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The challenges faced by Anganwadi workers in rural and urban areas: a comparative study of Firozabad district, Uttar Pradesh, India.

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Abstract: *The Integrated Child Development Services (ICDS) is a flagship social welfare program in India. Anganwadi (ICDS workers in India provide essential health and nutrition services to pregnant women, nursing mothers, infants, and young children, promoting nutrition, immunization, and early childhood education). Anganwadi workers (AWWs) are the main workforce at the ordinary level, helping as a bridge between the community and government programs. AWWs are dedicated to delivering integrated child development services in both rural and urban areas. This paper examines the issues AWWs experience and emphasizes the particular obstacles they face in rural and urban contexts. The workload regularly exceeds their capacity, leading to exhaustion and burnout. Moreover, the financial compensation provided to AWWs is often insufficient, considering the vital role they play in society. This study aims to compare the challenges faced by AWWs in rural and urban areas of Firozabad district, Uttar Pradesh, India. The study will be latus by semi-structured interview, the participants will be selected from both rural and urban regions. The findings of this study show that almost 94% of AWWs were found married, 75 % of AWWs require some technical training, 25% of rural AWWs struggle with a child growth chart, and 62% with beneficiary data. 50% of rural and 12.5 AWWs struggle with job and home balance. Urban AWWs struggle with rented space, rural AWWs face accommodation issues. Rural AWWs are 100% unsatisfied with their salary, while urban AWWs are 87.5% unsatisfied.*

Key Words: *Anganwadi Workers, The ICDS Programme, Children Under Six Years Old, Pregnant and Lactating Women and Adolescent Girls, Challenges Faced by Anganwadi Workers.*

1. INTRODUCTION :

Anganwadi workers (AWWs) are the backbone of the health care system in India and play a critical role in the Integrated Child Development Services (ICDS) program. The ICDS program, which was launched in 1975, aims to provide holistic care for children under six years old, pregnant and lactating women, and adolescent girls. Over time, the program has evolved to prioritize the nutritional needs of these groups and improve their overall health and well-being. The program offers six services, including referral services, additional nourishment, immunizations, health examinations, and nutrition and health education for mothers who are carrying, breastfeeding, and caring for teenage girls (Kishoris) to be healthy and grow well. Anganwadi centers (AWC) are set up all over India. According to the Ministry of Women and Child Development, as of 2021, there will be approximately 14 lakh (1.4 million) (AWC) across India. Uttar Pradesh had 1,89,796 Anganwadi centers, which is the highest number of centers in any state in India. Each (AWC) is run by an Anganwadi and helpers. Training to (AWWs) services Functionaries are imparted at government-run AWTCs, MLTCs, or the National Institute of Public Cooperation and Child Development (NIPCCD); (AWWs) receive ongoing on-the-job coaching from a supervisor to close the knowledge gap between their training and the demands of their position. Each supervisor is responsible for 10 AWWs.

According to the Ministry of Women & Child Development Services (ICDS) Scheme introduced by the Ministry of Women & Child Development [1]. In this scheme, AWWs are usually local women who have qualified as 10th graders. One AWW serves 1,000 people in rural and urban regions, as well as 700 tribal members. They are trained by the government to help with things like taking care of children, making sure they are healthy and eating well, and helping them learn. Additionally, she organizes the setting up of health checkups and immunization campaigns. Her duties also include conducting community surveys, identifying beneficiaries, providing basic medical care and first aid, providing referral services for children who are seriously ill or malnourished or who are at risk, organizing women's groups and Mahila Mandals, enrolling children in school, and maintaining records and registers. They also look out for children who might be sick, malnourished, or not developing well, and they help them get the right care. Each AWW gets Rs. 4,500 per month, which is a very meager remuneration, but the responsibilities of these workers are very wide. Yet, they are the most dedicated and committed of civil servants. They have become even more important in recent years because India has made a lot of progress in improving the health of children and women. According to (Sandhyarani and Dr. C. Usha Rao 2013) [2]. Their study revealed that most of the AWWs do not have building and toilet facilities; there is no playground for children to play; they do not get enough time to teach preschool children due to other work; and their attendance is low. There are also arrears in the payment of salaries, gas, and other funds. According to (Joshi, K. 2017) [3]. In their study, most of the AWWs were in the age group of 20 to 30 years, and some were in the age group of 45 to 50 years. The number of 10th-pass AWWs was the maximum. The experience of AWWs ranged from 5 to 15 years. There was a problem with electricity and water. There were also problems with an insufficient honorarium and late delivery.

2. STATEMENT OF PROBLEM

The ICDS program, while successful in many ways, has not made a significant dent in child malnutrition. The absence of cooperation between the public, women's, and children's health departments has always been a serious problem. AWWs face several challenges in fulfilling their responsibilities, including limited resources and training, difficult working conditions, and difficulties reaching remote areas or diverse populations. Specifically, in rural areas, they face limited access to resources and support, inadequate training, and difficulties serving remote communities. In contrast, urban areas pose challenges such as high workloads, limited financial resources, and challenges in providing services. The main problems that AWWs had to cope with were as follows: lack of family and community sports; poor social and economic conditions; and Inadequate infrastructural facilities are major constraints to the effective functioning of AWWs. A concern is the minimal honorarium paid to AWWs. Frontline workers in AWC, such as (AWWs), ASHAs, and ANMs, lack sufficient service conditions and future career opportunities. By understanding the working conditions of AWWs and addressing the issues they face, this study aims to make healthcare services more accessible and effective in the Firozabad district and beyond. Numerous studies have explored different aspects of this issue, but this study aims to provide more in-depth insights into the specific challenges faced by AWWs in rural and urban areas of Firozabad district, Uttar Pradesh, India. By identifying these challenges, the study aims to help improve the working conditions and support available to AWWs, making it easier for them to provide quality healthcare services to the communities they serve. Ultimately, the goal of this study is to contribute to the improvement of the healthcare system in Firozabad district and beyond, ensuring healthy children and women, and supporting human development in India. More in-depth insights into the specific challenges faced by AWWs in rural and urban areas of Firozabad district, Uttar Pradesh, India.

3. REVIEW OF LITERATURE

Patil, Sandip B.et. ai. (2013) The study revealed that the majority of AWWs between the ages of 41 and 50 are matriculated, experienced, and knowledgeable about more than half of the daily jobs they perform at AWCs. The study found that knowledge did not increase with prior academic training but rather with work experience. Most of the workers indicated unhappiness with their pay and workload, according to the data. Very few workers put forth less effort to volunteer. There was not enough room to exhibit NFPSE.

Kula, S. S. (2014) Most of the AWWs studied in 3 ICDS projects in Barnala district of Punjab were in the age group of 26–35. The number of Anganwadi workers was high with matriculation. Very few AWWs had >10 years of experience, and AWWs were aware of vaccination. However, with no referral services, AWWs face these problems with the availability of basic facilities and an inadequate honorarium.

Bhatnagar, C.& Bhadra, S. (2015) The research examines how most AWWs and moms originate from low-income backgrounds, have poor levels of education, and are members of the SC community. Other concerns include a lack of sufficient room, supplies, and tools. health issues, infant mortality, school dropout rates, issues with child protection, etc. The mother's lack of enthusiasm and awareness of the program's genuine goal are the biggest obstacles to its effectiveness. The work is not satisfying to AWWs. They become inactive as a result of the inadequate honorarium.

Krishna prasad. S. & Karan Peer (2019) The "all-women" workforce faces recognition and compensation challenges nationwide. They receive an inadequate "honorarium" as "volunteers." proposes moving summer vacation to May to avoid heat and absenteeism. Study shows that AWWs, struggle for recognition and entitlements through strikes and legal battles.

Ranjan, R. (2019) The study showed that some respondents were unaware of ICDS services. Most knew about growth monitoring and immunization, but only a few knew about nutritional supplementation. Education level and AWW training showed a significant association with knowledge of ICDS components.

Maneela, M. at. el. (2022) According to the latest research on Bangalore AWWs, the infrastructure of the building is not safe for children, and the surroundings are very unhygienic. Though there are enrollments, many do not attend for many reasons. The majority of the moderately malnourished are malnourished, and some are severely malnourished.

4. OBJECTIVES OF THE STUDY

- To study the socio-economic condition of AWWs.
- To suggest measures to improve the working conditions of AWWs in both rural and urban areas.

5. AREAS OF STUDY

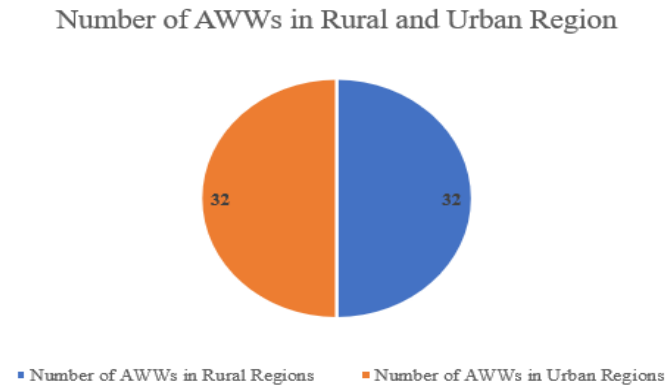
This study is conducted to identify the problems faced by AWWs in rural and urban areas of Firozabad district, Uttar Pradesh, India. It consists of five tehsils, i.e., Firozabad, Tundla, Shikohabad, Jasraana, and Sirasganj. According to the 2011 census, the population of Firozabad district is 2496761. The Sex ratio of Firozabad is 867, and the literacy rate is 71.92%. It is known as the glass city of India and the city of bangles. My study is a comparative study of problems faced by AWWs while working in rural and urban areas of Firozabad Tehsil.

6. RESEARCH METHODOLOGY –

The research design of this paper is exploratory as well as descriptive, and the collection of primary and secondary data is done using an interview schedule and questionnaire for the primary data, and the secondary data is collected using the content analysis method, which analyses the government's various reports, journals, research papers, and articles. Primary data is collected using the purposive sampling research method by interview schedule and questionnaire; data was collected from 64 respondents (Anganwadi workers) through selected samples of the problems faced by Anganwadi workers in rural and urban areas of Firozabad district, Uttar Pradesh, India.

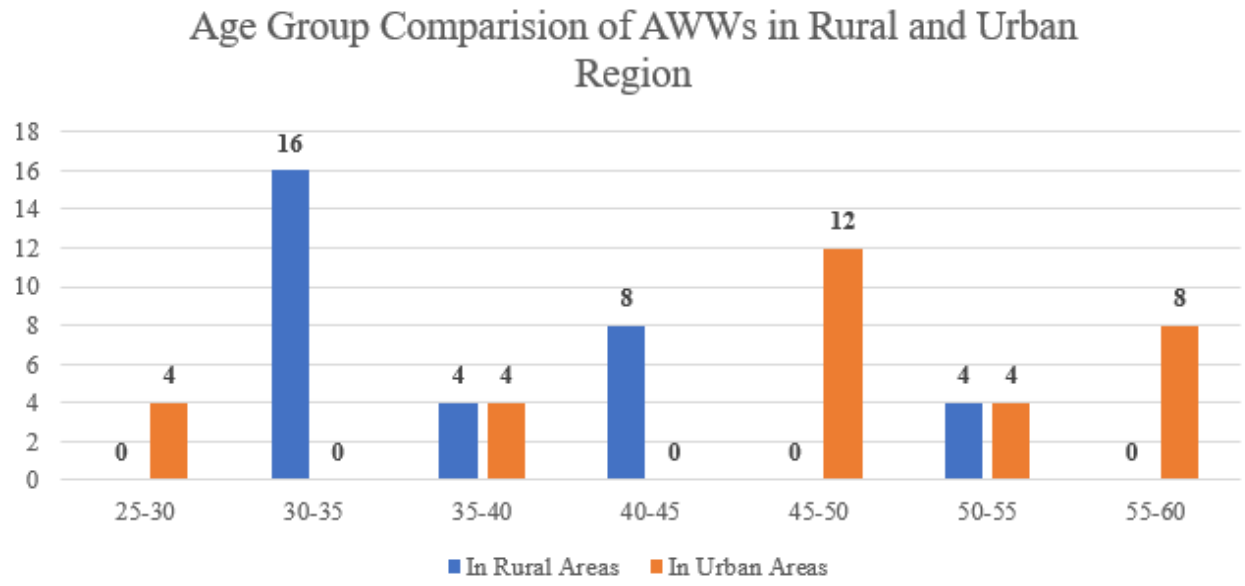
7. FINDINGS OF RESEARCH

Fig 1. Bar Chart based on the number of AWWs



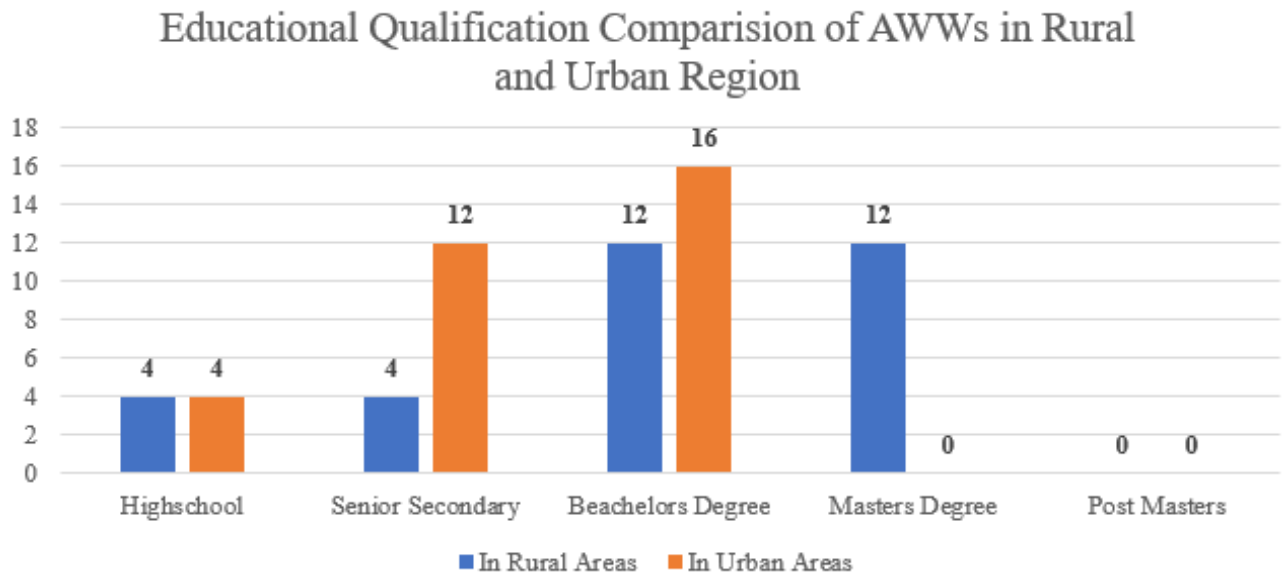
The analysis is based on a sample size of 64 Anganwadi Workers (AWWs) selected through random and purposive sampling techniques, with 32 AWWs from the rural region and 32 AWWs from the urban region, as shown in Fig-1.

Fig 2. Bar Chart based on Age Group Comparison of Rural and Urban AWWs



In this study, it has been found that the highest number of Anganwadi Workers (AWWs) in rural areas belong to the 30 to 35 years age group. In contrast, in urban regions, the highest number of AWWs are in the 45 to 50 years age group. This indicates that younger women are more prevalent in the rural region working as Anganwadi Workers compared to the urban region, as shown in Fig-2.

Fig 3. Bar Chart based on Educational Qualification Comparison of Rural and Urban AWWs



Additionally, the study presents a clear comparison of educational qualifications between rural and urban AWWs, as depicted in Fig 3. It has been found that the number of bachelor's degree holders is higher in urban regions, while in rural regions, more AWWs have completed their master's degree level qualifications.

Table 1: Yes and No Type Questionnaire Asked to Urban AWWs.

Serial No.	Yes and No Type Questionnaire asked to Urban AWWs	Response of 32 Urban AWWs	Response of 32 Urban AWWs	Overall Percentage
		Response in 'Yes' (Value in %)	Response in 'No' (Value in %)	Out of Value in %
1	Are you married?	87.5	12.5	100
2	Do you have difficulty in finding a building to operate the center?	37.5	62.5	100
3	Do you get your dues on time?	62.5	37.5	100
4	Is there an electricity and water facility at your centre?	100	0	100
5	Do you have toilet facilities at your centre?	100	0	100
6	Do you have any difficulty bringing nutrition to the Anganwadi centre?	12.5	87.5	100
7	Do you get the medicine kit on time?	0	100	100
8	Do you find it difficult to fill out your child's weight and growth charts?	0	100	100
9	Do you find it difficult to fill out beneficiary data online?	12.5	87.5	100
10	Do you have difficulty in preparing pregnant women and children for vaccination?	12.5	87.5	100
11	Do you get full cooperation from the health department?	100	0	100
12	Do you get community support?	100	0	100
13	Do you have difficulty reaching an Anganwadi centre from your home?	25	75	100
14	Do you get full cooperation from your supervisor?	100	0	100
15	Do you feel you need training to do your job well?	62.5	37.5	100
16	Do you get support from your family in doing Anganwadi work?	87.5	12.5	100
17	Are you having trouble juggling your job and home?	12.5	87.5	100
18	Are you satisfied with your job?	100	0	100
19	Have you ever had difficulties working in the community because of your caste or religion?	0	100	100
20	Are you satisfied with your salary?	12.5	87.5	100
21	Does your assistant do her job well?	62.5	37.5	100

Fig 4: Bar Chart Based on

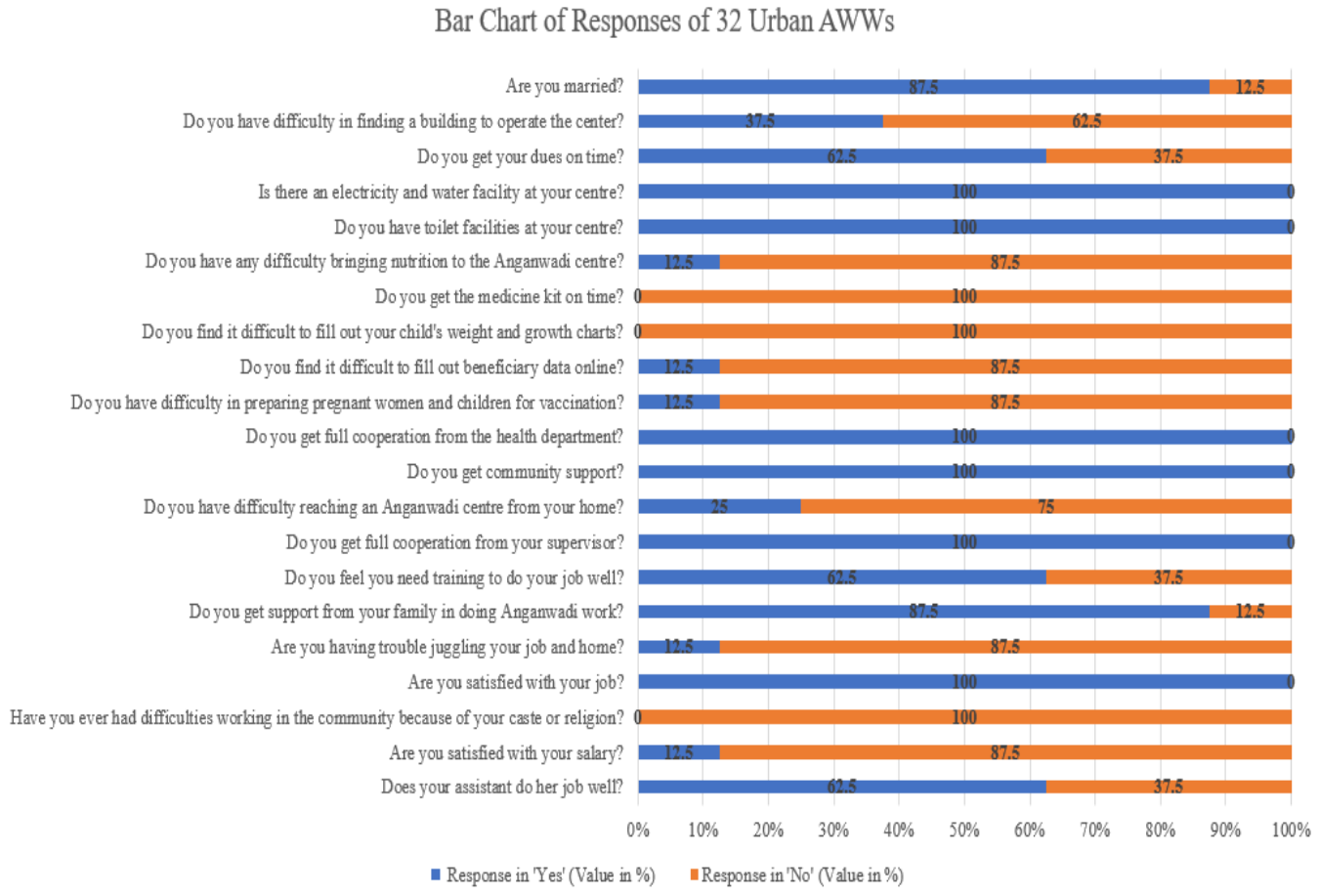
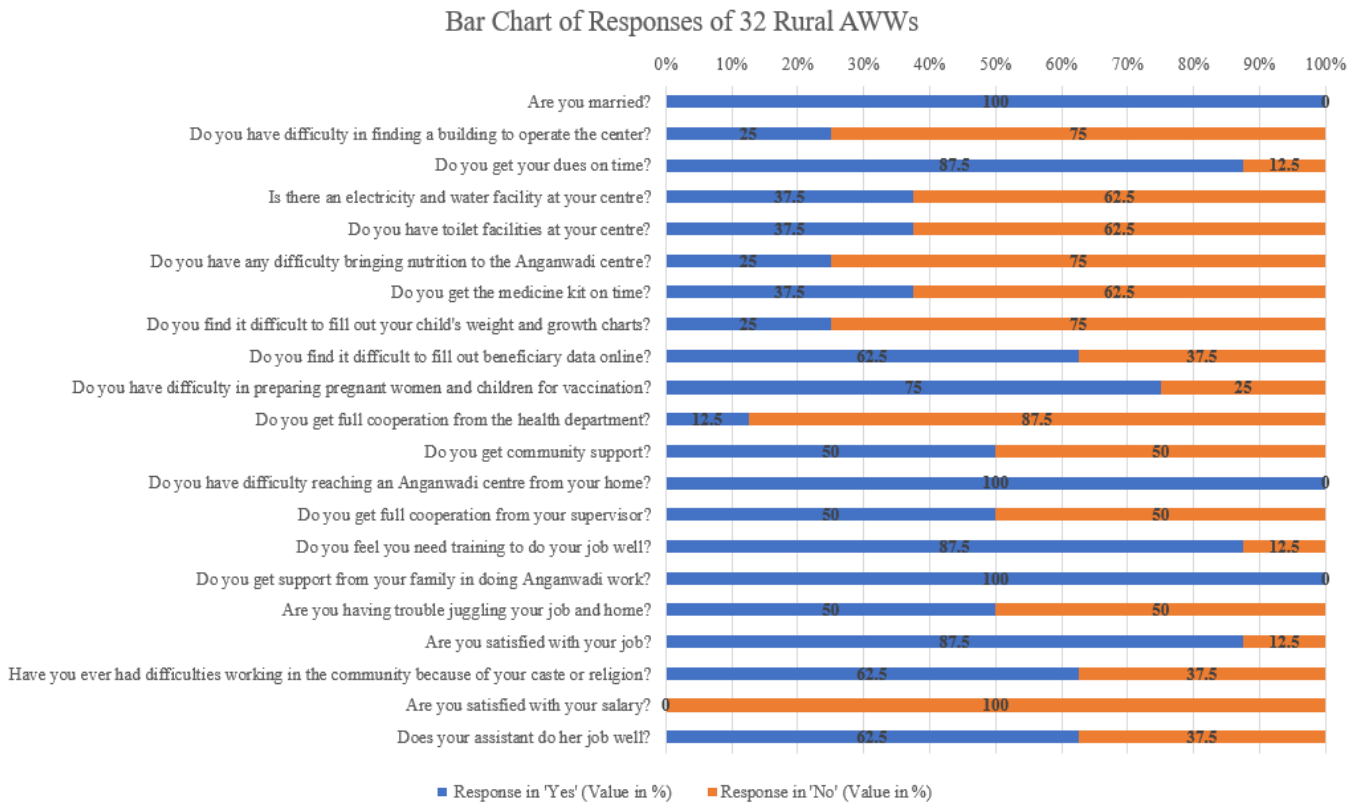


Table 2. Yes and No Type Questionnaire asked to Rural AWWs

Serial No.	Yes and No Type Questionnaire asked to Rural AWWs	Response of 32 Rural AWWs	Response of 32 Rural AWWs 2	Overall Percentage
		Response in 'Yes' (Value in %)	Response in 'No' (Value in %)	Out of Value in %
1	Are you married?	100	0	100
2	Do you have difficulty in finding a building to operate the center?	25	75	100
3	Do you get your dues on time?	87.5	12.5	100
4	Is there an electricity and water facility at your centre?	37.5	62.5	100
5	Do you have toilet facilities at your centre?	37.5	62.5	100
6	Do you have any difficulty bringing nutrition to the Anganwadi centre?	25	75	100
7	Do you get the medicine kit on time?	37.5	62.5	100
8	Do you find it difficult to fill out your child's weight and growth charts?	25	75	100
9	Do you find it difficult to fill out beneficiary data online?	62.5	37.5	100
10	Do you have difficulty in preparing pregnant women and children for vaccination?	75	25	100
11	Do you get full cooperation from the health department?	12.5	87.5	100
12	Do you get community support?	50	50	100
13	Do you have difficulty reaching an Anganwadi centre from your home?	100	0	100
14	Do you get full cooperation from your supervisor?	50	50	100
15	Do you feel you need training to do your job well?	87.5	12.5	100
16	Do you get support from your family in doing Anganwadi work?	100	0	100
17	Are you having trouble juggling your job and home?	50	50	100
18	Are you satisfied with your job?	87.5	12.5	100
19	Have you ever had difficulties working in the community because of your caste or religion?	62.5	37.5	100
20	Are you satisfied with your salary?	0	100	100
21	Does your assistant do her job well?	62.5	37.5	100

Fig 5. Bar Chart based on Yes and No Type Questionnaire asked to Rural AWWs



8. COMPARISON BETWEEN RURAL AND URBAN AWWS

Through the comparison of collected data, as shown in Table 1, Table 2, Fig-4, and Fig-5 for rural and urban AWWs, several conditional differences between rural and urban AWWs have been compiled. In urban regions, AWWs face

problems finding rented spaces to run the Anganwadi Centers (AWCs), whereas rural AWWs face this accommodation issue less frequently. Additionally, around 63% of rural AWWs face major problems with the unavailability of electricity, water, and toilet facilities at their rented AWCs. Bringing nutrition to the centers in rural regions is another challenge for rural AWWs due to poor transportation services. In the rural regions, 100% of AWWs reported dissatisfaction with their current salary, compared to 87.5% of urban AWWs. Another issue highlighted in the study is that rural AWWs do not receive as much support from their community, supervisors, and the health department compared to urban AWWs. However, in both regions, AWWs receive the same level of support from their assistants. Half of the rural AWWs (50%) struggle to balance job and home responsibilities simultaneously, whereas only 12.5% of urban AWWs face this problem. Another finding is that rural AWWs have the highest difficulties feeding work data online compared to urban AWWs. Additionally, 25% of rural AWWs face challenges preparing the growth chart of children, and 62% have issues filling and preparing beneficiary data such as information on children, pregnant women, and others.

9. CONCLUSION

This study indicates some overall improvements in the issues faced by AWWs compared to previous research. The number of bachelor-level educated AWWs has increased, especially in rural regions. Awareness of technology and ICDS services, such as growth monitoring, nutritional supplements, and immunization, has also risen among urban AWWs. However, rural AWWs still require more development training in these areas.

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