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SOCIO- ECONOMIC CONDITIONS OF ANGANWADI WORKERS: A CASE STUDY OF RAICHUR DISTRICT

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Abstract:

The Anganawadi worker and helper are the basic functionaries of the ICDS who run the Anganawadi centre and implement the ICDS scheme in coordination with the functionaries of the health, education, rural development and other departments. Their services also include the health and nutrition of pregnant women, nursing mothers, and adolescent girls. Today in India, about 2 million Anganawadi workers are reaching out to a population of 70 million women, children and sick people, helping them become and stay healthy. The present study focuses on "Socio-Economic Condition of Anganwadi workers, with special reference to Raichur District.

KEY WORDS:

Socio-Economic , Workers , basic functionaries , ICDS .

INTRODUCTION

India is a country suffering from overpopulation, malnourishment, poverty and high infant mortality rates. In order to counter the health and mortality issues 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 Anganawadi system the country is trying to meet its goal of enhanced health facilities that are affordable and accessible by using local population. In many ways an Anganawadi worker is better equipped than professional doctors in reaching out to the rural population.

The Government of India in 1975 initiated the Integrated Child Development Service (ICDS) scheme which operates at the state level to address the health issues of small children, all over the country. The word 'Anganawadi worker' is derived from the Indian word – "angan", which means the "court yard" (a central area in and around the house where most of the social activities of the household takes place). The Anganawadi worker and helper are the basic functionaries of the ICDS who run the Anganawadi centre and implement the ICDS scheme in coordination with the functionaries of the health, education, rural development and other departments. Their services also include the health and nutrition of pregnant women, nursing mothers, and adolescent girls. Today in India, about 2 million Anganawadi workers are reaching out to a population of 70 million women, children and sick people, helping them become and stay healthy.

Every 10 Anganawadi workers are supervised by the Mukhya Sevika, they provide on the job training to these workers. In addition to performing the responsibilities along with the Anganawadi workers they have other duties such as keeping a check as to who are benefitting from the programme from low economic status specifically those who belong to the malnourished category, guide the Anganawadi

workers in assessing the correct age of children, weight of children and how to plot their weights on charts, demonstrate to these workers as to how everything can be done using effective methods for example, in providing education to mothers regarding health and nutrition, and also maintain statistics of Anganawadis and the workers assigned there so as to determine what can be improved. The Mukhya Sevika then reports to the Child development Projects Officer (CDPO).

REVIEW OF LITERATURE:

A few of the studies and surveys were carried out to assess the working conditions, socio-economic aspects, challenges and problems of Anganawadi teachers in different states. But it is noted that many of the irregularities about the status of Anganawadi teachers were reported in newspapers and magazines. Based on these sources, there is need to find out the research gap. Review of the published literature is essentially needed to know about the research gap. Hence, a few of such studies relevant to the present study are reviewed as under:

Bhasin (1995): was conducted a study in an ICDS block, Alipur, in Delhi. The block has 100 AWWs who constituted the study population. A pretested, semi-structured, open ended questionnaire (35 questions) was administered to each. AWW are surveyed using interview techniques. It was found that most of the AWWs in the present study had incorrect knowledge regarding age at which growth monitoring should be started and the importance of correct age for successfully carrying out growth monitoring. This could be due to low emphasis on these aspects during the AWWs training programmes. Similarly, the majority of AWWs had inadequate knowledge about the cut-off measurements of MUAC. This may be possibly due to the fact that only colored MUAC tapes are being provided to AWWs of ICDS scheme in which calibrations are absent. The present study highlights the need of continued education of AWWs on various aspects of growth monitoring.

Naveenkumar (2009): In his study, reported that in order to help deprived and downtrodden families and offer personalised services to them in villages, the Anganawadi centers will also make efforts to curb malnutrition in children (up to six years) and pregnant and lactating mothers in the village. While proposal to establish as many as 773 mini-Anganawadi centers in the district has been already passed this year, the district authorities are pinning their hopes on the new role of these centers, ranging from personalised care to referral services, especially in the rural areas.

Nirmala M Nagaraj (2009): reported that there are 54,260 Anganawadis in the state, with more than 1.08 lakh workers in Karnataka. The government has not decided on either their retirement age or pension. Almost all Anganawadi workers are from the lower socio-economic background. After government service of more than three decades, it seems unthinkable for them to retire without pension, especially when they are the sole breadwinners. From population to health, education and employment, these women are asked to carry out surveys almost throughout the year. They also distribute nutritional supplements to pregnant women, immunize newborns, ensure access to benefits under Janani Suraksha, Madilu Schemes, and play a significant role in taking government schemes to beneficiaries. The 3.10 lakh self-help groups with more than 50 lakh members are created by these Anganawadi workers.

As reported in Times News Network (2009): after failing to check irregularities in the distribution of nutritional food among children, pregnant and lactating women even by conducting surprise raids at Anganawadi centers, the district programme office has now decided to change its strategy. As per the new strategy, the district programme officer along with the officials of all 10 projects will visit one project area on every Saturday. All the beneficiaries of each Anganawadi center will be called at the center in the presence of project officers and public representatives like gram pradhan or corporator. And, in front of all the schedule of weekly nutritional food distribution and quantity of food for per beneficiary will be disclosed.

SIGNIFICANCE OF THE STUDY:

The role played by Anganawadi teachers and workers is very significant in maintaining the health of pregnant women and children. Apart from their routine child and women health care, the Anganawadi workers are also looking after other government schemes such as Bhagyalaxmi and Janani Suraksha. Further, these teachers are working without any time limits like other government office works.

OBJECTIVES OF THE STUDY:

The prime objective of the present study is to explore the socio-economic conditions and problems of Anganawadi teachers. Particularly, the study is planned:

- 1.To find out the effectiveness of Anganawadi related programmes of ICDS in Raichur district;
- 2.To study the role and responsibilities of Anganwadi worker and anganwadi helpers.
- 3.To get information on the financial and retirement benefits of the Anganawadi workers; and
- 4.To suggest for the problems and challenges of Anganawadi workers.

RESEARCH METHODOLOGY:

This study is an exploratory and analytical case study. The methods adopted to collect Anganwadi Teachers in Raichur District.

1.Primary Data:

Primary data was collected through questionnaire. The questionnaire administered on the Anganwadi Teachers in Raichure District.

2.Secondary Data:

Secondary data are collected from the University Library Sources, Internet, Journals, Magzines, News Papers and Government Publications Relating to my research work.

Scope and Limitations of the Study:

The scope of the present study is find out the Socio-Economi Conditions of Anganwadi Workers with reference to Raichure District in Karnataka, which is an important element of my research work. It focuses an Anganwadi Workers is very significant in maintaining the health of present women and children.

There are more than 400 villages in Raichur district and they come under five talukas, namely, Raichur, Manvi, Sindhanoor, Lingasaguru and Devdurg. It is estimated that there are more than 1000 Anganawadi Kendras are functioning in the district. It is not possible for the researcher to visit all these Anganawadi Centres and hence, the present study will be made on the basis of sample survey. That is the researcher cover 85 respondents working in 25 villages in Raichur district. Hence, the present study is limited to 85 Anganawadi workers in Raichur district.

SELECTION OF SAMPLE UNITS:

As mentioned in the scope and limitations of the study, a sample survey was made to collect the primary data. There are five talukas in Raichur district in Karnataka. Each of these talukas has 90-120 villages. It is not possible to survey all the Anganawadi centers located in all of these rural areas. Hence, the research scholar will go for sample survey. That is the researcher choose 25 villages from each taluka and at least 85 Anganawadi workers working at different villages should be surveyed. Hence, the study will use snowball sampling method to select and samples. The selected sample units from various talukas are as under.

TOOLS AND TECHNIQUES:

The data collected through various sources have been analysed and tabulated by various statistical methods, like, simple average. Percentage and liker scale to make projections and to draw meaningful conclusion.

ICDS PROGRAMMES:

ICDS is a centrally sponsored flagship programme, which provides package of six services viz, Supplementary nutrition, immunization, health checkup, referral services, nutrition and health education for mothers and non formal pre-school education for children between 3-6 years. Eligible beneficiaries' covered under this programmes are children below six years of age, pregnant women, nursing mothers and adolescent to the benefactions though the Anganwadi workers and helpers at the village level and also in urban scheme.

SOCIO- ECONOMIC CONDITIONS OF ANGANWADI WORKERS:



At present 60046 AWCs and 3331 mini Anganwadi Centers in 185 ICDS projects are functioning in the state, covering all 175 talukas (166 rural projects and 9 tribal projects) and 10 urban areas. During 2012-2013 49.27 lakh beneficiaries are available the benefits schemes-

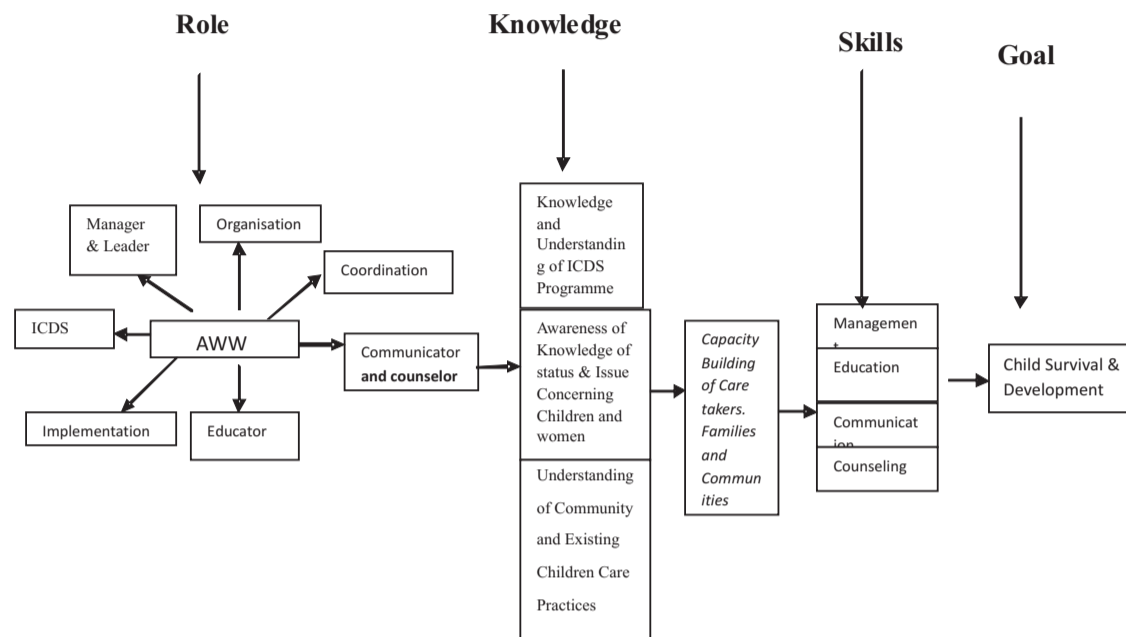
1. Administration cost.
 - a) Additional honorarium to Anganwadi
 - b) Supplementary Nutrition programmes
2. ICDS training programmes
3. Anganwadi workers and helpers Death relief fund.
4. Construction of Anganwadi buildings
5. Nutrition programme for Adolescent girls
6. Kishori Shakti Yojana
7. Medical expenses for severely malnourished children.

Role and Job responsibilities of An Anganwadi Women Worker (AWW):

An AWWs multifarious role requires managerial, education, communication and counseling skills. The various job responsibilities of an AWW are:

- A) Planning for implementation of ICDS Programme
 - Village mapping
 - Report Building with community
 - Conducting Community Survey and Enlisting Beneficiary
 - Children 0-6 years
 - Children 'At Risk'
 - Expectant and Nursing Mothers
 - Adolescent Girls
 - Birth and Death Registration
- B) Service Delivery
 - Preparations and Distribution of Supplementary Nutrition
 - Children 6 months to 6 years
 - Expectant and Nursing Mothers
 - Children and Mother at Risk
 - Growth Monitoring Promote Breast feeding and counsel mothers on IYCF
 - Assisting Health Staffing Immunisations and Health checkup of Children and Mothers.
 - Referral Services
 - Detection of Disability among Children
 - Providing Treatment for minor Ailments and first Aid
 - Management of Neonatal and Childhood illnesses
 - Health and Nutrition education to Adolescent Girls, women and community.
 - Organizing non-formal preschool education activities

ROLE KNOWLEDGE & SKILLS OF AWW



Depot holder of medicine kit Contraceptives of Asha and under ICDS.
 Counseling women and Birth preparedness
 Assist CDPOs/ Supervisor in implementations of KSY and NPAG

A) Information, Education and Communications
 Communicating with counseling Parents, Families and Communities etc.,
 Organizing awareness's campaigns, street place, etc.,
 Prepare Communication and Educational Material.

B) Community Contact
 Mobilise Community and Elicit Community participation.
 Maintain Liaison with panchyat, pre – schools, Mahila Mandals and Health Functionaries etc.,

C) Management and Organisation
 Management of Anganwadi center
 Maintenance of records, Registers and visitors books
 Preparations of monthly progress report.

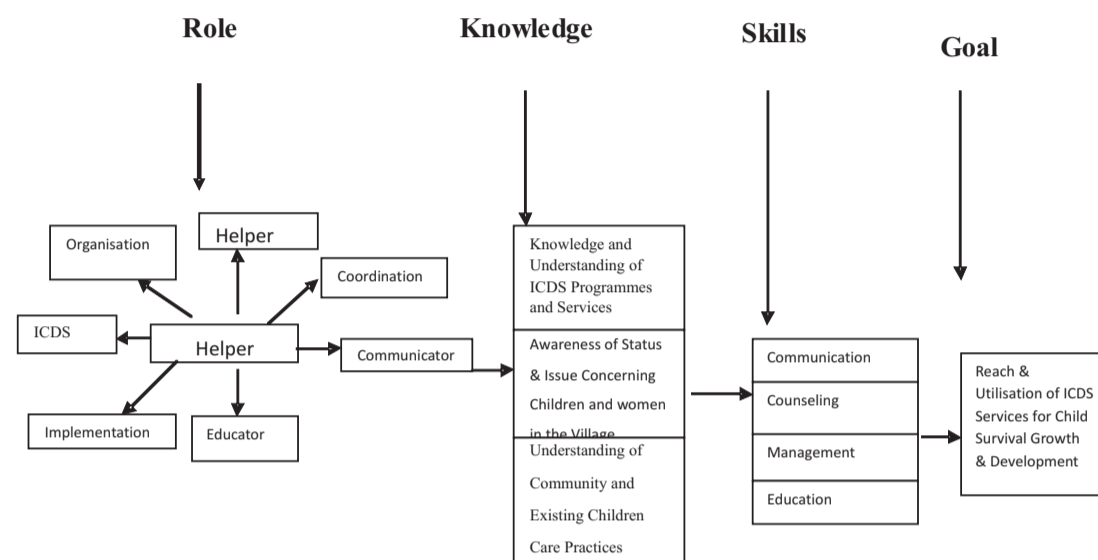
ROLE AND JOB RESPONSIBILITIES OF HELPERS:

In an anganwadi, helpers assist an AWW for the following activities:

General Duties:

1. Assisting Anganwadi worker in conducting all the activities of the Anganwadi centers, such as:
 - * Counseling mothers and others caregivers are beneficiary children
 - * Pre-school education activities
 - * Health Checkup, weighing of children, immunization of children/mothers.
 - * mothers/ community meeting
 - * Maintenance of discipline among children.

Role Knowledge & Skills Of Helpera



Specific Duties

- 1) Cleaning Premises of Anganwadi Centers and surrounding area.
- 2) Fetching drinking water for daily use.
- 3) Cooking and serving supplementary Nutrition's for Beneficiaries
- 4) Inspections of cleanliness's of children and assisting them in grooming themselves.
- 5) Preparations of pre-school teaching aids under the goodness of an Anganwadi worker.
- 6) Collection and storage of items received for supplementary nutrition.
- 7) Collecting and dropping small children
- 8) Contacting beneficiary, parents and others in the community to attend meetings or for conveying messages
- 9) Opening and Closing of an Anganwadi Center under supervisions of an Anganwadi Worker.
- 10) Performing all the duties of an Anganwadi worker when she is sick, absent or away from duty or on leave.

SURVEY FINDINGS:

**Table-1
Selection of Sample Units**

Sl.No	Talukas	No of Villages	No of Respondents	Percentage
01	Raichur	05	25	29.4
02	Sindhure	05	18	21.2
03	Manavi	05	15	17.7
04	Devadurga	05	15	17.7
05	Lingasur	05	12	14.1
	Total	25	85	100

Field Survey

Table 1 shows that selection of sample units in the present study. This study undertaken, Raicure Distric in Karnataka. The sample units have been collected from various talukas in Raichur District.

Table – 2
Age Group of the respondents

Sl.No	Age Group	No of Respondents	Percentage
01	Below 20 years	30	35.3
02	20- 30 Year	28	32.9
03	30-40 year	15	17.6
04	40 and above	12	14.1
	Total	85	100

Field Survey

Table 2: shows that the age group of the respondents, the majority of 35.3% (30) respondents were belonging to age group between below 20 years, they are newly appointed to their job, 32.9% (28) were 20-30 years of age group, 17.6% (15) respondents were 30-40 years of age group, only least numbers of respondents 14.1% (12) respondents were above 40 years of age group.

Table – 3
Educational background of the Anganwadi Workers

Sl.No	Educational Background	No of Respondents	Percentage
01	S.S.L.C	35	41.2
02	P.U.C	28	32.9
03	DEGREE	12	14.1
04	OTHERS	10	11.8
	Total	85	100

Field Survey

Educational backgrounds of respondents are one of the basic aspects of anganwadi workers. Table -3 illustrate that the majority of 41.2 % (35) were passed SSLC level of education. 32.9% (28) respondents were qualified PUC, 14.1% (12) respondents were passed degree level and only 11.8% (10) respondents have passed from other educational background like- diploma, vocational, ITI ect.,

Table – 4
Distributions of Anganwadi According of its Housing

Sl.No	Housing	Anganwadi Centers/ No of Anganwadies	Percentage
01	Own	07	15.5
02	Rental	35	77.8
03	Panchayath	03	6.6
	Total	45	100

Field Survey

Table 4 shows that distributions of anganwadi centers according to its Housing Facility. Majority of 77.8% (35) respondents were running anganwadis in the Rental Houses, 15.5% (07) respondents were in their own house they are running and only 6.6% (3) respondents were running in panchayats.

Table – 5
Distribution of Anganwadi centers basis on Environmental Condition

Sl.No	Environmental Condition of Anganwadi Centers	Opinion of the Respondents	Percentage
01	Good	12	26.7
02	Average	29	64.4
03	Poor	04	8.9
	Total	45	100

Field survey

Table 5 reveals that distributions of Anganwadi centers on the basis of environmental conditions. The majority of 64.4% (29) of Anganwadi centers are have an average level of environmental conditions. 26.7% (12) Anganwadi centers in a position to a good environmental conditions and only 8.9% (04) anganwadi centers are poor conditions are required much support from government.

Table – 6

Distribution of materials to anganwadi centers, provided by government

Sl. No	Materials	Available		Not Available		Total	
		No of Respondents	%	No of Respondents	%	No of Respondents	%
01	Medical Kit	03	3.52	2	2.4	05	5.9
02	Iron tablets Kit	15	17.6	3	3.5	18	21.2
03	Vitamin A	21	24.7	5	5.9	26	30.6
04	Food Supply	30	35.3	2	2.4	32	37.6
05	Chart and toys	3	3.5	1	1.2	04	4.7
	Total	72	84.4	13	15.6	85	100

Field survey

Above table 6 shows that the distribution of materials to anganwadi centers by government. Out of the 85 respondents majority of 72 (84.4%) of respondents are opinioned that to all the types of materials are provided by the government to anganwadi centers and only the least number of 13(15.6%) of the respondents said they are not received any type of material which are sufficiently.

RECOMMENDATIONS:

1. Some of the anganwadi workers are economically very poor family backgrounda, the study recommended that they need financial support from the government.
2. It was found that some of the anganwadi center running in rental house they need to permanent anganwadi center.
3. Some anganwadi centers require the good environmental conditions.

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