for other health programmes apart from their Anganwadi related work like in pulse polio programme, vitamin A distribution programme conducted by Municipal Corporation.

The community participation or help from the community was always made available as and when required. Sometimes people help in food distribution if worker was busy with some other activities of AWC etc. Very few AWWs mentioned problem regarding inadequate supervision and other problems (Table 4).

DISCUSSION

The Integrated Child Development Services (ICDS) scheme is the largest programme for promotion of maternal and child health and nutrition not only in India but in the whole world.

Maximum no. of workers 11(39.28) were in the age group of 41-50 yrs. Gupta et al[2] in their study at the ICDS block worked out the average age of AWWs to be 23.7 yrs. 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.[3] Khan et al[4] reported that 50% of AWWs were more than 35 years of age. Seema et al[5] in the critical assessment of AWCs observed that 32% of AWWs were below 30 yrs age. Three decades of ICDS, a comprehensive assessment of the programme at national level undertaken by National Institute of Public co-operation and Child Development (NIPCCD) made an observation that 30% of AWWs were in age group of 25-35 years.[6]

In our study, 53.57% of AWWs were matriculate which is consistent with many other studies. Vasundhara et al[7] in their project observed that 96.16% of AWWs had education up to the high school level and 2 were graduates. World Food Programme, India, a pilot Project Funded by USAID observed wide variations in respect of educational level of Anganwadi workers. While 25% were educated below Standard V, 5% were graduates; the modal educational level being Standard VIII.[8] Kapil et al[9] in their study mentioned that 88% of AWWs had completed primary school.

Maximum no. of workers (82.14%) had an experience of more than 10 years. Researchers have reported that 70% of AWWs had worked in the ICDS area for 10 years.[10]

As per the findings of our study, AWWs have best knowledge about the component of nutrition and health education (77.14%) while least about supplementary nutrition (29.46%). Bhasin et al[11] reported that 99% had adequate knowledge about the significance of the growth charts that indicate different grades of nutritional status, 90-91% had correct knowledge about weight of a child at 1 and 3 years, 17-30% knew the correct mid-upper arm circumference (MUAC) for an optimally nourished child aged 2 and 4 years. Chattopadhyay[12] found that only 11.8% Anganwadi workers could define fever. More than 90% workers correctly knew about the stages related to vitamin A deficiency and dosage schedule for children. 59% knew the total number of IFA (Iron, Folic Acid) tablets to be given to a pregnant mother.

As per the findings of our study, 78.58 % of AWWs have a knowledge assessment score of above 50% as per the questionnaire provided. Gopaldas et al[13] observed from their study that 87% of the ICDS functionaries could interpret growth charts.

In our study the problems felt by AWWs were mainly inadequate honorarium (75%) and excessive record maintenance. Problems mentioned in other studies are also mainly related to inadequate honorarium and infrastructure.[14]

CONCLUSION

Most of the AWWs in Urban ICDS Block, Aurangabad were from age group 41-50 yrs, matriculate, experienced, having knowledge of more than 50% 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 load. So, timely increments in honorarium should be considered.

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