



A study of Anganwadi workers job and Responsibilities, with special reference to Ramanagara district

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Abstract

The Integrated Child Development Service Scheme (ICDS) is one of the initiatives taken up by the Central Government, which provides a package of six services viz., supplementary nutrition, immunization, health checkups, referral services, nutrition and health education for mothers/pregnant women, nursing mothers and to adolescent girls (kishoris) through anganwadi workers. The responsibilities of anganwadi workers are ever increasing these days. They have certain prescribed responsibilities other than the above mentioned services in the anganwadi. The present study has been undertaken with the objective of assessing the role and responsibilities of anganwadi workers in Ramanagara district. The universe of the study is Ramanagara District. The tool used for the study is questionnaire. Among 200, around 122 anganwadi workers representing grama panchayats of each taluk have been covered under the study. The results found that anganwadi workers are very active in rendering their services to the beneficiaries.

Keywords: initiatives, supplementary nutrition, adolescent girls, Anganwadi

1. Introduction

ICDS is the world's largest community based outreach programme which offers a package of health, nutrition and education services to the children below six years and pregnant and nursing mothers. The Integrated Child Development Services scheme (ICDS) was started in Karnataka on 2nd October 1975 with a pilot project at Ramanagara District with just 200 Anganwadi Centres. Since then, the programme has expanded to all the revenue taluks in the State. The welfare of pregnant women, nursing mothers, adolescent girls and children below 6 years has acquired a prime place in the programme. The programme is a package of six services viz., supplementary nutrition, immunization, health checkup, referral services, and nutrition and health education for mothers / pregnant mothers, nursing mothers and to adolescent girls (kishoris). An Anganwadi is the focal point for the 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 higher. She is assisted by a helper who is also a local woman and is paid honorarium. Being the functional unit of ICDS programme which involves different groups of beneficiaries, the AWW has to conduct various 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 (NEPSE), Supplementary nutrition, growth monitoring and promotion and family welfare services. She also co-ordinates 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 (Sunder Lal 1997) [7].

Some of the major health challenges that the Government of India (GOI) is addressing include the interlinked issues of poor maternal nutrition, low birth weight, and high child morbidity and mortality. Poor infant and young child feeding practices coupled with high rates of infection are the proximate causes of malnutrition in the first two years of life, and malnutrition is an underlying cause for up to 50 percent of all under-five deaths

Each anganwadi workers receives less than Rs. 3,500/- per month which is very low remuneration, but the responsibilities of these workers are very extensive. Yet, they have been found to be among the most dedicated and committed of public servants who have developed grass root contacts and are able to identify particular individuals and groups in any community, easily.

The anganwadi worker is the most important functionary of the ICDS scheme. The anganwadi worker is a community based front line worker of the ICDS programme. She plays a crucial 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) [4].

The partnership at community level, between frontline workers of different sectors and community groups, can make the vision a reality. The Anganwadi Worker is the community - based voluntary frontline 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 monitors the growth of children, organizes supplementary feeding, helps in organizing immunization sessions, distributes vitamin A, iron and folic acid supplements, treats minor ailments and refers cases to medical facilities (ICDS report, 1995).

Objectives of ICDS

1. To improve the nutritional and health status of children in the age-group 0-6 years;
2. To lay the foundation for proper psychological, physical and social development of the child;
3. To reduce the incidence of mortality, morbidity, malnutrition and school dropout;
4. To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
5. To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

Role and responsibilities of Anganwadi Workers

The role and responsibilities of AWWs and Helpers envisaged under the ICDS Scheme is as under

1. To elicit community support and participation in running the programme.
2. To weigh each child every month, record the weight graphically on the growth card, use referral card for referring cases of mothers/children to the sub-centres/PHC etc., and maintain child cards for children below 6 years and produce these cards before visiting medical and para-medical personnel
3. 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.
4. 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.
5. To organise supplementary nutrition feeding for children (0-6 years) and expectant and nursing mothers by planning the menu based on locally available food and local recipes.
6. To provide health and nutrition education and counseling on breastfeeding/ Infant & young feeding practices to mothers. Anganwadi Workers, being close

7. 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.
8. To make home visits for educating parents to enable mothers to plan an effective role in the child's growth and development with special emphasis on new born child.
9. To maintain files and records as prescribed.

Methodology

Aim of the study

The aim is to study the role and responsibilities of anganwadi workers, with reference to Ramanagara District

Objectives of the study

1. To know the profile of the anganwadi workers
2. To assess the role & responsibilities of anganwadi workers
3. To understand the knowledge of responsibilities among anganwadi workers

Universe and sampling

The data was collected from four taluks of Ramanagara district the taluks include Channapatana, Magadi, Ramanagara, Kanakapura. A total number of 200 workers were under training programme. Random sampling with Probability proportionate sampling has been used to collect the data from 200 respondents through questionnaire.

Research Design

Exploratory research design has been adopted to assess the role and responsibilities of anganwadi workers and effective implementation of anganwadi services to the beneficiaries.

Results

Table 1: Showing the Socio – demographic details of the respondents

Socio-demographic details		N=122 (Percent)
Age group	23yrs-34yrs	36(29)
	35yrs – 45yrs	60(49)
	46yrs – 55yrs	24(20)
	54yrs – 65yrs	2(2)
Educational status	SSLC	85(70)
	PUC	23(19)
	BA	11 (9)
	MA	03 (2)
Marital Status	Single	08 (7)
	Married	98(80)
	Widow	13(11)
	Separated	03 (2)
Year of Joining	1981 -84	15(12)
	1990- 99	61(50)
	2001-10	44 (36)
	No Response	02 (2)
Work experience	Below 10yrs	38 (31)
	11yrs to 19yrs	49 (40)
	20 yrs to 30yrs	32 (26)
	Above 30yrs	03 (2)

It is clear that a majority of the respondents 60 percent (49) are in the age group of 35yrs to 45yrs, 49 percent (60) fall in

the age group of 35yrs to 45yrs and 20 percent (24) between 46yrs to 55yrs. The lowest number i.e., two percent (2)

belonged to 54yrs to 65yrs of age group. A majority of 70 percent (85) respondents were matriculated, 19 percent (23) and nine percent (11) respondents are PUC and BA graduates. Only around two percent (3) have pursued post graduation degree. With regard to the marital status almost 80 percent (98) are married. Other categories also found in the study that 11 percent (13) are widows, seven percent (8) are single and two percent (3) were separated. Majority of the respondents has joined for the work long back. 50 percent (61) have joined during 1990 – 99, 36 percent (44) have joined between 2001-10, & 12 percent (15) joined during 1981-84. Around two percent

(2) respondents haven't responded to the statement. With regard to the work experience majority of the respondents had more than 10yrs of work experience. A very less number of respondents i.e., two percent (3) had more than 30yrs of work experience in their career.

Table 2: Monthly income of Anganwadi workers

Monthly income		N = 122 (Percent)	
Deduction & Payment	1,500/-	5	(4)
	2500/-	15	(12)
	3500/-	40	(33)
	4350/-	53	(43)
	No Response	9	(8)

Salary is one of the motivator factor for the employer's in the effective delivery of the services to the beneficiaries. The total monthly income is Rs. 4500/-. But the respondents have been paid after making deductions. 43 percent (53) respondents are drawing Rs.4350/-per month, 33 percent (40) are receiving Rs. 3500/- per month, 12 percent (15) are being paid Rs. 2500/- and four percent (5) are paid Rs. 1,500/- per month. This shows that the salary is much lesser and the expected work is more from the respondents. Respondents are not at all satisfied with the salary is being paid to them.

Table 3: Responsibilities of Anganwadi workers

Sl No	Responsibilities of Anganwadi Workers	N =122 (Percent)
1	Caring of children (3yrs to 5yrs)	Yes (122)
2	Pulse polio programme	Yes (122)
3	Distribution of nutritious food for mothers	Yes (122)
4	Nursing/ pregnant mothers	Yes (122)
5	Bhagyalakshmi Programme	Yes (122)
6	Kishori Programme	Yes (122)
7	Organizing Self Help Groups	Yes (122)
8	Conducting community surveys	Yes (122)

Table 4: Responsibility in Anganwadi

Sl No	Responsibilities of Anganwadi Workers in Anganwadi	N =122 (Percent)	
1	Frequency of health checkup of Anganwadi Children	Once a month	23(19)
		Once in 2 months	79(64)
		Once in 3 months	19(15)
		No Response	1(2)
2	Undergone training to prepare nutritious food for children	Yes	122 (100)
3	Need of Nutritious food for growth and development of children	Yes	122 (100)
4	Check the quality of food supplied to the anganwadi	Yes	122 (100)

Anganwadi workers has to look after the children below 5years at anganwadi, prepares nutritious food for the children according to the menu given to them. Other than this in the anganwadi health check also being done for the

The above table clears the responsibilities of anganwadi workers. All the respondents have been implemented the above said programmes in their anganwadi. The anganwadi workers take care of the children between the age group of 3yrs to 5yrs. They provide nutritious food for the children freshly prepared at anganwadi. All the respondents are involved in pulse polio programme in their respective anganwadi. They do door to door survey of the children belonging to the age group of below five years to bring under vaccination programme. All the respondents agreed to have been giving nutritious food for the pregnant mothers in the community. Monthly once they go for pregnant mothers survey to curb maternal mortality. The pregnant mothers are not only given nutritious food but also taken at the government hospitals for the regular checkup to keep the infant in the womb healthy. After the delivery, the mothers are brought under Bhagyalakshmi programme where a bond of ten thousand rupees will be deposited for the child, if it is a girl child. The benefits of the scheme are restricted to two girl children from below poverty line families. These mothers are also given Madilu kit in the government hospitals with the intention of curtailing female infanticide. All the respondents have opined that they identify two kishoris under the age group of 11 yrs to 18yrs in a year. Kishori Shakti Yojana (KSY) seeks to empower adolescent girls, so as to enable them to take charge of their lives. It is viewed as a holistic initiative for the development of adolescent girls. The programme through its interventions aims at bringing about a difference in the lives of the adolescent girls. The criteria for identifying these kishoris should be under poor family background & the age limit is 11yrs to 18yrs. These will be identified and given few of the training or conducting discussion on maintenance of personal hygiene, intake of nutritious food, adolescent puberty problems, etc. All the respondents opined that they do organize self help groups in the community to make women economically empowered. These self help groups are called as shree shakti groups, where each SHG will be having minimum of 10 members. Two members represent as President and Vice president. On a monthly basis these leaders will keep changing. Weekly once compulsory meeting will be held by the members. In the initial stage anganwadi workers will facilitate them, once they are economically empowered then the members will supervise themselves. The other responsibility of the anganwadi workers is conducting survey programmes in the community. They are socio-economic survey, pregnant mothers survey, adolescent girls survey, latrines survey etc.

children by the Doctor's from the respective Primary Health Centres (PHCs). Once in a month the anganwadi worker has to take the children for the health check up. Only few knew that it is once a month health check up i.e., 19 percent (23),

64 percent (79) opined of once in two months and 15 percent (19) said it is once in 3 months. Two percent (1) haven't responded. The main responsibility of anganwadi workers is to prepare nutritious food and serve it to the children. The anganwadi workers have been trained to

prepare the nutritious food (100 percent). All the respondents opined that the need for nutritious food for the growth and development of the children. They also check the quality of packed food supplied to the children and to the pregnant mothers (100 percent).

Table 5: Responsibilities of anganwadi workers with mothers

SI No	Responsibilities of Anganwadi Workers with Pregnant mothers		N =122 (Percent)
1	Distribution of nutritious food for Pregnant mothers	Yes	122
2	Frequency of supply of food	Once in 15 days	6(5)
		Once in 25 days	43(35)
		Once in a month	73(60)
3	Weight checkup of pregnant mothers	Once in a week	11 (9)
		Once in 15 days	10 (8)
		Once in a Month	99(81)
		Once in 2 Month	1(1)
		No Response	1(1)
4	Discussion in the mothers meeting on the following issues	Children's Health	41(34)
		Individual/community Hygiene	72(59)
		Preparation & Intake of Nutritious food at home	92(75)
		Importance of Vaccination and Communicable disease	54(44)
		Use of Latrines	14(11)
		Bhagyalakshmi Programme	41(34)
		Importance breast feeding	49(40)
		Maintenance of cleanliness	30(24)
		Against Child Marriage	30(24)
		Importance of education	7(6)
		Others	38(31)
		No Response	2(2)
5	Frequency of Mothers meeting	Weekly Once	50(40)
		Once in 15 days	56(46)
		Once in a month	14(11)
		No Response	2(3)

Anganwadi workers distribute nutritious food for the pregnant mothers. All the respondents 100 percent (122) opined that they distribute packed nutritious food for the pregnant mothers who are already identified by the anganwadi workers. The frequency of supply of nourished food articles will be once in a month opined by 60 percent (73) respondents, wherein 35 percent (43) supply nutritious food once in 25 days, whereas five percent (6) respondents supply nutritious food for the mothers once in 15 days. Here the anganwadi workers are not having single opinion of distributing the nutritious food for the mothers.

The workers also does weight checkup of the pregnant mothers. Around 81 percent (99) respondents does once in a month, where in nine percent (11) respondents take the pregnant mothers to once in a week for the weight checkup. Around eight percent (10) respondents opined that the frequency of weight checkup will be once in 15 days, whereas one percent (1) opined of once in two months. One respondent (1) have not responded. Here also it is evident from the table that differences of opinion among anganwadi workers on weight check up of pregnant ladies have been found.

The anganwadi workers have to organize mothers meeting in the community compulsorily. All the registered mothers have to attend the meeting and discuss the issues in the meeting. The issues are discussed as follows. A majority of 75 percent (92) anganwadi workers opined that they have discussed on preparation of nutritious food at home, where

in 59 percent (72) respondents discussed on individual and community hygiene. 44 percent (54) discussed on the importance of vaccination and communicable disease, where as 40 percent (49) on the importance of breast feeding. An equal number of respondents i.e., 34 percent (41) opined that they have discussed on children's health & Bhagyalakshmi programme. Again an equal number of respondents i.e., 24 percent (30) respondents addressed on the issue of maintenance of cleanliness in and around home as well as discussed on the child marriage, 11 percent (14) spoke on use of latrines; six percent (7) on the importance of education. 31 percent (38) respondents have discussed other issues like dengue fever; keeping health of the children, preparation of nutritious homemade food etc. were the some of the issues discussed in the meeting. Two percent (2) respondents have not given responses.

The last row gives a picture of the frequency of mothers meeting held. Nearly 46 percent (56) respondents organizes meeting once in 15 days, wherein 40 percent (50) respondents held meeting weekly once whereas 11 percent (14) respondents holds meeting once in a month. Three percent (2) respondents have not responded.

Discussion

A majority of the workers 49 percent were in the age group of 35yrs to 45yrs. Gupta *et al* in their study at the ICDS block worked out the average age of AWWs to be 23.7yrs. Programme Evaluation Officer (PEO) study on the

integrated child development services project found that about 82 percent Anganwadi workers belonged to the age group of 18-25 years. In the study 70 percent respondents were matriculate, 11 respondents are graduates and two respondents are MA degree holders, which is consistent with many other studies. Vasundhara *et al* in their project observed that 96.16 percent of Anganwadi workers had education up to the high school level and two were graduates and Meenal *et al* study found that 53.57% of AWWs were Matriculate and 3.57% were post graduate. As per the findings 40 percent respondents are having work experience of more than 10yrs. Kapil *et al* reported that 70 percent of Anganwadi workers had worked in the ICDS area for 10years.

In the present study respondents are found to be having differences of opinion on the knowledge of the programmes. Majority of the respondents i.e., 64 percent were having incomplete knowledge of health checkup of the children. As per the findings majority of 60 percent (73) respondents had the knowledge of supply food once in a month for the expectant/pregnant mothers. Nearly 81 percent (99) respondents were having the knowledge of conducting weight checkup of the pregnant mothers once in a month.

Again a difference of opinion is found in organizing mothers meeting in the anganwadi. Nearly 46 percent (56) respondents opined that the mothers' meeting is held once in 15 days, but it should be on once a month according to the report of Ministry. Only around 67 percent (81) respondents were aware of upper and lower age limit adolescent girls who are covered under the kishori programme i.e., 11-18 years of age. The one appreciative response is given by the anganwadi workers is that all the respondents 100 percent (122) were aware of conducting SHG meeting weekly once in the anganwadi centre regularly. All the respondents 100 percent (122) opined that economic empowerment of women is possible only through formation of SHGs.

Again majority of 92 percent respondents knew that socio-economic survey has to be conducted once in a year. 98 percent (119) respondents have conducted population survey yearly once, where in 92 percent (112) respondents have conducted pregnant mothers' survey once a month. With regard to child marriage 63 percent (77) respondents have accepted that their community has been practicing child marriage and all the respondents have opined of providing education to the community is what is required to curb the evil practice.

In the study problems faced by the anganwadi workers were mainly inadequate honorarium (100%), excessive record maintenance (100%) and inadequate infrastructure (86%) were the problems mentioned in Nayar *et al*. study is also mainly related to inadequate honorarium and infrastructure.

From the result it is found that the department has to provide an orientation programme / refresher programme under one roof at least once a year for all the anganwadi workers, to restrain the differences of opinion among anganwadi workers with regard to the responsibilities/ programmes. Much attention has to be given during recruitment of the anganwadi workers. Minimum educational requirement has to be considered for the post of anganwadi workers for the better delivery of the services to the beneficiaries especially for the children and expectant / pregnant mothers. The department can also increase honorarium for the anganwadi workers at least once in five years in consideration of their service for the department.

Conclusion

Anganwadi workers play a role of bridge between the community and the ICDS. They play an active role in bringing the services to the door step of the beneficiaries. But the Department of Women and Child Welfare has to look into the matter of remuneration and very importantly providing accurate knowledge with regard to the responsibilities of anganwadi workers through organizing all the anganwadi workers under one roof. So that the anganwadi workers will be enhanced with the knowledge and their doubts will be cleared and they can deliver the services in a better manner.

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