

Knowledge of Anganwadi workers and their problems in rural Areas

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Abstract:

Anganwadi is a Government sponsored child care and mother care centre in India. It caters to children in the 0-6 age group. These were started by the government in 1975 as part of the integrated child development services programme to combat child hunger and malnutrition. The Anganwadi system is mainly managed by the Anganwadi worker (AWW) and Anganawadi helper (AWH). The Anganawadi Worker is the community based voluntary frontline worker of the Integrated Child Development Service Scheme programme. Selected from the community, she assumes a pivotal role due to her close and continuous contact with the beneficiaries. Children grow and develop amazingly. Mothers and their children age between 0-6 years, not only constitute a large proportion of the community but also vulnerable or special risk group. The first five years of child's life are most crucial for the foundations for physical and mental development. Main objective of the study is to study the profile of Anganawadi workers and to assess knowledge of anganawadi workers and problem faced by them while working

Keywords: Anganwadi worker, Anganawadi helpers, ICDS, Child care,

Introduction:

Launched on 2nd October, 1975, the Integrated Child Development Services (ICDS) Scheme is one of the flagship programmes of the Government of India and represents one of the world's largest and unique programmes for early childhood care and development. It is the foremost symbol of country's commitment to its children and nursing mothers, as a response to the challenge of providing pre-school non-formal education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. The beneficiaries under the Scheme are children in the age group of 0-6 years, pregnant women and lactating mothers. Anganwadis are India's primary tool against the scourge of child malnourishment, infant mortality and curbing preventable diseases such as polio. Their services can also be important tool to fight mental and physical disability in children. India has the world's largest population of malnourished or under-nourished children. Various researches have considerably explored many aspects of this scheme with variable results, but the coverage has been patchy and difficult to compare because of complexity involved in wholesome approach of the service and their constituents.

Children are the most important assets of a country because they will be tomorrow's youth and provide the human potential required for a country's development. The strength of the

nation lies in having healthy, protected, educated and well- developed children who may grow up to be productive citizens of the country. It is estimated that around 40 per cent of children are vulnerable or experiencing difficult circumstances characterized by their specific social, economic and geo-political situations. All these children need special attention. Children in the age group 0-6 years constitute around 158 million of the population of India (2011 census). These Children are the future human resource of the country. Ministry of Women and Child Development is implementing various schemes for welfare, development and protection of children.

Literature Review

Review literature gives an insight into different aspects of the problem under the study. It helps the investigator to design the framework, develop the methodology and tools for data collection and plan the analysis of data.

Das et.al (1990) This study explore that Anganwadi worker is the key person in the programme, her education level and knowledge of nutrition plays an importance role related to her performance in the Anganwadi centre. It has also been reported that, in addition to education level, training of Anganwadi workers about growth monitoring plays a valuable role in improving their performance.

Sandip B. Patil, Doibale M. K. Study of Profile, Knowledge and problems of Anganwadi workers in ICDS blocks: A cross

sectional study. In his study, Most of the AWWs in ICDS Blocks were from age group 41-50 years, 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.

Sulakshana Shridhar Baliga, Padmaja R. Walvekar,(2017),”A study on knowledge of anganwadi workers about integrated child development services at three urban health centers” Study reveals, Anganawadi workers has poor knowledge of health services and The knowledge had no relation with experience and their educational qualification. This difference was not found to be statistically significant. Hence regular training camps should be organized for AWWs to increase their knowledge regarding different aspects especially growth monitoring and supplementary nutrition

Kalpana Joshi (2018) in her study: “Knowledge of anganawadi workers and their problems in Rural ICDS Block” AWCs need to be strengthened in structure and supplies and AWWs need to be given more in-service educational programme and training programme along with salary so that they can be motivated to take interest in all activities of the project

Statement of the Problem

The present intension to find the research gap a succeeded with the help of existing literature and research gap identified

Hence with the evidence of existing literature no extensive research done on “Anganawadi Workers and their problems in rural Area” researcher have interested to undertake a research on “Knowledge of Anganawadi Workers and their problems in rural Area”

Objective:

1. To know about the Anganawadi centre
2. To know about the Service and benefits to the Anganawadi workers
3. To assess the role & responsibilities of anganwadi worker
4. To understand the Problems and challenges faced by the Anganwadi workers

Research Methodology:

The research technique chosen to gain insight into Anganwadi workers and helpers in Anganwadi centre is exploratory in nature. For the purpose of fully understanding the idea, literature from certain research papers, data from trusted sites and newspaper, articles regarding the stated topic are used. According to the objective of the study, the research design used is descriptive in nature.

Anganwadi Centre:

The word Anganwadi is derived from the Hindi word “Angan”, it refers to the courtyard of a house. Angan is a rural Indian term for “a place where people get together to discuss, greet, and socialize their matters”. The Angan is also used occasionally to cook food or for household members to sleep in an open air. This part of the house is seen as the heart of the house and is considered a sacred place. Therefore, the significance of this part of the house comes across in the way a worker works in an Angan and visits other Angans to perform the indispensable duty of helping with health care issues. After all, they are the most important link between the rural poor and good healthcare.

Anganwadi is a government sponsored child-care and mother-care center in India. It caters to children in the 0-6 age group. These were started by the Indian government in 1975 as part of the Integrated Child Development Services program to combat child hunger and malnutrition. The Anganwadi system is mainly managed by the Anganwadi worker. She is a health worker chosen from the community and given 4 months training in health, nutrition and child-care. She is in charge of an Anganwadi which covers a population of 1000. 20 to 25 Anganwadi workers are supervised by a Supervisor. Four supervisors are headed by a Child Development Projects Officer (CDPO). They provide outreach services to poor families in need of immunization, healthy food, clean water, clean toilets and a learning environment for infants, toddlers and pre-schoolers. They also provide similar services for expectant and nursing mothers. According to government figures, Anganwadis reach about 58.1 million children and 10.23 million pregnant or lactating women. Anganwadis are India's primary tool

against the scourges of child malnourishment infant mortality and curbing preventable diseases such as polio. While infant mortality has declined in recent years. Integrated Child Development Services (ICDS) is the only major national program that addresses the needs of children under the age of six years. It seeks to provide young children with an integrated package of services such as supplementary nutrition, health care and pre-school education. Because the health and nutrition needs of a child cannot be addressed in isolation from those of his or her mother. The program also extends to adolescent girls, pregnant women and nursing mothers.

Service and Benefits to the Anganawadi workers and Anganawadi helpers

1. In the event of death of an employee of child (Anganawadi worker/helper) while in service, the legal heir of the deceased in given compassionate appointment under scheme by the government. The order came into force since November 2009.
2. Two days casual leave allowed at time in a month including the unavailed leave of previous months
3. Festive advance ₹ 2000/- is sanctioned once in a year to the staff of anganawadi centres, Medical allowance of ₹ 100/- per month to all the staff of AWCs
4. Additional charge allowance is increased from ₹ 2/- to ₹ 10/- per day to Anganawadi Workers will be taken into account for calculating the pension for those who are appointed as Grade II supervisors / Multipurpose health workers/Teachers before 1-4-2003, and 10 days medical leave will be allowed to those staff who undergo surgery under the new insurance scheme.
5. Further promotional activities to the eligible Anganawadi Workers for appointment as office assistants/clerks in the social welfare and nutritious meal programme department and to the anganawadi workers as Grade II supervisors, travelling allowance is enhanced to ₹ 20/- per month to ₹ 40/- per month to Anganawadi workers
6. Maternity leave allowed for 6 months and two sets of uniforms (sarees) per year have been provided to all the Anganawadi workers/helpers etc.
7. The Honorarium hike is seen as a move to bolster services by giving anganawadi workers honorarium that given them dignity and motivate them to cater to the development needs of children in the 0-6 years age group and lactating mothers. Increase in honorarium of anganawadi workers ₹ 6000/- to 8000/- and Anganawadi helpers ₹ 3000/- to 4000/- respectively.
8. 15 days summer holiday given during the month of May in every year. Death relief fund ₹ 50,000/- is given to both Workers as well as helpers of Anganawadi centres
9. If anganawadi workers/helpers die while in service, or are suffering from severe ailments, their families are given some compensation and financial relief. A sum of Rs.20,000/- is sanctioned to the legal heir of the deceased anganawadi worker and Rs. 10,000/- is sanctioned to the legal heir of the deceased Anganawadi Helper as death relief fund.
10. From September 2014 the death relief amount has been increased to Rs.50000/- for both AWW and AWH. AWWs/Helpers who have completed a minimum of one year of service are eligible for financial assistance under the scheme.
11. New Pension Scheme (NPS) Lite, A contributory pension scheme. In the scheme anganawadi workers and Helpers will contribute Rs.150/- and Rs.84/- as monthly contribution respectively and State government will contribute the same amount.

Role and responsibilities of Anganawadi workers:

There are many responsibilities and duties to be performed by an Anganawadi Worker recommended by the government. Some of them are:

1. Showing community support and active participation in executing this program
2. To conduct regular quick surveys of all families
3. Organize pre-school activities, provide health and nutritional education to families especially to pregnant women as to how to breastfeeding practices etc.
4. Motivating families to adopt family planning, educating parents about child growth and development,
5. Assist in the implementation and execution of Kishori Shakti Yojana (KSY) to educate teenage girls and parents by organizing social awareness programs, identify disabilities in children and so on.

6. 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
7. 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.
8. To organize 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.
9. 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.
10. 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

Problems of Anganwadi workers:

In many problems which affect the anganwadi workers in performing their role effectively. The important problems faced by Anganwadi workers were in the following.

1. The problems of Anganwadi workers in the inadequate honorarium. That the Anganwadi workers they are considered with the "honorary workers" and thereby given only "honorary" and not minimum wages. The work load of the Anganwadi staff was heavy work but the status of the wages in low, the monthly honorarium of Anganwadi teachers was only 5.500 Rs until 2014. The Anganwadi workers themselves belonged to the below. Poverty- line category these inadequate honorarium is main problem for Anganwadi workers.
2. The workload of the Anganwadi staff was heavy if their house visits were also included, 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 in conducted by municipal Corporation it all functions in involve from Anganwadi workers.

3. Inadequate infrastructural facilities are a major constraint in the effective functioning of Anganwadis. In building facilities in terms of space and nature of construction are unsatisfactory.
4. The anganwadi workers are total 12 registers that were maintained by the workers

Ex: survey register, immunization register, ANC register, referral register, dairy cum

visit book etc. those anganwadi workers who had maintained that all registers properly.

These records heavy work for anganwadi workers.

5. Inadequate supervision among Anganwadi workers like immunizations, prophylaxis against blindness and anemia, nutrition and health education, Supplementary nutrition, growth monitoring and referred services.
6. There is a lack of help from 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. The Anganwadi workers are supposed to make periodic visits to beneficiary families. These are problems of anganwadi workers
7. Anganwadi Workers all around the country are being treated as though they are unskilled. Their monthly remuneration, which is quite low in comparison to the Minimum Wage requirement, is insufficient to cover their living expenditures.
8. According to report of Kasturi Rangan's committee, it is nearly impossible to fix the curve of education as an individual advances in age unless the imparting of education is done methodically starting from the toddler level. Anganwadi centres (AWCs) are the ideal location for this, however suffering from a variety of ailments necessitates immediate attention

Conclusion:

Anganawadi programme is one of the world largest child and women development programme in India. Anganwadi is focal point of ICDS scheme. Each anganwadi has one worker and one helper. A good anganawadi workers has some qualities like leadership, decision making skills, problem solving skills, communication etc. Anganwadi workers play a role of bridge between the community and ICDS, they play a important role in bringing the services to the door step of the beneficiaries. But the department of women and child welfare it has to look into the matter of remuneration and very importantly providing accurate knowledge with regard to the responsibilities of anganawadi workers through the organizing all the anganawadi workers under one roof so that the anganawadi workers will be enhanced with the knowledge and tier adults will be cleared and they can deliver the services in a better manner

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