Anganwadis in India: A Pivotal Role in Influencing Health Condition of Women

Saima Obaid, Research Scholar, Department of Social Work, Aligarh Muslim University, Aligarh, India. saimaobaid06@gmail.com

Abstract - A survey carried out globally on assessing the various countries on different parameters concerning their health status by an international collaboration on Global Burden of Disease (GBD) has put India on 143rd rank out of 188 countries as per their analysis [1]. India is continuously struggling with lots of problems like lack of empowerment, hunger, malnutrition, maternal and child mortality rates despite being putting in lots of efforts to mitigate the same. Adequate nutrition is a pre requisite condition for the maintenance of healthy lifestyle especially in women [2]. Maintaining a healthy lifestyle impacts the life of not only a woman but also her children. Malnourished women giving birth to babies often face multiple complications like higher risk of maternal or child death, weak immune system of child [3]. Dating back to 1975, India has already launched its flagship program under the name of Integrated Child Development Services (ICDS) which are being run through Anganwadi centers (courtyard shelters). This program focuses on six components of maternal and child health care, starting from the conception of child to the child getting 6 years of age. This paper is an attempt to study the role of Anganwadi centers in influencing the health status of mother and child in various parts of India and the issues and challenges in its proper implementation. An attempt has also been made to study the gaps that need to be fulfilled in order to maintain its efficient working.

*Keywords — **Anganwadi, Child health, Integrated Child Development Scheme, Malnutrition, Pre School Education, Women health.***

I. INTRODUCTION

A change in health status of women has a greater impact on the generations that she carries with her as it impacts directly in the developmental status of the child growing in her womb. Malnutrition or undernutrition is often resulted due to poverty because of unavailability of nutritious food which has consequences in the form of degraded physical and cognitive development of an individual. Nutritional status of individuals of the most vulnerable age group of children is an indicator of human development and an indicator of effectiveness of the various strategies directed towards socio economic development. In India, maternal and child under nutrition is still at higher levels despite of strong policies and programmes aimed at reducing the maternal child mortality and under nutrition ratio. These legislations are framed keeping in view the strategy of improving health status of mother and child in India. Some of them are:

1. National Food Security Act 2013 with an aim of providing mandatory food and nutritional requirements to children, expecting and breast feeding mothers. [4]
2. Feeding Bottles and Infant Foods (Regulation of Production, supply and distribution) Act, 1992 with the provision of infant milk substitutes to children and maternal support for expecting and breastfeeding mothers. Its amendment of 2003 has a framework to protect, support and promote nutrition interventions specially to the vulnerable age group of children and to the mothers which require special attention.[5]
3. The National Nutrition Policy, 1993 along with National Health Policy, 2002 and the National Policy of Children, 2013 provide a strategic framework to address the root causes of under nutrition and their mitigation through both direct and indirect interventions.[6]
4. The Twelfth Five Year plan focused on prevention and reduction of child nutrition of age group 0-3 years.[7]

Along with these legislations, certain program are contributing towards reducing nutritional difficulties in children and mother by finding the underlying determinants of malnutrition through focused nutritional intervention. These programs are:

a) Janani Suraksha Yojana
b) National Food Security Mission
c) Mid Day Meal Scheme
d) Matritva Sahayog Yojana
e) National Rural Livelihood Mission
f) SABLA for adolescent girls
g) Integrated Child Development Services

II. METHODOLOGY

This paper is a review paper of Integrated Child Development Services being implemented through Anganwadi centers in India. It studies various components of maternal and child health which are provided to various

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beneficiaries throughout the country in the form of health and educational care to the child up to the age of 6 years, expectant and nursing mothers to maintain their maternal health in an efficient manner, adolescent girls to make them aware about various aspects of maternal health. This paper also studies secondary data collected through various sources which depicts the actual statistics of issues related to mother and child health. Also, it tries to study various issues and challenges which are affecting efficient working of these centers.

INTEGRATED CHILD DEVELOPMENT SERVICES:

Integrated Child Development Services is a program with holistic approach towards maternal and child health. This program was launched on October 2nd, 1975 and is aimed at providing services specifically to the socially backward and excluded community through Anganwadi Centers. This program has 6 set of services which are designed to cover the required care and services for the vulnerable group of children and expectant and nursing mothers. The beneficiaries of this program include:

a) Children under the age group of 0-6 years
b) Expecting and nursing mothers
c) Adolescent girls
d) Women under the age group of 15-45 years.

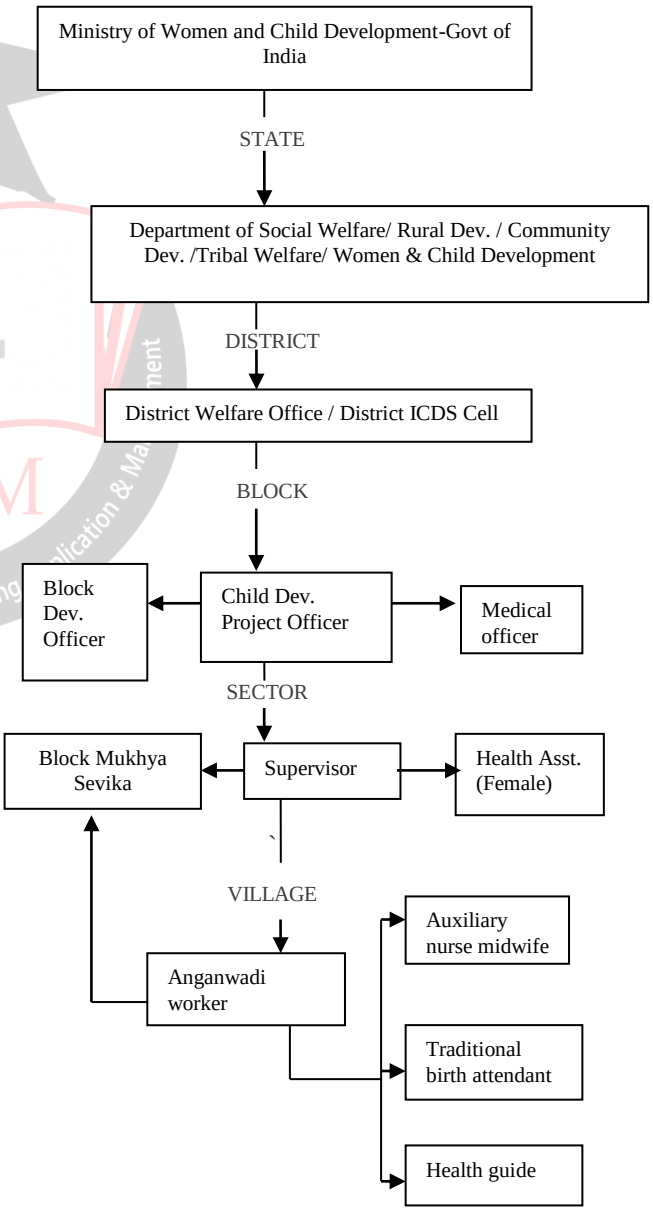
The targeted group of children and women are provided with various services which can be briefed as per the following format:

S. No.	Target group	Services provided through Anganwadi under ICDS
1	Children in the age group of 0-3 years	• Supplementary nutrition in the form of dalia and Panjiri. • Regular monitoring of growth • Immunization • Timely health checkups • Referral services
2	Children in the age group of 3-6 years	• Preschool non formal education in the Anganwadi center • Supplementary nutrition in the form of dalia and panjiri • Regular growth monitoring • Immunization • Timely health checkups • Referral services
3	Expectant and nursing mothers	• Timely health checkups for expecting mothers • Iron Folic Acid tablet distribution for consumption during pregnancy • Tetanus Toxoid injections to expecting mothers • Supplementary nutrition to expectant as well as nursing mothers • Nutritional and health education for better care of mother and child
4	Women in the age group 15-45 years	• Iron Folic Acid tablet supplementation and de worming tablet distribution • Non formal education to women • Supplementary nutrition • Vocational training and home based skill training • Nutrition and health education for their care
5	Adolescent girls	• Distribution of Iron tablets to prevent anemia • Distribution of de worming tablets.

Table 1. Services provided to beneficiaries under ICDS through Anganwadi

Table 1 depicts the services described under ICDS program which are to be imparted by an Anganwadi worker through an Anganwadi center which is the focal point of service delivery to the children and women. Along with that, these centers also help to provide a common platform to the women of that specific locality to come along together and discuss the issues and problems related to maternal and child health. An Anganwadi worker is assisted by a helper who helps in delivering the services to the beneficiaries.

Services provided through Anganwadi are monitored regularly at various steps and follows an administrative setup as given below:



[Source: National Institute of Public Cooperation and Child Development, 2006]

Figure 1: Administrative setup of implementation of ICDS through Anganwadi

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These services are designed to be implemented in such a manner so as to cover up all the requirements of maternal and child health till the child becomes 6 years of age. It is also dependant on the requirement of the beneficiaries as per the settlement the Anganwadi is setup in such as for rural areas there is difficulty in reaching out to various healthcare and medical facilities instantly, for urban areas it is comparatively easier to get access to healthcare and educational facilities. Other factors which might impact the functioning of these centers is the awareness level of the beneficiaries in getting these services.

Figure 1[8] depicts the administrative setup for the implementation of Anganwadi which has to be followed in accordance to the hierarchy given in the chart. Policy after formation is regulated by Ministry of Women and Child Development, Government of India. At state level it is regulated by Department of Social Welfare/ Rural Dev. / Community Dev. /Tribal Welfare/ Women & Child Development after that at district level there is District Welfare Officer who supervises Child development officer at block level. Each sector of the block has a supervisor who supervises Anganwadi worker at village level. This mechanism for follow up and monitoring of Anganwadi workers ensures regular monitoring and efficient delivery of services concerning all aspects of maternal and child health.

ICDS AND ITS IMPACT IN CATERING THE ISSUE OF MALNUTRITION AMONG CHILDREN:

India accounts for an approximate of 60 million children in underweight category [9]. This may be attributed to a lot of factors which are affecting the nutrition level of children in India, one of which is micronutrient deficiency. As per the reports published by World Health Organization (2000) around 75 percent of children of preschool age suffer from iron deficiency anemia, children suffering from sub clinical vitamin A deficiency accounts for 57 percent. Also, 85 percent of districts consist of children having iodine deficiency [10]. Government of India has implemented ICDS program which has steadily expanded across the nation within 30 years of its implementation. Though being holistic in nature, it focuses on major health related issues of maternal and child health but when it comes to implementation, it is facing some issues and not able to deliver its full potential [11]. However, an analysis of data sourced from NFHS-II [12] found that:

- Poorer states have less coverage of ICDS than that of richer states which have a good coverage of population targeting beneficiaries under ICDS. Also, states having lower per capital net state domestic product (NSDP) consists of less coverage of ICDS in its villages.
- States having more malnutrition have less coverage of ICDS program such as states like Rajasthan, Odisha, Bihar, Uttar Pradesh and Madhya Pradesh have higher prevalence for under weight and malnourished children and these states have lesser number of Anganwadi centers operating in them.

ISSUES AND CHALLENGES IN ICDS IMPLEMENTATION:

A study conducted in April,2015 by Program Evaluation Organization (PEO),NITI Ayog[13] in 19 states and Union Territories of India revealed some findings based on the survey they conducted on various parameters to assess the implementation of ICDS through Anganwadi centers, the findings of which suggests the following:

a) About maintenance of the records by Anganwadi worker, it was found that 75.7% of them are maintaining records in the proper format and regularly while 24.3% was found not being able to maintain records properly.
b) Around 99% of the worker are providing counseling to mothers on child healthcare while 68.6% are providing interventions on child`s malnutrition issues.
c) An approximate of 22.5 % does not have required medicine at their center for distribution.
d) Assessment of health records as recorded in the registers revealed that 77.4% of children were normal in terms of their development measured through height and weight, 17.6% were found to be moderately malnourished and 5.% were found to be severely malnourished.
e) Around 59% of Anganwadi centers were found to have adequate space and arrangements to carry out the activities, while 41% did not have adequate space for accommodation of children and carrying out various activities at center.
f) Out of all, 40% of centers were running in own accommodation while 60% were running in rented spaces.
g) About the drinking water facility, it was found that 86.3 % have proper drinking facilities while 13.7% do not have facility for safe drinking water.
h) About the maintenance of hygiene, it was found that only 48.2 % were maintaining required hygienic conditions and rest others need to be made hygienic.

This analysis has pointed out various lacunas which may be hindering the efficient working of Anganwadi centers in various parts of India. On the other hand, there are some ideal centers also which are running very smoothly and completing their purpose in every possible manner, by providing appropriate counseling to mothers, supporting them in the time of need for their maternal or child health issues and strengthening the capacity of the women in the most backward areas.

III. FINDINGS

Majority of children under age group of 0-6 years are suffering from Iron, Vitamin A and Iodine deficiency which are crucial in determining their development.

1. Poorer states have more malnourished children and lesser coverage of ICDS due to which it becomes difficult to cater to their health requirements easily.
2. With regard to working of Anganwadi workers, a considerable number of them are not able to maintain proper records of their beneficiaries which are really a worrying situation as record maintenance is a pre requisite in keeping a check on efficiency of ICDS program.

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3. Other issues are lack of infrastructure and accommodation for carrying out various activities under ICDS, lack of resources like medicine and various supplements, unavailability of nutritional supplements at the centers, lack of safe drinking water, lack of hygienic sanitation.

IV. SUGGESTIONS & RECOMMENDATIONS

This study [13] also suggested some measures in light of the analysis done through the data collected. These suggestions were:

i. Anganwadi centers should be setup in adequate spaces so as to accommodate all children enrolled in those centers. It should be located at a convenient place and should compel with the hygienic standards it needs to maintain.
ii. Centers should be well equipped with facilities pertaining to sanitation, electricity, safe drinking water supply, and toilet facilities etc.
iii. For better service delivery, Anganwadi workers should be given honorarium on time and they should be given increment time to time. They should not be involved in other work other than Anganwadi.
iv. Some workers may find it difficult to fill up the registers properly, they should be provided with required training and should be supported by their respective supervisors for any assistance related to Anganwadi activities.
v. Limited registers should be given to workers as a lot of register are difficult to maintain.
vi. Timely monitoring is very important step which should be taken by block and district level officers regularly.
vii. The food provided to the children should be more nutritious and financial grants for centers should be enhanced by government.

V. CONCLUSION

Integrated Child Development Program (ICDS) is a holistic approach towards reducing maternal and child healthcare issues through its six segmental approaches aimed at catering to these issues which lead to complexities among mother and child`s development. Though ICDS has a greater potential in reducing the issues related to maternal and child health and it aims to improve the mortality ratio of women and child and reduce malnutrition in India, but there are some implementation issues which require special attention like service delivery within already functioning Anganwadi centers as in many cases it has been reported that beneficiaries have made complaints of not getting proper services in these centers. Focus should more be on improving its service delivery rather than just enhancing financial grants. Various studies have suggested strengths and weaknesses of this program which can help in increasing its efficiency such as increasing its scope and reach to the people of most backward areas, focusing more on specific elements requiring special attention as per the need of the beneficiaries. As a whole, ICDS can be seen as bridging the gap between community and healthcare by providing information, education through trained workers to the females belonging to rural areas and this step is very crucial in modifying the behavior of the women towards healthcare related issues of themselves as well as their children. On the other hand, there is an emerging need of fulfilling the requirements as per the demand of the beneficiaries in general. In addition to that, more focus should be put upon crucial areas such as capacity building of beneficiaries, improving their awareness level through their involvement in various activities carried out by Anganwadi centers, educating and training of Anganwadi workers to maintain proper records and carry out various activities time to time in order to achieve better targets, better supervision and timely monitoring from the side of supervisors to keep a check on all the activities and its developmental status over the period of time.

REFERENCES

[1] World Health Organization. Global Burden of Disease 2000-2015. http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html.

[2] Paul VK, Sachdev HS, Mavalankar D, Ramachandran P, Sankar MJ, et al. (2011) Reproductive health, and child health and nutrition in India: meeting the challenge. Lancet 377(9762): 332-349.

[3] Anita R, McDougal LP, Silverman JG (2015) Gendered effects of siblings on child malnutrition in South Asia: Cross-sectional analysis of demographic and health surveys from Bangladesh, India, and Nepal. Matern Child Health J 19(1): 217

[4] Nourishing India, National Nutrition Strategy, Government of India.

[5] Gaur. D.R, Sood. A.K, Kapil U.K, Nutritional Beliefs among Anganwadi workers; Indian Journal of Pediatrics, vol-2, 1992.

[6] Lahariya.C, Khandekar. H, Prasuna. J. G; Meenakshi- A critical review of health and childcare programme in India. ; International Journal of Health; 2007

[7] Manual on health statistics in India, Central Statistical Office, Ministry of Statistics and Programme Implementation, Government of India,2015.

[8] Handbook for Anganwadi workers, National Institute for Public Cooperation and Child Development, 2006.

[9] ACC/SCN: Fifth Report on the World Nutrition Situation: Nutrition for Improved Development Outcomes. United Nations Administrative Committee on Coordination/Standing Committee on Nutrition, Geneva, 2004.

[10] United Nations Children`s Fund (UNICEF). (2010). UNICEF country statistics, http://www.unicet.org/ infobycountry/india_statistics.html

[11] Gragnolati, M., Shekar, M., Dasgupta, M., Bredenkamp, C., & Lee, Y. (2005). India s undernourished children: A call for reform and action. In Health, nutrition and population (HNP) discussion paper. Washington, DC: World Bank.

[12] Bredenkamp, C and JS Akin : 'India's Integrated Child Development Services Scheme: Meeting the Health and Nutritional Needs of Children, Adolescent Girls and Women?' Unpublished manuscript, 2004.

A quick evaluation study of Anganwadi under ICDS, NITI Ayog, Government of India, 2015.

 DOI : 10.35291/2454-9150.2021.0016