



DEMOGRAPHIC PROFILE AND RESPONSIBILITIES OF ANGANWADI SEVIKAS

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ABSTRACT

The present investigation was carried out on Anganwadi Sevikas of Integrated Child Development Scheme (ICDS) of Nagpur City. There are six ICDS projects in Nagpur city which covers 968 Anganwadi. Thirty Anganwadi centers were selected through stratified random sampling and about 225 Anganwadi sevika were randomly selected from these Anganwadi centres. An interview scheduled was formulated to elicit information from the Anganwadi sevika about the demographic profile and their responsibilities. The mean age of Anganwadi sevika was 40.39± 9.86 years and about 55.55% and Angawadi sevika had education up to middle school and 30.22% were either Graduate or Post Graduate. About 56.44% Anganwadi sevika belonged to joint family and the 62.22% were married. About 65.77% Anganwadi sevika were working since last 10 years and about 95% were following the routine prescribed by ICDS. About 98.22% Anganwadi sevika were maintaining 12 different records properly and 96.88 % were conducting different outdoor activities for children. About 74.72% Anganwadi sevika were satisfied with the present working hours of Anganwadi center but none of the them were satisfied with the remuneration. About 30.45% Anganwadi sevika mentioned about the summer vacation and medical leaves whereas 21.8% complained about lack of pension, bonus and PF benefits even after the devoted service.

Keywords: Anganwadi Sevika, demographic profile, responsibilities

INTRODUCTION

Integrated Child Development Scheme (ICDS) is the world's most unique and largest programme for early childhood development programme. Since its inception in 1975, ICDS has expanded remarkably in its scope

and coverage, and today it covers around 7.6 million expectant and nursing mothers and over 36 million children. ICDS is currently the most significant government intervention for reducing maternal and childhood malnutrition, and has emerged as the world's largest



programme of its kind. India is home to the largest child population in the world with 158 million children, constituting 15.42 per cent of the population below 6 years as per 2011 census. A significant proportion of them live in economic and social environment of poverty, poor environmental sanitation, disease, infection, inadequate access to primary health care, inappropriate child caring and feeding practices etc impeding the child's physical and mental development. ICDS is the foremost symbol of India's commitment to her children. India's response to the challenge of providing preschool education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other. Also, early childhood (0 to 6 years) is the most crucial period in life of a child; it is during this period that the foundations are laid for the cognitive, social, emotional, physical and mental development of the child (PEO, Evaluation 2011). Anganwadi Sevikas and

Anganwadi Helpers are the honorary workers and are the main driving forces for running ICDS programme. The present study was carried out to assess the demographic profile and responsibilities of Anganwadi Sevika.

The objectives of the study were:

1. To assess socioeconomic status of Anganwadi Sevika.
2. To assess infrastructure provided to Anganwadi Centre.
3. To evaluate different activities conducted in Anganwadi centres.
4. Problems and suggestions given by Anganwadi Sevika.

MATERIAL AND METHODS

For the present investigations ICDS centres of Nagpur City, were selected. There are six projects of ICDS in Nagpur city which covers 968 Anganwadi Centers all in Nagpur city out of which 30 Anganwadi center selected through stratified random sampling. 225 Anganwadi sevika were randomly selected from these Anganwadi centres. A scheduled was formulated to elicit



information from the Anganwadi sevika regarding age, education, family size, type of family size, mode of transport, working pattern of Anganwadi, infrastructure, activities etc. Information related to the services rendered and benefits provided to beneficiaries were also gathered.

RESULTS AND DISCUSSION

Demographic Profile of Anganwadi Sevika

The demographic profile shows that the majority of Anganwadi sevika (44.80%) were in the age group of 31 to 40 years and 20.88% were in the 41 to 50 age group. However, 13.33% and 3.55% sevikas belonged to 51 to 60 and 61 to 70 years age group respectively. The mean age of Anganwadi sevika was 40.39 ± 9.86 years. About 55.55% and 12.44% Angawadi sevika had education up to middle school and High school respectively, whereas 30.22% Anganwadi sevika were either Graduate or Post Graduate. It further reveals that the majority of Anganwadi sevika (62.22%) were married, while 12.44% sevika were unmarried. About 19.55%

Anganwadi sevika were widow, and 5.77% Anganwadi sevika were divorcee and living separately or with their parents. 56.44% Anganwadi sevika belonged to joint family, whereas 36.88% Anganwadi sevika belonged to nuclear family. Only 6.66% AWS were dependent. Majority of Anganwadi sevika (54.22%) belonged to scheduled castes, whereas 30.22% Anganwadi sevika belonged to other backward classes. Only 7.11% and 3.11% Anganwadi sevika belonged to the Scheduled tribe and Nomadic tribe's categories respectively. Only 5.33% Anganwadi sevika belonged to open category

Working Pattern of Anganwadi Centers

About 65.77% Anganwadi sevika were working since last 10 years, while 8.88% Anganwadi sevika rendered their services up to 11 to 20 years. About 15.11% and 10.22% sevikas devoted their 21 to 30 years and 31 to 40 years in serving Anganwadi centre respectively.

Mode of Transportation



60.00 % Anganwadi sevika reached to Anganwadi centres by walk, since these sevikas were from the nearby locality. 16.44 % Anganwadi sevika used auto-rickshaw as a mode of transport and rest of the Anganwadi sevika reached centre by bus 14.66%, Auto rickshaw 16.44% and Cycle Rickshaw 2.66%. 5.33% Anganwadi sevika used cycle as a mode of transport and only 2% Anganwadi sevika i.e. 0.88% reach Anganwadi centres by their moped (two-wheeler). On an average they took 15 to 25 minutes to reach the centre.

Daily Routine of Anganwadi sevika

Under the different objectives of ICDS to lay the foundation of proper psychological and physiological development of child, different activities were conducted at Anganwadi centre. In the present investigation the daily routine of Anganwadi worker was noted down. The daily routine included prayer, checking personnel cleanliness of beneficiaries, conducting educational programme like

teaching alphabets, recitation of poem, action songs, and identification of animals, birds, colours, body parts, storytelling and conducting games followed by distribution of meals. It was observed that about 95% Anganwadi workers were following the above routine. Only 5% AWWs were conducting prayer, checking of personnel hygiene and distributing the meal, but they were not undertaking other activities, either due to lack of interest or space problem.

Maintaining Records

As per the norms, the AWWs had to maintain several records. In the present study it was observed that AWW used to maintain 12 different types of records. The records of daily attendance, pre-school children, growth monitoring, gradation, meal record, birth and death and vaccination record were maintained by AWW. It is seen that 98.22% Anganwadi sevika each were maintaining the records of attendance of child beneficiaries, weight record, birth and death



records, adolescent girls' records, pregnant and lactating women record, home visit records and referral service records. Table also indicates that 99.11% were maintaining the records of vaccination, whereas only 66.66% were maintaining records of rice distribution. Since health checkup was not carried out in majority Anganwadi centres, the records were found to be maintained by only 15.11% Anganwadi sevikas.

Different Activities Conducted at Anganwadi Centre

In the present investigation it was noticed that 96.88 % Anganwadi sevikas were conducting different outdoor activities like running, jumping, skipping, physical exercise etc., while 3.12% Anganwadi sevikas conducted the indoor activities which included colouring, drawing, paper cutting, folding of handkerchief, songs, acting etc. Majority of Anganwadi sevikas were not conducting outdoor activities either due to space problem or lack of time to carry out the activities.

Pre-school Education and Teaching Aids

Different teaching aids play an important role to impart knowledge to the learner. Teaching aids are audio, visual and audio visual. Based on principle 'seeing is believing and learning by doing'. The Pre-school materials like Story cards, charts, indoor and outdoor play material, colour concept, puzzles, school readiness kit and activity kits etc are supplied to all the Anganwadi centres every year through the Government. In the present investigation it was found that all Anganwadi centres had teaching aids like colourful charts and posters which were pictorial as well as informative. It was also observed that some of the Anganwadi sevikas made their lesson interesting, enjoyable and effective by adopting different methods such as singing, acting and by narrating stories.

It was also observed that 70% Anganwadi sevikas displayed the teaching materials on the wall which was useful during the pre-school education. In some of the Anganwadi centres it was observed



that charts were not displayed on the wall due to non-availability of space and they were dumped in the box itself. According to Pandey (2008) highest availability of toys was found in crèches 71.8 and ICDS centre 50%. However, despite higher availability of toys at RGNCS their utilization was as low as that in ICDS centres 43.73). Forum for Crèches Child Care Services (2005) reported that only 60% AWWs were using teaching kits. Majority of the children were functionally literate, 67% could count 1-50, and 81% could read simple words.

Education Regarding Breast Feeding

In the present investigation it was found that education regarding breast feeding was being given to all the beneficiaries (Pregnant women, lactating women). The Anganwadi sevikas used to invite different experts to deliver the lectures on topics related to breast feeding within 2 to 6 hours, duration of breast feeding period, age of introduction of supplementary foods etc., Anganwadi sevikas was also

observed to be guiding the mothers in case of difficulties. It was observed that in many places Anganwadi sevikas were very friendly with the beneficiaries so that mothers were sharing their problems without any hesitation. A good rapport was found between the Anganwadi sevikas and mothers.

Training

Training enables the individual workers to improve level of knowledge and skills. It has a bearing on workers role of performance. Trained workers may have better understanding of mothers, children and the community, (ICDS Article, 2004–2009). 49.33% Anganwadi sevikas got in-service training during the service period, while 6.66 % Anganwadi sevikas had received pre-service training. 44% Anganwadi sevikas got both orientation and refresher training during the service.

Opinion Regarding Need of Training

In the present study an attempt was made to assess the needs of the Anganwadi sevikas for



training. About 72 % Anganwadi sevikas opined that they needed training every year, while 9.33 % suggested it after every 6 months. However, 3.55% Anganwadi sevikas were satisfied with training they were getting through ICDS.

Opinion Regarding ICDS Training Institution

In the present study it was observed that all the Anganwadi sevikas were satisfied with the training imparted at ICDS training institution.

Basic Infrastructure Facilities

Anganwadi centers were provided with a table, a chair, almirah, sitting mats and utensils. But it was observed that only 80% Anganwadi centers had these basic things to run the centre. 20% centres did not have these basic infrastructure facilities.

They were found to be improving these through other alternative materials. It was further noted that material provided to the Anganwadi centers were first supplied to the different project office and due to lack of transport facilities light weight material were carried by the

Anganwadi sevika from office to Anganwadi centers. Many a times, during the supervisor' visit, she used to take the material on her vehicle to Anganwadi centers. Heavy materials were transported to different Anganwadi centers by mini truck which was provided by ICDS.

Mitra (2004) reported that the material to conduct non-formal pre-school education was sufficient but there was lack of infrastructure and there were no rooms to take classes, to keep play material and supplementary food. Similarly, Pawan Kumar *et al.* (2008) found that hot cook food was served at all the Anganwadi centers under supplementary nutrition programme, but 75% of the Anganwadi centres had a common space for kitchen and storage material. At 100% centers there were adequate utensils for serving the food.

Working hours

The working hours of Anganwadi centers are from 11.00 a.m. to 02.30 p.m. from Monday to Saturday round the year. During



the summer it is shifted to 08.00 a.m. to 11.00 am. It was observed that 74.72% Anganwadi sevika were satisfied with the present working hours of Anganwadi center (11 a.m. To 2:30 p.m.). About 25.78 % Anganwadi sevika were not satisfied with the above timings, they wanted to increase the time by one hour to complete their daily work.

Remuneration of Anganwadi Sevika

In the present investigation it was found that none of the Anganwadi sevika was satisfied with the remuneration that they were receiving. They wanted salary and not the honorarium. All Anganwadi sevika felt that their remuneration should be equal to the teachers. The low status that the community attaches to the position of AWWs and the irregularity with which AWWs paid are demotivating. Despite the importance of her work, the AWWs often held in rather low degrade by the community, viewed as a “mere” provider of child care, rather than valuable health care worker. There are also frequent lags in payment

of honoraria which need to be resolved.

Problems and Suggestions of Anganwadi Sevika

Anganwadi sevikas had several problems and many had solutions to solve these problems. About 80% Anganwadi sevika were not satisfied with the salary, either due to less than their expectation or due to irregularity in getting it. Some Anganwadi sevika demanded salary equal to teacher. About 30.45% Anganwadi sevika mentioned about the summer vacation and medical leaves whereas 21.8% complained about lack of pension, bonus and PF benefits even after the devoted service. Some sevikas also suggested an issuing of BPL card to them.

Since lack of infrastructure was the main reason for not carrying out activities, about 44.7% AWWs demanded supply of basic facilities like that of table, chair, mats, toys, weighing machine and cupboard etc. 16.8% Anganwadi sevika strongly felt the need have own Anganwadi centres due to several constraints in



running the present centre in congested places. 10.45% Sevikas suggested change in the snacks and meals whereas 8% suggested inclusion of milk and fruits for pregnant and lactating mothers. Monotonous diet was one of the factors responsible for fewer enrollments of the beneficiaries. Irregular schedule of vaccination and Health checkup was a matter of concern for 10% sevikas.

80% suggested black board materials in Marathi or Hindi Society. 50% sevikas complained the overburdening due to the additional work given by the Municipal Corporation. About 70% also suggested that to attract beneficiaries, uniforms, shoes should be distributed free of charge, and varied foods should be distributed to the beneficiaries. The physical facilities available at centre like classrooms, seating facilities furniture in the class rooms, provision of almirahs, training equipments and A.V. aids etc needed some attention.

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