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Study of Profile, Knowledge and Problems of Anganwari Workers in Rural Area of Bhopal, Madhya Pradesh

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Abstract
Integrated child development scheme (ICDS) aims at overall development of mother and child in community. The place for providing services is Anganwadi centers (AC) run by Anganwadi workers (AWW) works. She has to conduct various kinds of services like growth monitoring, immunization, supplementary nutrition, health education, non-formal preschool education and referral services in community. So, she must have correct knowledge for providing services to beneficiaries. To assess the knowledge regarding services and to find out various problems faced by Anganwadi workers during delivering services to community. A cross-sectional descriptive study was undertaken on 60 Anganwadi workers at Anganwadi centers coming under rural field practice area of department of Community medicine. All workers gave consent and completed their training was included under study. A pre designed, semi-structured questionnaire was used for data collection regarding socio demographic profile, knowledge regarding services and problems encountered by workers. A cut off point of 80% was decided to assess their knowledge. Data was entered, compiled and analyzed with the help of SPSS 23.0. Chi square test was used to know the association between knowledge and socio demographic profile. Majority of workers (46.67%) belonged middle age group, 76.67% having secondary education and 41.67% with experience between 6-10 years. Out of all, approximately 80% workers had good knowledge about services. No significant association was found with age, education and working experience of workers with their knowledge.

INTRODUCTION

Integrated child development scheme (ICDS) is one of the world's largest community development initiatives, which aims at the holistic development of children below the age of six years, expectant and nursing mothers, women of reproductive age group (15-45) and adolescent girls (14-18 year)[1]. It was started in 1975 by Ministry of women and child development which aimed particularly at the most vulnerable sections of the population and at disadvantaged areas such as backward rural areas, tribal sectors and urban slums[2].

The focal point for the delivery of ICDS services is Anganwadi, literally means a courtyard play center, located within village itself. An Anganwadi center normally covers a population of 800 in both rural and urban areas and 300-800 in desert, hilly, tribal and riverine areas which is run by an Anganwadi worker (AWW), who gets renumeration on regular basis. She is a woman of same locality, chosen by the people and having educational qualification of matric, middle school or even primary in some areas. She is assisted by a helper who is also a local woman and is paid renumeration[3,4]. Basically, AWW is the community based voluntary forefront worker of the ICDS scheme. Selected from the community, she assumes a fundamental role due to her close and continuous contact with the beneficiaries. The success of the ICDS scheme depends on the knowledge and experience of manpower involved[5].

The AWW has to conduct different types of activities like health check-up including maintenance of growth chart, immunization, supplementary nutrition, health education, non-formal preschool education and referral services in her respective community. She also coordinates in arranging immunization camps and health check-up camps with the help of other grass root health workers. Recently, concept of Saksham Anganwadi was launched by government of India under which Poshan Abhiyan was launched. Therefore, worker must have acknowledged about all of these latest movements.

Her functions also include community survey and enlisting beneficiaries, primary health care and first aid, referral services to severely malnourished, sick and at-risk children, organizing women's groups and Mahila-Mandals, school enrolment of children and maintenance of records and registers[6].

All these roles and responsibilities are only possible if the AWW has the right knowledge of the ICDS scheme[7]. Along with it, she also needs to attend regular training sessions conducted by Ministry of women and child development time to time regarding any updates or changes made by higher authority. But it was realized that during delivering various kind of services, she encounters a lot of problems in terms of resources, management and delivery of quality services that create hurdles in their functioning.

Therefore, the present study is planned to assess the knowledge as well as various problems faced by them during her duties.

Aims and Objectives: To assess the knowledge regarding services and to find out various problems faced by Anganwadi workers during delivering services to community.

- To assess the knowledge of services delivered by Anganwadi workers.
- To determine the association between socio demographic characteristics with their knowledge.
- To identify the problems faced by Anganwadi workers during their work.

MATERIALS AND METHODS

The present descriptive cross-sectional study was undertaken at rural field practice area under department of community medicine, Chirayu medical college and hospital, Bhopal. This study covered all the Anganwadi centers coming under rural field practice area. It took approximately 06 months for data collection (June 2022-December 2022).

Inclusion Criteria: All Anganwadi workers completed their training and gave written informed consent included in the study.

Exclusion Criteria: Anganwadi workers who have not completed their training till the study period and not willing to take part in study was excluded from the study.

Study Tool: A predesigned, semi-structured questionnaire was prepared with the help of operational guidelines provided by the Ministry of women and child development, government of India[8]. Questionnaire consists of a detailed socio-demographic profile of AWW and their knowledge regarding the roles and responsibilities along with various problems faced by them during work. Pilot study was conducted on randomly selected 10 Anganwadi workers to check validity and reliability of data.

Procedure for Data Collection: Firstly, a list was being prepared of all AWW working under field practice area of Rural health training center, department of Community medicine, Chirayu Medical college and Hospital. Then, permission was taken form Child development project officer (CDPO) of respective block after explaining purpose and future implications of study.

After taking clearance form Institutional Ethical Committee (IEC), collection of data started from study subjects means Anganwadi workers (AWW) at Anganwadi centers. They were explained about the purpose of the study and assure them regarding maintaining confidentiality of all the personal information (in vernacular language). To avoid any undue influence of their responses, each AWW was being interviewed personally at the health care facility/place of residence by using the pretested, structured questionnaire after taking informed written consent.

For Anganwadi workers' knowledge assessment, a scoring system was developed. The knowledge assessment score from each AWW was calculated based on the response to a questionnaire that was so designed as to contain question on every aspect of services provided through the Anganwadi centre. It included total 30 questions and for each correct response, one mark was given while no mark for incorrect response.

As this study is a quantitative type, so, workers were categorized on the basis of cut off criteria decided as 80% for assessment of knowledge.

Data Analysis: Data analysis was done by using SPSS 23.0 Statistical software. Qualitative data expressed by using frequency and percentage. Chi-square test was used to find the association between socio-demographic characteristics and their knowledge of providing services. P<0.05 was considered significant.

RESULTS AND DISCUSSIONS

In present study, almost half of Anganwadi workers (46.67%) having age group of 36-45 year with only 20% belong to >45 years (higher age group). Majority of workers with 76.67% were having secondary education whereas only 8.3% workers were post graduate. Maximum number of workers, 41.67% had an experience of 6-10 years, least 25% having experience of >10 years. (Table 1)

On assessing knowledge of workers, this study showed that 80% of workers gained score of above 80% as per decided in present study.

After analysing the different services, it was observed that workers had regarding referral services (95.8%) and nonformal preschool education (95.5%) followed by nutrition and health education including reproductive education (92.6%). (Table 2)

Almost 90 % workers had similar knowledge of both Immunization as well as growth monitoring of infants and children whereas least about supplementary nutrition (78%). (Table 2)

Table 3 depicts that almost 41.7% workers with experience of 6-10 years had scored more than 80% as compared with only 16.6% with experience more than 10 years gained less than 80%. This difference was not found to be statistically significant. (p=0.69)

Table 3 clearly highlights that 75 % workers having secondary education had more knowledge whereas 8.3% workers possessing post graduate education had least knowledge. No association was found between educational level of workers with their knowledge. (p=0.76)

It was also found that workers of middle age had scored more than 80% (52%) while 50 % workers with younger age had scored less than 80%. On analysing statistically, it was not found significant. (p=0.22)

The present study revealed that majority of workers were facing multiple problems at one point of time during work such as inadequate renumeration (58.3%), not timely paid renumeration (41.7%), work overload (41.7%) and found difficulty to bring beneficiaries at centre (25%). Very less workers (3%) having other problems related with infrastructure, logistics supply and relation with Anganwadi helper.

The present study was carried out on 60 Anganwadi workers at Anganwadi centres coming rural field practice area under department of community medicine. As per sociodemographic profile of workers, it was found that maximum workers (46.67%) belong to middle age group and minimum 20% belonged higher age. This finding is almost similar with studies done by Rathod[9] Balinga[10] Kular[11] Another study conducted by Joshi[12] found maximum workers 53% belonged younger age group. Bhattarai[13] observed majority of 48.2% workers of higher age group with least 7.3% having younger age group. These findings are contrary to our study.

In our study, 76.67% workers were having secondary education while only 8.3% were post graduate which is consistent with various studies like Balinga[10] found 48.7% workers had secondary education, Kular[11] found it 36.66%, Gotarkar[14] found 37.72% with only 10% had higher education. Joshi[12] also reported similar findings with 45% having secondary education with 3% postgraduation.

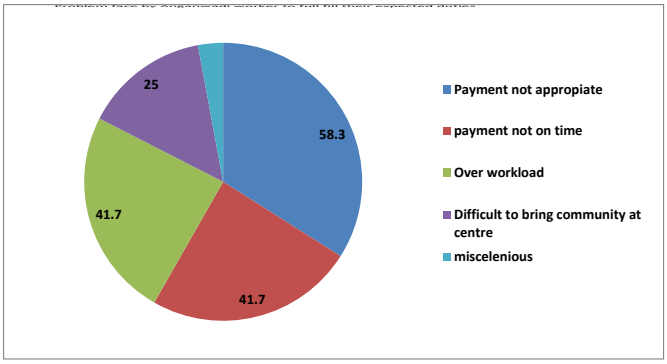

Chart 1: Assessment of Problems faced by AW's (n=60)

Table 1: Socio demographic Characteristics of AWW (n = 60)

Sociodemographic variables		No.	Percentage (%)
Age (years)	25-35	20	33.33
	36-45	28	46.67
	>45	12	20
Education	Secondary	46	76.67
	Graduate	9	15
	Post graduate	5	8.33
Experience (years)	2-5	20	33.33
	6-10	25	41.67
	>10	15	25

Table 2: Distribution of AWW regarding knowledge of services (n=60)

S. No.	Type of services asked	No. of questions asked	Total questions	Correct response		Incorrect response	
				No	%	No	%
1	Supplementary nutrition	8	480	374	78.0	106	22.0
2	Growth monitoring	5	300	270	90.0	30	10.0
3	Non formal preschool education	3	180	172	95.5	8	4.5
4	Immunization	3	180	162	90.0	18	10.0
5	Referral services	2	120	115	95.8	5	4.2
6	Nutrition & Health Education (including reproductive education	9	540	500	92.6	40	7.4

Table 3: Association of Knowledge of AWW with sociodemographic profile (n=60)

Sociodemographic profile		No. of AWs with score >80	No. of AWs with score <80	X2	p-value
Age	25-35	14 (31.1)	6 (50)	2.94	0.22
	36-45	25 (52)	3 (25)		
	>45	9 (18.8)	3 (25)		
Education	Secondary	36 (75)	10 (83.4)	0.53	0.766
	Graduate	8 (16.7)	1 (8.3)		
	Post graduate	4 (8.3)	1 (8.3)		
Experience	2-5	15 (31.3)	5 (41.7)	0.729	0.69
	6-10	20 (41.7)	5 (41.7)		
	>10	13 (27)	2 (16.6)		

Bhattarai[13] observed just same results with our study that 76.6% had secondary education with 6.4% had post graduate education. Rathore[9] also found similar results.

In our study, majority of workers had an experience between 6-10 years followed by 25% had more than 10 years of experience. Study done by Joshi[12] and Thakur[15] supported with these findings. Few studies conducted by Meenal[2], Balinga[10] Gotarkar[14] Rathod[9] and Bhattarai[13] are contrary with these results. It might be due to fresh recruitment process in state of Madhya Pradesh.

In present study, almost all the workers had knowledge about their services, but by analysing the various parameters of services, approximately 80% had adequate knowledge about services.

In our study, workers had maximum knowledge about referral services and non-formal preschool education followed by Immunization and growth monitoring of children. These are very important services provided at village level by workers with the non-availability of adequate resources. In our study, workers had good knowledge of imparting health education to vulnerable groups and providing reproductive and sexual education to adolescent girls. It is also one of the core functions of Anganwadi worker.

It might be conduction of regular training sessions for up gradation of knowledge of workers. It has become mandatory to attend workshops organized by state government.

It is reflected from study that 90 % of workers had knowledge about immunization and growth monitoring of children. A study done by Balinga[10] found contrary results with our findings with only 45.4% had knowledge regarding referral services whereas 81.6% of workers had knowledge about supplementary nutrition and immunization. In the same pattern, Kular[11] found opposite findings with least workers 16.7% had knowledge about referral services and majority 54.16% had knowledge about immunization. Studies done by Patil[16] and Meenal[2] found similar results with present study that least workers had knowledge about supplementary nutrition with 31.9% and 29.4% respectively. Both of these studies resulted that about 70% workers had knowledge about nutrition and health education which is almost similar with our findings. Another study done by Madhvi[17] showed that 90% and 86.7% had knowledge on immunization and referral services respectively. These findings are also same with our results.

Replying to the questions related with problems facing during work, majority of workers had various problems, but commonest problem encountered is delay in received renumeration and inadequate renumeration in proportion with quantum of work. Others also reported work overload and faces difficulty to bring beneficiaries at centres for getting services. Various studies support our findings like khan[18] Kular[11] Parmar[6] Meenal[2] Patil[16] reported that 87.7% workers had inadequate renumeration while only 61.2% reported work overload. It is somewhat contrary with our study.

CONCLUSIONS

Majority of workers were well knowledgeable for their expected services to beneficiaries. They possess much more knowledge about referral services and nonformal pre-school education followed by imparting health education and reproductive and sexual education to adolescent girls. There were no significant association found between sociodemographic profile and their knowledge. Inadequate and not timely paid renumeration were the commonest difficulty faced by them.

Recommendations: Though, almost majority of workers have well knowledge of their expected services, but very few of them are devoid of full knowledge. So, there should be provision of imparting correct information and education for enhancing their knowledge regarding ICDS services.

Although government took initiatives for up gradation of workers in state like-increase in renumeration of workers and availability of smart phones for keeping records, but still, there is felt need of uniformity at implementation level. Frequent training for using this digital mode for routine use should be taught to all workers so that they can become free for keeping or maintaining excessive records.

Lastly, there should be more frequent supervision by ANM of respective field to acknowledge level of activities run at AC and also come to know about any kind of problem, worker feel during work.

Limitations: A quantitative approach is used for assessing knowledge and problems of Anganwadi workers. There are no observation methods used for assessing knowledge. It relied on response given by workers, cannot assess the level of performance of them. So, a qualitative approach should be also required along with quantitative method.

The present study assessed views from Anganwadi workers only, it did not conduct on beneficiaries. So, it could not correlate responses of Anganwadi workers from beneficiaries.

REFERENCES

1. Sandhyarani, M.C. and U.C. Rao, 2013. Role and responsibilities of anganwadi workers, with special reference to Mysore district. Int J Sci Env Tech., 2: 1277-1296.
2. Thakare, M.M., B.M. Kurll, M.K. Doibale and N.K. Goel, 2011. Knowledge of anganwadi workers and their problems in an urban ICDS block. J Med Coll Cha., 1: 15-19.
3. Manzoor, S. and S. Khurshid, 2014. Assessment of knowledge of Anganwadi workers and their problems in district Ganderbal of Kashmir. Acme Int J Mul Res., 2: 109-113.
4. Park, K.., 2023. Park ' s Text book of Preventive and Social Medicine 27th edition. 27th Edn., Banarsidas Bhanot Publishers, Jabalpur, ISBN-13: 9789382219194, Pages: 2023.
5. Singh, A.K., A. Nadda, R. Rochwani, P. Singh and Z.A. Khan, 2017. GoelRK.Study of knowledge and skills of anganwadi workers regarding breast feeding and infant and young child feeding practices. Int J Med Sci Pub He., 6: 1-6.
6. Parmar, M., S. Patel, S. Rathod, N. Patel and K. Ninama, 2015. Knowledge of anganwadi worker about integrated child development services (ICDS): A study of urban blocks in Ahmedabad district of Gujarat. Int J Mul Res Dev., 2: 170-174.
7. Rathod, P. and A. Dehmubed, 2017. Assessment of Knowledge of Anganwadi workers in rural and urban field practice area of a medical college-A comparative study. Indi Jou appl res., 17: 118-120.
8. Baliga, S.S. and P.R. Walvekar, 2017. A study on knowledge of anganwadi workers about integrated child development services at three urban health centers. Int. J. Of Com Med. And Pub Hea., 4: 3283-3287.
9. Kular, S.S., 2014. A Study of Anganwadi Workers in Rural ICDS Blocks of Punjab. IJHSSI Sept., 3: 1-4.
10. Joshi, K., 2018. Knowledge of Anganwadi workers and their problems in Rural ICDS block. Jou Pae Nur Sci., 1: 8-14.
11. Thakur, K., H.S. Chauhan, N.L. Gupta, P. Thakur and D. Malla, 2015. A Study to assess the knowledge and practices of Anganwadi workers and availability of infrastructure in ICDS Program at District Mandi of Himachal Pradesh. RHIMR J., 12: 1-6.
12. Bhattarai, P., P. Walvekar and A. Narasannavar, 2017. Knowledge of anganwadi workers regarding different components provided by integrated child development scheme: A cross-sectional study. Indi J. Hea Sci. Bio. Res. KLEU., 10: 241-244.
13. Ingole, A. and S. Gotarkar, 2018. Knowledge of anganwadi worker with respect to early childhood development. J. Dat Meg Inst. Med. Sci. Uni., 13: 168-170.
14. Dunaif, A., 1997. (1997) Insulin resistance and the polycystic ovary syndrome: mechanism and implications for pathogenesis. Endocrine Reviews 18: 774-800.
15. Madhavi, L.H. and H.K.G. Singh, 2011. A study on knowledge of anganwadi workers and their problems in rural field practice area of Hebbal, Gulbarga district. J Med Educ Res., 1: 62-67.
16. Khan, L. and S. Lakhawat, 2023. A review of assessment of Knowledge level of Anganwadi workers about ICDS objectives in India. IJNRD., 8: 268-273.