Original article

Changing role of Anganwadi workers, A study conducted in Vadodara district.

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ABSTRACT
The Integrated Child Development Scheme (ICDS), was initiated nearly 35 years ago, in October 1975, in response to the evident problems of persistent hunger and malnutrition especially among children. The role of Anganwadi Worker (AWW) MahilaMandal and Village Health Committee. To understand this changing roles, the present study was initiated with the objective to study the changing role of Anganwadi worker in present scenario.
METHOD- The study was a cross sectional study. It was conducted at Wagodiya block of Vadodara district which is situated in central Gujarat. It was a purposive sampling and convenient selection. The Wagodiya block has 124 Anganwadis. It was decided to select 25% of Anganwadis from each PHC of Wagodiya block, so that the sample represents all the geographic areas.
RESULTS- Total 30 (25%) Anganwadi were visited. The mean age of Anganwadi workers was 33.8 years (range – 20-53 years). Almost 87% Anganwadi workers were from same village where the Anganwadi is located. All the AWWs were getting incentive for participation or serving in National Health Programme apart from ICDS. Almost 80% AWWs participated in other National Health Programmes like PPI, house to house survey, selection of patients for TL in family planning programme etc. 67% AWWs worked as DOT provider for Tuberculosis patients. 33% AWWs believed that they had a load or cannot give enough time to basic activity at Anganwadi due to participation in other National Health Programmes.
DISCUSSION - The anganwadi worker and helper, who are the basic functionaries of the ICDS, are not treated on a par with other government employees, but are called "social workers" or "voluntary workers". They are not paid "wages" (which would provide them with some minimum service conditions) but only an "honorarium"[2]. The present study suggest the AWWs are overworked and not able to justify their routine work. The government health authorities and other authorities need to keep in mind that they have generated second similar cadre in each village that is ASHA (Accredited Social Health Activist) under National Rural Health Mission (NRHM). They should be utilized properly. So the AWWs will cater the services as per need of community.

INTRODUCTION:

The Integrated Child Development Scheme (ICDS), was initiated nearly 35 years ago, in October 1975, in response to the evident problems of persistent hunger and malnutrition especially among children[1,5]. Since then, ICDS has grown to become the world's largest early child development programme[2].

Each Anganwadi is catering to population of around 1,000 in rural and urban areas and to around 700 in tribal areas[3,5]. The Anganwadi Worker and helper, are the basic functionaries of the ICDS. They are not government employees, but are called "social workers" or "voluntary workers"[2]. Each Anganwadi worker is getting remuneration of around Rs 2500 Per month[5]. Despite this low remuneration, the activities these workers and helpers are required to perform are very extensive[2]. The worker and helper in such centre who receive the paltry "honorarium" are seen as "part-time workers" in the centres that they are supposed to open for only four hours a day. Yet, they have been found to be among the most dedicated and committed of public servants who have developed grassroot contacts and are able to identify particular individuals and groups in any community, easily. The key functions of anganwadi is to provide supplementary nutrition to the children below six years of age and nursing and pregnant mothers from low income families; immunization of all children less than six years of age and immunization against tetanus for all the expectant mothers, provide nutrition and health education to all women in the age group of 15-45 years, as well as basic health check-up, which includes antenatal care of expectant mothers, postnatal care of nursing mothers, care of newborn babies and care of all children under six years of age. They are supposed to be able to refer serious cases of malnutrition or illness to hospitals, Community Health Services (CHS) or

district hospitals. In addition, the same two workers on their own are to provide non-formal pre-school education to children in the three to five age groups.[4,5]

But now, the role of Anganwadi Worker is not limited to the basic ICDS programme activity. They play important role in other National Health Programme like DOT provider for tuberculosis patient (RNTCP), Pulse Polio Immunization (IPPI), motivator for Tubal ligation cases (Family Planning), House to House Survey in health and election duties and many more. They are also the member of Sakhimandal, Matrumandal, MahilaMandal and Village Health Committee.

To understand this changing role, the present study was initiated with following objectives**:**

To study the changing role of Anganwadi worker in present scenario.

To study the Knowledge of Anganwadi Workers.

MATERIALS AND METHODS

The study was a cross sectional study. It was conducted at Wagodiya block of Vadodara district which is situated in central Gujarat. It was a purposive sampling and convenient selection. The Wagodiya block has 124 Anganwadis. It was decided to select 25% of Anganwadi from each PHC of Wagodiya block, so the sample represents all the geographic area.

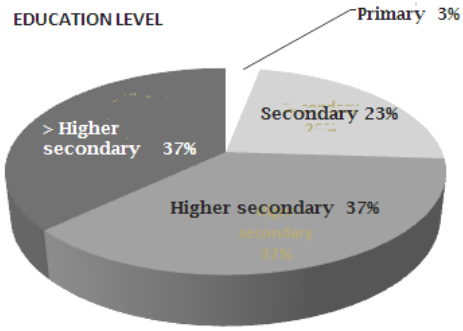
It was undertaken to take interview of selected Anganwadi workers at Anganwadi centre during their working hours (11am-3pm). After getting ethical clearance for the project, all selected Anganwadi workers were interviewed. After taking oral consent from study population the pre-tested questionnaire was used by investigator for data collection. It was a pilot pre-tested questioner which was used for this study. The study was conducted during October to December 2010.

The collected information was compiled in Microsoft excel and analyzed with the help of SPSS software.

RESULTS

There are 124 Anganwadis in Waghodiya block. Total 30 (25%) Anganwadis were visited. The mean age of Anganwadi workers was 33.8 years (range – 20-53 years). 37% AWWs studied up to secondary level, 37% up to higher secondary level, 23% up to more than higher secondary level. Only 3% AWWs studied up to primary level.

FIGURE : I



Almost 87% Anganwadi workers were from same village where the Anganwadi is located. All AWWs get about Rs 2500 as remuneration per month. The mean years of working as AWW were 7.30 ± 6.33 years. The mean population served by study AWWs were 1082.05±366.82.The working hours are 11am to 3 pm and then they go for home visits. They visit 5 houses every day. All AWWs get guidance from ANM.

As per rule, AWWs have 15 days of summer vacation and 8 days of Diwali vacation. 80% reported that they are working even during vacation to register maintenance and other record keeping. The list of various registers included survey register, Bal-bhog register, Shiro-Upama register, Masala register, school health register, visiting register, student register, pre-school children register and many others. More over for record keeping, they have to conduct some specific activities like childrens' health competition, pregnant women' health competition, parents' meeting, dishes' competition, mothers' meeting, fathers' meeting and more. They organized "Annaprasan Day" on every 4th Friday of month, in which they teach about weaning practices to postnatal mothers.

AWWs work in liaison with Auxillary Nurse Midwife and refer the cases of grade 2-3 children to primary health centre, pregnant women for registration and lactating women. They regularly measure weight of all children, every month and every 15 days for grade 2-3 malnourish children.

Almost 25 (80%) Anganwadi Workers had taken Integrated Management of Neonatal Childhood Illness (IMNCI) training. All AWWs had opinion that there is improvement in their knowledge and practice after getting IMNCI training.

All the AWWs were getting incentive for participation or serving in National Health Programmes apart from ICDS.

TABLE-I INCENTIVE GIVEN TO ANGANWADI WORKERS DUE TO PARTICIPATION IN NATIONAL HEALTH PROGRAMME

Programme	Incentive (Rs.)
IPPI	75 per Day
Mamta Divas	50 per Day
RNTCP – drug provider	250 per Patient
Motivator of TL cases	150 per case

FIGURE – II : ADDITIONAL DUTIES

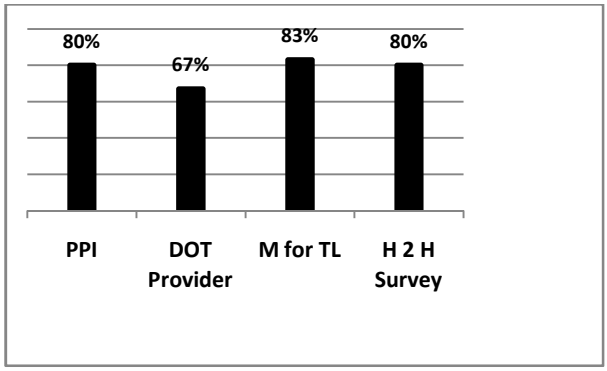
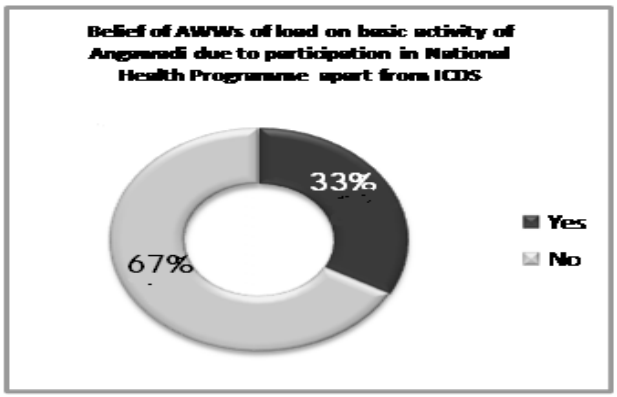


FIGURE III : PREOCCUPIED WITH EXTRABURDEN?



Almost 80% AWWs participated in other National Health Programme like PPI, house to house survey, selection of patients for TL in family planning programme. 67% AWWs worked as DOT provider for Tuberculosis patients.

33% AWWs believed that they were over-loaded or cannot give enough time for basic activity at Anganwadi due to pre-occupation with other assignments, whereas 67% AWWs had not fet that.

DISCUSSION

The study was conducted with a small sample and in one block of the district, but the results suggest that there is need to conduct large scale study. The study participants' mean age was 33.8 years in present study, which was quite younger than the study conducted at Pondichery by Datta S[6] et al where the mean age of AWWs was 42.64 ± 7.19 years.

The education level in Datta S et al[6] study was 27% up to secondary level, 54% up to higher secondary level, 18% up to more than higher secondary level. In this study, it was 37%, 37%, and 23% respectively. The mean Population served by AWWs was 1082.05 ± 366.82 in present study, where study by Datta S et al[6], it was 1202.40 ± 562.82 people. As the present study population was younger, the years of experience (mean experience of study population - 7.30 ± 6.33) was also less compared to Datta S et al[6] (16.14 ± 10.44) study.

Though majority (80%) of AWWs were from local community, it is desirable to be 100%. This need to be kept in mind at the selection process. Education norms for selection is minimum 8th standard pass but in the preset study escept 3% AWWs who had primary education, all others were "over-qualified".

It was good that almost 80% AWWs were trained for IMNCI training and they believe that there is improvement in their knowledge and practice like measurement of weight, identification of diseases state and all other component of IMNCI. Almost 80% AWWs parti cipateother national health programme like IPPI, RNTCP, Family Planning, house to house survey and others and they got incentive for participation in other national health programme apart from ICDS.

One important observation was that 33% Anganwadi workers felt load on basic activity of Anganwadi due to participate in other National health programme and other activities. Underpaid and overworked Anganwadi workers are the real providers of many basic services for the poor Indian citizens. The anganwadi worker and helper, who are the basic functionaries of the ICDS, are not treated on a par with other government employees, but are called "social workers" or "voluntary workers". They are not paid "wages" (which would provide them with

some minimum service conditions) but only an "honorarium"[2]. The present study suggests the AWWs are overworked and not able to justify their routine work. The government health authorities and other authorities need to keep in mind that they have generated second similar cadre in each village that is ASHA (Accredited Social Health Activist) under National Rural Health Mission (NRHM). They should be utilized properly. So the AWWs will cater the services as per need of community.

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"The only way to keep your health is to eat what you don't want, drink what you don't like, and do what you'd rather not."

~ Mark Twain ~

"Every human being is the author of his own health or disease."

~ Buddha ~

"Health is the greatest gift, contentment the greatest wealth, faithfulness the best relationship."

~ Buddha ~