PROFILE OF ANGANWADI WORKERS:

A Case Study of Two Blocks in Rohtak District, Haryana.

Dissertation submitted to the Jawaharlal Nehru University
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MASTER OF PHILOSOPHY

DAISY SUNITA

CENTRE OF SOCIAL MEDICINE AND COMMUNITY HEALTH
SCHOOL OF SOCIAL SCIENCES
JAWAHARLAL NEHRU UNIVERSITY
NEW DELHI - 110067

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CENTRE OF SOCIAL MEDICINE & COMMUNITY HEALTH
SCHOOL OF SOCIAL SCIENCES
JAWAHARLAL NEHRU UNIVERSITY

New Delhi-110 067

C E R T I F I C A T E

This is to certify that the dissertation entitled: **PROFILE OF ANGANWADI WORKERS : A CASE STUDY OF TWO BLOCKS IN ROHTAK DISTRICT, HARYANA** submitted by **MS. DAISY SUNITA**, in partial fulfilment of the award of the **Degree of Master of Philosophy** (M.Phil.) of this University, is a bonafide work to the best of our knowledge and may be placed before the examiners for evaluation.

(DR. I. QADEER)
CHAIRPERSON

(PROF. D. BANERJI)
SUPERVISOR
5.1.1990

Gram : JAYENU Tel : 667676, 667557 Ext. 259, 262 Telex : 031-73167 JNU IN

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CHAPTER - I

INTRODUCTION

In the pre-independence era the history of child care services in India is marked by the contributions of various voluntary organisations like the Indian Council for Child Welfare, the Indian Red Cross Society, the All India Women's Conference, Balkanji-Bari and the Children's Aid Society. These organisations covered areas of health, nutrition, education welfare and recreation services for children.

After Independence, the state assumed greater responsibility towards the care and welfare of children. To assist voluntary organisations and mobilise their support and cooperation in the development of social welfare services, especially for women and children, the Government of India established the Central Social Welfare Board in August 1953. With the inception of the Central Social Welfare Board a series of programmes, pertaining to different aspects of child and women welfare came up. These included, Welfare Extension Projects (August 1954), Coordinated Welfare Extention Projects (1957), Demonstration Projects for Integrated Child Welfare Services, the Family and Child Welfare Projects (14th November, 1967), the Applied Nutrition Programme (1963), the Special

Nutrition Programme (1970-71), the Balwadi Nutrition Programme (1970-71)[1].

The experience gained and the lessons drawn in the implementation of each one of them have led to some improvements in the successive programmes. These experiences have indicated that child care programmes with inadequate coverage and very limited inputs can not make much dent on the problem of children. None of the health, nutrition, education and other social welfare measures adopted in the past has been effective as the situation demanded.

The experience of running several models of child care programes, the following lessons were learnt and conclusions drawn:

(i) That 0-6 years are the most vulnerable age group of children who should be the target of development.

(ii) Pre-school centres should be the focal point of delivery of services.

(iii) There was a need for strong health and nutrition inputs.

(iv) There should be an integrated package of services for the development of the pre-school child whereby all services should converge on the same group of children.

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1 Manual on Integrated Child Development Services, National Institute of Public Co-operation and Child Development, New Delhi, 1984.

(v) There was a need of coverage of the entire block/project, rather than only 5 to 10 centres in a population of one lakh as in the earlier schemes.

(vi) Capacity of the mother to take care of the children should be strengthened through non-formal education.

(vii) That the experience of converting one scheme of child care into another in the same area has not brought about effective results.

A National Policy for Children was formulated by the Government of India in August 1974[2] on the basis of past experiences. The Policy laid down that the state shall provide adequate services to children before and after birth and during the period of growth to ensure their full physical, mental and social development.

The policy has suggested following measures to attain its objectives:

(i) Coverage of all children by a comprehensive health programme;

(ii) provision of nutrition services to remove deficiencies in diet;

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2 Ibid. pp.14-15.

(iii) programmes for general health care, nutrition and nutrition education of expectant and nursing mothers;

(iv) provision of free and compulsory education for all children up to the age of 14 years, special efforts to reduce the prevailing wastage and stagnation in schools and programme of informal education for pre-school children;

(v) provision of other forms of education for children who cannot undertake formal education;

(vi) provision of recreational, cultural and scientific activities;

(vii) provision of special assistance to children belonging to the weaker sections, such as scheduled caste, scheduled tribe and economically backward;

(viii) provision of facilities for education, training and rehabilitation of the socially handicapped children;

(ix) protection of children against neglect, cruelty and exploitation;

(x) prohibiting employment of children below 14 years in hazardous or strenuous occupations;

(xi) provision of special treatment, education, rehabilitation and care of the handicapped children;

(xii) priority to children for protection and relief in times of distress or natural calamity;

(xiii) Special programmes for gifted children, particularly those belonging to the weaker sections of the society.

(xiv) interests of children to be given paramount consideration in legal disputes;

(xv) services to be oriented towards strengthening family ties to help the children to realise full potentialities of growth.

In pursuance of the National Policy for Children, the need to emphasize integrated provision of early childhood services and services for expectant and nursing mothers was recognised. Based on the recommendations of the Inter-Ministerial Study Team set up by the Planning Commission, the scheme of integrated Child Development Services (ICDS) was evolved to make a co-ordinated effort for an integrated programme for delivery of such services. On an experimental basis 33 projects were launched on 2nd October,1975.

The objectives of the ICDS scheme are:

(i) to improve the nutritional and the health status of the children in the age group of 0-6 years;

(ii) to lay the foundation for proper psychological, physical and social development of the child;

(iii) to achieve effective co-ordinated policy and its implementation, amongst the various departments to promote child development; and

(iv) to enhance the capacity of the mother to look after the normal health and nutritional needs of child through proper nutritional and health education.

Thus the programme is designed to facilitate and promote the "total development" of the child by making available at the doorstep of poor communities. A co-ordinated package of child services. These services comprise of mutually reinforcing components of health, nutrition and educational inputs. Emphasis is on the crucial stages of child development, namely intranuterine phase and early childhood.

The objectives of ICDS are sought to be achieved by providing a package of services to children in 0-6 years age group, expectant and nursing mothers and women between 15-44 years of age. The essential components of the package are: supplementary nutrition, immunisation, health check up, referral services, nutrition and health education and non-formal preschool education.

Different services provided to different age groups are:

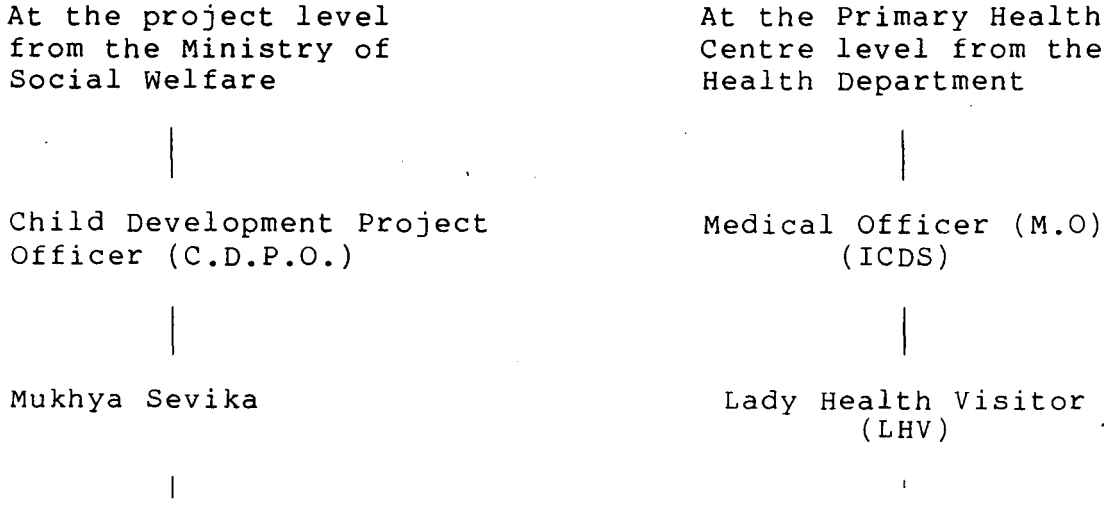
0-3 years Immunisation, health checkup, supplementary nutrition, referral.

3-6 years	-Immunisation, health checkup, supplementary nutrition, referral, pre-school education.
Nursing & expectant mothers	-Supplementary nutriton, health checkup immunisation.
Women (15-45 years)	-Health and nutrition education.

The unit for location of ICDS projects are Community Blocks in some selected rural and tribal areas and ward area of slums in urban areas. Anganwadi is the focal point from where all services are provided to beneficiaries, by a village level worker called as the Anganwadi worker. This Anganwadi worker serves a population of about 1000 in rural and urban areas and around 700 in tribal and hilly areas.

The organisational structure of ICDS at the project level is given below:

Fig. 1



Anganwadi Worker — Auxiliary Nurse Midwife (ANW)

Helper

ICDS projects are centrally sponsored with 100 per cent financial assistance from the Ministry of Social Welfare. The state government takes care of day to day administration. The Central Technical Committee on Health and Nutrition at the All India Institute of Medical Sciences (AIIMS) is responsible for the monitoring and evaluation of Health and Nutritional components of ICDS, while the Central Technical Committee at National Institute of Public Co-operation and Child Development (NIPCCD) executes the evaluation and monitoring of social components.

From the above administrative network it is clear that an anganwadi worker plays on important role in the implementation of the programme at the micro level. The government has laid down criteria for the selection of the anganwadi worker. As per government's recommendations, an anganwadi worker should be a woman in the age group of 19-45 years. She should preferably be a matriculate or 8th pass in rural or tribal areas. She should preferably belong to the same community in order to establish an early rapport and gain their confidence quickly and also to be acceptable to them.

She is given an honararium of Rs. 300/- and is assisted by a helper who is paid Rs. 105/-

Training of the Anganwadi Worker:

The anganwadi worker is given three months training. The curriculum for the training is prepared by the National Institute of Public Co-operation and Child Development (NIPCCD). Training includes general orientation, fundamentals of child development, nutrition, immunisation, antenatal care, breast feeding, identification and immediate management of 'at risk' children, treatment of common day to day illness, pre-school education, personal hygeine, environmental sanitation, social welfare and record keeping.

Job responsibilities of Anganwadi worker:

- Community Survey and enlisting beneficaries.
- Non-formal pre-school education of children between 3-6 years of age.
- Supplementary feeding of 0-6 years of children and pregnant and nursing mothers.
- Assisting health staff in immunisation and health checkup.
- Primary health care and first aid.
- Provision of referral services in case of severely malnourished, sick and "at risk" children and in case of communicable diseases.

- Health and nutritional education to mothers.
- Detection of impairments among children in the early stages and help in the prevention of disabilities.
- Contacting the parents of children coming to the anganwadi through home visits.
- Maintaining records/registers particularly weight cards, supplementary nutrition records, anganwadi attendance records etc.
- Maintaining liaison with other institutions in the villages/urban slums e.g. Panchayats, Mahila Mandals, Schools, local organisations etc. and securing their support and participation in the ICDS programme.

From the above its clear that at the grass root level the anganwadi worker is the one who is responsible for providing services to the beneficiaries. She is, the corner stone of this programme. She is supposed to be the one who stays within the community and interacts with them. The job responsibilities of the anganwadi worker demands certain skills like communication and knowledge of concepts like child development. The crucial role played by the anganwadi worker raise important questions regarding the social and economic strata from which such women workers

are recruited. The motivating factors which induce some of these women also constitute an area of interest. This study focuses on the role and contribution of the anganwadi worker in the implementation of integrated Child Development Services Scheme. The following were the main objectives of this study:

i. The study of the socio-economic background of the anganwadi workers.

ii. To assess the professional background of the anganwadi workers.

iii. To study the activities of the anganwadi workers.

iv. To determine the extent of interaction between the anganwadi workers and other health staff at the Primary Health Centre level and the sub-centre level.

CHAPTER - II

REVIEW OF LITERATURE AND RESEARCH METHODOLOGY

In this chapter an attempt has been made to review the available literature on Anganwadi workers and focuses on the methodology of the present study.

Review of Literature

Various studies have dealt with different aspects of anganwadi workers like their socio-economic background, professional knowledge and skills.

Phillips and Kurian (1986)[1] have studied 181 anganwadi workers from seven ICDS project of Madhya Pradesh. They have examined time work allocation and effectiveness of the work of anganwadi workers. They have administered interview schedule and have collected data on socio-economic characteristics of the anganwadi workers. The age group of their sample was 20-30 years. The majority were hindus, married, and had education upto higher secondary level. Their study reveals lack of supervision for interior anganwadies and the workers often face problem in supply of food articles and its storage. The

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1 W.S.K. Phillips, and N.A. Kurian, "Time work Allocation and Effectiveness of work of Anganwadi workers", Indore School of Social work. 1986.

workers spend 5-6 hours at the anganwadi centre, their time is utilised for the related activities rather than the aspects of education of the children.

Bhattacharjee (1984)[2] has conducted a study in a tribal ICDS project. He has selected ten anganwadi centres of the project. The selected sample formed 20 per cent of the anganwadies and covered all the three circles of the project. They have used an interview schedule for the anganwadi workers, parents of the beneficiaries and community leaders. They have examined role and responsibilities of the anganwadi workers, their perception, socio-cultural factors effecting the performance of their duties, gaps in training and supervision. Their study has revealed effectiveness of married workers and unmarried, the pre-school activities were, conducted in most formal manner and parents also insisted on it. It was found that the anganwadi workers have brought some attitudinal changes in the field of health and education.

Anjaria, Sahani and Chelani (1987)[3] have examined time allocation for different tasks performed by an anganwadi worker. They have administered general

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2 P.K. Bhattacharjee, "Role effectiveness of anganwadi workers" National institute of Public Co-operation and Child Development, 1984.

3 V. Anjaria et al. "Time Allocation Study of the Work of Anganwadi Workers in ICDS Projects of Panchmahal District, Gujarat", Faculty of Social Work, M.S. University, Baroda, 1987.

questionnaire on 635 anganwadi workers and conducted indepth interview for 151 anganwadi workers. They have conducted this study in 11 projects (5 rural and 6 tribal) of Panchmahal District of Gujarat. The average age of their sample was 28 years, majority of them were educated upto Senior Secondary level. They have found that economic necessity makes an anganwadi worker work better. They have further found that the anganwadi workers were fully aware of health needs and problems faced by children and expectant mothers but their major time is frittered away in activities which are not essential.

Rajgiri college of Social Sciences has studied socio-economic conditions and job satisfaction of anganwadi workers (1985)[4]. They have interviewed all 98 anganwadi workers of Mattancherry ICDS Project in Kerala. They have found that majority of the workers were Hindus. They were in the age group of 21-45 years. They have also collected information on literacy level and employment status of the family members. Economic status of the families of the anganwadi workers was found to be low. Most of the workers selected this job because of financial difficulties. The study has also revealed dissatisfaction among the workers with regards to present working

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4 Rajgiri College of Social Sciences, "Socio-economic conditions and job satisfaction of anganwadi workers at Mattancherry ICDS Project", 1985.

conditions, hours of work, amount of honorarium and amount of work load. Most of them desired to change their job if they get an opportunity.

Goriawalla (1984)[5] has studied anganwadi workers in urban slum areas. The selected sample is of 90 anganwadi workers, 30 each from three projects at Pune, Bombay and Hyderabad. Their findings reflect that majority were Hindus, educated upto and above higher secondary and belong to families with poor economic conditions. They opted for this job because of financial reasons, personal liking and social security. The study further reflects that even though the workers had high level of knowledge on different aspects of ICDS they had shown low rating on the performance.

Maggie (1985)[6] has collected information regarding marital status, education and economic of anganwadi workers. She has applied a close and opened schedule on 50 anganwadi workers of an urban slum in Karnataka. She has found that majority of the anganwadi workers have studied upto Secondary level, married and were from families with very low monthly income. Low family income was one of the important factors that

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5 M.Goriawalla, "A study of anganwadi workers in urban areas-profile of the anganwadi workers and her preparedness for the job", College of Social Work, Nirmala Niketan, Bombay,1985.

6 V.T. Maggie, "Problems of anganwadi workers", School of Social Work, Mangalore, 1985.

led them to take up this job. The study has emphasised on different working problems faced by anganwadi workers. According to this study various problems faced by anganwadi workers are: delay in honorarium, bringing food articles from the project office and distributing food at the anganwadi centre. Majority of them were satisfied with the supervision and almost half of them were satisfied with their present job.

Vasundhra (1984)[7] has emphasised on the perception of anganwadi workers with regards to their role in ICDS. A sample of 125 anganwadi workers were given a pre-tested questionnaire. She has considered only education and found that most of the workers were matriculate. She found that though all could furnish vital statistical data, maintained growth charts of children and important health education, but they wanted further training in medical care, family planning and health education.

Rane and Narayan (1987)[8] have studied time allocation and effectiveness of the work of anganwadi workers. They have studied 10 ICDS projects in

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7 M.K. Vasundhra, "A study of perception of anganwadi workers regarding their role in ICDS", Central Bureau of Health Education News Letter, 1984.

8 A. Rane and L. Narayan, "Time allocation and effectiveness of the work of anganwadi workers in ICDS projects in Chandrapur District, Maharashtra", Tata Institute of Social Sciences, 1989.

Chandrapur District of Maharashtra. Their study population consisted of Anganwadi workers, Mukhya Sevika, Child Development Project Officer (CDPO), Additional Child Development Project Officer (ACDPO) and beneficiaries. They selected both rural and tribal projects. They have interviewed 86 anganwadi workers. Their study revealed that majority were Hindus, belonged to Backward Caste, Scheduled Caste, Scheduled Tribe, married. Majority had small family size of five members. A considerable percentage of the heads of households were in agricultural occupation. Majority of the anganwadi workers were trained with 3-5 years of experience. The majority had a clear perception of an anganwadi but did not know about the various groups of beneficiaries and their age. Their study further states that majority of the anganwadies were regularly visited by Mukhya Sevika, A.N.M., Medical Officer and Child Development Project Officer.

Bhajantari and Padagannavar (1985)[9] has covered Raibagh and Jamkhandi project areas. From each project

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9 Bhajantri and Padagannavar, "Anganwadi worker a study in ICDS Scheme (Raibagh project and Jamkhandi project)", Department of Social Work, Karnataka University, 1985.

30 anganwadi workers were selected. These workers represent each circle area of the project. The workers were in the age group of 15-44 years. The majority were married and from the same community. They have found poor knowledge among anganwadi workers about quantity of food given to various groups of beneficiaries, immunisation and referral services. All workers had shown their dissatisfaction about the amount of honorarium given to them.

Coonar (1985)[10] has attempted to give an assessment of functioning of anganwadi of an ICDS project located in a slum area of Amritsar, Punjab. The study sample consisted of 96 anganwadi workers. His findings shows that majority of workers were less than 25 years, un-married, have studied upto matriculation or higher secondary level. Al workers have reported irregular and inadequate supply of material for supplementary nutrition. It was found that a good percentage of workers come from different communities and had fewer visits by the supervisory staff. Only a meagre precentage of workers had knowledge about all the beneficiaries, importance of immunisation and working of ICDS.

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10 P. Coonar, "An Assessment of functioning of 96 anganwadies in the urban slum ICDS project of Amritsar-Alongwith Study of knowledge, Attitude and Practice of the Functionaries", Medical College, Amritsar, 1985.

Tara Gopaldas (1988)[11] has examined the level of training of anganwadi workers in detecting growth retardation and faltering in the children below six years of age. She has studied 25 anganwadi workers from slum pockets of Baroda. The educational level of the anganwadi workers was found up to high school and above. Inspite of this level of education the important aspects of growth faltering went completely unnoticed by the anganwadi worker.

Indira et.al.[12] have studied 109 anganwadi workers of a rural ICDS project in Kambadur, Andhra Pradesh. They have tried to assess the knowledge of anganwadi workers on weight recording, assessment of nutritional grade of children, infant feeding and nutrition, immunisation, ability to recognise some common ailments and preventing them. They have found that majority of the workers had fair knowledge of all the aspects mentioned above except the correct weighing of a child.

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11 Tara Gopaldas, "How well trained is the field level anganwadi worker in detecting growth retardation and faltering in the 'Under Six'", Indian Pediatrics, Vol.25, Jan,1988, pp 41-46.

12 K. Indira Bai, et al., "A study of knowledge of the anganwadi workers of rural ICDS area, Kambadur and some aspects influencing their work", S.V. Medical College, Tirupati.

Kant et.al. (1984)[13] have conducted a study of 96 anganwadi workers of Inderpuri urban project of West Delhi. Their results shows that only few workers lived in the same community. They found that even though majority of the workers were trained and had an experience of one or more years none of them knew about all the components of ICDS and their job responsibilities. They have recommended critical evaluation of the training of the anganwadi workers and refresher courses at regular intervals.

Parkash, Khanna and Chawla (1986)[14] have studied 238 anganwadi workers, randomly selected from nine projects (5 rural and 7 urban) in Haryana. A questionnaire was used to assess the knowledge of anganwadi workers. They found that majority of the workers were not aware of the different aspects of the health components of ICDS.

Udani et.al. (1980)[15] have studied the level of knowledge and specific skills of the anganwadi workers before and after their training. All the

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13 L. Kant et.al., Profile of Anganwadi Workers and their knowledge about ICDS". Indian Journal of Pediatrics 51, pp.401-402.

14 V. Parkash, P. Khanna and S. Chawla, "Assessment of the level of the knowledge of anganwadi workers in the state of Haryana," Department of Social and Preventive Medicine, Medical College, Rohtak, 1986.

15. R.H. Udani, et. al., "Evaluation of knowledge and efficiency of anganwadi workers Indian Journal of Pediatrics, Vol. 47, 1980, pp.289-292.

97 anganwadi workers of a urban project in Bombay were included in the study. A questionnaire was administered on two groups of anganwadi workers, group I- who had received training and group II- who had not received training. They have found gaps in essential skills among the anganwadi workers to carry out their assignments inspite of training and one or two refresher courses.

Gopalan (1988)[16] has conducted an indepth study on 386 anganwadi workers of 23 ICDS projects from 16 states of all the four geographical zones of India. This study has examined the adequacy and appropriateness of providing an anganwadi worker with a medicine kit.

In his study, he has also talked about the socio-economic profile of the anganwadi workers. He has collected information regarding their age group, marital status, caste, religion and educational background. His findings reflects an effect of their marital status on work performance, where singler are expected to devote much more time towards ICDS duties. The majority of the workers represented the age group of 20-40 years and had formal education upto secondary level. The study sample was also

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16 C. Gopalan, "ICDS A case study of some aspects of the scheme", Nutrition Foundation of India, Scientific Report-7, 1988.

represented by workers belonging to Scheduled Caste and Scheduled Tribe.

While assessing the perception of the anganwadi workers about their training, the majority found it adequate. But still some felt that they lacked in training on topics like immunisation, health checkups and referral services, non-formal pre-school education, nutrition, Health and population education, implementation of supplementary nutrition programme and record keeping.

The study has also found fairly good functional linkages between anganwadi worker and ANM. The ANM has found to be the preferred person from whom the anganwadi worker sought help for work related to immunisation family planning. The anganwadi worker also got assistance from the Medical officer (M.O.) and the Lady Health Visitor (L.H.V.).

From the review of all the above studies it is clear that most of these have emphasised on the evaluation of the knowledge and training of the anganwadi workers. It is only the studies by C. Gopalan and Rane, gave attention to the socio-economic background of the anganwadi workers. Even among these two studiese C. Gopalan's study is an indepth work penetrating into all aspects of the anganwadi workers. While C. Gopalan's study covers the anganwadi workers of

all the four zones of India, the present study is concentrated to a relatively very small sample of only two projects. The present study has examined experienced anganwadi workers, thus, particular ICDS projects were selected. The significance of the study lies in making an attempt to appraise the total profile of the anganwadi workers.

ICDS in Rohtak district:The organisation and functioning:

Process of development of ICDS in Rohtak district- Twelve ICDS projects so far have been sanctioned at various blocks of Rohtak district of Haryana.

In 1975 out of 33 experimental ICDS projects launched in India, Kathura block of Rohtak had one among them. Further the only Medical College of the state is situated at Rohtak, the district head-quarter. Therefore Kathura project had an advantage of being assisted by the Department of Social and preventive Medicine of this Medical College. The project started with 75 anganwadies.

The next rural project was started at the Block-Beri in 1979. However, this block has a primary health unit, at the village Dighal, run by the Department of Social and Priventive Medicine of Medical College, Rohtak. Further the office of the CDPO is with in

the premises of this primary health unit. Therefore the Beri project had an advantage of being in continous touch with the medical college.

The third project was started in an urban area- Rohtak town in 1983, which is the only urban project of the district.

In 1984 due to some administrative reasons few of the anganwadis of Kathura-block, now in district Sonepat, were merged into the newly formed ICDS project at Chri-Block. Ever since each successive year has added new projects in the district : Jhajjar-rural (1985), Kalanaur-rural (1986), Bahadurgarh-rural (1986), Meham-rural (1986). In 1987 fine more ICDS projects were sanctioned; Rohtak-rural, Sampla-rural, Salawas-rural, Nahar-rural, Matanhail-rural. It took the total number of projects in the district totwelve. But because of some administrative reasons these five projects have not yet started functioning.

At present seven blocks in Rohtak district have been benefited by the services of ICDS with the help of 760 anganwadis.

Organisation of ICDS in Rohtak district: The Programme Officer of the district ICDS is responsible for the proper functioning and management of ICDS projects with in the district. All CDPOS of the district report to the Programme Officer. This district cell

collects the monthly progress report and the monthly monitoring report from the each ICDS project of the district and conveys it to the Department of Social Welfare of the Haryana State. All directives for the CDPOS comes through the Programme Officer.

There are various committees which helps in proper functioning of ICDS and co-ordinates with other concerned departments of the district. These committees are as follows.

The Chief Medical Officer of the district holds a monthly meeting with the Programme Officer, all CDPO's and all Block Medical Officer (BMO) of the district. This committee discusses the progress and problems of the projects related to health component of ICDS.

Another monthly meeting is called by the Deputy Commissioner of the district. It is attended by the Programme Officer, All Block Development and Panchayat Officers and all Child Development Project Officers of the district. This meeting is concerned about the delivery of ICDS Services to the Scheduled Caste, which is a part of the 20 point programme. It also discusses about the public grievances and the problems regarding ICDS, if any.

The Additional Deputy Commissioner of the district

is Chairperson of Purchase Committee. Its other members are the Programme Officer and two senior most CDPOs of the district. It purchases and checks the quality of food articles for the ICDS projects.

Organisation of ICDS at project level: At the project level the Child Development Project Officer (CDPO) is directly responsible for administration and implementation of ICDS scheme. At the field level the CDPO is assisted by Mukhya Sevikas. The whole project area is divided into 4-5 sectors. Each sector has a cluster of anganwadis and is supervised by the Mukhyasevika. She is in-charge of about 20-25 anganwadis. She helps and guides the anganwadi worker through field visits. She reports the progress of the anganwadis to the CDPO. She also collects the monthly progress report and monthly monitoring report from various anganwadis of her sector, compiles and submits it to the CDPO.

A CDPO also Co-ordinates with the Primary Health Centre (PHC). The Medical Officer (ICDC) at PHC ensures the delivery of health services to the beneficiaries of ICDS. The health staff at PHC and sub-centre level, Lady Health Visitor (LHV), Auxiliary Nurse Midwife (ANM), Male Health Worker, directly helps and assists the anganwadi worker.

Research Methodology

Area of Study:- For the purpose of the study the investigator intended to study those anganwadi workers who have 8-14 years of working experience. As already mentioned in the study, Rohtak district being the one which have the oldest ICDS projects, this district was selected for the study. Apart from this as the study was to be done totally by the investigator herself and because of other conveniences such as transportation etc. the study area was restricted to Rohtak district only.

TABLE 2.1

Year of sanction, urban/rural area and number of anganwadi workers in ICDS projects of Rohtak District.

Sl. No.	ICDS Projects	Year of sanction	Urban/ Rural	No. of Anganwadies
1.	Beri	1979	Rural	118
2.	Rohtak	1983	Urban	124
3.	Chiri	1984	Rural	86
4.	Jhajjar	1985	Rural	132
5.	Kalanaur	1986	Rural	100
6.	Bahadurgarh	1986	Rural	100
7.	Meham	1986	Rural	100
8.	Rohtak	1987	Rural	Not functioning
9.	Sampla	1987	Rural	Not functioning
10.	Salawas	1987	Rural	Not functioning
11.	Nahar	1987	Rural	Not functioning
12.	Matanhail	1987	Rural	Not functioning
	Total No. of Anganwadies			760

Sample Selection:- For the present study the sample projects were selected with the consultation of the Programme Officer of the District ICDS Cell, Rohtak. As it has been already mentioned the present study deals with the experienced anganwadi workers. Therefore, only such ICDS projects were selected which had workers who had the required experience. In two Blocks of Rohtak district namely Beri and Chiri, the ICDS projects had experienced anganwadi workers. A list of anganwadi workers of both the projects was obtained from the office of the respective Child Development Project Officers. All those anganwadi workers who started working before an with in the year 1980 were selected. Their number came to 73, out of which 57 workers were from ICDS project Beri and 16 from Chiri project. These anganwadi workers were spread over thirty five villages.

Framing of the Schedule and the aspects on which data is Collected:- Keeping in view the objectives of the present study an interview schedule was structured. As the study is based on qualitative

aspects an open-ended questions were preferred in framing the interview schedule. The questions were designed to collect information on the following aspects:-

- Age compasition of anganwadi workers.
- Their marital status.
- Their educational, religious, economic and caste background.
- The reasons for becoming an anganwadi worker.
- Their perception about them as an anganwadi worker.
- Their daily schedule.
- Information regarding their training.
- Interaction with health personnel.
- Interaction with ICDS supervisory staff.

Methods of data Collection

- Deep probing interview with anganwadi worker with the help of an interview Schedule.
- Discussions with Mukhyasevika and Child Development Project Officer about the performance of the anganwadi workers.

- Observation of anganwadi worker at the work site.
- The various records maintained at the anganwadi Centre.

Sources of data Collection

The data for the present study is collected through primary and secondary sources.

The primary sources are:-

- Anganwadi worker
- Mukhasevika
- Child Development project Officer (CDPO)
- Meetings of anganwadi workers with ICDS supervisory staff and health staf at the sector level.

Secondary source are:-

- Records maintained at the anganwadi
- Performance data on anganwadis of all projects of Rohtak district and Haryana state as a whole.

The Process of Data Collection

The pilot study was initially scheduled. Once the pre test was satisfied with respect to the objectives of the study, the final study was conducted.

The study began on 27th March, 1989. The investigator visited the programme Officers at district ICDS Cell Rohtak, to collect information about the projects who have senior anganwadi workers. She was told about Chiri and Beri Projects. After obtaining the list of senior anganwadi workers from the respective project officers the investigator started contacting anganwadi workers at various villages. Before contacting the anganwadi workers the investigator met CDPO's and Mukhya Sevika of both the projects individually. She explained to them the overall lookout of her study.

The Mukhya Sevika of the respective sector helped the investigator to locate the anganwadi centre, later on the anganwadi worker or her sahayaka (helper) helped her to reach to other anganwadi centres of the village. In some of the places the investigator took the help of the staff members of local sub-centre to locate anganwadi centres. At time the investigator had to face problems due to poor transportation facilities for reaching interior villages. All together the investigator has covered 35 villages of the Beri and Chiri projects. In 8 of the interior villages there was no transportation facility. These villages were situated on the approach roads linked to the State Highway. In order to reach there the investigator

had to go by foot. All such villages were covered with the help of the Mukhya Sevika as the distances were long i.e. around 4-5 kilo meters.

The investigator has tried her best to explain to the anganwadi worker about the purpose of the study. During the course of interview she tried to establish good rapport and gain the confidence of the anganwadi worker.

After covering all the anganwadi workers the investigator had a discussion with the CDPO's and concerned Mukhya Sevika of both the projects. They were asked in general about their openion on the performance of the anganwadi worker and the specific working problems the worker normally faces.

During the course of study the investigator also attended a few of the meetings of the Anganwadi workers held at the sector level.

The present study is exploratory and does not intend to make a statistical analysis because (i) it has small sample size (ii) limited objectives (iii) and limited resources.

CHAPTER - III

SOCIO-ECONOMIC BACKGROUND OF ANGANWADI WORKERS

Socio-economic background of a person plays a significant role in his professional life. It is often seen that in the families where the head of the family holds a high degree and position in the society, the heir too, would invariably be around the same axis. It determines the educational level a person might achieve and the type of a job be might take up. However there are exceptions to which we should all subscribe.

3.1 Age:

In the present study only those anganwadi workers are included who has a working experience of 8-10 years; hence, the respondents are in the age group of 26-46 years.

TABLE 3.1

DISTRIBUTION OF THE RESPONDENTS' ACCORDING TO AGE

S.No.	Age-Group (in years)	No. of cases	Percentage
1.	26-29	10	13.7
2.	30-33	32	43.8
3.	34-37	21	28.8
4.	38-41	6	8.2
5.	42-46	4	5.5
	Total	73	100

Most of the cases are clustering around the age-group of 30-33 years, with the maximum per cent representation of 43.8. The next highest 28.8 per cent are in the age-group of 34-37 years, 13.7 per cent in the age-group of 26-29 years, 8.2 per cent in the age-group of 26-29 years, 8.2 per cent is in the age-group of 38-41 years and the lowest percentage of 5.5 was found in the age-group of 42-46 years who comprise the oldest age-group. The mean age was found to be 35 years.

3.2 MARITAL STATUS:

TABLE 3.2

MARITAL STATUS OF THE RESPONDENTS'

S.No.	Marital status	No. of cases	Percentage
1.	Married	65	89.0
2.	Widow	4	5.5
3.	Separated	4	5.5
	Total	73	100

A majority of 89 per cent of the respondents were married, 5.5 per cent were widow and another 5.5 per cent of them were separated. Those who fall in the last two categories are staying with their parent's families. These workers have got into this job because of their marital status.

3.3 CASTE:

Caste determines a person's social status with in the community. People who belong to the dominant caste of a community are likely to entertain a better status.

TABLE 3.3

CASTE DISTRIBUTION OF THE RESPONDENTS'

S.No.	Caste	No. of Cases	Percentage
1.	Brahmin	9	12.3
2.	Jat	46	63.0
3.	Khatri	2	2.7
4.	Harijan	6	8.0
	Total	73	100

Representation of a particular caste group in a profession depends upon the percentage representation of a caste in a particular region, particularly in this kind of job as the anganwadi worker has to be from the same community. This is depicted by the findings as well where the Jat anganwadi workers are dominating the scene. They alone constitute 63 per cent of the workers. 12.3 per cent of them comes from the upper caste group of Brahmins,

8 per cent of the anganwadi workers are harijans (which includes Chamar, Lohar, Prajapati and Sunar), and only 2.7 per cent of them are Panjabi Khatries who are from the village Bensi of Chiri project which is dominated by this particular caste group.

3.4 MOTHER TONGUE:

TABLE 3.4

MOTHER TONGUE OF THE RESPONDENTS'

S.No.	Mother Tongue	No. of cases	Percentage
1.	Haryanvi	71	97.3
2.	Panjabi	2	2.7
	Total	73	100

A majority of 97.3 per cent workers of this jat dominated area of Haryana speaks Haryanvi dialect while only 2 of them i.e. 2.7 per cent speaks Panjabi, whose families are settled in this area after partition in 1947.

3.5 GEOGRAPHICAL BACKGROUND:

TABLE 3.5

GEOGRAPHICAL BACKGROUND OF THE RESPONDENTS'

S.No.	Background	No. of cases	Percentage
1.	Urban	3	4.2
2.	Rural	65	89.0
3.	Rural Delhi	5	6.8
	Total	73	100

A mojority of 89 per cent of the anganwadi workers who are married into rural areas were from a similar rural background while only 4.2 per cent of them are from urban background. Another 6.8 per cent of them are from rural Delhi, they are classified seperately as though these places are given rural status but the facilities provided, like education are better than the rural Haryana.

3.6 TYPE OF HOUSE:

TABLE 3.6

TYPE OF HOUSE OF THE RESPONDENTS'

S.No.	Type of House	No. of cases	Percentage
1.	Katcha	6	8.0
2.	Pucca	67	92.0
	Total	73	100

Type of house is classified into Kutcha and Pucca kind of houses. Type of house is one of the indicators of person's economic status.

A majority of 92 percent of the families own a pucca house where as a marginal percentage of 8 own Kutcha houses.

3.7 TYPE OF FAMILY:

The family system is a peculiar characteristic of Indian social life. Type of family has been classified into two categories of joint and nuclear.

TABLE 3.7

TYPE OF FAMILY OF THE RESPONDENTS'

S.No.	Type of Family	No. of Cases	Percentage
1.	Joint	32	44
2.	Nuclear	41	56
	Total	73	100

It was found that maximum of 56 per cent of the respondents in nuclear families while 44 per cent of them live in joint families.

3.8 FAMILY SIZE:

TABLE 3.8

FAMILY SIZE OF THE RESPONDENTS'

S.No.	Family Size	No. of Cases	Percentage
1.	Below 4 members	14	19.2
2.	5 - 7 "	40	54.8
3.	8 - 10 "	9	12.3
4.	11 - 13 "	3	4.1
5.	14 - + "	7	9.6
	Total	73	100.00

The size of family is classified into four categories. The maximum percentage of 54.8 families falls in the family size of 5-7 members, 19.2 per cent has family size of below four members, 12.3 per cent has 8-10 members, 4.1 per cent has 11-13 members, and 9.6 percent has more than 14 members. The largest family had 19 members.

3.9 NUMBER OF MINORS AND ADULTS IN THE FAMILY

This classification was done to findout the percentage of dependent and non-dependent members in the family. It is divided into four categories.

By the term 'minor' investigator means all those who are below 18 years of age and 'adult' is one who is above 18 years of age.

TABLE 3.9

NUMBER OF MINORS AND ADULTS IN THE RESPONDENTS' FAMILY

S.No.	No. of Members	Minors	Adults
1.	1 - 3	63.0 (46)	64.4 (47)
2.	4 - 6	28.8 (21)	21.9 (16)
3.	7 - 9	8.2 (6)	9.6 (7)
4.	10 - 12	0.0 (0)	4.1 (3)
	Total	100.0 (73)	100.0 (73)

By looking at the table its clear that 63 per cent of the families has 1-3 minor members 28.8 per cent has 4-6 minors and only 8.2 per cent has 7-9 minors in their families.

Looking into the distribution of adults one observes that 64.4 per cent of the families has 1-3 adults, 21.9 per cent has 4-6 members, 9.6 per cent has 7-9, and only 4.1 per cent of them has 10-12 adults.

The above table cleary reveals that as one moves from the smaller size to the larger size from top to bottom the percentage representation of the families among both adults and minors decreases. This trend is very well supported by the figures given in the table -3.8 of family size.

3.10 NUMBER OF MALES AND FAMALES IN THE FAMILY

TABLE 3.10

NUMBER OF MALES AND FEMALES IN THE RESPONDENTS' FAMILY

S.No.	No. of Members	Male	Female
1.	1 - 3	69.9 (51)	63.0 (46)
2.	4 - 6	20.5 (15)	24.6 (18)
3.	7 - 9	6.8 (5)	9.6 (7)
4.	10 - 12	2.8 (2)	2.8 (2)
	Total	100.0 (73)	100.0 (73)

In the above table investigator has found out male and female distribution among the families of the anganwadi workers.

A majority of 69.9 per cent of them has 1-3 male members, 20.5 per cent has 4-6 males, 6.8 per cent has 7-9 and 2.8 per cent has 10-12 males.

In case of females their percentage in the first category is lesser than that of males in the same category, ie 63 per cent of them has 1-3 females, 24.6 per cent families has 4-6 females, 9.6 per cent has 7-9 females and only 2.8 per cent has 10-12 female members in their families.

3.11 LAND HOLDINGS:

TABLE 3.11

LAND HOLDINGS OF THE RESPONDENTS' FAMILY

S.No.	Land holding in 'Bhiga'	No. of Cases	Percentage
1.	No land	23	31.5
2.	1 - 5	9	12.3
3.	6 - 10	7	9.6
4.	11 - 15	4	5.5
5.	16 - 20	5	6.8
6.	21 - 25	7	9.6
7.	26 - 30	3	4.2
8.	31 +	15	20.5
	Total	73	100

Landholding is another indicator of economic status. There are cases which do not possess land at all and those who have as much as 600 'bhigas' of land. As per convenience 'bhiga' is taken as a standard of measurement. Investigator has tried her best to make a systematic distribution into eight different categories .

The table shows that 31.5 per cent of them are landless where as 20.5 per cent of them has land ranging from 31-600 bhiga. An even class interval would not be made in this category because of high dispersion.

Rest of the 48 per cent of them are more or less equally distributed in all the remaining six categories ranging from 1'bhiga' to 30 'bhiga' of land. The distribution in these six categories is as follows - 12.3 per cent of them having 1-5 'bhiga', 9.6 per cent having 6-10, 5.5 per cent having 11-15 'bhiga', 6.8 per cent having 16-20 'bhiga', 9.6 per cent having 21-25 'bhiga' and 4.2 per cent having 26-30 'bhiga'.

3.12 HUSBAND'S OCCUPATION:

TABLE - 3.12

OCCUPATION OF THE RESPONDENTS' HUSBANDS

S.No.	Type of occupation	No. of cases	Percentage
1.	Unemployed	10	13.7
2.	Farmer	14	19.2
3.	Ex Servicemen	6	8.2
4.	Service I	24	32.9
5.	Service II	7	9.6
6.	Driver, Mechanic Shopkeeper	4	5.5
	Total	65	89.1

Occupational status of a person indicates his economic standing. One of the objectives of the study is to find out the socio-economic status of the families of the anganwadi workers.

Occupation of their husbands is broadly classified into six categories namely unemployed, Farmer, Ex-Service-men, Service I, Service II and Driver mechanic, Shopkeeper.

13.7 per cent of the husbands are unemployed, in such cases anganwadi worker is the sole earner in the family, 19.2 per cent of them are farmers.

32.9 per cent of the husbands are in the Govt. Service I, which includes Security Officer, Subinspector, Bank Clerk, Junior Engineer, Ayurvedic doctor, Auditor in Public work department, Formen and Assistant Post Master.

9.6 per cent of them are in Government Service II which includes Primary School Teacher, Multipurpose Health Worker, Patwari, Hawaldar, Clerk, Sipahi and Mechanic. While 5.5 per cent of them falls in the last category of Mechanic, Driver and Shopkeeper. 9.9 per cent of the anganwadi workers were widow/ seperated.

CHAPTER - IV

ANALYSIS OF THE PROFESSIONAL BACKGROUND OF THE ANGANWADI WORKERS

The investigator would be dealing with the data pertaining to the various aspects of the professional background of the anganwadi workers.

4.1 EDUCATION:

Education is one of the important information which the investigator intended to obtain. Its essential to know about the educational level of the anganwadi workers as their job responsibilities demands certain skills like communication and knowledge of the concepts like child development. They also need to maintain a number of records. The minimum education bar as fixed by the Government is matriculation. But when the Integrated Child Development Services (ICDS) scheme was launched in 1975, because of the non-availability of the candidates, with that level of education, relaxation was given. Thus the findings shows the representation of the lower level of education as well.

TABLE 4.1

EDUCATIONAL LEVEL OF THE ANGANWADI WORKERS

S.No.	Level of Education	No. of cases	Percentage
1.	Middle	16	21.9
2.	Matric	46	63.0
3.	Senior Secondary	4	5.5
4.	Graduate	1	1.4
5.	Matric + Prabhakar	6	8.2
	Total	73	100

The respondents were found with educational level ranging from middle, matric, senior secondary, graduate, there are also casese who have an additional qualification of Prabhakar along with matriculation.

The maximum percentage of 63 have studied upto matric level, the next highest percentage of 21.9 were educated upto middle level, 5.5 per cent of them have studied upto senior secondary level of education, one of the anganwadi worker had studied uptill degree level which constitutes 1.4 per cent of the sample. Investigator has also found cases with matriculation and prabhakar, their percentage comes to 8.2.

This reflects that majority of the anganwadi workers had qualification as per the minimum requirement laid by the Government of India and even 15 per cent of them had higher qualifications.

4.2 SOURCE OF INFORMATION ABOUT ICDS:

This information was sought to find out how these anganwadi workers came to know about the ICDS scheme. The responses were broadly categorised into seven.

TABLE 4.2

SOURCE OF INFORMATION ABOUT ICDS

S.No.	Resource person	No. of cases	Percentage
1.	Publicity ('Manadi')	12	16.4
2.	ICDS[1] Supervisor	3	4.1
3.	AWC[2] was in the village	7	9.6
4.	Relatives in Health Department	13	17.8
5.	School teacher	7	9.6
6.	Relatives in Block Development Office	16	22.0
7.	Sarpanch	15	20.5
	Total	73	100

The table 4.2 reveals that, 39.8 per cent of the respondents came to know about the anganwadies of ICDS through their relatives working in different departments. Among them 17.8 per cent were working in the health department and 22 per cent in the block development office. Another remarkable percentage of 20.5 were informed by the village Sarpanch. 16.4 per cent of them came to know about it through 'Manadi'

1. ICDS - Integrated Child Development Services
2. AWC - Anganwadi centre.

with in the village. Teachers became the source person for 9.6 per cent of the respondents, while 9.6 per cent of them already had anganwadi centres in their village and had seen them functioning. 4.1 per cent of them came to know about it through 'mukhya sevika's' of ICDS.

Thus one can say that only 26 per cent (16.4% + 9.6%) of the first and third category came to know about it through general publicity system rest all got the first hand information through their own contacts, these were the persons who were already working in various departments. Its likely that many more who could have joined as an anganwadi worker could not have joined it because of non availability of the information.

4.3 REASONS OF BECOMING AN ANGANWADI WORKER:

TABLE 4.3

THE REASONS FOR BECOMING AN ANGANWADI WORKER

S.No.	Reasons	No. of cases	Percentage
1.	Only source of income	11	15.1
2.	Additional income	29	39.7
3.	For the salce of job	14	19.2
4.	Time pass	6	8.2
5.	Job with in the village	11	15.1
6.	As an eligibility for teachers training exam	2	2.7
	Total	73	100.0

The respondents have given various reasons for becoming an anganwadi worker.

The total of 54.8 peer cent of the respondents falling in the first two categories (15.1 + 39.7) joined it as a source of income. For 15.1 per cent of them, it offered an only source of income as their husbandsd were then unemployed or the anganwadi workers were either widows or seperated, while for 39.7 per cent it was an opportunity which could give them financial assistance. 19.2 per cent of the workers opted for it as it gave them an opportunity to work.

8.2 per cent of them got into it as they felt that it could help them in passing their time, most of them who gave this reason were also the one who did not want to work in the farm. Their involvement in this kind of job helped them to keep themselves away from working in farm under bad conditions. Few of them were not even asked for their openion, their candidature was filled by their in-laws, who accepted it for the sake of job.

Another 15.1 per cent were those who wanted to work as they thought that since they were educated its was a waste to sit at home. However their families did not let them go out of the village, thus this came up as an opening to satisfy themselves.

Another marginal percentage of 2.7 who joined it were those who were told that after five years of their service they would be eligible to become primary teachers in the government schools. Initially few of their colleagues have got job as teachers but now this scheme is scraped off by the Haryana Government.

4.4 THE PROCESS BY WHICH THE RESPONDENTS GOT THE JOB:

This was a deep proabing question to find out if some kind of recommendation helped them in getting into the mainstream.

TABLE 4.4

THE PROCESS BY WHICH THE RESPONDENTS' GOT THE JOB

S.No.	How they got the job	No. of cases	Percentage
1.	Through interview	69	94.5
2.	Through Recommendation	4	5.5
	Total	73	100

The findings show that the maximum of 94.5 per cent got it just on the basis of interview without any sort of recommendation while in 5.5 per cent of the cases, recommendation did play a role.

4.5 INITIAL PROBLEMS FACED WHILE WORKING AS AN ANGANWADI WORKER:

Here the main focus is on the training of the anganwadi worker. All the workers were given a four months training.

A great majority of 68.5 per cent of respondents found their training satisfactory. They did not find any problem, while 31.5 per cent of them did find quite a few problems, when they started working soon after their training.

TABLE 4.5

INITIAL PROBLEMS FACED BY THE RESPONDENTS' WHILE WORKING AS ANGANWADI WORKERS

S.No.	Whether problem faced or not	No. of cases	Percentage
1.	No	50	68.5
2.	Yes	23	31.5
	Total	73	100.0

The workers who found problems claims that though they were properly thought about the theoretical aspects of every thing, still they faced problem in communicating to the people about ICDS scheme, i.e. what this scheme is? What all the worker would be doing at the anganwadi center?, how it is going to be useful to them etc.

The other problems faced by them were in conducting survey of the community, weighing children and record keeping. The former two problems are basically related to communication. People were reluctant to give information about their family members. They were very much scared of the family planning propaganda during emergency. Anganwadi workers were really put to task in order to explain them about the importance of survey. In regards to weighing, a new born child, mothers would not let them weigh as it is related to an 'evil eye' (Buri Nazar). It took few years to convince them that nothing would happen to the child.

4.6 PRESENT WORKING PROBLEMS:

TABLE 4.6

WORKING PROBLEMS FACED BY THE ANGANWADI WORKERS

S.No.	Whether problem faced or not	No. of cases	Percentage
1.	No	62	84.9
2.	Yes	11	15.1
	Total	73	100

A greater number of anganwadi workers who do not find any problem constitute 84.9 per cent of the sample.

The problems faced by 15.1 per cent of the workers are with regard to:

(i) distribution of supplementary nutrition – (2.7 per cent) many sernior village ladies quarrel with the worker for the quality and type of food given at the anganwadi;

(ii) communication (1.4 per cent) - still many people argue about sending their children to the anganwadi centre for a small quantity of food, they face problem in convincing them about the pre-school education, immunisation etc.;

(iii) weighing and graph plotting (2.8 per cent)- these are the workers with middle level of education. They find problem in using bar scale and graph plotting. They keep making mistakes.

(iv) distributing medicines (1.4 per cent)- they find problem in maintaining the records of medicine and remembering what medicine is for what purpose;

(v) record maintenance (6.8 per cent)- now and then new systems of recording or new types of registers are introduced. They find problem in learning the maintenance of new registers. Some complains that few records maintained

are unnecessary and time consuming. They feel that there is no need for so many registers.

4.7 NUMBER OF REFRESHER COURSES ATTENDED

TABLE 4.7

NO. OF REFRESHER COURSES ATTENDED BY THE ANGANWADI WORKERS

S.No.	No. of refresher courses	No. of cases	Percentage
1.	Never	1	1.4
2.	Once	66	90.4
3.	Twice	6	8.2
	Total	73	100

Anganwadi workers are given fifteen days refresher course. 90.4 per cent of the workers have attended it once, 8.2 per cent twice and 1.4 per cent of them never attended such course. Most of the anganwadi workers recommend frequent refresher courses. These refresher courses helps them in updating their knowledge. They learn to make pre-school education kit, such as toys and charts.

4.8 JOB EXPERIENCE

TABLE 4.8

JOB EXPERIENCE OF THE ANGANWADI WORKERS

S.No.	Years of experience	No. of cases	Percentage
1.	8-10	63	86.3
2.	11-13	6	8.2
3.	14	4	5.5
	Total	73	100

A majority of 86.3 per cent of the anganwadi workers has working experience of 8-10 years, 8.2 per cent has 11-13 years. 5.5 per cent has as much as 14 years of experience. This small percentage of workers are from Chiri, erstwhile Kathura, project which started functioning in the year 1975. Later few of the anganwadies of this project were merged into the newly formed Chiri project.

4.9 OCCURRENCE OF TRANSFERS:

Anganwadi worker's job is non-transferable. She is supposed to be the one who belongs to the same community whom she has to serve.

TABLE 4.9

OCCURENCE OF TRANSFERS OF THE ANGANWADI WORKERS

S.No.	No. of transfers	No. of cases	Percentage
1.	Once	3	4.1
2.	Twice	2	2.7
3.	With in the village	4	5.5
4.	Terminated and reinstated	1	1.4
5.	Never	63	86.3
	Total	73	100

The data reveals transfers in 13.7 per cent

of the cases, 4.1 per cent of the workers were transferred once while 5.5 per cent were transferred twice. These are the workers who started working before their marriage. After marriage they got themselves transferred to the villages of their in-laws. They have come from other projects.

There are 5.5 per cent of the cases who were transferred with in the village. They were asked to change the place of anganwadi centre. In such cases population area was redistributed because of the setting up new anganwadi centres.

One of the anganwadi worker who was terminated on the basis of the complaints of the villagers. Later on she was reinstated after an inquiry.

4.10 ATTITUDE OF THE ANGANWADI WORKERS TOWARDS THE JOB:

TABLE 4.10

ATTITUDE OF THE ANGANWADI WORKERS TOWARDS THE JOB

S.No.	Attitudes towards the job	No. of cases	Percentage
1.	Routined work	5	6.8
2.	Passing time	19	26.0
3.	Satisfactory	17	23.3
4.	Likes her job	12	16.4
5.	More work for less salary	16	21.9
6.	Doesn't like but no alternative	2	2.7
7.	Just Okay but wants to leave	1	1.4
8.	Finds many problems	1	1.4
	Total	73	100

Here an attempt is made to analyse the atitude of the anganwadi workers towards their job.

The worker's expressed various opinions towards their job. 26 per cent of them feel that they consider their job as just a time pass. 23.3 per cent of them find their job as a means of satisfaction. 21.9 per cent of them says that their job is time consuming They are of the openion that they have to work more for low salary. 16.4 per cent of the worker really likes their job and enjoy working as an anganwadi workers. 6.8 per cent of them says that their job is boring and routined. 2.7 per cent of them does not like their job but have no other alternative as they have to work because of the economic reasons. 1.4 per cent of them claims that anganwadi workers job is just okay they too wants to leave it. 1.4 per cent of the workers finds many problems. For them their job is strenuous.

4.11 MONTHLY MEETINGS ATTENDED BY THE ANGANWADI WORKERS:

There are two sector level meetings which an anganwadi worker have to attend.

1. Pay day
2. For collecting monthy reports.

1. Pay day, on this day anganwadi workers and their sahayika (helper) get their monthly honararium.

This meeting is also used for giving any kind of information to them, specially in case of visits made by teams from outside. Since, the study area is adopted by medical college Rohtak the anganwadies are frequently visited. Thus they are informed about such visits. This meeting is attended by the Mukhyasevika of the sector, accountant and at times by the CDPO also.

2. The second meeting is for collecting the monthy progress report and the monthly monitoring report. The former meeting focuses on nutritional components while, the later on the social components of ICDS. This meeting is held in the last week of the month and a detailed information about all the activities at the anganwadi is taken up. These reports are later compiled and forwarded to the programme officer of the district ICDS cell.

This meeting is also used for imparting all kinds of information and listening to the poblems of anganwadi workers, if any. Workers are informed about the village wise immunisation camp dates, and the dates of family planning camp at the block level. At times they are also given short lectures on the health aspects, like management of seasonal diseases

This meeting is attended by the CDPO, Midical Officer (ICDS), all workers of the sector, concerned health staff which includes male and female health workers and health supervisors, and the Mukhya se ika of the sector.

Investingator has attended four such meetings, one at the Chiri project and three at Beri project.

The meeting at Chiri was attended by the Block Medical Officer, Dr. Sunderlal, head of the department of Social and preventive medicine of the Medical College, Rohtak, the Mukhya sevika and the workers. This was a pay day meeting. Ten villages of the Chiri project, which forms the study sample from this project, are adopted by Medical College Rohtak. The college has started a project - for school drop out girls till the age of 18 years. Much of the time was utilised in discussing the problems their workers are facing in initiating the project and where all the anganwadi workers are not co-operating with them.

The second meeting was held at Jahajgarh in Beri project, for collecting monthly reports. This meeting was neither attended by the Medical Officer nor the CDPO. Besides report collecting and giving information about immunisation camp not much of the things were discussed. The Mukhya Sevika collected the report and left.

The third meeting which the investingator attended was held at the Primary Health Unit Dighal, in Beri project. This meeting was attended by the, CDPO, Medical Offier (ICDS), Mukhya Sevika, anganwadi workers and concerned health staff - male and female health workers and male and female health supervisors. The medical officer discussed about the health progress at anganwadi centres, enquired about registration of pregnant women, cases of immunisation apses, clorination of wells and distribution and stock of Iron and Follic Acid tablets.

This primary health unit is undertaking a health project by the Indian Council of Medical Research (ICMR). Thus the progress of this project was also discussed. The workers of the five villages in this sector were included in this project. They have to work with the health team and give all the assistance equired. Since this is an additional work to their normal ativities they often crib about it.

The investigator has also attended a pay day meeting at Beri Community Health Centre. This was attended by Dr. Vasudev from All India Institute of Medical Sciences, the Programme Officer ICDS cell Rohtak, Child Development Project Officer,

and all Mukhya Sevikas, anganwadi workers of two sectors and health staff.

Dr. Vasudev generally talked to them. He asked the workers about the changes which have taken place since the inception of the scheme and their suggestions for the better results at the anganwadi centre.

The works generally mentioned about the changed view of the people towards the ICDS services. One of the worker suggested that, to increase the attendence at the anganwadi for Pre-school education, admissions in schools should be made only on the condition of children having attended the anganwadi. They also suggested for the supply of new pre-school education kit and new utensils.

4.12 RECORDS MAINTAINED BY THE ANGANWADI WORKERS:

Anganwadi worker has to maintain various registers at the anganwadi centre. These registers have almost all kinds of information about children between 0-6 yrs. and all other activities performed at the anganwadi centre.

These records are:

1. Attendence register for pre school children
2. Supplementary nutrition distribution

register for children (6 months to 6 years) and pregnant and lectating mother.

3. Weight book for children
4. Immunisation register
5. Birth/Death record
6. Supplementary Nutrition stock register
7. Stock register for other itmes
8. Record of malnourshed children in IIIrd and Ivth grade.
9. Health cards for children
10. Ante Natal and Postnatal cards for women.
11. Record for Iron and Follic acid tablets distribution.
12. Medicine stock register
13. Anganwadi worker's daily activity diary.
14. Survey register.
15. Record of monthly progress report and monthly monitoring report.
16. Supervisor's observation note book.

The workers have to updated the needed information in these record.

Some of the anganwadi workers comment that some of the records maintained are unrecessary. These records have simply added to their written work load. While some of them say that, the present way of keeping records is much clearer and elaborate.

It has made their report writing much ealier. At the end of each record book they have to write a summary of each months figures.

In the first week of the month they have to weigh all the children and record it in the weight book. A day in a month is devoted for immunisation. Each year in the month of April they have to up date the survey of the entire population. One of the anganwadi workers commented that they act as a statistical office for the entive village population and one who wants data comes to them.

It was observed that at most of the anganwadi centres, the attandance of the pre-school education was very thin. This was specially so in the aganwadis located in harijan areas. The worker gave explanation that the harijan children goes to the fields with their parents. However, during the time of distribution of supplementary food the attandance was found to be maximum. Which interm implies that the mothers and children are more interested in food rather than pre-school activities. Further the home visits by the anganwadi workers are found to be less frequent. It was also found that even though the anganwadi workers have to pay regular

home visits, but the visits are paid nominally just before reaching home, after leaving the anganwadi. Proper home visits are paid only a few days before the immunisation programme.

4.13 PERFORMANCE OF THE ANGANWADI WORKERS ACCORDING TO THEIR SUPERVISORS:

The investigator has asked the supervisors about the performance of the anganwadi workers. According to the supervisors the performance of 36.9 per cent of the anganwadi workers could be rated as average, 30.2 per cent as good and 32.9 per cent as poor. They were not satisfied with the pre-school education and record maintenance.

CHAPTER - V

INTERACTION OF ANGANWADI WORKER WITH ICDS SUPERVISORY STAFF AND HEALTH STAFF

5.1 FREQUENCY OF VISITS BY THE MUKHYA SEVIKA TO THE ANGANWADI

Here the investigator is trying to see the extent of interaction between anganwadi worker and her immediate supervisor, the mukhya sevika.

TABLE NO. 5.1

FREQUENCY OF VISITS BY THE MUKHYA SEVIKA TO THE ANGANWADI

S.No.	Frequency of visits	No. of cases	Percentage
1.	Once in a week	47	64.4
2.	Once in a fortnight	24	32.9
3.	Once in a month	2	2.7
	Total	73	100.0

Generally an ICDS project is divided into 4-5 sectors for supervisory purposes. Each sector is alloted to one mukhya sevika.

In Beri project there are five sectors where as there are only four mukhya sevikas. Thus one mukhya sevika has to take up additional charge.

Thus these two sectors are visited less frequency. Few of the villages are quite far from the main road and have no transportation facility. The anganwadis in these villages also have relatively less number of visits.

In Chiri project, for a long period had two posts of mukhya sevikas vacant. The period during which the study was conducted, is also the period when normally the transfers take place. Thus the two vacant posts of the mukhya sevika was filled during this period. The present information was to know the trend of visits in past.

The table shows the frequency of visits by mukhya sevika and reflects that 64.4 per cent of the anganwadis are visited each week, 32.9 per cent once in a fortnight and 2.7 per cent once in amonth.

ACTIVITES OF MUKHYASEVIKA WHILE VISITING AN ANGANWADI

During the study it was found that the mukhyasevika spends 1-3 hours at an anganwadi. She supervises all activities at the anganwadi centre. She observes the anganwadi worker while giving pre-school education to the children, while distributing food to the beneficiaries, at times she accompanies anganwadi worker for visiting various houses for health education.

The mukhya sevika checks various records mainterined at the anganwadi centre. She helps and guides the worker, when ever she has a problem.

THE FREQUENCY OF VISITS BY THE CDPO TO THE ANGANWADI

TABLE NO. 5.2

THE FREQUENCY OF VISITS BY THE CDPO TO THE ANGANWADI

S.No.	Frequency of visits	No. of cases	Percentage
1.	Once in a month	15	20.5
2.	Once in two months	30	41.1
3.	Once in tree months	21	28.8
4.	Not visited for more than three months	7	9.6
	Total	73	100.0

The CDPO visits average 41.1 per cent of the anganwadies once in two months, 28.8 per cent once in three months and 20.5 per cent once in a month 9.6 per cent of the workers reported that their centres are not visited by her for over three months.

The CDPO spends 15 minutes to an hour at an anganwadi, she also observes various activities at the anganwadi.

INTERACTION BETWEEN THE ANGANWADI WORKER AND HEALTH PERSONNEL:

In this section an attempt is made to analyse the interaction of the anganwadi worker with other staff members at the sub-centre and the Primary Health Centre level.

During the course of study it was found that all the villages under the Beri project and ten villages under Chiri project are adopted by the Department of Social and Preventive Medicine of the Medical College Rohtak. As already mentioned the present sample cover in these two projects areas, the anganwadies in these areas have an advantage of being frequently visited by the teams of Interns and also being closer to Delhi they are visited by various other teams such as NIPCCD, NIHFW etc.

The female health worker who is normally called as Auxilary Nurse Midwife (A.N.M.) is the key person in providing health assistance to the anganwadi worker: she takes care of the health components of the ICDS. Along with her various other health personnel also render their help to the anganwadi worker.

Each anganwadi worker is provided with a medicine kit. She takes care of minor ailments. When it is beyond her control, she refers such cases to the nearby sub-centre or the Primary Health Centre.

5.1 FREQUENCY OF ANM'S VISIT TO THE ANGANWADI CENTRE

TABLE 5.3

FREQUENCY OF VISITS OF ANM TO THE ANGANWADI

S.No.	Frequency of Visits	No. of cases	Percentage
1.	Once in four days	19	26.0
2.	Once in a week	43	59.0
3.	Once in a fortnight	9	12.3
4.	Once in a month	2	2.7
	Total	73	100

The ANM pays weekly visits to 59.0 per cent, once in four days to 26.0 per cent, once in a fortnight to 2.7 per cent and once in a month to 2.7 per cent of the anganwadis . Thus one finds that majority of the anganwadis are visited at least once a week.

The study reveals that 16.4 per cent of the anganwadies do not have an ANM. The charge of such centres is given to the male health workers.

5.2 ANM'S LAST VISIT TO THE ANGANWADI CENTRE:

TABLE 5.4

ANM'S LAST VISIT TO THE ANGANWADI CENTRE

S.No.	Last Visit	No. of cases	Percentage
1.	Two days before	34	46.6
2.	A week before	28	38.3
3.	Fifteen days before	7	9.6
4.	Over a month	4	5.5
	Total	73	100

This analysis is supported by table showing frequency of visits by the ANM to the anganwadi centre. The majority of the anganwadis had been frequently visited.

The table 5.4 shows that 46.6 per cent of the anganwadies were visited two days back, 38.3 per cent a week before, 9.6 per cent fifteen days back by the ANM. Only 5.5 per cent of the anganwadis were not visited for over a month. The present study was conducted during the period when normally transfer orders are issued, in such cases former ANM's were transferred and the posts were not filled.

5.3 THE ACTIVITIES OF ANM AT THE ANGANWADI CENTRE(AWC):

TABLE 5.5

ACTIVITIES OF ANM AT ANGANWADI CENTRE

S.No.	Activities of ANM	No.of cases	Percentage
1.	Immunisation	73	100
2.	Health check up of children and mother	38	52.0
3.	Family Planning Motivation	23	31.5
4.	Record maintenance	27	37.0
5.	Home visits	7	9.6
6.	Blood slides for Malaria	4	5.5
7.	Distribution of Iron and Follic acid tablets	12	16.4
8.	Delivery	2	2.7

The table 5.5 enlists the activities performed by the ANM at the anganwadi.

These activities involves immunisation, health check up of children and mother, family planning motivation, record maintenance, accompaning anganwadi worker for home visits, making blood slides for identifi-

cation of malaria cases, distribution of Iron and Follic acid tablets and helping 'Dai' in delivery cases.

How ever, it was noticed that, as 16.4 per cent of the anganwadi centres are attended by male health worker, these centres do not have the natal and post natal care.

Out of all the above mentioned activities only immunisation is taken care at all the centres. The order of other activities taken by ANM at the anganwadi centre is as follows: health checkup of children and mothers (52.1 per cent), record maintenance (37 per cent), family planning motivation (31.5 per cent), distribution of Iron and Follic acid tablets (16.4 per cent), Home visits (9.6 per cent), Blood slides for detection of malaria cases (5.5 per cent) and delivery attendance (2.7 per cent).

Majority of the anganwadi workers claims full co-operation from ANM. But in one case the anganwadi worker told that at times the ANM refuses to give medicines to the patients on the grounds of not providing a family planning case.

5.5 FREQUENCY OF VISITS BY HEALTH PERSONNEL

TABLE 5.6

FREQUENCY OF VISITS BY HEALTH PERSONNEL

S.No.		Frequency of Visits						Total
		Once a week	Once in fort-night	Once in a month	Once in two months	Once in six months	Not visi-ted	
1.	Male Health Worker	17.8 (13)	20.5 (15)	17.8 (13)	17.8 (13)	-	26.0 (19)	100 (73)
2.	Lady Health Visitor	1.4 (1)	15.0 (11)	41.1 (30)	1.4 (1)	4.1 (3)	37.0 (27)	100 (73)
3.	Sanitary Inspector	-	-	8.2 (6)	-	-	91.8 (67)	100 (73)
4.	Medical Officer	4.1 (3)	11.0 (8)	41.1 (30)	4.1 (3)	20.5 (15)	46.6 (34)	100 (73)
5.	Interns	-	15.0 (11)	6.8 (5)	4.1 (3)	11.0 (8)	37.0 (27)	100 (73)

Besides ANM, other members of the health staff also visits the anganwadi centre. They are male health worker, lady health visitor, sanitary inspector, interns and medical officer.

The frequency of visits by various health personnel are as follows:

The male health worker pays weekly visits to 17.8 per cent of the anganwadis , once in a fort night to 20.5

per cent, once in a month to 17.8 per cent, once in two months to 17.8 per cent, and 26 per cent of the anganwadis are not visited by a male health worker.

The lady health visitor who takes care of antinatal and post natal care and supervise ANM's pays weekly visits to 1.4 per cent of the anganwadis , once in a fort night to 15 per cent of the anganwadis , once in a month to 41.1 per cent, once in two months two 1.4 per cent, once in six months to 4.1 per cent, 37 per cent are not visited by them.

Sanitary inspector takes care of the sanitation of the village, spraying of DDT, chlorination of wells etc. Only 8.2 per cent of the anganwadis have reported monthly visits by him.

Medical officers has to do health check up of the children, they pay weekly visits to 4.1 per cent of the anganwadies, fortnightly to 11 per cent, once in a month to 41.1 per cent, once in two months to 4.1 per cent, once in six months to 20.5 per cent, while 46.6 per cent of the anganwadies were not at all visited by them.

Interns visits the anganwadies as a part of their course work. In fact they takes the help of anganwadi worker in meeting people, in finding profile of the village, starting a new project. 15.0 per cent of

the anganwadis are visited once in a fortnight, 6.8 once in a month, 4.1 once in two months, 11 per cent once in six months and 37 per cent of the anganwadis are not visited by them.

CHAPTER - VI

DISCUSSION

The present study attempts to draw a profile of the anganwadi worker of two blocks, Beri and Chiri, of Rohtak district in Haryana. The study clearly indicates that the majority of the Anganwadi workers in these two ICDS projects are Jats. These workers have the minimum educational level as laid down by the government. Most of them are married. Their families are reasonably stable, they are not likely to leave the job. It is observed that majority of their husbands are in Government service and / or they have some land holdings, which indicates their relative by higher economic standing in the community. Besides, the motivational factor for joining this job is to pass time and supplement their family income. The workers also aspired for better jobs either in the same field or as a primary school teacher.

Inrelation to the activities at the anganwadi centre, it was observed that the feeding programme is the one which is attended the most, but even in that case it is doubtful whether the needy people are being benefitted or not.

As its already described in the study about the linkages of the area under study with the Medical College, hence, the health services provided are satisfactory. The anganwadi workers have good relations with their supervisory staff and the staff of the sub-centre and the primary health centre.

However, some limitations were found regarding the non-formal pre-school education for children and health and nutrition education for women. The out-reach of these anganwadi workers towards the children of the poor sections, who also belong to the lower castes, is less than satisfactory.

In view of these considerations it is understandable that, purely in terms of attainment of targets, these two blocks have shown high levels of performance. The secondary data obtained from the apical Techical Committee on Health and Nutrition components of ICDS located at the All India Institute of Medical Sciences, New Delhi, underlines these findings.

TABLE NO. 6.1

ICDS MONTHLY MONITORING REPORT FROM THE PROJECT ADVISER
CENTRAL TECHNICAL COMMITTEE ON HEALTH AND NUTRITION
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI
FEBRUARY 1989

Project	PHC	MO'S Monthly Activities AW visit	No. of Award	Malnutrition		Diarrhoea	
				MMLN	SMLIY	DIA	ORT
BERI	DIGHAL	56(%33.73)	116	3363	102	128	128
CHIRI	CHIRI	28(%68.29)	41	1535	55	83	81

PHC Primary Health Centre
MO Medical Officer
AW Anganwadi
AWRP No. of Anganwadis Reporting
MMLN Mild Malnutrition
DIA Diarrhoea
ORT Oral Rehydration Therapy
SMLN Severe Malnutrition

A similar assessment has been made by the Ministry of Social Welfare, Government of India, New Delhi. The data on performance in the State of Haryana as a whole in terms of Supplementary Nutrition Programme for mother and children and pre-school education are given below.

TABLE NO. 6.2

STATUS REPORT OF ICDS (QUARTERLY) HARYANA
MARCH 1989

	SUPPLEMENTARY NUIRITION							
					Mothers		Children for Pre-School Education 3-6 Years	
	Total Children 0-6 Years Expected per AW	Average Children below 3 Years attending per AW	Average Children 3-6 Years attending per AW	Total Children 0-6 Years attending per AW (average)	Expected per AW	Average per AW	Expected per AW	Average attending per AW
Central Sector	68	34.34	37.14	71.48	16	18.68	40	36.71
State Sector	68	33.73	38.54	72.27	16	19.17	40	38.97

Central Sector — Centrally Sponsored Projects

State Sector — State Sponsored Projects

AW — Anganwadi

In a sample survey conducted by the Technical Committee on Health and Nutrition, All India Institute of Medical Sciences, New Delhi. The performance of the ICDS in the State of Haryana on the bases of the Annual Survey is given below.

TABLE NO. 6.3

PROJECTWISE PERCENTAGE DISTRIBUTION OF PRE-SCHOOL CHILDREN BY IMMUNISATION AND SUPPLEMENTARY NUTRITION PROGRAMME BASED ON ICDS HEALTH AND NUTRITION ANNUAL SURVEY 1983-84

ICDS PROJECT	Immunisation			Supplementary Feeding			
				0-3 Years		3-6 Years	
	BCG 0-2 Years	Polio 3 Doses 0-6 Years	DPT 3 Doses 0-2 Years	15 days	15 days	15 days	15 days
HARYANA							
BERI	78.5	33.1	29.9	24.5	57.1	21.1	36.3
CHIRI	44.6	34.5	21.6	11.8	88.2	1.3	67.1

From the data collected in the present study there seems to be a good co-relation between the motivation and performance of the anganwadi workers and the achievements of the ICDS in the two blocks in particular and in the State of Haryana in general However, these evaluations do not adequately cover some of the key aspects of the ICDS. For instance, the present study shows that the anganwadi workers have not been able to reachout the poor sections of the village populations who usually belong to the lower castes. It was also noted that while interms of target achievements, the performance in pre-school education appears to be satisfactory, actual observations revealed that quite often the entire process of pre-school education is missed, because the focus of the mothers and children is on supplementary feeding. Similarly major limitations were observed in the activities of the anganwadi workers as they relate to the health and nutrition education of the mothers. Again, this was particularly poor for the mothers who belonged to the weaker sections.

From the profile of the anganwadi workers drawn up earlier one could find close co-relation between the class and the caste background of the anganwadi workers and the quality of their performance.

The profile of the anganwadi workers clearly shows that generally they are Jats and they belong to the economically better off class. It was also observed during the field work that most of the anganwadi workers did not pay adequate attention to the need for involving the mother and children belonging to the socially and economcally weaker sections in the Community. Infact often it was observed that this category of the beneficiaries were often neglected by the anganwadi workers. It was also observed that the beneficiaries belonging to the weaker sections also often hesitated to come forward to make use of the services at the anganwadi.

The anganwadi workers thus seem to have missed the central purpose of the ICDS, which is to bring about an allround development of the children and mothers with the focus on those who belong to the weaker sections. Infact this comes out clearly from the motivation of the majority of the anganwadi workers studied. Their idea for taking up the job was to supplement family income and to find ways of spending their time. This accounts for the big gap that exists between the job perception of the anganwadi workers and what they were expected to do when ICDS was conceived.

The findings of this study tend to reinforce the condusions drawn by Gopalan[1] that the ICDS is yet to involve people in the programmes. It very much remains an 'top down' scheme which is run on a bureaucratic lines. From the profile of the workers, it is not surprising that they have not been very successful in ensuring that the community, particularly the deprived sections, actively participtes in the formulation and implementation of the programme.

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1. Gopalan (1988), op. cit.

CHAPTER - VII

SUMMARY

The present study is exploratory and does not intend to make a statistical analysis because it has (1) a small sample size (2) limited resources and (3) limited objectives.

In this study an attempt was made to analyse the socio-economic background of some of the anganwadi whorkers who have put in over 8 years of service, their professional background and activities. Further, the study aimed to find out the extent of interaction between the anganwadi worker and their supervisors and other health staff at the primary health centre and sub-centre level.

The study was conducted in two blocks, Chiri and Beri, of Rohtak district in Haryana. All 73 anganwadi workers with 8-14 years of working experience were selected from these two projects. 57 of the anganwadi workers were from Beri project and 16 were from Chiri project. These anganwadies were spread over thirtyfive villages.

Each anganwadi centre was visited by the investigator. An interview schedule was used to interview them. They were also observed at the

anganwadi. The investigator also had discussions with the mukhyasevika and Child development project officer regarding performance of the anganwadi workers. The investigator has attended various meetings held at sector level to have an idea about the proceedings of these meetings.

The selected sample was in the age group of 26-46 years. Their mean age was found to be 35 years. Majority of them were married. A good percentage of the workers belongs to the jat community which is the dominant caste of this region. These workers speak Haryanvi dialect. A great percentage of these workers working in rural area comes from a similar rural background. They own pucca houses.

The anganwadi workers have shown preference towards nuclear families, where 56 percent of them living in nuclear families and 44 per cent in joint families. Majority of the anganwadi workers has small family size with 5-7 members. Their family size varies from four member family to nineteen member family. Majority of their families had 1-3 minor and adult members. Male and female distribution of the families shows that 69.9 per cent and 63.0 per cent of the families had 1-3 male and female members respectively.

The study sample is represented by the workers who do not possess land (31.5 percent). There are also a few cases who have as much as 600 'bhigas' of land. A good number of workers had small land holdings (33.2) per cent) of 1-20 bhiga where as 20.5 per cent has big land holdings of 31-600 bhiga.

It is observed that though 42.5 per cent of the husbands of anganwadi workers are in government services, about 50 per cent of the anganwadi workers took up this job to suppliment their family income.

The educational level of the majority of the workers was found till matric (ie 10th standard). The study reflects that majority of the anganwadi workers came to know about the anganwadis of ICDS through their personal contacts with persons already working in related departments. It is likely that many more who could have joined as an anganwadi worker could not join it because of non-availibility of information. Thus only a few candidates applied and all those who appeared for the interview got the job.

A high percentage (68.5) of anganwadi workers found their job training adequate. On the other hand 31.5 per cent of them had initial problems because of communication deficency. A small percentage

of the anganwadi workers still face quite a few working problems like in distribution of supplementary nutrition, weighing and graph plotting, record maintenance and distribution of medicines.

Anganwadi worker's job is non-transferable but it was surprising to note that quite a few got them selves transferred because of personal reasons and a few were transfered with in the villages because of administrative reasons. The service of one of the workers was terminated because of complain against her but later she got reinstated.

The study revealed three dominant attitudes towards the job of anganwadi workers. These are: to pass their time; more work for less salary; and liking for the job.

An openion regarding their future plans revealed that 52.1 per cent of the workers wanted to continue with the same job while the rest of them wanted to opt for better positions in the same field or to be a primary school teacher. When the reasons sought for continuing the same job was known it was revealed that these anganwadi workers wanted to continue in the same job not because they do not have higher aspirations. But it was clear to them that for their qualifications they can not expect a better one. However, a few percentage

of the workers expressed that because of the personal reasons they wish to continue the same job.

The investigator has also tried to gauge the extent of interaction between anganwadi worker and her supervisors, the mukhya sevika and CDPO. The majority of the anganwadi workers have satisfactory interaction with the mukhya sevika, where she visits them at least once a week and renders all types of help to the worker. She spends on an average 1-3 hours at an anganwadi centre. The CDPO also visits them regularly as the findings indicates that majority of the anganwadies are visited by her at least once in one to two months period. On an average she spends 15 minutes to one hour and observes the various activities at the anganwadi.

An anganwadi worker has to maintain fourteen different kinds of records. Many of the workers say that they have to spend much more time, than the alloted half an hour, for the record maintenance. They feel that few of the records are unnecessalily maintained and has added to their work load. While, still many are of the openion that the elaborate recording system has made their records clearer.

To study the extent of the interaction between the anganwadi worker and the health personnel was

one of the major objectives of the study.

The Auxilary Nurse Midwife (ANM) is the key person who provides health assistance to the anganwadi worker. Majority of the centres are visited by her at least once in a week. The activities of the ANM at the anganwadi centre involves immunisation, health checkup of children and mother, family planning motivation, record maintenance, accompaning anganwadi worker for home visits, making blood slides for identification of malaria cases, distribution of Iron and follic acid tablets and in a few instances helping. The 'Dai' in delivery cases. However, it was noted that as 16.4 per cent of the anganwadies are attended by male health workers, these anganwadies do not have the natal and post natal care.

Besides the above aspects, an attempt was made to find out apart from the ANM who are the other personnel who give health assistance to the anganwadi worker. A male health worker, lady health visitor, sanitary inspector medical officer and interns are the other personnel who visit the anganwadi worker and give health assistance. Among these workers the male health workers are the one who pay relatively frequent visits to the anganwadies. While the rest of the personnel on

average the anganwadi centre once in a month.

It may be pointed out that the above findings are related to some specially chosen anganwadis, where the workers have more than 8 years of experience and where there is a Department of Social and Preventive Medicine of a Medical College which has a long tradition of intensive work in the rural field practice area which covers these two blocks and which has been quite involved in the running of the ICDS in Haryana in general and Rohtak district in particular. It may be noted that not withstanding the advantages, the profile of anganwadi workers shows a leaning towards the Jats, who either have some land holding and/or whose husbands are in government service. Under this conditions it is understandable that the outreach of these anganwadi workers towards the children of the poor sections, who also belongs to the lower castes, is less than satisfactory. A number of deficiencies were also noted in the implementation of the pre-school and in health and nutrition education.

APPENDIX

SCHEDULE FOR THE STUDY OF PROFILE OF ANGANWADI WORKERS

A Personal & General information:

1. Name of the Village :
2. Anganwadi Centre No. :
3. Name of the Anganwadi worker:
4. Age :
5. Marital Status :
6. Caste :
7. Religion :
8. Level of Education :
9. From which place did you receive education? :
10. Type of House-Kacha/Pacca :
11. Mother Tongue :
12. Type of family-Nuclear/Joint :
13. Family Information:

S.No.	Name	Age	Relation to the Respondent	Sex	Education	Marital status	Occupation	Monthly Income

Professional Information:

14. How did you come to know about the anganwadis of ICDS?

15. Why did you opt to work as an anganwadi worker?

16. How did you get into this job? (Probe)

17. When did you join as an Anganwadi worker?

18. From where and when did you receive your training?

19. How did the training help you in performing your activities?

20. How do you distribute your time among your various activities?

21. Do you find any difficulty in performing these activities?

22. Have you ever been transfered?

23. Where do you go when there is any health problem with in your population?

24. When did the ANM visit you last?

25. How frequently does she visit you?

26. What all does she do during her visits?

27. What all links do you have with other health workers from sub-centre and primary health centre?

28. What do the supervisor/CDPO do when they visit your Anganwadi?

29. How often does they visit you?

30. How do you like your job?

31. What are your future plan?

32. What changes have taken place in your work and your work assignment?

33. What do you feel about it?

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