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Problems of the Anganwadi workers

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ABSTRACT

Recognizing that the children are the asserts of the country and future man power, the Government of India has launched a massive integrated child development program for the promotion of health of the children and mother. The program was implemented on project basis and the Anganwadi centre is the key at the grass root level to supplement nutrition, immunization, to reduce infant mortality, health-checkup and referral health, nutrition education, pre-school education etc., The center is manned by Anganwadi worker. The qualification prescribed is 10 years of schooling. To perform the above task they were exposed to pre and Inservice training programs. The functionary has to interact and expose to various sections of people at various levels. The effectiveness in discharging there functions largely lies in identifying the bottle necks and overcoming them. The training that was given to them should expos them to the anticipated problems in discharging their duties and functions. The present study is conducted in this direction to identify the problems faced by the Anganwadi workers as felt by themselves and supervisors' point of view. The knowledge of the anticipated problems will form a base for formulating the training curriculum of the functionaries.

Keyword: *Integrated Child Development Program, Anganwadi centers, Anganwadi workers, Training of the Anganwadi functionaries.*

1. INTRODUCTION

Children's welfare has been considered as an important component in the development of any nation. The growing importance of this issue has led to a major renewal of effort to protect the lives and development of the children and to end the worst aspect of their poverty. Accordingly, the Integrated Child Development Services (ICDS) was launched in India on 2nd October 1975, in accordance to the National Policy for Children in India to safeguard the health of the children and the mothers. Over the years it has grown into one of the largest integrated family and community welfare schemes in the world.

Majority of the children in India have underprivileged childhoods starting from birth. The infant mortality rate of Indian children is 44 and the 25% of new born children are underweighting among other nutritional, immunization and educational deficiencies of children. Due to this the Government introduced the ICDS for providing the food, pre-school education, and primary healthcare to children under 6 years of age and their mothers.

For nutritional purposes, ICDS provides 300 kilocalories (with 8- 10 grams of protein) every day to every child below 6 years of age. For adolescent girls, it is up to 500 kilo calories with up to 25 grams of protein every day. The services of Immunization, Health Check-up and Referral Services delivered through Public Health Infrastructure under the Ministry of Health and Family Welfare.

UNICEF has provided essential supplies for the ICDS scheme since 1975. World Bank has also assisted with the financial and technical support for the program. The cost of ICDS program averages \$10-\$22 per child a year. The scheme is centrally sponsored with the state governments contributing to child. Furthermore, in 2008, the Government of India adopted the World Health Organization standards for measuring and monitoring the child growth and development, both for the ICDS and the National Rural Health Mission (NRHM). These standards were developed by WHO through an intensive study of six developing countries since 1997. They are known as New WHO Child Growth Standard and measure of physical growth, nutritional status and motor development of children from birth to 5 years age. These services are provided from Anganwadi centers established mainly in rural areas and staffed with frontline workers.

Objectives of the ICDS

The main objectives of the ICDS are

- i. To raise the health and nutritional level of poor Indian children below 6 years of age.
- ii. To create a base for proper mental, physical and social development of children in India.
- iii. To reduce instances of mortality, malnutrition and school dropouts among Indian children.
- iv. To coordinate activities of policy formulation and implementation among all departments of various ministries involved in the different government programs and schemes aimed at child development across India.
- v. To provide health and nutritional information and education to mothers of young children to enhance child rearing capabilities of mothers in the country of India.
- vi. To provide nutritional food to the mothers of young children & also at the time of pregnancy period.

In order to achieve the objectives of the scheme and to operationalize the scheme, an administrative structure has been created. At the field level, Anganwadi centers were established. These centers act as a window for all the services of the scheme and these centers are maned by the Anganwadi worker. The performance of the centers largely lies on the effective discharge of the functions prescribed for the Anganwadi worker.

2. FUNCTIONS OF ANGANWADI CENTERS

The word Anganwadi means 'Courtyard Shelter' in Indian languages.¹They were started by the Indian government in 1975 as part of the Integrated Child Development Services program to combat child hunger and malnutrition. Anganwadi centers also provide 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 of nutrition education and supplementation, as well as pre-school activities. The centers may also be used as depots for oral rehydration salt, basic medicines and contraceptives. There are 13.3 main-Anganwadi centers and 13.7 mini-Anganwadi centers are functioning in the country.

Qualification and Role of Anganwadi Workers

The minimum qualification for the post of Anganwadi worker as per ICDS norms is 10th class passed. Functions and responsibilities of Anganwadi workers under ICDS program includes

- i. To elicit community support and participation in running the program.
- ii. 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-centers/PHC etc., and maintain child cards for children below 6 years and produce these cards before visiting medical and para-medical personnel
- iii. 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.
- iv. 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.
- v. 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.
- vi. To provide health and nutrition education and counselling on breastfeeding/ Infant & young feeding practices to mothers.
- vii. Anganwadi Workers, being close to the local community, can motivate married women to adopt family planning/birth control measures.
- viii. 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.
- ix. 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.
- x. To maintain files and records as prescribed.
- xi. To assist the PHC staff in the implementation of health component of the program viz. immunization, health check-up, ante natal and post-natal check etc.
- xii. 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.
- xiii. 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. 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.
- xiv. 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.
- xv. 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.
- xvi. 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 program/ campaigns etc.
- xvii. AWW would also assist in implementation of Nutrition Program for Adolescent Girls (NPAG) as per the guidelines of the Scheme and maintain such record as prescribed under the NPAG.
- xviii. 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.
- xix. To identify the disability among children during her home visits and refer the case immediately to the nearest PHC or District

Disability Rehabilitation Centre.

xx. To support in organizing Pulse Polio Immunization (PPI) drives.

xxi. TO inform the ANM in case of emergency cases like diarrhoea, cholera etc.

The roles and functions prescribed for the Anganwadi worker is too many. The qualification prescribed is only 10th class. It is understood that the working Anganwadi workers arc with IO¹¹ class, different age groups and belongs to different sections have with different backgrounds. In order to promote homogeneity among them they were trained through both pre service and in-service training programs. Further it is understood that they have to interact different sections of the society while discharging their roles. In the process, they were exposed to different problems both inside the center and also in the community. In order to improve their performance, there is a need to study their problems and to help them to overcome them to improve their performance.

3. REVIEW OF LITERATURE

The successful functioning of Integrated Child Development services (ICDS) largely lies in the performance of various functions by the Anganwadi centers. The Anganwadi workers are expected to performance both nutrition supply and conducting of pre-school activities. In this process it is expected that they may encounter a number of problems. Hence, there is a need to identify the anticipated problems and equip them to overcome the hurdles for effective implementation of the Anganwadi center activities. Hence an attempt has being made to review the literature relating to the problems of the Anganwadi workers and centers. The studies conducted in this area arc as follows.

Gaurav Desai, Niraj Pandit and Diwakar Sharma (2012) conducted a study in Vadodara district to study the changing role of Anganwadi workers and found that one third of the Anganwadi workers were loaded with their participation in health programs and other programs. They are underpaid and overworked functionaries of basic services for the poor and they are not treated on par with the government employees.

Thakare, Kuril and Goel (2011) Identified the knowledge and problems of Anganwadi workers. They found that 75% of the sample reported inadequate honorarium, lack of help from the community, inadequate infrastructure, inadequate space for displaying NFPSE posters, overloaded work, heavy record maintenance, involvement in health programs etc. These found to be major hurdles for Anganwadi workers.

Uma Joshi and Pankti Parikh (2015) studied the role performance of the Anganwadi workers. They found that Anganwadi workers in Urban and Rural centers were performing of roles in the areas such as home-visits, register maintenance, supplementary nutrition, pre-primary education from moderate to mostly.

Sandip and Doibale (2013) identified the profile, knowledge and problems of Anganwadi workers and identified the problems of Anganwadi workers such as inadequate honorarium (87.7%), infrastructure related (42.8%), logistic supply related (46.9%), overloaded work (61.2%), excessive record maintenance (75.5%), lack of help from community (28.5%), others (32.6%).

Prasanthi Jena (2013) Identified the problems faced by the Anganwadi workers. The problems are inadequate salary (56.7%), inadequate space for outdoor activities, lack of security in terms of compound and gates, overloaded work excessive record maintenance work etc.

Shazia Manzoor and Shabana Khurshid (2014) assessed the knowledge of Anganwadi workers and their problems in Ganderbal district of Kashmir. The study identified the constraints viz need for old or missing physical infrastructure, absenteeism, timely reimbursement of salary and other remuneration, effective coordination between Anganwadi centers, health centers and schools, lack of supplies, establishment of separate centers and effective monitoring.

Gouri and Nithyashree (2015) Conducted a study to identify the problem faced by the Anganwadi workers and suggestions given to overcome them. The results revealed that most of the Anganwadi workers were middle aged (60.92%), high school level of education (46.36), two thirds were married, less than five years of experience (33.63%) and between five to ten years (66%). Most of the Anganwadi workers complained that they had no time to conduct pre-school education (89.45%), and 78 percent suggested to fix the timings for pre-school activities.

Sarbjit Singh (2014) conducted a study on Anganwadi Workers in Rural ICDS Blocks of Punjab to identify the problems felt by the Anganwadi workers. The problems identified were lack of availability of infrastructure facilities (80%) and inadequate honorarium (73.33%).

Mitin Parmar et al (2015) identified the knowledge and problems of Anganwadi centers. The excessive record maintenance (40%), inadequate salary (56.7%), lack of logistic supply related problems (16.7%), Infrastructure related problems like inadequate space for NFPSE posters, nutrition health education posters were not available for outdoor activities, assist for other health programs apart from their Anganwadi related work like in pulse polio, vitamin A distribution etc. are found to be the major problems.

Thakare Meena et al (2011) assessed knowledge of Anganwadi workers and problems faced by them while working. The findings revealed that 75% of the workers complained of inadequate honorarium, lack of help from community. Infrastructure related, excessive work, overload and record maintenance.

Madhavi and Singh (2011) conducted a study on the knowledge and problems of Anganwadi workers and found that 73.33%

Anganwadi workers faced overload of routine activity work and excessive record maintenance and inadequate space provided to them.

Patil and Doibale (2013) identified the knowledge and problems of Anganwadi workers to prepare the profile of Anganwadi workers, to assess their knowledge and problems faced by them while working. The study revealed that inadequate honorarium (87.7%), lack of help from community (28.5%) infrastructure related supply, excessive work overload and record maintenance. Majority of them were beyond 40 years of age, matriculate, experienced, having, more than 50% of knowledge related to their job. Complaints mentioned by them were chiefly honorarium related and excessive workload.

The review of literature shows that all the studies conducted were aimed to find out the knowledge and performance of Anganwadi workers. The studies on problems were peripheral and not many in depth attempts have been made to identify them.

In the light of the above the present study was conceived to identify the problems of Anganwadi workers in organizing the centers as perceived by the Anganwadi workers and supervisors. In addition, it is proposed to profile the Anganwadi workers and Supervisors based on their personal characteristics.

Objectives of the study

1. To prepare the profile of the Anganwadi workers and supervisors working in Chittoor District,
2. To identify the problems in organizing Anganwadi centers as perceived by the Anganwadi workers and supervisors and
3. To classify the identified the problems as prominent, moderate and less prominent in organizing Anganwadi centers.

4. METHODOLOGY

Tools for collection of data

The review of the literature shows that very few attempts have been undertaken to identify the problems of Anganwadi centers in various parts of the country and also at different aspects. The methodologies adopted and the available tools are not suitable for the purpose of the present study. Hence it was decided to prepare a tool consisting of two parts i.e., part one of the schedule is intended to collect the information on the personal background characteristics of the Anganwadi workers and supervisors. The part two is intended to identify the problems faced by the Anganwadi workers in organizing the centers. The items required was collected through personal interview with the stakeholders of the ICDS program. The items thus collected was supplemented with the review of literature. The draft tool thus developed was presented to a panel of 5 experts for their opinion. Based on their suggestions, the tool was modified and finalized. The final format of the tool consisting of two sections i.e., Section I intended to collect the information on the personal back ground of the sample and section two was intended to cover the problems in organizing the Anganwadi centers in Chittoor district.

Locale and sample of the study

The present study was conducted in Chittoor district of the Andhra Pradesh. The district has 3 revenue divisions viz, Tirupati, Chittoor, Madanapalli. There are 66 mandals. For the purpose of the study 50 Anganwadi workers and 50 supervisors were selected randomly as sample of the study.

Collection of data

As a first step in collection of the data, the investigator contacted the Project Director of the ICDS, Chittoor district and requested their permission for collection of data from the Anganwadi Workers and the Supervisors. They have readily accepted and permitted the investigators for collection of data by splaying the list of the centers and also instructed to cooperate with the investigators. The investigator randomly selected 50 Anganwadi centers and the supervisors. The investigators before collection of data established a good rapport with the Anganwadi workers and explained to them about the importance of the study and way in which they should give the responses. The selected sample readily accepted and expressed their willingness for providing the information. The investigator in turn visited all the selected Anganwadi Centers and administered the tool. Further, the tool was also administered to the supervisors in their monthly meeting, consisting of two sections i.e., personal information and problems of Anganwadi Workers.

Analysis of the data

The information thus gathered from sample were pooled and prepared a list of problems of the Anganwadi workers and they were classified as prominent, moderate and less prominent. Further based on the characteristics of the sample, they were also classified into different groups to profile them.

5. RESULTS AND DISCUSSION

In the light of the objectives of the study the findings of the study were presented in three sections. Section- I presents the characteristics of the sample of the Anganwadi workers and supervisors, section-II presents the problems of the Anganwadi workers as perceived Anganwadi workers and supervisors in section III as prominent, moderate and less prominent problems. The details are as follows.

Section-A: characteristics of the sample

For the purpose of the present study a group of fifty Anganwadi workers and supervisors (50) were chosen as sample to identify the problems of Anganwadi workers. Further, in order to understand the profile of the sample Anganwadi workers, they were classified into different groups based on their personal characteristics. The details are presented in the following table.

Table-I Personal characteristics of Anganwadi workers

S.No.	Character	Group	N	%
1	Age	<25 years	2	4.00
		26-35 years	21	42.00
		>36years	27	54.00
2	Education	10 th Class	30	60.00
		Intermediate	8	16.00
		Degree	12	24.00
3	Caste	OC	6	12.00
		BC	25	50.00
		SC/ST	19	38.00
4	Occupation	Agriculture	1	2.00
		Labour	3	6.00
		Employee	46	92.00
5	Income	<40,000/- (low)	28	56.00
		40,001-60,000/- (middle)	19	38.00
		>60,001/- (more)	3	6.00
6	Type of house	Hut	8	16.00
		Roughing with asbestos	13	26.00
		RCC rope	29	58.00
7	Marriage	Married	50	100.00
8	Experience	<5 years	21	42.00
		6-10 years	11	22.00
		> 11 years	18	36.00

In order to understand the personal characteristics of the sample, they were classified into different groups based on their background characteristics and respective percentages were calculated. The personal characteristics of Anganwadi workers presented in the above table shows that majority (54%) of the Anganwadi workers are above 36 years of age group followed by more than 26-35 years (42%). However, 4% of the sample have represented with less than 25 years of age group. In terms of qualifications, 60 percent of them have passed 10th class, 24% of them have degree and 16% of them passed intermediate only. The sample classified based on their community as forward castes, Backward caste and schedule castes and tribes shows that more than half of the Anganwadi workers belongs to backward castes (50%) followed by SC/ST (38%) and forward castes (12%). In terms of occupation, majority of them are employees (92%) followed by labour (6%) and agriculture (2%). Based on the income more than half of them (56%) are from low income (<40,000/-) followed by middle income (38%) and high income (6%) groups. The type of residence shows that again majority (58%) of them have pacca (R.CC roof) house followed by asbestos roof (26%) and huts (16%). The marital status of the people shows that they are married. In term of experience majority of them possessed less than 5 years (42%) followed by more than 11 years (36%) and 22% of them have 6 to 10 years of experience.

On the whole, the sample background shows that majority of them are 36 years of age, 10th class educated, belongs to backward classes and low-income group, married, possessed RCC roofed house, less than 5 years of the experience and Anganwadi workers job as their profession

Profile of the Anganwadi Supervisors.

Based on the personal background of the Anganwadi Supervisors and to profile them they were classified in to different groups based on their characteristics and percentages were calculated. The findings of the classification are presented in the table 2. The supervisors were classified in to different groups based on their personal characteristics. The background shows that majority of them have more than 36 years of age followed by 26-35 years (22%). Further there are 10% of supervisors with less than 25 years of age. The educational background shows that 46% of them are graduates followed by 10th class (32%), intermediate (14%) and post graduates (8%). This shows that half of them is well educated and rest of them were found to be promoted from Anganwadi workers.

The caste wise classification shows that half of them are from backward class (54%), one fourth represented from SC& ST and one fifth of them are from other castes. In terms of employment, all except three (agriculture) their occupation is employment. The income wise classification revealed that half of them is from middle income group followed by low income (28%) and more income

group (20%). In terms of housing, 72% of them are living in RCC roofed houses followed by sheds (16%) and huts (12%). All of them are married. Two thirds of them have possessed more than 11 years of experience, 28% of them have 6 to 10 years of experiences and 5 years of experience by 6%. As supervisors 96% of them have less than 5 year of experience and 4% of them have more than 6 years of experience.

On the whole the backgrounds of supervisors indicates that majority of them have more than 36 years of age, graduates, belongs to backward class, employment as their occupation, middle income group, living in pacca houses, married, above 11 years of total experience and as supervisors they have less than 5 years of experience.

Table-2 Personal characteristics of Anganwadi supervisors

S.No.	Character	Group	N	%
1	Age	<25 years	5	10.00
		26-35 years	11	22.00
2	Education	10 th class	16	32.00
		Intermediate	7	14.00
		Degree	23	46.00
3	Caste	OC	10	20.00
		BC	27	54.00
4	Occupation	Agriculture	3	6.00
5	Income	<40,000/- (low)	14	28.00
		40,001-60,000/- (middle)	26	52.00
		>60,001/- (more)	10	20.00
6	Type of house	Hut	6	12.00
		Roofing with asbestos	8	16.00
7	Married	Married	50	100.00
8	Experience	<5 years	3	6.00
		6-10 years	14	28.00
		> 11 years	33	66.00
9	Supervisor Experience	<5 years	48	96.00
		6-10 years	2	4.00

Section-2 Problems of Anganwadi Workers

In order to identify the problems of Anganwadi workers, the information was collected from two sources namely Anganwadi workers' and Anganwadi supervisors. The data collected from the both the sources were analyzed individually and as a whole. The problems were categorized as prominent, moderate, and less prominent problems based on the mean and arranged them in descending order. Top ten items were chosen as more prominent, the bottom ten are less prominent and in between as moderate problems. The classified problems are presented in following pages.

Problems as viewed by the Anganwadi Workers

The problems as viewed by the Anganwadi Workers were arranged as prominent, moderate and less prominent problems as per the prefixed criteria were presented below.

Prominent problems

The top ten highly rated items exhibits the significance of the problems as perceived by the Anganwadi workers. The items rated as prominent problems mainly found to be aroused in discharging their duties such as uploading the details of the children, spending fulltime in Anganwadi centers, availability to the community, suggestions to the community on health problems, getting provisions, studying the behavior of children etc. On the other hand, they too have problems from their family members in terms of lack of cooperation, performing house hold duties, lack of facilities on par with government employees are found to be major problems.

Table-3: Prominent problems as viewed by the Anganwadi workers

S No	Problems	Mean
1	Uploading the details of the children	4.56
2	Spending fulltime in AWWs.	4.30
3	Available to the community	4.20
4	Getting of provisions from the civil suppliers	3.84
5	Giving suggestions on health problems to the community	3.80
6	Lack of cooperation from the members of the family	3.80
7	Additional duties to allotted	3.76

8	Lack of facilities on par with govt. Employees	3.72
9	Study of the behavior of the children carefully	3.70
10	Performing the household duties alone	3.66

In view of this, there is a need to promote aptitude among the Anganwadi workers for their jobs so as to concentrate on their jobs and also to overcome from the domestic problems.

Moderate problems

The items checked as moderate problems are also from domestic as well as professional in nature. The ratings of the Anganwadi workers shows that they are not able to spend more time with their families and children and provide timely food to their children. There is no maternity leave, no job security, getting provisions, arranging money for vegetables, not able to meet the expenditure on water, Gas, power, inadequate helping hands in the centers, maintenance of records, pressure from supervisors, in adequate training, inadequate facilities like food and shelter during the training and inadequate pre-school materials are found to be the moderate problems. The trend of moderate problems shows that majority of them are related to the infrastructure facilities and their own involvement in the program.

Table-4: Moderate problems as viewed by the anganwadi workers

S. No.	Problems	Mean
1	Not able to spend more time with their family	3.36
2	Arranging food for the children on regularly basis	3.40
3	Spending more time with the children	3.20
4	Supply of provisions by the fair price shops	3.30
5	Arranging money for the purchasing of vegetables	3.62
6	Lack of own building for Anganwadi centers	3.04
7	In time release of money for the power, water charges	2.94
8	Govt, is not able to provide the gas cylinder for cooking	2.94
9	Lack of required amount for booking the new cylinder	3.08
10	Inadequate helpers	3.12
11	Maintenance of the records	3.62
12	Pressure from the supervisors in record maintenance	3.08
13	The training for Anganwadi Workers, is not sufficient	3.66
14	Inadequate facilities (food & shelter) during the training programs	3.50
15	There is no maternity leaves	2.98
16	No job security	2.98
17	Inadequate supply of pre-school materials charts, toys etc	3.06

Less prominent problems

The trend of the less prominent problems clearly indicates that the Anganwadi workers are not serious about the infrastructural facilities and the incentives due to them. In other words, they were not considered these as problems but able to sustain in their jobs. However, it is the duty of the government to provide the infrastructure facilities that is require for running the center such as payment of rent, advances, creating facilities etc. On the other hand the privileges like increase of salary, summer holidays, promotions, additional remuneration etc. are not seriously considered as their problems.

Problems of the Anganwadi Workers as perceived by the Supervisors

The problems of the Anganwadi Workers as viewed by the Supervisors were arranged as prominent, moderate and less prominent and presented below.

Table-5:Less-Prominent problems as viewed by the Anganwadi Workers.

S. No.	Problems	Mean
1	Expenses on online enrolment	1.64
2	There is no increase of salary	2.20
3	Lack of facilities in private buildings	2.20
4	Inadequate supply of sanitary items like soaps, bleaching, etc	2.22

5	No advance facilities to hire the private buildings	2.24
6	Not able to pay the rent for the private building in time	2.50
7	No summer holidays	2.52
8	Lack of proper promotions	2.60
9	No additional remuneration during training period	2.66
10	Not able to follow the Anganwadi manuals	2.80

Table-6: Prominent problems as viewed by the Anganwadi Supervisors

S. No.	Prominent problems	Mean
1	Uploading the details of the children	4.34
2	Available to the community	3.92
3	Giving suggestions on the health problems to the community	3.86
4	Inadequate facilities (food and shelter) during the training programs	3.86
5	Performing of house hold duties alone	3.82
6	Spending fulltime in Anganwadi centers	3.70
7	Study the behavior of the children carefully	3.64
8	Gutting of provisions from the fair price shops	3.64
9	Providing the facilities on par with govt, employees	3.64
10	Maintaining the records	3.50

Prominent problems

The prominent problems of the Anganwadi workers as viewed by the Supervisors shows that the top ten highly rated items exhibits the significance of the problems of Anganwadi workers as perceived by the Anganwadi supervisors. The items rated prominent problems mainly found to be raised in discharging the duties Anganwadi workers. Such as uploading the details of the children, availability to the community, suggestions to the community on health problems, inadequate facilities like food and shelter during the training program, performing of house hold duties alone etc. On the other hand they also face problems from the center in terms of spending full time in the center, studying the behavior of the children, getting provisions from fair priced shop, record maintenance, lack of facilities on for with government employees are found to be the major problems of the Anganwadi workers perceived by the supervisors.

In the view of the above, there is a need to provide training in ways and means of eliciting the cooperation of the community, job related so as to concentrate on their jobs and to overcome from the domestic problems.

Moderate problems

The items checked as moderate problems as per the supervisors are related to domestic as well as center related. The ratings of the Anganwadi supervisors shows that they are not able to spend more time with their family, not able to spare time and provide food to their children, lack of cooperation from the family members, getting of provisions, arranging money for purchasing of vegetables, lack of own buildings, government not able to meet the expenditure on in time on rent, gas, power etc. Lack of own buildings, not able to provide the gas cylinder for cooking, no money for the booking of new cylinder, inadequate helpers, pressure of supervisors on record maintenance, lack of proper training, additional duties, no summer holidays, no job security and lack of sanitary items. The trend of moderate problems shows that majority of them are related to the infrastructure facilities and few are personal.

Table-7 Moderate problems as viewed by the Anganwadi Supervisors

S.No.	Problems	Mean
1	Not able to spend more time with their family	3.36
2	Arranging food for the children on regularly basis	3.48
3	Spending more time with the children	3.52
4	Lack of cooperation from the members of the family	3.18
5	Supply of provisions to the Anganwadi centers within the time	3.54
6	Arranging of money for the purchasing of vegetables	3.48
7	Lack of own building for Anganwadi centers	3.56
8	In time release of money for the power, water charges	3.28
9	Govt, is not able provide the gas cylinder for cooking	3.06
10	Lack of required amount for booking the new cylinder	3.26
11	Inadequate helpers	3.40
12	Maintenance of the record	3.36

13	The training for Anganwadi Workers is not sufficient	3.12
14	Additional duties to allotted	3.06
15	No summer holidays	3.02
16	No job security	3.20
17	Inadequate supply of sanitary items like soaps, bleaching etc.	3.10

The less prominent problems as viewed by the Supervisors are presented below.

The trend of the less prominent problems faced by the Anganwadi workers as viewed by the supervisors are not serious about the pre-school materials, online enrolment, additional remuneration during training period, increase of salary, lack proper job promotions, no maternity leaves, not able to pay the advances for the building, late sanctioning of rents and lack of facilities in private buildings etc. These are not considered as serious problems of the Anganwadi workers as per the supervisors.

Table-8: Less Prominent problems as viewed by the Anganwadi Supervisors

S.No.	Problems	Mean
1	Inadequate supply of pre-school materials like charts, toys, books etc.	2.48
2	Expenses on online enrolment	2.48
3	No additional remuneration during training period	2.68
4	There is no increase of salary	2.78
5	Lack of proper promotions	2.80
6	There is no mater nary leave	2.84
7	Not able to follow the Anganwadi manuals	2.96
8	Not able to pay the advances for the private buildings	2.96
9	Not able to pay the rent for the private buildings in time	2.96
10	Lack of facilities in private building	3.10

6. SUM UP

The problems of the Anganwadi workers as perceived by the total sample i.e., Anganwadi workers and supervisors are Uploading the details of the children, Available to the community, Spending of fulltime in Anganwadi centers, Giving suggestions of health problems to the community, Performing of housing hold duties alone, Getting of provisions from the civil suppliers department, Lack of facilities on par with govt, employees, Inadequate facilities, (food & shelter) during the training, Study the behavior of the children carefully and Maintain the records. Hence it is suggested that the above items may be incorporated in the training curriculum of the Anganwadi workers and their competencies may be enhanced by training them through pre-service and in-service training programs.

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