

**Anganwadi Workers as a Mediator in delivering Services to Pregnant Women and Lactating Mothers with special reference to ICDS: Study of Two Blocks of Ludhiana District of Punjab**

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**Abstract**

The ICDS (Integrated Child Development Services) scheme is one of the flagship programs of the government of India and is one of the largest and most unique early childhood care and development programs in the world. It symbolizes the nation's greatest commitment to children, pregnant women and nursing mothers. ICDS was launched on 2 October 1975 on the 106<sup>th</sup> birthday of Mahatma Gandhi. Initially 33 ICDS projects were launched across India in which urban, rural and tribal areas were included. It is a national children's program under the Ministry of Women and Child Development of India. It provides supplementary nutrition, immunization, health check-up, referral services to beneficiaries under 6 years of age, pregnant women and lactating mothers. It focuses on health and nutrition education for women aged 15-45 and adolescents up to 18 years. Children aged 0-6 years, pregnant women and lactating mothers are eligible to avail the services available under ICDS.

ICDS is based on some objectives such as: improving the nutritional and health status of children aged 0-6 years, laying the right foundation for the child's psychological, physical and social development, reducing the incidence of mortality, morbidity, malnutrition and school dropouts, achieving effective coordination of policy formulation and implementation across departments for child development, and enhancing mother's ability to meet the general health and nutritional needs of their children through proper nutrition and health education. This research paper emphasizes on the role and responsibilities performed by an Anganwadi worker in delivering their responsibilities towards the pregnant women and lactating mothers as per ICDS guidelines. This paper will bring into light whether Anganwadi workers are able to perform their responsibilities towards pregnant women and lactating mothers as per ICDS in guiding them about their health, health check-ups, referral services, immunization, nutrition education etc.

**Keywords:** ICDS, Anganwadi workers, health, responsibilities, roles etc.

**Integrated Child Development Services**

The biggest challenge in Indian society is to provide services to women and children belonging to the lower classes. Because this large section of the population is the victim of exploitation. They have been deprived of many facilities like health, nutrition and education. India has population of 440 million children under the age of 6 which is more. Every year 1.8 million children under 5 years of age die and 68000 women suffer from congenital heart disease. (Bhatnagar and Bhadra, 2015) Many programs have been implemented to protect women and children in India. Beginning with the Welfare Extension Project in 1958, a demo project for organized welfare services, until 1973, many programs were run for children's services. All these programs could not fulfil their objectives. Then the administration launched a new service Integrated Child Development Service (ICDS) nationally. This included all children aged 0-6 years, pregnant women and lactating mothers and women aged 15-44 years. (Buwa,1998)

The ICDS scheme is one of the flagship programs of the government of India and is one of the largest and most unique early childhood care and development programs in the world. It symbolizes the nation's greatest commitment to children, pregnant women and nursing mothers. It has the challenge of providing pre-school education on the one hand and breaking the vicious cycle of malnutrition, disease, low learning ability and mortality on the other. (Kular, 2014)

ICDS was launched on 2 October 1975 on the 106<sup>th</sup> birthday of Mahatma Gandhi. Initially 33 ICDS projects were launched across India in which urban, rural and tribal areas were included. Today there are 7075 passed and 7073 ongoing projects in India and 27314 passed and 27181 Anganwadi Centres ongoing in Punjab. It is a national children's program under the Ministry of Women and Child Development of India. It provides supplementary nutrition, immunization, health check-up, referral services to beneficiaries under 6 years of age, pregnant women and lactating mothers. It focuses on health and nutrition education for women aged 15-45 and adolescents up to 18 years. Children aged 0-6 years, pregnant women and lactating mothers are eligible to avail the services available under ICDS. The ICDS program has 13,49,563 Anganwadi's, 7073 ongoing projects, 1010.56 lakh pre-school education beneficiaries. (Ministry of Women and Child Development Annual Report 2016-17) During 12<sup>th</sup> five-year plans, the Ministry allocated a budget of Rs. 1,23,580 crores to this project.

### **Features of ICDS**

ICDS has some important and unique features that distinguish it from many other child development and child welfare programmes.

- ICDS is a holistic approach to child development, including the active participation of the mother.
- ICDS serve the most remote and backward areas of the country.
- Child welfare services at ICDS Anganwadi are provided at the doorstep of the beneficiaries to ensure their maximum participation.
- Three important sections in ICDS namely: nutrition, basic education, pre-school education are included as a combined package.
- ICDS employs local women as facilitators to provide its services.
- ICDS makes maximum use of existing infrastructure of Central and State Health Departments, Social Welfare Departments, and Voluntary Organizations in implementation, training, continuing education, monitoring and ancillary monitoring as well as evaluation and research. Very little additional infrastructure has been created in ICDS for Child Development Project Officer, Program Officer and Mukhya Sevika.
- ICDS works as a team and team members include administrators, Professionals in Service Department, Educators and Voluntary Workers.
- ICDS seeks to promote and bring out a culture of voluntary work which is associated with socially beneficial services. (Buwa, 1998)

### **Main Objectives of ICDS**

ICDS has the following main objectives:

- Improving the nutritional and health status of children aged 0-6 years.
- Laying the right foundation for the child's psychological, physical and social development.

- Reducing the incidence of mortality, morbidity, malnutrition and school dropouts.
- Achieving effective coordination of policy formulation and implementation across departments for child development.
- Enhancing mother’s ability to meet the general health and nutritional needs of their children through proper nutrition and health education. (Jena,2013)

List of various services provided by ICDS to fulfil their objectives are presented in the following table.

**Services offered to Groups**

Series No	Group	Services
1.	Pregnant women and nursing mothers	1. Health check 2. Immunization against tetanus to pregnant women 3. Supplementary nutrition 4. Nutrition and health education
2.	Other women (15-45years)	1. Nutrition and health education
3.	Children younger than 3 years	1. Supplementary nutrition 2. Vaccination 3. Health check 4. Referral Services
4.	Other children (3-6 years)	1. Supplementary nutrition 2. Vaccination 3. Health check 4. Referral Services 5. Informal pre-school education

**ICDS Team**

ICDS team consists of District Program Officer, Child Development Project Officer, Head Sevika, Anganwadi Worker, Anganwadi Assistants. Apart from them there are medical officers, Assistant Nurse Midwives and recognized Social Health Workers. All these forms a team.

**Anganwadi Centres:** Girija Shankar Badoke, a well-known lawyer and child education worker from Gujarat, was greatly influenced by the matriarchal system of education in Europe. He wanted to bring matriarchal method to India but he knew that the aids and teachings for European matriarchal teaching methods were out of reach in India. He established a children temple in Bhavnagar in 1920 AD. In 1929, Girija Shankar Badoke, Sarla Devi Sarabhai, Mangal Das Pakwasa, Tara Bhai Modak jointly established the Nitin Bal Shiksha Sangh. Tara Bhai Modak left Bhavnagar in 1932 AD due to family matters. Girija Shankar Badoke died in 1939 AD. Tara Bhai Modak opened a pre-school for children in 1936 in Kadar, Mumbai to popularize pre-school. Then this pre-school came to known as Bal Wadi, Shishu Vihar, Shishu Kunj, Shishu Sadan, Bal Mandir etc. (Buwa, 1998)

Bal Wadi is derived from the original Greek word “Kindergarten”. Bal Wadi is a combination of two words Baal + wadi. Baal means child and wadi means gathering of many children in one place. A kindergarten consists of teachers and children. When a child did not come to kindergarten, the teacher and the children used to go to the yard of those children due to which it was named Anganwadi. (Buwa, 1998)

The word Anganwadi derived from the Kos Baad which means open space outside the house in which they sit and talk, worship guests and socialize. In the olden days, the houses in the village were very small, due to which they kept cattle, carts etc. in their courtyards. Most of the people also cooked food in the courtyard. In many houses, people used to sleep in the open space under the shade of the stars at night. In fact, the courtyard was the heart of the house. Anganwadi workers provide ICDS services to the people by going to those courtyards, and the children and women in the Anganwadi centres receive ICDS benefits. (Dinesh and Jagan Nath, 2015)

ICDS generally covers urban, rural, tribal and hill areas and Anganwadi Centres and Mini-Anganwadi Centres are based on the population of that area. Anganwadi workers are an honorary worker, who is a woman. She belongs to that village or city and is chosen by the people. Her educational profile should be either 8<sup>th</sup> standard, 10<sup>th</sup> standard or above. She also keeps a helper with her who is from the village itself. Anganwadi worker has a lot of work responsibilities. She provides various services of ICDS to beneficiaries which includes services for supplementary nutrition, health education, non-formal pre-school education, family welfare, survey of Anganwadi worker group, counting of beneficiaries, providing referral services to malnourished children, maintenance of register and record etc. (Sandhyarani and Rao. 2013) They work 4-5 hours a day. Opening hours of Anganwadi centre vary between winter and summer. Anganwadi centre opening time is 8 am and closing time is 12 noon in summer and 9 am to 1 pm in winter. After closing the Anganwadi centre they do a home visit for 1 hour. 20-25 Anganwadi centres (Urban and rural) and 17 Anganwadi centres (Tribal/Hill) have a head Sevika, which is considered as one of her circles. All of these are the responsibility of Child Development Project Officer. (Mehta, 1992)

Population profile for building the Anganwadi Centre is described in the following table:

**Population profile for building Anganwadi Centre**

Population profile under ICDS
<ul style="list-style-type: none"><li>Project for urban and rural Anganwadi 400-800 (Population) = 1 Anganwadi centre 800-1600 (Population) = 2 Anganwadi centres 1600-2400 (Population) = 3 Anganwadi centres</li></ul>
For Mini Anganwadi Centre 150-400 (Population) = 1 Anganwadi centre
<ul style="list-style-type: none"><li>Project for Tribal/Hill and difficult area 300-800 (Population) = 1 Anganwadi centre</li></ul>
For Mini Anganwadi Centre 150-300 (Population) = 1 Anganwadi centre

Anganwadi on Demand

Where there are 40 children under 6 years and non-Anganwadi Centre. Demand for an Anganwadi centre there.

### Services offered by Anganwadi centres

ICDS provides certain services to the group which are provided in Anganwadi centres. Under the ICDS scheme the services provided by Anganwadi centres workers and helpers are organized in an organized manner. Since 1975, the scheme of ICDS provides the necessary means to serve immunization, health screening and referral services under the Public Health Infrastructure under the Ministry of Health and Family Welfare and UNICEF welfare. The World Bank has also provided financial and technical support for this program. The ICDS program costs an average of \$10-\$22 per child per year. This scheme is sponsored by the Central Government to the State Government in which a contribution of Rs.1 per child per day is made. In addition, World Health Organization standards for both ICDS and National Health Mission on Child Growth are adopted to measure and monitor development. These standards have been developed by the World Health Organization through an in-depth study of six developing countries since 1997. These are known as child growth rates with the new World Health Organization and measure the physical growth, nutritional status and motor development of children from birth to six years of age. (Jena, 2013)

The six services of ICDS that are provided by Anganwadi Centres are:

1. Supplemental nutrition
2. Vaccination
3. Health check-ups
4. Referral Services
5. Informal pre-school education
6. Nutrition and Health Education

**1. Supplemental nutrition:** Supplemental nutrition is an important factor in balancing the nutritional status of children. This includes complementary nutrition, growth monitoring, vitamin A deficiency, anaemia and management. All households in the group are surveyed to identify children below six years of age (younger), pregnant women and lactating mothers. Anganwadi workers give them the benefit of supplementary feeding assistance for 300 days in a year. ICDS provided 300 calories per day for every child below six years of age for nutritional purpose. Anganwadi recommend efforts to close the calories gap between the average intake of low-income and minority children and women. Important actions have been taken on growth monitoring and nutrition. Children under three years of age are weighed once a month and children aged 3-6 years are weighed quarterly (from three months). Age increment and weight card is retained for all children below six years of age which also helps to determining growth and nutritional status. In addition, severely malnourished children are given special supplementary food and referred to medical services for their welfare. (Jena, 2013)

**2. Immunization:** Immunization is very important to protect the child from health-related problems. Immunization protects the child from health-related problems. Immunization protects pregnant women and children from diseases. Key preventive measure in this

help prevent child mortality, disability and malnutrition related diseases. Pregnant women are vaccinated against tetanus to reduce the risk of maternal and child mortality. (Jena, 2013)

3. **Health check-ups:** Health check-ups include prenatal and post-natal care of children below six years of age. Anganwadi workers provide a variety of health-related services to these children, including regular health check-up by a member of primary health centre, keeping weight records, immunization, management of malnutrition, treatment of diarrhoea and distribution of simple medicines. (Jena, 2013)
4. **Referral Services:** Malnourished child is referred to primary health centre for timely medical assistance during health check-up. Anganwadi workers prepare a list of these disabled children and note them in a separate register and send them to the medical officer of the Primary Health Centre. (Jena, 2013)
5. **Non-Formal Pre-School Education:** Non-Formal Pre-School Education is a component of ICDS which can also be called the backbone of ICDS, because primarily its services include Anganwadi. (Jena, 2013) Anganwadi Centre provides non-formal pre-school education to children aged 3-6 years. It does not emphasize the formal education of the child, but the necessary development in the child's experience and behaviour psycho-social stimulation is also provided to the child. (Buwa, 1998) ICDS states that non-formal pre-school education mainly affects the poorer groups below the age of six. More emphasis is placed on the total development of children. This program is for children aged 3-6 years which provides a natural, happy and stimulating environment in Anganwadi which is essential and important for their growth and development. The basic learning component of ICDS is an important contribution in providing a common foundation to enhance lifelong learning and development. (Jena, 2013)
6. **Nutrition and Health Education:** Providing Nutrition and Health Education is the job of Anganwadi Workers. It is a communication of behaviour change. It aims to increase the capacity of adolescent and women aged 15-45 years to take care of their own health, nutrition and development needs, as well as that of their children and families. (Jena, 2013)

#### **Role and responsibilities of Anganwadi workers**

- Running the program to support and participate in the group.
- Keeping a graphic record of weight of each child every month using referral card for maternal and child risk cases to the primary health centre and presenting these cards before going to the medical and para medical officer for children below 6 years of age.
- One time in a year survey of all the families in the area especially the mothers and children in those families.
- Organizing informal preschool activities for children aged 3 to 6 years at Anganwadi Centre and helping in making toys and preparing equipment for use in Anganwadi.
- Organize locally for supplementary nutrition for children, pregnant women and lactating mothers by planning menu-based food and local traditions.
- Providing training to mothers on health, nutrition, education, infant feeding and counselling the child and adolescent feeding practices. Encouraging married women to

adopt family planning measures as Anganwadi workers are close to the local community.

- Informing the Anganwadi worker as Birth and Death Registrar/ Sub Registrar in his village to share information related to births and deaths during the month with Panchayat Secretary/ Gram Sabha Sewak/ANM.
- Anganwadi worker to play her role by going door to door to educate the parents of new born baby especially about growth and development plans.
- Regular maintenance of files and records.
- Assisting Primary Health Centre Staff in implementation of health-related programs such as immunization, health check-ups, ante-natal and post-natal check-ups etc.
- Sharing of information collected under Anganwadi workers ICDS scheme with ANM, while ANM does not rely solely on information obtained from records of Anganwadi Workers.
- To guide ASHA workers under ICDS who conduct health care services and records maintenance under National Rural Health Mission.
- Assist in implementation of Kishori Shakti Yojana and Organize social awareness programs etc. to motivate and educate young girls and their parents and community.
- Anganwadi worker to assist in implementation of Nutrition Program for Adolescent Girls as per ICDS guidelines and maintain such records as prescribed under Nutrition Program for Adolescent Girls.
- Identifying disabilities in children during their home visits and immediately referring those cases to the nearest primary health centre.
- Helping drives polio vaccination. (Sandhyarani and Rao, 2013)

**Significance of the Research Paper:** The research was conducted in Ludhiana district of Punjab in which sociological analysis of the roles of Anganwadi workers were analysed. For this purpose, two blocks of Ludhiana district that is Mangat and Sudhar were selected. For this purpose, 140 Anganwadi centres were selected, out of which 100 were in Mangat Block and 40 were in Sudhar Block. This research analysis the responsibilities performed by the Anganwadi workers towards pregnant women and lactating mothers as per ICDS. This research paper has analysed how far the objectives of ICDS were fulfilled by the Anganwadi workers.

**Objectives of the study:** This research paper emphasize on the following objectives:

1. To explore the roles performed by an Anganwadi Worker in delivering their responsibilities towards pregnant women and lactating mothers.
2. To understand the various difficulties faced by an Anganwadi worker while performing their responsibilities.

**Research Questions:** Keeping in view the objectives of the research paper, the following research questions have been formulated:

1. What are the roles and responsibilities of an Anganwadi worker towards pregnant women and lactating mothers?
2. What are the various difficulties faced by an Anganwadi worker while performing their responsibilities?

**Area of Study:** The present study was done to know the performance of Anganwadi workers of Ludhiana District of Punjab.

**Research Methodology:** The research methodology adopted to accomplish the objectives of this study was divided into following sections:

1. Research Area
2. Selection of Respondents
3. Technique of data collection

**Research Area:** For this study Ludhiana city has been selected from Punjab. Because Ludhiana city holds its special place in Punjab due to industrial factories. Due to this, number of Anganwadi centres are also high due to dense population there. There are 2487 Anganwadi Centres in Ludhiana district as per the information collected during 2018. (Source: Department of Social Security Women and Child Development, Chandigarh)

**Selection of Respondents:** Anganwadi workers from 140 Anganwadi centres have been selected as respondents for this research. Stratified random sampling method has been adopted for this selection. Anganwadi Centres of Ludhiana district is divided into 16 blocks. Out of which the researcher has taken two blocks (Mangat and Sudhar). Mangat block of Ludhiana has 304 Anganwadi centres, which is more than all the blocks and second Sudhar block has 89 Anganwadi's which is less than all the blocks. Each block is further divided into circles. Similarly, Mangat block has 10 circles and Sudhar block has 4 circles. 10 Anganwadi centres in each circle of both the blocks have been taken for study. The research period for the study was from April to June 2018.

**Data collection:** After selecting the area and selecting the respondents, the next step was data collection. Direct contact with the Anganwadi workers of each Anganwadi centre was necessary for data collection. The methods used in the study for data collection are as follows:

1. Observation method
2. Interview schedule method

**Findings of the study:** There are six services (Supplemental nutrition, Vaccination, Health check, Referral Services, Informal pre-school education and Nutrition and Health Education) mentioned in ICDS which are being delivered by Anganwadi centres. Out of these services supplementary nutrition, vaccination and health check-ups of the pregnant women and lactating mothers were analysed. The findings with this regard to these services is given below:

**Health:** Appeal from ICDS (Integrated Child Development Services) is important among selection and empowerment services. This includes health checkups, keeping weight records, administering vaccinations and health education. In the field of health, the first aspect is health screening.

**Health Check-ups:** Under ICDS health screening services are provided for pregnant women and children. Health examination is given by Medical Officer and ANM. Both of them have direct contact with Anganwadi workers. Under ICDS medical officers are required to visit the Anganwadi centres every month for health check-up of children, but the interaction with Anganwadi worker revealed that they come only once in three months and they only check the health of those children who are present in Anganwadi centres at that time. It has been also reported from Anganwadi workers that medical Officer and ANM only checks the height, weight and heart rate of the children, but if there is any other illness, the children are sent to hospital.

**Food description:** Researcher has also obtained the information about supplementary nutrition provided to children, pregnant women and lactating mothers for 300 days in a year in which



they got Daliya, Kheer, Panjiri and Halwa. As per the responses received from Anganwadi workers, they are providing supplementary nutrition to the pregnant women and lactating mothers as per the days given in the table.

Series No.	Days	Pregnant women and Lactating mothers
1.	Monday	Daliya (169 grams)
2.	Tuesday	Kheer (175 grams)
3.	Wednesday	Panjiri (92 grams)
4.	Thursday	Daliya (169 grams)
5.	Friday	Kheer (175 grams)
6.	Saturday	Panjiri (92 grams)

**Nutrition and food description under the Supplementary Nutrition section of ICDS:** Supplementary nutrition program is an important element of ICDS. Supplementary nutrition given to children, pregnant women and lactating mothers RDA (Recommended Dietary Allowance) and ADI (Average Daily Intake) aim to provide 300 days of supplementary nutrition in 1 year to the beneficiary. State and central government spend 50:50 on supplementary nutrition programme. Under this scheme, Kheer, Panjiri, Daliya is given to beneficiaries. All these items are produced from government recognized agencies like: FCI, MILKFED, MARKFED and SUGARFED. (Source: [www.icds\\_wcd.nic.in/icds.aspx](http://www.icds_wcd.nic.in/icds.aspx)). As per responses received from the Anganwadi workers they are providing different forms of supplementary nutrition to the different categories prescribed by ICDS.

**Forms of Supplementary Nutrition**

Beneficiary	Calories	Protein (grams)
Children (6 to 72 months)	500	12-15
Severely malnourished children (6 to 72 months)	800	20-25
Pregnant and lactating mothers	600	18-20

([www.pbsocialsecurity.gov.in/index.php/wcd/icds#supplemenarty-nutritionprogamme](http://www.pbsocialsecurity.gov.in/index.php/wcd/icds#supplemenarty-nutritionprogamme))

**Information on providing supplementary nutrition:** Anganwadi workers reported that supplementary nutrition is provided in Anganwadi centres to pregnant women and lactating mothers till the age of 0-6 months and from 6 months to 5 years of children.

**Timing of receiving supplementary nutrition from government:** Anganwadi workers said that supplementary nutrition provided by government is available twice a year in which 5 packets of ghee, 2 sacks of Panjiri, 50 kg of sugar, 10 kg of dry milk, 50 kg of rice, 51 kg of wheat are given in one time. It also varies slightly depending on the Anganwadi centres.

**Celebrating Nutrition Day:** Anganwadi workers mentioned that in Anganwadi centres 14<sup>th</sup> of every month is celebrated as Nutrition Day. It consists of Panchayat members, village priests, all the women of the village, pregnant women, lactating mothers and teenagers. It also includes Head Sevika, ASHA workers, ANMs, Anganwadi workers and helpers. In this, Head Sevika give detailed information about the topic of nutrition and its importance. Information on good health and hygiene is imparted by ASHA workers/ANM. The adoption ceremony of a pregnant woman is also performed on this day. In the adoption ceremony, the pregnant woman is offered with vegetables, fruits, grains and pulses, milk and milk products, ghee etc.

**Items given to pregnant mothers due to deficiency of supplementary nutrition:** Anganwadi workers reported that when supplementary nutrition is exhausted, then they distribute toffee and biscuits etc. Anganwadi workers narrated that flour is the first thing that runs out in supplementary nutrition and Anganwadi workers sometimes bring flour from their home. Pregnant women and lactating mothers are given nothing when supplementary nutrition is finished. The Anganwadi workers of Jangpur from Sudhar Block said that when the supplementary nutrition in their Anganwadi centres runs out, the village sarpanch and panchayat members collect wheat and sugar from the people and give it to the Anganwadi centres.

**Obtaining information about pregnant women:** When home visits are conducted by Anganwadi workers, information about pregnant women is obtained from housewives in their homes, but women do not feel comfortable talking about pregnancy, so sometimes Anganwadi workers have to get the information from the neighbours too. Anganwadi workers and helpers and sometimes the beneficiaries themselves inform the Anganwadi workers about their pregnancy because the women are told by the Anganwadi workers that after pregnancy and TT1 vaccination they are fed with supplementary nutrition. The following points illustrate the information collected from the beneficiaries of two blocks and the responses in this regard is given below:

- 89 percent Anganwadi workers in Mangat Block and 90 percent Anganwadi workers in Sudhar Block get information about pregnant women through home visits because women talk openly during home visits.
- 96 percent Anganwadi workers in Mangat block and 100 percent Anganwadi workers in Sudhar block get information about pregnant women from ASHA workers because ASHA worker gets information from ANM.
- 99 percent of Anganwadi workers in Mangat block and 95 percent of Anganwadi workers in Sudhar block get information about pregnant women from ANM and ANM examines pregnant women and makes a card when women are pregnant and Anganwadi workers talks about pregnant women.
- 10 percent of Anganwadi workers in Mangat block and 25 percent of Anganwadi workers in Sudhar block gets information about pregnant women from helpers, because when the helpers go to give food to lactating mothers, they get this information from the women in village.
- 76 percent of Anganwadi workers in Mangat block and 75 percent of Anganwadi workers in Sudhar block gets information about pregnant women itself because pregnant women want to avail the services offered by ICDS.

**Information about the risk of pregnant women:** The researcher obtained information about the knowledge about the risk of pregnant women by Anganwadi workers:

- 96 percent of Anganwadi workers of Mangat Block and 90 percent of Anganwadi workers of Sudhar Block gets information about the risk of pregnant women through ASHA worker.
- 94 percent of Anganwadi workers in Mangat Block and 80 percent of Anganwadi workers of Sudhar Block receive information about the risk of pregnant women

from ANM because ANMs inform both ASHA workers and Anganwadi workers about the risk of pregnant women.

- 100 percent of Anganwadi workers of Mangat Block and 100 percent of Anganwadi workers of Sudhar Block gets information about the risk of pregnant women through home visits. Anganwadi workers narrated that these days pregnancy has become a bit difficult due to which pregnant women inform the Anganwadi workers themselves about their risk.

**Responsibilities of Anganwadi Workers regarding Pregnant Women:** When Anganwadi workers come to know about pregnant women in the block, the first and the foremost requirement is that they supervise the pregnant woman to go to the ANM to make her card, so that they can avail the services provided by ICDS. Apart from this, Anganwadi workers give information to the pregnant women about taking care of herself, taking nutritious food, resting, taking her medicines on time, recording her weight every month, getting vaccination at right time, etc. Apart from this, if the Anganwadi workers see serious symptoms such as blood loss, feet swelling, excessive vomiting, water loss in the body, they advise her to go to doctor. Along with this, Anganwadi workers fill the form under Pradhan Mantri Matru Vandana Yojna Scheme when the woman has her first child.

**Weight Measurement and Vaccination details of Pregnant Women:** Anganwadi workers said that the weight of pregnant women is checked every month. This record is kept by both ANM and Anganwadi workers in which the weight of pregnant women every month is observed and recorded. Vaccinations TT1 and TT2 administered to pregnant women by Anganwadi workers in the fourth and fifth are also recorded.

**Vaccination:** Immunization is a key feature of any health programme. It plays an important role in preventing diseases. Vaccination under ICDS is administered to pregnant women and children. Earlier due to lack of social awareness especially the poor and illiterate households neglected vaccination which led to high morbidity and mortality rates, but under ICDS immunization is provided free of cost to pregnant women and children which has resulted in that all pregnant women and children receive all vaccinations. As a result, morbidity and mortality have decreased.

**Immunization to be done by ANM:** Anganwadi workers said that immunization is done by ANM. Cards are made for pregnant women and children. Vaccination is administered at Anganwadi centres or hospitals. These records are kept by only Anganwadi workers.

**Acquiring information about immunization:** The following responses indicate the information collected from the two blocks of Ludhiana (Mangat block and Sudhar block).

- 98 percent Anganwadi workers in Mangat Block and 100 percent Anganwadi workers in Sudhar Block get information about vaccination from ANM because Anganwadi workers are with her when ANM administers vaccination.
- 65 percent of Anganwadi workers in Mangat Block and 45 percent of Anganwadi workers in Sudhar Block receive information about vaccination through home visits because many pregnant women do not come for vaccination on the day the ANM comes. Because of which they get their vaccination in the government hospital. Anganwadi workers take information about immunization during home visits.

**Details of Vaccination and Medicines administered to pregnant women:** Anganwadi workers reported that pregnant women receive two vaccines which are TT1 and TT2. The TT1 injection is given in the fourth month and the TT2 injection in the fifth month. Along with this, 90 tablets of folic acid and 90 tablets of iron, 100 tablets of calcium are started from the fourth month. These pills are given by ANM or doctor only.

**Tasks to be done in home visits:** Anganwadi workers told that in home visit demographic survey, child survey, adolescent survey, pregnant women survey, Adhar card survey, bus pass survey, birth and death survey, pension related survey, disability survey and other surveys to be done. Along with this, they educate pregnant women about taking care of their health, eating nutritious food, resting, taking their medicines on time, recording their weight every month, getting vaccination on time, gives information about keeping a gap of 3 years in next child etc.

**Information about the meeting of pregnant women, lactating mothers, adolescents and women of 15-45 years:** Anganwadi workers said that they talk to pregnant women and lactating mothers daily. But once in a month pregnant woman, lactating mothers and 15- to 45-year-old adolescents and women are met. Various issues are discussed in the meeting. Anganwadi workers told that in the meeting in all Anganwadi centres of Mangat Block and Sudhar Block child health, cleanliness, importance of vaccination, importance of education, importance of breast feeding, health education, nutrition education, talking about the prevention of diseases etc. are discussed.

**Visit of Mukhiya Sevika to Anganwadi Centres:** Anganwadi Workers reported that Mukhiya Sevika visits all Anganwadi Centres in Mangat Block and Sudhar Block once a month, but it was also reported that Mukhiya Sevika visits Anganwadi centres near the office twice a month.

**Discussion on Social Issues:** Anganwadi workers narrated that social issues are discussed in the meeting of all Anganwadi centres of Mangat Block and Sudhar Block; in which social issues like dowry system, drugs, infanticide are discussed at length. During field survey, it was found that 65 percent of Anganwadi workers in Magat Block and 55 percent of Anganwadi workers in Sudhar block talk about problems of dowry system; 72 percent of Anganwadi workers of Mangat block and 100 percent of Anganwadi workers of Sudhar block discuss about problems related to infanticide. Anganwadi workers promote them to say no to infanticide by giving an example of Beti Bachao Beti Padhao Abhiyan.

**Maintenance of registers by Anganwadi workers:** Information about the maintenance of registers was obtained from Anganwadi workers during the research field. Anganwadi workers mentioned that they have to maintain 11 registers. All the Anganwadi workers of Mangat Block and Sudhar Block are provided with family details, record of supplementary feeding, distribution of supplementary feeding, pre-school education, summary monthly and yearly, referral services, planning of home visits, maintains registers of pregnancy and delivery, immunization, half yearly round of vitamin A. 89 percent of Anganwadi workers in Mangat block have complete child weight records and 100 percent of Anganwadi workers of Sudhar Block have complete child weight records.

**Filling forms of Pradhan Mantri Matru Vandana Yojna by Anganwadi workers:** Anganwadi workers mentioned that they also fill the scheme forms of Pradhan Mantri Matru Vandana Yojna in which the pregnant women on the delivery of the first child 5000 Rs are paid. In this scheme a form is filled in three instalments which is filled by Anganwadi workers.

**Income satisfaction of Anganwadi workers:** During the research field, information about the income satisfaction of Anganwadi workers has been obtained:

- Out of the total number that is 140, 4.29 percent of Anganwadi workers were satisfied with income, out of which 5 percent Anganwadi workers of Mangat Block and 2.5 percent are Anganwadi workers of Sudhar Block.
- 95.71 percent of total number of Anganwadi workers (140) were dissatisfied with income, including 95 percent of Anganwadi workers of Mangat Block and 97.5 percent of Anganwadi workers of Sudhar Block. Anganwadi workers narrated that their work is too much but the income received is so meagre that it becomes difficult to survive with such a less amount of income.

**Surveys conducted by Anganwadi Workers:** During the research field the researcher obtained information about the survey conducted by Anganwadi workers in which Anganwadi workers talked about demographic survey, latrine survey, children survey, adolescent survey, pregnant women survey, Adhar card survey, bus pass survey, birth death survey, pension related survey and handicapped survey among other surveys are done by them. Anganwadi workers narrated that many surveys were done by them in the village which they keep as records.

- 100 percent of Anganwadi workers in Mangat Block and 100 percent of Anganwadi workers in Sudhar Block do demographic survey, latrine survey, child survey, adolescent survey, pregnant women survey, Adhar Card survey, bus pass survey, birth death survey, pension related survey, handicapped survey.
- 72 percent of Anganwadi workers in Mangat Block and 25 percent of Anganwadi workers in the Sudhar Block also conduct other surveys, including the survey of votes, duty on votes, NRI survey, below poverty line survey, child girl survey etc.

**Miscellaneous Problems faced by Anganwadi workers:** Information about the various difficulties was also obtained from the Anganwadi workers. Anganwadi workers narrated some problems faced by them while working in Anganwadi centres.

- 100 percent of Anganwadi workers in Mangat Block and 75 percent Anganwadi workers of Sudhar Block lack basic facilities in Anganwadi centres. Structural difficulties are encountered. Many Anganwadi centres are not clean, there is no provision of water and water has to be brought from other places for children to drink and cooking. Many Anganwadi centres lack electricity and there is no also no toilet facility, lack of play space and toys for children. Many Anganwadi centres do not even have a window and many have not a separate room for Anganwadi workers to prepare food. They cook in the same room where children sit.
- 100 percent of Anganwadi workers of Mangat Block and 100 percent of Anganwadi workers of Sudhar Block were over loaded with their work in Anganwadi centres as they have to handle 11 registers.
- 100 percent of Anganwadi workers in Mangat Block said that there was lack of co-operation by the people of the villages. People even do not open door for them and do not give correct information.
- 100 percent of Anganwadi workers of Mangat Block and 100 percent of Anganwadi workers of Sudhar Block have lot of maintenance work in the Anganwadi Centres.

- 100 percent of Anganwadi workers in Mangat Block and 100 percent of Anganwadi workers in Sudhar Block told that they also have to do other miscellaneous work like giving polio drops, election duties, NRI surveys and girl child survey etc.

**Conclusion:** As per the objectives of this research paper, the Anganwadi workers were performing their responsibilities efficiently as per ICDS. While delivering their roles they encounter certain difficulties like lack of funds, lack of facilities, lack of co-operation, overloaded with extra responsibilities which are not mentioned in ICDS, maintaining of so many registers in order to keep the records of pregnant women etc. The tasks performed by them were numerous but the salaries given to them are so meagre which is not equivalent to the functions performed. Thus, in order to make ICDS programme more effective, the government should provide proper salaries to the Anganwadi workers as well as proper structural facilities to the Anganwadi centres in order to make this programme more successful. No doubt the Anganwadi workers are carrying out their responsibilities in making the pregnant women and lactating mothers aware but in order to accomplish this programme more in a scientific and systematic way the programme should have its reach to each and every woman covered under ICDS.

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