

Knowledge and job performance of Anganwadi workers

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ABSTRACT

The study was carried out in Dharwad Taluk of Dharwad district of Karnataka state during 2016-17 to know the knowledge and job performance of Anganwadi workers. Total 150 rural Anganwadi workers (AWWs) were selected randomly for the study. The data were collected from the respondents through questionnaire. The collected data were tabulated and analyzed by using suitable statistical tools. Knowledge was measured through three different aspects viz immunization, nutrition and growth monitoring. The results showed that AWWs had high knowledge regarding immunization and medium knowledge about nutrition and growth monitoring. The respondents' age, education, socio-economic status, experience and training were positively and significantly related with knowledge level. Size of family and job performance were non-significantly related with knowledge level of AWWs. With regard to performance, about half (51.33%) of the respondents were in medium, 32.00 per cent in high and 16.67 per cent in low performance categories. The overall job performance index was found to be 67.80. This indicates that the AWWs were performing their job to the extent of 67.80 per cent as reported by their respective supervisors.

Keywords: ICDS; Anganwadi workers (AWWs); knowledge; job performance

INTRODUCTION

Children are more important assets in all societies. The responsibility of their health and well-being rests on the nation. Any national plan on human resource development should have a prominent place for child-health programmes. For children to grow into healthy and well-adjusted adults the most important thing is that they need a good start in life. This in turn depends on the good health of their mothers. Children born unhealthy are likely to suffer from diminished chances of survival. Hence early stages of development are very important. Early childhood developments constitute the foundation for the human development. Early years (first six years) of the life are the most crucial period for the physical, mental, social, emotional and language development. In malnourished child developmental milestones are delayed.

Health and nutrition are the most important contributory factors for human resource development.

Good nutrition is the fundamental basic requirement for maintenance of positive health. A proper diet is essential from the very early stages of life for growth, development and active life. The early years of zero to three years are crucial periods for brain development which may be adversely affected by malnutrition. The World Bank estimates that India is ranked second in the world of the number of children suffering from malnutrition where 47 per cent of the children exhibit a degree of malnutrition (Gupta et al 2015). Malnutrition tends to have a detrimental impact on the economic growth of nation and affects the overall productivity.

Hence to provide all basic services to the child as well as to the mother for proper growth and development, the scheme of Integrated Child Development Services (ICDS) was initiated on 2 October 1975.

It is one of the largest multidimensional welfare programmes intended to reach millions of children and their mothers who are caught in the grip of malnutrition,

diseases, illiteracy, ignorance and poverty. The main objective of this programme is to cater to the needs of the development of children in the age group of 0-6 years.

The sub-schemes of Integrated Child Development Service (ICDS) scheme are supplementary nutrition, non-formal pre-school education, nutrition and health education, immunization, health check-up and referral services. The Anganwadi is the main centre for the delivery of ICDS services in rural areas. An Anganwadi normally covers a population of 1000 in rural or urban slum areas and 700 in tribal areas (Sachdev and Choudhury 1994). It provides services to bridge the caloric gap between the national recommended and average intake of children and women. Anganwadi is having a Anganwadi worker selected from within the local community. The basic work of Anganwadi worker is to take care of neonatal, children, adolescent girls, pregnant women and lactating mothers.

The success of overall efforts of ICDS scheme largely depends on how well the Anganwadi workers perform their job. Job performance helps to know whether a person performs a job well or not. The job performance was operationalized as the role an AWW does in the village as an occupant of the AWW's position in the ICDS scheme. According to Bhardwaj et al (1989) job performance is the extent of performance of the job in view of expectations as stated in the job chart. AWWs' performance depends on knowledge and satisfaction in their job. So present study was carried out with the objective to know knowledge and job performance of AWWs.

METHODOLOGY

The study was conducted in Dharwad Taluk of Dharwad district, Karnataka during the year 2016-17. The Dharwad Taluk comprised two Integrated Child Development Services (ICDS) projects. One was rural-based and another one was urban-based. Among the two, rural-based ICDS project was selected. A list of all Anganwadis in the rural area of Dharwad Taluk was obtained from the Child Development Project Office, Dharwad, Karnataka. It was found that there were 302 rural Anganwadi centres and 302 rural Anganwadi workers in 108 villages of Dharwad Taluk. Among 302 AWWs, 150 rural AWWs were randomly selected as sample for the study.

The data were collected from the selected sample with the help of questionnaire. The collected data were tabulated and analyzed by using suitable statistical tools. In the present study a teacher-made test technique was followed to measure the knowledge level of Anganwadi workers. And to measure the job performance, scale developed by Nagnur (1992) was used. The scale consisted of 15 statements. The performance of the Anganwadi workers was rated by the respective supervisors. Supervisors were asked to indicate their degree of satisfaction towards AWWs job for different statements on a four-point continuum namely 'very much satisfied', 'moderately satisfied', 'satisfied' and 'less satisfied' with scoring of 4, 3, 2 and 1 respectively. The minimum and maximum scores that could be obtained by the Anganwadi workers were thus 15 and 60 respectively. The total job performance scores were calculated and categorized as low, medium and high level.

RESULTS and DISCUSSION

Table 1 shows the knowledge level of Anganwadi workers. Knowledge was measured through three different aspects viz immunization, nutrition and growth monitoring.

Table 1. Knowledge level of Anganwadi workers (n= 150)

Component	Category	Frequency	Percentage
Immunization	Low	3	2.00
	Medium	8	5.33
	High	139	92.67
	Total	150	100.00
Nutrition	Low	15	10.00
	Medium	88	58.67
	High	47	31.33
	Total	150	100.00
Growth monitoring	Low	11	7.33
	Medium	77	51.34
	High	62	41.33
	Total	150	100.00

Regarding immunization majority (92.67%) of the AWWs belonged to high knowledge level followed by medium (5.33%) and low (2.00%). The reason for high knowledge could be that AWWs were responsible for providing immunization to the beneficiaries. Immunization is one of the services of ICDS in collaboration with health department. AWWs were

responsible for identifying the child to be immunized and were supposed to maintain record of it. So on a fixed day in a month ANM (Auxiliary Nurse Midwife) from the health department visited the Anganwadi and conducted mothers' meeting with the cooperation of AWW. Compulsory immunization was provided to children according to their age. This was also checked by her superiors and medical officers during the monthly PHC meetings. Hence AWWs were directly involved in immunization and the knowledge regarding immunization was found high. Thakare et al (2007) in their study found that AWWs had 67.85 per cent of knowledge regarding immunization.

Data given in Table 1 also depict that 58.67 per cent of the respondents possessed medium, 31.33 per cent high and 10.00 per cent low level of knowledge regarding nutrition. Similar results were also obtained by Salutagimath and Nithya Shree (2013). Supplementary nutrition is one of the major component of ICDS which helps to improve the nutritional status of the children. Beneficiaries of this component/service are children in the age group of zero to six years, pregnant women and nursing mothers. According to the menu chart provided by the department AWWs distributed food to the beneficiaries. They also conducted mothers' meetings and home visits during which they transferred knowledge on nutrition. AWWs also participated in the training programmes on nutrition given under ICDS. These might be probable reasons for medium level of knowledge of AWWs regarding nutrition aspect.

Half of the AWWs (51.34%) had medium level of knowledge while 41.33 and 7.33 per cent had high and low level of knowledge respectively about growth monitoring (Table 1). Medium level of knowledge about growth monitoring could be due to the reason that AWWs were responsible for providing service of growth monitoring to the children in the age group of zero to six years. In Anganwadi centres AWWs measured height and weight of each child and recorded it in a register. Along with this they graded the children (Grade I: normal grade children, Grade II: moderate grade children, Grade III: severe grade children) in the Anganwadis and prepared a graph of weight and height in growth chart register. They also had discussions with ANMs and medical officers during their regular visits to Anganwadis. During the training programmes also they might have gained some knowledge regarding growth monitoring. Similar observations were made by Sanjiv et al (1994).

Table 2. Correlation coefficient between selected factors and knowledge of Anganwadi workers (n= 150)

Independent variable	Pearson's correlation coefficient (r-value)
Age	0.271**
Education	0.494**
Size of family	0.037 ^{NS}
Socio-economic status	0.219**
Experience	0.161*
Training	0.171*

**Significant at 0.01 level, *Significant at 0.05 level

The data in Table 2 indicate the relationship between selected factors and knowledge of AWWs. Age was positively and significantly correlated with knowledge level of AWWs at one per cent level. This could be due to the reason that most of the AWWs belonged to young and middle age groups and thus they were more enthusiastic in acquiring knowledge and participating in all activities or services of ICDS. The other reason might be that their experience increased with age hence their knowledge also increased.

Education was positively and significantly correlated with knowledge level of AWWs at one per cent level. The probable reason might be that formal education widens the horizons of knowledge of an individual and thus he/she has ability to acquire skill and knowledge. Formal education of the AWWs might have helped them in understanding the concepts of nutrition, health, growth monitoring and in turn increased their understanding about the activities of ICDS.

Socio-economic status was also positively and significantly correlated with the knowledge level of AWWs. The reason could be that individuals having good socio-economic status have better opportunities and better exposure to the new things in their job.

When knowledge was tested with job experience of AWWs it was found that this variable was positively and significantly correlated at five per cent level. This might be due to the reason that experience increases knowledge, skill and attitude.

The training was also positively and significantly correlated with knowledge level of AWWs at five per cent level. Trainings helped in updating the

knowledge of AWWs. A training helps to improve the knowledge, skill, attitude and social behavior of employees for doing a particular job. However size of the family showed a non-significant relation with knowledge level of Anganwadi workers.

AWWs performance was good regarding immunization services in the area, monthly distribution of balanced food ingredients to pregnant and lactating mothers at their door-steps, reporting to their superiors immediately of any development which required special attention in the village and surveying the community to enlist beneficiaries and updating the list every year. AWWs performance

was low regarding maintenance of all the prescribed records and registers neatly and up to date and also visiting the homes of children to educate the mothers (mothers' education) about well-being of children since an AWW is responsible for providing all services to the children as well as mothers.

The overall job performance index was found to be 67.80 (Table 3). This indicates that the AWWs were performing their job to the extent of 67.80 per cent as reported by their respective supervisors.

Table 4 indicates the levels of job performance of AWWs. It was observed that almost half (51.33%)

Table 3. Job performance of Anganwadi workers as rated by superiors (n= 150)

Statement	Very much satisfied	Moderately satisfied	Satisfied	Less satisfied	Job performance index
Survey the community to enlist beneficiaries and update the list every year	39 (26.00)	50 (33.33)	61 (40.67)	0 (0.00)	71.33
Record the weight of all children below six years regularly	33 (22.00)	64 (42.67)	42 (28.00)	11 (7.33)	69.83
Maintain all the prescribed records and registers neatly and up to date	19 (12.66)	58 (38.67)	58 (38.67)	15 (10.00)	63.50
Prepare a variety of nutritious food so that children are not bored with the same diet	21 (14.00)	54 (36.00)	66 (44.00)	9 (6.00)	64.50
Distribute balanced food ingredients for pregnant and lactating mothers monthly at their door-step	41 (27.33)	55 (36.67)	52 (34.67)	2 (1.33)	72.50
Able to achieve 100% immunization in the area with the help of PHC	64 (42.67)	38 (25.33)	46 (30.67)	2 (1.33)	77.33
Able to persuade at least two women to go in for family planning every year	15 (10.00)	64 (42.67)	61 (40.67)	10 (6.66)	64.00
Visit homes of children regularly once in every week to educate the mothers regarding well-being of children	13 (8.67)	63 (42.00)	68 (45.33)	6 (4.00)	63.83
Promptly give first aid and medicine for common ailments to the women, adolescents and children in the village	30 (20.00)	55 (36.67)	56 (37.33)	9 (6.00)	67.66
Maintain referral cards and refer to the doctors when necessary	35 (23.33)	49 (32.67)	52 (34.67)	14 (9.33)	67.50
Conduct meetings once in every month for educating pregnant and lactating mothers	28 (18.67)	52 (34.67)	65 (43.33)	5 (3.33)	67.16
Conduct two meetings per month for mothers of pre-school children	3 (2.00)	82 (54.67)	63 (42.00)	2 (1.33)	64.33
Make at least two home visits of pre-school children/pregnant and lactating mothers/day	16 (10.67)	56 (37.33)	77 (51.33)	1 (0.67)	64.50
Report to their superiors immediately any development which required special attention in the village	41 (27.34)	50 (33.33)	57 (38.00)	2 (1.33)	71.66
Successful in getting support from Panchayat, Mahila Mandal, school teachers and other community members for conducting ICDS programmes	34 (22.67)	40 (26.67)	72 (48.00)	4 (2.66)	67.33
Overall job performance index	-	-	-	-	67.80

of the respondents were in medium while 32.00 per cent were in high and 16.67 per cent in low performance category.

Table 4. Level of job performance of Anganwadi workers (n= 150)

Level	Respondents	
	Frequency	Percentage
Low (15-30)	25	16.67
Medium (30-45)	77	51.33
High (45-60)	48	32.00

The reasons for better job performance might be commitment to their work and direct involvement in their activities. AWWs were well aware of the mandatory activities of ICDS. They were interested in their job and were motivated to serve the people since community members give recognition and respect to AWWs. They submitted the reports of their activities every month and the reports were reviewed by their superiors (supervisors) who discussed the reasons for their achievements or not achieving which in turn helped AWWs to improve their job performance and work efficiency.

CONCLUSION

Knowledge and job performance are important criteria for organizational outcomes and success. Job performance is a means to reach goal or set of goals within a job or organization. Study showed that majority of the AWWs belonged to medium level of knowledge and job performance. To improve the job performance ICDS should

provide periodic trainings, suitable literature and organize health-related camps for updating the knowledge and skill of AWWs. Since job performance is directly related to job satisfaction some of the benefit plans and incentives should be created for AWWs to have satisfaction and in turn improve their performance.

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