



A study on anganwadi workers in rural ICDS block of north & middle Andaman

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Abstract

The Integrated Child Development Service Scheme (ICDS) is one of the flagship Program taken up by the central Government, which provides six services *viz*, supplementary nutrition, immunization, health checkups, referral services, nutrition and health education for mothers/ pregnant women, nursing mothers and to adolescent girl (kishori's) through Anganwadi workers. The responsibility of Anganwadi workers (AWWs) are ever increasing these days. The present investigation was carried out to study the profile of Anganwadi workers (AWWs) and to assess knowledge of Anganwadi workers (AWWs) regarding different services, problem faced by them while working at the Anganwadi centres. The area of study is North and Middle Andaman where small villages has selected. The tool used for the study is questionnaire.

Keywords: AWWs (anganwadi workers), ICDS (integrated child development services), north and middle Andaman

Introduction

The Integrated Child Development Services (ICDS) Scheme is one of the Flagship programmes of the Government of India and one of the world's largest 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, also breaking the numerous cycle of malnutrition, reduced learning capacity and mortality. ICDS was launched on 2nd October 1975 with 33 projects all over the country ^[1].

ICDS is the world's largest community based outrun programme which offers a facility of health, nutrition and education services to the children below six years and pregnant and nursing mothers. The welfare of pregnant women, nursing mothers, adolescent girls and children below 6 years has acquired a main center in the programme. The programme is a collection of six services *viz*, supplementary nutrition, immunization, health check up, referral services, and nutrition and health education for mothers / pregnant mothers, nursing mothers and to adolescent girls (kishoris) ^[2].

The focal point for the delivery of ICDS services in an Anganwadi, child care center located within the village or slum area itself. each Anganwadi Centre is run by an Anganwadi worker (AWW), who is a part-time/full 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) ^[3], revealed that Anganwadi Worker (AWW) is the community based voluntary frontline workers of the ICDS programme. Selected from the community, she play a vital role due to her close and continuous contact with the local people. The output of the ICDS scheme is to 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 recipient, the AWW have 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 camps related to health. 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) ^[4].

The anganwadi workers play an crucial role of the ICDS scheme. The anganwadi worker is a community based leading edge worker of the ICDS programme. She plays a pivotal role in promoting child growth and development. She is also an agent of social change, mobilizing community support for better care of young children (Kant *et al*. 1984) ^[5].

The partnership at community level, between leading workers of different sectors and community groups, can make the vision a reality. The Anganwadi Worker is the community - based voluntary leading workers of the ICDS Programme. Selected from the community, she assumes the pivotal role due to her close and continuous contact with the beneficiaries. The Anganwadi Worker detect the growth of children, organizes supplementary feeding, helps in organizing immunization camps, distributes vitamin A, iron and folic acid supplements, treats minor ailments and refers cases to medical facilities (ICDS report, 1995) ^[6].

Role and responsibilities of anganwadi workers

Some role and responsibilities of AWWs and Helpers under the ICDS Scheme are as follows:

1. To prompt community support and participation in running the programme.
2. To carry out a quick survey of all the families, especially mothers and children in those families in their respective area of work once in a year.
3. To organise non-formal pre-school activities in the anganwadi of children in the age group 3-6 years of age and to help in designing and making of toys and play equipment of indigenous origin for use in anganwadi.

4. To organise supplementary nutrition feeding for children (0-6 years) and pregnant and lactating mothers by planning the menu based on locally available food and local recipes.
5. To provide health and nutrition education on breastfeeding/ Infant & young feeding practices to mothers. Anganwadi Workers, being close to the local community, can motivate married women to adopt family planning/birth control measures.
6. AWWs shall share the information relating to births that took place during the month with the Panchayat Secretary/Gram Sabha Sewak/ANM whoever has been notified as Registrar/Sub Registrar of Births & Deaths in her village.
7. Visit home for educating parents to empower mothers to plan a better/effective role in the child's growth and development with special emphasis on new born child.
8. To maintain files and records for future reference.
9. To help the PHC staff in the implementation of health component of the programme viz. immunization, health check-up etc.

Methodology

In order to achieve the stipulated objectives of the present study, all three ICDS projects operating in North and Middle Andaman district were selected. The ICDS projects so selected were Kalighat, Ramnagar, Nabagram. Further 10 Anganwadiseach from Kalighat, Ramnagar and Nabagram ICDS project were selected randomly. In order to reach out the ultimate sampling units, 25 Anganwadi Workers

(AWWs) were selected by selecting one worker each from sample Anganwadi. For collection of data, respondents were selected 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 Hindi which is common language spoken in the Diglipur (North and Middle Andaman). Besides this, secondary sources of information like books, articles in research journals, websites and reports were also included to collect the factual data concerning the study. The study was conducted during May to June 2024. The data from the total sample of 20 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. The knowledge of each AWW was analysed.

Results and discussion

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

Table 1: Profile of anganwadi workers

Parameters		No. of AWWs	Percentage knowledge
Age Group(years)	20-25 years	Nil	Nil
	26-35 years	7	35%
	36-45 years	9	45%
	46+ years	4	20%
Educational status	Matriculation	5	25%
	Higher education	12	60%
	Graduation	3	15%
	Post graduation	Nil	Nil
Job experience	Less than 5 years	6	30%
	6-10 years	9	45%
	11-15 years	5	25%
	Above 15 years	Nil	Nil
Marital status	Single	Nil	Nil
	Married	18	90%
	Widow	2	10%
	Separated	Nil	Nil

In the present investigation as described in table one it was found that 45% of Anganwadi workers were aged between 36- 45 years, followed by 35% AWWs age between 26-45 years, some 20% person of Anganwadi workers of selected sample where aged 46+ and no Anganwadi workers belong to the age group of 22 -25 years. Around 60% of

Anganwadi worker were educated up to higher education and no Anganwadi workers were found graduated, almost 45% of Anganwadi workers had service between 6-10 years. The wages of Anganwadi workers were meager, which may be reason that no one had service of more than 15 years. Most of Anganwadi workers were married i.e., around 90%.

Table 2: Knowledge of AWWs regarding different services provided

S No.	Services	Adequate knowledge about services N=20	Percentage
1.	Pre-school education	20	100%
2.	Immunization	18	90%
3.	Supplementary nutrition	15	75%
4.	Nutrition and health education	12	60%
5.	Health checkup	15	75%
6.	Refferal services	25	75%

Pre-school education is one of the most vital activities of ICDS program. The data presented in table 2 shows that a majority of Anganwadi workers have proper knowledge and awareness about pre-school education component of ICDS schemes. Also they had almost knowledge about

supplementary nutrition, health checkups. But they know very little about nutrition and health education and referral services it reveals that they need the guidance about above mentioned services.

Table 3: Problems faced by AWWs

S No.	Types of Problems	No. of AWWs	Percentage
1.	Work Overload	10	75%
2.	inadequate honorarium	Nil	Nil
3.	Infrastructure related	10	50%
4.	Inadequate supervision	10	50%
5.	Excessive record maintenance	15	75%

Replying to the equation about the problem faced by Anganwadi workers at Anganwadi centres as table 3 reveals that most of the Anganwadi workers faced problem of workload, inadequate supervision and excessive record maintenance the percentage of above three are 75%. none of Anganwadi workers were faced inadequate honorium that shows positive about Anganwadi workers.

Conclusion

Total 20 samples were examined, the findings of the study clearly indicate that maximum number of workers 9(45%) were in the age group of 36-45 years. About 12(60%) of Anganwadi were studied till higher education. Regarding job experience about 9(45%) had experienced between 6-10 years. About 90% of Anganwadi workers were married. On the whole it was found that Anganwadi workers have best knowledge about pre-school education and immunization. However it is said to see that majority of AWWs had problem of excessive record maintenance and and inadequate supervision.

Based on the present study the following are some steps that need to be taken for improvement of knowledge and awareness of Anganwadi workers:

- All the Anganwadi vocals should given educate training and re-taining.
- Some more avenues of promotion to a higher post should be created for Anganwadi workers.

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