



## A STUDY ON ANGANWADI WORKERS PERFORMED ON THEIR JOB

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### **ABSTRACT**

*An Anganwadi is a government-supported creche and nursing facility in India. Tots from birth to age six may use it with ease. To combat child hunger and malnutrition, the Indian government established these in 1975 as part of its Integrated Child Development Services programme. The bulk of the Anganwadi system is managed by the Anganwadi worker. She has four months of training in health, nutrition, and child care, and she now works as a community health worker. She's in charge of an Anganwadi that feeds a thousand people. Anganwadi employees do the bulk of the centre's essential duties. She is responsible for the efficient provision of ICDS services. That's why it's so important for an anganwadi worker to be trustworthy and reliable in her profession. The research will be used to assess how well anganwadi workers do in their positions. As a method of inquiry, the questionnaire was used. Each taluk'sgramapanchayat was represented by around 115 anganwadi personnel. Researchers found that workers at anganwadis were really dedicated to helping those who needed assistance.*

**Keywords:** Anganwadi worker; kishori; nutrition; caring; children; health.

### **I. INTRODUCTION**

The Integrated Child Development Services (ICDS) program, which has been in effect in India since 1975 and is managed by the Ministry of Women and Child Development, employs 1.4 million community health workers (CHWs) known as Anganwadi Workers (AWWs) in rural areas. (MWCD). About 800 to 1000 children under the age of six, as well as pregnant and breastfeeding mothers, benefit from the services provided by Anganwadi workers (AWWs), who are situated at Anganwadi centres (AWCs). Anganwadi sevikas organise immunisation drives in conjunction with Auxiliary Nurse Midwives (ANMs), keep growth monitoring charts to track and assess children's nutrition status, keep records (including birth and death registrations), educate children and their families about health and nutrition, and distribute supplementary food.

The significance of anganwadis was recognised by the rebranding of the ICDS Scheme as the Anganwadi Services Scheme. More and more authority has been delegated to the anganwadisevikas over time. As part of the Access to Justice initiative, the anganwadis also provide assistance in facilitating access to legal services for vulnerable populations.



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## **II. ANGANWADI WORKER DUTIES**

The Anganwadi Workers and Helpers are the backbone of the ICDS, since they are responsible for running the Anganwadi Centre and carrying out the plan itself. The primary duties and responsibilities of AWWs are as follows.

1. Maintaining a neat and organised filing system.
2. Helping ASHA spread the word about the importance of healthcare topics including nutrition, cleanliness, prenatal care, and vaccinations.
3. Coordinating healthcare plans with local clinics and hospitals.
4. Facilitating access to dietary supplements for expectant and breastfeeding mothers and infants.
5. Get educated about universal health care measures including immunisations and screenings.
6. To document expecting mothers, newborns, and any illnesses or diseases.
7. Keeping a referral card to direct mothers and their children to PHC outposts.
8. Visiting all homes once a month and doing a health survey to gauge overall wellbeing.
9. Planning after-school programmes for kids who are already in elementary school.
10. Coordinating supplemental feedings for nursing mothers and their babies.
11. Coordinating counselling or seminars on topics including breastfeeding, family planning, immunization, health check-ups, and prenatal and post-natal checkups with Auxiliary Nurse Midwives (ANMs) and block health officials.
12. If children are found to have a disability or an illness, the PHC or the District Disability Rehabilitation Centre must be notified.
13. Notifying local health departments in your area as soon as possible about any occurrences of cholera or diarrhoea.
14. Communicating with superiors on the health of the communities and any problems that need action.
15. To ensure that projects like Kishori Shakti Yojana (KSY), the Nutrition Programme for Adolescent Girls (NPAG), and others are implemented as suggested.

## **III. METHODOLOGY**

### **Aim of the study**

The purpose is to look at the efficiency with which anganwadi workers carry out their duties.

### **Universe and sampling**

Data was collected from seven separate taluks. The District Child Protection Officer was providing training to 247 individuals in their respective Talukas. The information was gathered from 115 participants who filled out a questionnaire after being selected at random using probability proportional sampling.



**Research Design**

Exploratory research methods were utilised to assess the efficiency with which anganwadi services were delivered to their intended recipients.

**IV. RESULTS**

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

Socio-demographic details		N=115 (Percent)
Age group	23yrs-34yrs	(29)
	35yrs – 45yrs	(49)
	46yrs – 55yrs	(20)
	54yrs – 65yrs	(2)
Educational status	SSLC	(70)
	PUC	(19)
	BA	(9)
	MA	(2)
Marital Status	Single	(7)
	Married	(80)
	Widow	(11)
	Separated	(2)
Year of Joining	2001-2010	(52)
	2011-2020	(48)

Almost half of the respondents are between the ages of 35 and 45, and another 20% are between the ages of 46 and 55, making it clear that the bulk of the respondents are in this younger age range. The group between 54 and 65 years old had the lowest proportion (2%). Seventy percent of those who answered are still enrolled in school, while 19 percent have a PUC degree and 9 percent have a BA. Fewer than 2% have continued their education beyond high school. About 80% of adults in the United States have married partners. The survey found that 11% were widows, 7% were single, and 2% were divorced or legally separated. The vast majority of those who responded had been with the firm for many years. There was a 52.2% increase in membership from 2001 to 2010, and a 48.8% increase from 2001 to 2020.



**Table 2: Monthly income of Anganwadi workers**

Monthly income		N = 115(Percent)
Deduction & Payment	1,500/-	5 (4)
	2500/-	15 (12)
	3500/-	40 (33)
	4350/-	53 (43)
	No Response	9 (8)

Pay is one of the incentives that encourages businesses to take care of their workers. The whole monthly revenue is Rs. 4500/-. However, after deductions, the responders received their pay. Of those who participated in the survey, 43% get a monthly salary of Rs. 4350, 33% receive Rs. 3500, 13% receive Rs. 2500, and 4% receive Rs. As a result, it's clear that the respondents' anticipated workload exceeds their anticipated compensation. The majority of respondents have expressed dissatisfaction with their current income.

**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 formothers	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)



In the table above, responsibilities for workers in anganwadis are listed. All of the anganwadis that responded have implemented the aforementioned programming. Workers in Anganwadis are tasked with a wide range of responsibilities. They play the role of a mother to the children in the anganwadi, an educator to the community, a motivator, supervisor, and facilitator to the SHGs, a health activist to the pregnant mothers, and a teacher of physical and mental development to the Kishoris, among many other roles.

**Table 4: Anganwadi workers’ Responsibility**

SI. No	Responsibilities of Anganwadi Workers in Anganwadi		N=115 (Percent)
1	Frequency of health check-up of Anganwadi Children	Once a month	(19)
		Once in 2 months	(64)
		Once in 3 months	(15)
		No Response	(2)
2	Undergone training to prepare nutritious food for children	Yes	(100)
3	Need of Nutritious food for growth and development of children	Yes	(100)
4	Check the quality of foodsupplied to the anganwadi	Yes	(100)

Workers in anganwadis are responsible for supervising children aged 5 and under, as well as preparing healthy meals for them in accordance with a set menu. Doctors from the local primary health centres also conduct health screenings on the kids who attend the anganwadi. (PHCs). The anganwadi worker is responsible for bringing the kids to the doctor once a month. 19% of people were correct in saying they go every month, whereas 64% claimed they go every two months, and 15% stated every three months. Only 2% have chosen to answer. Serving healthy meals to children is at the forefront of anganwadi employees' responsibilities. Staff at anganwadis have been educated on how to cook healthy meals. (100 percent). Nutritional eating is essential for children's development, according to all responders. They also inspect the prenatal and infant food packages that are distributed. (100 percent).



**Table 5: Responsibilities of anganwadi workers with mothers**

S. No	Responsibilities of Anganwadi Workers with Pregnant mothers	N =115(Percent)
1	Distribution of nutritious food for Pregnant mothers	Yes (100)
2	Frequency of supply of food	Once in 15 days (5)
		Once in 25 days (35)
		Once in a month (60)
3	Weight check-up of pregnant mothers	Once in a week (9)
		Once in 15 days (8)
		Once in a Month (81)
		Once in 2 Month (1)
		No Response (1)
		Children's Health (34)
		Individual/community Hygiene (59)
		Preparation & Intake of Nutritious food at home (75)
		Importance of Vaccination and Communicable disease (44)
		Use of Latrines (11)
		Bhagyalakshmi Programme (34)
		Importance breast feeding (40)
		Maintenance of cleanliness (24)
		Against Child Marriage (24)
		Importance of education (6)
		Others (31)
		No Response (2)
		Weekly Once (40)
		Once in 15 days (46)
		Once in a month (11)
No Response (3)		



Pregnant women may get healthy meals from the Anganwadi moms. One hundred percent of respondents agreed that pregnant women previously known to anganwadi staff get prepackaged nutritional meals. Sixty percent of respondents believe that the frequency of supplying fed food products will be once a month, while thirty-five percent believe that this would occur once every twenty-five days, and five percent believe that this will occur once every fifteen days for mothers. In this case, the anganwadi personnel do not agree on how best to provide moms with healthy meals. **Table6: Problems faced by AWWs**

Problems of AWWs	N=115(Percent)	
Inadequate honorarium	Yes	(100)
Work overload	Yes	(100)
Inadequate infrastructure	Yes	(86)
Excessiverecordmaintenance	Yes	(100)

As can be seen in the chart above, all respondents (100%) have voiced their dissatisfaction with the small stipend, overwhelming workload, and tedious documentation requirements of the initiatives they have assumed responsibility for. While 86% of people said they were frustrated by a lack of infrastructure (such as aged buildings, traffic, and public nuisances).

**V. CONCLUSION**

Anganwadi workers act as liaisons between locals and the ICDS. They participate in delivering aid right to people's front doors. In order to better provide a wide range of services at AWCs, all AWWs should obtain sufficient training and retraining on all components of the ICDS programme at regular intervals. It is important to provide AWWs with more options for career advancement. Some quotas might be created in ANM training courses for AWWs who had matriculated and had worked successfully for at least 5 years. This would encourage AWWs and make it easier for them to acquire a regular government job with much better pay.

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