Accountability of Anganwadi Workers of Punjab in Relation to Some Selected Personological Variables

Snehlata Verma, Gurinder Kaur,
A. Assistant Professor, School of Education, Apeejay Stya University, Gurgaon, Haryana, India.
B. M.Ed Student, School of Education, Lovely Professional University, Phagwara, Punjab, India

Abstract

Anganwadis are staffed by officers and their helpers, who are typically women from poor families. The workers do not have permanent jobs with comprehensive retirement benefits like other government staff. Worker protests (by the All India Anganwadi Workers Federation) and public debates on this topic are on-going. There are periodic reports of corruption and crimes against women in some anganwadi centres. In the backdrop of these problems, the investigator made an attempt to find out the accountability of anganwadi workers of Punjab in relation to some selected personological variables. In the present research, descriptive survey method and stratified random sampling technique was used by the investigator to collect data from Stratified random sampling technique has been used to select the sample. Two blocks namely Dehlon and Khanna of Ludhiana district were selected randomly. 50 AWW were selected randomly from Dehlon and Khanna block each to make a total sample of 100 AWW. Self constructed interview schedule, Contact Personality Factor test developed by Raymond B. Cattel and Socio-economic Status Scale developed by R.L Bharadwaj was used by the investigator for research purpose. The result reflects that a) 20% of AWWs were under the age group of 21-30 in Dehlon block, 56% of AWWs were under the age group of 31-40 in Dehlon block, and 24% of AWWs were under the age group of 41-50 in Dehlon block. In Khanna block, 12% of AWWs were under the age group of 21-30, 60% of AWWs were under the age group of 31-40, and 28% of AWWs were under the age group of 41-50. b) In Dehlon block, 16% AWWs were unmarried, 74% AWWs were married, and 6% AWWs were widow. In Khanna block, 14% AWWs were unmarried, 82% AWWs were married, and 4% AWWs were widow. c) In Dehlon block, 18% AWWs were passed high school, 25% AWWs were passed secondary school, 7% AWWs were passed graduation. In Khanna block, 12% AWWs were passed high school, 32% AWWs were passed secondary school, 6% AWWs were passed graduation. d) In Dehlon block, 42% of Anganwadi workers were under Sc/St caste, 24% of Anganwadi workers were OBC, and 8% of anganwadi worker were belongs to other caste. In Khanna block, 38% of Anganwadi workers were under Sc/St caste, 26% of Anganwadi workers were OBC, and 2% of anganwadi worker were belongs to other caste. e) In Dehlon block, 78% of Anganwadi workers were from Nuclear family, 22% of Anganwadi workers were from Joint family. In Khanna block, 64% of Anganwadi workers were from Nuclear family, 36% of Anganwadi workers were from Joint family. f) In Dehlon block, 20% of Anganwadi workers were from Hindu Religion, 80% of Anganwadi workers were from Sikh Religion. In Khanna block, 18% of Anganwadi workers were from Hindu Religion, 82% of Anganwadi workers were from Sikh Religion. g) In Dehlon block, 2% of AWW was working from more than 15 years as AWW, 30% of AWWs were working from 11-15 years as AWWs, 46% of AWWs were working from 6—10 years, 22% of the AWWS were working from 0—5 years as AWW. In Khanna block, 6% of
AWW was working from more than 15 years as AWW, 18% of AWWs were working from 11-15 years as AWWs, 50% of AWWs were working from 6—10 years, 26% of the AWWS were working from 0—5 years as AWW. h) It can be concluded that AWWs do not differ in their accountability in relation to their socio economic status. i)It can be concluded that AWWs differ in their accountability in relation to their personality. j)It can be concluded that AWWs differ in their personality in relation to their socio economic status. Hence it is recommended that a )The basic qualification for the selection of AWWs should at least graduation for the proper functioning of AWW centers and achievement of desirable results from them as well.

b)It should be made mandatory for all AWWs to go through ICDS training before their actual execution in the practical field. c) Government. should provide them facilities and should increase salary so they can perform their duties with motivation. d)For effective functioning of AWWs ,inservice training programme should be organised. e)The Government should also take measures to improve the functions of the Awws by providing them more and more facilites to uplift their Socio-Economic and the accountability of AWWs so that their effective and efficient performance can come into existence.

KEYWORDS: AWW, profile, accountability, personality, socioeconomic status

Theoretical orientation of the problem

The word Anganwadi means “courtyard shelter” in Hindi. They were started by the Indian Government in 1975 as the part of the integrated child development service (ICDS) programme to combat child hunger and malnutrition. A typical anganwadi centre provides basic health care in Indian villages. It is a part of the Indian public health-care system. Basic health-care activities include contraceptive counselling and supply, nutrition, education and supplementation, as well as pre-school activities. The centres may also be used as depart for oral rehydration salts, basic medicines and contraceptives.

The basic work of Anganwadi workers is extremely important and needs to be carried out in the most efficient manner possible. They need to provide care for new born babies as well as ensure that all children below the age of 6 are immunized or in other words have received vaccinations. They are also expected to provide antenatal care for pregnant women and ensuring that they are immunized against tetanus. In addition to this they must also provide post natal care to nursing mothers. Since they primarily focus on poor and malnourished groups it becomes necessary to provide supplementary nutrition to both children below the age of 6 as well as nursing and pregnant women. Consistently they need to ensure that regular health and medical check-ups of women who fall between the age group of 15 to 49 years take place and that all women and children have access to these check-ups. They also need to work towards providing pre-school education to children who are between 3 to 5 years.

The Anganwadi system is mainly managed by the Anganwadi worker. She is a health worker chosen from the community and given 4 months training in health, nutrition and child-care. She is incharge of an Anganwadi which covers a population of 1000. About 10 Anganwadi workers are supervised by a Supervisor called Mukhyasevika. 4 Mukhyasevikas are headed by a Child Development Projects Officer (CDPO).
There are an estimated 1.053 million anganwadi centres employing 1.8 million mostly-female workers and helpers across the country. They provide outreach services to poor families in need of immunization, healthy food, clean water, clean toilets and a learning environment for infants, toddlers and pre-schoolers. They also provide similar services for expectant and nursing mothers. According to government figures, anganwadis reach about 58.1 million children and 10.23 million pregnant or lactating women.

Anganwadis are India's primary tool against the scourges of child malnourishment, infant mortality and curbing preventable diseases such as polio. While infant mortality has declined in recent years, India has the world's largest population of malnourished or under-nourished children. It is estimated that about 47% of children aged 0–3 are under-nourished as per international standards. Every 20 to 25 Anganwadi workers are supervised by one Mukhya Sevika. They provide on the job training to these workers. In addition to performing the responsibilities along with the anganwadi workers they have other duties such as keeping a check as to who are benefitting from the programme from low economic status specifically those who belong to the malnourished category, guide the Anganwadi workers in assessing the correct age of children, weight of children and how to plot their weights on charts, demonstrate to these workers as to how everything can be done using effective methods for example in providing education to mothers regarding health and nutrition, and also maintain statistics of anganwadis and the workers assigned there so as to determine what can be improved. The Mukhya Sevika then reports to the Child development Projects Officer (CDPO).

The Anganwadi worker (AWW) is the community based voluntary frontline worker of the ICDS programme selected from the community, she assumes a pivotal role due to close and continuous contact with the beneficiaries. The output of ICDS scheme is to a great extent dependant on the profile of the key functionary i.e. the AWW, her qualification, experience, skills, attitude, training etc. An Anganwadi is the focal point for 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 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 even primary.

While performing various different types of functions it is obvious that she might have to face variety of problems. Though only educated till matriculation as per the criteria of educational qualification for recruitment as an AWW in an urban project, she is expected to perform all these job responsibilities. Also community participation, co ordination with the superiors, beneficiaries and helper are important parts of her daily work. Taking into consideration all above factors this study will be conducted in Ananatnag district of Kashmir.

Datta (2001) factors affecting job performances of anganwadi workers. This study was conducted in three districts of Maharashtra, Mumbai. This study was conducted to understand the issues affecting job performances of AWWs by looking at various dimensions. This study was conducted in Maharashtra. It was found that the training centre were very old. There were no proper facilities for anganwadi workers.
The CDPO does not visit the AWCs to see how the AWWs communicate with beneficiaries. Supervisors agreed that AWWs got average cooperation from village in there work. There is need to improve the quality of training, improve board and lodging facilities. There is need for mobile training units.

Sobha(2003) conducted study on welfare services for women and children in Tirupati. The findings of the study reflected that it was suggested that improvement in service conditions. AWWs, frequent in-service training, incentives for better work in achieving better results, supply of essential medicines, strengthening of health and nutrition education to AWWs, supply of teaching aid and joys in AWCs and supply of good quality weaning food should be insured. Efforts should be made to spread awareness about ICOs schemes through mass media and personal contacts.

Samridhi and Arshi(2003) conducted study on health services provided to pre schoolers at anganwadi centres urban slums of Jammu. Finding of the study were revealed the health services provided to children aged 3-6years and extent of awareness and its utilization. Parents found these centres best in providing health, nutrition, immunization and referral services, free of cost 60% of the anganwadi centres, play activities are performed for promoting health growth and development of children. It was recommended that heath cards should be provided to the beneficiaries so that they could keep a track of the healthy check-ups and immunization of their children. Immunization, health check-ups, vitamins A and iron and folic acid distribution was strengthened, with stress or uninterrupted delivery of services. Efforts have been made to see that these services specially reach children below 3years of age. Greater stress was to be laid on the training of functionaries, as well as on their continued education through periodical refresher training courses.

Darnel (2005) the changing role of anganwadi workers. This study was conducted in Gujrat, Pune. Findings of the study revealed that past training majority of AWWs knew that they should visit new borns three times within the first ten days after be discussed. AWWs possess some medication in medicine kits to treat some common ailments of the community especially those living in remote areas.some villagers quite dispersed and remote and ANMs and AWWs do not get proper facilities.

Ameya (2005) evaluated ICDS programme in Kerala. Findings of the study revealed to assess the functioning of ICDS at the grass root level in selected villages of Keralla. Five AWWs were selected from each of two blocks, based on the grades given to them by the ICDS office. Centres with higher grade tended to have higher levels of community participation; participation in terms of contribution of funds by the local people because of area had mainly BPL families. Some private nurseries impart formal education in English and offer concessions in uniforms, provide free bud service, etc and because of this children of BPL families were attendant these schools the ones that were assigned the highest grades. It is therefore recommended that child nutrition indicators be included as criteria in.

Forces (2005) evaluated ICDS in the state of Uttar Pradesh. The findings of the study revealed that forces proposes separate infrastructure and manpower for day care centre’s as the AWW is already burdened with a number of activities.
Society for Economic Development and Environment Management (2005) evaluated working of ICDS in Rajasthan. The findings of the study reflected that for immediate improvement in ICDS performance, ICDS/WCP director should immediately develop parameters to measure the performance of AWWs, supervisors, and CDPOs. They should appraise the performance of each level of functionary and promote high performing AWWs supervisor level. The 28% vacancies that currently existed should be filled and additional charge should be removed from all CDPOs, excepting those who have expertise in areas of convergence agriculture, health care, natural resource management. ANMs wanting to join at supervisor level should be encouraged. Supervisors should be formally trained to realise that it is not their job to fit registers and record books. All regional deputy directors (RDD), CDPOs, supervisor’s and AWW must share the concern of breaking the inter-generational cycle of malnutrition. All functionaries and ANMs should jointly insure that 100% immunization takes place.

Socio-economic educational development society(2005) evaluated ICDS in Himachal Pradesh, New Delhi. The findings of the study revealed that for better implementation of the programme, training workshop should be organize frequently for supervisors, AWW and helpers. Community representatives should be involved right from the preparatory stage of initiating of project.

Society for Economic Development and Environment Management (2005) evaluated the implementation of the ICDS programmes in Harayana. The findings of the study revealed that there is need to improve the inter-personal relationship between CDPOs, supervisors and AWWs for effective implementation of ICDS. Regular supply of food items should be insured by the Government so that disruption in distribution of SN can be minimised. To improve PSE there should be active participation of teach and PTAs, and every AWC should be provided with appropriate education aids and material.

Dash (2006) conducted study on ICDS programme in the state of Orissa. The findings of the study revealed that the funds earmarked should be enhanced. The medicine kits provided to AWWs need to be replenished. A special campaign to onroll children with disability for PSE should be launched the convergence for antenatal and post-natal care and referral should be strengthen.

Tripathi (2006) investigated differences in work characteristics and determinants of job satisfaction among employees in different age groups. A cross sectional questionnaire was used. Work characteristics were analysed with ANOVA while adjusting for sex and job classification, job satisfaction was regressed against job demands, and job resources adapted from the job demands resources model. The results shows statistically significant differences concerning work characteristics between age group are present, but rather than small. Regression analysis revealed that negative association of the job demand work load and conflicts at work with job satisfaction faded by adding job resources. Job resources were most correlated with more job satisfaction especially more skill discretion and more relations with colleagues.

Chuan (2007) understood the relationship between the personality traits and the job satisfaction and job involvement among Taiwanese community health volunteers. A cross sectional design is used with the sample size of 200 health workers. The results
showed that there was a statistically significant correlation between job involvement and locus of control and achievement orientation and there was a moderately significant relationship between job satisfaction and job involvement.

**SIGNIFICANCE OF THE STUDY**

India is a country suffering from overpopulation, malnourishment, poverty and high infant mortality rates. In order to counter the health and mortality issues gripping the country there is a need for a high number of medical and healthcare experts. Unfortunately India is suffering from a shortage of skilled professionals. Therefore through the anganwadi system the country is trying to meet its goal of enhanced health facilities that are affordable and accessible by using local population. In many ways an anganwadi worker is better equipped than professional doctors in reaching out to the rural population. Firstly since the worker lives with the people she is in a better position to identify the cause of the various health problems and hence counter them. Hence she has a very good insight of the health status in her region. Secondly though anganwadi workers are not as skilled or qualified as professionals they have better social skills thus making it easier to interact with the people. Moreover since these workers are from the village itself they are trusted easily which makes it easier for them to help the people. Last but not the least, Anganwadi workers are well aware of the ways of the people, are comfortable with the language, know the rural folk personally etc. which makes it very easy for them to figure out the problems being faced by the people and ensure that those problems are solved.

There have been public policy discussions over whether to make anganwadis universally available across the country to all eligible children and mothers. This would require significant increases in budgetary allocation and a rise in anganwadi centres to over 1.6 million. Anganwadis are staffed by officers and their helpers, who are typically women from poor families. The workers do not have permanent jobs with comprehensive retirement benefits like other government staff. Worker protests (by the All India Anganwadi Workers Federation) and public debates on this topic are on-going. There are periodic reports of corruption and crimes against women in some anganwadi centres. There are legal and societal issues when anganwadi-serviced children fall sick or die.

In the backdrop of the above, the investigator proposed to make an attempt to find out the accountability of anganwadi workers of Punjab in relation to some selected personological variables.

**OBJECTIVES OF THE STUDY**

1) To study the profile of Anganwadi workers.

2) To find out the difference in the accountability of AWWs with respect to their socio economic status.

3) To find out the difference in the accountability of AWWs with respect to their personality.

4) To find out the difference in the personality of AWWs with respect to their socio economic status.
5) To find out the difference in the accountability of AWW, their personality with respect to their socio economic status.

**DELIMITATIONS OF THE STUDY**

1) The study has been delimited to AWW of Ludhiana district only of Punjab.

2) The study has been delimited to Delhon and Khanna blocks of Ludhiana district of Punjab.

**DESIGN OF THE STUDY**

The present study aims at studying the accountability of anganwadi workers of Punjab in relation to some selected personological variables. For this purpose descriptive method of research was used.

**Sampling**

Stratified random sampling technique has been used to select the sample. Two blocks namely Delhon and Khanna of Ludhiana district were selected randomly. 50 AWW were selected randomly from Delhon and Khanna block each to make a total sample of 100 AWW.

**Tools**

Tools are the best way to collect the information for research purpose. They can be standardized or non-standardized. They are used for collecting views and opinions of the people, their creativity and personality etc. The investigator used the following tools;

1. To assess the Personality of AWWs, Contact Personality Factor test developed by Raymond B. Cattell was used.
2. To assess the Socio-Economic Status of AWWs, Socio-economic Status Scale developed by R.L Bharadwaj was used.
3. Self made questionnaire was used to find out the Accountability of AWWs.

**CONCLUSION**

From the results pertaining to the study based on analysis and interpretation of data in the light of hypotheses framed beforehand, the present study enlists the following conclusions:

**Profile of AWWs**

- The investigator found that, 20% of AWWs were under the age group of 21-30 in Dehlon block, 56% of AWWs were under the age group of 31-40 in Dehlon block, and 24% of AWWs were under the age group of 41-50 in Dehlon block. In Khanna block, 12% of AWWs were under the age group of 21-30, 60% of AWWs were under the age group of 31-40, and 28% of AWWs were under the age group of 41-50.

- The investigator found that in Dehlon block, 16% AWWs were unmarried, 74% AWWs were married, and 6% AWWs were widow. In Khanna block,
14% AWWs were unmarried, 82% AWWs were married, and 4% AWWs were widow.

- The investigator found that in Dehlon block, 18% AWWs were passed high school, 25% AWWs were passed secondary school, 7% AWWs were passed graduation. In Khanna block, 12% AWWs were passed high school, 32% AWWs were passed secondary school, 6% AWWs were passed graduation.

- The investigator found that in Dehlon block, 42% of Anganwadi workers were under Sc/St caste, 24% of Anganwadi workers were OBC, and 8% of anganwadi worker were belongs to other caste. In Khanna block, 38% of Anganwadi workers were under Sc/St caste, 26% of Anganwadi workers were OBC, and 2% of anganwadi worker were belongs to other caste.

- The investigator found that in Dehlon block, 78% of Anganwadi workers were from Nuclear family, 22% of Anganwadi workers were from Joint family. In Khanna block, 64% of Anganwadi workers were from Nuclear family, 36% of Anganwadi workers were from Joint family.

- The investigator found that in Dehlon block, 20% of Anganwadi workers were from Hindu Religion, 80% of Anganwadi workers were from Sikh Religion. In Khanna block, 18% of Anganwadi workers were from Hindu Religion, 82% of Anganwadi workers were from Sikh Religion.

- The investigator found that in Dehlon block, 2% of AWW was working from more than 15 years as AWW, 30% of AWWs were working from 11-15 years as AWWs, 46% of AWWs were working from 6—10 years, 22% of the AWWS were working from 0—5 years as AWW. In Khanna block, 6% of AWW was working from more than 15 years as AWW, 18% of AWWs were working from 11-15 years as AWWs, 50% of AWWs were working from 6—10 years, 26% of the AWWS were working from 0—5 years as AWW.

- It can be concluded that AWWs do not differ in their accountability in relation to their socio economic status.

- It can be concluded that AWWs differ in their accountability in relation to their personality.

- It can be concluded that AWWs differ in their personality in relation to their socio economic status.

**RECOMMENDATIONS**

Opportunity should be given to Anganwadi workers to develop skills that allow them to make decisions and influence community change key areas and facilitates social mobility in the areas of social status, profession and progress in all spheres of life.

- The basic qualification for the selection of AWWs should at least graduation for the proper functioning of AWW centers and achievement of desirable results from them as well.

- It should be made mandatory for all AWWs to go through ICDS training.
before their actual execution in the practical field.

- Government should provide them facilities and should increase salary so they can perform their duties with motivation.

- For effective functioning of AWWs, inservice training programme should be organised.

- The Government should also take measures to improve the functions of the AWWs by providing them more and more facilities to uplift their Socio-Economic and the accountability of AWWs so that their effective and efficient performance can come into existence.

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