

Challenges Faced by Anganwadis in Implementing Health Care Facilities for Children in Karnataka: A Social Review

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ABSTRACT

Anganwadis form part of the Integrated Child Development Services (ICDS) program in India. Their goal is to enhance the health and nutrition of children. In Karnataka, these centers offer key services but encounter many obstacles that affect how well they work. Anganwadis struggle with many issues as they try to set up health care facilities for children in Karnataka. These centers play a key role to provide basic health care and nutrition to young children. Yet, they run into various problems that limit how effective they can be. This paper uses real-world data to shed light on these challenges and puts forward possible fixes.

INTRODUCTION

In Karnataka, the Anganwadi system plays a key role in child healthcare providing essential services to children across the state. However, Anganwadi centers face many hurdles in their efforts to deliver complete healthcare for children. These obstacles, from limited resources to access problems, create significant barriers to effective healthcare delivery. There is a complex set of challenges that Anganwadis in Karnataka encounter as they try to offer crucial healthcare facilities to children. It is necessary to untangle these issues and stress the need to address them for the health of Karnataka's children.

OBJECTIVES

The following are the major objectives:

1. To understand the issues faced by Anganwadis especially in the Karnataka state in implementing health care facilities for children
2. To conduct empirical study and analyze the data on challenges faced by the Anganwadis in the Karnataka state in implementing health care facilities for children
3. To give suggestions for the betterment of the conditions of Anganwadis in the Karnataka state

Importance and problem of the study

The smooth running of Anganwadis plays a vital role in keeping Karnataka's children healthy and thriving. These centers act as the main hub to deliver key health care and nutrition services to young children and moms in both rural and urban areas. Making sure Anganwadis work well is crucial to tackle issues like poor nutrition stopping diseases, and helping little ones grow and learn. When policymakers spot and fix the

problems Anganwadi workers face, they can boost the quality of care children get. This helps children grow better overall and leads to healthier communities across Karnataka.

Despite playing a key role in helping children grow, Anganwadis in Karnataka face many problems that limit how well they work. Poor buildings and equipment, not enough training low pay too much work, and little support from the community all make it hard for Anganwadi workers to give good health care. These issues don't just hurt children's health – they also make Anganwadi workers feel bad and do a worse job. So, we need to find, learn about, and fix these problems to make sure Anganwadis run well and children in Karnataka stay healthy.

METHODOLOGY

This study took place in 2024 in Ballari district of Karnataka, which has many anganwadis. The researcher lives in Ballari so they chose this district to conduct their research and generalize the findings. They surveyed 50 Anganwadi workers using a structured questionnaire. The questions covered demographics economic conditions social factors, and other challenges. To ensure clarity and accuracy, the researchers conducted face-to-face interviews. This approach combines different methods to gain a full picture of the issues anganwadis face.

REVIEW OF LITERATURE

Das and colleagues (1990) found that the Anganwadi worker is crucial to the program. Her education and nutrition knowledge have a big impact on how she performs at the Anganwadi center. Other reports show that besides education, training Anganwadi workers to monitor growth helps them do their job better.

Kandpal's 2011 study backs up the idea that ICDS has a big effect for poor children who don't get enough food. But he ends by saying ICDS didn't give enough resources to places where people aren't very educated and there aren't enough women compared to men.

Sarabjit (2012) found that Anganwadi workers face many challenges in their work. The biggest issues were the small pay and the lack of ways to get around.

Kumar and others (2016) did a study in the Urban Field Practice Area of Father Muller Medical College Mangalore. They looked at Anganwadi centers to see how well they worked. They checked things like the buildings, what services the centers gave, and how they worked with the community. The goal was to make the care and support from these centers better overall.

Singh and colleagues (2013) assessed how well Anganwadi workers performed in Jaipur Zone Rajasthan. They focused on things like service delivery, outreach activities, and the problems these workers faced when providing key services to children and moms in rural areas. Both studies highlight how important Anganwadi centers and workers are to boost maternal and child health. They also suggest ways to make these workers more effective and influential in public health efforts.

FINDINGS

Table 1: Demographic Information of Surveyed Anganwadi Workers

| Demographic Variable | Percentage | Total |
|----------------------|------------|-------|
| Gender | | |
| – Female | 100% | 50 |

| Age | | |
|------------------------|-----|----|
| – 20-30 years | 20% | 10 |
| – 31-40 years | 40% | 20 |
| – 41-50 years | 30% | 15 |
| – Above 50 years | 10% | 5 |
| Education Level | | |
| – No formal education | 10% | 5 |
| – Primary education | 30% | 15 |
| – Secondary education | 40% | 20 |
| – Higher education | 20% | 10 |

This table shows who the Anganwadi workers are that took part in the survey. Every person who answered was a woman. Here’s how old they were: 20% were between 20 and 30, 40% were 31 to 40, 30% were 41 to 50, and 10% were over 50. When it comes to school, 10% didn’t go to school at all, 30% finished primary school, 40% went to high school, and 20% studied even more after that.

Table 2: Challenges Faced by Anganwadi Workers

| Challenge | Percentage | Total |
|-------------------------------------|-------------------|--------------|
| Inadequate Infrastructure | 70% | 35 |
| Insufficient Training and Resources | 80% | 40 |
| Low Salaries and Delayed Payments | 60% | 30 |
| High Workload and Stress | 50% | 25 |
| Lack of Community Support | 40% | 20 |

This table shows the challenges Anganwadi workers in Karnataka face. The survey reveals that insufficient training and resources top the list affecting 80% of workers. Inadequate infrastructure comes second impacting 70% of workers. Low salaries and delayed payments trouble 60% of workers, while high workload and stress affect 50%. , 40% of workers struggle with lack of community support.

Table 3: Infrastructure Challenges

| Infrastructure Challenge | Percentage | Total |
|-----------------------------------|-------------------|--------------|
| Inadequate Building Conditions | 50% | 25 |
| Lack of Clean Water Facilities | 40% | 20 |
| Insufficient Space for Activities | 60% | 30 |
| Poor Sanitation Facilities | 30% | 15 |

This table shows the infrastructure problems Anganwadi workers deal with. The survey found that 50% of workers said their buildings were in poor shape, 40% didn’t have clean water, 60% didn’t have enough room for activities, and 30% had bad sanitation facilities.

Table 4: Training and Resource Challenges

| Training and Resource Challenge | Percentage | Total |
|---|-------------------|--------------|
| Lack of Medical Supplies and Equipment | 70% | 35 |
| Insufficient Educational Materials | 60% | 30 |
| Limited Training on Health Care Practices | 80% | 40 |
| Inadequate Support from Supervisors | 40% | 20 |

Anganwadi workers faced several problems related to training and resources. 70% of them didn't have enough medical supplies and equipment. 60% said they lacked proper educational materials. 80% felt they needed more training on health care practices. 40% mentioned they didn't get enough support from their supervisors.

Table 5: Salary and Payment Challenges

| Salary and Payment Challenge | Percentage | Total |
|--------------------------------|------------|-------|
| Low Salaries | 60% | 30 |
| Delayed Salary Payments | 50% | 25 |
| Lack of Benefits | 30% | 15 |
| Wage Disparities among Workers | 20% | 10 |

About salaries and payments, 60% of workers said they get low salaries, while 50% faced delays in getting paid. Also, 30% pointed out they don't have benefits, and 20% mentioned unequal pay among workers.

Table 6: Workload and Stress Challenges

| Workload and Stress Challenge | Percentage | Total |
|---------------------------------------|------------|-------|
| Overwhelming Workload | 50% | 25 |
| Lack of Time for Administrative Tasks | 40% | 20 |
| Emotional Stress and Burnout | 30% | 15 |
| Inadequate Support for Mental Health | 20% | 10 |

Anganwadi workers faced big challenges with their workload and stress. Half of them (50%) felt swamped by their work, 40% didn't have enough time to do paperwork, 30% felt drained and burnt out, and 20% said they didn't get enough help for their mental health.

Table 7: Community Support Challenges

| Community Support Challenge | Percentage | Total |
|---|------------|-------|
| Lack of Parental Involvement | 40% | 20 |
| Limited Cooperation from Local Authorities | 30% | 15 |
| Insufficient Support from Community Leaders | 20% | 10 |
| Resistance to Health Programs | 20% | 10 |

Community support caused trouble for workers. 40% of them said parents weren't involved enough. 30% talked about local authorities not working with them well. 20% felt community leaders didn't give enough help. Another 20% ran into people in the community who pushed back against health programs.

CONCLUSION

The problems Anganwadi workers deal with have many sides and have an impact on how well they can give health care and food to children. To fix these problems, we need to do a lot of things. We need to make buildings better, give workers more training and tools, pay them on time, cut down on their work, and get the community to help out. Anganwadi workers in Karnataka have big problems that make it hard for them to give important health care to children. If we fix these problems by making buildings better, giving more training, paying fair wages, managing how much work they do, and getting the community to help, Anganwadi centers can do a much better job. This will help children be healthier.

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