



PREGNANT WOMEN'S HEALTH STUDY SUPPORTS NANJANGUDU TALUK'S ANGANWADI SCHEME FOR MATERNAL WELL-BEING

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KEYWORDS	ABSTRACT
anganwadi, pregnancy, nanjangudu taluk.	Health support during pregnancy for the Anganwadi scheme to promote nutrition and health education (NHE) activities under integrated child development services (ICDS) is encouraged to participate. Mothers of children younger than six years. Pregnant and lactating women go through the excellent health of government schemes. This study aimed to determine and analyze the role of health support during pregnancy in the Anganwadi scheme with reference to Nanjangudu Taluk. This study used a qualitative method where the researcher prepared a self-generated questionnaire on a Google form to determine various parameters. The sample consisted of 20 female and male representatives from Nanjangudu Taluk. The purposive simple random sampling technique was adopted to select samples from different blocks, and based on the study results revealed that both facility providers are not sensitive to issues related to rural villages/women. Anganwadi plays an essential role in the healthy development of pregnant women in rural areas. Because Anganwadi is a critical factor in successfully implementing programs and schemes and reaching beneficiaries in rural areas, this research has implications for the existence of Anganwadi, can increase access and availability of quality food, teach about health, nutrition, and can improve the health of mothers and babies.

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INTRODUCTION

Anganwadi is a type of rural mother and child care center in India. They were started by the Indian government in 1985 as part of the Integrated Child Development Services program to combat child hunger and malnutrition (Maneela et al., 2022). Anganwadi means "courtyard shelter" in Indian languages (Deutsch et al., 2017).

A typical Anganwadi center provides primary health care in Indian villages. It is a part of the Indian public health care system (Narayan et al., 2019). Primary health care activities include contraceptive counseling and supply, nutrition education and supplementation, and preschool activities. The centers may be depots for oral rehydration salts, essential medicines, and contraceptives (Saxena et al., 2015).

As many as 13.3 lacks (a lakh is 100,000) Anganwadi and mini-Anganwadi centers (AWCs/mini-AWCs) are operational out of 13.7 lakh sanctioned AWCs/mini-AWCs, as of 31 January 2013 (Bobade & Khamkar, 2017). These centers provide supplement nutrition, non-formal preschool education, nutrition and health education, immunization, health check-up, and referral services, of which later three services are provided in convergence with public health systems (Gupta et al., 2013).

The responsibilities of Anganwadi workers (AWW) are highly significant. They ensure antenatal and postnatal care for pregnant women, immediate diagnosis, and care for newborn children and nursing mothers. They administer the immunization of all children below the age of 6 years (Sandhyarani & Rao, 2013).

In addition, they supervise the distribution of supplement Nutrition to children below the age of 6 and pregnant and nursing women (Sandhyarani & Rao, 2013). Monitoring regular health and medical check-ups for women and children is one of their key responsibilities. The Anganwadi workers often take on the role of a teacher and aim to provide preschool education to children between 3 and 5 years (Jawdekar, 2013).

Anganwadi worker Responsibilities

The Ministry of Women and Child Development has laid down guidelines for the responsibilities of Anganwadi workers (AWW) (Ghosh & Sengupta, 2022). These include showing community support and active participation in executing this program, conducting regular quick surveys of all families, organizing per-school activities, providing health and nutrition education to families, especially pregnant women, on how to breastfeed, etc., motivating families to adopt family planning, educating parents about child growth and development, assist in the implementation and execution of Kishori Shakti Yojana (KSY) to educate teenage girls and parents by organizing social awareness programs, etc., identify disabilities in children, and so on (Achumi & Joseph, 2022).

Benefits of Anganwadi

In many ways, an Anganwadi worker is better equipped than a physician to reach the rural population. Since the worker lives with the people, she is better positioned to identify the cause of health problems and counter them. She has an excellent insight into the health status in her region. Secondly, though Anganwadi workers are less skilled or qualified than professionals, they have better social skills, thus making it easier to interact with people. Moreover, since these workers are from the village, they are trusted, which makes it easier for them to help the people. Finally, Anganwadi workers are aware of the ways of the people, are comfortable with the language, know the rural folk personally, etc. This makes it very easy for them to figure out the problems the people face and ensure that they are solved (Singh & Masters, 2017).

UNICEF and the UN Millennium Development Goals of reducing infant mortality and improving maternal care are the impetus for increasing focus on the Anganwadi. Workers and helpers must be trained per WHO standards (Richter et al., 2017).

Integrated Child Development Services (ICDS) Scheme

Integrated Child Development Services (ICDS) scheme is the world's most extensive community-based program (Rao & Kaul, 2018). The scheme targets children up to the age of 6 years, pregnant and lactating mothers, and women 16-44 years of age. The scheme is aimed to improve the health Nutrition, and education (KAP) of the target community. Launched on 2 October 1975, the scheme has completed 25 years of operational age. The article describes, in brief, the organization, achievements, and drawbacks of this national program. It also suggests various thrust areas for its betterment and further improvement.

The main thrust of the scheme is on the villages where over 75 percent of the population lives. Urban slums are also a priority area of the program.

Objectives

The main objectives of the scheme are

- i. Improve the health and nutritional status of children 0–6 years and pregnant and lactating mothers.
- ii. Reduction in the incidence of their mortality and school dropout

- iii. Provision of a firm foundation for the child's proper psychological, physical, and social development.
- iv. Enhancement of the maternal education and capacity to look after her health Nutrition and that of her family
- v. Effective policy coordination and implementation coordination among various departments and programs aimed to promote child development.

Beneficiaries

1. Children 0–6 years of age
2. Pregnant and lactating mothers
3. Women 15–44 years of age
4. Since 1991 adolescent girls until the age of 18 years for non-formal education and training on health Nutrition.

Services:

The program provides a package of services and facilities.

Like:

1. Complement Nutrition
2. Vitamin A
3. Iron and folic acid tablets
4. Immunization
5. Health check-up
6. Treatment of minor ailments
7. Referral services
8. Non-formal education on health Nutrition to women
9. Preschool education to children 3–6-year-old and
10. Convergence of other supportive services like water, sanitation, etc.

Schemes for women:

Smt heads the Ministry of Women and Child Development. Maneka Sanjay Gandhi, Minister; Mr. Shankar Aggarwal is the Secretary, and Mr. A.B. Joshi and Ms. Preeti Sudan are Additional Secretaries of the Ministry of Women and Child Development. The activities of the Ministry are undertaken through seven bureaux. The Ministry has six autonomous organizations working under its aegis (Verma, 2021).

- a. National Institute of Public Cooperation and Child Development (NIPCCD)
- b. National Commission for Women (NCW)
- c. National Commission for Protection of Child Rights (NCPCR)
- d. Central Adoption Resource Agency (CARA)
- e. Central Social Welfare Board (CSWB)
- f. Rashtriya Mahila Kosh (RMK)

Some Important Programs for Child Development:

- a. Integrated Child Development Services schemes
- b. Mathrupoorna
- c. Training of Anganwadi workers and helpers.
- d. Construction of Anganwadi buildings.
- e. Nutrition programe for adolescent girls (NPAG)
- f. Bhagyalakshmi

Population in India

Table 1. Population in India

The current population of India in 2023	1,416,866,648(140.76 crores) as of 24 March 2023
Density	473.42 people per km
Growth rate	0.68%
Birth rate	16.42 birth / 1000 population
Pregnant in India	2.7 crore pregnancies every year

Nutrition program for pregnant, lactating women:

Nutrition plays a significant role in an individual's overall health; psychological and physical health status is often dramatically impacted by malnutrition. India currently has one of the highest rates of malnourished women among developing countries. A study in 2000 found that nearly 70 percent of non-pregnant women and 75 percent of pregnant women were anemic regarding iron deficiency (Kaur, 2014). One of the main drivers of malnutrition is gender-specific selection of the distribution of food resources.

A 2012 study by Tarozzi found the nutritional intake of early adolescents to be approximately equal. However, the rate of malnutrition increases for women as they enter adulthood. Furthermore, (Murugan & Manimekalai, 2016) found that malnutrition increased for ever-married women compared to non-married women.

Maternal malnutrition has been associated with an increased risk of maternal mortality and childbirth defects. Addressing the problem of malnutrition would lead to beneficial outcomes for women and children.

Importance of the study:

This study mainly focuses on the role of Anganwadi in the Nutritional Development of Pregnant Women in rural areas, also with the following aspects.

- It helps to understand the role and responsibility of Anganwadi in the Development of Rural Areas.
- It is necessary to analyze the importance of Anganwadi in implementing a government scheme.

Aim of the study:

The study aims to understand the role of health during pregnancy support in the Anganwadi scheme with reference to Nanjangudu Taluk.

METHOD

The respondents for this study include students from the social work department at chamarajanagara university suvarnangotri chamarajanagara and another rural participant. The purpose of the study is together information on health during pregnancy support to Anganawadi scheme with reference to Nanjangood taluk.

This research is based on qualitative research where the researcher has prepared a self-constructed questionnaire on Google form to find out the various parameters of "A Study on Health during pregnancy support to Anganawadi scheme with reference to Nanjangood taluk. The questionnaire consists of seven statements that have multiple choice. The respondents had to fill the one multiple-choice option in Google form.

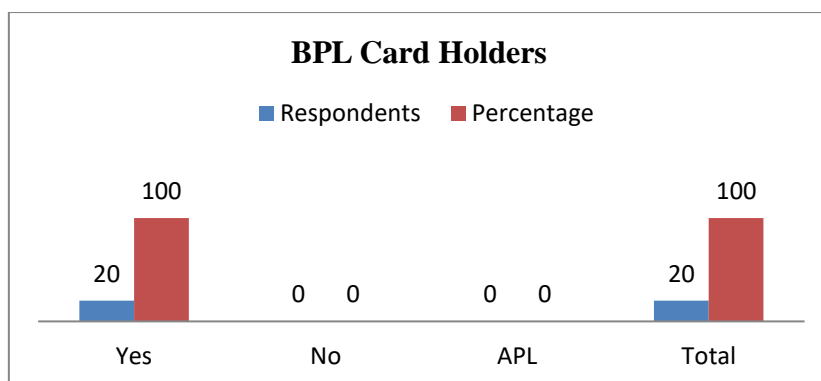
RESULT AND DISCUSSION

The researcher has ten years of experience in teaching at chamarajanagara university, suvarnangotri chamarajanagara. This experience created many questions about present postgraduate students and rural participants. Therefore, the aim of conducting this study is to gain knowledge of health during pregnancy and support the Anganawadi scheme with reference to Nanjangood taluk.

Students and partition-er point of view of students after data collection, the analysis and interpretation follow.

Table 2. shows that Are you a BPL cardholder.

SL NO	Option	Respondents	Percentage
1	Yes	20	100%
2	No	0	0
3	APRIL	0	0
Total		20	100%

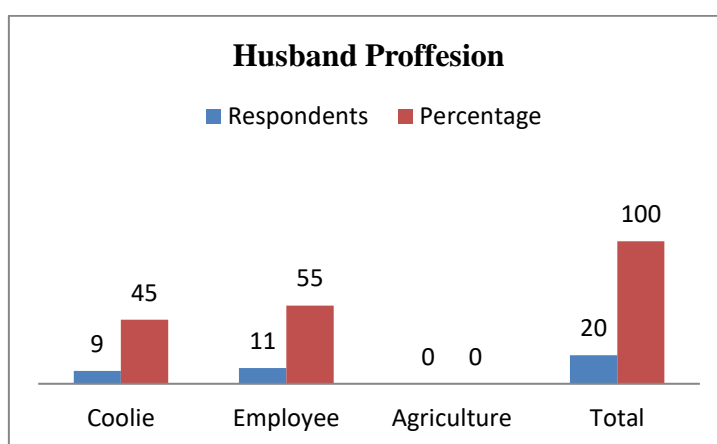


Graphic 1. BPL Card Holders

The table shows that 100% of respondents belong to BPL (Below Poverty Level) Families.

Table 3. shows that Your Husband's Profession

SL No	Option	Respondents	Percentage
1	Coolie	9	45
2	Employee	11	55
3	Agriculture	0	0
Total		20	100

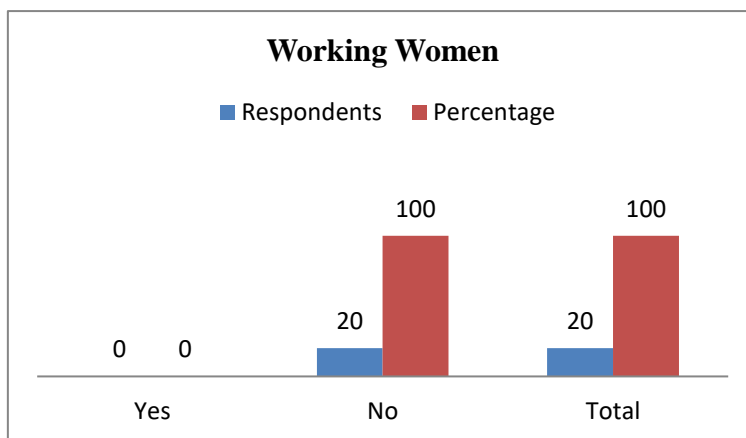


Graphic 2. Husband Profession

The table shows that 45% of respondents' husbands work as coolie, and 55% are Employees in a factory.

Table 4. shows that you are working with Women

SL No	Option	Respondents	Percentage
1	Yes	0	0
2	No	20	100
Total		20	100

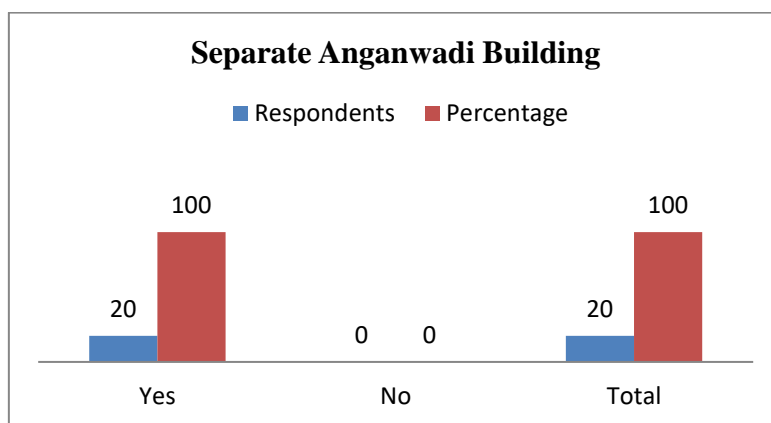


Graphic 3. Working Woman

The table shows that 100% of respondents are homemakers.

Table 5. shows that you have a separate Anganwadi Building.

SL No	Option	Respondents	Percentage
1	Yes	20	100
2	No	0	0
Total		20	100

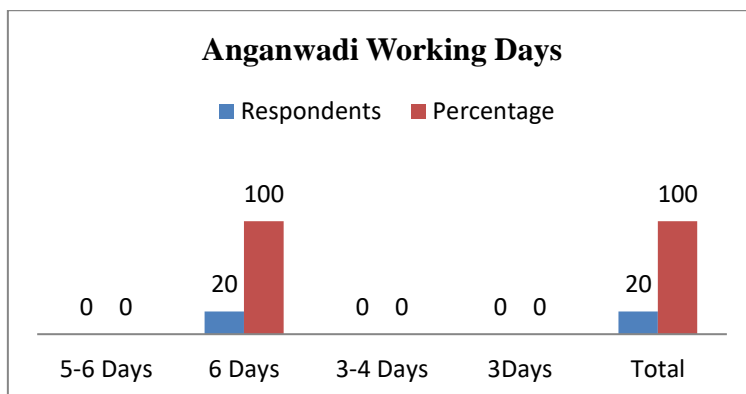


Graphic 4. Separate Anganwadi Building

The table shows that 100% of respondents said a separate Anganwadi building exists.

Table 6. shows how many days Anganwadi will work in a week.

SL No	Option	Respondents	Percentage
1	5-6 Days	0	0
2	6 Days	20	100
3	3-4 Days	0	0
4	3Days	0	0
Total		20	100

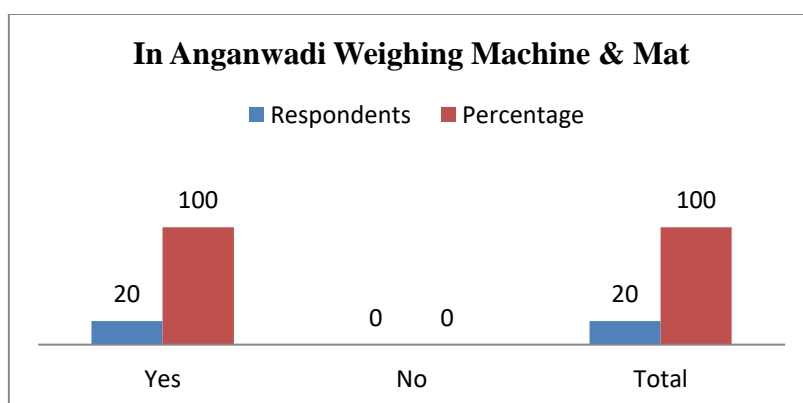


Graphic 5. Anganwadi Working Days

The table shows that 100% of respondents say Anganwadi works six days a week.

Table 7. shows that Anganwadi has a facility for a weighing Machine and sitting mat.

SL No	Option	Respondents	Percentage
1	Yes	20	100
2	No	0	0
Total		20	100

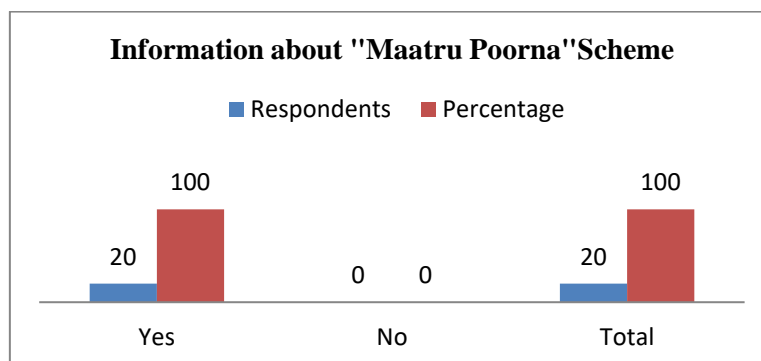


Graphic 6. In Anganwadi Weighing Machine & Mat

The table shows 100% of respondents saying there is a weighing Machine and mat in Anganwadi.

Table 8 shows what you know about the "Maatru Poorna" Scheme.

SL No	Option	Respondents	Percentage
1	Yes	20	100
2	No	0	0
Total		20	100

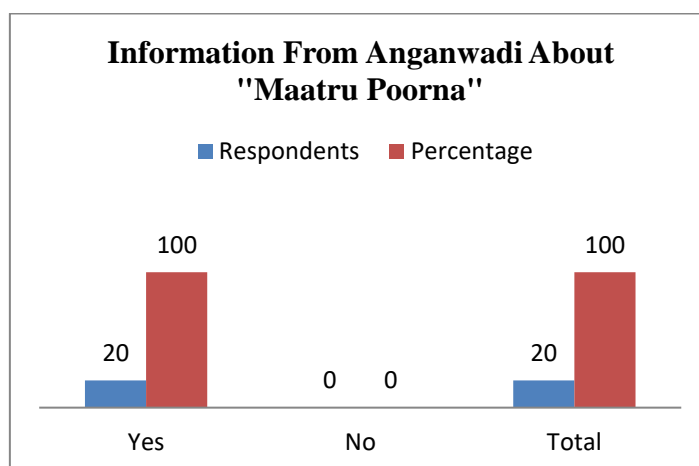


Graphic 7. Information about "Maatru Poorna" Scheme

The table shows that 100% of respondents say they know about the "Maathru Poorna" scheme.

Table 9. shows Do Anganwadi workers, given i information about the "Maathru Poorna" Scheme.

SL No	Option	Respondents	Percentage
1	Yes	20	100
2	No	0	0
Total		20	100

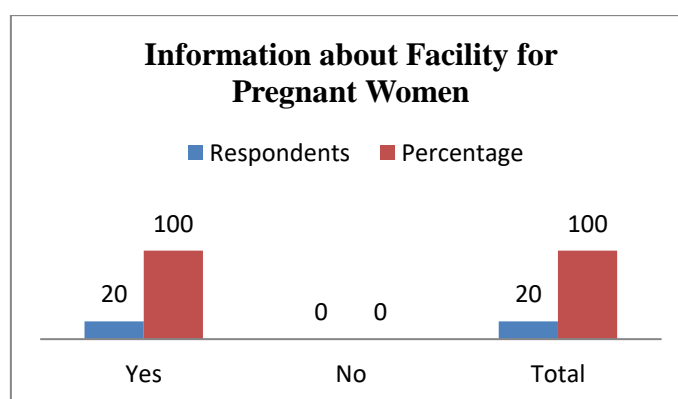


Graphic 8. Information from Anganwadi about “Maathru Poorna”

The table shows that 100% of respondents said that Anganwadi workers were given information about the "Maathru Poorna" Scheme.

Table 9. shows that Anganwadi workers were given information about facilities available for pregnant women.

SL No	Option	Respondents	Percentage
1	Yes	20	100
2	No	0	0
Total		20	100

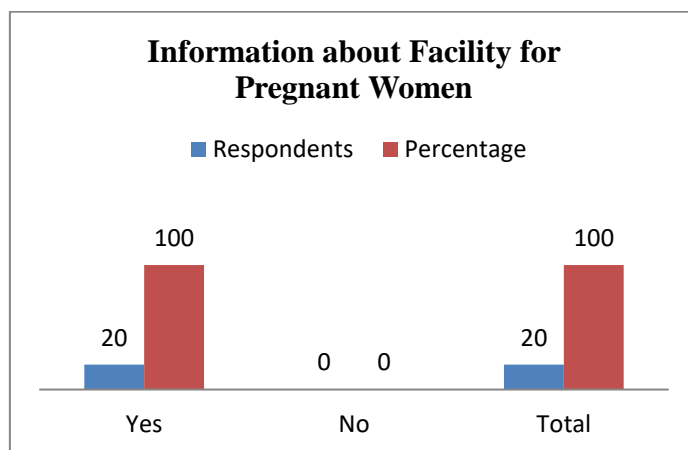


Graphic 9. Information about Facility for Pregnant Women

The table shows that 100% of respondents say that Anganwadi workers were given information about the "Maathru Poorna" Scheme.

Table 10. shows that Anganwadi workers given information about facilities available for pregnant women.

SL No	Option	Respondents	Percentage
1	Yes	20	100
2	No	0	0
Total		20	100

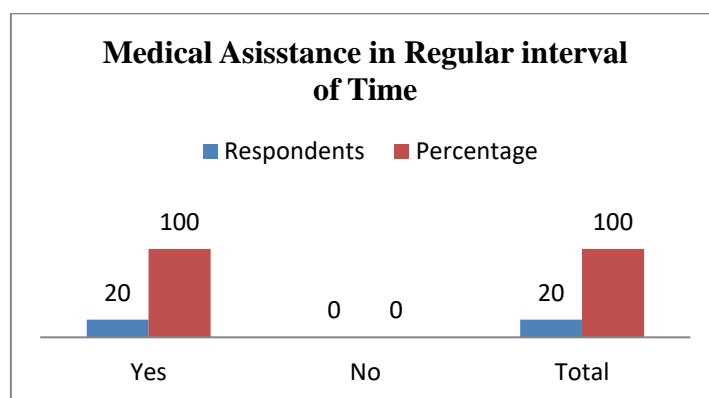


Graphic 10. Information about Facility for Pregnant Women

The table shows 100% of respondents saying that Anganwadi workers are given information about facilities available for pregnant women.

Table 11. shows that Anganwadi workers provide Medical assistance at regular intervals of time.

SL No	Option	Respondents	Percentage
1	Yes	20	100
2	No	0	0
Total		20	100



Graphic 11. Medical Assistance in Regular Interval of Time

The table shows that 100% of respondents are saying that Anganwadi workers provide Medical Assistance at regular intervals of time. The following are the significant finding that the researcher came across in the study on the role of health during pregnancy support in the Anganwadi scheme with reference to Nanjangudu Taluk. Anganwadi plays a Vital role in the Nutritional Development of pregnant Women in rural areas in a rural area; Anganwadi is a critical factor in Successfully implementing the program and scheme and reaching the beneficiaries in a rural area.

- a. The highest numbers of respondents were pregnant Women than Lactating Mothers.
- b. The study reveals that (100 %) of the respondents are BPL card Holders.
- c. The study reveals that (100%) of the respondents are homemakers.
- d. The majority (55%) of the respondent's Husbands are Employees in the Industry.
- e. Most (100%) of the respondents know about the "Maathru Poorna" Scheme.
- f. The majority (100%) of the respondent responded that "Nutritional Food" is provided Daily.
- g. The highest majority (100%) of the respondents are satisfied with the "Nutritional Programme."
- h. The majority (100%) of the respondents were satisfied with the Role and Responsibility of Anganwadi.
- i. Most (100%) respondents said Anganwadi would work for 6 Days.
- j. The highest majority (100%) of the respondents are satisfied with Anganwadi Facility.
- k. The majority (100%) of the respondents said they have a good relationship with Anganwadi regarding the Facility and Information Anganwadi gave.
- l. The highest majority (100%) of the respondents are satisfied with Nutritional Food, Cleanliness, and medical assistance given by Anganwadi.
- m. The highest majority (100%) of the respondents said that the Meetings about Medical assistance are Organised by Anganwadi at regular intervals.
- n. Most (100%) respondents said they go to Anganwadi daily to Have Nutritional Food under the "Maatru Poorna" scheme.

CONCLUSION

Malnutrition is a significant problem in children of Age 6. It is due to lack Nutrition in children from birth, which means from their mothers to children. Hence, the Nutritional Programme for Pregnant women through Anganwadi in rural areas plays a Vital Role. By the study, Anganwadi plays a Vital role in the Nutritional Development of pregnant Women in rural areas. Anganwadi is a key factor in Successfully implementing the program and scheme and reaching the beneficiaries in rural areas. So, Anganwadi is best to implement the scheme, program, and projects in rural areas. Thus, Anganwadi plays a vital role in the Nutritional development of Pregnant women in rural areas, also the role and responsibility of Anganwadi.

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