



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2016; 2(1): 940-944
www.allresearchjournal.com
Received: 13-11-2015
Accepted: 15-12-2015

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Contribution of women to development programmes: The case of ICDS project in Odisha

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Abstract

Recently, the involvement and contribution of women in development programs has become the subject of scholarly research and policy debates. One group argues that though women participation in development related work is now widely visible but they are not able to contribute up to the desired level as they are constrained by traditional socio-cultural practices and strong male dominance. The other group holds the view that despite the socio-cultural barriers women always work hard to fulfill their job expectations. Based on a case of study of Anganwadi Workers of ICDS project in Odisha, this paper extends this debate further. It is argued that fact that women, though women work hard and contribute significantly to the proper implementation of development schemes against several odds and obstacles their contribution is not made visible by a well-designed male-biased mechanism.

Keywords: women, anganwadi workers, gender, development

Introduction

The issues of women in development or women and development have recently become the core of research and policy debates in many developing countries like India where gender-based inequality is prominent. The literature on women studies by social scientists of diverse intellectual persuasions largely concentrate on women in the elite classes of society. Nonetheless, there exist a considerable number of studies on women workers at the grass root level. These studies have given rise to an interesting debate among the scholars on role of women at the lower level in economic and social development. While one group of scholars argues that though women participation in development related work is now widely visible but they are not able to contribute up to the desired level as they are constrained by traditional socio-cultural practices (Karlekar 1982; Nayak and Saxena 2006; Sharma 1987) [2, 3, 5]. The other group holds the view that despite the socio-cultural barriers women always work hard to fulfill their job expectations (Sinha, 2006; Garg 2006; Sundararaman 2006) [6, 1, 7]. However, their contribution is not made visible by a well-designed male-biased mechanism. The present study attempts to relate itself to this debate by undertaking a study on Anganwadi Workers (AW) of ICDS programme who provide support for a holistic programme for mothers and children in the areas of supplementary nutrition; pre-school education; immunisation; health check-up; referral services; health and nutrition education. The ICDS has generated considerable interest among social scientists, planners and administrators and fairly a large number of studies have been conducted to evaluate and assess the impact of this programme. However, though the implementation of ICDS programme is largely dependent on AWs and they are the kingpin of the programme, studies on AWs, in particular their contribution to ICDS is rare. Against this background the present study makes an attempt to examine the role of AWs in ICDS project of Odisha. Analysis in the study is based on an empirical exercise confined to the Anganwadi Centres (ACs) of ICDS project in Odisha with reference to Sukinda Block of Jajpur district. As there are only 129 ACs in this block, instead of adhering to sampling method, the study covered all the AWs of these centres. Data were collected for this study in 2005-06.

A Brief Profile of ACs

The ICDS provides a package of services to the children in the age group of 0-6 years, to the expectant and nursing mothers and to women between 15-45 years of age from the

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disadvantaged segment of the society through an elaborate administrative arrangement and organizational set up where the AC act as the nerve centre of all programmes. The focal point for the delivery of the package of services under ICDS scheme is an Anganwadi centre. AW worker is the kingpin of the ICDS programme whose success rests to a large extent on her ability and capacity to perform her role and responsibilities effectively.

At present (in 2007) 326 ICDS Projects and 41697 AC are in operation in Odisha. Only 13900 AC have their own buildings and the remaining are functioning in school building, rented building land other private building/premises.

It is evident from the micro level data that the most of the ACs in Sukinda block did not have the minimum furniture and many of them were not adequately equipped to carry out the required health related tests and programmes. About one third of the AWCs function in locally sponsored buildings, panchayat or other government buildings. Moreover, only 17 per cent of Anganwadi buildings had cement/concrete roofs. Over 43 per cent of buildings had only thatched roof and another 33 per cent with asbestos or tin sheets. However, more than 95 per cent of the buildings had cement floor. The rest 5 per cent of the Anganwadis were with mud floor. It is disheartening to note that only 12 Per cent of Anganwadis were with electricity connection and 7 per cent with playgrounds. Only 2 per cent had tap water facility and 8 per cent of Anganwadis had toilets. Nearly 40 per cent were having tube-wells. Above 57 per cent of the AWCs depend on common wells either for drinking or cooking purposes. Only 5 per cent of Anganwadis were having separate kitchen. Majority of the Anganwadis were without weighing machine for adults. More than 16 per cent of the Anganwadis did not have weighing instruments for children. Similarly, nearly 25 per cent of Anganwadis did not have a blackboard. It is also reported that on an average each anganwadi did not possess even one chair, table or bench.

The AWs

The AWs mostly belonged to the respective villages where ACs were located. They were mostly married ladies of the age group of 35 to 50 years. Most of them had two or more children. Though joint family is the characteristic feature of rural Odisha a majority of the AWs belonged to nuclear families with a family size of less than 5 members. Only 6.98 per cent belong to SC, 11.63 per cent to ST and 54.26 per cent to OBC category. While 62 per cent were matriculates and 30 per cent completed higher secondary education. There were also a number of AWs having higher educational qualifications. Nearly 70 per cent received training under the ICDS programme. Pre-placement training and subsequent in-service training was received by 31 per cent of AW's. A vast majority of the AWs had fairly a good length of service.

Of the 129 AWs, 27 per cent owned pucca houses. However, many of these pucca hoses were very tiny with one room only and were constructed with the financial assistance from *Indira Awas Yojana*. A majority of them lived in small and bad quality of houses. More than 53 per cent had kutcha houses and 19 per cent had houses of mixed type (either cement floor or wall).

As cultivation is the main occupation in rural areas, the households of maximum numbers of AWs were associated with this occupation. As many as 12 per cent reported that their husbands operated petty business in the same locality. Quite a number of them had husbands who were having low

level government jobs or some private firms located in the mining area. In case of 11 AWs, their husbands depended on wage labour. It was found that of the 129 AWs, 17 per cent were landless. Though the remaining AWs belong to landowning families, most of them were the minuscule or marginal holders. Nearly 80 per cent of the AWs had two earning members in their families. Only four AWs were the only earning members of their respective families. For a majority the honorarium from the ICDS was the main source of income. Quite a significant number of AWs belonged to the below poverty line (BPL) category.

Contribution of AWs

Pre-school education is imparted to the children by the all AWs regularly. On an average the pre-school is conducted for 20 days in a month. There were also a number of AWs who conducted pre-school for more than 20 days. Above 93 per cent of the AWs try regularly to familiarize the children with alphabets and counting numbers. They taught the children how to sing songs and recite poems as well as rhymes. Clay modeling was followed by 63 per cent of AWs. Activities like cardboard making were taken up by nearly 50 percent of the AWs. The AWs also conducted activities like identification of objects, finding the missing objects, etc. While 78 per cent AWWs reported involvement of children in indoor activities, three-fourth of them also engaged children in free conversation to speak freely and apply their mind in order to organise small activities. Outdoor games could be organised by 70 per cent ACs. Many AWs followed various innovative ways to generate interest among the children towards these pre-school programmes. In most cases, the AWs themselves prepare teaching aids and play materials as they were not available in the respective centres. Though the government provide charts of animals, birds, alphabet, number etc. they were not adequate and effective. The total time spent on pre school education in a month amounts to more than 8 man days.

Though as per the SNP scheme around 22 days of feeding per month is envisaged, the data showed that the actual average feeding days in a month was only 19 days. However, 56 per cent of AWs undertook feeding programme for more than 20 days. On an average there were 95 beneficiaries per AWC. Both the children as well as women beneficiaries belong largely to lower strata of society, in particular scheduled castes, and tribes. The ACs were not provided with adequate cooking utensils most of them purchased utensils worth of Rs.134 on an average. They were also required to spend for fuel charges ranging from 60 to 120 rupees per month. In addition, every month an AW spent on an average Rs.55 for transportation of food stuff from block office. The AWs hardly get community support for SNP activities. While only 6 per cent of AWs get support for fuel collection, 8 per cent for arrangement of utensils. For cooking also the community support was not very significant. But for the distribution of cooked food among children and women the 42 per cent of AWs could get community support. It is estimated that on an average the SNP activities took more than 17 actual man days.

Two-third of children was immunized. Twenty-seven per cent of pregnant women received first dose and 48 per cent of mothers also availed of second dose. As regards immunisation of children (0 to 3 years), it is reported that BCG vaccine coverage was 82.4 per cent, followed by polio 3rd dose and measles, DPT 3rd dose and booster DPT dose. More than 80 per cent of the children were immunized

against diphtheria, pertussis, tetanus, tuberculosis and smallpox. All the expectant mothers received immunization against tetanus. Above 40 per cent of the expectant mothers received Folifer tables, supplied to prevent nutritional anemia. Around 60 per cent of the children received one dose of vitamin A in oil and 40 per cent have received the second dose of the said vitamin. Lastly 82 per cent of the children received a health checkup and 70 per cent of the expectant mothers have also received antenatal checkups. On an average each AW has conducted more than one immunization camp in their respective area. A large number of AWs assisted health functionaries while conducting health check-up of children regularly including administering medicines of fever, eye and ear trouble, skin diseases etc. The average total number of man days spent on immunization and its related work per AW comes to 7.76 man days.

A large majority of AWs referred the cases to Primary Health Centres which were at the nearest distance and easy to approach. Beneficiaries belonging to this service mostly belonged to scheduled tribes and castes. As many as 17 per cent of the beneficiaries were referred to sub-centres. The average days spent by AWs were more than five days in a month. More than 44 per cent AWWs also rendered services under the Adolescent Girls Scheme (*Kishori Shakti Yojana*) started during the year 1992. Many AWs provided iron and folic acid tablets to adolescent girls daily. ANMs and AWs monitored consumption of these tablets and its likely effects on the health of individual girls. A considerable number of AWs also provided supplementary nutrition to adolescent girls registered in Anganwadis. In order to ensure lasting impact of services rendered in Anganwadi programme of family life education was conducted by 27 per cent of AWs.

About 69 per cent of AWs organised NHEd once in a month on topics related to mothers and children. Fourteen per cent organised this activity as per expressed needs of beneficiaries. Around seven per cent conducted this activity once in two months. On an average the AWs conducted mothers' meetings more than two times in a month. The AW visited on an average 54.44 families in a month. Almost 70 per cent of them made visits to arouse a better sense of responsibility of parents in taking care of malnourished children and taking sick children to hospital and meeting their nutritional requirements. Although the AWWs were supposed to work in their ACs, the nature of their duties and responsibilities necessitates them to run from pillar to post and meet different people to fulfill the job requirements. They are required to visit block offices, PHCs, etc. and meet CDPOs, supervisors, local sarpanch and other village/community leaders, school teachers, health workers, etc. on regular basis either to report their activities or to appraise them of their problems and difficulties.

Usually the AWs are expected to work for 3 to 4 hours a day up to 24/25 days in a month. However, the amount of workload assigned pressurizes them to work for more than the stipulated days. Most of them work for more than 30 man days in a month. Excepting one AWW who was suffering from illness, all others worked for more than 20 man days. A large majority had to work 30 to 40 man days to achieve the target set for them by the ICDS. Apart from the ICDS related work, the AWs were also engaged in a variety of other government sponsored development programmes. The average number of SHG formed by AWs comes to 3.34. They have also succeeded in promoting sterilization programme. At least one sterilization case was brought by

AWs per month in average terms. Some of other jobs in which the AWs were involved related to Health Department services such as creating awareness on diarrhoea and ORS, upper respiratory infections, directly observed treatment system for tuberculosis, AIDS awareness, motivation and education on birth control methods, and so on. There were also additional activities related to the Education Department such as Total Literacy Programmes, Sarva Shiksha Abhiyan, DPEP, Non-Formal Education, and so on where AWs were by and large involved. As per the estimate of the AWs, they spend 8.67 man days on an average per month to complete the task given to them by other programmes.

It is found that the contribution of a majority of the AWs was better in terms of over all assessment. Supplementary nutrition programme was appreciated by beneficiaries and they rated the services rendered by most of the AWs as outstanding. Similarly, a vast majority of the AWs were rated highly in terms of their contribution in establishing rapport with public. However, in cases of referral services, growth monitoring the contribution of a large number of AWs were found to be average. Though a significant number of AWs were rated as below average in providing pre-school education it was largely due to constraints like lack of teaching aid, sitting room, necessary infrastructure, etc.

It was found that the AWs were overloaded with tasks assigned to them by ICDS programme. They were increasingly engaged in a wide range of other public interventions. It is easy to see that all this amounts to more than a full-time activity, yet the AWs and helpers are hardly compensated for all this. Their contribution for ICDS as well many development programmes is substantial in terms of time, quality of services and investment of their own resources.

However, AWs were exposed to a variety of complex problems not only at their work place but also in their families, communities and society at large. It was observed that the poor infrastructure in the ACs, lack of community support, interference of local elites, etc. affected the delivery of supplementary nutrition services for which the AWs were mainly held answerable. Whenever there was shortage of food supply to the centre by the block office, it was the poor AWs who had to face the public anger in the village. In most of the cases the villagers target the worker and suspect her of selling the food stuff in the market. In addition, the AWs witnessed enormous difficulties while bringing the food materials from block office. The poor AWWs had to spend for transportation as well as for cleaning and processing the food materials. A large number of ACs did not have proper utensils and infrastructure for cooking and serving. In many cases the villagers asked the AWs to hand over the food stuff to local leaders who utilized it for other purposes. Wherever the AWs did not concede to their demands, they created problems in functioning of the AC.

More than two third of AWs did not get parents' support for conducting pre-school programmes. The poor turnout of children for pre-school education was often attributed to the inefficiency of the AWs. Many parents raised objections to immunization and did not allow their children, as they believed that immunization might make their children sick. On the one hand the local people did not listen to the AWW on the other hand the CDPO and Medical officers blamed the AW for not being able to convince the villagers. Whenever after immunization the children suffered from some diseases, the entire village blamed the AW for it. The AWWs also experienced a variety of difficulties while undertaking health

check-ups, health and nutrition related education and referral services.

As the AWs had to spend a lot of time for ICDS work, they neglected their own children to serve the community and also were not in a position to spare more time to look after the senior family members. In addition, the family members were also unhappy with the AWs as their contribution to family income is negligible compared to the duration of her absence in the family. It is evident that AWs did not realize any improvement in their family's economic condition after they got the job. Because of her insignificant income her job is looked down upon by the family members.

The AWWs who are the main pillars of ICDS were in a state of dissatisfaction and despair. Most of them had a poor level of job satisfaction. The reasons like low remuneration, excessive workload, undue blame and lack of appreciation and family tension contribute in a significant manner for their growing dissatisfaction.

On the whole, it was found that nature of duties and responsibilities assigned to the AWs by the ICDS and the social and economic expectation of their family, community and society keeps them in a perpetual state of despair and unhappiness. They are alienated from their duties when they found difficult to do it to their satisfaction owing to improper infrastructures and equipments. The blame often made by the CDPOs and supervisors disappointed them further. The AWs also feel alienated from their family when they were unable to meet domestic responsibilities as well as economic expectations of family members. They were further alienated from the community and local people for whom they were working so hard, who instead of cooperating criticised and looked down upon them.

Conclusion

It may be summarised that though an elaborate arrangement has been made for the implementation of the ICDS Programme, the AWs shouldered the major responsibility for the delivery of services. However, the whole programme appears to be insensitive and indifferent to the practical problems faced by AWs at the grassroots level. Problems like inadequate infrastructure and resources, interference of local elites, non-cooperation of local community, associated complex bureaucratic procedures at various levels, etc. put the AWs at a disadvantage position to carryout the assigned responsibilities. Along with these problems the inhospitable domestic environment in the family, community made their life more miserable. As a result, their level of job satisfaction remained low. Though the AWs worked to the best of their abilities against all these odds and obstacles, their contribution was hardly recognized. They continued to be paid negligible honorarium unlike other workers of ICDS project at higher levels.

The experience of AWs with ICDS project firmly establishes the fact that women, given the opportunities, play a significant role in development scheme against several odds and obstacles but their role is not valued properly. It is an irony that a developmental programme which aims for the welfare of certain group of women and children is based on exploitation of another group of women languishing at the lower socio-economic pyramid of the society. These poor women who managed to come out of the four walls of their homes and shown enthusiasm and commitment to be the part of development of society were systematically neglected by the entire system and were left disillusioned. The existing gender biased social structure and defective and insensitive

planning ultimately made the AWs an alienated worker. It would not be wrong to argue that the apathetic attitude towards the problems of AWs and lack of due recognition of their contribution is a part of the larger male chauvinistic ideology where the efficiency of women is always undermined.

Policy suggestions

1. The AWs spent a major part of their working time in ICDS related work. Most of them spent more than 30 man days per month to achieve the target set by ICDS programme. In view of this, the honorarium paid to them was much less by any standard compared to their overall contribution. In order to increase their efficiency and to make them feel that they are an integrated part of the project like other officials of the ICDS, the enhancement of their remuneration should be considered on priority basis.
2. Though the duties and responsibilities of AWs appear to be simple and easy, much of their work requires technical skill and knowledge on matters relating to pre-school education, nutrition, growth monitoring, health check-up, etc. As most of the AWs had low level of educational attainment and limited exposure to health and nutrition education, it would be more effective and rewarding to provide them proper training and education on regular basis.
3. The AWs were assigned with a wide range of duties and responsibilities not only relating to ICDS but also to a variety of other programmes. The workload prescribed by ICDS itself becomes difficult for them even after working on full time basis. In order to improve the performances of AWs, it is essential to confine them only to ICDS work and the responsibilities relating to different programmes should be assigned to separate grassroots level workers working for other programmes. Moreover, making provision for appointment of two AWs in each ACs could be taken up for consideration which in all likelihood would strengthen the delivery system at the grassroots level.
4. The delivery of services at the grass root level to a great extent is dependent on community support. The AWs are required to mobilize public support and cooperation for supplementary nutrition, health check-up, immunization as well as for referral services. It was found that the AWs largely failed to secure local support due to the prevalence of widespread ignorance and lack of interest among people about the importance of children and women's health and development in the backward areas. Therefore, measures should be taken to sensitize local community and develop an awareness in these areas through educational and cultural media on relevance of education and health for children and women.
5. The transportation and communication system in rural areas in general and tribal areas in particular was poor. As a result, the AWs who were expected to visit block office and PHCs and other offices frequently, found it difficult to commute in the cases where ACs were located in remote areas. Hence, it would be inspiring for the AWs if an arrangement could be made for their transportation from ACs to concerned offices as and when required.

References

1. Garg Samir. Grassroots Mobilization for Children's Nutrition Rights, Economic and Political Weekly, August 2006, 26.
2. Karlekar, Malavika. Poverty and Women's Work, Vikas Publishing House, Delhi 1982.
3. Nayak, Nadini, Saxena NC. Implementation of ICDS in Bihar and Jharkhand Economic and Political Weekly 2006, 41(34).
4. Sharma K. Women and Development: Research and Policy Perspective in Gupta AK, Women and Society: the Developmental Perspective, Criterion Publication New Delhi 1986.
5. Sharma Kumud. Gender Concern in Development Debate: Emerging Perspectives, Asian Exchange Arena Bulletin 1987, 4(4).
6. Sinha, Dipa. Rethinking ICDS: A Rights based Perspective, Economic and Political Weekly 2006, 41(34).
7. Sundararaman T. Universalisation of ICDS and Community Health Worker Programmes, Economic and Political Weekly 2006, 41(3&4).
8. Surti, Kritida, Sarumpria, Dalapat. Psychological Factors Affecting Women Entrepreneurs: Some Findings, Indian Journal of Social Work 1983, 44(3).