

A Study of on Job Satisfaction of Anganwadi Workers in Mahisagar District

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ABSTRACT

Established on October 2, 1975, the Integrated Child Development Services (ICDS) Scheme is currently the largest program in the world, with the goal of improving the health, nutrition, and educational opportunities for mothers and their infants aged 0 to 6 years. The term "Anganwadi" refers to the location where the ICDS services are rendered by workers at the grassroots level, known as Anganwadi workers (AWWs). The study's goals were to evaluate the sociodemographic profile, socioeconomic status, and degree of job satisfaction of anganwadi workers in a subset of the Mahisagar district's anganwadi centers. 180 respondents in total were chosen through the use of stratified random procedure.

Keywords: *Integrated Child Development Scheme, Job Satisfaction, Anganwadi, Anganwadi Worker*

Healthy Mother and Child (MCH) and their health status as indicators of human development are being tracked globally, and their development is directly linked to the development of any given country. Children between the ages of 0 and 6 make up almost 158 million of the population, according to the 2011 Census of India. According to Black et al. (2008) and Ahmed et al. (2012), India is the country that contributes the most to global infant and maternal mortality statistics and has the highest rate of undernourished children worldwide. Severe protein energy malnutrition (PEM) contributes to a high infant and child mortality rate in India by making a person more vulnerable to infection and other related disorders. In an effort to address the issue of providing for the holistic requirements of children and to prevent maternal and child malnutrition and illness, the Indian government, in partnership with state governments and the community, launched the Integrated Child Development Service (ICDS) on October 2, 1975. It began with 33 blocks and has grown to become one of the largest early childhood development programs in the world. It addresses not only children under six but also expectant and nursing mothers, adolescent girls, and health, nutrition, water supply and sanitation, and early childhood education. It takes a multi- sectored approach to these issues.

The Anganwadi serves as the central location for the delivery of these services, and its worker and assistant oversee the center, which is open for business for a minimum of four hours every day. They have an overseer. In charge. The District Social Welfare Officer

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Received: March 13, 2024; Revision Received: June 08, 2024; Accepted: June 12, 2024

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(DSWO) oversees the district's program, while the Child Development Project Officer (CDPO) is in charge of the block-level program. The Anganwadi offers additional nourishment to children, expectant mothers, and breastfeeding moms and monitors the growth of children under five. Children who are undernourished receive extra food as directed. Anganwadi centers also include health screenings, preschool instruction, immunizations, referral services, and health education. (Central Monitoring Unit (ICDS) Guidelines for Monitoring and Supervision and NOP Mid-Term Evaluation Report) Being frontline workers in the community, Anganwadi workers (AWW) are crucial to the services offered at Anganwadi Center.

These women are honorary part-time employees who were selected by their neighbors and have at least a middle school education. perhaps at least a Matric. A lady from the area known as an assistant helps AWW and is compensated honorarily. The AWW must efficiently carry out a broad variety of work responsibilities involving various beneficiary groups. In addition, she organizes health check-up and vaccination campaigns. In addition, she conducts community surveys, enrolls beneficiaries, provides primary healthcare and first aid, refers unwell, malnourished, and at-risk children for referral, and community support for Anganwadi activities, setting up Mahila Mandals and women's groups, enrolling children in schools, and keeping records and registers (Sunder Lal 1989). Additionally, she is a social change agent who galvanizes community support for improved early childhood care (Kant et al., 1984).

Function and obligations of AWWs:

job and obligations of AWWs: In accordance with ICDS rules, an Anganwadi worker's job and responsibilities are as follows:

1. To encourage community involvement and support in the operation of the program.
2. Weighing each child once a month and recording the weight visually on the growth card; using referral cards to send mothers and kids to PHCs or sub-centers; keeping child cards for kids younger than six years old and presenting them before going to the doctor or other health care provider healthcare professionals.
3. Once a year, conduct a brief survey of all the families in each area of work, paying particular attention to the mothers and kids in those households.
4. To plan extracurricular activities for young children in the age group in the Anganwadi three to six years old, as well as to assist in the creation and manufacture of toys and playthings of an indigenous background for use in anganwadis.
5. To plan the menu using foods that are readily available and recipes that are specific to the area in order to provide supplemental nutrition feeding for children (0–6 years old) as well as expecting and nursing moms.
6. To give moms advice on infant and young feeding habits, as well as health and nutrition education. Due of their intimate ties to the community, Anganwadi Workers can encourage married women to use birth control and family planning.
7. AWWs are required to notify the Panchayat Secretary, Gram Sabha Sewak, or ANM who has been designated as the Registrar or Sub Registrar of Births and Deaths in her village of any births that occurred during the month.
8. To conduct home visits with the goal of teaching parents so that moms can effectively prepare for their child's growth and development, with a focus on the newborn.
9. To keep documents and files up to date as directed.
10. To support PHC employees in carrying out the program's health component, specifically vaccinations, health examinations, prenatal and postnatal care, etc.

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11. To help ANM administer IFA and Vitamin A by keeping the two medications in stock at the Center without keeping a stock register because doing so would increase her administrative work that might impact her primary responsibilities under the Scheme.
12. To provide the ANM with information gathered under the ICDS Scheme. ANM will not, however, rely only on the data gleaned from AWW's archives.
13. To notify the Supervisors and CDPO of any developments in the village that call for their attention and involvement, especially with relation to the job of coordinating agreements with other departments.
14. To keep in touch with other organizations (Mahila Mandals) and involve females from the village's elementary and middle schools as well as female school instructors whose roles are relevant to hers.
15. To provide direction to National Rural Health Association (ASHA)-accredited social health activists mission in providing medical care and keeping records up to date for the ICDS Program.
16. To support the Kishori Shakti Yojana (KSY) in its execution and, via the planning of social awareness campaigns and programs, to inspire and educate teenage girls, their parents, and the society at large.
17. AWW would also help carry out the Nutrition Programme for Adolescent Girls (NPAG) in accordance with the Scheme's requirements and keep the records that the NPAG requires.
18. Anganwadi workers can serve as depot holders for disposable delivery kits, RCH kits, and contraception. However, the ANM or ASHA would really be in charge of carrying out the distribution of delivery kits or administering medications, other than OTC (over-the- counter) medications, as determined by the Health and Family Welfare Ministry.
19. During her home visits, to identify any disabilities in the children and to promptly submit the case to the closest PHC or District Disability Rehabilitation Center.
20. To assist with the planning of PPI (Pulse Polio Immunization) drives.
21. Notifying the ANM of any emergencies, such as cholera or diarrhea, etc.

The function and obligations of Anganwadi Helpers:

1. To prepare and serve food to marchers and children
2. To collect water and clean the Anganwadi grounds every day.
3. The tidy appearance of young children (iii).
4. To transport young kids who are gathering from the village to the Anganwadi.

Job satisfaction:

The degree to which workers have a positive affective orientation toward their employment by the organization is known as job satisfaction (Price, 1997). The term "job satisfaction" describes an employee's sense of fulfillment at work, which serves as a driving force behind productivity. As stated "Job satisfaction refers to an individual's general attitude towards his/her job," according to Robbins (2000). Job satisfaction is defined as a "pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences" by Locke (1976) and Jex (2002). The evaluation takes into account a number of work-related factors, including pay, benefits, coworkers and superiors, career opportunities, and, of course, the inherent qualities of the position (Arnold et al., 1998). Numerous elements, including competitive pay, sufficient staffing, a pleasant workplace, and reasonable working hours, chances for both professional and personal development, acknowledgment from

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managers, friendly relationships with coworkers, job security, etc. all have a significant impact on how satisfied one is with their employment.

The effectiveness of the ICDS plan as a whole primarily hinges on how well the Anganwadi Employee carries out her duties.

METHODOLOGY

Objectives:

1. To evaluate the socioeconomic status and sociodemographic makeup of Anganwadi laborers.
2. To evaluate the operational challenges and perceived workload associated with the responsibilities of employees of Anganwadis.
3. To find out how satisfied anganwadi employees are with their jobs.
4. To evaluate the anganwadi workers' standard of living.

Design of sampling:

In the year 2024, this study was conducted at the Mahisagar district's Anganwadi Centers. There are fifteen blocks in the Mahisagar district. Using a stratified random approach, the Anganwadi centers were chosen. From Each of the twelve Anganwadi centers in the area was chosen to serve as a representative example for the entire district. For the study, a total of 180 anganwadi workers were chosen as the sample.

Instruments and methods:

For this investigation, a pre-structured questionnaire was employed. Additionally, the study made use of the socio-economic main scale created by R.L. Bharadwaj (2013). This scale's objective was to evaluate the economic and social standing of an individual or family in relation to others using a variety of factors, including income, occupation, familial influence, physical assets, social position, caste, political influence, and muscular power.

RESULTS AND DISCUSSION

The demographic profile of the respondents, broken down by age groups, caste, religion, marital status, family structure, level of education, and occupation, is shown in Table 1.

Table 1: Distribution of Respondents According to General Information

Variable	Frequency	Percentage (%)
Age		
20-30	15	08.33
30-40	84	46.66
40-50	57	31.66
50-60	24	13.33
Caste		
General	66	36.66
OBC	69	38.33
SC	12	06.66
ST	33	18.33
Religion		
Hindu	174	96.66
Muslim	00	00
Christian	06	03.33

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Marital Status		
Married	150	83.33
Unmarried	30	16.66
Class of Family		
Low	21	11.66
Middle	147	81.66
High	12	06.66
Types of Family		
Joint	84	46.66
Nuclear	96	53.33
Education Qualification		
High School	72	40
Intermediate	75	41.66
B.A	27	15
M.A	06	03.33
Occupational Qualification (Received Training)		
Unskilled	09	05
Semi-skilled	57	31.66
Skilled	114	63.33

According to Table 2's data, the vast majority of respondents (80%) belonged to the lower middle class, with the lowest percentage (3.33%) being from the upper middle class. On average, however, respondents belonged to the middle class (16.6%).

Table 2: Distribution of Respondents According to Their Socioeconomic Class

Socioeconomic Class	Frequency	Percentage (%)
High Class (40 and above)	00	00
Upper Middle Class (30-39)	06	03.33
Middle Class (20-29)	30	16.6
Lower Middle Class (10-19)	144	80
Lower Class (<10)	00	00

The respondents were questioned about their level of job satisfaction and, if not, the reasons behind their unhappiness. According to the poll, 167 (92.77%) respondents said their poor pay was the reason they weren't happy in their jobs. 163 (90.5%) of the respondents supported quitting their employment if they could find another opportunity to work. The vast majority of AWWs expressed dissatisfaction with many aspects of their working environment, including long work hours, excessive job obligations, challenges maintaining records, and other facilities. The current study found that the majority of AWWs experienced issues with inconsistent medicine delivery, contingencies, etc., in addition to complaining about poor honoraria, TA/DA, and delayed carrier growth in their working conditions.

Table 3: Distribution of Respondents on The Basis Various Issues Related to Job

Variable	Frequency		Percentage (%)	
	Yes	No	Yes	No
Low salary	167	13	92.77	07.23
No alternative job opportunity	163	13	90.05	09.05

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Variable	Frequency		Percentage (%)	
	Yes	No	Yes	No
Long working hours	129	51	71.66	28.44
Too much job responsibility	115	65	63.88	63.01
Inadequate knowledge in keeping records	157	23	87.22	12.78
Inadequate infrastructure	144	36	80	20

According to Table 4's data, 76.66% of respondents said that their workload was extremely severe. 73.33% of the participants reported that they had no trouble obtaining more nourishment. Over 50% of the participants mentioned challenges in the form of insufficient workspace (56.66%) and insufficient employees in AWCs (58.88%). Due to a lack of appropriate training, 48% of AWW acknowledged that their expertise in some areas was insufficient.

Table 4: Distribution of Respondents According to Their Responsibility Perceived

Variable	Frequency		Percentage (%)	
	Yes	No	Yes	No
Heavy work load	129	51	76.66	28.33
Difficulties in obtaining supplementary nutrition	48	132	26.66	73.33
Inadequate work space	102	78	56.66	43.33
Transportation problem	75	105	41.66	58.33
Inadequate knowledge	87	93	48.33	51.66
Inadequate staff	106	74	58.88	41.12
Operational difficulties	81	99	45	55

According to Table 5's data, 78.33% of respondents were somewhat satisfied with the favorable work environment at anganwadi centers, and 51.66% of respondents were content to do several duties there. 56.66% were happy with the instruction they received. educational resources in anganwadi centers.

Table 5: Distribution of Respondents According to Their Satisfaction with Organization

Variable	Low		Moderate		High	
	F	%	F	%	F	%
Happy with favourable environment for working in AWC	03	1.66	141	78.33	36	20
Pleasure in performing multiple role in AWC	33	18.33	93	51.66	54	30
Providing teaching learning material	27	15	102	56.66	51	28.33
Student strength in AWC	42	23.33	78	43.33	60	33.33

According to Table 6, 63.33% of anganwadi workers were somewhat content with the informal education they provided to young children, and 30% were extremely satisfied with this element of their employment. In anganwadi centers, 50% of AWWs reported that the teaching-learning process was tranquil. When it came to the respondents' level of satisfaction, 58.33% were fairly content, and 26.6% were very satisfied that their jobs helped pregnant women and the villagers.

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Table 6: Distribution of Respondents According to Their Self Satisfaction

Variable	Low		Moderate		High	
	F	%	F	%	F	%
Teaching to young children give self satisfaction	12	06.66	114	63.33	54	30
Teaching in AWC is peaceful	45	25	90	50	45	25
Pregnant women and villagers are benefited by your job	27	15	105	58.33	48	26.66

According to data from Table 7, 21% of anganwadi workers experienced high levels of difficulty when having a meeting with parents, while 75% of workers encountered moderate challenges. Of the participants, 25% experienced significant challenges, while 55% encountered some difficulty. obtaining and supplying clean drinking water as well as restrooms. Of the AWWs, 61.11% appreciated their work as caregivers and teachers of little children very much, while 18.33% enjoyed it moderately. Every respondent said that Anganwadi guests and government representatives treat them with respect.

Table 7: Distribution of Respondents According to Satisfaction with stake holder

Variable	Low		Moderate		High	
	F	%	F	%	F	%
Difficult to deal with parent meeting	15	08.33	126	70	39	21
Difficult in drinking water and toilet facility in AWC	36	20	99	55	45	25
Enjoy the company of children	36	20	33	18.33	111	61.66

According to data from Table 8, 38.33% of AWWs expressed a high degree of satisfaction with the system of assistance offered by their supervisors, whilst 51.66% of respondents expressed a moderate level of satisfaction and 10% expressed a poor level. the majority 63.66% received aid and backing from their colleagues as required. When asked about their opinions on work security, 31.66% of respondents said they were very satisfied with their employment' security, 56.66% said they were somewhat secure, and 11.66% said they felt insecure because they were afraid of intervention and pressure from their communities.

Table 8: Distribution of Respondents According to Their Satisfaction with co-worker and Supervisors

Variable	Low		Moderate		High	
	F	%	F	%	F	%
Supervisor providing supportive system	18	10	93	51.66	63	38.33
Colleague extend supportive system when needed	15	08.33	114	63.66	51	28.33
Security of job as long as good work	21	11.66	102	56.66	57	31.66

CONCLUSION

Anganwadi personnel serve as a liaison between the ICDS and the community. The bulk of the respondents accepted the position due to financial necessity and a low income, and all of them were well aware of the duties of the position. financial security, love for children, Some of the main motivations for becoming an AWW were interest in social work and the welfare of society, lack of other opportunities to engage in any other way, relief from household tasks, limited working hours, and other issues. According to the survey, older

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Anganwadi personnel reported higher levels of satisfaction than younger ones. Adaptation to the workplace and the perception of the explanation for their increased job satisfaction was probably the duties they have for the beneficiaries. It was discovered that, with the exception of their pay or honorarium and excessive workload, Anganwadi employees of the ICDS initiative were generally happy with their jobs, the authority figures' collaboration, and total performance.

Shortcuts:

- Anganwadi Center, or AWC
- Anganwadi Worker (AWW)
- SN: Nutrition in Supplements
- Preschool Education, or PSE
- HNE: Education on nutrition and health
- Integrated Child Development Scheme, or ICDS.

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Acknowledgment

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Damor, J.P. (2024). A Study of on Job Satisfaction of Anganwadi Workers in Mahisagar District. *International Journal of Indian Psychology*, 12(2), 3323-3330. DIP:18.01.293.20241202, DOI:10.25215/1202.293