



SOCIO-ECONOMIC ISSUES AMONG ANGANWADI WORKERS IN IMPHAL CITY, MANIPUR

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ABSTRACT:

India is home to the largest population of malnourished and hunger-stricken people and children, leading to high infant and maternal mortality. Along with these issues are a deluge of problems ranging from diseases, lack of education, lack of hygiene, and illnesses. Under the Integrated Child Development Scheme (ICDS), one trained person, the “anganwadi worker” is allotted to a population of 1000, to bridge the gap between the person and organized healthcare, and to focus on the health and educational needs of children aged 0-6 years. The study aimed to find out the various socio-economic issues faced by the anganwadi workers in Imphal city, Manipur. A survey was conducted on a sample of 100 anganwadi workers from different anganwadi centres. Findings revealed that though the government spent adequate amount of money on the ICDS programme, the impact was not very effective. Besides, the anganwadi workers faced various problems related to poor infrastructural facilities like lack of proper buildings for the anganwadi centres, unhygienic and non nutritious food supplies, and delayed honorarium. Findings also suggested that for effective functioning of anganwadis, the anganwadi workers should be given adequate infrastructural facilities with more hygienic food supplies and substantial honorarium.

KEY WORDS: - Anganwadi, ICDS scheme, organized healthcare, infrastructural facilities, honorarium.

INTRODUCTION

The Integrated Child Development Scheme (ICDS) was launched on 2nd October 1975. Today, the ICDS scheme represents one of the world’s largest and most unique programmes for early childhood development. ICDS is the foremost symbol of India’s commitment to her children – India’s response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality, on the other. The tenth five year plan also linked ICDS to Anganwadi centres established mainly in rural areas and staffed with frontline workers. In addition to fighting malnutrition and ill health, the programme is also intended to combat gender inequality by providing girls the same resources as boys. (Lokshin, 2005)

A 2005 study found that the ICDS programme was not particularly effective in reducing malnutrition, largely because of implementation problems and because the poorest states had received the least coverage and funding. During the 2012–13 fiscal year, the Indian central government spent ₹159 billion on the programme. The widespread network of ICDS has an important role in combating malnutrition especially for children of weaker groups. (Dhar, 2013).

Under the ICDS scheme, one trained person is allotted to a population of 1000, to bridge the gap between the person and organized healthcare, and to focus on the health and educational needs of children

aged 0-6 years. This person is the ‘anganwadi worker’. The name ‘anganwadi’ 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). In rural settings, the ‘angan’ 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 and bicycles. Sometimes food is also prepared in the angan. The angan is also considered as the ‘heart of the house’ and a sacred place which 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 angan, and also visits other people’s angans, helping with their healthcare issues and concerns, is the ‘anganwadi worker’. (*Humairahm, 2011*).

METHODOLOGY

Aim: To find out the socio-economic issues faced by the anganwadi workers in Imphal City, Manipur.

OBJECTIVES:

1. To find out the problems faced by the anganwadi workers regarding inadequate infrastructure of the anganwadi centres.
2. To be acquainted with the factors affecting the quality of food supplies sent for the anganwadi children, pregnant and lactating mothers, and adolescent girls.
3. To understand the financial problems faced by the anganwadi workers.

PROCEDURE:

Hundred anganwadi workers aged between 20 to 59 years from selected anganwadi centres in Imphal, Manipur comprised the sample using purposive random sampling. The data was collected by personally visiting the anganwadi workers and administering a self-structured questionnaire to assess the deficits of the anganwadi workers under three aspects: infrastructure in the anganwadis, financial status of the anganwadi workers and factors affecting the quality of food supplies sent to the anganwadi centres. The data was analyzed using relevant statistical tests.

SALIENT FINDINGS:

The socio-demographic data revealed that a larger percentage (53%) of the anganwadi workers were educated up to 12th standard, with 30 percent of them being graduates. Most (40%) of the anganwadi workers were between 40-49 years. Majority (73%) of them were married while 22 percent comprised of single women. Most of the anganwadi workers (44%) earned less than Rs.40, 000 annually; and a greater number (34%) of them had around 0-9 years of service as an anganwadi worker.

Table 1: Type of Training Programmes Received by Anganwadi Workers

N = 100

Type of training programme	No. of respondents	Percentage
Nutritional training	91	91
Immunisation training	87	87
Nursery school training	100	100

@multiple response

Table 1 and Fig. 1 indicates that all (100%) of the anganwadi workers received nursery school training; 91 percent underwent nutritional training, while 87 percent of the anganwadi workers received immunization training programmes also.

Fig. 1: Training received by Anganwadi workers

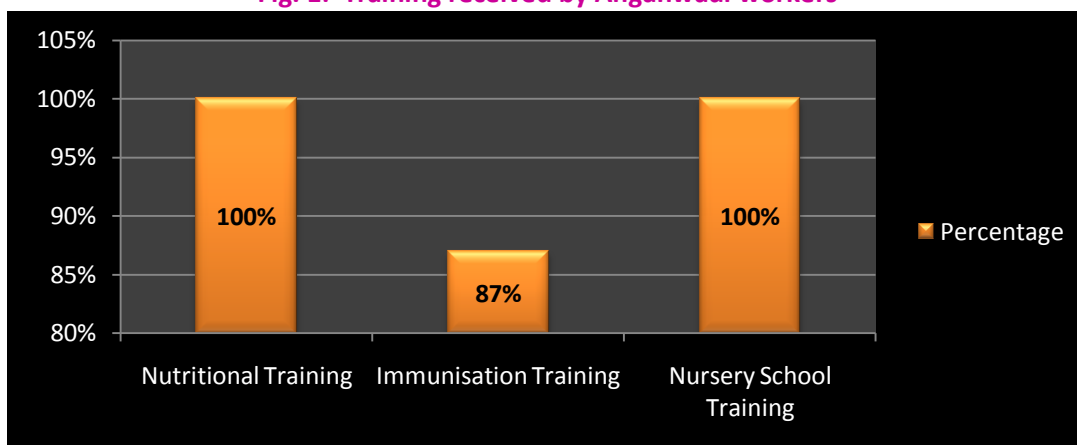


Fig. 2: Infrastructure for the Anganwadi Centres

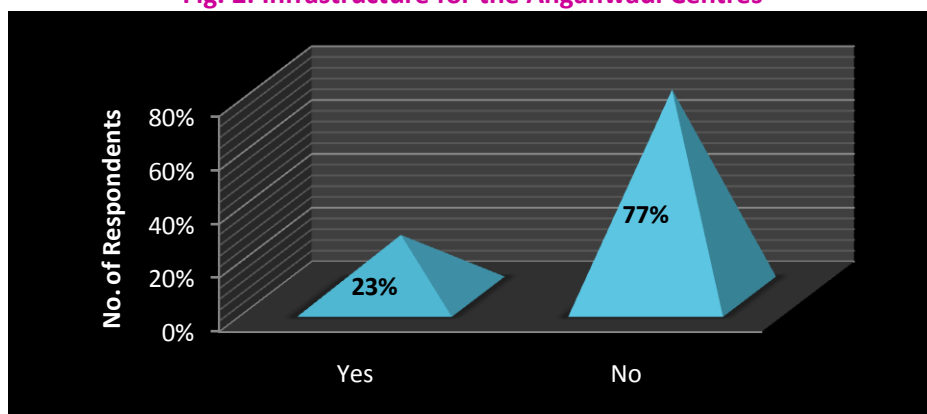


Fig. 2 depicts that majority (77%) of the anganwadi workers did not have any infrastructural facilities or proper buildings for their anganwadi activities; with only a lesser percentage (23%) of anganwadi centres having adequate building facilities. Most of the anganwadi workers catered to the needs of the children, adolescent girls and lactating mothers within their own homes. This aspect was supported by the study conducted by **Semma (2001)** who stated that inadequate infrastructure facilities seemed to be the major constraint to effective functioning of anganwadis.

Table 2: Food Aspects and Supplies sent to the Anganwadi Centre

N = 100

Characteristics	Category	Number	Percentage
Food cooked in the anganwadis	Always cooked the food in their anganwadis	97	97
	Got the cooked food supplied to their anganwadis on time	03	03
Quality of raw food materials supplied	Good quality	02	02
	Average quality	11	11
	Below average quality	87	87
Food supplied on time	Sent on time	03	03
	Never sent on time	97	97

@ multiple response

Almost all (97%) of the anganwadi workers always cooked the food in their anganwadis with only a minimal percentage (03%) receiving cooked food from the main anganwadi centre. Majority of the anganwadi workers (88%) stated that the food supplies sent to their anganwadi centres were below average quality. This view was also substantiated by the article by **Bageshree S.** in **The Hindu (2010)** who reported that following complaints from several anganwadi centres in the Karnataka state about children rejecting packed food served to them, the Department of Women and Child Development was taking up a review to detect if there are any loopholes in the implementation of the infant feeding programme.

Almost all (97%) of the anganwadi workers stated that the food supplies sent to their anganwadi centres were never sent on time, hence they had to prepare the food for the children from their own supplies and then replenish it when they received the supplies later.

Table 3: Action Taken On Receiving Unhygienic Food Supplies

N=100

Action taken for unhygienic Food Supplies	No. of Respondents	Percentage
Kept quiet	07	07
Complained to the main anganwadi centre	83	83
Discussed the issues with each other	10	10

$\chi^2 = 166.81$

Table 3 indicates that a larger percentage (83%) of the anganwadi workers complained to the main Anganwadi Centre regarding the unhygienic food supplies; while 10 percent of them discussed the matter with each other; and only 07 percent kept quiet about this issue. Since the calculated value of χ^2 (166.81) is higher than the table value (5.99), $\chi^2_{cal} > \chi^2_{tab}$; hence the null hypothesis is rejected and the alternative hypothesis accepted. The above test concludes that the respondents did react to inadequate facilities in the anganwadis, particularly in the way of complaining to the main anganwadi centre.

Table 4: Honorarium Given on Time

N=100

Honorarium given on time	No. of respondents	Percentage
Yes	06	06
No	94	94

Table 4 shows that almost all (94%) of the anganwadi workers stated that they were not getting their honorarium in time. This was a major source of concern for all the anganwadi workers in Imphal city, Manipur. This view was validated by the study conducted by **Desai et al. (2012)** who reported that the Integrated Child Development Scheme (ICDS) was initiated nearly 35 years ago, in October 1975. The study conducted at Wagodiya block of Vadodara district, Gujarat revealed that 87 percent of the anganwadi workers were from same village where the anganwadi was located; and 80 percent participated in National Health Programmes, house to house survey, selection of patients for family planning programme etc. The anganwadi worker and helper, who were the basic functionaries of the ICDS, were not treated on par with other government employees, but were called "social workers" or "voluntary workers". They were not paid "wages" but only an "honorarium". The study suggested that the anganwadi workers were overworked and not able to justify their routine work.

Table 5: Satisfaction with the Honorarium

N=100		
Satisfaction with the honorarium	No. of the respondents	Percentage
Yes	08	08
No	92	92

$$x^2 = 80.74$$

It is seen from table 5 that majority (92%) of the anganwadi workers were not satisfied with the honorarium being paid to them. As the calculated value of x^2 (80.74) is higher than the table value (7.81), the null hypothesis is rejected and the alternative hypothesis is accepted. The above test concludes that the respondents were dissatisfied to a great extent with the honorarium received.

SUMMARY AND CONCLUSION:

The findings from the study revealed that most anganwadi workers in Imphal, Manipur faced several socio-economic issues which had to be looked into, with emphasis on three issues. Foremost, most anganwadis lacked proper infrastructural facilities. The cooked food which was supposed to be sent to the anganwadis was not sent in time, hence the anganwadi worker often cooked for the anganwadi children and pregnant women in their respective anganwadis. Besides, the anganwadi centres mostly obtained poor quality of food supplies being sent to them. The other issue for almost all anganwadi workers was the paltry honorarium which they never received on time. All these socio-economic issues have to be properly redressed in order for the anganwadi centres to fulfill its purpose of catering to the needs of children, the pregnant and lactating women.

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