Understanding The Roles, Responsibilities And Resultant Satisfaction Of Rural Anganwadi Workers In Salem District

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Abstract - *The Integrated Child Development Service Scheme (ICDS) is the world's largest community based out-reach programme which offers a package of health, nutrition and education services to children below 6 years and pregnant and nursing mothers. ICDS is one of the initiatives taken up by the Central Government, which provides a package of six services viz., supplementary nutrition, immunization, health check-ups, referral services, nutrition and health education for mothers/pregnant women, nursing mothers and to adolescent girls (kishoris) through Anganwadi workers. The aim of the study is to study the awareness about the roles of Anganwadi Workers towards Health and Nutrition maintenance and the resultant Satisfaction among selected rural areas in Salem District. The interview schedule were prepared and collected from the rural people of selected 5 villages from Salem District and finally on a random basis confined 319 respondents were used for analysis. The study reveals that the rural people lack awareness on certain services rendered by the anganwadi workers. Efforts need to be taken by the respective State Government to create an immense awareness campaign addressing to the rural masses about their rights in getting the nutritional and Health maintenance services from the Anganwadi Workers.*

KEY WORDS: Anganwadi workers, infant, Children, Pregnant women, Health, Nutrition

1.INTRODUCTION

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. The Integrated Child Development Services (ICDS) Scheme is a Centrally Sponsored Scheme, launched in 1975 in 33 Projects in the Community Development Blocks and 4891 Anganwadi Centres (AWCs) on a pilot basis keeping in view the need to holistically address health, nutrition and education needs of children. The ICDS Scheme was introduced as a collaborative initiative of the Government of India, State Governments and the community. The ICDS has expanded tremendously over its 35 years of operation to cover all Development Blocks and major slums in the country. The 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.

The anganwadi worker is the most important functionary of the ICDS scheme. The anganwadi worker is a community based front line worker of the ICDS programme. She plays a crucial role in promoting child growth and development. She is also an agent of social change, mobilizing community support for better care of young children (Kant et al. 1984). The ICDS Scheme is implemented through a platform of Anganwadi Centre (AWC), at village/habitation level. Government of India has cumulatively approved 14 lakh AWCs/Mini-AWCs, including 20,000 Anganwadis on Demand [AoDs]. The service of ICDS like the Supplementary Nutrition Programme, Growth Monitoring, Pre-School Education and Health and Nutrition Services and Education to Women and Children happen through the Anganwadi Centers in the State. In recent days the activities have increased as instead of giving Take Home Ration to the pregnant & Lactating women, one cooked full meal is being provided to them under Arogya Lakshmi Programme at the center itself along with administration of IFA tablets. In addition to it, Pre-School along with nutrition pogramme is being run for the children in the age group between 3-6 years, rests to a large extent on her ability and capacity to perform her role and responsibilities effectively.

2. LITERATURE REVIEW

Though government is spending lot of money on ICDS programme, impact is very ineffective. Most of the evaluation study concentrated on the nutritional and health status of the beneficiaries of ICDS. Less focus has been shifted over to assess the knowledge and awareness among AWW regarding recommended ICDS programmes, who are actually the main resource person (Prasanti Jena, 2013). The health services provided to children aged 3-6 years at ICDS centers and to know the extent of awareness and its utilization. Sample was taken from urban slums of Jammu City, and comprised 15 Anganwadis, 15 Anganwadi workers and 30 parents who attended Anganwadi centers. The study revealed that majority of these centers is located in hygienic surroundings. Parents found these centers best in providing health, nutrition, and immunization and referral services, free of cost. In 60% of the Anganwadi centers, play activities are performed for promoting healthy growth and development of children. Health cards were not given by the Anganwadi workers to the beneficiaries, but they maintained their records and registers and these were up to date. It was recommended that Health Cards should be provided to the beneficiaries so that they could keep a track of the health check-ups and immunization of their children (Bharati et al.,2003). Nagi, B. S., Dighe, Anita and Sadana, Rajeev. (1997) carried out a study to assess the knowledge of different respondents, women, adolescent girls and AWWs, on health and nutrition issues pertaining to children, pregnant women and nursing mothers. The study was conducted in three ICDS blocks of Udaipur and two ICDS blocks of Sirohi, Rajasthan.. The main aim of the study was to decrease malnutrition among low income children in 621 AWCs from five blocks. The knowledge of AWWs increased about five immunization preventable diseases, i.e., TB, diphtheria, pertussis, tetanus, and measles. The net change in knowledge ranged between 12% to 36%. The strategy for training illiterate AWWs would therefore have to be suitably worked out so that illiteracy does not become a constraint in organizing effective training for village women. The residential status of the AWW seemed to affect the quality of training offered by her; hence efforts should be made to recruit women who have interest and commitment. Adequate space should be provided in AWCs so that women can come together in groups for training purposes. Since coordination with the health department was still weak, greater efforts should be made to ensure better coordination at all levels. The issue of inadequate honorarium to AWW needs to be addressed in order to sustain her motivation and interest in her work. Bhasin, Sanjiv K. et al. (2001) gathered Information

regarding utilization of ICDS facilities, socio-demographic details, general awareness, etc. was collected. The results revealed that most of the children (59.1%) were non-beneficiaries. Parents of most of the children were illiterates (60.7% mothers and 27.6% fathers). 94.2% children were attending schools. The proportion of children utilizing ICDS services for more than 6 months ranged from 8.8% to 24.3%. Age and sex of the children, education status of their parents and total attendance at the Anganwadi showed statistically significant relation with the degree of malnutrition. Overall, children who attended Anganwadis were nutritionally better than their counterparts who did not attend Anganwadi during their childhood. The study recommended that there was need to take special care of girls, as well as to continue the special nutrition care even at a higher age.

In India, severe protein energy malnutrition (PEM) is one of the important factors associated with high infant and child mortality rate in India. Malnutrition predisposes to infection, which in turn give rise to many new diseases. This vicious cycle proves fatal to a many rural people especially the children. To break this cycle, direct intervention in the form of supplementary nutrition (SN) is provided through ICDS scheme to malnourished children for improving their nutritional status. Anganwadi Workers play a major role in reaching the rural people directly and providing Health & Nutrition Maintenance. Anganwadi workers are the real heroines proving health care maintenance, since they are one among those rural masses. So to elicit the awareness about the roles of Anganwadi workers on Health and Nutrition Maintenance and the resultant satisfaction among rural people is the need of the hour. Getting the foresaid knowledge would prove beneficial in improving their quality of service rendering also.

3. OBJECTIVES OF THE STUDY

1. To study the level of awareness among the rural people in relation with their socio-economic background in existence.
2. To analyze the relationship between socio-economic background and their awareness towards the roles of Anganwadi Workers towards Health & Nutrition Maintenance.
3. To study the role of Anganwadi Workers and the resultant satisfaction among the rural people.

4. MATERIALS AND METHODS

This study attempts to study the awareness about the roles of anganwadi workers towards health and nutrition maintenance and the resultant satisfaction among selected rural areas in salem district. For this purpose, the researcher collected the primary data through distribution and administered of interview schedule for selected districts in Salem. The present study falls under the category of descriptive study as the nature of problem is determining the relationship among the different variables. This type of research is also called survey based cross-sectional studies (Beri, 1983), the major strength of survey research is its wide scope and ability to collect detailed information from a sample of large population.

Though the present study aims to analyze the awareness among rural people in salem district, the researcher has adopted multi stage random sampling technique. In the first stage, the sample areas were selected five rural areas of Salem District such as Ariyanoor, Attaiyampatti, Illampillai, Mecheri, Vembadithalam. At the second stage, from every rural area chosen, the poor income populations are selected. In total, 500 sample respondents are approached to collect the data and to cover the entire selected five rural areas in Salem District. But, out of 500, the researcher received only 319 responses were found fully completed and eligible for analysis. Hence the total sample size confined and worked to 319 rural people.

Table I: Distribution of Sample Respondents

Sl.No	Rural Areas	Total No. of Respondents
1	Ariyanoor	60
2	Attaiyampatti	90
3	Illampillai	39
4	Mecheri	55
5	Vembadithalam	75
Total		319

Data Collection: Interview schedule was personally administered by the investigator to collect data. The purpose of the study and the importance of their genuineness in answering were explained. Data collection was started only after establishing personal rapport with the respondents. Respondents were asked in their vernacular language (Tamil) for understanding and to ensure correct information. In order to study the stated objectives both primary and secondary data were collected.

Secondary Data: Secondary data were collected relating to the roles of Anganwadi workers from sources of bulletins, journals, magazine, newspaper, previous research recorders and e-sources also.

Primary data: Primary data were collected through structured schedule. This was used to collect information from the rural respondents regarding their awareness on the roles of Anganwadi workers .

Data Analysis: The primary and secondary data collected were analyzed to test the hypothesis. The independent variables identified were socio economic factors such as, income, education, age, and gender. The collected data were analyzed using appropriate statistical tools.

Statistical tools used: Data are classified into appropriate tables using SPSS 17.0 software package. The statistical techniques are mean, variance; Chi-square and F-test are used.

Limitations: Any research work is bound to have a few limitations due to some external uncontrollable factors. The study area has limited to rural areas of salem district. Limitations of this study are stated below: The respondents of this study belong to rural areas and the sample size is 319 that taken from selected rural areas of Salem District only. The common limitation applicable to schedule is applicable here also. But, sincere attempt was made to collect information leisurely at their convenient time.

5. DATA ANALYSIS AND INTERPRETATION

The data collected from the first part of interview schedule has been analyzed by using simple percentage analysis. The second part contains the level of consumer awareness towards the roles of Anganwadi workers has been measured on five point Likert scale. The data collected using Likert scale is analyzed through weighted average and using rank is employed to identify the variable for influencing factor for people awareness. The data collected from the respondents are properly processed and analyzed in accordance with the objectives of the study and to pave way for further research.

5.1 Analysis of Socio-Economic Background

The personal profile of the respondents from selected rural areas is analyzed, according to age, gender, marital status, annual income, educational qualification and present working positions. Simple percentage analysis, mean, variance has been used and also F-test has been used for testing and prove the working hypothesis. The null hypothesis Ho: There is no significant difference between demographic variables among selected rural people. As against to state the alternative hypothesis H1: There is significant difference between demographic variables among selected rural people.

The socio-economic background and demographic profile of rural people vary in age, gender, marital status, educational qualification, annual income and the present working or positions are shown in Table II (appendix). The chronological age of the respondents in completed years at the time of investigation was referred to as age and classified into following categories, 38.8% of respondents falls under the age group of below 30 years; 26.5% of respondents coming under the age group of 31-45 years; 24% of

respondents belongs to 45 - 60 years and rest 10.7% are in the age group of more than 60 years. From the rural population 60.6% of respondents are belongs to male category and remaining 39.4% respondents are females. Marital status of the respondent was classified into two categories, 68.5% of respondents are married and 31.5% of respondents are unmarried category.

The educational qualification of the respondents was classified into four types, 40.4% of respondents are illiterates, 29% of respondents are having completed in primary education, 20.2% of the respondents are completed in higher secondary standards and 9.8% of respondents are degree holders. The annual income of the rural people are considered, 33.1% of respondents are obtaining up to Rs.60,000 per annum, 31.2% of respondents are income level between more than Rs. 60,000 but less than Rs. 1,00,000 per annum. 24.3% of respondents are family annual income between Rs. 1,00,001 to 1,50,000 per annum and 11.4% of respondents income eare more than Rs. 1,50,000 per annum. The present working of the respondents at the time of investigation were scored as follows, 22.7% of respondents are housekeeping, 44.8% of respondents are related in the field of agriculture,19.2% and 8.8% of the respondents are private and government job respectively and only 4.4% of the rural people for doing other type of business activities. The table II also depicts that F-test has been adopted for the demographic variables and among selected rural people. It is evident that age, gender, Marital status and annual income are found to have significant difference between the variables with $p<0.05$ and the remaining variables are found to be insignificant.

Table III (appendix) depicts the role of Anganwadi workers in selected areas in Salem District and the satisfaction level of people. For this purpose the weighted average analysis has been used. It is found that Immunization, health check-up, ante-natal and post natal check-ups ranks the top with an average of 3.351 followed by over Issuing supplementary nutrition feeding for children (0-6 years) and expectant and nursing mothers with an average of 3.285. Third and fourth ranks are Motivate married women to adopt family planning/birth control measures and Make home visits for educating parents to plan an effective role in the child's growth and development with special emphasis on new born child with an average of 3.188 and 3.182 respectively. The analysis also reveals that the rural people satisfaction on Providing health and nutrition education and maintaining files and records were very low and has got the 10th and 11th rank among the factors with an average of 1.928 and 1.843.

5.2 Association between Anganwadi Workers Roles and their Socio-economic Characteristics

Chi-square test is carried out to find the relationship between the socio-economic background of the respondents and their awareness about the roles of Anganwadi Workers towards Health & Nutrition Maintenance. The null hypothesis (H0) states there is no significant relationship between the socio-economic background of the respondents and their awareness about the roles of Anganwadi Workers towards health & nutrition maintenance. As against this the alternate hypothesis (H1) states there is significant relationship between the socio-economic background of the respondents and their awareness about the roles of Anganwadi workers towards health & nutrition maintenance.

Table IV explains the relationship between the two variables.

Sl.No	Factors	Calc Value	Deg of Freedom	Table Value at 5% Level	Results	Remark
1	Age	10.364	4	9.4877	Rejected	Sig
2	Gender	4.294	2	5.9915	Accepted	Not Sig
3	Marital Status	2.937	2	5.9915	Accepted	Not Sig
4	Educational Qualification	13.945	4	9.4877	Rejected	Sig
5	Annual Income	9.048	4	9.4877	Accepted	Not Sig
6	Present Working Environment	16.485	5	15.5073	Rejected	Sig

Source: Primary Data

It perhaps will be recognized from the Table IV that the null hypothesis is rejected with regard to Age, Educational Qualification and Present working environment. Among the three factors like age, educational qualification and annual income where the calculated chi-square values are more than table value at 5% level of significance. Hence it is found that there is significant relationship between those variables and level of awareness about the roles of Anganwadi Workers towards health & nutrition maintenance. In contrary to that, the null hypothesis is accepted in the relationship between gender, marital status and annual income and level of awareness about the roles of Anganwadi Workers towards health & nutrition maintenance at 5% level of significance. Hence, there no significant relationship between those variables and the level of awareness about the roles of Anganwadi Workers towards health & nutrition maintenance.

8.3 Awareness on Health & Nutrition maintenance

The fact is that majority of rural people are even unaware of the existence of certain services that are to be rendered by anganwadi workers. The ground reality is that the conditions are not very favorable and conducive for the rural people. Ignorance is one of the prominent factors contributing to non-availing of the facilities especially among the rural masses. In addition awareness materials on roles and responsibility of the anganwadi workers need to be brought out in regional languages and distributed among the rural mass. Grama panchayats is the best forum to educate the rural masses about their rights to avail services from anganwadi workers.

Table V: Awareness on the Role of Anganwadi employees towards Health & Nutrition Maintenance

Sl.No	Statements	Mean Score
1	Routine health check-up	3.864
2	Issuing health supplements & Drugs	4.262
3	Polio Immunizations & Vaccinations	4.897
4	Ante-natal & Post-Natal check-ups	4.523
5	Educating Adolescent girls about personal hygiene	4.001
6	Enlightening young & Expectant mothers on feeding	3.995
7	Educating on use of latrinals & maintenance of cleanliness	3.803
8	Maintaining Growth cards of Infants	3.645
9	Motivate married women to adopt family planning/birth control measures	3.291
10	Inform the ANM in case of emergency cases like diahorrea, cholera etc.	3.42

Source: Primary Data

The Gram Panchayat could play a significant role in creating awareness at the grassroots level. Appropriate technology and creative media could be used to raise awareness and also the services of government primary school teachers could be utilised in creating awareness programmes. Special forum could be created by Grama Panchayats to Complaints Handling, Information and Advisory Services. This will enable rural people to avail more benefits from Anganwadi workers . Required budgetary allocations and facilities should also need to be given for anganwadi workers to render uninterrupted services to the rural masses.

6. RECOMMENDATIONS AND CONCLUSIONS

India is the biggest country having highest population in the largest rural. The Grama Panchayats in all the rural areas may take initiatives to spread an awareness about the services rendered by the Anganwadi workers. The State Government should also make appropriate amendment in the working conditions of the workers that would enable them to render their services more effectively. Appropriate

increase in salary will prove beneficial in increasing the morale of the workers. Taking in to consideration that India consist of more than 60% rural population, their health & Nutritional maintenance is the need of the hour. This achievement cannot be done by Grama panchayats alone; the rural masses should themselves come forward in knowing their rights and acquiring their needed services.

The study was found that majority of the rural peoples are uneducated and not having any related formal education in the age group of 40 and above. It was found that majority of the rural people are aware of the polio-immunization vaccination and ante-natal & post-natal check-ups rendered by the Anganwadi workers. Issuing health supplements & Drugs also hold as a major role played by them.But, they didn't focus on Motivate married women to adopt family planning/birth control measures. It was also found the rural people are not aware of the role of Anganwadi workers in Informing the ANM in case of emergency cases like diahorrea, cholera etc.. It was found that most of the rural people are satisfied with the Immunization, health check-up, ante-natal and post natal check-ups and Issuing supplementary nutrition feeding for children (0-6 years) and expectant and nursing mothers . Maintenance files and records by the anganwadi workers hold the minimal satisfaction from the sample respondents.

The State government should take the responsibly in the following aspects for the welfare of the rural mass utilizing the services of Anganwadi workers. There is necessity to pay special attention to the rural population by creating special consumer education and perfect awareness about the roles and services of the Anganwadi workers. For which the local governing administration called Panjayati Raj Institutions should realize their responsibilities and duties for the welfare of rural public in the aspects of Health and Nutrition Maintenance in various aspects as much as possible to reach the last citizen of India. These institutions should create sufficient awareness programs irrespective of age groups, for children at school level and college level, for employees at social and personal life level, for rural public as maximum as possible ways to reach the awareness among the entire mass. It should be a continuous process to keep awareness about the roles and responsibilities of the Anganwadi workers. The Gram Panchayats must take initiatives in educating the rural people and help them utilize the available services rendered by the Anganwadi workers.

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APPENDICES

Table II: Demographic Profile of the selected Rural Consumers

Sl.No	Variables	Category	Rural Areas					Total	Percentage	Mean	Variance	F Test	P- value
			Ariyanoor	Attiyampatti	Illampillai	Mecheri	Vembadithalam						
1	Age	Below 30 Years	12	31	21	30	29	123	38.8	24.6	65.3	6.5313	0.0072
		31 - 45 Years	16	21	19	6	22	84	26.5	16.8	41.7		
		45 - 60 Years	23	12	8	17	16	76	24.0	15.2	31.7		
		Above 60 Years	9	11	4	2	8	34	10.7	6.8	13.7		
2	Gender	Male	29	47	21	35	60	192	60.6	38.4	235.8	1.9762	0.2325
		Female	31	28	31	20	15	125	39.4	25	51.5		
3	Marital Status	Married	43	52	30	32	60	217	68.5	43.4	164.8	11.532	0.0273
		Single	17	23	22	23	15	100	31.5	20	14		
4	Educational Qualification	Illiterates	26	34	19	23	26	128	40.4	25.6	30.3	18.928	7.6203
		Primary Education	18	26	11	17	20	92	29.0	18.4	29.3		
		Higher Secondary	12	13	15	8	16	64	20.2	12.8	9.7		
		College Level	4	2	5	7	13	31	9.8	6.2	17.7		
5	Annual Income	Below Rs. 60000	21	19	24	25	16	105	33.1	21	13.5	2.7103	0.0917
		Rs. 60001 - 100000	22	33	21	5	18	99	31.2	19.8	100.7		
		Rs. 100001 - 150000	11	15	0	21	30	77	24.3	15.4	125.3		
		Above 150000	6	8	7	4	11	36	11.4	7.2	6.7		
6	Present Workings	House Keeping	16	17	10	9	20	72	22.7	14.4	22.3	35.076	9.8620
		Agriculture	30	27	23	26	36	142	44.8	28.4	24.3		
		Private	11	13	14	14	9	61	19.2	12.2	4.7		
		Government	1	14	5	4	4	28	8.8	5.6	24.3		
		Others	2	4	0	2	6	14	4.4	2.8	5.2		

Source: Primary Data

Note: p-value <0.05 - Significant, because the level of significance at 5%.