

Original article

Study of profile, knowledge and problems of anganwadi workers in ICDS blocks: a cross sectional study

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ABSTRACT

Introduction: The present study was planned to study the profile of Anganwadi Workers (AWWs) and to assess knowledge of AWWs & problems faced by them while working.

Methods:- Anganwadi centres were selected by stratified sampling technique. From each block 10% 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; more than half of them were matriculate and 34(69.38%) workers had an experience of more than 10 yrs. Majority (81.63 %) of AWWs had a knowledge assessment score of above 50%. They had best knowledge about nutrition and health education (70%).87.7% of the workers complained of inadequate honorarium, 28.5% 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

Children's Development is as important as the development of material resources. 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. Consequently, a large number of research studies have been conducted to evaluate and assess the impact of the programme. 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.¹ 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. AWW has to conduct various different types of job responsibilities. Not only she has to reach to variety of beneficiary groups but she has to provide them with different services. Taking into consideration all above factors this study was conducted in ICDS Blocks of Aurangabad district.

MATERIAL AND METHOD

The present study was carried out at two Integrated Childhood Development Services Scheme (ICDS) block from Aurangabad district. The study was conducted from Jan.2012 to Dec.2012. It was a descriptive cross sectional type of study.

Sample: Multistage sampling was the method used for sampling. Initially two projects were selected by simple random method from a list of ICDS blocks of our district. Then from each project, 10% anganwadi centers were selected using a stratified random sampling method. All the anganwadi centers (AWCs) in each bit of the project were enlisted. 10% anganwadis from each bit were selected randomly using lottery method. Thus total 49 anganwadis were selected for the study. Enlisting of AWCs and then random selection were done in the meetings held with the supervisors in presence of child development project officers. The working time of AWCs is from 10am-1pm daily except in summer when the timing is 9am-12 noon. The anganwadi centers were visited by the investigator during this time period. AWCs where workers are not available at first visit due to any reason were revisited.

The functioning of AWC 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. Adequacy and frequency of different services was also assessed. Functioning of AWCs was also assessed by means of records, reports, the infrastructure, & logistics available at the center.

For anganwadi worker's knowledge assessment, a scoring system was developed. The knowledge assessment score from each AWW was calculated based on the responses to a questionnaire containing 20 questions. The questionnaire was so designed as to contain questions on every aspect of services provided through the anganwadi center. It included questions on different aspects of functioning of AWWs like immunization, prophylaxis against blindness & anemia, 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 20. Workers with score of less than 10 were categorized as having inadequate knowledge, while those with score of 10 and above were labeled as having adequate knowledge.

RESULTS

Maximum number of workers, 17(34.69%) were in the age group of 41-50 yrs, 14(28.57%) in the age group of 31-40 years. Lowest number i.e., 6 (12.2%) belonged to the age group of 20-30 yrs. Almost 32(65.3%) of AWWs were matriculate. Only 4% AWWs were post- graduate. Majority 34 (69.38%) of AWWs had an experience of more than 10 yrs. It was observed that among the different services provided by AWWs, they had the best knowledge about the component of nutrition and health education (70%) while least about supplementary nutrition (31.9%) (Table 1). 81.63 % 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 found 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, 43(87.7%) workers complained of inadequate honorarium. While only 14(28.5%) complained of lack of help from community. Other problems complained by 21(42.8%) 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 23(46.9%). Work overload complained by 30(61.2%) 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, 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

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 17(34.69%) were in the age group of 41-50

yrs. Gupta et al² 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 2% of the Anganwadi workers belonged to the age group 18-25 years.³ Khan et al⁴ reported that 50% of AWWs were more than 35 years of age. Seema et al⁵ 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, 32(65.3%) of AWWs were matriculate which is consistent with many other studies. Vasundhara et al⁷ 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 USA also 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 al⁹ in their study mentioned that 88% of AWWs had completed primary school. Maximum no. of workers 34(69.38%) 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 (70%) while least about supplementary nutrition (31.9%). Bhasin et al¹¹ 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. Chattopadhyay¹² 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, 81.63 % of AWWs have a knowledge assessment score of above 50% as per the questionnaire provided. Gopaldas et al¹³ 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 (87.7%) 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 ICDS Blocks 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.

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
Immunization	196 (49 x 4)	125	63.7
Nutrition and health education	294 (49 x 6)	205	70
Supplementary nutrition	147 (49 x 3)	47	31.9
Growth monitoring	245 (49 x 5)	118	48.1
Referral services	98 (49 x 2)	65	66.3
Total	976	558	57.17

Figures in parenthesis indicate percentages. N =49

Table no. 2- Anganwadi worker’s knowledge assessment score related to her experience

Experience in years	No. of AWWs with score < 10	No of AWWS with score ≥ 10
< 5yrs	4	2
5-10 yrs	3	6
> 10 yrs	2	32
Total	9	40

Figures in parenthesis indicate percentages. N= 49 $X^2 = 14.2$ D.F. = 2 $p < 0.01$

Table no.3- Anganwadi worker’s knowledge assessment score related to her education

Education	No. of AWWs with score < 10	No of AWWS with score ≥ 10
SSC	6	26
Intermediate	2	5
Graduate	1	7
Post- graduate	0	2
Total	9	40

Figures in parenthesis indicate percentages. N= 4 $X^2 = 1.12$ D.F. = 3 $p > 0.05$

Table no.4 - Problems faced by Anganwadi workers

Sr. No	Type of problem	No of AWWS
1.	Inadequate honorarium	43 (87.7)
2.	Infrastructure related	21 (42.8)
3.	Logistic supply related	23 (46.9)
4.	Work overload	30 (61.2)
5.	Excessive record maintenance	37 (75.5)
6.	Lack of help from community	14 (28.5)
7.	Inadequate supervision	14 (28.5)
8.	Others	16 (32.6)

Figures in parenthesis indicate percentages

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Date of submission: 16 March 2013
Date of Provisional acceptance: 29 March 2013
Date of Final acceptance: 28 April 2013
Date of Publication: 03 June 2013
Source of Support: Nil ; Conflict of Interest: Nil