



# “A Descriptive Study to Assess the Problems and Issues Faced by the Anganwadi Workers while delivering Health Care Services in Selected Community Areas At Pondicherry”

R.Mahimairaj,P.Roja,M.Sowmiya, N.Subash \*\*, R.R.Kavitha\*

\*\*B.SC Nursing Final year students, A.Padmavathi College of nursing,Puducherry.

\*Asistant Professor,Deeppartment of Community Health Nuring A.G.Padmavathi College of nursing,Puducherry.

## ABSTRACT:

**Background:** The Anganwadi system is mainly managed by the Anganwadi worker (AWW),chosen from the community and given 4 months training in health, nutrition and child-care who covers a population of 1000. About 20-25 Anganwadi workers are supervised by a Supervisor called Mukhya sevikas. 4 Mukhya sevikas are headed by a Child Development Projects Officer (CDPO). There are an estimated 10.53 lakhs Anganwadi centers employing 18 lakhs mostly-female workers and helpers across the country. They do outreach services in need of immunization and a learning environment for infants, toddlers and pre-schoolers. They also provide similar services for antenatal and nursing mothers.

## Objectives:

- To assess the specific problems faced by the anganwadi workers while delivering community health care.
- To find out the association between the problems faced by Anganwadi workers with the selected demographic variables.

**Method:** The conceptual frame work adopted for the study is based on **Hildegard. E. Peplau’s interpersonal theory**.Descriptive survey design was used for this study. 20 samples of anganwadi worker were selected by Simple random sampling method, the data collected by structured questionnaire.

## MAJOR FINDINGS:

1.Assessment of percentage distribution of number of problems facing repeatedly by the Anganwadi workers while delivering health care services included in the study. In this study, 15% of them met increased workload, 75% of the met inadequate facilities and 10% of them met inadequate manpower. *The result shows that among the study population, 75% of the anganwadi worker had the problems of inadequate facilities.*

The association **between problems faced frequently** and demographic variables. Only **Duration of working** (p=0.001) was highly statistically significant and **number of children present(p-0.007)** was statistically significant with problems faced frequently by an anganwadi workers. **Hence the stated null hypothesis (H<sub>01</sub>) was rejected and research hypothesis was accepted.** The other demographic variables namely Age, Marital status,

Locality, Religion, Educational status, Monthly income, Duration of travelling, Population Coverage in the area, **Thus, the stated null hypothesis ( $H_{03}$ ) was accepted and research hypothesis was rejected.**

2. Assessment of percentage distribution of number of problems facing while providing supplementary feeding included in the study. In this study, 25% of them had inadequate supplies and 75% of them had less numbers of beneficiaries. *The result shows that among the study population, 75% of the anganwadi worker had the problems of less numbers of beneficiaries.*

There is no association between any demographic variables such as age, marital status, locality, religion, educational status, monthly income, duration of travelling, population coverage in the area between the **problem facing while providing supplementary feeding. Hence, the stated null hypothesis ( $H_{01}$ ) was accepted.**

3. Assessment of percentage distribution of number of problems facing from the community by the Anganwadi workers while delivering health care services included in the study. In this study, 60% of them had lack of and manpower and 40% of them had poor awareness among people. *The result shows that among the study population, 60% of the anganwadi worker had the problems of lack of time and manpower.*

There is no association between any demographic variables such as age, marital status, locality, religion, educational status, monthly income, duration of travelling, population coverage in the area between the **Problems faced from community while delivering health care services. Hence, the stated null hypothesis ( $H_{01}$ ) was accepted.**

4. Assessment of percentage distribution of number of problems facing between the health care workers by the Anganwadi workers while delivering health care services included in the study. In this study, 65% of them had lack of experience and 35% of them lack of communication. *The result shows that among the study population, 65% of the anganwadi worker had the problems of lack of experiences.*

There is no association between any demographic variables such as age, marital status, locality, religion, educational status, monthly income, duration of travelling, population coverage in the area between the **problem facing with other Health Care Workers Hence, the stated null hypothesis ( $H_{01}$ ) was accepted.**

5. Assessment of percentage distribution of number of problems facing by the Anganwadi workers while delivering health care services included in the study. In this study, 50% of them had lack of specific updated knowledge, 50% of them had lack of training. *The result shows that among the study population, they had the equal proportion of lack of specific updated knowledge and lack of training when compared to others.*

The association **Problems faced related to health services** by an anganwadi worker and demographic variables. Only **age** ( $p=0.001$ ) was highly statistically significant with problems faced frequently by an anganwadi workers. **Hence, the stated null hypothesis ( $H_{01}$ ) was rejected and research hypothesis was accepted.**

The other demographic variables namely, Marital status, Locality, Religion, Educational status, Monthly income, Duration of travelling, numbers of the children present in the anganwadi, Population Coverage in the area, **Thus, the stated null hypothesis ( $H_{01}$ ) was accepted and research hypothesis was rejected.**

6. Percentage distribution of number of problems faced by the Anganwadi workers while maintaining register included in the study. In this study, 55% of them have lack of supervision, 30% of them have lack of time to maintain and 10% of them have frequent transferring. *The result shows that among the study population, majority of 55% of them had the problems of lack of supervision.*

The association between problems faced while maintaining registers and demographic variables. Only **age** ( $p=0.001$ ) was highly statistically significant. **Hence, the stated null hypothesis ( $H_{01}$ ) was rejected and research hypothesis was accepted.**

The other demographic variables namely marital status, Locality, Religion, Educational status, Monthly income, Duration of travelling, Population Coverage in The Area. **Thus, the stated null hypothesis ( $H_{01}$ ) was accepted and research hypothesis was rejected.**

7. Percentage distribution of number of problems facing while attending health services meeting with other health care provider included in the study. In this study, 75% of them met problems due to poor knowledge of the trainer and 25% of them met problems due to inadequate infrastructure. *The result shows that among the study population, 75% of the anganwadi worker had problems of the poor knowledge poor knowledge of the trainer.*

Association between any demographic variables such as age, marital status, locality, religion, educational status, monthly income, duration of travelling, population coverage in the area and the **Problems Faced while Attending Health Services Meeting with other Health Care Workers.** *Hence, the stated null hypothesis ( $H_{01}$ ) was accepted.*

**CONCLUSION:** The most important problems reported by the Anganwadi workers were lack of honorarium as per their work load, lack of playing, teaching material and other equipment, lack of government building, job insecurity, lack of transportation, lodging and boarding facility at the time of meeting, training, unavailability of food material, lack of cooperation of local leader & community people and poor quality of food material, people give preference to nursery school other than Anganwadi centers, documents are not presented by women timely and doctors and nurses were not available as per the needs of beneficiaries and women does not take certificate timely.

Key words: Anganwadi workers, health care services, supplementary feeding, community, health care workers, maintaining register, attending health services meeting, *lack of supervision.*

