

A study on job satisfaction of Angwadi workers in Bargarh district, Odisha

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ABSTRACT

The Integrated Child Development Service (ICDS) Scheme was initiated on 2nd October, 1975, The Integrated Child Development Services (ICDS) Scheme today is the World's Largest Programme aimed at enhancing the health, nutrition and learning opportunities of infants, young children (0-6 years) and their mother. The grassroots level workers who are called Anganwadi workers (AWWs) provide the services of ICDS the place where the service are provided is called Anganwadi. The objectives of the study were to assess the socio demography profile and socio economic condition among Anganwadi workers and the level of job satisfaction of anganwadi workers of selected anganwadi centers of Bargarh district. A total 180 respondents were selected using Stratified random technique.

Key Words : Anganwadi, Anganwadi Worker, Integrated child development Scheme, Job Satisfaction

INTRODUCTION

The development of any nation is directly associated with Healthy Mother and Child (MCH) and their health status as markers of human development are being monitored globally. As per Census 2011, children of the age group 0-6 years constitute around 158 million of the total population of India. India is home to largest numbers of malnourished children and is also the largest contributor to global infant and maternal mortality indicators (Black *et al.*, 2008 and Ahmed *et al.*, 2012). High infant and child mortality rate in India is the direct outcome of severe protein energy malnutrition (PEM), which predisposes to the vicious cycle of infection and other associated diseases.

To combat the challenge of meeting the holistic needs of the children and to check maternal and child malnutrition and ill-health, on 2nd October 1975, Government of India with collaboration of State Governments and the community, initiated Integrated Child Development Service (ICDS) in 33 blocks initially, which has been emerged as one of the world's largest program for early childhood development. It adopts a multi-sectored approach integrating health, nutrition, water supply and sanitation, and early childhood education, and targets not only children under six but also pregnant and lactating mothers as well as adolescent girls.

The *Anganwadi* is the nodal point for delivery of these services, and the Anganwadi worker and helper manage the centre that runs for at least four hours daily. They are supervised by a

Supervisor. The Child Development Project Officer (CDPO) is in charge of the programme at the block level, while the District Social Welfare Officer (DSWO) manages the programme of the district. The Anganwadi provides supplementary nutrition for children as well as for pregnant and lactating mothers, and also carries out growth monitoring of under-fives. Malnourished children are provided additional food as prescribed. The other services provided at an Anganwadi are – immunization, health checkup, referral services, preschool education, and health education. (*Guidelines for Monitoring and Supervision of the Scheme Central Monitoring Unit (ICDS) and Mid-term evaluation report of NOP*)

The Anganwadi workers (AWW) being a community based front line worker play an extremely important role in providing services at Anganwadi Center. They are part-time honorary women workers chosen by the people of the same locality having educational qualification of middle school or Matric or higher. AWW is assisted by a local woman called as helper who is paid honorarium. The AWW has to perform a wide range of job responsibility involving different groups of beneficiaries in an efficient manner. She also coordinates 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 1989). She is also an agent of social change, mobilizing community support for better care of young children (Kant *et al.*, 1984).

Role and responsibilities of AWWs:

As per ICDS guidelines the role and responsibilities of a Anganwadi worker are as follows :

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. To 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 and 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 and 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 effect 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 which 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 teachers 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 and 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.

Role and responsibilities of Anganwadi Helpers :

1. To cook and serve the food to children and marchers
2. To clean the Anganwadi premises daily and fetching water.
3. (iii) Cleanliness of small children.
4. To bring small children collecting from the village to the Anganwadi.

(Source - <https://icds-wcd.nic.in/icdsimg/RolerresponseAWWs.pdf>)

Job satisfaction :

Job satisfaction has been defined as the degree to which employees have a positive affective orientation towards employment by the organization (Price, 1997). Job satisfaction refers to an employee's feeling of satisfaction on the job, which acts as motivating factors to work. According to Robbins (2000), "job satisfaction refers to an individual's general attitude towards his/her job". According to Locke, 1976 and Jex, 2002 job satisfaction can be explained as a "pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences". The appraisal involves various elements related to the job such as salary, working conditions, colleagues and boss, career prospects and, of course, the intrinsic aspects of the job itself (Arnold *et al.*, 1998). Wide varieties of factors such a good pay, adequate staff, a positive working environment, reasonable

working hours, opportunities for personal and professional growth, recognition from superiors, cordial relationship with co-workers, job security etc. influence one's job satisfaction greatly.

The success of overall efforts of ICDS scheme largely depends on how well the anganwadi worker performs her job.

METHODOLOGY

Objectives:

1. To assess the socio demography profile and socio economic condition among Anganwadi workers.
2. To assess the responsibility perceived workload and operational difficulties faced by anganwadi workers.
3. To assess the level of job satisfaction of anganwadi workers.
4. To assess the quality of living of anganwadi worker.

Sampling design:

This study was done at Anganwadi Centres of Bargarh district in year 2018. Bargarh district has fifteen blocks. Stratified random technique was done to select the Anganwadi centres. From each of the district twelve Anganwadi centres were selected in a way to represent the whole district. Total 180 anganwadi worker were selected as sample for the study.

Tools and technique :

Pre-structure questionnaire was used for this study. And the socio-economic majoring scale developed by R.L. Bharadwaj (2013) was used for the study. The purpose of this scale was to measure an individual's or family's economic social in relation to others, based on various variable responsible for that like income, occupation, family effluence, physical assets, social position, social participation caste, muscle power political influence, etc.

RESULTS AND DISCUSSION

Table 1 depicts the demographic profile of the respondents who fall under different category of age groups, caste, religion, marital status, type of family, educational qualifications and occupational qualification.

Table 1 : Distribution of respondents according to general information		
Variable	Frequency	Percentage (%)
Age		
20-30	15	8.33
30-40	84	46.66
40-50	57	31.66
50-60	24	13.33
Caste		
General	66	36.66
OBC	69	38.33
SC	12	6.66

Table 1 contd...

Contd... Table 1

ST	33	18.33
Religion		
Hindu	174	96.66
Muslim	0	
Christian	06	3.33
Marital Status		
Married	150	83.33
Unmarried	30	16.66
Class of family		
Low	21	11.66
Middle	147	81.66
High	12	6.66
Types of family		
Joint	84	46.66
Nuclear	96	53.33
Educational qualification		
High school	72	40
Intermediate	75	41.66
B.A	27	15
M.A	6	3.33
Occupational Qualification (Received Training)		
Unskilled	9	5
Semi-skilled	57	31.66
Skilled	114	63.33

The data of Table 2 shows that majority of the respondents were from the lower middle class *i.e.* 80%, where as the lowest from upper middle class *i.e.* 3.33%, an average of respondents were from middle class *i.e.* 16.6%, respectively.

Table 2 : Distribution of respondents according to their socio economic class

Socio economic class	Frequency	Percentage (%)
High class (40 and above)	0	0
Upper middle class (30-39)	06	3.33
Middle class (20-29)	30	16.6
Lower middle class (10-19)	144	80
Lower class (<10)	0	0

The respondents were asked whether they were satisfied or not with the job and if not what were the causes of their dissatisfaction. The study depicts that 167 (92.77%) respondents were being unsatisfied with the job because of low salary. 163 (90.5%) respondents were in favour of leaving the job if an alternative work opportunity would be available to them. Almost majority of AWWs were not satisfied with the working conditions like working hours, too much of job responsibilities, difficulty in keeping the records and other facilities. The present study revealed that majority of AWWs besides complaining of less honorarium and TA/DA and slow carrier progression in their working condition, they faced problem about irregular supply of medicine, contingency etc.

Variable	Frequency		(%)	
	Yes	No	Yes	No
Low salary	167	13	92.77	7.23
No alternative job opportunity	163	13	90.5	9.5
Long working hours	129	51	71.66	28.44
Too much job responsibilities	115	65	63.88	36.1
Inadequate knowledge in keeping records	157	23	87.22	12.78
Inadequate infrastructure	144	36	80	20

The data from the Table 4 reflects that majority of respondents (76.66%) reported the workload to be very heavy. 73.33% of the respondents informed they faced no difficulties in obtaining supplementary nutrition. More than half of the respondents reported difficulties in form of inadequate work space (56.66%), inadequate staff in AWCs (58.88%). 48% AWW admitted they had inadequate knowledge in some sectors due to lack of proper training.

Variable	Frequency		(%)	
	Yes	No	Yes	No
Heavy work load	129	51	76.66	28.33
Difficulties in obtaining supplementary nutrition	48	132	26.66	73.33
Inadequate work space	102	78	56.66	43.33
Transportation problem	75	105	41.66	58.33
Inadequate knowledge	87	93	48.33	51.66
Inadequate staff	106	74	58.88	41.12
Operational difficulties	81	99	45	55

Data from Table 5 it can be seen that the majority of respondents were moderately happy with favourable environment for working in anganwadi *i.e.* 78.33%, and 51.66% respondents were happy to perform multiple roles in anganwadi centre. 56.66% were satisfied with providing teaching learning materials in anganwadi canters.

Variable	Low		Moderate		High	
	F	(%)	F	(%)	F	(%)
Happy with favourable environment for working in AWC	3	1.66	141	78.33	36	20
Pleasure in performing multiple role in AWC	33	18.33	93	51.66	54	30
Providing teaching learning material	27	15	102	56.66	51	28.33
Student strength in AWC	42	23.33	78	43.33	60	33.33

The Table 6 reflected that 63.33% of anganwadi workers moderately satisfy with imparting informal education to the young children and 30% were highly satisfied with the teaching aspect of the job. 50% AWWs informed teaching-learning process in anganwadi centres were peaceful. 58.33% of the respondents were moderately and 26.6% were highly satisfied with the fact that pregnant women and villagers were benefited by their job.

Table 6 : Distribution of the respondents according to their self satisfaction

Variable	Low		Moderate		High	
	F	(%)	F	(%)	F	(%)
Teaching to young children give self satisfaction	12	6.66	114	63.33	54	30
Teaching in AWC is peaceful	45	25	90	50	45	25
Pregnant women and villagers are benefited by your job	27	15	105	58.33	48	26.66

Data from Table 7 shows that 75% of anganwadi workers faced difficulties while conducting meeting in moderate amount and 21% faced high levels of difficulties in conducting a meeting with parents. Among the respondents 25% highly and 55% moderately faced various difficulties in getting and providing safe drinking water and toilet facilities. 61.11% of the AWWs highly and 18.33% moderately enjoyed their work as caregiver and teacher to small children. All the respondents stated that they receive respectful treatment from Anganwadi visitors and Government officials.

Table 7 : Distribution of respondents according to satisfaction with their stake holder

Variable	Low		Moderate		High	
	F	(%)	F	(%)	F	(%)
Difficult to deal with parent meeting	15	8.33	126	70	39	21
Difficulty in drinking water and toilet facility in AWC	36	20	99	55	45	25
Enjoy the company of children	36	20	33	18.33	111	61.66

Data from Table 8 reflects that 38.33% of AWWs were highly satisfied with the supportive system provided by their supervisors and the satisfaction level is moderate in case of 51.66% of respondents and low for 10% of the respondents. Majority 63.66% got help and support from their colleagues when needed. When inquiry was made regarding their views on job security, 31.66% had high level of job security satisfaction, 56.66% perceived the security of their job in moderate amount and 11.66% were insecure about their jobs in fear of local pressure and interference.

Table 8 : Distribution of respondents according to their satisfaction with co-workers and supervisors

Variable	Low		Moderate		High	
	F	(%)	F	(%)	F	(%)
Supervisor providing adequate supportive system	18	10	93	51.66	69	38.33
Colleague extend supportive system when needed	15	8.33	114	63.66	51	28.33
Security of job as long as good work	21	11.66	102	56.66	57	31.66

Conclusion :

Anganwadi workers act as a bridge between the community and the ICDS. All the respondents were well aware about their job responsibilities and majority of them took up the job because of financial necessities and poor economic background. Economic independence, affection for children, interest on social work and welfare of the society, no other alternative means to engage in any other way, relief from domestic chores, limited working hours and other matter were some of the main reasons for becoming AWW. The study found that senior Anganwadi workers, were more satisfied than their younger counterparts. Adaptation in work environment and the sense of

responsibilities they carry to the beneficiaries were likely the reason for an enhanced job satisfaction. It was found that except for their salary/ honorarium and over work load, Anganwadi workers of ICDS project were generally satisfied with their job, cooperation from colleagues and authority and overall work.

Abbreviations:

AWC: Anganwadi Center
AWW: Anganwadi Worker
SN: Supplementary Nutrition
PSE: Pre-school Education
HNE: Health and nutritional education
ICDS: Integrated child development Scheme

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