

PROBLEMS OF ANGANWADI TEACHERS IN URBAN AREAS – A STUDY IN HANMAKONDA.

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ABSTRACT

The anganwadi teachers are a community based front line worker of the ICDS programme. She plays a crucial role in promoting child growth and development. She is also an agent of social change, mobilizing community support for better care of young children. The anganwadi teachers performing various types of functions it is obvious that she might have to face variety of problems i.e., Inadequate honorarium, Work overload, Inadequate infrastructure, Data upload, Meetings with officials, Supply of materials, Carrying children, Pulse polio Programme, Nutrition's food for Nursing/ pregnant women taking in to consideration all above factors. This paper is an attempt to socio-economic characteristics and to list out various problems faced by anganwadi teachers and given the suggestions. This study was conducted 60 anganwadi teachers with random sampling in Hanamkonda town in Warangal Urban district.

Keywords: Anganwadi teachers, ICDS programme, Problems of Anganwadi teachers.

INTRODUCTION

The word Anganwadi means "courtyard shelter" in Indian languages. They were started by the Indian government in 1975 as part of the Integrated Child Development Services program to combat child hunger and malnutrition. A typical Anganwadi centre also provides basic health care in Indian villages. It is a part of the Indian public health-care system. Basic health-care activities include contraceptive counseling and supply, nutrition education and supplementation, as well as pre-school activities. The main objective of this programme is to cater to the needs of the development of children in the age group of 0-6 years. Anganwadi Worker is a functionary at the Anganwadi Centre recruited in the ICDS Project at grass root level who knows the socio-cultural milieu and the familial background of the potential beneficiaries. She is an honorary worker and is paid a monthly honorarium. Women constitute about half of the India's population. Women as a social category perform multiple roles. Women participating in work are exposed to various problems. It has been observed from the research studies that Women

going to work are often subject to sexual harassment. Public transport system is overcrowded and men take advantage of the circumstances to physically harass women. In addition to it there are hurdles in the working environment. Most of the problems that beset working women are in reality rooted in the social perspective of the position of women. Gender inequality in India persists at an acute form in terms of socio-economic and demographic dimensions. It is more prevalent in the backward states like Utter Pradesh, Rajasthan, Bihar, and Orissa. On the other hand, in the states like Kerala and Manipur women have achieved a more equal and active role, leading to higher social or economic status compared to other states. This is due to the early promotion of female literacy in Kerala and economic empowerment of women in Manipur. The present study deals with “Problems of Anganwadi teachers in urban areas- A Study in Hanmakonda” in Warangal district of Telangana State in India. The researchers shed light on the problem with a view to identify the problem area and to plan strategies to eliminate it and to enable them to function freely with commitment to serve for the budding citizens and the precious human resource on earth i.e., women and girls and for the country’s prosperity at large.

Aims and objectives of ICDS Scheme:

- Improve the nutritional and health status of children in the age group 0-6 years
- Lay the foundation of proper psychological, physical and social development of the child.
- Reduce the incidence of mortality, morbidity, malnutrition and school dropouts.
- Achieve effective coordination of policy and implementation among various departments to promote child development.
- Enhance the capability of the mother to look after the normal health and nutritional needs of the child, through proper health and nutrition education.

Importance of the Study:

Though Anganwadi Teachers are key player to enhance health and nutritional status of women and children at the grass root level, but recent studies show that they are less capable of providing recommended Material and Child Health (MCH) services to the deprived group of population. Though government is spending lot of money on ICDS programme, impact is very ineffective. Most of the study concentrated on the nutritional and health status of the beneficiaries of ICDS. Less focus has been shifted over to assess the knowledge and awareness among Angamwadi Teachers regarding recommended ICDS programmes, who are actually the main resource person.

REVIEW OF LITERATURE

The current literature review is being restricted to selected items relevant to the present study which is Anganwadi teachers. A.B Das,D mohapatra (1) assessed that education is the strong instrument for reducing inequality income in odisha. Desai. G , Sharma D, (2) stressed on the changing role of anganwadi workers in the present scenario and mere amounts of wages are the major problems facing by them. Patil V. U, Rukmini. S, (3) concluded that those workers which are of a lower age group had a high level of satisfaction which gradually decreased as their age increased.

METHODOLOGY

The present study is based on primary as well as secondary sources of data. Studies on anti - poverty programmes in general and on ICDS in particular at the level of individual researchers, voluntary organizations and concurrent evaluation studies conducted by respective ICDS are taken as background information. In order to elicit the information in regard to the socio-economic impact of Anganwadi teachers, a structured interview schedule is prepared and administered to a selected sample. In addition, observation and interview methods were also used to collect the information pertaining to the inner realities of Anganwadi Teachers lives.

OBJECTIVES OF THE STUDY

The key objective of the study is to assess the correct knowledge among Anganwadi Teachers about Integrated Child Development Services (ICDS). Specific objectives are as follows:

- 1) To examine the socio-economic background of Anganwadi teachers. service condition.
- 2) To assess the awareness among the Anganwadi teachers regarding the nutritional services of ICDS programme.
- 3) To study the problems faces by Anganwadi teachers while implementing the ICDS programme.
- 4) To suggest measures to improve the living standards of the Anganwadi teachers.

Research Design:

The present study was conducted in urban area of warangal District during the in the February 2017. The study area was confined to 2 Blocks namely Warangal and Hanmakonda. All the selected AWCs are belonging to urban areas and the selection of AWCs was purposive.

Data Collection:

Quantitative study design was followed to collect necessary information on anganwadi teachers awareness regarding child health & nutrition. Data were collected personally by making personal visits to anganwadi centres. Data was collected both from primary and secondary sources. The secondary data was collected from official records, published reports of similar projects, journals and literature from social science discipline.

Anganwadi centres in Telangana state and Warangal district:

In the Telangana state nearly 35,700 anganwadi centers are working out of that 31,711 are major and 3983 are minor anganwadi centres, they have covered nearly 22, 28,150 beneficiaries out of that pregnant, lactating women are 5,31310, children's in the age group of 07 months to 3 years are 10,42,675 and children's in the age group 3 to 6 years are 6,54,165. It is the evident success of the at the enrollment level.

RESULT AND DISCUSSION

Structured questionnaire, personal interview with anganwadi teachers and observations generated important results and major ones are presented in the following tables.

Table – 1: Age Group of Distribution

Caste	Age Group					Total
	Below 25	25- 35	35 - 45	45 - 55	Above 55	
FC	0 (0.00)	5 (31.25)	3 (15.78)	1 (07.14)	0 (0.00)	09 (15.00)
BC	6 (75.00)	4 (25.00)	6 (31.57)	7 (50.00)	2 (66.67)	25 (41.66)
SC	2 (25.00)	5 (31.25)	7 (36.84)	4 (28.57)	1 (33.33)	19 (31.66)
ST	0 (0.00)	2 (12.50)	3 (15.78)	2 (14.28)	0 (0.00)	7 (11.67)
Total	8(13.33) (100.00)	16(26.66) (100.00)	19(31.66) (100.00)	14(23.33) (100.00)	3(5.00) (100.00)	60(100.00) (100.00)

Source: Field study

Note: Figures in parentheses denote percentage to total

It is clear that a majority of the respondents belongs to Backward Classes i.e. 41.66 per cent followed by 31.66 per cent of respondents belongs to the Scheduled Caste, 15.00 per cent of the respondents belongs to Forward Castes and only 11.67 per cent belongs to Scheduled Tribes. Majority of the respondents opined that due to urban areas Scheduled Tribes respondents are

very less as well as out of 31.66 per cent of respondents is age group of 35 and 45 years, 26.66 per cent of respondents were age group of 25 and 35 years. 23.33 per cent of respondents were age group of 45-55 years, 13.33 per cent of respondent's age group of below 25 years and only 5.00 percent of respondents are above 55 years. It clearly evidence that, more than 55.00 per cent of beneficiaries under the age group of 35-55 years. It is positively impact on their children in over all development in particular to provide the better nutrition, health and education facilities.

Table – 2: Educational qualifications of the Anganwadi teachers

Educational Status	FC	BC	SC	ST	Total
Illiterate	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)
Primary	0 (0.00)	0 (0.00)	0 (0.00)	1 (14.28)	01 (1.66)
Secondary	2 (22.22)	6 (24.00)	9 (47.36)	3 (42.86)	20 (33.33)
Intermediate	4 (44.44)	11 (44.00)	7 (36.84)	2 (28.57)	24 (40.00)
Graduation	2 (22.22)	6 (24.00)	3 (15.78)	1 (14.28)	12 (20.00)
Post Graduation & others	1 (11.11)	2 (8.00)	0 (0.00)	0 (0.00)	3 (5.00)
Total:	09 (100.00)	25 (100.00)	19 (100.00)	7 (100.00)	60 (100.00)

Source: Field study**Note:** Figures in parentheses denote percentage to total

Table- 2 reveals that, Out of the total respondents, 40.00 per cent respondents are completed Intermediate education followed by Secondary Education with 33.33 per cent. 20.00 per cent of respondents are completed Graduation, and only 5.00 per cent of respondents pursing Post Graduation education and others and only one respondent having primary education belonging to Scheduled Tribes. 33.33 respondents belongs to Forward Classes are completed graduation and above, followed by Backward Classes with 32.00 per cent and it is found only 15.78 in Scheduled Castes, on the whole 25.00 respondents having higher education, it is more helpful to understand the problems in computerized the data, involvement for success of main object of the scheme, visit to house to house for collection of data in various fields finally anganwadi teachers having more awareness about the society in such cases these teachers have competent to regular teachers.

Table – 3: Marital Status of the Respondents

Caste	Married	Unmarried	Widow / Divorce	Total
FC	6 (15.38)	2 (33.33)	1 (6.66)	09 (15.00)
BC	16 (41.02)	3 (50.00)	6 (40.00)	25 (41.66)
SC	12 (30.76)	1 (16.66)	6 (40.00)	19 (31.66)
ST	5 (12.82)	0 (0.00)	2 (13.66)	7 (11.67)
Total:	39(65.00) (100.00)	6(10.00) (100.00)	15(25.00) (100.00)	60(100.00) (100.00)

Source: Field study

Note: Figures in parentheses denote percentage to total

Table-3 explained the marital status of the respondents, 39 (65.00 per cent) respondents are married, 15(25.00 per cent) respondents are widowed or divorced and 6 (10.00 percent) respondents are unmarried. This programme was more benefited to widow and divorced women and it gives a lot of confidence for their livelihood, improving the economic independence and bright future to their children.

Table – 4: Teaching experience of the respondents

Caste	Below 5	5-10	10-15	Above 15	Total
FC	1 (12.50)	2 (16.66)	2 (8.70)	4 (23.52)	09 (15.00)
BC	3 (37.50)	2 (16.66)	14 (60.87)	6 (35.29)	25 (41.66)
SC	3 (37.50)	6 (50.00)	3 (13.04)	7 (41.17)	19 (31.66)
ST	1 (12.50)	2 (16.66)	4 (17.39)	0 (0.00)	7 (11.67)
Total	8(13.33) (100.00)	12(20.00) (100.00)	23(38.33) (100.00)	17(28.33) (100.00)	60(100.00) (100.00)

Source: Field study

Note: Figures in parentheses denote percentage to total

The above table reveals that, majority of the respondents (66.66 percent) had an experience more than 10 years followed by 5-10 years with 20.00 percent and only 8 respondents (13.33 percent) have below 5 years experience. Experience is one of the key factors to smooth functioning of the anganwadi centres in both rural and urban areas. It was observed that among the different

services provided by anganwadi teachers, they had best knowledge about strengthen the enrollment of children, nutrition food and health education in anganwadi centres.

Table – 5: Type of Building

Type of building	Number	Percentage
Permanent	00	00
Rented	47	78.33
School Attached	05	8.33
Temporary Allotted	08	13.33
Total	60	100.00

Source: *Field study***Note:** *Figures in parentheses denote percentage to total*

According to the data 47 (78.33 percent) anganwadi centers runs with rented buildings only, 5 (8.33 per cent) centers runs with school attached and 8 (13.33) centers run with temporarily allocated in various public buildings but entire the study there is no permanent building. The significant point is that most of the Anganwadi centres in rented houses in the study area. It is very pathetic condition in particularly urban areas only. Due to this problem, anganwadi teachers, helper's children and pregenent women are seriously suffering with toilet problems. As per the study 39 anganwadi ceters did not have proper toilets facilities, it is adverse impact on the society. Majority of the respondents opined that every year we have faced several operational problems like searching for new buildlings, inconvenience with owners (Toilets facilities), far away to respondents houses. It is also inconvenient to the pregenent women and children to reach the centers. Government to take initiation to set up the permanent building it is leads to more comfort and increase in number of enrollment in all such type cases.

Table – 06: Co-operation from officials

Cooperation from officials	Number	Percentage
Excellent	09	15.00
Good	17	28.33
Average	29	48.33
Bad	05	8.33
Total	60	100.00

Source: *Field study***Note:** *Figures in parentheses denote percentage to total*

Table- 6 explains the cooperation from higher officials like supervisors from ICDS, success of any such type of programmes depends upon good supervision and encouragement of higher officials. They are explained broad objectives of the programme, how to overcome operational problems, found irregularities in its function, how to use scarce resources for benefit of the deprived sections of the people in particular urban settlements and they are part partial of the making successful running of the programme. In the above table 29 (48.33 percent) respondents are claimed that cooperation from the concerned official is average.26 (43.33 percent) respondents said that it is good and excellent only 5 (8.33 percent) are not happy with cooperation from ICDS officials.

All the respondents agreed to have been giving nutritious food for the pregnant mothers in the community. Monthly once they go for pregnant mothers survey to curb maternal mortality. The pregnant mothers are not only given nutritious food but also taken at the government hospitals for the regular checkup to keep the infant in the womb healthy. After the delivery, the mothers are brought under Arogyalakshmi programme where a bond of ten thousand rupees will be deposited for the child, if it is a girl child. The benefits of the scheme are restricted to two girl children from below poverty line families. The respondents are expressed different views about the Arogyalakshmi programme in table7.

Table – 07: Opinion on Arogyalakshmi Programme

Nature	Number	Percentage
Positive	38	63.33
Negative	12	20.00
Neutral	10	16.00
Required modifications	00	00
Total	60	100.00

Source: Field study

Note: Figures in parentheses denote percentage to total

The Arogyalakshmi programme is made for to prepare the nutrition food at the anganwadi centers with sufficient calories for children's in the age group of 3 to 6 years and extending services to pregnant, lactating women. It is helpful to increase in enrollment as well as part of the human development index. 63.33 per cent respondents are opined positively, that they preparing food for children's and pregnant women, even sometimes distribute packed nutritious food for the pregnant mothers who are already identified by the anganwadi teachers. The frequency of supply of nourished food articles will be once in a month, fortnightly and weekly. 12 (20.00 percent) are opined that negatively due to so many operational problems like there is no kitchen ware, problems in supply of gas, large variation in vegetable prices. Here, 10 (16.66 percent)

anganwadi teachers are not having single opinion of distributing the nutritious food for children's and mothers, it means neutral.

Table – 08: Problems of Angnwadi Teachers

Type of problems	Number	Percentage
Inadequate honorarium	46	76.66
Work overload	52	86.66
Inadequate infrastructure	32	53.33
Records maintenance (Manual)	17	28.33
Data upload	55	91.66
Meetings with officials	29	48.33
Higher officials	22	36.66
Supply of materials	19	31.66

Source: Field study

Note: Figures in parentheses denote percentage to total

Table 08 describes, it was found that computer related works like up load the data for monthly reports complained by 55 respondents (91.66 per cent) due to lack of computer knowledge, there is no computer and internet facility in the aganwadi centers, insufficient training programmes. As their work involves 52 respondents (86.66 per cent) daily home visits for carrying children, to create awareness among the children and women about the various services given by anganwadi centers including health programmes. Apart from 46 respondents (76.66 per cent) are not happy with their honorarium (recently telangana state government has increased the honorarium from Rs 5000=00 to 10,170 for anganwadi teachers and 2500=00 to 5089 for Anganwadi helpers) and 53.33 percent respondents faced the problem of inadequate infrastructure. Nearly half of the respondents (48.33 percent) viewed that meeting with officials as well as supervisors from ICDS was the main problem while 19 respondents (31.66 per cent) complained supply the materials for Arogyalakshmi Programme.

Table – 09: Burden of additional work

Caste	Burden	Not Burden	Continue	Discontinue	Total
FC	5 (11.62)	3 (37.50)	1 (11.11)	0 (0.00)	09 (15.00)
BC	21 (48.83)	1 (12.50)	3 (33.33)	0 (0.00)	25 (41.66)
SC	13 (30.23)	2 (25.00)	4 (44.44)	0 (0.00)	19 (31.66)
ST	4 (9.30)	2 (25.50)	1 (11.11)	0 (0.00)	7 (11.67)
Total	43 (100.00)	8 (100.00)	9 (100.00)	0 (0.00)	60 (100.00)

Source: Field study

Note: Figures in parentheses denote percentage to total

It is evident from the above table 43 (71.66 percent) respondents have expressed their views on the inadequate burden due to they are engaging multiple programmes organized by government, while only 8 (13.33 per cent) of respondents were opined of not burden related such as tensions etc, as per the data all the respondents opined that they are continue their duties.

Table – 10: Burden of programme activity wise

Activity	Number	Percentage
Carrying children	27	62.79
Pulse polio Programme	03	6.97
Nutrition's food for mothers	9	20.93
Nursing/ pregnant women	4	9.30
Total	43	100.00

Source: Field study

Note: Figures in parentheses denote percentage to total

Table-10 examined that 43 respondents are opined that it is burden while implementing the programme. Out of that, 27 (62.79 percent) respondents are said that carrying children to the centers and convenience to the parents is most problematic. It is significant problem in particular urban areas due to number of pre-primary schools, play method schools are established even in small streets. It is observed that, enrollment of children's is high where below poverty line people are living including deprived urban settlements. In case of nursing / pregnant women not turned up in to anganwadi centers it is 9.30 percent. So that to give assurance about the quality

food, medicines, infrastructure facilities at centers, strengths cordial relations with anganwadi teachers and helpers finally create the good environment, strong beliefeness about anganwadi centers in urban areas. Apart from thatall the respondents have been implemented the various programmes in their anganwadi centers. The anganwadi workers take care of the children between the age group of 3yrs to 6yrs. They provide nutritious food for the children freshly prepared at anganwadi centers. All the respondents are involved in pulse polio programme in their respective anganwadi centers. They do door to door survey of the children belonging to the age group of below five years to bring under vaccination programme.

CONCLUSION

Most of the AWWs in Urban ICDS Block in Hanamkonda were from age group 35-45 years, secondary education and having knowledge are play important role functioning of AWCs but as per data there is no relation with their educational qualification. Problems felt by them were mainly due to inadequate honorarium and excess work load. So, timely increments in honorarium should be considered. Regular practical reorientation training is crucial strength the knowledge and commutation skills of Anganwadi teachers, which will increase their capabilities to take corrective and preventive actions at appreciate time for optimum development of Anganwadi teachres.

RECOMMENDATIONS

Different aspects of functioning of Anganwadi Centers under the urban areas of Warangal district have been studied. Practices of health services of AWW were assessed. Following interventions are recommended so as to improve the implementation of the national program & to make it more efficient as well as more acceptable by people.

1. The present study revealed that regular training camps should be organized for the Aaganwadi teachers to increase their knowledge regarding different aspects of services provided especially growth monitoring and supplementary nutrition.
2. Permanent buildings and supply the all materials to AWCs & improvement of infrastructure to be done with good sanitary facilities.
3. The usage of advanced technology to minimize workload with respect to record maintenance & increase in honorarium of AWWs.

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