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A Study on Socio-Economic Condition among the Anganawadi Workers in Chamarajanagara District

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Abstract:

The Anganawadi system in one village or area is managed by a single Anganawadi worker, who is chosen from the community and has been trained for four months in areas such as health, nutrition, and childcare. Each Anganawadi worker covers a population of about 1000 people. It is heartening to know that there a million Anganawadi centers in India, employing more than 2 million workers, who are mostly female and intuitive to the health needs of the region. For a country where illness child mortality, illiteracy, and poverty co-exist, this comes as a refreshing statistic. The paper attempts to understand and know the Socio-Economic Condition of Anganawadi Workers for the Research purpose the researcher use the descriptive design. The researcher has used an interview schedule consisting of 35 questions to meet the set objectives. The result found that all the Anganawadi workers are having a primary education only in before long time. Recently starting anganwadi workers are appointed on completion of SSLC level but present Anganwadi workers are having PUC level. The majority (55%) of the respondents belong to most of the marital status groups of married women are working in anganwadi most of the workers are have good knowledge of working. The majority (60%) of the respondent said to 8000 salary is not maintained daily living life this clearly shows that the majority of the respondents were following the anganwadi rules and regulation.

Keywords: Socio-Economic Condition, Anganawadi Workers, ICDS, Health,

INTRODUCTION

1.1 CONCEPT OF ANGANWADI SYSTEM:

The name of Anganwadi worker is derived from the Indian Word-angan, which means the courtyard(a central area in around the house where most of the social activities of households take place).In rural settings, the Anganwadi is the open place where people gather to talk, greet the guests, and socialize; traditional rural households have a small hut or house with a boundary around the house which houses their charpoys, cattle, feed, cycle, etc. Sometimes food is also prepared in the anganwadi. Some members of the household also sleep outside in open air, under the sky, in the anganwadi. The anganwadi is also considered as the heart of the house and a sacred place that buzzes with activity at the break of dawn. Given the nature of this versatile nature of this space, the public health worker who works in an anganwadi, and also visits other people's anganwadi, helping with their healthcare issue and concerns, is the anganwadi worker.

The Anganwadi system is mainly managed by the Anganwadi worker. She is a health worker chosen from the community and given 4 months of training in health, nutrition, and childcare. She is in charge of an Anganwadi which covers a population of 1000. About 20-25 Anganwadi workers are supervised by a

supervisor called Mukhyasevakai and Mukhyasevikas are headed by a Child Development Project Officer (CDPO). There are an estimated 10.53 lakh Anganwadi centers employing 18 lakh mostly-female workers and helpers across the country. They provide outreach services to a poor family's environment for infants, toddlers, and pre-scholars. They also provide similar services for expectant and nursing mothers. According to government figures, Anganwadis reach about 5.81 core children and 1.02 cores pregnant or lactating women. Anganwadis are Indian's primary tool against the scourges of child malnourishment, infant mortality and curbing preventable diseases such as polio. While infant mortality has declined in recent years, India has the world's largest population of malnourishment or undernourished children. It is estimated that about 47% of children aged 0-3 are undernourished as per international standards.

1.2 HISTORY OF ANGANAWADI

Integrated child development scheme (ICDS) is one of the world's largest and most unique programs for early childhood care and development in India. Under this scheme, a package of service consists of supplementary nutrition, immunization, health check-up referral service, health education provided to children below 6 years and pregnant and nursing mothers. The government of Indian launched child development services (ICDS) scheme, which was introduced on an experimental basis on 2nd October 1975 and now ICDS today represents one of the world's largest programs for childhood development. A planned approach to child welfare began in the first five-year plan when the planning commission decided to give year plans. These related to the needs of children. Many child welfare programs were launched under the five-year plans. These related to the needs of children in the areas of education, health, nutrition, welfare, and recreation. Special programmers to meet the needs of delinquent, handicapped, destitute and other groups of children were also undertaken. Some of these programmed were related to the growth and development of children, especially children belonging to the preschool age group of 0-6 years. However, such childcare programmed with their inadequate coverage and very limited input could not make much dent on the problem of children. As compressive and integrated childhood services were regarded as investment in the future economic and social progress of the country, it was felt that a model plan which would ensure the delivery of maximum benefits to the children in a lasting manner should be evolved. Accordingly, a scheme for integrated child care service was worked out for implementation in all states.

1.3 FUNCTIONING OF ANGANAWADI SYSTEM WORK:

The Anganawadi system in one village/ area is managed by a single Anganawadi worker, who is chosen from the community and has been trained for four months in areas such as health, nutrition and childcare. Each Anganawadi worker covers a population of about 1000 people. It is heartening to know that there are a million Anganawadi centres in India, employing more than 2 million workers, who are mostly female and intuitive to the health needs of the region. For a country where illness child mortality, illiteracy, and poverty co-exist, this comes as a refreshing statistic.

1.4 ANGANAWADI WORKER RESPONSIBILITIES

The ministry of women and child development has down certain guidelines as to what are the responsibilities of Anganawadi workers (AWW), some of them are as follows. Conduct regular quick surveys of all families, organize pre-school activities, provide health and nutritional education to families especially pregnant women as to how to breastfeeding practices etc., motivating families to adopt family planning, educating parents about child growth and development, assist in the implementation and execution of Kishori shakti Yojana (KSY) to educate girls and parents by organising social awareness programmed etc., identify disabilities in children and so on. That can be cancelled to the ministry of women and child development, government of India. The following are the basic roles and responsibilities listed for Anganawadi worker:

- To elicit community support and participation in running the programmed
- To weigh each child every month, record the weight graphically on the growth card, use referral card for referring cases of mother/children to the subcentres/PHC, etc., and maintain child cards for children below 6 years and produce these cards before visiting medical and Para-medical personnel.

- To carry out a quick survey of all families, especially mothers and children in those families in their respective area of work once in a year.
- To organize non- formal pre-school activities in the Anganawadi of children in the age group 3-6 years of age and to help in designing and making of toys and play equipment of indigenous origin for use in Anganawadi.
- To organize supplementary nutrition feeding for children (0-6 years) and expectant and nursing mothers by planning the menu based on locally available food and local recipes.
- To provide health and nutrition education and counseling on breastfeeding/Infant & young feeding practices to mothers. Anganawadi workers, being close to the local community, can motivate married women to adopt family planning birth control measures
- AWWs shall share the information relating to births that took place during the month with the panchayat secretary/ gramsabhasewak /ANM whoever has been notified as registrar / sub-registrar of birth and death in her village.
- To make home visits for educating parents to enable the mother to plan an effective role in the child's growth and development with special emphasis on a newborn child.
- To maintain files and records as prescribed.
- To assist the PHC staff in the implementation of a health component of the programmed viz. Immunization, health check-up antenatal and postnatal check, etc.
- To assist ANM in the administration of IFA and vitamin A by keeping stock of the two medicines in the center without maintaining stock register as it would add to her administrative work which would affect her main functions under the scheme.
- To share information collected under the ICDS Scheme with the ANM. However, ANM will not solely rely upon the information obtained from the records of AWW.
- To bring to the notice of the Supervisors/CDPO any development in the village this requires their attention and intervention, particularly concerning the coordinating arrangements with different department.
- To maintain liaison with other institutions (MahilaMandals) and involve lady school teachers and girls of primary/ middle schools in the village which have relevance to her function.
- To guide accredited social health activists (ASHA) engaged under the national rural health mission in the delivery of health care services and maintenance of records under the ICDS Scheme.
- To assist in the implementation of Kishori Shakthi Yojana (KSY) and motivate and educate the adolescent girls and their parents and community in general by organizing social awareness programmed/ campaigns etc.
- AWW would also assist in the implementation of nutrition programmed for adolescent girls (NPAG) as per the guidelines of scheme and maintain such records as prescribed under the NPAG.
- To Anganawadi worker can function as a depot holder for adolescent girls (NPAG) as per the guidelines of the scheme and maintain such records as prescribed under NPAG.

- Anganawadi work can function as a depot holder for RCCH kit/ contraceptives and disposable delivery kits. However, actual distribution of delivery kits or administration of drugs, other than OTC (Over the counter) drugs would be carried out by the ANM or ASHA as decided by the ministry of health & family welfare.
- To identify the disability among children during her home visits and refer them immediately to the nearest PHC or district disability rehabilitation center
- To support in organizing polio immunization (PPI) drives.
- To inform the ANM in case of emergency cases like diarrhoea, cholera, etc.? The Anganwadi workers and helpers are the basic functionaries of the ICDS who run the Anganawadi center and implement the ICDS scheme. The following are the key duties and responsibilities of AWWs.
- To maintain files and record as prescribed.
- Assisting ASHA on spreading awareness for healthcare issues as the importance of nutritious food, personal hygiene, pregnancy care and the importance of immunization.
- Co-ordination with block and district healthcare establishments to benefit medical schemes.
- Helping to mobilize pregnant or lactating women and infants for nutrition supplements.
- Discover immunization and health check-ups for all.
- To keep record of pregnant mothers, childbirths and diseases or infections of any kind.
- Maintaining a referral card for referring cases of mothers and children to the subcentres, OHC.
- Conducting health-related surveys of all the families and visiting them monthly.
- Conducting pre-school activities for children of up to 5 years.
- Organizing supplementary nutrition for feeding infants, nursing mothers.
- Organizing counseling or workshop along with auxiliary nurse midwife (ANM) and block health officers to spread education on topics like correct breastfeeding, family planning, immunization, health check-up, antenatal and postnatal check.
- To visit nursing mothers to be on course with a child's education and development.
- To ensure that health components of various schemes are availed by villagers.
- Informing supervisors for the village's health progression, or issues needing attention and intervention.
- To ensure that Kishori shakti Yojana (KSY), nutrition programmed for adolescent girls (NPAG) and other such programmes are executed as per guidelines.
- To determine any disability, infection among children and referring cases to PHC or district disability rehabilitation center if needed.
- Immediately reporting diarrhoea and cholera cases to health care division of blocks and districts.

1.5 ROLE OF ANGANAWADIS TO THE SOCIETY :

India is a country suffering from overpopulation, malnourishment, poverty and high mortality rates. To counter the health and mortality issue gripping the country there is a need for a high number of medical and healthcare experts. Unfortunately, India is suffering from a shortage of skilled professionals. Therefore through the Anganwadi system, the country is trying to meet its goal of enlaced health facilities that are affordable and accessible by using the local population. In many ways, an anganwadi worker is better equipped than professional doctors in reaching out to the rural population. Firstly since the worker lives with the people she is in a better position to identify the cause of the various health problems and hence counter them. Hence she has a very good insight into the health status in her region.

Immunization of all children less than 6 years of age

- Immunization against Tetanus for all the expectant mothers
- Supplementary nutrition to children below 6 years of age
- Supplementary nutrition to women who are pregnant and nursing, ESP. From the low-income group.
- Nutrition, health, education and health check-ups to all women in the age group of 15-45 years.
- Antenatal care of expectant mothers.
- Postnatal care of nursing mothers.
- Caring for newborn babies
- Caring for all children under the age of 6.
- Referral of serious cases of malnutrition to hospital upgraded PHCs/community health services or district hospitals.

RESEARCH METHODOLOGY

Research methodology is a way to systematically solve the research problem, it may be understood as a science of studying how research is done scientifically in it we study the various steps that are generally adopted by a research in studying his research problem along with the logic.

AIM OF THE STUDY:

The main aim of the study is to identify the problems and working condition of Anganwadi workers in Chamrajanagar District.

OBJECTIVE OF THE STUDY: The study on the socio-economic condition among the Anganwadi workers in Chamrajanagar District. The main objective of the study is

- To Study the socio-economic condition of the Anganwadi workers.
- To understand the Education level of the Anganwadi workers.
- Identify the problems of Anganwadi workers.
- To understand the job satisfaction level among the Anganwadi Workers
- To understand the psychological condition of Anganwadi workers.

RESEARCH DESIGN:

In the present study the researcher adopted the descriptive research design it is described because the researcher described Socio-Economic condition among the Anganwadi workers, their problems and face them in the present scenario.

UNIVERSE OF THE STUDY:

There are 74 Anganwadis comes under the Chamrajanagar City Municipal Corporation. This Anganwadis working under Anganwadi workers constitute the universe of the study.

SAMPLING SIZE:

For the study researcher selected 40 Anganwadi workers from each selected area which constitute a total of 40 members.

METHOD OF DATA COLLECTION:

The researcher has met Anganwadi workers in their Anganwadi, conserved and conducted a detailed interview with questioners to Anganwadi workers. The primary data has been collected throughout the interview. The secondary source of data collected from libraries, websites.

ANALYSIS OF DATA:

The collection of data has been edited, coded and presented in the form of tables, result has been discourse based on the outcome of the study for analysis manual calculation and also used Microsoft excel, software programs are used.

FINDINGS

- In this study most Anganwadi Workers are youths and working in various activities, these women's are involved in Child development.
- In this study, (80%) of the Anganwadi workers are having a primary education. Recently starting anganwadi workers are appointed on completion of SSLC level and present Anganwadi workers are having PUC level
- The study reveals that 100% of respondents belong to BPL (Below poverty level) cardholder.
- The majority (55%) of the respondents belong to most of the marital status groups of married women are working in anganwadi most of the workers are experienced.
- The majority (60%) of the respondent has respect from the community and feels safe to send their children's to anganwadi.
- The majority (60%) of the respondent said to 8000 salary is not enough to maintain their home and expenses and some of the workers are only bread winner in the family. Majority of respondents reveals that their need hike in their salary.
- 52% of respondents opined that they have work stress due to new regulations from department of women and child and 48% of respondents opined that they can follow all regulations without fail. This clearly shows that education level of some of aged anganwardi workers are not able to follow those who new jonniees and who have completed their graduations can follow the instructions and regulations.
- Majority of respondents opined that they have meeting on monthly wise which they have to submit their reports to the supervisor about the accounts and rations distributions.
- 52% of respondents reveal that they get special facilities and allowance from government.
- It has been found that majority of 57.5% of the respondent are participating in community development programmes and community health programmes.
- Most of the anganawadi workers reveal that the community is satisfied with the distribution of sanitary pads free of cost which they are providing for the young girls in the community.
- The majority of the respondent 34(85%) were having a good relationship between co-workers and manages to adjust with absence of her co worker.

Conclusion

The study explores the efficiency of anganwadi centres in caring, giving health, education, and delivering services to beneficiaries. It has showed that more 99% of the anganwadi workers are highly efficient. However, one percent of the anganwadi centres are not efficient and community peoples are respecting them and also they are lessening their words in caring for pregnant women children and giving food, etc. The educational qualification of anganwadi workers is good but in increase to the excellent and community participation and coordinated work other departments also help in accomplishing the objectives of ICDS. The integrated child development services programmed with the six services namely supplementary nutrition, immunisation, health check-up, referral services, preschool education and nutrition and health education intends to ensure holistic development of children the age group of 0-6 years the two persons operating the centres known as anganwadi helper and worker employed in the centre in order to accomplish the above objectives. They were somewhat satisfied with anganwadi service they were not participating in anganwadi activities. The community regarded informal pre-school education is a very important component of ICDS parents also consider it as better ways of acquiring good healthy habits and moral values. Anganwadi workers are spending most of the time in preparing supplementary nutrition and maintaining records and also pre-school education activities.

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