THE KNOWLEDGE OF ANGANWADI SERVICES IN THE COMMUNITY AND THE PROBLEMS OF ANGANWADI WORKERS

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Abstract: *Community knowledge on public services and problems of people who worked at the grassroots level to implement that program needs to get much attention from the concerned Governments. Integrated Child Development Service (ICDS) scheme is the world's largest community-based program targeted at children up to 6 years, pregnant women, lactating mothers, and adolescent girls in India. Therefore, the current study aims to study the knowledge of Anganwadi services in the community and the problems of Anganwadi workers. The study adopted a mixed-method approach by taking sequential explanatory research in both quantitative and qualitative phases. The participants are selected using survey method in quantitative phase and a self-prepared questionnaire is used to collect the data. An interview method is used in the qualitative phase. The study result shows that more than three-quarters of the respondents believe that children are the key beneficiaries of services provided by Anganwadi. The majority (89.6%) of the participants knows that children below six years of age and pregnant women (58.5%) are the beneficiaries of supplementary nutrition. However, the majority of the people do not know about the referral services and nutrition and health education services from Anganwadi. The major problem faced by Anganwadi workers includes an inadequate honorarium, large target area, excessive record maintenance and infrastructure-related problems.*

Keywords: *Anganwadi workers; Integrated Child Development Service (ICDS); Knowledge; Problems; Community*

1. Introduction

The Integrated Child Development Service (ICDS) is a large national program that meets the needs of children below six years of age. It offers comprehensive service packages to children that include dietary supplements, medical care and pre-school education. As children's health and nutritional needs cannot be seen separately from mothers' needs, the program will also be extended to pregnant women, breastfeeding women and also adolescent girls. Early childhood is crucial for the development of all human skills. ICDS has set the goal of offering a wide range of services in the critical phase to ensure children's survival and development. The program focuses on the physical, psychosocial, cognitive, linguistic and creative aspects of children's development (WCD, 2019). An integrated approach enables children to reach their full potential. It also calls for the care and education of young girls, women and children through an improved, child-centred approach that requires cross-sectoral connection and integration of services. The ICDS initiative was created to understand the link between children's health, nutrition, intellectual, emotional and social development. It is a multidimensional, community-based and integrated strategy, and its success

depends on active community participation. It calls for community participation in its process of implementation by utilising local resources.

Anganwadi is a village courtyard. It is the main platform for ICDS program. These Anganwadis have been set up in every village in the country. Anganwadi workers (AWW) act as an integral link between the community and the ICDS. They play an active role in bringing the services to the doorstep of the beneficiaries (National Institute of Health and Family Welfare, 2006). They receive a honorarium of rupee (INR) 12000 per month for their service. Their retirement age is 62 years (The times of India, 2020). Being a woman from the community, Anganwadi workers can deliver the services since they are familiar with the community. The Anganwadi worker is also trained to detect disabilities in children so that early intervention can be done. She enlists all such cases in a special register and refers them to the medical officer of the Primary Health Centre/ Sub-centre. Therefore, Anganwadi worker has a key role in the identification if disability in early stages of life and children should be benefited from such a service.

Anganwadi provides a package of six services. It includes Supplementary nutrition, Immunization, Health check up, Referral services, Non formal preschool education and Nutrition and health education. The concept of providing a package of services is based primarily on the consideration that the overall impact will be much larger if the different services develop in an integrated manner as the efficacy of a particular service depends upon the support it receives from related services. Three of the six services namely Immunization, Health Check-up and Referral Services delivered through Public Health Infrastructure under the Ministry of Health & Family Welfare.

Supplementary nutrition program: It is primarily designed to bridge the gap between the Recommended Dietary Allowance (FDA) and the Average Daily Intake (ADI). Supplementary Nutrition is given to the children (6 months – 6 years),adolescent girls, pregnant and lactating mothers under the ICDS Scheme.This includes supplementary feeding and growth monitoring; and prophylaxis against vitamin A deficiency and control of nutritional anemia. All families in the community are surveyed, to identify children below the age of six and pregnant & nursing mothers. They avail of supplementary feeding support for 300 days in a year.

Immunization: Anganwadi workers help organise fixed day immunization sessions. Primary Health Care (PHC) and its infrastructure carry out the immunization of infants and expectant mothers as per the national schedule. AWW assists in the exercise; maintains records and follows up the recorded cases to ensure complete coverage. Her services are also being utilised for special drives and campaigns like pulse polio and family planning drives. Such activities, it has been seen, adversely affect her other duties and dilute her commitment to the ICDS program. This includes health care of children less than six years of age, antenatal care of expectant mothers and postnatal care of nursing mothers. The various health services provided for children by Anganwadi workers and Primary Health Centre (PHC) staff includes regular health check-ups, recording of weight, immunization, management of malnutrition, treatment of diarrhoea, de-worming and distribution of simple medicines etc.

Health check up and referral services: The health check up activity includes care of all children below 6 years, ante-natal care of pregnant women and postnatal care of lactating mothers. AWW and PHC staff work together and carry out regular check-ups, body weight recording, immunization, management of malnutrition,

treatment of diarrhoea, deworming and other minor ailments. At AWC, children, adolescent girls, pregnant women and lactating mothers are examined at regular intervals by the lady health visitor (LHV) and auxiliary nurse-midwife (ANW). Malnourished and sick children who cannot be managed by the ANW/AWW are provided referral services through ICDS. All such cases are listed by the AWW and referred to the medical officer (WCD, 2019).

Pre-school education: It focuses on total development of the child, in the age up to six years, mainly from the underprivileged groups. Its programme for the three-to six years old children in the Anganwadi is directed towards providing and ensuring a natural, joyful and stimulating environment, with emphasis on necessary inputs for optimal growth and development (WCD, 2019).

Nutrition and health education: It has the long term goal of capacity-building of women – especially in the age group of 15-45 years – so that they can look after their own health, nutrition and development needs as well as that of their children and families.

Pradhan Manthri Mathru Vandana Yojana (PMMVY): PMMVY, a maternity benefit programme, has been run by the department since 01/01/2017. The scheme is implemented in Kerala through Anganwadi. A cash incentive of Rs.5000/- will be transferred directly to pregnant and lactating women's Aadhar seeded bank account. All pregnant women and lactating mothers, excluding those who are in regular employment with the central government, state government or PSUs or those who are in receipt of similar benefits under any law for the time being in force (WCD, 2019).

Over the years, the implementation of the ICDS framework has faced challenges in terms of resources, management and delivery of quality services (WCD, 2019). It has been observed that planning can be further strengthened through appropriate and rapid use of resources. Thus, the current study aims to understand the knowledge of people on Anganwadi services in the community and the problems faced by Anganwadi workers while delivering the services.

2. Theoretical - conceptual framework

Community Participation is an active engagement process by creation of awareness among the members of the community (Beneficiaries, Functionaries, and other Community Stakeholders) about the purpose of the participation in the project and their role in advancing the goals, thereby creating an attitudinal and behavioural change; thus enabling them to respond to the welfare needs of the child in an AWC setting. Participation of the community in development projects has been established mainly in the context of Child welfare. Therefore, the need for looking into theories that deal with this is necessary. Sherry Arnstein was responsible for bringing some clarity in a formal way regarding participation. She propounded a theory by using a ladder of citizen participation consisting of eight rungs and further classified under non-participation, tokenism and citizen power. Participation models and theories from different perspectives have been propounded in various contexts bringing more clarity.

A ladder of participation: As a development of the ladder concept, Wilcox (1999) propounded the ladder of participation, set in the UK regeneration context, wherein the philosophical progression is by and around participation. He proposes five

interconnected levels of community participation, namely (1) Information (2) Consultation (3) Deciding together (4) Acting together (5) Supporting individual and Community Initiatives.

Rifkin's model of participation: Rifkin's model of participation was suggested to evaluate the process which influences participation in a community-wide intervention program. The indicators she used for measuring the process were, needs assessment, organisation management, leadership, and resource mobilization (Refkin et al., 1988). Being a community participation model involving health education, suitable for the ICDS program and having relevant indicators restricted to some community groups partially fits the present study.

3. Method

The current sequential explanatory study adopts a descriptive research design in qualitative and quantitative phases. The study is conducted in Vayalar Grama Panchayt, Alappuzha, Kerala. The researcher used a survey method for collecting the quantitative data using a self-prepared questionnaire validated by experts, and 406 participants (response rate 53%) responded in the survey. An interview method is used for collecting the qualitative data using a semi-structured interview schedule with open-ended questions, and 8 Anganwadi workers were randomly selected for the qualitative phase. Quantitative data were analysed using descriptive statistics, and qualitative data were analysed using thematic analysis (Barun and Clark, 2006). Besides, the authors got ethical clearance from the ethics committee where the authors affiliated.

4. Result

4.1 Quantitative Phase

The result of the current study shows that most participants are from the age group 18 – 30 years (70.1%). Only 14.1% of participants in the age group 31- 38 years, 8.5% of participants were in the age group 39-43 years, and 7.3% of participants are in the age group 44-55 years. The majority of the participants are graduates (43.3%). Although 36.8% of the participants were educated up to higher secondary, 11.3% were educated until matriculation, and only 8.5 % were post-graduates. Most of the participants are lived in the study location for 16 – 30 years (70.7%), and 12.3% lived for 6 – 15 years and 30 years or more. Only 4.7% of the people have lived here for one month – 5 years. The majority of the participants live with the elderly (47.2%) while 18.9% live with children below six years, 25.5% live with girls aged 10 -19 years, 4.8% live with pregnant women, and 10.4% are lactating mothers. Even so, 32.1% of the participants are not living with pregnant women and children below six years. Almost half of the participants have blue colour ration cards (49.1%). However, 36.8% of the people have a pink colour ration card, 11.3% have a white colour ration card, and only 2.8% have a yellow colour ration card.

Table 1. Characteristics of the participants

Sl No	Characteristics	Percent

1	Age	18 -30	70.1%
		31 - 38	14.1%
		39 - 43	8.5%
		44 - 55	7.3%
2	Educational Qualification	SSLC	11.3%
		Plus two	36.8%
		Graduate	43.4%
		Post graduate	8.5%
3	Ration card	Blue	49.1%
		Pink	36.8%
		White	11.3%
		Yellow	2.8%
4	Years of residence	1 month - 5 years	4.7%
		6 years - 15 years	12.3%
		16 years - 30 years	70.7%
		30 years and above	12.3%
5	Type of people	Children below 6 years of age	18.9%
			25.5% 4.8%
		Girls aged 10 - 19years	10.4%
		Pregnant women	47.2%
		Lactating mothers	32.1%
		People above 60 years of age	

More than three-quarters of the participants know that children below six years are beneficiaries of Anganwadi (86.8%). 64.2% of participants know that pregnant women, 53.8% of the participants are aware that girls aged 10 - 19 years, 50% of the participants are aware that lactating mothers are also the beneficiaries of Anganwadi. However, 7.5% of the participants do not know the beneficiaries of Anganwadi. The majority of the participants are living near Anganwadi near their homes (86.8%). Only 13.2% of the participants are not living near Anganwadi. Interestingly, only 72.6% of participants responded that they know the working time of Anganwadi; 18.9% of the participants opted that the working time of Anganwadi is from 10:00 am - 2:30 pm, and 8.5% of the participants chose the working time of Anganwadi from 9:00 am - 2:00 pm. Almost half of the participants or their family members benefited from Anganwadi (49.1%), while 29.1% are the current beneficiaries of the Anganwadi. Unfortunately, 21.80% of the participants or their family members are not benefited from Anganwadi till now.

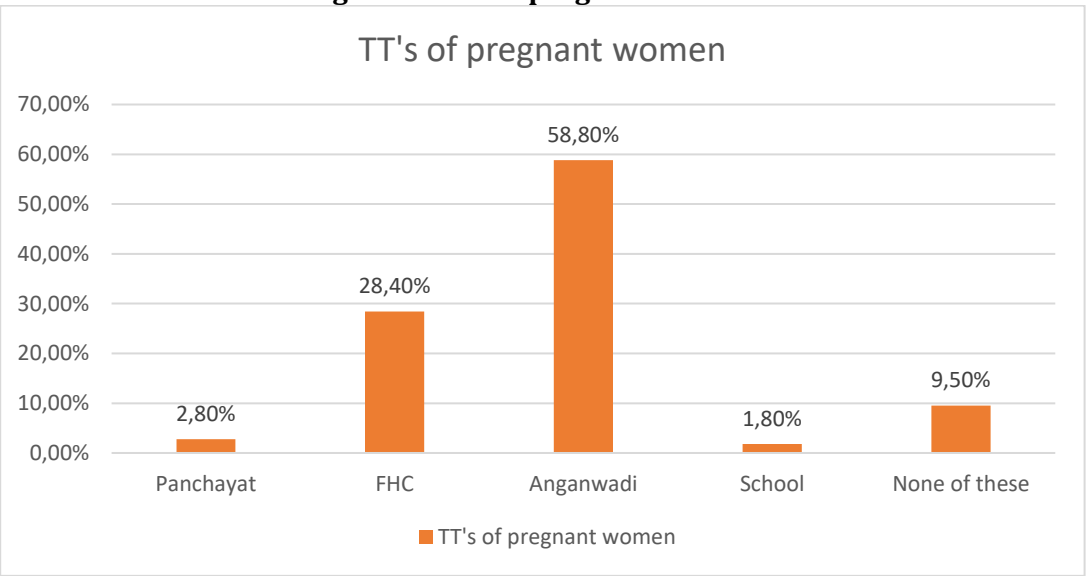
The study shows that except for 2.8% of the participants, all others (97.2%) know supplementary nutrition services provided through Anganwadi. Among them, participants know that children below six years of age (89.6%), pregnant women (58.5%), girls aged years 10 -19 (51.9%), lactating mothers (34%) are the beneficiaries of supplementary nutrition. However, 0.9% of the participants opted that men aged 20 -45 and differently-abled individuals are the beneficiaries of supplementary nutrition, while 0.9% of the participants are not aware of the beneficiaries of supplementary nutrition. Interestingly, 44.3% of participants or their family members were benefited from supplementary nutrition services, and 31.1% of the participants or their family

members are currently benefiting from supplementary nutrition services, but 24.6% of the participants or their family members are not yet benefited from supplementary nutrition service.

More than half of the participants (61.3%) are heard about the immunisation service but, 38.7% of participants were not heard about the immunisation service providing through Anganwadi. Most of the participants were aware that girls aged 1 - 19 years are the beneficiaries of immunisation service; 42.5% of the participants were aware that children below six years of age, and 40.6% of the participants were aware that pregnant women and 17.9% of the participants aware that lactating mothers are the beneficiaries of immunisation. However, 21.7% of the participants are not aware of the beneficiaries of immunisation services. Most of the participants know that adolescent girls get awareness related to immunisation (55.7%). Others opted that pregnant women (39.6%) and lactating mothers (23.6%). Very few participants opted for men aged 20-45 years (2.8%) are get awareness classes related to immunisation, which was not a correct option. Nevertheless, 20.8% of the participants do not know that who get awareness classes related to immunisation. The majority of the participants (50.9%) are not aware of the immunisation camps in Anganwadi, and 49.1% of the participants are aware of the immunisation camp organised in Anganwadi. Interestingly, 59.4% of the participants or their family members do not benefit from immunisation services, and 20.8% of the participants or their family members benefit from immunisation services. However, only 19.8% of the participants or their family members are currently benefitting from immunisation services.

The study result shows that the majority of the participants (72.6%) heard about the health check-up service, and 27.4% of the participants are not heard about the health check-up services. The majority of the participants (70.8%) were aware that children below six years of age, 60.4 % of the participants were aware that pregnant women, 29.2% of the participants were aware that lactating mothers, 40.6%of the participants were aware that girls aged 10 – 19 years are the beneficiaries of health check-up services. However, 6.6 % of the participants opted for adolescent boys, 2.8% of the participants opted that men aged 20-45 are the beneficiaries of health check-up services. Only 12.3% of the participants are not aware of the beneficiaries of health check-up services.

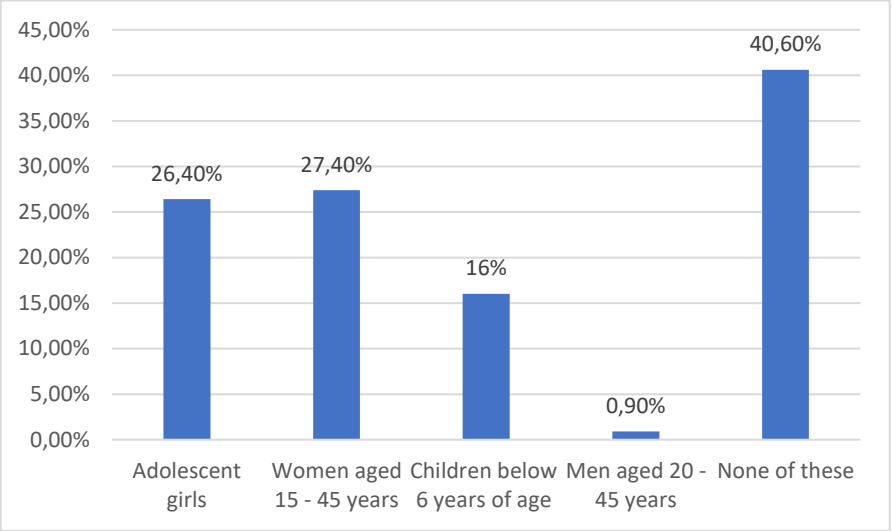
Figure 1. TT's of pregnant women



Most of the participants (57.5%) know that two TTs for pregnant women are provided through Anganwadi, and other participants opted that TT's are provided through; Panchayat (2.8%), family health centre (28.4%), and school (1.8%). However, 9.5% of the participants do not know two TT's for pregnant women prove through Anganwadi. The majority of the participants (61.3%) knowledge health check-up service is provided by the doctor/nurse at Anganwadi. Others believed that ASHA workers (23.6%), Anganwadi workers (9.4%) and (ASHA workers and Anganwadi workers (5.7%) are providing health check-up services. The majority of the participants (44.3%) are not yet benefited from health check-up service 35.9% of the participants are the beneficiaries of health check-ups, and only 19.8% are the beneficiaries of health check-ups.

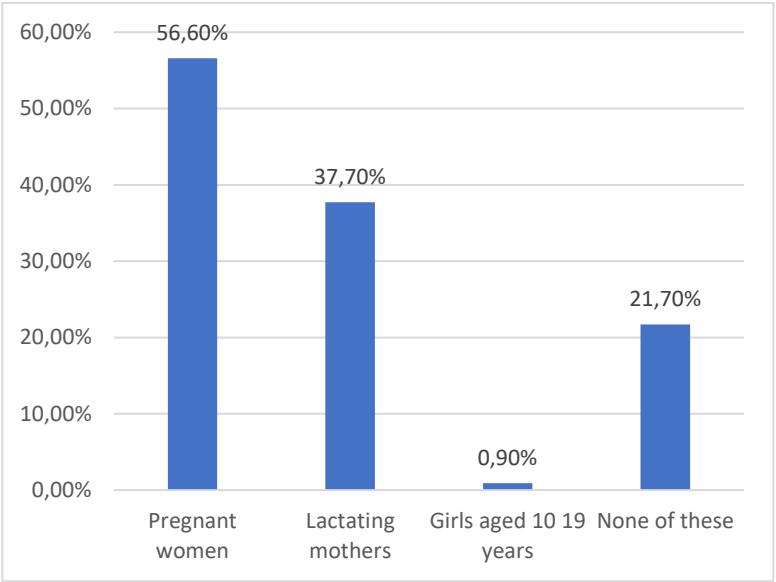
The study result shows that the majority of the participants (86.8%) heard about the pre-school education service, and only 13.2% of the participants not heard about the pre-school education service. The majority of the participants (62.3%) know that 3-6 years old is the pre-school education period of children. However, 4,7% of the participants opted that 4 -5 years is the pre-school education period, 27.3% of participants opted that 3 - 5 years is the pre-school education period of children and 5.7 % of participants have no awareness regarding pre-school education period of children. The majority of the participants or their family members (60.4%) benefit from pre-school education services, 31.1% of the participants do not benefit from pre-school education services, but only 8.5% of participants or their family members are currently benefiting from pre-school education services.

Figure 2. Knowledge on beneficiaries' nutrition and health education



The majority of the participants (68.9%) are not heard about the nutrition and health education services from the Anganwadi. Only 31.1% of the participants are heard about nutrition and health education services, and among them, but 40.6% do not know who the beneficiaries of nutrition and health education service are. Only 27.4% of the participants are aware that women aged 15 -45 are the beneficiaries of nutrition and health. The study result is similar to the knowledge on nutrition and health education services; 70.8% of participants are not heard about the referral service, and only 29.2% of the participants are heard about the referral service. 84.9% are not benefited from referral service, 10.4% of the participants are benefited from referral service earlier, and only 4.7% are the beneficiaries of referral service from the Anganwadi.

Figure 2. Knowledge on beneficiaries of PMMVY



Most participants (60.4%) are aware of PMMVY. However, 39.6% of the participants are not aware of the PMMVY. More than half of the participants (54.7%) know that 5000 rupees are the benefit receiving from PMMVY, others opted that 1000 rupees (27.4%), 3000 rupees (14.1%) and 8000 rupees (3.8%) is the benefit receiving from PMMVY, which are false information. 56.6% of participants know that pregnant women are the beneficiaries of PMMVY, while other participants opted that lactating mothers(37.7%), adolescent girls (0.9%)are the beneficiaries. However, 21.7% of the participants are not aware of PMMVY. In general, 60.4% are utilising the Anganwadi services, and 39.6% of the participants are not utilising the services.

4.2 Qualitative Phase

Eight Anganwadi Workers were interviewed for understanding the problems of Anganwadi workers while delivering the services. Participants were from the age group 55-62 years. Most of the Anganwadi workers had more than forty years of work experience. Only one Anganwadi worker has only 35 years of work experience. Only one theme, the problems of Anganwadi workers, emerges from the thematic analysis. The sub-themes include inadequate honorarium, excessive record maintenance, work overload and infrastructure-related problems.

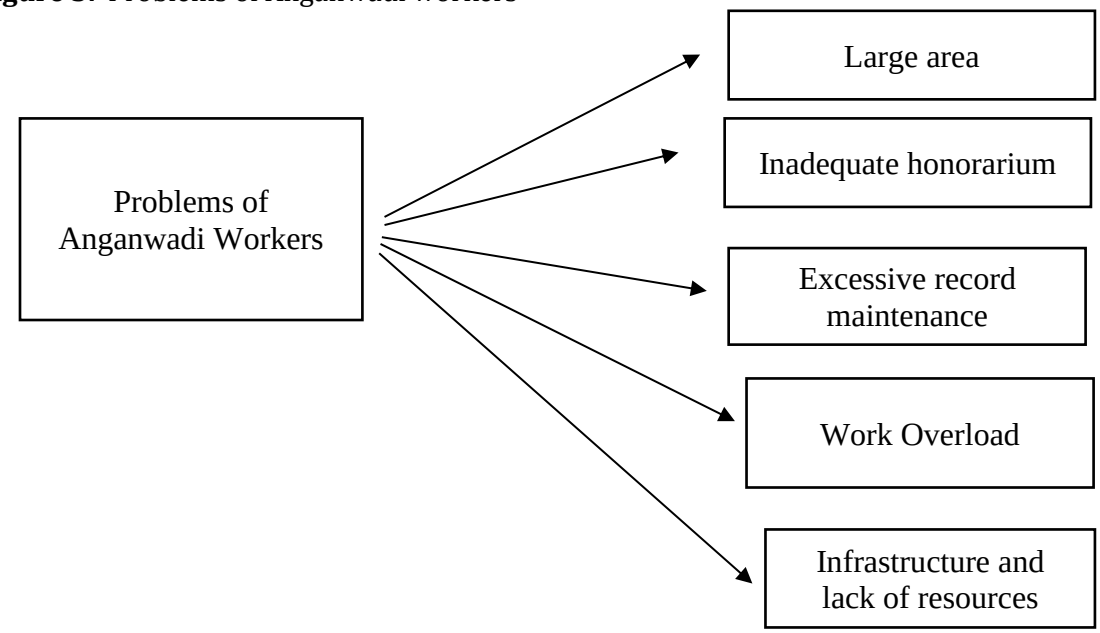
All the Anganwadi workers claimed that they face specific problems in their job. They perform many duties. However, the honorarium they received from the Government is very little compared to the efforts they need to fulfill their duties. The inadequate honorarium is the major problem faced by Anganwadi workers, as they reported. One participant claimed no change in the rewarding patterns in the last 40 years when she worked as an Anganwadi worker. All the Anganwadi workers reported the same regarding their honorarium. Work overload and excessive record maintenance are the other problems she faced while fulfilling her job.

> *"I started working as an Anganwadi teacher in the year 1981. At that time, 175 rupees was our honorarium. Even after 40 years, Anganwadi workers are still not paid enough for their contribution to society. Our service period is up to 62 years, and our pension amount was only recently raised as 2000 rupees… The workload of Anganwadi workers is very high. Excessive record maintenance is the other problem. An Anganwadi has several records, including details of families, births, deaths, pregnant women, lactating mothers and disabled people covered by our Anganwadi. Our Anganwadi building was old. Therefore, the building has some problems. Funds for Anganwadi repairing were received from the panchayath a few years ago. At the current period, 12000 rupees are being paid to an Anganwadi teacher, and sadly still it has to be considered less when we compare with the living expenses and the amount of effort we have to go through."* (Case 1)

> *"It has been 41 years since I started working as an Anganwadi teacher, and only recently our honorarium is raised to 12000 rupees. However, still, we find it difficult to meet our daily expenses… Our duties include collecting data from the community, and it focuses on people like teenage kids, lactating mothers and their newborn children under six years etc. We need to make sure that they receive the services that are provided through Anganwadi… We are employees at lower level and we need to interact with the people directly, because of that, they will accept*

us. As a result, people corporate with us when there is a need. Record keeping is too difficult for me." (Case 2)

Figure 3. Problems of Anganwadi workers



Although one participant worked as an Anganwadi teacher for last 41 years, she found it difficult to meet her daily expenses with limited honorarium. She continued that excessive record maintenance is a 'burden' for her. However, Anganwadi workers are working grassroots level, so they are able to build a good rapport with the community. She thinks the reason as the engagement with the community as a member of the community.

"The problem I have at work is an inadequate honorarium, and sometimes there are too many tasks that require immediate attention. For a single parent family like me, this salary is not enough. An Anganwadi worker must maintain a separate register for birth, death, pregnant women, lactating mothers, adolescent children and family details in that area. So, excessive record maintenance is another problem faced by Anganwadi workers. The working hours of an Anganwadi are till 3:30, but even after that, sometimes our work demands us to do house visits. When I entered the job, it was difficult even to cook and provide proper food to the children attending Anganwadi, but thankfully, as time passed, that problem has been taken care of." (Case 3)

Another participant claimed that she is the breadwinner of her family. She claimed that as a single-parent, the *'salary'* (some participants used the work salary instead of honorarium) of Anganwadi workers is not enough for meeting the expense of a family. She started her career as an Anganwadi helper. She reported that during that peiod it was difficult for her to cook and helping the children to eat. Inadequate honorarium and excessive record maintenance are the major problems she faced in her

work, and sometimes, she faces difficulty visiting houses. Besides, emergency works demands more dedication, and she stated that it is tough to cover all the houses in the locality, in a given time. One participant pointed out that the vacant position of Anganwadi helper in the Anganwadi she worked as the problem she is facing now. Anganwadi helpers always help Anganwadi workers to fulfill their duties. Having no helpers for more than one year is the major reason for her heavy workload.

> *"I started working as an Anganwadi worker in 1983, and over the years, I have worked in four Anganwadis till now. One of the major problems I am facing now is that I do not have a helper in my Anganwadi for over a year. Because of that, I have to do all the work alone, which increased my workload. Our workload is too high. The inadequate honorarium is one of the main problems faced by Anganwadi workers.*" (Case 4)

> *"I have been working as an Anganwadi teacher for 40 years. The major problem we face is that we do not have a salary depending on our work. An Anganwadi worker has a good knowledge of an area. That is why the workload of Anganwadi workers is increasing. Birth and death rates in that area should be accurately recorded. An Anganwadi worker maintains many records. An Anganwadi maintains accurate records of everything that falls within the preview of an Anganwadi. Excessive record maintenance and inadequate honorarium are the problems faced in my job. We have good support from the community. All the beneficiaries are very cooperative with me. No matter what the issues are, they are ready to help."* (Case 5)

Another participant claimed that an Anganwadi worker has good knowledge of the area under that Anganwadi coverage. It is the reason for the over workload, since people approach them for solving all their issues. However, Anganwadi workers are happy with dealing such issues, but they are not happy with the honorarium they receive. Covering a large area for each survey is also difficult for Anganwadi workers. Poor condition of Anganwadi building is another challenge in front of them, while considering the safety while working. Other than this, the Anganwadi workers did not face any other problems related to their work. However, most of the Anganwadi workers love their job, since they like to teach and interact with children

> *"One of the problems that I had in the past was the location of Anganwadi and the building condition. Thankfully the Panchayat intervened and came up with a solution for that problem. Other problems include inadequate honorarium and excessive record maintenance. Anganwadi workers need to maintain every child's monthly growth chart and weigh each child under the age of three years. They need to organise non-formal education for children from the age group 3-6 years, carry out families' surveys to find out the beneficiaries, maintain all files and records of services provided, and submit the reports in sectoral meetings. Although our workload is high, we do not receive a corresponding salary.* (Case 6)

> *"We do not get a salary for all the work we have to do. Our service period is sixty-two years of age, but it is not easy even though our working conditions have increased. We have many duties. A few months ago our pension was increased to 2000 rupees. A single-parent family cannot do all the household chores for 12000 rupees. The inadequate honorarium is one of the main problems we faced in our job. We have to maintain many*

records. This is also a problem we faced in our job. I always like to interact with the kids. I love this job because I can spend more time with kids. I have no other problems other than this. Supervisor and other officers are very supportive, and all the beneficiaries are very cooperative with us." (Case 7)

"One of the main problems that I have faced in my job was that the infrastructure and the non-availability of freshwater. That issue was resolved a few months ago. Excessive record maintenance and inadequate honorarium are the other problems. Even though I do not face any financial difficulty because my husband has a steady income, the situation will not be the same for families depending on this single income to meet the household expenses. " (Case 8)

A participant pointed out that the service period is sixty-two years of age and working with poor rewards for sixty-two years is very difficult. The inadequate honorarium and pension amount are the main problem they faced in their job. They also faced problems related to record-keeping. Excessive record maintenance, infrastructure limitations, the vacant position of helper, a large area of coverage, lack of recourses like fresh water are the other problems they face. Nevertheless, all the participants are happy to continue their works.

5. Discussion

The present study is an exploratory research attempt with unique results. No similar results are found in any studies related to the knowledge of the community on Anganwadi services. Only the problems of Anganwadi workers were explored earlier (Joshi, 2017). In every Panchayt, there are at least one Anganwadi. It has been so many years since Anganwadi came into existence. However, it is questionable that why people in the community are still no knowledge on the services provided through Anganwadi. Many people thinks that the only beneficiaries of the Anganwadi are the children. In the current study, only very few per cent of people know that pregnant women, lactating mothers and adolescent girls are also the beneficiaries of Anganwadi. Few people were heard about referral service and nutrition and health education. Even though the result of the study cannot be generalized, it should be considered as a major challenge facing by the Government and it is questionable. There is a need to answer the questions; whether the authorities are giving enough promotions for the services they are providing though Anganwadi? Are the Anganwadi workers are able to reach all the people in the community? Is there any need for setting up more than one Anganwadi in certain areas and how it is possible to improve the efficiency of the Anganwadi workers by increasing their honorarium?

The present study revealed that inadequate honorarium, excessive record keeping, work overload, and infrastructure-related problems faced by Anganwadi workers during their job are the major problems faced by Anganwadi workers. All the Anganwadi workers claimed that inadequate honorarium is the major problem they face in their job. It is similar to a study conducted by Patil et al. (2012) found that more than three quarter of Anganwadi workers complained of inadequate honorarium. The other problem faced by Anganwadi workers is excessive record maintenance. The current result is similar to a study conducted by Tripathy et al. (2014) pointed out that more than half of the Anganwadi workers had a problem with excessive record

maintenance. Some Anganwadi workers reported that work overload is the problem they face in their job. It is similar to a study conducted by Patil et al. (2012) which reports more than half of the Anganwadi workers complained about work overload. Two Anganwadi workers were concerned about the infrastructure-related problems. It is similar to a study conducted by Joshi (2017).

5. Conclusion

Integrated Child Development Service focused on the well-being of mother and child. Children below six years, adolescent girls, pregnant women and lactating mothers are the beneficiaries of ICDS. Providing quality services for the beneficiaries is very important. To ensure that beneficiaries get good services from the Anganwadi is the responsibility of ICDS supervisors and other Government executives along with Anganwadi workers. The need for community participation in the ICDS program has been specified as for the smooth functioning of the program, for the reach and increase in the utilisation of ICDS services, accountability for success or failure, to reduce government intervention, ownership, and sustainability of the program. To ensure people's participation to maximum, they must be involved in the program right from its inception, and the objectives and services of the program are interpreted in a manner that enables them to perceive the program is based on their felt needs. The community plays a pivotal role in the success of developmental programs.

There are many studies related to the problems of Anganwadi workers, but most of them are quantitative in nature. However, the authors did not get studies related to the knowledge of the community on Anganwadi services from Kerala or India. Besides, the Covid-19 and the containment zones related challenges were faced forced the authors to use digital platforms to collect data for quantitative phase. The authors used Google forms to collect data from the sample population. The majority of people have a Smartphone but do not know that how to use it. Some people are not willing to fill the Google forms. It affected the participation of the community, especially older adulthood and elderly. Future research should cover the limitations of the current study. The current study suggests that, it is a need for the hour to create awareness among people on Anganwadi services. Anganwadi workers have a big role in providing the awareness to beneficiaries regarding services. However, the problems they are facing should be solved first; inadequate honorarium, excessive record maintenance and over workload. The Government must look into the problem sympathetically and enhance the honorarium of Anganwadi workers and helpers.

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