

Sociological Study of Anganwadi Workers in Karnataka: A Review

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Abstract: The grass root level workers who are called Anganwadi Workers provide the series of services of Integrated Child Development Services. The place where the services are provided is called Anganwadi. Anganwadi workers play the most key role in providing basic education, nutrition and safeguarding health in rural India. To provide basic services to the children as well as to the mothers for proper growth and development, the scheme of Integrated Child Development Services was initiated on 2nd October 1975 with 33 projects all over the country. It was launched under the Ministry of Women and Child Development Department to reduce the level of infant and child mortality rates in the rural areas. The significant functions of Anganwadi is to provide supplementary nutrition to the children below six years of age and nursing and pregnant mothers from low income families. At the same time, immunization of all children less than six years of age and immunization against tetanus and health education to all women in the age group of 15-45 years are also performed by the Anganwadi Workers. Subsequently basic health checkup which includes antenatal care of expectant mothers, Postnatal care of nursing mothers, care of new born babies and care of all children under six years of age. They are supposed to be able to refer serious cases of malnutrition or illness to hospitals, Community health services or district hospitals. The problems of Anganwadi workers in the inadequate honorarium. That the Anganwadi workers they are considered with the “honorary workers” and there by given only “honorarium” and not minimum wages. The work load of the Anganwadi staff was heavy work but the status of the wages in low, the monthly honorarium of Anganwadi teachers was only 5,500. Hence a detailed study is required to analyses the problems of Angalwadi workers and find solution for the same.

Key Words: honorarium, scheme, inadequate, beneficiaries, commitment, sympathy.

INTRODUCTION

The Anganwadi workers popularly known as AWW is community based professional ground zero workers of the Integrated Child Development Services (ICDS) program. In English Anganwadi Workers called as “Court Yard Shelter” workers. Most of the Anganwadi Workers in Karnataka are women, they are the grass root workers who plays a vital role in village level in handling feeding children as well as the pregnant women. Anganwadi workers assumes a fundamental role due to her close and uninterrupted contact with the beneficiaries’ children grow and develop amazingly. Anganwadi workers play the most significant role in providing basic education, nutrition and ensuring health in rural India. The study analyses the trends and problems faced by Anganwadi workers and suggest to overcome their problems. It is quite unfortunate and gloomy to note that in spite of their social obligation and watchfulness they are very poorly paid and treated worse than the class fourth employers. There is an urgent need that the government should look in the matter with all sympathy and concern. This may encourage the Anganwadi workers to execute their work and make the Karnataka Villages a healthy and safe one.

History of Anganwadi Program in India

To provide basic services to the children as well as to the mothers for proper growth and development, the scheme of Integrated Child Development Services was introduced on 2nd October 1975 with 33 projects all over the country. It was launched under the women and child development department to reduce the level of infant and child mortality rates. The grass root level workers who are called Anganwadi Workers provide the services of Integrated Child Development

Services. The place where the services are provided is called Anganwadi.

Structure of the Anganwadi Program

An Anganwadi is the critical point for the delivery of Integrated Child Development Services to children and mothers. Each Anganwadi is catering to population of around 1000 in rural and urban areas and to around 700 in tribal areas (Ministry of Women Development Report 2018). The Anganwadi workers and helper are the basic representatives of the ICDS. They are not appointed as the government employees, but are called social workers or voluntary workers. Each activity of these workers are required to perform are very extensive. The workers in such center who receive the paltry “honorarium” are seen as, part time workers. At the Anganwadi centers they are supposed to open for only four hours a day, yet they have been found to be among the most dedicated and committed of public servants, who have developed grass root contracts and are able to identify particular individuals and groups in any community easily.

Anganwadi Workers [AWW] KARNATAKA - Registered Personnel Detail

Sl NO.	District Name	Total
1	Bagalkote	1815
2	Bellary	2252
3	Belagavi	4940
4	Bangalore Rural	412
5	Bangalore Urban	2304
6	Bidar	1702
7	Chamarajanagara	1302
8	Chickmangalore	49
9	Chickballapur	1847
10	Chitradurga	2195
11	Dakshina Kannada	2078
12	Davengere	2018
13	Dharwad	1229
14	Gadag	1034
15	Hassan	2047
16	Haveri	329
17	Kaburgi	2753
18	Kodagu	833
19	Kolar	1906
20	Koppal	1773
21	Mandya	2405
22	Mysore	2723
23	Raichur	2453
24	Ramanagara	1481
25	Shivamogga	2374
26	Tumkuru	3934
27	Udupi	1168
28	Uttar Kannada	2586
29	Vijayapura	2135
30	Yadgiri	1323

Total	57400
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Sources: Ministry of Women and Child Development 2021

Significant Role of Anganwadi Workers:

The fundamental functions of Anganwadi is to provide supplementary nutrition to the children below the of six years and nursing, pregnant mothers from low income family’s immunization of all children less than six years of age and immunization against tetanus and health education to all women in the age group of 15-45 years. Anganwadi Workers also does the basic health checkup which includes pre-birth care of expectant mothers, post-delivery care of nursing mothers, care of new born babies and care of all children under six years of age. They are supposed to be able to refer serious cases of malnutrition or illness to hospitals, Community health services or district hospitals. In addition, the same two workers on their own are to provide non-formal pre- school education to children in the three to five age groups.

Changing Work Scenario of Anganwadi Workers

At present the role of Anganwadi workers is not limited of the basic Integrated Child Development Services ICDS program activity they play important role in other national health program like DOT, provides for tuberculosis patient, pulse polio immunization, motivator for family planning, house to house survey on health, survey on drop out kids, election duties like arranging schools for the PRO and APROs etc. Anganwadi Workers are also the member of Sakhimandal, Matrumandal, Mohilamandal and village health committee.

Significance of the Study

Integrated Child Development Services has played an important part in improving health status of the children and women in India at macro level. The study describes the growth and development of Anganwadi centers and their beneficiaries. It is also focus on problems faced by Anganwadi workers. The study was may be useful to the panchayat administrators, program makers, extension worker’s, researchers and post graduate students while preparation of future training strategies the makes program more effectively. The study may also help in creating appropriate organizational atmosphere in this program and may exhibit maximum output of their efforts.

REVIEW OF LITERATURE

Chaturvedi (2008) determined that amongst various problems faced by Anganwadi workers in performing their job the most important problems were low honorarium and lack of transportation facilities.

Das et.al (1990) The study highlight the fact that Anganwadi worker is the key person in the program, her education level and knowledge of nutrition plays an importance role related to her performance in the Anganwadi center. It has also been reported that, in addition to education level, training of Anganwadi workers about growth monitoring plays a valuable role in improving their performance.

Dorothy and Reddy (2010) Their study on health status of children in north eastern states of India explains about the health aspects about the children in northeast in contrast to all India. The author presented the history of immunization practices made by the government of India in the form the time of independence till today

Manhas and dogra (2012) The study found out that performance as well as awareness among Angawandi workers regarding the importance of growth charts and growth monitoring was not satisfactory.

Srinivasan (1987) Experiential in his study that under the ICDS progammme due to various like suitability of the personnel co-ordination among functionaries and also with other departments, lack of transport and communication system. illiteracy among people indifferent attitude of the staff and inadequate finance results in unsatisfactory services.

Objectives of the Study:

1. To understand the growth and development of ICDS network.
2. To know the key services provided by the angawadi workers.
3. To realize the actual role played by the Anganwadi workers.
4. To describe the problems of Anganwadi workers.
5. To suggest suitable measures to overcome the problems of Anganwadi Workers.

Research Methodology of the Study

The study is based on both primary and secondary data. The primary sources material relates to the field survey conducted in the month of March 2023, through interview schedule in Dharwad District of

Karnataka. Villages like Annigeri, Hallikeri, Saidapur, Dasanakoppa, Durgadkeri, Kyrekoppa were visited and data collected on the problems faced by the Anganwadi workers. In order to easy my study 50 Anganwadi Workers were selected on Random Sampling Method. Informal discussions were also made with the officials of NGOs. The secondary data was collected from the Magazines, Journals, Periodicals, Daily Newspapers, etc

RESULTS AND DISCUSSION

Anganwadi workers are facing severe problems. The problems have been discussed with them personally. They are as follows:

Problems of Anganwadi Workers

1. Poor infrastructure in the Anganwadi Working place: Insufficient and inadequate infrastructure facilities are a major hurdle in the effective functioning of the Anganwadi Workers. Out of 50 Anganwadi Respondents 46 of them consisting of 92 per cent of them expressed their displeasure of working in a dilapidated building. Being overburdened and working 24/7 round o' clock Anganwadi workers said they need some decent space to work but utter to their dismay majority of them replied that when rain comes roof of their building soaks with water they even drench in the rain. When downpour continues with heavy shower they face hurricane task of protecting their equipment's, medicine and nutrient supplement meant for the needy. During their discussion with the researchers the Angawadi Workers also said, many a times they have brought notice to their higher ups, it is of their no use. The higher officials reprimanded them work more efficiently.
2. Poor Honorarium: The main problems of Anganwadi workers in the poor honorarium. Anganwadi workers are considered with the "honorary workers" and there by given only "honorarium" and not minimum wages. Out of 50 Anganwadi workers 45 of them consisting of 90 per cent of them opined that work load of the Anganwadi Staff is heavy but they are getting very low wages hence majority of them are living below the poverty line. It is true that through the discussion it has been found that they are getting monthly honorarium of Rs. 5500 which is very less compared to the daily wage labors. Hence,

these inadequate honorarium is main problem for Angawadi Workers.

3. **Cumbersome maintenance of Documents:** During the interview schedule it was found that, Anganwadi workers have to maintain total 12 registers. Anganwadi workers has to maintain census register, visit book, polio immunization register. At the same time, they have to update the files on day basis which is cumbersome in nature. Out of 50 Anganwadi workers 35 of them consisting of 70 per cent of the workers replied that they are happy to serve the people, younger one and even pregnant would be mothers. But the clumsy file work is making them get tired them and it is consuming their precious time. Majority of Anganwadi workers are solo warriors managing both office work and as well as the field work.
4. **Poor community participation:** The active participation of neighborhood community or the cooperation from the community members are very crucial for the success of the implementation of Anganwadi Workers. As we are aware of the fact that Anganwadi workers involve in food distribution, immunization program, distribution of deworming tablets to the needy one. 70 per cent of the respondents who are consisting of 35 Anganwadi worker's laments that community members sometimes send them back and said to visit their house some other day giving flimsy reasons like relatives have visited them, or they are going out of station or giving reason like whole family is going for pilgrimage etc. Hence they say many a time their community members are so non-cooperative with them. This type of attitude discourages the Anganwadi workers to perform their work effectively.
5. **Over Workload:** As per the Social Welfare Department Anganwadi workers involve in couple of works which are very crucial in nature. They have to involve in ledger maintenance, health related immunization programs, vitamin distribution of the pregnant and kids, pulse polio programs, deworming of children. Hence, 84 per cent of the Anganwadi workers consisting of 42 of them replied that they are facing the problem of excessive work load. Less wages and more work extraction is increasing the distress of the

Angawadi Workers.

6. **Problem of Logistic supply**
Out of 50 Anganwadi workers, 42 of them consisting of 84 per cent of them replied that they have to store adequate supply of nutritious and health related medicines, medicine related to minor illnesses, iron and folic acids, vitamins, education materials etc. Lack of proper storage facilities and chain of supply makes them crippled with work efficiency.

SUGGESTIONS

1. Weekly meeting should be arranged between the stake holders and social welfare department officials. This will strengthen the relationship between the beneficiaries, Government Officials and Anganwadi workers.
2. Awareness camps and functioning of the Anganwadi workers must be organized in each and every village, this may encourage the participation of the local people.
3. There is an urgency of the government to enhance the honorarium of the Anganwadi workers. This may encourage the Anganwadi workers to execute their work without any hindrance.
4. Anganwadi Centers must be equipped with state of art technology store houses, where the Angawandi workers can store their education material, nutritious food for children, syrups for pregnant ladies, folic acids for old etc.,
5. In a regular interval period, Angandi workers must be provided with advance training in handling emergency situations in the matters of health care. This may help the Anganwadi workers to deliver their work efficiently. At the same time, this may help to reduce the pressure on the Anganwadi Workers.
6. Public, community members, parents, balalaikas smithies, Streeshakthi groups should be made accountable for health related activities. Mass campaigns need to be carried out of creator awareness about child rights and education as a fundamental right.

CONCLUSION

Anganwadi workers play a role of bridge between the community and the ICDS. They play an active role in

bringing the services to the door step of the beneficiaries. But the department of women and child welfare has to look into the matter of remuneration and very importantly providing accurate knowledge with regard to the responsibilities of Anganwadi workers through organizing all the Anganwadi workers under one roof. So that the Anganwadi workers will be enhanced with the knowledge and their adults will be cleared and they can deliver the services in a better manner. Majority of the Anganwadi workers believed that Anganwadi schemes help the children to get motivated for formal schooling. 80 Percent Anganwadi workers perceived that Anganwadi centers help vocabulary development in Anganwadi children. Anganwadi program is one of the world's largest child and women development programmes in India. Anganwadi is the focal point of ICDS scheme. Each Anganwadi has one worker and one helper. A good Anganwadi worker has some qualities like leadership, decision making skills, problem solving skills, communication. Etc. government of India.

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