International Journal of Science, Environment and Technology, Vol. 2, No 6, 2013, 1277 – 1296
ISSN 2278-3687 (O)

ROLE AND RESPONSIBILITIES OF ANGANWADI WORKERS, WITH SPECIAL REFERENCE TO MYSORE DISTRICT

[1]M.C. Sandhyarani* and [2]Dr. C. Usha Rao
[1]Research Scholar, [2]Associate Professor
DOS in Social Work, University of Mysore, Manasagangothri, Mysore–570 006, Karnataka, India
E-mail: mcsandhyarani@gmail.com (**Corresponding Author*)

Abstract: The Integrated Child Development Service Scheme (ICDS) is one of the initiatives taken up by the Central Government, which provides a package of six services viz., supplementary nutrition, immunization, health checkups, referral services, nutrition and health education for mothers/pregnant women, nursing mothers and to adolescent girls (kishoris) through anganwadi workers. The responsibilities of anganwadi workers are ever increasing these days. They have certain prescribed responsibilities other than the above mentioned services in the anganwadi. The present study has been undertaken with the objective of assessing the role and responsibilities of anganwadi workers in Mysore district. The universe of the study is Mysore District. The tool used for the study is questionnaire. Among 235, around 122 anganwadi workers representing grama panchayats of each taluk have been covered under the study. The results found that anganwadi workers are very active in rendering their services to the beneficiaries.
Key words: Initiatives, Supplementary Nutrition, Adolescent girls, Anganwadi.

Introduction

ICDS is the world's largest community based outreach programme which offers a package of health, nutrition and education services to the children below six years and pregnant and nursing mothers. The Integrated Child Development Services scheme (ICDS) was started in Karnataka on 2nd October 1975 with a pilot project at T. Narasipura in Mysore District with just 100 Anganwadi Centres. Since then, the programme has expanded to all the revenue taluks in the State. The welfare of pregnant women, nursing mothers, adolescent girls and children below 6 years has acquired a prime place in the programme. The programme is a package of six services viz., supplementary nutrition, immunization, health check up, referral services, and nutrition and health education for mothers / pregnant mothers, nursing mothers and to adolescent girls (kishoris).

An Anganwadi is the focal point for the delivery of ICDS services to children and mothers. An Anganwadi normally covers a population of 1000 in both rural and urban areas and 700 in tribal areas. Services at Anganwadi center (AWC) are delivered by an Anganwadi

*Received Oct 23, 2013 * Published December 2, 2013 * www.ijset.net*

Worker (AWW) who is a part-time honorary worker. She is a woman of same locality, chosen by the people, having educational qualification of middle school or Matric or higher. She is assisted by a helper who is also a local woman and is paid honorarium. Being the functional unit of ICDS programme which involves different groups of beneficiaries, the AWW has to conduct various types of job responsibilities. Not only she has to reach to variety of beneficiary groups, she has to provide them with different services which include nutrition and health education, Non- Formal Pre School Education (NEPSE), Supplementary nutrition, growth monitoring and promotion and family welfare services. She also co-ordinates in arranging immunization camps, health check up camps. Her functions also include community survey and enlisting beneficiaries, primary health care and first aid, referral services to severely malnourished, sick and at risk children, enlisting community support for Anganwadi functions, organizing women's groups and Mahila Mandals, school enrolment of children and maintenance of records and registers (Sunder Lal 1997).

Each anganwadi workers receives less than Rs. 3,500/- per month which is very low remuneration, but the responsibilities of these workers are very extensive. Yet, they have been found to be among the most dedicated and committed of public servants who have developed grass root contacts and are able to identify particular individuals and groups in any community, easily.

The anganwadi worker is the most important functionary of the ICDS scheme. The anganwadi worker is a community based front line worker of the ICDS programme. She plays a crucial role in promoting child growth and development. She is also an agent of social change, mobilizing community support for better care of young children (Kant et al. 1984).

The partnership at community level, between frontline workers of different sectors and community groups, can make the vision a reality. The Anganwadi Worker is the community - based voluntary frontline workers of the ICDS Programme. Selected from the community, she assumes the pivotal role due to her close and continuous contact with the beneficiaries. The Anganwadi Worker monitors the growth of children, organizes supplementary feeding, helps in organizing immunization sessions, distributes vitamin A, iron and folic acid supplements, treats minor ailments and refers cases to medical facilities (ICDS report, 1995).

Objectives of ICDS

1. To improve the nutritional and health status of children in the age-group 0-6 years;

2. To lay the foundation for proper psychological, physical and social development of the child;
3. To reduce the incidence of mortality, morbidity, malnutrition and school dropout;
4. To achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
5. To enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

Role and responsibilities of Anganwadi Workers

The role and responsibilities of AWWs and Helpers envisaged under the ICDS Scheme is as under:-

1. To elicit community support and participation in running the programme.
2. To weigh each child every month, record the weight graphically on the growth card, use referral card for referring cases of mothers/children to the sub-centres/PHC etc., and maintain child cards for children below 6 years and produce these cards before visiting medical and para-medical personnel
3. o carry out a quick survey of all the families, especially mothers and children in those families in their respective area of work once in a year.
4. To organise non-formal pre-school activities in the anganwadi of children in the age group 3-6 years of age and to help in designing and making of toys and play equipment of indigenous origin for use in anganwadi.
5. To organise supplementary nutrition feeding for children (0-6 years) and expectant and nursing mothers by planning the menu based on locally available food and local recipes.
6. To provide health and nutrition education and counseling on breastfeeding/ Infant & young feeding practices to mothers. Anganwadi Workers, being close to the local community, can motivate married women to adopt family planning/birth control measures
7. AWWs shall share the information relating to births that took place during the month with the Panchayat Secretary/Gram Sabha Sewak/ANM whoever has been notified as Registrar/Sub Registrar of Births & Deaths in her village.
8. To make home visits for educating parents to enable mothers to plan an effective role in the child's growth and development with special emphasis on new born child.
9. To maintain files and records as prescribed.
10. To assist the PHC staff in the implementation of health component of the programme viz. immunisation, health check-up, ante natal and post natal check etc.

11. To assist ANM in the administration of IFA and Vitamin A by keeping stock of the two medicines in the Centre without maintaining stock register as it would add to her administrative work which would affect her main functions under the Scheme.
12. To share information collected under ICDS Scheme with the ANM. However, ANM will not solely rely upon the information obtained from the records of AWW.
13. To bring to the notice of the Supervisors/ CDPO any development in the village this requires their attention and intervention, particularly in regard to the work of the coordinating arrangements with different departments.
14. To maintain liaison with other institutions (Mahila Mandals) and involve lady school workers and girls of the primary/middle schools in the village which have relevance to her functions.
15. To guide Accredited Social Health Activists (ASHA) engaged under National Rural Health Mission in the delivery of health care services and maintenance of records under the ICDS Scheme.
16. To assist in implementation of Kishori Shakti Yojana (KSY) and motivate and educate the adolescent girls and their parents and community in general by organizing social awareness programmes/ campaigns etc.
17. AWW would also assist in implementation of Nutrition Programme for Adolescent Girls (NPAG) as per the guidelines of the Scheme and maintain such record as prescribed under the NPAG.
18. Anganwadi Worker can function as depot holder for RCH Kit/ contraceptives and disposable delivery kits. However, actual distribution of delivery kits or administration of drugs, other than OTC (Over the Counter) drugs would actually be carried out by the ANM or ASHA as decided by the Ministry of Health & Family Welfare.
19. To identify the disability among children during her home visits and refer the case immediately to the nearest PHC or District Disability Rehabilitation Centre.
20. To support in organizing Pulse Polio Immunization (PPI) drives.
21. To inform the ANM in case of emergency cases like diahorrea, cholera etc.

Methodology

Aim of the study

The aim is to study the role and responsibilities of anganwadi workers, with reference to Mysore District.

Objectives of the study

1. To know the profile of the anganwadi workers
2. To assess the role & responsibilities of anganwadi workers
3. To understand the knowledge of responsibilities among anganwadi workers

Universe and sampling

The data was collected from seven taluks of Mysore district namely, T. Narsipura, Nanjangud, H.D. Kote, K.R. Nagar, Hunsur, Periyapatna and Mysore rural areas. A total number of 235 workers were under training programme conducted by District Child Protection Officer, Mysore in their respective Talukas. Random sampling with Probability proportionate sampling has been used to collect the data from 122 respondents through questionnaire.

Research Design

Exploratory research design has been adopted to assess the role and responsibilities of anganwadi workers and effective implementation of anganwadi services to the beneficiaries.

Results

Table No. 1

Showing the Socio – demographic details of the respondents

Socio-demographic details		**N=122 (Percent)**
Age group	23yrs-34yrs	36 (29)
	35yrs – 45yrs	60 (49)
	46yrs – 55yrs	24 (20)
	54yrs – 65yrs	2 (2)
Educational status	SSLC	85 (70)
	PUC	23 (19)
	BA	11 (9)
	MA	03 (2)
Marital Status	Single	08 (7)
	Married	98 (80)
	Widow	13 (11)
	Separated	03 (2)
Year of Joining	1981 -84	15 (12)
	1990- 99	61(50)

	2001-10	44 (36)
	No Response	02 (2)
Work experience	Below 10yrs	38 (31)
	11yrs to 19yrs	49 (40)
	20 yrs to 30yrs	32 (26)
	Above 30yrs	03 (2)

It is clear that a majority of the respondents 60 percent (49) are in the age group of 35yrs to 45yrs, 49 percent (60) fall in the age group of 35yrs to 45yrs and 20 percent (24) between 46yrs to 55yrs. The lowest number i.e., two percent (2) belonged to 54yrs to 65yrs of age group. A majority of 70 percent (85) respondents were matriculated, 19 percent (23) and nine percent (11) respondents are PUC and BA graduates. Only around two percent (3) have pursued post graduation degree. With regard to the marital status almost 80 percent (98) are married. Other categories also found in the study that 11 percent (13) are widows, seven percent (8) are single and two percent (3) were separated. Majority of the respondents has joined for the work long back. 50 percent (61) have joined during 1990 – 99, 36 percent (44) have joined between 2001-10, & 12 percent (15) joined during 1981-84. Around two percent (2) respondents haven't responded to the statement. With regard to the work experience majority of the respondents had more than 10yrs of work experience. A very less number of respondents i.e., two percent (3) had more than 30yrs of work experience in their career.

Table No. 2 Monthly income of Anganwadi workers

Monthly income		**N = 122 (Percent)**
Deduction & Payment	1,500/-	5 (4)
	2500/-	15 (12)
	3500/-	40 (33)
	4350/-	53 (43)
	No Response	9 (8)

Salary is one of the motivator factor for the employer's in the effective delivery of the services to the beneficiaries. The total monthly income is Rs. 4500/-. But the respondents have been paid after making deductions. 43 percent (53) respondents are drawing Rs.4350/-

per month, 33 percent (40) are receiving Rs. 3500/- per month, 12 percent (15) are being paid Rs. 2500/- and four percent (5) are paid Rs. 1,500/- per month. This shows that the salary is much lesser and the expected work is more from the respondents. Respondents are not at all satisfied with the salary is being paid to them.

Table No. 3

Responsibilities of Anganwadi workers

Sl No	**Responsibilities of Anganwadi Workers**	**N =122 (Percent)**
1	Caring of children (3yrs to 5yrs)	Yes (122)
2	Pulse polio programme	Yes (122)
3	Distribution of nutritious food for mothers	Yes (122)
4	Nursing/ pregnant mothers	Yes (122)
5	Bhagyalakshmi Programme	Yes (122)
6	Kishori Programme	Yes (122)
7	Organizing Self Help Groups	Yes (122)
8	Conducting community surveys	Yes (122)

The above table clears the responsibilities of anganwadi workers. All the respondents have been implemented the above said programmes in their anganwadi. The anganwadi workers take care of the children between the age group of 3yrs to 5yrs. They provide nutritious food for the children freshly prepared at anganwadi. All the respondents are involved in pulse polio programme in their respective anganwadi. They do door to door survey of the children belonging to the age group of below five years to bring under vaccination programme. All the respondents agreed to have been giving nutritious food for the pregnant mothers in the community. Monthly once they go for pregnant mothers survey to curb maternal mortality. The pregnant mothers are not only given nutritious food but also taken at the government hospitals for the regular checkup to keep the infant in the womb healthy. After the delivery, the mothers are brought under Bhagyalakshmi programme where a bond of ten thousand rupees will be deposited for the child, if it is a girl child. The benefits of the scheme are restricted to two girl children from below poverty line families. These mothers are also given Madilu kit in the government hospitals with the intention of curtailing

female infanticide. All the respondents have opined that they identify two kishoris under the age group of 11 yrs to 18yrs in a year. Kishori Shakti Yojana (KSY) seeks to empower adolescent girls, so as to enable them to take charge of their lives. It is viewed as a holistic initiative for the development of adolescent girls. The programme through its interventions aims at bringing about a difference in the lives of the adolescent girls. The criteria for identifying these kishoris should be under poor family background & the age limit is 11yrs to 18yrs. These will be identified and given few of the training or conducting discussion on maintenance of personal hygiene, intake of nutritious food, adolescent puberty problems, etc.

All the respondents opined that they do organize self help groups in the community to make women economically empowered. These self help groups are called as sthree shakti groups, where each SHG will be having minimum of 10 members. Two members represent as President and Vice president. On a monthly basis these leaders will keep changing. Weekly once compulsory meeting will be held by the members. In the initial stage anganwadi workers will facilitate them, once they are economically empowered then the members will supervise themselves. The other responsibility of the anganwadi workers is conducting survey programmes in the community. They are socio-economic survey, pregnant mothers survey, adolescent girls survey, latrines survey etc.

Here anganwadi workers play different roles. They act as mother with children at anganwadi, an educator with community, act as motivator, supervisor and facilitates the SHGs, works as Health activist with pregnant and educate the Kishoris on physical and psychological development, collaborates the work between Community and Government departments and so on.

Table No. 4

Responsibility in Anganwadi

Sl No	**Responsibilities of Anganwadi Workers in Anganwadi**		**N =122 (Percent)**
1	Frequency of health checkup of Anganwadi Children	Once a month	23(19)
		Once in 2 months	79 (64)
		Once in 3 months	19 (15)
		No Response	1 (2)
2	Undergone training to prepare nutritious food for children	Yes	122 (100)

3	Need of Nutritious food for growth and development of children	Yes	122 (100)
4	Check the quality of food supplied to the anganwadi	Yes	122 (100)

Anganwadi workers has to look after the children below 5years at anganwadi, prepares nutritious food for the children according to the menu given to them. Other than this in the anganwadi health check also being done for the children by the Doctor's from the respective Primary Health Centres (PHCs). Once in a month the anganwadi worker has to take the children for the health check up. Only few knew that it is once a month health check up i.e., 19 percent (23), 64 percent (79) opined of once in two months and 15 percent (19) said it is once in 3 months. Two percent (1) haven't responded. The main responsibility of anganwadi workers is to prepare nutritious food and serve it to the children. The anganwadi workers have been trained to prepare the nutritious food (100 percent). All the respondents opined that the need for nutritious food for the growth and development of the children. They also check the quality of packed food supplied to the children and to the pregnant mothers (100 percent).

Table No. 5

Responsibilities of anganwadi workers with mothers

Sl No	**Responsibilities of Anganwadi Workers with Pregnant mothers**		**N =122 (Percent)**
1	Distribution of nutritious food for Pregnant mothers	Yes	122
2	Frequency of supply of food	Once in 15 days	6 (5)
		Once in 25 days	43 (35)
		Once in a month	73 (60)
3	Weight checkup of pregnant mothers	Once in a week	11 (9)
		Once in 15 days	10 (8)
		Once in a Month	99 (81)
		Once in 2 Month	1 (1)

		No Response	1 (1)
4	Discussion in the mothers meeting on the following issues	Children's Health	41 (34)
		Individual/community Hygiene	72 (59)
		Preparation & Intake of Nutritious food at home	92 (75)
		Importance of Vaccination and Communicable disease	54 (44)
		Use of Latrines	14 (11)
		Bhagyalakshmi Programme	41 (34)
		Importance breast feeding	49 (40)
		Maintenance of cleanliness	30 (24)
		Against Child Marriage	30 (24)
		Importance of education	7 (6)
		Others	38 (31)
		No Response	2 (2)
5	Frequency of Mothers meeting	Weekly Once	50 (40)
		Once in 15 days	56 (46)
		Once in a month	14 (11)
		No Response	2 (3)

Anganwadi mothers distribute nutritious food for the pregnant mothers. All the respondents 100 percent (122) opined that they distribute packed nutritious food for the pregnant mothers who are already identified by the anganwadi workers. The frequency of supply of nourished food articles will be once in a month opined by 60 percent (73) respondents, wherein 35 percent (43) supply nutritious food once in 25 days, whereas five percent (6) respondents supply nutritious food for the mothers once in 15 days. Here the anganwadi workers are not having single opinion of distributing the nutritious food for the mothers.

The workers also does weight checkup of the pregnant mothers. Around 81 percent (99) respondents does once in a month, where in nine percent (11) respondents take the

pregnant mothers to once in a week for the weight checkup. Around eight percent (10) respondents opined that the frequency of weight checkup will be once in 15 days, whereas one percent (1) opined of once in two months. One respondent (1) have not responded. Here also it is evident from the table that differences of opinion among anganwadi workers on weight check up of pregnant ladies have been found.

The anganwadi workers have to organize mothers meeting in the community compulsorily. All the registered mothers have to attend the meeting and discuss the issues in the meeting. The issues are discussed as follows. A majority of 75 percent (92) anganwadi workers opined that they have discussed on preparation of nutritious food at home, where in 59 percent (72) respondents discussed on individual and community hygiene. 44 percent (54) discussed on the importance of vaccination and communicable disease, where as 40 percent (49) on the importance of breast feeding. An equal number of respondents i.e., 34 percent (41) opined that they have discussed on children's health & Bhagyalakshmi programme. Again an equal number of respondents i.e., 24 percent (30) respondents addressed on the issue of maintenance of cleanliness in and around home as well as discussed on the child marriage, 11 percent (14) spoke on use of latrines; six percent (7) on the importance of education. 31 percent (38) respondents have discussed other issues like dengue fever; keeping health of the children, preparation of nutritious homemade food etc. were the some of the issues discussed in the meeting. Two percent (2) respondents have not given responses.

The last row gives a picture of the frequency of mothers meeting held. Nearly 46 percent (56) respondents organizes meeting once in 15 days, wherein 40 percent (50) respondents held meeting weekly once whereas 11 percent (14) respondents holds meeting once in a month. Three percent (2) respondents have not responded.

Table No. 6

Responsibilities of anganwadi workers with Bhagyalakshmi Programme

Bhagyalakshmi Programme			**N = 122 (Percent)**
1	Bhaghyalakshmi Programme implemented year	2006	122 (100)
2	Number of beneficiaries	3-10	17 (14)
		11-28	36 (30)
		30-36	24 (20)

		50-53	12 (10)
		40-46	11 (9)
		60	05 (4)
		80	07(5)
		No Response	10 (8)
3	Bhagyalakshmi programme to be continued	Yes	122 (100)
4	Programme is helpful in reducing female feticide	Yes	122 (100)

The bhagyalakshmi programme has been implemented by the State Government of Karnataka during the year 2006 with the aim of correcting the skewed male – female ratio in the State. In all the anganwadi centres the bhagyalakshmi programme was implemented during the year 2006 & all the respondents 100 percent (122) also opined the same. The number of beneficiaries benefited between 2006 to March 2013 is shown in the second row. Around 30 percent (36) opined that the number of respondents benefited were between 11-28, 20 percent (24) were opinion of 30-36 beneficiaries, 14 percent (17) said 3-10 beneficiaries, 10 percent (12) respondents said 50-53, nine percent (11) opined 40-46, five percent (7) said around 80 beneficiaries and four percent (5) said 60 beneficiaries have benefited from the bhagyalakshmi programme in their anganwadi centres. Eight percent (10) have not given their responses.

All the respondents 100 percent (122) opined that the programme has to be continued, a large number of beneficiaries have been benefiting with the programme. Bhagyalakshmi programme have been helpful in reducing the female feticide according to the table. All the respondents 100 percent (122) have given positive responses on bhagyalakshmi programme, implemented by the State Government of Karnataka.

Table No. 7

Responsibilities of anganwadi workers with Kishori Programme

Sl. No.	**Kishori Programme**		**N = 122 (Percent)**
1	Implemented year of Kishori programme	Year 2006	122 (100)
2	Upper and lower age limit of	10-18	5 (4)

	Kishoris	10-19	14 (11)
		11-18	81(67)
		12-18	2 (2)
		No response	20 (16)
3	Kishori programme is useful	Yes	122 (100)
4	Kishori programme to be continued	Yes	122 (100)

Kishori shakti yojana (KSY) seeks to empower adolescent girls, so as to enable them to take charge of their lives. It is a holistic initiative for the development of adolescent girls. The programme was implemented in the anganwadi centres in Karnataka State during 2006, opined by all the respondents i.e., 100 percent (122). The criterion to be covered under kishori programme is the age limit. According to the programme the age limit is designed by the Government is 11yrs to 18yrs. But according to the table there is much differences of opinion is shown with regard to upper and lower age limit. A Majority of 67 percent (81) respondents are aware of upper and lower age limit is 11yrs to 18yrs for adolescent girls who are covered under the programme. 11 percent (14) respondents opined that 10-19 yrs is the age limit, two percent (2) respondents said it is 12yrs to 18yrs and four percent (5) respondents are of the opinion of 10yrs to 18yrs is the age limit of adolescents will be covered under the kishoris shakti yojana. 16 percent (20) respondents have not responded in this regard.

All the respondents 100 percent (122) gave their positive responses on kishori shakti yojana which is very much useful for the kishoris and all the respondents i.e., 100 percent (122) said that this programme has to be continued to bring holistic development among adolescent girls.

Table No. 8

Responsibilities of anganwadi workers in organizing women SHG

Sl. No	**Organizing Women Self Help Groups**		**N = 122 (Percent)**
1	Organized SHGs in your Anganwadi Limits	Yes	105 (86)
		No	6 (5)

		No Response	11 (9)
2	Implemented year of Self Help Group in the Anganwadi	2000	44 (36)
		2001	61 (50)
		No	6 (5)
		No Response	11 (9)
3	Number of SHGs Organized	2-10	93 (76)
		14-18	16 (13)
		No Response	13 (11)
4	Frequency of Meeting held	Weekly Once	105 (86)
5	Economic empowerment is possible through SHGs	Yes	122

Formation of Self Help Group in the community and bringing economic empowerment among women has become possible only through organizing Self Help Group. It has become possible only with anganwadi workers who with their commitment and hard work brought women to the main stream of the society. 86 percent (105) respondents organized SHGs in their anganwadi limits, wherein five percent (6) respondents have not organized in the anganwadi centres according to the table. Around nine percent (11) respondents have not given their responses to this regard.

Organizing SHGs by the anganwadi workers was implemented during 2000 and very few of them have started to organize it during 2001. 36 percent (44) respondents have organized SHGs during 2000 whereas 50 percent (61) respondents have initiated SHGs during 2001. Very few five percent (6) have said that they have not organized SHGs in their anganwadi limits. Nine percent (11) respondents have not given their responses at all.

The number of SHG formation since its inception has been shown in the third row. A majority of 76 percent (93) respondents have organized two to 10 SHGs, where in 13 percent (16) respondents have initiated 14 to 18 SHGs in their anganwadi limits. 11 percent (13) respondents have not given their responses. 86 percent (105) respondents opined that they conduct SHG meeting weekly once in the anganwadi centre regularly and all the members has to attend it compulsorily. All the respondents 100 percent (122) have agreed to say that economic empowerment of women is possible only through formation of SHGs.

Table No.9

Responsibilities of anganwadi workers on conducting survey

Sl. No.	Type of Survey conducted		N = 122 (Percent)
1	Types of Survey conducted	Population survey	122 (100)
		Ration card survey	122 (100)
		Latrine survey	122 (100)
		Children survey	122 (100)
		Kishori survey	122 (100)
		Pregnant Mothers survey	122 (100)
		Others	32 (26)
2	Frequency of socio-economic survey	Yearly once	112 (92)
		Once in Five year	7 (6)
		No Response	3 (2)
3	Frequency of Population survey	Yearly once	119 (98)
		No response	3 (2)
4	Pregnant Mothers survey	Once in a month	112 (92)
		Once in three months	7 (6)
		No response	3 (2)
5	All these surveys are useful	Yes	122 (100)

Anganwadi workers conduct number of surveys in the community. They are socio-economic survey, latrine, pregnant mothers, kishori, ration card, physically and mentally challenged, dengue affected survey, leprosy survey etc. In the table it is clear that all the respondents 122 (100%) have conducted the following survey i.e., population survey, number of ration card holders survey, latrine survey, number of children survey, number of kishori survey, pregnant mothers survey. Around 26 percent (32) respondents have done other types of survey they are number of dengue affected, number of people affected with leprosy, physically and mentally challenged survey etc.

Anganwadi workers' also does socio-economic survey of their respective community. In the second row the frequency of conducting socio-economic survey is been shown. Around 92 percent (112) respondents have conducted the survey yearly once, wherein

six percent (7) said that once in five year, whereas two percent (3) have not given their response. Anganwadi workers takes up population survey in the community is shown in the third row. 98 percent (119) respondents have said that yearly once, where in two percent (3) have not given their responses in this regard.

Pregnant mother's survey will be conducted in the community by the anganwadi workers regularly. Around 92 percent (112) respondents have said that they conducts this survey once in a month, where in six percent (7) respondents conducts once in three months. Around two percent (3) respondents have not given their response in this regard. All the respondents 122 (100%) opined that all the above said survey's are useful for the community as well as for the Government future going projects.

Table No. 10

Responsibilities of anganwadi workers on Child marriage

Child Marriage		**N = 122 (Percent)**
Practice of Child marriage	Yes	77 (63)
	No	41 (34)
	No Response	4 (3)
Number of Child marriage took place	1	6 (5)
	2	5 (4)
	3	3 (2)
	4	2 (1)
	5	2 (1)
	No Response	104 (87)
Number of Child marriage stopped	1	10 (8)
	2	11 (9)
	3	2 (1)
	4	2 (1)
	5	3 (2)
	No response	94 (79)
Need to educate your community on Child Marriage	Yes	122 (100)

Child marriage is one of the evil practices followed in our Indian traditional system. This system is practiced even today. It is present in the rural as well as in the urban society. Educated parents also go for child marriage. They are afraid of love marriage / inter-caste marriage of their own son and daughters. To control child marriage the anganwadi workers have kept an eye on the child marriage in their community. Around 63 percent (77) respondents have accepted that their community has been practicing child marriage, wherein 34 percent (41) respondents have not accepted the statement. Around three percent (4) respondents have not responded in this regard. No open responses has been given on the number of child marriage took place in their community. Only few have given their responses. Five percent (6) said only one child marriage took place, wherein four percent (5) said two child marriage, two percent respondents (3) opined of three child marriage, whereas equal number of respondents one percent (2) said four and five child marriage each respectively. A majority of 87 percent (104) have not given their responses in this regard shows that the hidden factors on child marriage in their community.

In the third row very few have given their opinion on the breaking of child marriage. Eight percent (10) respondents said only one child marriage could be successfully broke down by the workers, nine percent (11) respondents could broke two child marriages. An equal number of respondents i.e., one percent (2) said three and four child marriages have broke down respectively. Two percent (3) opined of five child marriages have stopped by the anganwadi workers. Nearly 79 percent (94) respondents have not responded in this regard. With regard to child marriage there is need to educate the community. If not a strict law has to be enforced for the both bride and bridegroom family. Otherwise the child marriage cannot be stopped completely. All the respondents 122 (100%) opined on educating the community against child marriage which is shown in the last row.

Table No. 11

Problems of AWWs	**N=122 (Percent)**	
Inadequate honorarium	Yes	122 (100)
Work overload	Yes	122 (100)
Inadequate infrastructure	Yes	105 (86)
Excessive record maintenance	Yes	122 (100)

It is evident from the above table that all the respondents i.e., 100 percent (122) have expressed their views on the inadequate honorarium, work overload and excessive record maintenance of the programmes taken over by them. While 86 percent (105) respondents opined of inadequate infrastructure related such as old building / congested place / nuisance from the public and so on.

Discussion

A majority of the workers 49 percent were in the age group of 35yrs to 45yrs. Gupta et al in their study at the ICDS block worked out the average age of AWWs to be 23.7yrs. Programme Evaluation Officer (PEO) study on the integrated child development services project found that about 82 percent Anganwadi workers belonged to the age group of 18-25 years. In the study 70 percent respondents were matriculate, 11 respondents are graduates and two respondents are MA degree holders, which is consistent with many other studies. Vasundhara et al in their project observed that 96.16 percent of Anganwadi workers had education up to the high school level and two were graduates and Meenal et al study found that 53.57% of AWWs were Matriculate and 3.57% were post graduate. As per the findings 40 percent respondents are having work experience of more than 10yrs. Kapil et.al reported that 70 percent of Anganwadi workers had worked in the ICDS area for 10years.

In the present study respondents are found to be having differences of opinion on the knowledge of the programmes. Majority of the respondents i.e., 64 percent were having incomplete knowledge of health checkup of the children. As per the findings majority of 60 percent (73) respondents had the knowledge of supply food once in a month for the expectant / pregnant mothers. Nearly 81 percent (99) respondents were having the knowledge of conducting weight checkup of the pregnant mothers once in a month.

Again a difference of opinion is found in organizing mothers meeting in the anganwadi. Nearly 46 percent (56) respondents opined that the mothers' meeting is held once in 15 days, but it should be on once a month according to the report of Ministry. Only around 67 percent (81) respondents were aware of upper and lower age limit adolescent girls who are covered under the kishori programme i.e., 11-18 years of age. The one appreciative response is given by the anganwadi workers is that all the respondents 100 percent (122) were aware of conducting SHG meeting weekly once in the anganwadi centre regularly. All the respondents 100 percent (122) opined that economic empowerment of women is possible only through formation of SHGs.

Again majority of 92 percent respondents knew that socio-economic survey has to be conducted once in a year. 98 percent (119) respondents have conducted population survey yearly once, where in 92 percent (112) respondents have conducted pregnant mothers' survey once a month. With regard to child marriage 63 percent (77) respondents have accepted that their community has been practicing child marriage and all the respondents have opined of providing education to the community is what is required to curb the evil practice.

In the study problems faced by the anganwadi workers were mainly inadequate honorarium (100%), excessive record maintenance (100%) and inadequate infrastructure (86%) were the problems mentioned in Nayar et al. study is also mainly related to inadequate honorarium and infrastructure.

From the result it is found that the department has to provide an orientation programme / refresher programme under one roof at least once a year for all the anganwadi workers, to restrain the differences of opinion among anganwadi workers with regard to the responsibilities/ programmes. Much attention has to be given during recruitment of the anganwadi workers. Minimum educational requirement has to be considered for the post of anganwadi workers for the better delivery of the services to the beneficiaries especially for the children and expectant / pregnant mothers. The department can also increase honorarium for the anganwadi workers at least once in five years in consideration of their service for the department.

Conclusion

Anganwadi workers play a role of bridge between the community and the ICDS. They play an active role in bringing the services to the door step of the beneficiaries. But the Department of Women and Child Welfare has to look into the matter of remuneration and very importantly providing accurate knowledge with regard to the responsibilities of anganwadi workers through organizing all the anganwadi workers under one roof. So that the anganwadi workers will be enhanced with the knowledge and their doubts will be cleared and they can deliver the services in a better manner.

References

[1] Govt. of India. Integrated Child Development Services (1995): Dept. of Women and Child Development, Ministry of Human Resources Development, New Delhi, 1-24.

[2] Gupta, J.P., Manchanda, U.K., Juyal, R.K., (1979): A Study of the Functioning of Anganwadi Workers of Integrated Child Development Scheme, Jama Masjid, Delhi, NIHFW Publication.

[3] ICDS in Karnataka retrieved from dwcdkar.gov.in/ *on* 11-07-2013.

[4] Kant. L., Gupta, A., Mehta, S.P., (1984): Profile of anganwadi workers and their knowledge about ICDS. Indian Journal of Pediatrics, 51: 401-402.

[5] Kapil U, Sood AK, Gaur DR, Bhasin S., (1991): Assessment of knowledge and skills about growth monitoring amongst multipurpose workers in an ICDS project, *Indian Pediatrics*, 28: 895-899.

[6] Meenal, M. Thakare, Doibale M.K., Goel Naveen, K., (2011): Knowledge of Anganwadi Workers and their problems in an Urban ICDS Block, Journal of Medical College Chandigarh, Vol. 1(1), pp.15-19.

[7] National Health Programme Series 7 (1997): Integrated Childhood Development Services, Dr. Sunder Lal, National Institute of Health and Family Welfare, New Mehrauli Road, Munirka, New Delhi.

[8] Nayar D., Kapil U., Nandan D., (1999): Assessment of community contribution to the ICDS scheme in district Agra: a case study, Indian Journal of Maternal Child Health, 10: 4-5.

[9] PEO (Programme Evaluation Organization, Planning commission, Govt. of India) Study No. 12, (1982): Evaluation report on the integrated child development services project (1976-78).

[10] Vasundhara, M.K., Harish, B.N., (1993): Nutrition and health education through ICDS, *Indian Journal of Maternal Child Health,* Vol. 4, 25-26.