



Dedicated Services by AWWs beyond Unresolved Problems: A Cross Sectional Study in a Tribal Area of East Godavari District, Andhra Pradesh, India

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ABSTRACT

Introduction: Anganwadi workers form a key functionary under ICDS scheme with a vital role in the delivery of health services at the village level. In spite of some unresolved problems, especially in tribal areas, the Anganwadi workers are rendering dedicated services. Hence this study was conducted with the objectives to assess the Knowledge, Attitude and Practices of AWWs about their job responsibilities and the problems faced by them.

Methods: A cross sectional study among 252 AWWs in tribal areas of East Godavari District A.P.

Results: Mean knowledge score is 22.8 and mean practice score is 19.7. In all aspects the knowledge was above 80%. Majority were found to have good attitude, not less than 80% in any of the aspects and practice above 75% in all aspects. AWWs also revealed some of the problems while delivering their job responsibilities.

Conclusion: Most of the AWWs had adequate knowledge, good attitude and adequate practice about their job responsibilities. Most of them expressed some problems during delivery of their job responsibilities which need to be resolved. Beyond some of their unresolved problems experienced, the AWWs are rendering dedicated services.

Keywords: Anganwadi workers, services, tribal areas, unresolved problems, Andhra Pradesh

INTRODUCTION:

The Integrated Child Development Services (ICDS) Scheme which was launched in 1975 has been recognized as the world's one of the largest and most unique community based outreach programme for the women and child development.¹ This programme focuses on the nutrition needs of the under the age of six years children, adolescent girls and pregnant and lactating women through the Anganwadi Workers (AWWs) who were the implementers and the backbone of the ICDS.^{2,3} The AWW is the community based voluntary frontline worker of the ICDS programme selected from the community, she assumes a pivotal role due to her close and continuous contact with the beneficiaries.⁴ She is a part time worker and is paid an hono-

rarium of Rs. 7500 per month (in Andhra Pradesh) for the services rendered.⁵

Her responsibility and job function include ensuring key maternal and child services like supplementary nutrition, immunization, periodic health check-ups, referral, non-formal pre-school education, giving advice on the nutrition and the common ailments to adolescent girls and pregnant and lactating women. The job responsibilities of the AWWs were defined at the launch of programme;¹ however, their responsibilities have been redefined, considering the many new policies and programs that have evolved. Presently, the AWWs also have to be involved in the Pulse Polio Immunization programme, the house to house survey, etc. Now their responsibilities and functions include

surveys and disease control programs that require door to door visits beyond the working hours, which further stress them. Performing and discharging many duties in a limited time may lead to stress and discontent among the AWWs. Stress may lead to dissatisfaction, poor motivation and a decreased efficiency along with other problems in the delivery of their job responsibilities.^{6,7}

One of the studies has revealed that 43(87.7%) Anganwadi workers complained of inadequate honorarium, 14(28.5%) complained of lack of help from community. Other problems complained by 21(42.8%) workers were infrastructure related. Logistic supply related problems were complained by 23(46.9%) and work overload complained by 30(61.2%).⁸

Scheduled Tribes (STs), the socially and educationally disadvantaged groups are one of the most exploited and deprived sections of the population in India. Healthcare is a major problem in far flung isolated tribal areas. Lack of food security, sanitation, and safe drinking water, poor nutrition and high poverty levels aggravate their poor health status. Health institutions are few and far between.⁹

Many studies have revealed the services of the AWWs in spite of such problems. However, such studies are sparse in the state of Andhra Pradesh, especially in tribal areas. Hence this study has been conducted.

OBJECTIVES

The study was conducted to assess the Knowledge, Attitude and Practices of AWWs about their job responsibilities; and to determine the problems faced by the AWWs during delivery of their job responsibilities.

MATERIALS AND METHODS:

A community based cross sectional study was conducted in the tribal division of East Godavari district of Andhra Pradesh from April to September 2016. This tribal division has 8 ICDS Project areas with 952 Anganwadi Workers. A sample size of 25 % of the total AWWs 252 [233 + 19 (10 % non-response rate)] was taken. A pre-designed & pre-tested questionnaire was used for data collection.

Permission was obtained from relevant authorities. A list of AWWs working in the tribal division was obtained from the ICDS project office. Required number of AWWs was selected by systematic random selection from all the 8 ICDS project areas. For knowledge, attitude and practice assessment, separate questionnaires were prepared including the aspects of their respective job responsibilities along

with their socio-demographic profile. The questionnaire had a total of 30 questions each for knowledge and practice assessment with 5 questions in each of the 6 components. A score above 50% in each questionnaire was considered adequate knowledge and adequate practice. Mean score for knowledge and practice was also calculated. The knowledge, attitude and practices were assessed in relation to each aspect separately based on the responses to their respective questionnaires.

The questionnaire was so designed as to contain questions on every aspect of services provided through the Anganwadi centre including questions on different aspects of functioning of AWWs like immunization, prophylaxis against blindness & anaemia, nutrition & health education, supplementary nutrition, growth monitoring & referral services. The number of AWWs with positive response was considered while response was considered negative for service not provided or for unanswered questions. The questionnaire also included questions related to problems faced by the AWWs in the delivery of the services.

Ethical clearance was obtained from the Ethical Committee of GSL Medical College

The data was entered in the Microsoft excel and analyzed using Epi info 3.5.2 and SPSS Software trial version-21 and MS Excel 2013. Results are presented as percentages, mean and Standard Deviation. A 'p' value of < 0.05 is considered statistically significant and < 0.01 as highly significant.

RESULTS

Most of the AWWs 119 (47.2%) belonged to 31-40 years age group followed by 96 (38.2%) in 21-30 years age group, 29 (11.4%) in above 40 years age group and only 8 (3.2%) in 18-20 years age group. Out of 252 AWWs, 113 (44.84%) had High School education followed next by Middle School education 71 (28.2%) having 16.27 % (41) having Intermediate level education. Graduates and Post-graduates are less, only 11 (4.4%) and 4 (1.6%) respectively. SES was classified based on B G Prasad Classification. Among 252 AWWs, most 119 (47.2%) belonged to Upper Lower class, 34 (13.5%) belonged to Lower class, 73 (29%) to Lower Middle class, 17 (6.7%) to Upper Middle class and 9 (2.23%) to Upper class. Among 252 AWWs, only 11 (1.99%) had more than 30 years of experience followed by 57 (22.61%) AWWs who were having 21-30 years of experience, 84 (33.33%) had 11- 20 years experience and 37 (14.68%) had 5-10 years of experience and 63 (25%) had less than five years experience. Among 252 AWWs 207 (82.1%) are married followed by 27 (10.7 %) single (widowed / divorced / separated) and 18 (7.2%) un-married.

Table 1: Socio-demographic profile of AWWs

Factor	Number (n=252) (%)
Age distribution	
18 – 20Years	8 (3.2)
21 – 30 Years	96 (38.2)
31 – 40 Years	119 (47.2)
> 41 years	29 (11.4)
Literacy status	
Primary	12 (4.8)
Middle	71 (28.2)
High	113 (44.84)
Intermediate	41 (16.27)
Graduation	11 (4.4)
Post-Graduation	4 (1.6)
Socio-economic Status	
5156	9 (3.6)
2578 – 5155	17 (6.7)
1547 – 2577	73 (29)
773 – 1546	119 (47.2)
< 773	34 (13.5)
Experience	
<5	63 (25)
10-May	37 (14.68)
20-Nov	84 (33.33)
21 – 30	57 (22.61)
>30	11 (1.99)
Marital Status	
Single*	27 (10.7)
Married	207 (82.1)
Un-married	18 (7.2)

*Includes widowed / Divorced / Separated

The knowledge attitude and practices of AWWs about their job responsibilities were found as shown in the table. (Table 2). Mean knowledge score is 22.8 and mean practice score is 19.7 The knowledge about referral services was adequate in all 252 (100%) AWWs followed next only by immunization 248 (98.41%). In all aspects the knowledge was above 80%, which is a very good indicator of our ICDS programme performance as well. Majority were found to have good attitude, not less than 80% in any of the aspects. Similarly, the practice were found to be above 75% in all aspects.

Problems faced by AWWs:

AWWs also revealed some of the problems they encounter while delivering their job responsibilities, as listed below. (Table 3). A majority of AWWs 97.2 % are not satisfied with their honorarium. Most of them 79.3 % expressed difficulty in the maintenance of records. About 63.7 % mentioned that the workload is very high. About 47.6% had problems related to infrastructure. About logistic supplies about 43.4 % are not satisfied. Among 252 AWWs 13.6 % mentioned that there is lack of community support. About 9.7 % had personal and family problems, sometimes causing disturbance in their professional life.

Table 2 Knowledge, Attitude and Practices of AWWs

Services	Adequate Knowledge (%)	Good Attitude (%)	Adequate Practice (%)	p value
Nutrition and health education	208 (82.53)	202(80.15)	199 (78.96)	0.000
Referral services	252 (100.00)	240(95.23)	235 (93.25)	0.000
Immunization	248 (98.41)	242(96.03)	240 (95.23)	0.000
Prophylaxis against blindness and anaemia	219 (86.90)	215(85.13)	205 (81.34)	0.000
Growth monitoring	240 (95.23)	235(93.25)	220 (87.30)	0.000
Supplementary nutrition	206 (81.74)	202(80.15)	199 (78.96)	0.000

Table 3 Problems faced by AWW

Type of Problem	AWWs (n=252) (%)
Inadequate honorarium	243 (97.2)
Excessive record maintenance	200 (79.3)
Work overload	160 (63.7)
Logistic supply related.	109 (43.4)
Infrastructure related	120 (47.6)
Inadequate supervision	58 (23.1)
Lack of help from the community.	34 (13.6)
Others (family, personal etc)	24 (9.7)

DISCUSSION

AWWs have been a part of community and for the community since the ICDS programme has been implemented. They have tried to deliver their job responsibilities to the fullest extent possible amidst many obstacles and problems. Our study has attempted to throw light on few of the aspects. In

our study, 47.2% of the AWWs belonged to 31-40 years age group followed by 38.2% in 21-30 years age group, 11.4% in above 40 years age group and only 3.2% in 18-20 years age group. This age distribution is quite different from the age distribution shown by Kanchan Thakur et. Al¹⁰ in which most of the AWWs belonged to 41-50 years age group (48.3%) followed by 31-40 years age group 35%. Similar findings were also revealed by Thakare Meenal et. Al¹¹ in which 41-50 years age group had 39.28% followed by 25% in 31-40 years age group.

In our study 44.84% of AWWs have high school education followed next by middle school education 28.2% and 16.27 % having Intermediate level education differing from a study by Kanchan Thakur et al¹⁰ which showed that majority 45% of the AWWs were 12th pass (senior secondary), 33% were 10th pass (matriculate) and 5% were below

10th. In our study, Graduates and Post-graduates were few, only 4.4 % and 1.6 % respectively which is similar to the findings of Kanchan Thakur et al¹⁰ showing only 17% had graduation and above level education. Gaurav Desai⁵ showed that 37 % AWWs studied up to secondary level, 37 % up to higher secondary level 23% up to more than higher secondary level. Only 3 % AWWs studied up to primary level.

The level of education in the tribal women is found to be low even in service providers, although empowerment of women through education, especially tribal women is one of the concepts that have developed in connection with improving their status.

SES was classified based on **B G Prasad Classification**. In our study 47.2% AWWs belong to Upper Lower class, 13.5% belong to Lower class, 29% to Lower Middle class, 6.7% to Upper Middle class and 2.23% to Upper class. Among 252 AWWs 82.1 % are married followed by 10.7 % single (widowed / divorced / separated) and 17.2 % un-married. A study by Padma Mohanan et al¹² also showed that majority 81.7 % of AWWs were married and 18.3 % were single.

Among 252 AWWs, only 1.99% had more than 30 years of experience followed by 22.61% AWWs who were having 21-30 years of experience, 33.33 % had 11- 20 years experience and 14.68% had 5-10 years of experience and 25% had less than five years experience which is comparable to the results of Kanchan Thakur et al¹⁰ in which 126.7 % AWWs had maximum experience in the range of 11-15 years and the majority (40%) had 5-10 years experience, while only 6.7% had a minimum experience of 0-5 years . In another study by Nagaraj et al¹³ 54.05% AWWs had work experience of 10-13 years and similar study by Madhavi et al¹⁴ found 80% AWWs had the experience of more than five years. A study by Thakare Meenal et al¹¹ showed majority 82.14 % of AWWs had an experience of more than 10 years, 10.71 % had 5-10 years experience and 7.14 % had less than 5 years experience.

Regarding knowledge of AWWs 98.41% knew about immunization, 95.23% knew about growth monitoring, 86.9% knew about prophylaxis against blindness and anaemia, 84.12% knew about referral services. Nutrition and health education was known to 82.53 % and supplementary nutrition to 81.74%. These findings are better than the findings of Thakare Meenal et. Al,¹¹ which showed that 67.85% knew about immunization, 48.80% knew about growth monitoring, 52.55% knew about prophylaxis against blindness and anaemia, 71.42% knew about referral services, Nutrition and health education was known to 77.14 % and sup-

plementary nutrition to 29.46%. Mean knowledge score for AWWs is 22.8

Regarding practice of AWWs 95.23% practiced immunization adequately, 87.3% practiced growth monitoring, 81.34% practiced prophylaxis against blindness and anaemia, and 74.2% practiced referral services. Nutrition and health education was practiced by 78.96 % and supplementary nutrition by 78.96%. Mean practice score for AWWs is 19.7

In our study, most of the AWWs more than 75% in many aspects, had knowledge about the post-natal services available in the health care centres and most of the AWWs, more than 75% in many aspects, practiced the post-natal services in the health care centres. In each aspect, it was also found that the relation between knowledge and practice was highly statistically significant. A study by Praween K Agrawal¹⁵ also showed that the relation between knowledge and practice was highly statistically significant and the better the knowledge among the AWWs the better was the practice.

Higher number of AWWs were aware of most of the services in our study. This might be because of the effect of regular, intensive training programs conducted at various levels.

Similar problems as listed in our study were faced by AWWs in a study by Kanchan Thakur et. Al¹⁰ in which inadequate salary was their major problem for 27% AWWs, problem of delay in receiving funds and necessary items were reported by 15%, record maintenance was unnecessary burden for 13% AWWs and 3% had problem related to infrastructure. Gaurav Desai et al³ found that 33% AWWs believed that they were overloaded and did not have enough time for basic activity at Anganwadi due to pre-occupation with other assignments.

CONCLUSIONS:

Most of the AWWs had adequate knowledge, good attitude and adequate practice about their job responsibilities. Most of them expressed some problems during delivery of their job responsibilities which need to be resolved. In spite of the various problems experienced, the AWWs are rendering dedicated services beyond some of their unresolved problems

RECOMMENDATIONS:

The problems faced by the AWWs have to be looked in to and should be minimized and tried to be solved. AWWs salary has to be increased so that they can be motivated to take interest in their job and responsibilities. Distribution of work among

the sub-staff may be done to avoid overload of work on the AWWs. Since the practice of AWWs is significantly influenced by their knowledge in particular aspects, efforts should be made to improve the knowledge of The AWWs.

LIMITATIONS OF THE STUDY:

Due to difficult terrain, some of the AWCs could not be visited. Only 25% of the AWCs could be covered though in a tribal area, each AWC has to be evaluated because each one have their uniqueness.

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REFERENCES

- Lal S, Paul D. Towards the universalization of ICDS. *Indian J Community Med* 2003; 27: 147-52.
- The Integrated Childhood Development Services Scheme (ICDS). Department of the Social Welfare, Ministry of Education and Social Welfare, *Govt. of India*, New Delhi-1976.
- Dongre AR, Deshmukh PR, Garg BS. Eliminating childhood malnutrition: Discussions with mothers and Anganwadi workers. *Journal of Health Studies* 2008; I: 2: 48 - 52.
- National Institute of Health and Family Welfare, New Delhi. National Health Programme Series 7, Integrated Childhood Development Services. 2006.
- Gaurav Desai et.al. Changing role of Anganwadi workers, A study conducted in Vadodaradistrict. *Health line* January-June 2012; Volume 3 (Issue 1).
- Rowe A, Savigny D, Lanata C. How can we achieve and maintain a high-quality performance of the health workers in low resource settings? *Lancet* 2005; 366:1026-35.
- Haines A, Sanders D, and Lehman U. Achieving the child survival goals: the potential contribution of the community health workers. *Lancet* 2007; 369:2121-31.
- Patil SB, Doibale MK. Study of Profile, Knowledge and Problems of Anganwadi Workers in ICDS Blocks: A Cross Sectional Study. *Online J Health Allied Scs*.2013;12(2):1. Available at URL: <http://www.ojhas.org/issue46/2013-2-1.html>
- Dipankar Oraw and Daly Toppo. Socio-Cultural Traditions And Women Education In Tribal Society A Study On Tribal Population. *International Journal of Current Research*. December 2012; Vol. 4 (12): 307-312,
- Kanchan Thakur et.al, A Study to Assess the Knowledge & Practices of Anganwadi Workers & Availability of Infrastructure in ICDS Program, at District Mandi of Himachal Pradesh, *International Multidisciplinary Research Journal*. January-2015; Volume-2 (Issue-1)
- Thakare Meenal M et.al. Knowledge Of Anganwadi Workers And Their Problems In An Urban Icds Block. *Journal of Medical College Chandigarh*. 2011; Vol. 1, No.1
- Padma Mohanan, Animesh Jain, M Shashidhar Kotian, Vinay NK; Are the Anganwadi Workers Healthy and Happy/ A Cross Sectional Study Using the General Health Questionnaire (GHQ 12) at Mangalore, India. *JCDR* 2012; 4128:2464
- Nagaraja,G. Ravishankar et al, A sociological study of children irregularity and dropout from Anganwadi Centre of Kolar District , Karnataka State. *IJHSR* 2014; 4(3): 23-28
- Madhavi L.H, et al, Nutritional Status of Rural Pregnant Women. *People's Journal of Scientific Research*.2011 Jul; 20-23
- Praveen K Agarwal et.al, Effect of knowledge of community health workers on essential newborn health care: a study from rural India. *Health Policy and Planning* 2012; 27:115-126 doi:10.1093/heapol/czr018