

RESEARCH ARTICLE :

A study on problems faced by anganwadi workers and suggestions given by them

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SUMMARY : To analyse the socio- personal characteristics and to list out the problems faced by Anganwadi workers and suggestions given by the Anganwadi workers, a study was conducted with random sampling. The functioning of Anganwadi workers was assessed by interviewing for their literacy status, years of experience, problems and suggestions. Results revealed that most of the Anganwadi workers were middle aged (60.92%), high school level of education (46.36%), 73.63 per cent were married, 33.63 per cent of the total sample were with less than five years experience and between five to ten years. Most of the Anganwadi workers complained that they had no time to conduct pre-school education (89.45%), and 78 per cent suggested to fix the timings for pre-school activities.

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KEY WORDS :

Anganwadi, ICDS (Integrated child development services), Pre-school

BACKGROUND AND OBJECTIVES

The word Anganwadi means “courtyard shelter”. They were started by the Indian government in 1975 as part of the Integrated Child Development Services program to combat child hunger and malnutrition. A typical Anganwadi centre also provides basic health care in Indian villages. It is a part of the Indian public health-care system. Basic health-care activities include contraceptive counseling and supply, nutrition education and supplementation, as well as pre-school activities. India is a country suffering from overpopulation, malnourishment, poverty and high infant mortality rates. In order to counter the health and mortality issues gripping the country there is a need for a high number of medical and healthcare experts. Unfortunately India is suffering from a shortage of skilled professionals. Therefore, through the Anganwadi system the country is trying to meet its goal of enhanced health facilities that are affordable and accessible by using local population.

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 T. Narasipura in Mysore district with just 100 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 check up, referral services, and nutrition and health education for mothers / pregnant mothers, nursing mothers and to adolescent girls (kishoris).

The basic work of Anganwadi workers is extremely important and needs to be carried out in the most efficient manner possible. They need to provide care for newborn babies as well as

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ensure that all children below the age of 6 are immunized or in other words have received vaccinations. They are also expected to provide antenatal care for pregnant women, they must also provide post natal care to nursing mothers. Since they primarily focus on poor and malnourished groups it becomes necessary to provide supplementary nutrition to both children below the age of 6 as well as nursing and pregnant women. Consistently they need to ensure that regular health and medical check ups of women who fall between the age group of 15 to 49 years and that all women and children have access to these check ups. They also need to work towards providing pre-school education to children who are between 3 to 5 years old. These include showing community support and active participation in executing this programme, to conduct regular quick surveys of all families, organize pre-school activities, provide health and nutritional education to families especially pregnant women as to how to breastfeeding practices etc., motivating families to adopt family planning, educating parents about child growth and development, assist in the implementation and execution for Kishori programmes *i.e.*, to educate teenage girls and parents by organizing social awareness programmes etc., identify disabilities in children and so on.

In many ways an Anganwadi worker is better equipped than professional doctors in reaching out to the rural population. Firstly since the worker lives with the people she is in a better position to identify the cause of the various health problems and hence, counter them. Hence, she has a very good insight of the health status in her region. Secondly though Anganwadi workers are not as skilled or qualified as professionals they have better social skills thus making it easier to interact with the people. Moreover, since these workers are from the village itself they are trusted easily which makes it easier for them to help the people. Anganwadi workers are well aware of the ways of the people, are comfortable with the language, know the rural folk personally etc. which makes it very easy for them to figure out the problems being faced by the people and ensure that those problems are solved (Wikipedia, 2013).

RESOURCES AND METHODS

Above study was conducted with the help of survey method. Questions were asked individually from the respondents. Total number of respondents were 110 and they were randomly selected from seven different projects namely Ankola, Kumta, Karwar, Haliyal, Sirsi, Mundagod and Sidhapur.

Measurement of socio-personal characteristics were calculated as below.

Age :

It is referred to the chronological age of the respondents

in completed years at the time of investigation. The respondents were categorized into three age groups as the procedure followed by Saravanakumar (1996).

Categories	Range
Young	35 and below
Middle	35-55
Old	Above 55

Education :

Education was operationally defined as the number of years of formal education acquired by a respondent. The level of respondent's education was measured by using Usha (1999) scale. Thus, level of respondent's were grouped into the following categories with corresponding values.

Categories	Score
Illiterate	0
Primary school (1-4)	1
Middle school (5-7)	2
High school (8-10)	3
College (PUC and above)	4

Marital status :

Marital status of respondents was noted by asking them directly and the respondents were classified into married, unmarried, widow and divorced. The above procedure was followed by Biradar (1992). Scores assigned are as follows:

Category	Score
Married	1
Unmarried	2
Widow	3
Divorced	4

Service :

Service of respondents was noted directly during survey from respondents, it was classified as given below (Thakare Meenal *et al.*, 2011.).

Category	Score
< 5 years	1
5 – 10 years	2
> 10 years	3

Statistical tools and tests :

The data collected from the respondents were scored, tabulated and analyzed using suitable statistical tools. The statistical tools used in the present study are described below.

Frequency and percentage :

Frequency and percentage were used to interpret the profile of listeners, preference of programmes, problems and

suggestions given by the listeners.

OBSERVATIONS AND ANALYSIS

The results obtained from the present investigation as well as relevant discussion have been summarized under following heads :

Age :

Table 1 shows that 60.92 per cent of the respondents were of middle age, 35.45 per cent of the respondents were of young age and only (3.63%) of the respondents were of old age group.

Table 1 : Anganwadi worker's age status (n=110)

Sr. No.	Category	Percentage
1.	Young	35.45
2.	Middle	60.92
3.	Old	03.63

Education :

Table 2 shows that most of the respondents are literate with high school level of education (46.36 %), 32.72 per cent were educated with college level of education, 14.54 per cent with middle level of education, primary level of education (3.65 %) and only 2.73 per cent were illiterates.

Table 2 : Anganwadi worker's education status (n=110)

Sr. No.	Category	Percentage
1.	Illiterate	02.73
2.	Primary	03.65
3.	Middle	14.54
4.	High school	46.36
5.	College	32.72

Marital status :

Table 3, reveals that almost 73.63 per cent of respondents were married, 17.27 per cent were unmarried and only 8.2 per cent were widows.

Table 3 : Anganwadi worker's marital status (n=110)

Sr. No.	Category	Percentage
1.	Married	73.63
2.	Unmarried	17.27
3.	Widow	08.20

Experience :

Table 4 shows that less than five years and between five to ten years were 33.63 per cent and 32.72 per cent respondents had above ten years experience.

Table 4 : Experience of Anganwadi workers (n=110)

Sr. No.	Category	Percentage
1.	< 5 yrs	33.63
2.	5 – 10 yrs	33.63
3.	>10 yrs	32.72

Problems :

Table 5 the problems given by the respondents were: do not have own bulding (60%), no toilet facilities (69.92%), no playground to play for children (43%), no time to conduct pre-school education (89.45%), low in attendance(25.23%), dues in the payment of salaries, gas and other funds (30%) (Table 5).

Table 5 : Problems faced by Anganwadi workers (n=110)

Sr. No.	Problem	Percentage
1.	Do not have own bulding	60.00
2.	No toilet facilities	69.92
3.	No playground to play for children	43.00
4.	No time to conduct pre-school education	89.45
5.	Low in attendance	25.23
6.	Dues in the payment of salaries, gas and other funds	30.00

Suggestions :

Table 6, The following were the suggestions listed during the survey namely, fix the timings for pre-school activities (78%), supply different types of pre-school instruments in Anganwadi (62.34%), increase in flexi funds (21%), facilities should be as like in a private schools (65.32%) (Table 6). Similar work related to the present investigation was also carried out by Desai *et al.* (2012); Sandhyarani and Rao (2013) and Parikh and Sharma (2011).

Table 6: Suggestions given by Anganwadi workers (n=110)

Sr. No.	Suggestions	Percentage
1.	To fixed timings for pre-school activities	78.00
2.	Supply different types of pre-school instruments in Anganwadi	62.34
3.	Increase in flexi funds	21.00
4.	Facilities as like in a private schools	65.32
5.	Fixed pattern of syllabus for pre-school education.	10.12

Conclusion :

Most of the Angawadi workers were educated and they complained that they do not get time to conduct pre-school education because of the register works and even they suggested to fix the particular time to conduct pre-school education *i.e.* during the pre-school time nobody, should be allowed to ask any information regarding any schemes nor allowed to have ration. Because community

people come any time for ration or else for the schemes information thus, this made Anganwadi teachers very difficult to conduct pre-school activities. Thus, in every Anganwadi fixed timing have to be made so that during that time only pre-school activities have to be conducted without any disturbance.

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