

SATISFACTION LEVELS EXPERIENCED BY THE BENEFICIARIES OF THE SERVICES OFFERED BY THE 'ANGANWADI' CENTERS

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ABSTRACT

The main aim of the present empirical study is to examine and comprehend (i) the satisfaction levels of the beneficiaries of the services offered by the 'Anganwadi' Centres and also (ii) their perceptions on the delivery mechanisms of 'Anganwadi' Centres. It has employed an exploratory and descriptive research approach for the examination of objectives set before carrying out the study. Primary data has been collected from two Revenue Mandals and are chosen from the Ranga Reddy District of the Telangana State. The selected Mandals account for the highest number of 'Anganwadi' beneficiaries. A questionnaire having two segments has been designed. While the first one is meant for measuring the levels of satisfaction of the beneficiaries, the second one attempts to identify and capture their perceptions about delivery mechanisms of the 'Anganwadi' Centres. Convenient sampling method has been chosen for gathering primary data from lactating mothers and pregnant women who constitute the respondents for the study. EFA statistical method has been used to determine the level of satisfaction of the beneficiaries regarding the various services offered by the 'Anganwadi' Centres and discriminant statistical analysis has been used for assessing their perceptions about the delivery mechanism employed by the Centres. The study also attempts to explore and analyze the specific skills that are required by the 'Anganwadi' workers to be able to improve the service quality that results in enhanced levels of satisfaction on the part of the beneficiaries. The study concludes by suggesting that to experience better and greater satisfaction levels, higher levels of awareness by the beneficiaries about the supplementary nutrition and health referral services offered by 'Anganwadi's is a necessary preliminary.

Keywords: 'Anganwadi' Centres; Delivery Mechanism; Perception; Beneficiaries; Satisfaction Levels.

INTRODUCTION

The Integrated Child and Family Services (ICDS) Programme is one of the solid foundations for the development of the nation's human resource as it offers a comprehensive package to women and young children. As per the Government Policy guidelines, there is supposed to be one 'Anganwadi' for every one thousand people. However, in the majority of the villages, their services are not delivered properly, and the extent of their utilization by the public at large is also extremely low. Despite the fact that the ICDS programme is available ubiquitously, targeted beneficiaries are not making adequate use of the services that are provided. ICDS Programme that is currently being run by the Indian government has the ambitious goal of reaching every child under the age of six by the turn of the Century.

The Indian government places a high priority on the education of children and is actively working to broaden the scope of the programme as well. A few of the key metrics that demonstrate the effect on children's lives may be mentioned here. They are: (i) planning and completing the groundwork for proper psychological, physical, and social development of children as well as school dropouts, (ii) the achievement of effective policy and implementation coordination among the various departments to promote child development,

and (iii) the lowering of the infant and child mortality rate in areas that are covered by the ICDS scheme. All these metrics go to demonstrate the positive impact this scheme has created on the lives of children. The present study focuses on the delivery mechanism being used for the delivery of five key services viz., (i) Supplementary Nutrition, (ii) Health Referral Services, (iii) Preschool non-formal education, (iv) Health Check-up, and (v) Health and Nutrition Education through the '*Anganwadi*' Centres located in Ranga Reddy district of Telangana State. The study has examined (i) the satisfaction levels of the beneficiaries of the services offered by the '*Anganwadi*' Centres and also (ii) their perceptions on the delivery mechanisms of '*Anganwadi*' Centres.

➤ **REVIEW OF LITERATURE**

- **Udani and Patel (1980):** The assessment of '*Anganwadi*' workers' knowledge and ability was conducted in February-March 1979 and again in February-March 1980. An effort was made to gauge the influence of their knowledge on the community in terms of health and nutrition. Despite the fact that the connected '*Anganwadi*' workers performed well in the test, the research demonstrates a lack of awareness in the community. It is advised that strong community engagement in the programme be promoted, as well as tighter and more regular monitoring of '*Anganwadi*' personnel.
- **National Council of Economic Research (1998):** ICDS pilot research in five states. Pre-schoolers in all 50 states got 80 supplements. Supplemental feeding for preschoolers prevents moderate malnutrition from progressing to severe or fatal levels. 75% of the children consumed supplements on a regular basis and on-site. 25% of customers got bulk rations for home usage. Regardless of age or nutritional status, all children got the same quantity of supplement. Food is prepared on-site in 10 blocks, while ready-to-eat food is given centrally in the remaining blocks. CARE distributes corn Soya mix or CSB, in Darjeeling district blocks.
- **Bharti et al., (2003):** The study was conducted to assess the nutritional services provided at '*Anganwadi*' Centres and to know the awareness and utilization level of these services despite the weak infrastructure of AWCs, they offered supplemental nutrition (SN) to youngsters, but AWWs did not follow the Government's instructions. The study observed that few facilities kept growth charts that showed children's nutritional condition. However, parents were content with the sort of nutritional supplement supplied to their children, and they were aware of their children's health condition. It was suggested that additional nutrition be supplied in accordance with government guidelines, and that growth charts be kept on a regular basis at '*Anganwadi*' Centres.
- **Dongre et al., (2008)** conducted a research on '*Anganwadi*' staff' perceived duties and malnutrition in rural Wardha. The study's goal was to determine the nutritional health of under-six-year-old children enrolled in the ICDS system, as well as to investigate '*Anganwadi*' Workers' (AWW) perceived workload and operational issues. According to the research, in order to effectively exploit the potential of AWWs for decreasing the multifaceted issue of malnutrition, ICDS must create and conduct flexible, area-specific, and targeted AWW activities.

- **Anitha C. and Begum K. (2008):** This study in Mysore, Karnataka, assessed child recipients' nutrition. AWC were nourished. The children were shorter and lighter than their American counterparts and closer to the NCHS 3rd centile. It raises issues about AWW's nutrition surveillance competence. Further, using the Indian Association of Paediatrics (IAP) classification exaggerated normal and Grade I malnutrition while decreasing Grades II and III. AWWs need comprehensive training to improve their nutritional surveillance skills.
- **Madhavi *et al.*, (2011):** The study aims to determine ICDS beneficiaries' satisfaction and service use in rural areas. Five groups were created. Group I: Pregnant women, Group II: Lactating women, Group III: Women in reproductive age (15-45), Group IV: Mothers/Guardians of 0-3 year olds, Group V: Mothers/Guardians of 3-6 year olds. The study observed that the majority of the respondents have shown significant satisfaction with the services rendered by the '*Anganwadi*' Centres. The study found that group – 3 respondents are observed to be highly satisfied compared to other groups.
- **Dogra Annpurna (2013):** the author focused on Nutritional awareness among '*Anganwadi*' workers and their implementation to nutritional services. The research shows that '*Anganwadi*' worker performance and comprehension of the need of nutritional services are insufficient. According to the poll, '*Anganwadi*' personnel often commit workplace breaches. Their nutritional understanding of supplemental nutrition and ICDS guidelines was not as excellent as anticipated of a qualified worker, therefore periodic quality training and on-the-job training were required. The report recommends that the quality of '*Anganwadi*' worker training at training institutions be extensively examined as the first step toward reaching ICDS objectives.
- **Dayanand Singh and Kusum Lata Gaur (2015):** The study measured beneficiaries' satisfaction with Jaipur Zone '*Anganwadi*' Workers. The majority of lactating mothers were satisfied with AWW services for themselves and their children. The study also observed that the teens and community leaders were satisfied with the services offered by the '*Anganwadi*' centre. The study found that children got vaccinated with the support of '*Anganwadi*' Centres and pregnant ladies got the nutritional food from time to time. The beneficiaries are mostly satisfied with the services of AWWs' of Jaipur.
- **Krunal C Kamani (2021):** Nutrition affects health and development. Malnutrition prevention saves lives and strengthens people, families, communities, and countries. Vision 2022 of the National Nutrition Mission aims to eliminate under-nutrition by 3% per year and anemia by a third in two years. During the period of COVID-19 nutrition food was served by Take Home Ration schemes to the children and lactating women. With minor modifications and improvements, India can assist the most vulnerable achieve their full potential.
The study emphasises important health promoting initiatives jointly offered by the Government of Gujarat to measure the satisfaction level of Take Home Ration (THR)

among '*Anganwadi*' beneficiaries/parents of Gujarat State. It also outlines the obstacles and solutions to improve plans.

➤ **RESEARCH GAP**

It is evident from the literature survey that many earlier researchers focused on and carried out studies in this area where ICDS effectively works to improve the nutritional values among the beneficiaries. The study observed that only few studies have focused on the '*Anganwadi*' Centres from the beneficiaries' perspective.

Hence, the present study makes an effort to fill the research gap that is identified involving the levels of satisfaction of beneficiaries from the services offered by the '*Anganwadi*' Centres'.

➤ **OBJECTIVES OF THE STUDY**

The current research study has set **TWO** objectives:

- (i) the satisfaction levels of the beneficiaries of the services offered by the '*Anganwadi*' Centres, and
- (ii) their perceptions on the delivery mechanisms of '*Anganwadi*' Centres.

➤ **HYPOTHESES OF THE STUDY**

The following hypotheses have been framed to examine the objective.

- **H0:** There is no significant difference of Perception level between the delivery Mechanism of '*Anganwadi*' centre.
- **H1:** There is a significant difference in Perception level between the delivery Mechanism of '*Anganwadi*' centre.

➤ **SCOPE OF THE STUDY**

The present study focused on the satisfaction of the beneficiaries on the services offered by the '*Anganwadi*' centre. The study also examines the beneficiaries perception on the delivery mechanism of the '*Anganwadi*' centre. The study collected the primary data from Ranga Reddy district of Telangana state.

➤ **RESEARCH METHODOLOGY**

The study adopted the exploratory and descriptive research approach for the examination of framed objectives. The study mainly focused to know the beneficiaries satisfaction and perception on the delivery mechanism of the '*Anganwadi*' Centres.

• **Data Collection**

The study collected the primary data from the '*Anganwadi*' beneficiaries of Ranga Reddy districts of Telangana state. The framed the questionnaire keeping in view two segments i.e., Satisfaction and Perception on the delivery mechanism of '*Anganwadi*' Centres.

• **Sample Method:**

The study considered the convenient sampling method for the collection of primary data from the respondents. Here is the study **beneficiaries were Lactating mothers and pregnant ladies.**

• **Sample Area**

The study collected the primary data from the two Mandals of Ranga Reddy district. The study considered the following revenue *mandals*, which are having the higher number of '*Anganwadi*' beneficiaries.

Table-1

Sample Size

S. No.	Revenue Mandals	No. of Beneficiaries
1	Ibrahimpattam	71
2	Shadnagar	65
Sample collected		137

Source: Compiled by the Researcher

➤ STATISTICAL TOOLS

The study applied the following statistical tools for the examination of framed objectives.

- **Reliability of the Data:** The study applied the reliability test with the Cronbach's Alpha on the collected two segment primary data in Likert Scale structure. The study observed the reliability > 0.7 i.e., 0.846. The study tested the reliability of the beneficiaries' perception and satisfaction on the delivery mechanism of 'Anganwadi' Centres.
- **Discriminant Analysis:** The study applied the discriminant analysis to know the beneficiaries perception on the delivery mechanism of 'Anganwadi' Centres. The study considered five factors under this mechanism and the discriminant score reveals the perception level on the considered factors.
- **Exploratory Factor Analysis:** The study applied the EFA to know the beneficiaries satisfaction on the service offered by the AWW's. The study observed the high loading factors, which states the satisfaction of the beneficiaries.

➤ TABULATION OF DATA ANALYSIS

Objective 1: To know the Beneficiaries Perception of the Delivery mechanism offered by the 'Anganwadi' Centre.

The study considered the primary data through the questionnaire on the aspect of delivery mechanism offered by the 'Anganwadi' Centres. The beneficiaries have given their opinion through the drafted questionnaire in Five-point Likert Scale structure. The study applied the discriminant analysis to identify the opinion on the delivery mechanism on the considered factors. The Wilks Lambda Test result states the model fitness for the application of discriminant statistical method.

Table No-2

Wilks' Lambda					
Test of Function(s)	Wilks' Lambda	Chi-square	df	Sig.	
1 through 3	.809	19.610	15	.017	
2 through 3	.937	6.042	8	.043	
3	.989	1.033	3	.003	

Source: Primary Data

From the above table is derived to determine the model fitness, the result represents that the wilks lambda values are defined to be strongly fit as the values are observed to be near to 1 and the P values are significantly less than 0.05 meaning that further discriminant analysis can be applied.

Table No-3

Discriminant Score on the Delivery mechanism offered by the 'Anganwadi' Centres.

Factor	Discriminant Score	TDS Weightage
Supplementary nutrition	0.845	15.36
Health referral services	0.442	21.84
Preschool non formal education	0.378	24.64
Health check-up	0.120	25.41
Health and nutrition education	0.160	12.75
		100.00

Source: Primary Data

The above table represents the beneficiaries' perception with the statistical method of discriminant analysis on the Delivery mechanism offered by the 'Anganwadi' Centres. The study result states that the supplementary nutrition (0.845) have got the highest discriminant score followed by the "health referral service" (0.442). The study indicates the health check-up (0.120) has got the least perception of the beneficiaries among the Delivery mechanism offered by the 'Anganwadi' Centres.

Objective 2 –To study the Satisfaction of beneficiaries on the Service offered by the 'Anganwadi' Centres

Table No-4: Sample Adequacy

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.904
Bartlett's Test of Sphericity	Approx. Chi-Square	70.062
	Df	66
	Sig.	.0003

Source: Primary Data

The above table shows the KMO and Bartlett's test on the services offered by the AWWs and helpers. The estimated results for the KMO test come out to 0.904, which is higher than the recommended threshold (0.70), indicating that there is enough data sampling. In addition, Bartlett's Test of Sphericity reveals that the computed value of chi square is higher than the key value that determines whether or not the data are significant. As a result, it can be concluded that the segments that were investigated in the study are appropriate for factor analysis.

Table No-5

Component Matrix ^a						
	Component					
	1	2	3	4	5	6
Physical facilities at AWC-visually appealing	.682					
AWWs always willing to help the beneficiaries	.487					
Proper knowledge to AWWs for responding the questions of mothers	.075	.553				
AWWs tell the mothers time for service delivery	.432	.471				
Modern looking equipment at AWC	.359	.442				
AWWs shows interest in solving problems of beneficiaries	-.496	.269	.554			
Behaviour of AWWs makes comfortable to beneficiaries	-.056	.185	-.500			
Individual attention given by AWWs to every beneficiary	-.016	.337	-.460			
Facilities provided by AWWs in time as promised	-.469	.011	-.127	.590		
AWWs respond consistently courteous	.183	.157	.467	-.315	.490	
AWWs never busy to respond the beneficiaries	.135	.435	-.092	.431	.480	
AWWs committed in providing best services to beneficiary	.397	-.109	.321	.135	-.048	.526

Source: Primary Data

The objective of the study is to determine the satisfaction of beneficiaries on services offered by the AWWs and Helpers. In the above table, the study extracted six components. Factor analysis has extracted five as high loading factors among the considered twelve factors. The study results reveals that, Physical facilities at AWC-visually appealing is 0.682% which is >0.5, which signifies physical facility services offered by the AWCs are high loading factor, beneficiaries of AW are highly satisfied with the physical facilities such as Separate sitting room for children/women, separate kitchen, food storage area, child-friendly restrooms, separate place for children to have fun (indoor and outdoor games), and safe drinking water services. Under the Factor Analysis - Proper knowledge to AWWs for responding the

questions of mothers is another high loading factor - 0.553%, AWWs shows interest in solving problems of beneficiaries – 0.554% which explains, 'Anganwadi' workers have sufficient knowledge and shows interest in providing solutions to beneficiaries issues (Mothers). Facilities provided by AWWs in time as promised (0.590) & AWWs committed in providing best services to the beneficiary (0.526) are the factors that fall under the high loading factors. It significantly says that beneficiaries of 'Anganwadi' Centres are receiving efficient services in time by workers and helpers as promised.

➤ FINDINGS OF THE STUDY

Based on the statistical results the following findings were derived.

1. The study examined the key determinants from 'Anganwadi' Centres and identified that the supplementary nutrition element contributes with higher service quality (0.845). Supplementary nutrition programmes for children vary widely because the only goal is enhanced survival, growth, and health, as well as proper cognitive and behavioural development.
2. One of the factors identified by the study as having a minimal contribution is a health check-up (0.120). Most 'Anganwadi' workers are not well-literate and their skill is limited. Lack of further career prospects and adequate service conditions of frontline workers in 'Anganwadi' Centres are some reasons for weak health check-up activities.
3. The study observed that, 'Anganwadi' Centres are providing physical facilities (visually appealing) to the beneficiaries (0.682), from this it found that 'Anganwadi' Centres maintain a hygienic environment for the mothers and children.
4. The study observed that, from the beneficiaries perspective 'Anganwadi' workers have a proper knowledge to answer the beneficiary queries (0.553%), the study finds out, 'Anganwadi' workers are well trained to provide efficient solutions to problems of the beneficiaries
5. The study observed that, 'Anganwadi' workers playing an effective role with interest to solving the problems of beneficiaries (0.554%), by this the study find outs, beneficiaries of 'Anganwadi' are facing a problems in availing nutrition food and some other new problems, workers are working with interest to provide solutions.

➤ SUMMARY

The study sought to ascertain beneficiaries' satisfaction with the services provided by 'Anganwadi' Centres. The study used a convenient sampling method to collect primary data from the Shadnagar and Ibrahimpatnam revenue mandals of Telangana's Ranga Reddy district. The study gathered primary data from three categories of beneficiaries, namely pregnant women, lactating mothers, and new born babies (guardians), regarding satisfaction and perception of 'Anganwadi' workers' delivery mechanisms. The study used a discriminant statistical method to learn about the beneficiaries' perceptions of the delivery mechanism and discovered that supplementary nutrition and health referral services have the highest level of perception. The study examined the beneficiaries' satisfaction level on the various services using the EFA statistical method, and the results show that proper knowledge to AWWs for responding to mothers' questions and commitment to providing best services to beneficiaries by the 'Anganwadi' worker and helper are more satisfying, followed by timely delivery of

services. According to the study, the majority of beneficiaries in the sample areas of Telangana's Ranga Reddy district are satisfied with 'Anganwadi' services.

➤ SCOPE FOR FURTHER RESEARCH

According to the findings of the study, the contribution of 'Anganwadi' Centres should be considered when analysing the growth of children from a nutritional point of view in the state of Telangana. The research suggests that one should also look into the 'Health Services' that are offered by the 'Anganwadi' Centres.

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