Exploring the Relationship between Development and Women Through the Introduction of ICDS (Integrated Child Development Service) Scheme in Matrilineal Meghalaya.

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Abstract

Social structural transformation in Meghalaya started before Indian independence with the coming of the British. Institutions of the family, religion and culture have undergone a persistent change through the introduction of written script, religious conversion and economic development. The political accession of the Khasi kingdom with the Indian state resulted into a tremendous and radical upheaval across the society - with changes in social, political, religious and cultural spheres. However, some institutions have remained stoically opposed to change, precisely the inclusion of women into local governance body - the Dorbar Shnong. The introduction of the Integrated Child Development Scheme (ICDS) flagship programme of the Government of India, has been positively conducive to the maintenance of early child care and maternal nutrition. It is also one of the ways in which women have been able to contribute and gain strategic access to local decision making and a platform to voice the needs of women within the village. The paper explores ICDS as a platform for Khasi women to gain access to and contribute to the needs of women through the organisation of Anganwadi Workers (AWW) through the Meghalaya Anganwadi Workers and Helpers Union (MAWHU).

Introduction

Since the evolution of the concept of development in the early 1950s, women's issues in development were integrated as a question of human rights. The 1970s introduced the woman question as being integral to the planning of development related policies as it was being increasingly understood that women played important roles in the development process (Babacan,2013). Development programmes were critiqued, especially through feminist scholars for ignoring the deprivation and subordination of women through mainstream development processes. A variety of perspectives and approaches emerged to understanding the place of women within the development discourse. The Integrated

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Child Development Scheme (ICDS) programme emerged in India with a political and welfare rationale of integrating women into the development project through the 'basic needs' approach (Khullar,1998). The ICDS saw women within their reproductive role to be beneficiaries of basic needs of nutrition and health care services and within it, this programme extended to children under six years. The programme was incorporated in all states of India, including Meghalaya where it also started in 1975. Today Meghalaya has over 4.3 lakh children under 6 years and over 6.7 lakh women under the programme termed as beneficiaries.

The objective of this paper is to determine that the role ICDS has played in shaping the lived experience of Anganwadi Workers(AWW) who worked within the gambit of the ICDS as the front line functionaries. There have been many studies done on evaluating the role of ICDS as a prominent and successful programme helping curb the issues of malnutrition and mortality. However, this study undertakes a 'stakeholder approach' that sees the AWW as stakeholders (of the programme and of their communities) and their relationship of the work they carry out within the ICDS. The paper explores the relationship between women and development through the AWWs in Meghalaya. It tries to assess the importance and implication of the policy into the lives of these women and the community gleaning through the perspectives of the beneficiaries.

ICDS - The Programme and its Beneficiaries

The Integrated Child Development Services (ICDS) Scheme was launched on 2nd October, 1975 as a response to the extant and vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality prevalent in India. It commenced as a flagship programme of the Government of India providing packages of services children below six years of age, nursing and pregnant mothers. The scheme now covers almost all districts in the country (Khullar, 1998, p.537). The main declared objectives of the scheme are "(i) to improve the nutritional and health status of children below six years, (ii) to reduce the incidence of mortality, morbidity, malnutrition and school drop-outs, and (iii) to achieve effective co-ordination of policy and implementation among various departments to promote child development"(Khullar,1998,p.539; Ministry of Women and Child; Dreze,2006).

Children in the age group 0-6 years constitute around 158 million of the population of India (2011 census). Despite decades of investment to address this issue, India still has one of the worst rates of child malnutrition in the world. India is placed 107th out of 121 countries on the Global Hunger Index (2022), which takes into account things like child stunting, wasting, and death. ICDS is the only major national programme that addresses the needs of children under six (Drèze, 2006, p.3708). A supplemental feeding programme, growth monitoring and promotion, nutrition and health education, immunisations, health exams, and health referrals are also included. Through a network of 1,012,374 Anganwadi Centres, it serves 8.36 crore consumers (Economic Times, 2022). The problem of malnutrition has been a focussed area of attention and a number of programmes like the Pradhan Mantri Matru Vandana Yojana (PMMVY) under the

Integrated Child Development Services (ICDS) Scheme have been implemented to address the issue of malnutrition across India. Because the needs of a child cannot be addressed in isolation from those of his or her mother, the programme also extends to pregnant women, nursing mothers and adolescent girls (Drèze, 2006, p.3708).

Supplemental nutrition, growth monitoring, nutrition counselling, health education, immunisation, healthcare, referral services, and early childhood education are the seven fundamental ICDS services. Through a broad network of ICDS centres, also referred to as "Anganwadi," these services are offered. An "Anganwadi worker" oversees each Anganwadi, with "Anganwadi helper" as their assistant. This is a child care centre that is situated in a village or slum and serves as the primary centre for the distribution of services to the local community's beneficiaries. The centre is run by the AWW and the helper, who also do pre-school activities, keep records and growth charts, run the centre, feed and weigh the children, carry out pre-school activities, maintain records and growth charts, carry out surveys and visit homes (Khullar, 1998, p. 540). Since tribal areas are often less populous, the population coverage through the centre is roughly 1,000 in rural and urban areas and 700 in tribal areas. According to Drèze (2006), an Anganwadi should serve about 1,000 people, or about 200 families. Every ICDS project has between 125 and 150 centres. A team that works both at the centre and project levels implements ICDS. Anganwadi workers, Anganwadi assistants, supervisors, child development project officers (CDPOs), and district programme officers (DPOs) make up the ICDS team.

Table 1 . Nutritional Status of Children in Meghalaya as of December, 2021

Normal	Moderately Malnourished	Severely Malnourished	Total No. of children weighed
312556	11711	405	324672

Source - https://megsocialwelfare.gov.in/icds.html.

This scheme was launched initially in pilot phase 1975 in 33 Blocks (Projects) with 4891 AWCs has now proliferated to 7072 projects and 13,46,186 AWCs are operational across 36 States/Union Territories, covering 1022.33 lakh beneficiaries under supplementary nutrition and 365.44 lakh 3-6 years children under pre-school component. In Meghalaya the first project was launched on an experimental basis at Songsak C&RD Block, East Garo Hills District in the same year. Since then, the Department has come a long way in expanding the ICDS projects to the 39 Community and Rural Development Blocks and 2 Urban ICDS Projects at Shillong and Tura (https://megsocialwelfare.gov.in/icds.html.)

Table 2. Coverage of Beneficiaries in Meghalaya under ICDS as on January 2022.

Children 6 month – 3 years	198043
Children 3-6 years	232883
Pregnant and nursing mothers	67127

Source - https://megsocialwelfare.gov.in/icds.html.

Methodology

The paper explores the consequences of the introduction of the ICDS programme into the lives of AWWs from matrilineal Meghalaya. Meghalaya has a total number of 4785 (main) Anganwadi centres consisting of 5896 Anganwadi Workers (AWW) and 4630 AWW helpers. The total population in the study covered a total of 3050 in the districts of East Khasi Hills, West Khasi, Jaintia Hills,Ri Bhoi. The primary data was collected from 166 AWW. The total number of respondents consist of 166 AWW residing in different districts of East Khasi Hills, West Khasi Hills,Jaintia Hills and Ri Bhoi. The study consists of two phases. The first phase consists of collecting secondary data from various journals, books, and newspapers online. And the second phase consists of qualitative data collected through a questionnaire. The nature of the study is exploratory in nature that attempts to understand the implication of ICDS in the lives of these AWWs and the nature of work they do.

Data was collected from 166 respondents contacted through simple random sampling. The highest percentage of age group (56 per cent) participating in the study came from the age group (32-45) years of age. A majority of the respondents (44 per cent) had passed higher secondary educational qualification and 70 per cent respondents were married. Out of those married, sixty - two women (62 per cent) were primary earners in their household and thus depended on the AWW honorarium for the survival and maintenance of their household.

Table 3. Socio-Economic Background Of AWWs.

Sl. No.	Age	Frequency	Educational Qualification	Frequency	Marital Status	Frequency
1.	18-24	5	No Education	0	Unmarried	16
2.	25-31	35	Below Class 10	67	Married	117
3.	32-38	53	Class 10-12	74	Divorced/Separated	23
4.	39-45	40	Graduate	19	Widowed	10
5.	45 Above	33	Post Graduate	6		

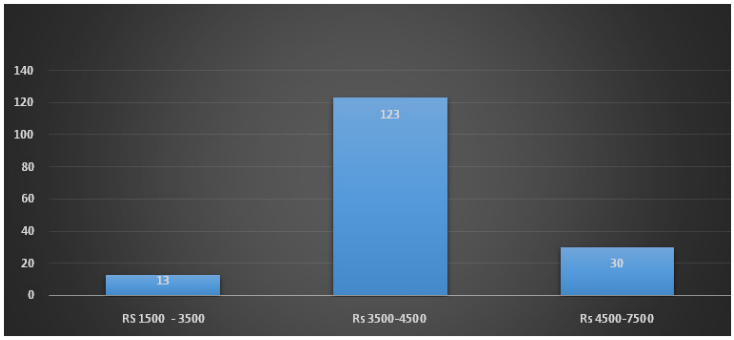
Table 4. Marital Status of AWW per Age Group.

Sl. No	Marital Status per age group	18-24 years	25-31 years	32-38 years	39-45 years	45 & above	Total	P.C.
1.	Married	2	23	44	30	19	118	71.08
2.	Divorced/Separated	0	6	6	5	7	24	14.45
3.	Widowed	0	0	0	1	7	8	4.81
4.	Never Married	3	6	3	4	0	16	9.63
5.	Total						166	100

Majority (more than 56 per cent) respondents belonged to age group 32-45 years, had completed higher secondary school education, were married and earning an honorarium of Rs. 3500-4500 per month. Therefore, the results of the study highlight the experiences of AWW from a lower middle class, rural and incomplete formal educational location of the respondents. This is important since women across different locations experience

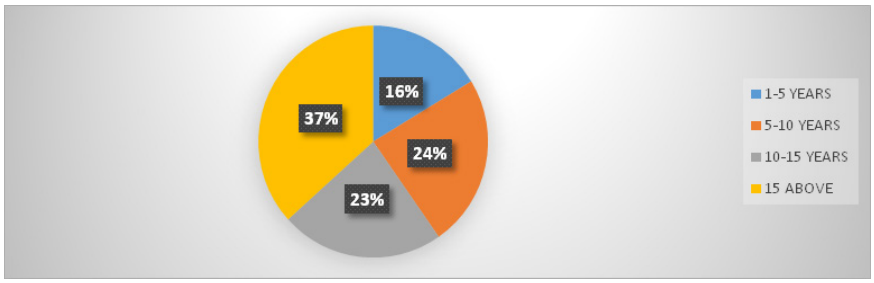
work and the affect it has on their lives. Demographic factors like marital status, economic dependence and child bearing is a strong influence on AWW selecting their vocation because for majority family support and an understanding of their work greatly impact their work schedule and performance.

Figure:1-Monthly Honorarium Received by the AWW



Among the sample workers, 74 per cent of the AWW earn an honorarium between Rs 3500 - 4500 per month. A majority of these women (63 per cent) are primary earners in their household. Only 18 per cent earned an honorarium above Rs 4500 per month.

Figure: 2-Duration of Service as AWW



The figure shows the duration of service tenured by sample AWW in their villages. The sample data showed varied years of services put in by the AWW and significantly 37 percent workers have continued as AWW for more than 15 years. The lived experiences of the AWW have reflected various challenges faced and there is a necessity for nuanced understanding of the services of AWW who shoulder a very significant role and yet remain marginalized in ensuring economic and social security for themselves.

Enrolment in AWW and Challenges Faced

The table below shows the distribution of the number of children enrolled with the AWC where are currently working. While 27 AWCs have less than 50 children enrolled, and 61 AWCs (37 percent) have more than 150 – 200 children enrolled.

Table 5: Number of Children Enrolled In Anganwadi Centres (AWCS)

Number Of Children Enrolled	<50	50-100	100-150	150-200
FREQUENCY	27	40	38	61

Table 6: Challenges Related to Children (0-6 Years) Enrolled in Anganwadi Centre (AWC)

Challenges	Under Nourishment	Non Vaccination	Irregular Health Check Up	Anaemia	Technical Problems in AWC	None
Frequency	36	52	58	13	12	44

The importance of maintaining AWW as front line workers for combating malnutrition and mortality can be inferred from the challenges in respect of child nutrition among the children in the AWCs where the sample AWW are currently engaged. The AWW are the first line of contact with the population and have to grapple with issues of nourishment, vaccination, health check up of children, lack of awareness among parents on the adequacy of nutrition for their children, misinformation on dietary habits, all of which contribute to exacerbating anemia and malnutrition in children. In narrating the concerns the sample AWW highlighted how awareness on health and nutrition of the children in their localities remain marginal. Their is constant necessity on their part to engage with the community on changing its perceptions on children's health and nutrition, vaccination and the trust deficit on local level government health facilities. The trust deficit and lack of awareness largely influence parental decision on vaccination of their children and regular health check ups of children. Lack of awareness and often non availability of medicines leave parents forgot vaccination of their children. Awarness and access to information are critical concerns, but there are also difficulties with respect to physical accessibility to the AWCs in rural areas which have poor road connectivity and during rainy seasons often remain inaccessible. Sanitation and hygiene in AWCs is another major challenge especially during monsoons. A basic lacuna in the scheme is the poor coverage of children under three years of age who suffer from maximum malnutrition (Khullar, 1998, p. 542). The availability, accessibility, and use of food and medical services interact in a complex way to cause malnutrition in children who are three to five years. Inadequate food intake, poor parenting and caregiving, inappropriate eating habits, and infectious comorbidities are all examples of nutrition-specific causes. Food insecurity and insufficient financial resources at the individual, household, and community levels are examples of nutrition-sensitive issues. Additional nutritionally sensitive factors that negatively impact the nutritional status of children in the age group of three to five years old include limited or poor access to infrastructure, healthcare services, education, and a clean environment (Clark, 2020). The children in sample AWCs under study testify to all these challenges, which impinge on their health and nutritional status.

It needs to be emphasized that child nutrition starts from embryonic stage and therefore maternal nutrition and health status has a strong bearing on child health. The ICDS programme, covers pregnant and lactating mothers who are provided with supplementary nutrition, immunisation, health check-ups, referral and nutrition and health education. National estimates provide data for three services, namely supplementary nutrition, health check-ups and health and nutrition education. However, there are several

challenges in respect of service deliver by the AWW in respect of pregnant and lactating mothers. Infact, a large number of women (70.44 per cent) from the sampple AWCs were afflicted with under nutrition and anaemia, an issue that is preventable through adequate awareness of nutrition and dietary changes. An overwhelmingly large number of respondents (63.25per cent) stated that consumption of tobacco among women in their village was also an issue. Lack of awareness about pre and post natal check up also stand as a major hindrance and many of these local women either refused or were unwilling to avail the pre and post-natal care in their village. This corroborates with the findings of NFHS-5 where only 43.9 per cent women in Meghalaya have had a post-natal check-up and this number was even lower in the rural areas where over 53 per cent of women (aged 15-49 years) were anaemic (NFHS 5). Although the present study has not delved into the reasons for lower incidence of seeking AWCs services, but the general observations of the AWCs and the women in the catchment area cite reasons which include non-availability time of for visiting the centre, distance to the centre, poor road condition etc. Significant to note 12 per cent respondents stated that domestic violence or intimate partner violence was also an issue that pregnant and lacttaing women faced in their villages with 36 per cent of the AWW being aware of such incidences through personal rapport with the local women in their villages. The AWC workers helped such women in whatever position they could (emotional support, gathering familial support, or medical advice etc.) which otherwise is difficult to access for the women who faced abuse.

Problems Faced by AWWs -

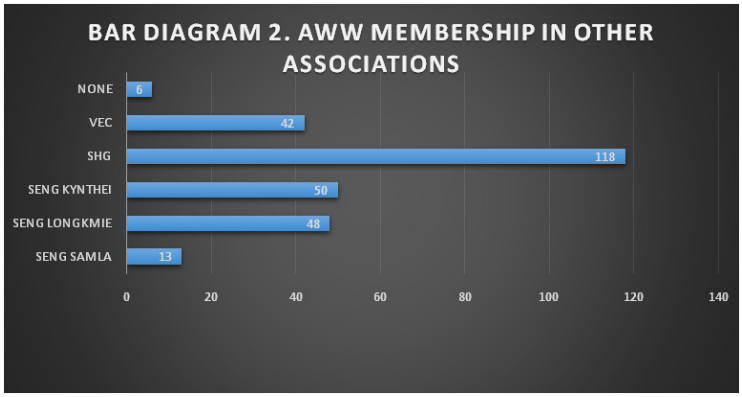
In overcoming the challenges mentioned above, the AWW also faced many problems regarding their own work and working conditions. Foremost of which was low honorarium. Wichterich (2018) describes how honorarium received by the AWW is an extension of care work extractionism practiced by the state through feminisation of informal work. The ICDS website clearly state that AWW are honorary workers and not regular government employees and as such do not have access to benefits received in formal employment. Indeed, the issue of honorarium and irregular payment to AWW has been grappling these workers ever since they joined this ‘service’. A whopping 95 per cent respondents affirmed that low honorarium was a major contention with their work, especially because more than 66 per cent of them were main earners in their household. Almost 70 per cent of the AWW agreed that a better and decent pay would incentivise the workers and help in improving the service reach out even better in their villages. While nutritional deficiency remains a major challenge across India for lactating and pregnnat mothers, the AWW who act as the bridgehead to connect the state supported nutritional programme to the beneficiaries are the fulcrum of the entire ICDS programme of the governmnet. It is intriguing that despite the fact the AWWs act as the pivot to the ICDS programme, the contributions of the AWWs and the services delivered is yet to be adequately reciprocated.

With the slow expansion of the scheme and the addition of services, AWWs have are increasingly overburdened with duties and paperwork and almost 70 percent respondents shared that workload was extensive for them as they had many objectives

to carry out. Besides their field duties, they have to maintain about 16 registers and send monthly reports to the Child Development Programme Officers, who heads the team at the project level (Khullar, 1998, p. 540). Dreze (2006) describes that ICDS is more than a simple nutrition programme. An umbrella of "integrated services" ICDS includes nutrition services but also goes beyond it. Additionally, nutrition services are not limited to "supplementary nutrition"(SNP). They must also contain additional treatments including prenatal care for expectant mothers, vitamin supplements, and nutrition guidance. However, in actuality, the Supplementary Nutrition Programme (SNP) has taken control of the ICDS. A large number of respondents also corroborated this when they described their work and SNP was a top priority for a majority of them. This might have a lot to do with the training received and the incentives they receive through completion of specific targets.

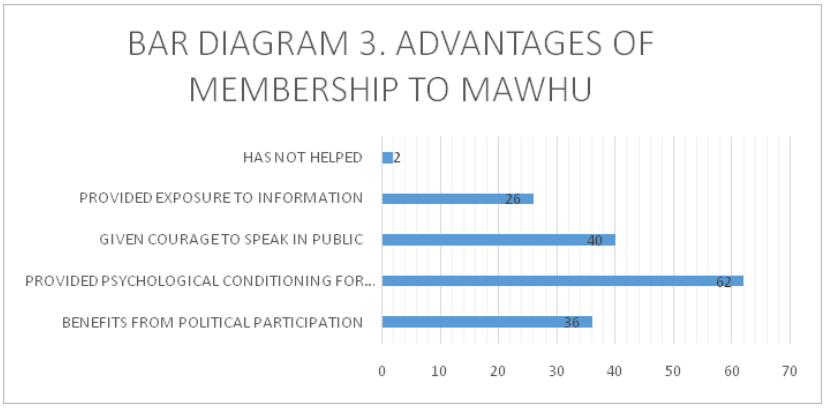
Drèze (2006) in his study on evaluation of ICDS services observed that throughout India community involvement was low. A similar state of affairs was observed in Meghalaya- in the sample AWCs, 39 respondents revealed that they faced non-cooperation from both local women and village functionaries in carrying out their programmes and duties. Anothers 66 AWW respondents cited structural difficulties like lack of proper sanitation and drinking water facilities at the AWCs, functionality of the rooms, approach road conditions etc.also impacted smooth functioning of the AWCs. As per the ICDS website, all over India almost 50 per cent AWC do not have access to sanitation. This poses health hazard for the AWW.

ICDS as a Platform in Facilitating Presence of Women in Public Space



Besides their engagement with the ICDS and the AWCs, the AWW are also associated with other organizations and groups like Self Help Group (SHG), associations at the village level called *Seng* (associations) which include *Seng Kynthei* (women's association), *Seng Long Kmie* (Association of mothers) and *Seng Samla* (youth association). This evidence of overwhelming majority of the AWW taking part in various associations at the village level indicated their willingness and agency in participating in political space. It also made them politically visible at the local village level.

AWWs are a part of the unorganised workforce in the country, but they have been forming associations or Sanghas as early as 1989 when the All India Federation of Anganwadi Workers and Helpers was formed. The union gained a lot of traction since it is considered as one of the most organised unions among unorganised women workforce (Dreze, 2006). Sen (2013) elaborated that Unions among the unorganised women were more significant since they were more numerous in this sector and also faced more issues specifically because they were women. The female working poor find themselves at the bottom of the three hierarchies of class, gender, and ethnicity or caste in most parts of our nation. Wichterich (2018) however positively commends union's activities by stating that over time, India's scheme workers have developed an identity of being 'real' workers. As part of their desire to be co-opted as regular workers is also the desire to be shaped as a particular class of working women. Majority of the female AWWs affirmed that being an AWW had given them a particular status in the village and in their local community and that gave them a sense of entitlement for community well being. This sense of entitlement rose from the desire to do better in their community, a sense of volunteerism that is embedded in the Khasi society (Nongkynrih, 2006). AWWs reiterated the role ICDS has played in their communities and appreciated the role and activities of the AWWs. They were firm in their observation that these activities have positively helped generate awareness about maternal and child health consequently helping the community at large. Interestingly, a section of the respondents reported that being an AWW was just an honorary status without benefits for them or their families and this needs to be adequately addressed to ensure the well being of the AWWs. By collectively challenging their honorary status and actively engaging in protests over the past 20 years, scheme workers have challenged the prevailing perception in India that female workers are docile and submissive. (Wichterich, 2018, p. 182). This is where Meghalaya Anganwadi Workers and Helpers Union (MAWHU) has persisted on carrying on since 2009.



MAWHU and its works are numerous especially because organised associations of women fighting for their needs in Khasi society are hardly numerous. The cultural context in matrilineal Meghalaya, and within this study the Khasi Jaintia tribes is one

riddled with structural and cultural barriers to a woman's access to political space (Nongbri, 2000). They are not entirely free from subordination- the hierarchical political structures have deliberately excluded women from the political space. They are debarred from participating in the decision making levels from the level of the clan to the level of the *shnong* (village), the power for which lies at the hands of the *rangbah kur* in case of clan and the *rangbah shnong* in the case of the village. Tiplut (2000) extrapolated this through highlighting how men used cultural bases to frame an ideology that effectively excludes women from participating in decision making. Traditional village-level institutions of the Khasis, the *Dorbar Shnongs*, have not allowed women to contest elections. Earlier, they were barred from even attending its meetings and would be represented by an adult male member. Given the powerful status these Dorbar enjoy, most women are hesitant from speaking openly against them. However, the ICDS as a development project of the Government of India has effectively contributed to carving a space for women, where they have used Unions like MAWHU as platforms where they have been able to carve, socialise and hone political capacities in women (AWW in this case). Some of the women AWWs highlighted that MAWHU had helped address issues of benefits that they fight for, and MAWHU had psychologically created a sense of belonging in the political space. The female AWWs emphasized that being in the Union had given them a sense of identity as a worker and courage to speak in public spaces, especially with the local dorbar (Village administration). These women affirmed that being in the Union has provided them access to information that they could use in their dealing with public and village functionaries. All of this has assisted in politically socialising these women into entry to the political space.

Conclusion

Drèze called for a universalisation of ICDS because it would curb the inter- generational perpetuation of social inequality, create more equal opportunities for growth and development in early childhood. It would also foster social equity by creating a space where children eat, play and learn together irrespective of class, caste and gender. This socialisation role of ICDS is very important in a country where social divisions are so resilient (Drèze, 2006, p.3709). The role of ICDS in curbing malnutrition and maternal and child mortality has been adequately documented as has been the setbacks in implementation of the project.The present study emphasised the various advantages that ICDS had brought to a state like Meghalaya which is facing challenges on the front of malnutrition. As a development project, it has also created many social advantages for women who work as AWW in this project. Although the scheme manifested the role of these AWW in the light of their reproductive role, the scheme created a viable social space and an increase in the self-confidence of the AWW in a context where women are culturally discouraged to enter the public space. These social advantages of the ICDS are important as agencies in creating a path for empowering women positively and enabling them to enter the socio-political space where they can play as critical role in the context of human development.

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