

# Exploring The Communication Strategies Used By Anganwadi Workers In Promoting Child Health And Nutrition In Ummulong, Meghalaya

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## **Abstract:**

*Integrated Child Development Scheme (ICDS) programme, launched on 2nd October, 1975, is a unique early childhood development programme, aimed at addressing malnutrition, health and also development needs of young children, pregnant and nursing mothers. The scheme is under the Ministry of Women and Child Development. These centers focus on improving the nutritional and health status of children aged 0-6, as well as pregnant and lactating mothers. Anganwadi centers primarily cater to children aged 0-6 years, serving as vital components of India's public healthcare system.*

*Communication strategies are essential tools across various fields, including healthcare, education, language learning, corporate sustainability, and school management. The purpose of this research is to identify the various communication strategies used by AWWs (Anganwadi Workers) to promote health Programmes and explore communication problems. This research will employ in depth interview method. Ten AWWs (Anganwadi Workers) from ten AWCs (Anganwadi Centres) in the Ummulong Sector II, Jaintia Hills, Meghalaya is chosen for this study. Out of the 28 centres in this sector, the ten are being selected using simple random sampling method. The workers will be interviewed using a structured questionnaire.*

**Key Word:** *ICDS, Anganwadi Workers, Ummulong Meghalaya, ECC, Communication Strategies, Child Development.*

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Date of Submission: 17-09-2025

Date of Acceptance: 27-09-2025

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## **I. Introduction**

Integrated Child Development Scheme (ICDS) programme was launched on 2nd October, 1975. ICDS is a unique early childhood development programme, aimed at addressing malnutrition, health and also development needs of young children, pregnant and nursing mothers. The scheme aims at the holistic development of children and empowerment of mother. It is a Centrally-Sponsored scheme of the Government of India. The scheme primarily runs through the Anganwadi centres. The scheme is under the Ministry of Women and Child Development.

An Anganwadi is a rural childcare centre in India, and these centres focus on improving the nutritional and health status of children aged 0-6, as well as pregnant and lactating mothers. They play a crucial role in early childhood care and development, promoting overall well-being. Anganwadi centres play a crucial role in early schooling for rural children, aligning with the National Education Policy's focus on early childhood care and education.

Anganwadi workers in India provide health and nutrition counselling to mothers, equipping them with the knowledge and skills to make informed decisions for their families. This guidance helps promote healthy dietary practices and nutritional awareness to create a strong foundation for children's futures.

The Anganwadi worker (AWW) is a functionary of the Integrated Child Development Scheme (ICDS) in charge of managing the Anganwadi. AWW, a female voluntary community based frontline worker, is the mainstay for providing the services of ICDS. Thus, her educational level, her level of knowledge about the various services like proper nutrition, immunization etc play an important role related to her performance in the anganwadi centres. The AWW is supported by a part-time assistant, called an Anganwadi Helper (AWH). These workers are honorary and are paid a monthly honorarium. They come from the local community and provide services in the area of child care and development.

#### Communication Strategies:

Communication strategies are essential tools across various fields, including healthcare, education, language learning, corporate sustainability, and school management. These strategies are designed to enhance understanding, improve outcomes, and facilitate effective interactions between parties.

Effective communication helps managers explain the goals of an organisation, give instructions, and build relationships. It is essential for decision-making. Without the proper exchange of information, it is impossible to make informed decisions. It improves teamwork and collaboration.

This study aims to identify ways to improve service delivery, quality and accessibility in enhancing Anganwadi worker well-being. By supporting Anganwadi workers, the study can contribute to improved health and nutrition outcomes for children, women and families. By understanding the role of Anganwadi workers the study can help to empower communities to take charge of their health and well-being.

## II. Literature Review

Research on Anganwadi Workers (AWWs) has consistently highlighted gaps in infrastructure, training, and communication strategies, which in turn affect the overall impact of the Integrated Child Development Services (ICDS) program. For instance, Joshi<sup>1</sup> (2018), studying AWWs in Kabirdham, found that inadequate facilities and supplies weakened service delivery. Similar concerns were echoed by G. Lall et al.<sup>2</sup> (2024), who, through focus group discussions with 31 workers, observed that time constraints, limited understanding of early childhood development (ECD), and challenges in using videos for awareness left many workers feeling overburdened.

The importance of training emerges repeatedly. Mahto<sup>3</sup> (2015) reported that insufficient training left AWWs unaware of the long-term effects of malnutrition and the rationale behind key services. Patel<sup>4</sup> (2023) also noted performance was shaped by knowledge gaps and contextual factors in Gujarat. Likewise, Thakur et al.<sup>5</sup> (2015) found that although nearly all workers were trained, their knowledge remained weak, stressing the need for better pay and stronger infrastructure to motivate participation.

Several studies have examined specific skills and interventions. Swathi et al.<sup>6</sup> (2024) assessed how communication strategies could encourage breast cancer screening, identifying barriers and highlighting the role of AWWs in health promotion. Arya and Vig<sup>7</sup> (2023), focusing on soft skills such as communication, time management, teamwork, and positive attitude, revealed that rural AWWs performed worse than their urban counterparts, particularly in time management, underscoring the need for targeted skill-based training.

The recurring call for improved training and remuneration is well-documented. Vaishal and Panwar<sup>8</sup> (2024) stressed these needs, while Mahajan and Kaushal<sup>9</sup> (2014), Chudasama et al.<sup>10</sup> (2016), Ranjan et al.<sup>11</sup> (2019), Sarkar<sup>12</sup> (2018), and Undi et al.<sup>13</sup> (2019) also found that more frequent training significantly improved knowledge and performance. However, workload pressures persist.

Broader analyses have looked at systemic influences. John et al.<sup>14</sup> (2020), in Bihar, argued that performance is shaped by personal, community, program, and organisational factors. Kaur et al.<sup>15</sup> (2016) reported that low pay, heavy paperwork, poor infrastructure, weak community support, and lack of holidays hindered workers. Acharya<sup>16</sup> (2019), drawing on the 1974 National Policy on Children, reminded that the National Institute of Public Cooperation and Child Development (NIPCCD) remains the apex training body for ICDS personnel.

Taken together, these studies reveal a consistent pattern: AWWs play a critical role as frontline health and childcare providers, yet their performance is constrained by inadequate training, weak infrastructure, low remuneration, and excessive workloads. At the same time, targeted skill development, frequent training, and performance-linked incentives have shown potential to enhance both their effectiveness and the quality of services delivered under ICDS.

The study seeks to identify the communication strategies employed by Anganwadi Workers (AWWs) in promoting health programmes within their communities. It further aims to examine the communication-related challenges they encounter while disseminating health information.

## III. Methodology

During the research in-depth interviews of ten AWWs (Anganwadi Workers) from ten AWCs (Anganwadi Centres) in the Ummulong Sector II, Jaintia Hills, Meghalaya was conducted. Out of the 28 centres in this sector, the ten are being selected using simple random sampling method. The workers were interviewed using a structured questionnaire.

## IV. Result And Discussion

Data were collected from 10 Anganwadi Workers (AWWs) aged 24–47 years, with 1–22 years of experience. In terms of education, 3 held a B.A. degree, 4 had completed Class 12, 2 had studied up to Class 9, and 1 up to Class 6.

AWWs commonly use one-on-one counselling, group health talks, and home visits. Among these, home visits were rated the most effective, as they allow workers to interact with entire households, observe living conditions, and provide context-specific advice.

The main challenges identified were time constraints, heavy workload, low pay, and limited training. Time management was rated as the most difficult issue, compounded by inadequate remuneration, which often forces workers to take extra jobs. Low education levels in villages also require AWWs to spend additional time explaining health concepts in detail. Overall, these factors affect both motivation and service quality.

Workers expressed a strong need for training in active listening and effective communication to better understand beneficiaries and provide personalised support. They also emphasised the importance of mobile phones for smoother communication with families, healthcare providers, and stakeholders. Strengthening awareness programmes for mothers, particularly new mothers, was suggested as a key strategy to improve health communication and encourage families to send children to AWCs.

Training received by AWWs included ECCE, CBE, and adolescent care. The most common child health issues identified were malnutrition and poor breastfeeding. These were attributed to food insecurity, poverty, lack of awareness, and limited knowledge of proper feeding practices. Poor breastfeeding practices were linked to mothers' inadequate understanding of techniques and benefits.

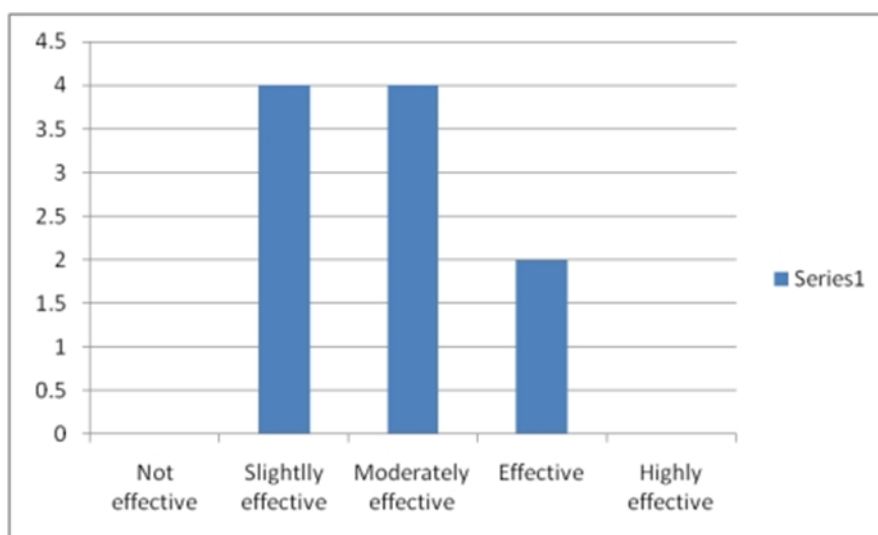
AWWs stressed the need to expand awareness programmes for mothers to reduce malnutrition and poor breastfeeding practices. Such initiatives, they suggested, would promote healthier outcomes, improve child nutrition, and strengthen the well-being of mothers and children.4.3. General communication practices

The respondents were asked what communication methods they used most frequently with patients. Their responses indicate that the communication methods they use most frequently are one-on-one counseling, group health talks and home visits.

In one-on-one counseling they teach patients to take a good care of themselves and especially to eat healthy food and also encourage them to go to the doctors for a complete recovery. In group health talks they often train women to be vigilant against many kinds of disease and also to take good care of their children so that their children will be healthy and also we train how to prevent chronic disease.

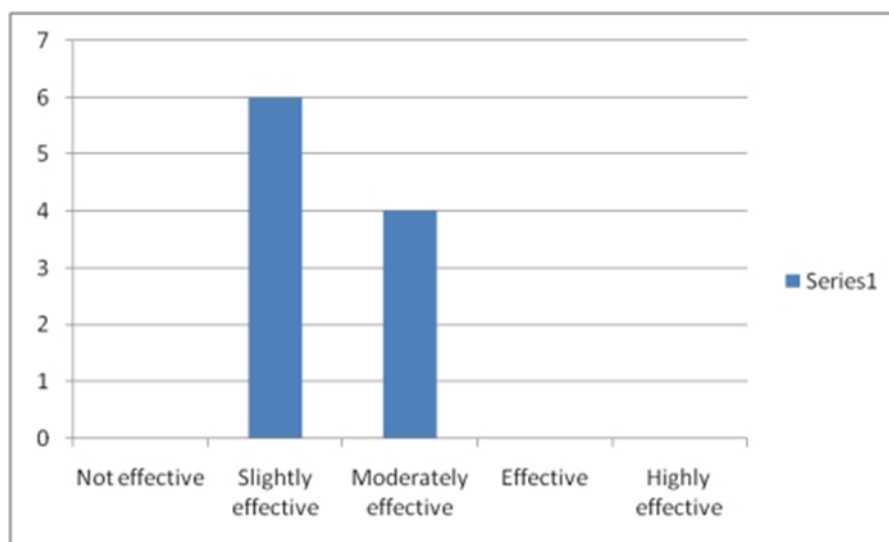
The AWWs were asked which of these methods they found most effective, and why. All respondents provided a similar response by saying that all these three methods, one-on-one counseling, group health talk and home visits, are all effective but home visits are the most effective one for them because it enable them to communicate openly thereby improving health outcomes for children under 3 years old, pregnant women, and especially new mother and also it help in promoting health practices in the community. Home visits also facilitates better understanding and support. They explained that they conduct home visits daily, covering different households. These visits mainly focus on children below 3 years of age, pregnant women, and new mothers. During the visits, they provide guidance on the necessary vaccination for children and those required during pregnancy. They also ensure that the mothers are attending regular check-ups, taking proper care of themselves, and maintaining good health to support the well-being of their babies.

The respondents were asked to rate the effectiveness of the three methods on a 5-point scale, ranging from not effective, slightly effective, moderately effective, effective, to highly effective.



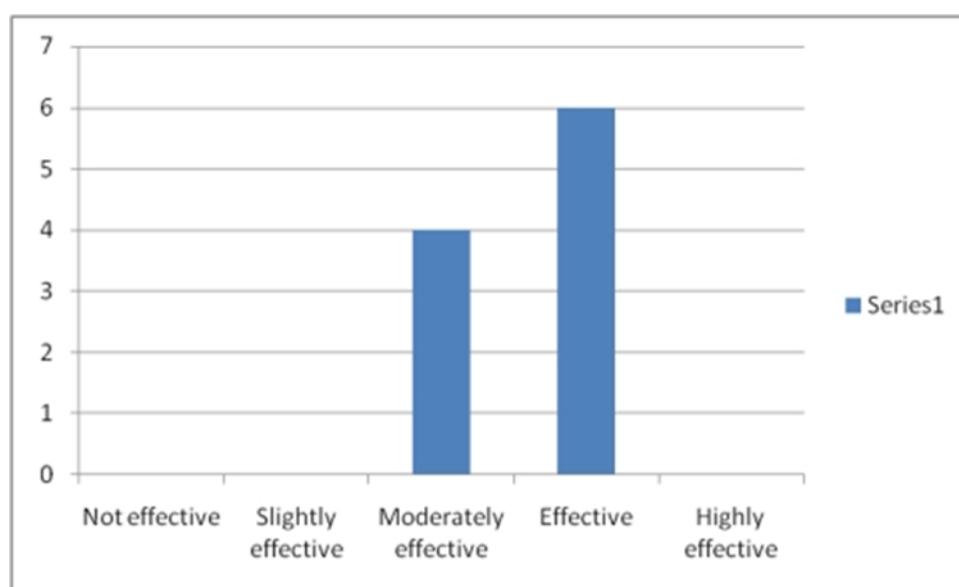
**Fig. 1:** Effectiveness of One-on-one counselling

For one-on-one counselling, four respondents found it slightly effective and four respondents found it moderately effective and two respondents found it effective.



**Fig. 2:** Effectiveness of Group Health Talk

For one-on-one counselling, six respondents found it slightly effective and four respondents found it moderately effective.



**Fig. 2:** Effectiveness of Home Visit

For Home visit, four respondents found it moderately effective and six respondents found it effective.

The question have been asked to Anganwadi Worker: “How often do you provide nutrition education to caregivers?” In their responses, they said they provide nutrition education for caregivers is daily and also were how often do they meet newly mother and their response is 4 times a week

All the respondents were asked “Do you tailor your communication style based on the caregivers?” Their responds is that they always tailor their communication style based on the caregiver’s.

#### Challenges in communication

The respondents were asked about their biggest challenges they faced when communicating with caregivers about child nutrition and health. The options in the question included language barriers, health literacy levels, time constraints, cultural differences. All the respondents said that time constraint was the biggest challenge. Because of low salary, they have to do extra work and also because of workload. All the respondents response that time constraint is highly challenging to them.

After interviewing all the respondents, their initial responses indicated that the support or resources needed to improve communication with caregivers include effective communication skills training, specifically training on active listening and clear communication. They mentioned that these skills could help them build stronger relationship with caregivers. Their respondents also expressed their opinion that access a reliable mobile phone would facilitates smooth workflow and timely communication.

They were asked the question:“In your opinion, how can communication strategies be improved to enhance child nutrition outcomes?” In their response, they suggested conducting awareness program for mothers to encourage their children to attend Anganwadi Centers (AWCs) daily, where they can learn about cleanliness, health, hygiene and other essential skills, and also receiving nutritious food provided by governement.

When asked about further suggestions on improving communication in healthcare, 10 of the respondents suggested that the awareness program should be strengthened and aimed at training mothers on health of their children, particularly in caring for them effectively to prevent various diseases and to increase their willingness to vaccinate their children without hesitation.

## **V. Conclusion**

This study investigated the diverse communication strategies employed by Anganwadi Workers (AWWs) to disseminate health and nutrition information among children and new mothers. Common strategies included home visits, group meetings, and one-on-one counseling, with their efficacy largely contingent on contextual factors such as literacy levels and community engagement. Despite their crucial role as frontline workers, AWWs face significant challenges, primarily due to heavy workloads and inadequate honorariums. Their responsibilities encompass pre-school instruction, health and nutrition education, vaccinations, supplemental nutrition, and health examinations. They provide informal, play-based pre-school education for children aged 3-6, monitor growth, counsel parents on health and nutrition, facilitate referrals to healthcare and welfare services, maintain records, promote community awareness, ensure hygiene, manage supplies, and support various government initiatives.

Based on the insights from 10 Anganwadi Workers, there is a clear need to strengthen awareness programs aimed at mothers, particularly new mothers, focusing on effective child health management and encouraging unhesitant participation in vaccination drives. This study also highlights the necessity of fostering broader community cooperation, extending beyond just mothers and new mothers to include various organizational committees within villages, to ensure smoother workflow. Furthermore, a critical recommendation arising from the AWWs' feedback pertains to their low honorarium and significant workload, which often forces them to seek additional employment, leading to time constraints. It is imperative that the government addresses this by increasing their salaries to alleviate these challenges.

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