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# A cross-sectional study on socio-demographic profile and problems of Anganwadi workers in the urban municipality area of Raichur city

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#### **Abstract**

**Background:** ICDS is the World's largest community based outreach program running all over the country, which offers a package of health, nutrition and education services to children below the age of 6 years, pregnant and nursing mothers. The focal point for delivery of these services is Anganwadi Centre (AWC). As anganwadi workers (AWWs) are the backbone of ICDS program, its successful functioning depends upon the effectiveness of anganwadi workers which in turn depends upon their knowledge, attitude and practices.

**Objectives:** 1) To study the socio-demographic and work profile of anganwadi workers.

2) To assess the problems perceived by anganwadi workers in executing the above services.

**Methods:** A descriptive cross-sectional study conducted at the anganwadi centres in the urban area of Raichur municipality. After taking verbal consent, Anganwadi worker were interviewed using questionnaire. Duration of the study was one year. 210 anganwadi centres were included in the study.

**Results:** Majority of anganwadi workers (71%) were aged less than 40 years, 44.3% were matriculate and 60% had working experience of <10 years. 84.8% of anganwadi centres had permanent helpers. The mean correct knowledge score of anganwadi workers was about 15.38. Majority (48.1%) of anganwadi workers had good knowledge about the ICDS services.

**Conclusion:** Anganwadi workers need to be given refresher training regularly to improve their knowledge. There is need to address their problems while delivering their duties to keep them motivated and interested to effectively perform their responsibilities.

Keywords: Anganwadi centre, Anganwadi worker, profile, problems, knowledge

#### Introduction

India is a multicultural nation with high-level of regional inequality, health and nutrition inequality, social hierarchy, which are pervasive and persistent [1].

After Independence Government of India realized the utmost urgency and importance of giving highest priority to develop human resources and found it most essential to evolve a national program for the overall development of our children who constitute the most precious asset of country's future. The most valuable asset of a nation is its human resource. Countries who have learnt to invest on its human resources are today the most progressive and developed nations. India has also recognized this and has made several efforts to improve the quality of its human resources. The Constitution of India provides a framework for care and protection of women and children and it mentions that states shall make special provisions for children [2].

The ICDS is the World's largest community based outreach program running unilaterally all over the country, which offers a package of health, nutrition and education services to children below the age of 6 years, pregnant and nursing mothers [3].

The focal point for the delivery of these services is Anganwadi Center (AWC), located in the rural, tribal and urban slums. 'Angan' literally means a Courtyard. Each project consists of 100 anganwadi centres, with each centre covering a population of 1000 in rural and urban slum areas and 750 in tribal area. Thus covering nearly 1 lakh population per project. Each ICDS project consists of 3 levels (Caders) of staff members, namely Anganwadi worker, Mukhya Sevika and Child Development Project Officer (CDPO) [4].

Anganwadi worker is a young woman selected from the local community. She is a part-time trained voluntary worker and receives an honorarium. She is assisted by a helper.

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AWW is a multipurpose worker who delivers integrated service and improved linkages with health system, thus increasing the capacity of community and mothers for child – care, survival and development <sup>[5]</sup>.

For the attainment of ICDS scheme goals, the anganwadi worker at each anganwadi centre must be equipped with adequate infrastructure, functional equipments, tools and drugs. She should be aware of the norms regarding the services to be provided under the scheme <sup>[6]</sup>.

#### **Objectives**

- To study the socio-demographic and work profile of anganwadi workers.
- 2. To assess the problems perceived by anganwadi workers in executing the above services.

#### **Materials and Methods**

A descriptive cross-sectional study was conducted at the anganwadi centres in the urban area of Raichur municipality between January to December 2015. There are about 210 anganwadi centres present in urban area of Raichur municipality and all the anganwadi centres were included in the study. Those anganwadi workers who are not willing and non-cooperative to participate in the study were excluded from the study. After taking the verbal consent, anganwadi workers were personally interviewed using a pretested, predesigned and semi structured questionnaire about socio-demographic profile, work profile, problems perceived by AWWs and about the infrastructure of AWCs. Data was collected by using pretested, predesigned and semi-structured Performa and the collected data was entered in MS excel spreadsheet (version 2013) after coding. It was further processed and analyzed using Open Epi statistical software.

#### Results

Table No. 1 shows that majority of the Anganwadi workers (43%) are in the age group of 31-40 years, majority of them (71%) are married, majority of the workers (77.6%) are Hindus, majority of them (44.3%) had studied till SSLC and majority of the workers (95.7%) are residents of the same area.

Table No. 2 shows that all the anganwadi workers have undergone basic training, while only 50.5% of them have undergone refresher training. Majority of the anganwadi workers (60%) have working experience of < 10 years. Only 47.6% of anganwadi workers agreed that they are getting salary regularly. All anganwadi workers are attending the meetings regularly. Majority (84.8%) of anganwadi centres have permanent helpers and the rest did not have the helpers.

Table No. 3 shows that majority (78%) of anganwadi centres are housed in rented buildings, majority (93.8%) of anganwadi centres have safe drinking water facility, while majority (71.4%) of them did not have toilet facility, only (29.5%) of the centres are provided with LPG for cooking, majority (78.1%) of anganwadi centres are provided with

sufficient utensils, and in all the anganwadi centres the anganwadi workers are maintaining all the registers.

Table No. 4 shows that majority of anganwadi workers complained about inadequate salary (66.2%), work overload (86.2%) and excessive maintenance of records (100%). While only 36.7% complained related to infrastructure and 14.8% about lack of help from the community. However all workers have no problem for accessibility of the superiors.

**Table 1:** Socio-demographic profile of anganwadi workers. (n = 210)

Sl. No.	Socio demographic characteristics	Number (n)	Percentage (%)		
1	Age				
	21 – 30 years	59	28%		
	31 - 40 years	90	43%		
	41 - 50 years	44	21%		
	Above 50 years	17	8%		
2	Marital status				
	Married	149	71%		
	Unmarried	18	8.6%		
	Widow	36	17.1%		
	Separated	07	3.3%		
3	Religion				
	Hindu	163	77.6%		
	Muslim	44	21%		
	Christian	03	1.4%		
	Others	00	0%		
4	Educational status				
	Up to SSLC	63	30%		
	SSLC passed	93	44.3%		
	PUC	45	21.4%		
	Graduate	09	4.3%		
5	Residence status				
	Resident of same area	201	95.7%		
	Non – Resident	09	4.3%		

**Table 2:** Work Profile of Anganwadi workers. (n=210)

Sl. No.	o. Characteristics Number (n)		Percentage (%)		
1		Basic training			
	Yes	210	100%		
	No	0	0%		
2	Refresher training				
	Yes	106	50.5%		
	No	104	49.5%		
3	Working experience				
	1 – 5 years	84	40%		
	6 – 10 years	43	20.5%		
	11 – 15 years	29	13.8%		
	16 – 20 years	14	6.6%		
	Above 20 years	40	19%		
4	Regular salary				
	Yes	100	47.6%		
	No	110	52.4%		
5	Regular meetings				
	Attending	210	100%		
	Not attending	0	0%		
6	Helper				
	Present	178	84.8%		
	Absent	32	15.2%		

**Table 3:** Related to Infrastructure of the Anganwadi centers (n=210).

Sl. No.	Characteristics	Number (n)	Percentage (%)		
1	Anganwadi centre building				
	Government	46	22%		
	Rented	164	78%		
2	Safe drinking water				

	Available	197	93.8%	
	Not available	13	6.2%	
3	Toilet facility			
	Available 60		28.6%	
	Not available	150	71.4%	
4	Type of fuel used for cooking			
	LPG	62	29.5%	
	LPG + kerosene stove	57	27.1%	
	LPG + firewood	54	25.7%	
	Kerosene stove	34	16.2%	
	Firewood	03	1.4%	
5	Utensils			
	Sufficient	164	78.1%	
	Insufficient	46	21.9%	
6	Maintaining registers			
	Yes	210	100%	
	No	0	0%	

**Table 4:** Percentage distribution for problems perceived by anganwadi workers.

Problems perceived	Inadequate	Related to	Work over	Excessive maintenance	Lack of help from	In accessibility of
by AWWs	salary	infrastructure	load	of records	community	the superiors
Yes	66.2%	36.7%	86.2%	100%	14.8%	0%
No	33.8%	63.3%	13.8%	0%	85.2%	100%
Total	100%	100%	100%	100%	100%	100%

#### Discussion

The current study is conducted on 210 AWCs and AWWs located within the municipal limits of Raichur city. A predesigned and pretested questionnaire was formulated and validated as per required standard to collect data regarding socio-demographic profile of anganwadi workers, their work profile, about the infrastructure of anganwadi centres and about the problems perceived by them. The collected data was analyzed and interpreted.

# Socio-demographic profile

In the present study, majority (71%) of the anganwadi workers are aged less than 40 years, while 29% are aged above 40 years and only 8% are aged above 50 years. Similar age distribution were reported in several other studies  $^{[1, 5, 8, 10]}$ . However, the majority of AWWs were in the age group of 41-50 years in the study conducted by Patil SB *et al.*  $^{[13]}$ .

In our study, majority (71%) of the anganwadi workers are married, 17.1% are widow, 8.6% are unmarried and 3.3% are separated. Likewise studies conducted by M.C. Sandhyarani *et al.* <sup>[7]</sup>. Chhavi Bhatnagar *et al.* <sup>[12]</sup> Monica Tripathy <sup>[14]</sup> and T.N. Seema <sup>[18]</sup> also reported similar findings.

Analysis about the religion of the anganwadi workers in the current study reflects the major religions prevalent in this region with majority (77.6%) of anganwadi workers being Hindus, 21% being Muslims and 1.4% being Christians. Similar findings were reported in the study conducted by Dr. Brajesh Raj Merta where 60.3% were Hindus, 39.2% were Muslims and 0.5% were Christians [15]. However in the study conducted by Saravana Selvi et al. majority of AWWs (75%) were Hindus and 25% were Christians [8]. While the findings in the study conducted by Chhavi Bhatnagar et al. majority of AWWs (80%) were Hindus and 20% were Muslims [12]. These contradicting results may be just a reflection of the religions prevalent in the respective regions. In the present study, majority of anganwadi workers (44.3%) have completed SSLC, 30% studied up to SSLC, 21.4% studied till PUC and only 4.3% are graduates.

Similar findings were reported in other studies <sup>[7, 9, 13]</sup>. In contrary, the studies conducted by Prashanti Jena, <sup>[1]</sup> Mitin Parmar *et al.* <sup>[10]</sup> and Chhavi Bhatnagar <sup>[12]</sup> reported that majority of AWWs were graduates and PUC passed. In the study conducted by Monica Tripathy <sup>[14]</sup> - 9% of AWWs did not meet the criteria for minimum education required for their job and rest 91% were either matriculates, intermediates or graduates.

In the present study, majority (95.7%) of anganwadi workers are resident of same area and only 4.3% are non-residents. Study conducted by Prashanti Jena [1] is in support of our results. In the study conducted by T.N. Seema [18] - 50% of AWWs were resident of same areas. In contrary, the studies conducted by Sobha I and Kant L *et al.* reported that only few AWWs (7.8% and 17.7%) respectively were residents of the same locality [17].

#### Work profile

# 1. Basic and Refresher Training of AWWs

In our study, all AWWs (100%) have received basic training. Likewise several studies also reported that all or majority of AWWs were trained [8, 10, 16, 18]. In contrary, the study conducted by Monica Tripathy [14] reported lack of basic training in 45.5% of the AWWs.

In our study, 50.5% of the AWWs have undergone refresher training. Similar result was found by Mitin Parmar *et al.* <sup>[10]</sup> In the study conducted by Monica Tripathy, <sup>[14]</sup> majority of AWWs (97%) had received refresher training, while in the study conducted by T.N. Seema <sup>[18]</sup> only 34% of workers had attended refresher training. It indicates that there is a need for more frequent job trainings and refresher courses at regular intervals. This has been endorsed by other researchers as well <sup>[14]</sup>.

# 2. Working experience of AWWs

In the present study, majority of anganwadi workers (60%) have working experience of less than 10 years, 21% have more than 10 years and only 19% have above 20 years of experience. Similar results were found in several other studies [11, 18]. In contrary, several other studies reported that

majority of AWWs had more than 10 years of working experience [8, 13, 14].

## 3. Monthly honorarium of AWWs

In our study, majority (52.4%) of anganwadi workers did not receive their monthly honorarium regularly in time. Whereas in the study conducted by Monica Tripathy [14] 72.73% did not receive their monthly honorarium regularly in time.

#### 4. Monthly meetings for AWWs

In present study, all the anganwadi workers (100%) attended monthly meetings regularly. In contrast, the study conducted by Tarique Zaryab [9] showed that attendance at the monthly meeting was unsatisfactory.

# 5. Availability of helper at AWCs

In the present study, majority (84.8%) of anganwadi centres have helpers and all are appointed on permanent basis. In the study conducted by Chhavi Bhatnagar, [12] 80% of AWCs had helpers.

# Related to infrastructure

# 1. Building facility

In the current study, majority (78%) of anganwadi centres are housed in rented buildings, while only 22% are owned by the government. Similar results were noted in many other studies [11, 12, 17]. In contrary, study conducted by Saravana Selvi *et al.* [8] reported majority of AWCs were housed in government buildings. In the study conducted by T.N. Seema [18] revealed 15% of AWCs were housed in community buildings.

# 2. Safe drinking water facility

In our study, majority (93.8%) of anganwadi centres have safe drinking water facility. Studies conducted by Kanchan Thakur *et al.* <sup>[11]</sup> and Sobha I <sup>[17]</sup> are in support of our results. In contrary, the evaluation study of ICDS program conducted in Meghalaya, SEDEM and Jammu & Kashmir reported lack of proper water facility in majority of AWCs i.e. 72%, 58% and 50% respectively <sup>[16]</sup>.

#### 3. Toilet facility

In the current study, majority (71.4%) of anganwadi centres do not have toilet facility. In the study conducted by Sobha I, <sup>[17]</sup>. Final study report on Impact Assessment of ICDS in Madhya Pradesh and Evaluation report on ICDS of Jammu & Kashmir reported 75%, 60% and 57% of centres respectively did not have toilet facility. In contrary, several other studies reported availability of toilet facility in majority of AWCs <sup>[6, 8, 11, 18]</sup>.

# 4. Fuel facility for cooking

In our study, majority of anganwadi centres (53%) use LPG with kerosene stove / firewood for cooking, only 30% use LPG, while the rest do not have the supply of LPG. In the study conducted by Dr. Brajesh Raj Merta [15] only 41.9% of AWCs had LPG supply for cooking while majority (47.9%) used firewood and 10.2% used kerosene stove for cooking. In the study conducted by Kanchan Thakur *et al.* [11] 98% of AWCs had LPG as cooking fuel.

# 5. Availability of utensils

In the current study, majority (78.1%) of anganwadi centres

are provided with sufficient utensils. Similar findings were noted from the studies conducted by Saravana Selvi *et al.* <sup>[8]</sup> and T.N. Seema <sup>[18]</sup>. In contrary, study conducted by Chhavi Bhatnagar *et al.* <sup>[12]</sup> reported that majority of centres had insufficient utensils.

# 6. Maintaining of registers

In our study, all the anganwadi workers (100%) are maintaining the registers in their centres. In the studies conducted by Madhavi H *et al.* <sup>[2]</sup> Malik *et al.* <sup>[4]</sup> and Monica Tripathy <sup>[14]</sup> reported majority of the AWWs 73.3%, 68-100% and 57.6% respectively maintained registers. In the study conducted by SEDEM, <sup>[16]</sup> majority of AWCs did not have well maintained records.

#### Problems perceived by AWWs

In the present study, majority of anganwadi workers complained about inadequate salary (66.2%), work overload (86.2%) and excessive maintenance of records (100%). While only 36.7% complained about infrastructure and 14.8% about lack of help from the community. However all workers have no problem for accessibility of the superiors. Inadequate salary, infrastructure related problems and excessive record maintenance were also the common complaints mentioned in studies conducted by M.C. Sandhyarani, [7] Mitin Parmar *et al.* [10] Kanchan Thakur *et al.* [11] and Patil SB *et al.* [13].

Several studies reported work overload as the common problem perceived by AWWs <sup>[7, 10, 14]</sup>. In fact, in three of the studies majority of the AWWs complained of work overload <sup>[7, 14]</sup>

Lack of help from the community was another common complaint of AWWs reported in study conducted by Patil S.B. [13] Saravana Selvi *et al.* [8] and Kanchan Thakur *et al.* [11] reported 65% and 93% of AWWs got help from the community respectively.

### Conclusion

Anganwadi workers are the backbone for successful implementation of ICDS programme. They play an active role in bringing the services to the door step of the beneficiaries. The problems perceived by the AWWs needs to be addressed for keeping them motivated and interested for effectively performing their responsibilities. Their monthly honorarium can be increased and paid regularly on time. Assistance needs to be provided to decrease their work load and for record maintenance.

#### **Ethical clearance**

The study was conducted after obtaining ethical clearance from Institutional research ethical committee, Navodaya Medical College, Raichur.

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