

Satisfaction of Anganwadi Workers in implementing Integrated Child Development Scheme activities

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ABSTRACT: : Job satisfaction is outlined as "the extent to which individuals like (satisfied) or dislike (dissatisfied) with their jobs. The main objective of the study was to determine the level of satisfaction of Anganwadi workers in implementing Integrated Child Development Scheme services. An exploratory survey was used with simple random sampling technique. The data was collected using the tools: demographic proforma and Job Satisfaction Rating Scale. The overall analysis of job satisfaction of anganwadi workers reveals that majority (64%) of the samples were satisfied in implementing the ICDS activities. There is significant association of satisfaction scores with anganwadi worker's religion ($\chi^2=7.23$), place of residence ($\chi^2=12.58$) and experience ($\chi^2=11.95$).

Key Words: Job satisfaction; Anganwadi workers; Integrated Child Development Scheme

Introduction

"Satisfaction does not come with achievement, but with effort. Full effort is full victory"

Mahatma Gandhi

Effectiveness of an organizational structure has been closely linked to the level of job satisfaction among the workers. Job satisfaction is an important organizational variable which can either be an independent or dependent one.

The purpose of Integrated Child Development Scheme (ICDS) is to improve the health, nutrition and development of children. Each centre is run by an anganwadi worker and one helper, who undergo three months of institutional training and four months of community-based training.

Underpaid and overworked anganwadi workers are the real providers of many basic services for the poor across India. Despite this very low remuneration, the activities these workers and helpers are required to perform are very extensive. For all of these, not only are the wages paid to the workers and helper low, but the other resources and facilities provided for undertaking all this work are minimal.

There is the further problem of overloading the tasks assigned to anganwadi workers. The worker and helper in such centres who receive the paltry "honorarium" are seen as "part-time workers" in the centres that are supposed to open for only four hours a day. All this amounts to much more than a full-time activity, yet the anganwadi workers and helpers are hardly compensated for all this. In any case there are not enough of them to cater to all of these varied demands even within a small population.

Every occupation has the likelihood of burnout. One group that is vulnerable is anganwadi workers. They want to cover more area of care among a large population of 1000. The anganwadi workers are required to perform the main functions. Attainment of Integrated Child Development Scheme Services goals depends deliberately upon the effectiveness of anganwadi workers. It is very much important to know that how much satisfaction they are having in rendering the care to the population. The investigator has selected this topic for the research work in order to assess the satisfaction of anganwadi workers in implementing the ICDS services in selected Anganwadi's at Mangalore.

Objectives of the study:

1. To determine the level of satisfaction of anganwadi workers in implementing Integrated Child Development Scheme activities.
2. To determine the association of demographic variables with the level of satisfaction.

Literature Review:

The functioning of ICDS Programme in Hooghly District was studied through record analysis and interviews of Anganwadi Workers (AWW). Only 11.8% Anganwadi Workers were attended continuing

education sessions. There was gross under detailing of pregnant mothers and live births. Need of all-round improvement of functioning of 'Monitoring and Continuing Education System' of ICDS Programme is well felt.¹

A study was conducted to assess the practice of skills learnt by basic health workers for 4 - 8 weeks and one year after IMCI training, and to identify the gaps in practices due to various constraints. The Anganwadi Workers (AWWS) and the supervisory staff were subjected for 5 days IMCI training using WHO package. The supervisors gave follow up visits to AWWs. Performance on counseling improved from 15.6% to 52.1% during 2nd follow up visit. The average number of cases seen by AWWs increased from 6.6 in first follow up to 9.3 during second follow up of the same AWWs.²

THEORETICAL FRAMEWORK:

The investigator applied two-factor theory (also known as Herzberg's motivation-hygiene theory developed by Frederick Herzberg, a psychologist) since the modal describes that there are certain factors in the workplace that affect the job satisfaction.

In this study the intrinsic conditions included were job like antenatal care, postnatal care, nutrition, non-formal pre-school education, home visits, referral services and recognition by the community contact and liaison work and other responsibilities like health services and maintenance of records. The hygiene factors in this study were working conditions includes physical set up of anganwadi, transport facilities , pay and security comprise of working hours, salary and other facilities, supervisors visits and attitude, interpersonal relationships and attitude of the attenders.

Study variable: Job satisfaction of Anganwadi workers

Extraneous Variables: It includes the baseline information such as Age, Religion, Marital status, Type of family, Place of residence, Training undergone, and Experience

RESEARCH METHODOLOGY:

Research Design: An exploratory survey was used with simple random sampling technique.

Benefits: Anganwadi workers were the main stream basic need providers who connect directly with the community people. The care and concern they provide is indeed increasing the health of the people. The area they have to cover is vast and resources are limited. A job satisfaction evaluation is very well needed to know whether all citizens are getting benefit and the workers are too benefited with remuneration and work atmosphere.

Method of data collection:

This was an exploratory survey method. In this study, the sample size was 100 anganwadi workers implementing Integrated Child Development Scheme activities in Mangalore. The AWW were briefed about the purpose, procedure, confidentiality, risks, and benefits of the study. The setting for the study was the child development project office, Valencia, Mangalore. Based on the objectives, baseline proforma and job satisfaction questionnaire was prepared and administered to anganwadi workers. The reliability of the satisfaction questionnaire was 0.87.

DATA ANALYSIS AND INTERPRETATION:

The data collected will be analyzed by means of descriptive and inferential statistics.

Section A: Demographic variables of the samples.

Section B: Description of satisfaction scores among anganwadi workers.

Section C: Association of knowledge scores with selected demographic variables.

Section A: Demographic variables of the sample

Demographic variables of the sample are expressed in percentage and are presented in Table 1.

Table 1: Percentage distribution of samples according to their demographic characteristics

N=100

Demographic Variables	Percentage (%)
Age in years	
21-30	30
31-40	54
41 and above	16
Religion	
Hindu	77
Christian	15
Muslim	08
Any other, specify	-

Demographic Variables	Percentage (%)
Marital status	
Single	06
Married	91
Widow	03
Type of family	
Nuclear	70
Joint	19
Extended	11
Place of residence	
Local (within 5km from anaganwadi)	86
Non-local (more than 5 km from anaganwadi)	14
Training undergone	
Induction training	
Job orientation training	
Refresher training	73
Any other, specify	16
Experience	
Less than 1 year	-
1-2 years	
2-3 years	
More than 3 year	16
	30
	37
	17

The data presented in the table 1 shows the following findings:

Age: Highest percentage (54%) of the anganwadi workers were in the age group of 31-40 years whereas the lowest percentages (16%) were 41 years and above.

Religion: Majority (77%) of the anganwadi workers were Hindus and least (8%) were Muslims.

Marital status: Highest percentage (91%) of the anganwadi workers were married and 03% were widows. The remaining (06%) were single.

Type of family: Highest percentages (70%) of the anganwadi workers were from nuclear family whereas the least percentages (11%) were from extended family.

Place of residence: Highest percentage (86%) of the anganwadi workers were from local area whereas the least percentage (14%) was from non-local area.

Training undergone: 73% of the anganwadi workers had undergone induction training, 16% had job oriented training and 11% had undergone refresher training.

Experience: Highest percentage (37%) of the anganwadi workers had 2-3 years experience whereas the least percentage (16%) had less than 1 year experience.

Section B: Description of satisfaction scores among anganwadi workers

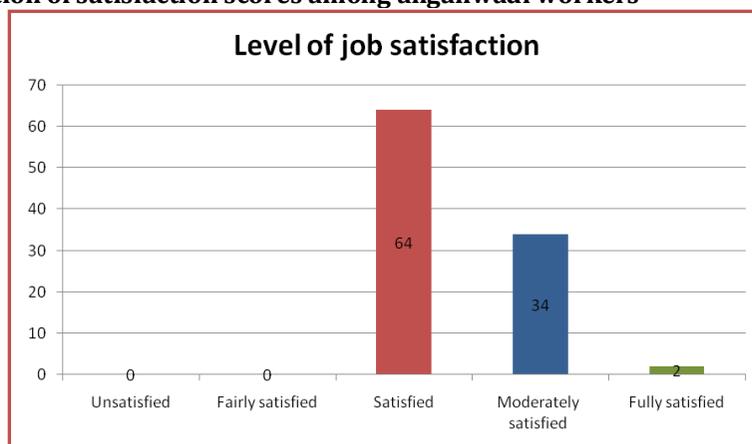


Figure 1: Bar diagram describes percentage distribution of samples according to their satisfaction scores

The data presented in figure 1 shows that majority (64%) of the samples were just satisfied in implementing the ICDS activities, 34% were moderately satisfied, and 2% were fully satisfied whereas none of them were unsatisfied or fairly satisfied.

Table 2: Obtained Range of Score, Maximum Score, Mean Median, Standard Deviation (SD), Mean Percentage (%) and Level of satisfaction of samples in implementing Integrated Child Development Scheme activities

Obtained Range	Maximum Score	Mean	Median	SD	Mean %	Level of Satisfaction
123-268	300	173.94	172	22.93	65%	Satisfied

N=100

The data depicted in the table 2 shows that the obtained range is 123-268 with a mean of 173.94 and standard deviation of 22.93. The maximum score was 300 and the median calculated was 172. The mean percentage obtained was 65%. This indicates that the subjects were satisfied in implementing ICDS activities.

Table 3: Area wise maximum score, Obtained Range of score, Mean, Standard Deviation (SD), Mean Percentage (%) and Level of satisfaction of samples in implementing Integrated Child Development Scheme activities

Areas	Max. Score	Obtained Range	Mean	SD	Mean %	Level of Knowledge
Antenatal care	25	9-19	13.76	2.38	72.42	Moderately Satisfied
Postnatal care	15	5-15	9.07	1.86	60.47	Moderately Satisfied
Nutrition	50	19-46	29.3	4.89	63.69	Moderately Satisfied
Nonformal pre-school education	25	7-25	13.36	2.53	53.44	Satisfied
Health services	35	14-33	23.01	4.02	69.72	Moderately Satisfied
Maintenance of records	35	15-35	23.68	5.15	67.66	Moderately Satisfied
Community contact and liaison work	45	14-43	23.76	4.58	55.26	Satisfied
Home visits	15	3-15	8.06	1.64	53.73	Satisfied
Referral services	10	3-10	5.58	1.31	55.80	Satisfied
Work environment and facilities	45	18-39	24.33	3.41	62.38	Moderately Satisfied

N=100

The data described in the table 3 shows that the subjects were moderately satisfied in providing antenatal care (72.42%), postnatal care (60.47%), nutrition services (63.69%), health services (69.72%) maintenance of records (67.66%) and in work environment and facilities (62.38%) whereas satisfied in the areas of nonformal pre-school education (53.44%), community contact and liaison work (55.26%), home visits (53.73%) and referral services (55.8%).

Section D: Association of knowledge scores with demographic variables

Table 4: Description of satisfaction scores with Anganwadi workers demographic variables

Demographic Variables		χ^2	p-value	Inference
1.	Age	1.89	>0.05	NS
2.	Religion	7.23	<0.05	S*

3.	Marital status	1.51	>0.05	NS
4.	Type of family	0.16	>0.05	NS
5.	Place of residence	12.58	<0.05	S*
6.	Training undergone	0.84	>0.05	NS
7.	Experience	11.95	<0.05	S*

Table value of χ^2 at 1df=3.84, 2 df = 5.99 & 3 df = 7.82 at 0.05 level of significance.

S* - Significant NS - Not Significant

The data depicted in the table 4 shows that there is significant association of satisfaction scores with anganwadi worker's religion ($\chi^2=7.23$), place of residence ($\chi^2=12.58$) and experience ($\chi^2=11.95$). Thus the null hypothesis was rejected and the research hypothesis was accepted for the above variables. However no significant association was found with age ($\chi^2=1.89$), marital status ($\chi^2=1.51$), type of family ($\chi^2=0.16$) and training undergone ($\chi^2=0.84$).

Discussion:

Level of satisfaction scores

The findings of the study showed that majority (64%) of the anganwadi workers were satisfied in implementing ICDS activities. The range, mean, median, standard deviation and mean percentage of satisfaction in implementing Integrated Child Development Scheme activities were 123-268, 173.94, 172, 22.93 and 64.9 respectively. The subjects were moderately satisfied in providing antenatal care (72.42%), postnatal care (60.47%), nutrition services (63.69%), health services (69.72%), maintenance of records (67.66%) and in work environment and facilities (62.38%) whereas only satisfied in nonformal pre-school education (53.44%), community contact and liaison work (55.26%), home visits (53.73%) and referral services (55.8%).

The findings of the study were supported by a descriptive study conducted to evaluate the problem, and to determine the causes of the dissatisfaction in three urban ICDS projects in Bombay, Poona and Hyderabad. AWWs had an inappropriate attitude towards their job. They regarded their job as a government job and had no commitment towards their functions and hence dissatisfaction resulted.³

Another study was conducted to understand the relationship between the personality traits and the job satisfaction and job involvement among Taiwanese community health volunteers. A cross sectional design is used with the sample size of 200 health workers. Data analysis was carried out using the SPSS/WIN10.0 statistical software package. The results showed there was a moderately significant relationship between job satisfaction and job involvement ($r=.434$, $p<.01$).⁴

Thus it can be concluded that the anganwadi workers are not fully satisfied in fulfilling their job activities. Hence it is important to consider their job related difficulties and should take prompt measures to increase the anganwadi workers satisfaction in implementing the services.

Association between job satisfaction and demographic variables:

The present study shows that there was a significant association of the religion ($\chi^2= 7.23$), place of residence ($\chi^2=12.58$) and experience ($\chi^2=11.95$) with satisfaction score as calculated value was more than the table value at 0.05 level of significance.

The present study findings are underpinned by a correlational study conducted in South Africa among primary health nurses. Job satisfaction was statistically significantly associated with experience ($P<0.05$). Satisfaction with training undergone was the only facet significantly explaining job implementation when controlling for age ($P< Strategies aimed at improving job 0.001$).⁵

Another comparative study conducted by using an instrument that included the MBI-HHS Burnout Inventory, surveyed academic anesthesiology chairpersons in the United States. There was no association of age ($P = 0.16$), sex ($P = 0.82$), place of residence ($P = 0.63$) with job satisfaction. Age, sex, hours worked and family were not associated with job satisfaction. This signifies that satisfaction in implementing the activities had a significant association with experience, age and place of residence of the samples.⁶

The discussion has been limited to the available literature review. It is highly supportive that more research is recommended in the area of job satisfaction of anganwadi workers.

LIMITATION:

- Sample size was relatively small due to time constraint.
- Samples were selected only from one child development project office of Mangalore. Hence

generalization can only be made for the sample studied.

- The study was limited to anganwadi workers who knew Kannada.

IMPLICATIONS:

Nursing practice

A community health nurse should play a major role in motivating the anganwadi workers in implementing Integrated Child Development Scheme activities. A nurse should visit the anganwadi's in his/her work area. Thereby they can directly understand the work related problems of the anganwadi workers. A nurse should evaluate the anganwadi workers in their duties and encourage community participation for the successful implementation of ICDS activities.

Nursing education

Nursing curriculum should be revised and updated with more community experience so that the student nurses may get the skill and experience in dealing with anganwadi workers. Due to inadequate experience, student nurses are not prepared to educate the anganwadi workers or to assist them in implementing the services to the public. Good field supervision is therefore mandatory for students who are posted in the community area so that they can be properly trained in assisting the anganwadi workers.

Nursing administration

Nursing administration must awaken to the fact that the educating the anganwadi workers is a necessity and should provide resources in terms of manpower, money and materials.

Nursing research

There is a great need for research to improve the satisfaction of anganwadi workers. Research in these areas will bring out measures which will help the anganwadi workers and other health care providers to improve satisfaction in their job. Nurse researchers should be aware of the need for improving the job satisfaction of anganwadi workers and formulating new theories, researchers in order to improve the knowledge, skill and attitude of anganwadi workers and ultimately can improve the status and standards of anganwadi workers.

CONCLUSION:

The study concludes that 64% of AWW were satisfied in implementing ICDS activities. It should be pin pointed that only 2% were fully satisfied in their activities. Studies on job satisfaction among such workers are scant and more studies can be done on job satisfaction of such workers in order to assess whether they are really satisfied in all aspects.

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Reference:

1. Biswas R, Chattapadhyay D. Monitoring and continuing education system of ICDS Programme in Hooghly District, West Bengal. *Indian journal of public health.* 2001 July -September; 45(3):99-103.
2. Chaudhary N, Mohanty PN, Sharma M. Integrated management of childhood illness (IMCI) follow-up of basic health workers. *Indian journal of paediatrics.* 2005 September; 72(9):735-9.
3. Bidarakoppa G S. Anganwadi Workers: A Study in Integrated Child Development Services Scheme. *Research on ICDS: An Overview 1995;*2:77-78
4. Li IC, Lin MC, Chen CM. Relationship between personality traits, job satisfaction, and job involvement among Taiwanese community health volunteers. *Public health nursing.* 2007 May-Jun; 24(3):274-82.
5. Delobelle P, Rawlinson JL, Ntuli S, Malatsi I, Decock R, Depoorter AM. Job satisfaction and turnover intent of primary healthcare nurses in rural South Africa: a questionnaire survey. *Journal of advanced nursing* 2011 February; 67(2):371-383.
6. Oliveira GS, Ahmad S, Stock MC, Harter RL, Almeida MD, Fitzgerald PC, McCarthy RJ. High incidence of burnout in academic chairpersons of anesthesiology: should we be taking better care of our leaders. *Anesthesiology* 2011 Jan; 114(1):181-93.