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Practices, constraints and suggestions by Anganwadi workers on ICDS

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Abstract

Integrated Child Development Service (ICDS) scheme is the most important program in the area of child welfare. The effectiveness of the program depends upon the efficiency of its functionaries at grass root level i.e. Anganwadi workers (AWW). This paper attempts to explore the practice level, constraints faced by the AWWs and also their suggestive measures. The present study was carried out in Imphal East, Manipur where a total of 150 Anganwadi workers were selected randomly. The data of Anganwadi workers was assessed by interviewing with the help of structured interview schedule and informal discussion. The data were analysed using statistical methods including percentage, frequency, mean score and Standard Deviation. The findings of the study revealed that majority of the AWWs had medium practice level. Further, the major constraints faced by the Anganwadi workers were work overload followed by inadequate salary, engagement in other work, etc. And, also the Anganwadi workers have suggested adequate salary relevant to their job, reduction in workload, need of capacity building training, etc.

Keywords: Anganwadi workers, practice, constraints, suggestion

Introduction

ICDS is the country's most comprehensive & multi-dimensional programme launched on 2 October, 1975 – the 106th birth anniversary of Mahatma Gandhi. It is the most unique programme for early childhood care and development including integrated services for children under the age of six, pregnant and nursing mothers, and teenage females living in the most underdeveloped rural, urban, and tribal areas. ICDS is a community based program. Members of the community, such as those in Panchayati raj, Mahila Mandals and youth clubs, religious and local leaders, voluntary organisations and primary school bodies, etc. participates in it for effective implementation of the programme.

Under the ICDS scheme, one trained person is selected to deliver the services to the beneficiaries. This person is the Anganwadi worker. They are the community based front line workers. Some of the role and responsibilities of AWWs under the ICDS Scheme are to promote community support and participation in running the programme, to weigh each child every month, record the weight graphically on the growth card, use referral card for referring cases of mothers or children to the sub-centres or Primary Health centre, carry out a quick survey of all the families, to organise non-formal pre-school activities in the Anganwadi Centre for children in the age group 3-6 years, 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, to provide health and nutrition education and counselling on breastfeeding, 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 a new-born child, to identify the disability among children during her home visits and refer the case immediately to the nearest centre.

An Anganwadi is a focal point for delivery of ICDS services to children and mother. Being the functional unit of ICDS which involves different groups of beneficiaries, the AWW has to be involved in different job responsibilities. Also, community participation co-ordination with the supervisors, beneficiaries and helpers are important parts of their daily work. While performing various types of function it is obvious that the Anganwadi workers might have faced variety of different problems. Keeping this point in view, this study was design to know the practice level, constraints and suggestive measures of the Anganwadi workers.

Methodology

The present study was carried out in Imphal East, Manipur where a total of 150 Anganwadi workers were selected randomly. The practices, problems and suggestive measures of Anganwadi workers were assessed by interviewing them with the help of structured interview schedule and informal

discussion. Primary data was collected from the Anganwadi workers with the help of structured interview schedule. The data were analysed using statistical methods including percentage, frequency, mean score and Standard Deviation.

Results and Discussion

Table 1: Distribution of respondents based on the practices at Anganwadi Centres

Sl. No.	Practice statements	Category			
		Yes		No	
		f	%	f	%
1	Maintain pre-school register	148	98.67	2	1.33
2	Maintain records for supplementary nutrition	143	95.33	7	4.67
3	Maintain birth and death register	81	54.00	69	46.00
4	Provide Supplementary nutrition for 300 days in a year as mentioned in SNP	131	87.33	19	12.67
5	Provide meal on the same time every day to the children in Anganwadi centre (AWC)	145	96.67	5	3.33

n=150

Table 1 represents data regarding the practices of AWWs. It is evident that almost all the respondents (98.67%) maintain pre-school register while the remaining 1.33 percent did not maintain pre-school register. Also, majority of the respondents 95.33 percent maintain records for supplementary nutrition while 4.67 percent did not. Again, 54 percent of the respondent maintains birth and death register while 46 percent did not. Further, majority of the respondents (87.33%) provide supplementary nutrition for 300 days in the AWC while the remaining 12.67 percent did not. It also revealed that almost all the respondents (96.67%) provide meal on the same time every day to the children in their AWC while 3.33 percent did not.

The data in Table 4 revealed that majority of the respondents (79.33%) cleaned the AWC daily and the remaining 20.67 percent cleaned the centre on weekly basis.

Table 5: Distribution of respondents based on the overall practice level of Anganwadi workers

Sl. No.	Level	Frequency (f)	Percentage (%)
1	Low (<9.01)	13	8.67
2	Medium (9.01-11.60)	110	73.33
3	High (>11.60)	27	18.00
	Total	150	100

n=150

The data in Table 5 revealed that majority (73.33%) of the respondents had medium level of practice while 18 percent had high level of practice and the remaining 8.67 percent had low level of practice.

Table 2: Distribution of respondents based on the method used for growth monitoring of children

Sl. No.	Options	Frequency (f)	Percentage (%)
1	WHO Chart	124	82.66
2	APPS (Poshan tracker)	85	56.67

n=150

Multiple response

The data in Table 2 revealed that majority of the respondents (82.66%) used WHO chart for growth monitoring while 56.67 percent of the respondents used APP (Poshan Tracker) for growth monitoring.

Table 6: Ranking of constraints faced by the Anganwadi Workers

Sl. No.	Statements	Mean score	Rank
1.	Work overload	0.973	I
2.	Excessive record maintenance	0.966	II
3.	Inadequate salary	0.893	III
4.	Engagement in other work	0.886	IV
5.	Infrastructure related	0.80	V
6.	Supply of items under SNP	0.793	VI
7.	Lack of supervision from supervisors	0.213	VII
8.	Lack of help from community	0.133	VIII

The data in Table 6 indicates that “Work overload” was one of the main constraint faced by the Anganwadi workers with a mean score of 0.97 (Rank I). Similar findings were reported by Borgohain and Saikia (2017) [1]. This was followed by the constraints “Excessive record maintenance” and “Engagement in other work” with a mean score of 0.96 (Rank II) and 0.89 (Rank III) respectively. On the other hand, “Engagement in other work” was ranked IV with a mean score of 0.88. While “Infrastructure related” and “Supply of items under Supplementary Nutrition Program (SNP)” was ranked V and VI respectively with a mean score of 0.80 and 0.73. Similar findings by Kular (2014) [3]. The constraints “Lack of supervision from supervisors” and “Lack of help from community” were perceived as constraints faced by least number of people with mean score 0.21 and 0.13 respectively.

Table 3: Distribution of respondents based on the opening timing of the Anganwadi centre (AWC)

Sl. No.	Options	Frequency (f)	Percentage (%)
1	Always	120	80.00
2	Sometimes	30	20.00
3	Never	0	0
	Total	150	100

n=150

The data in Table 3 revealed that majority of the respondents (80.00%) always opened the AWC on time while the remaining 20 percent sometimes opened the AWC on time.

Table 4: Distribution of respondents based on the cleaning schedule of the AWC

Sl. No.	Options	Frequency (f)	Percentage (%)
1	Daily	119	79.33
2	Twice in a week	31	20.67
3	Once in a week	0	0
	Total	150	100

n=150

Table 6: Ranking of suggestive measures

Sl. No.	Statement	Mean score	Ranking
1.	Adequate salary	0.96	I
2.	Reduction of workload	0.93	II
3.	Need of capacity Building and training	0.92	III
4.	Upgrading Anganwadi Infrastructure	0.88	IV
5.	Regular monitoring by supervisors	0.75	V

It is evident from the data shown in Table 6 that “Adequate salary” (rank 1) was one of the main suggestive measures given by the AWWs with a mean score of 0.96 which was followed by “Reduction of workload” rated as 2nd (rank) with mean score 0.93. Further “Need of capacity building and training” and “Upgradation of Anganwadi Infrastructure” were rated as 3rd (rank) and 4th (rank) respectively. And lastly “Regular monitoring by supervisors” was chosen as the least suggestive measures (rank 5) given by the AWWs with a mean score of 0.75.

Conclusion

Anganwadi workers act as a bridge between the community and the ICDS. The study revealed that majority of the Anganwadi workers (73.33%) had medium practice level. Also, the major constrains faced by the Anganwadi workers were work overload followed by inadequate salary, engagement in other work, infrastructure related, supply of items under Supplementary Nutrition Program (SNP), lack of supervision from supervisors and lack of help from community. And, also the Anganwadi workers have suggested adequate salary relevant to their job followed by reduction in workload, need of capacity building training, upgrading Anganwadi Infrastructure and regular monitoring by supervisors.

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