ISSN Online 3108-026X, ISSN Print 3139-4833
International Multidisciplinary Research Journal Reviews (IMRJR)
A Peer-reviewed journal
Volume 3, Issue 10, October 2026 | DOI 10.17148/IMRJR.2026.031008

Women and Inequality: A Study of Anganwadi workers of Rural areas of Kathua District

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Abstract: Anganwadi Workers play a significant role in early childhood education, childcare , nutrition and health ,not only of children but pregnant women as well in rural communities. The present study examines the socio-economic status of Anganwadi Workers in rural areas of Kathua district, Jammu and Kashmir. The study is based on primary data collected from **30 Anganwadi Workers**. The study has following objectives, **to assess the educational and occupational background of Anganwadi Workers; and to examine their economic status in terms of income, household earnings, and sources of livelihood.** The study views Anganwadi work as an important form of paid care work and social reproduction labour. The findings highlight the educational and occupational characteristics of the respondents and provide an understanding of their economic conditions and livelihood sources. The study contributes to understanding the socio-economic position of women engaged in rural care work.

Keywords: Anganwadi Workers, Paid Care Work, Social Reproduction, Educational Background, Occupational Background, Economic Status, Rural Women, Kathua District.

INTRODUCTION

India with such vast demography in terms of religion, caste, class and gender which constitutes 17.7% of the total population. Out of this, 472 million children constitute 39% of the total population of India(Census,2011). India is as well as is the home to the largest number of children in the world. Out of these figures, 29% of children are between the age group of 0-6 years(SDG,2015).

With such a vast topography in every aspect whether children or the elderly, the rate of undernourishment goes high every year as per the Global Hunger Index. India stands at rank 94th out of 117th countries in the world in the Global Hunger Index 2020 which is much very lower than any other neighbouring country. Although, the world has progressed in every aspect whether technologically, socially or economically but still globally there were 155 million children (less than 5 years)stunted and 41 million overweight. About 50% of child deaths around the world are due to malnutrition (World bank,2010).These figures depict the rate of undernourishment among the children and now India is in the category of serious hunger countries withvery adverse health conditions. It is very ambiguous whether the country would meet the sustainable development goal 3 i.e., to ensure the well-being and health conditions of all age groups(SDG,2015).

To overcome these challenges united calls and efforts are required to lower human suffering for a quality life. The government had come up with various programmes for the well-being of children and maternal health for the struggling population. Globally, SNAP was created to assist onlycertain people who are eligible for it. The Supplemental Nutrition Assistance Program (SNAP), is a federally funded program which provides food assistance particularly to those households with children, elderly or disabled members and it is limited to people with gross income up to 130 percent which is considered by the government as the poverty line, particularly for America (Thorn,2018).

Similarly, India also had such programmes for the welfare of Children and Women. One of them is Integrated Child Development Services(ICDS) which comes under the Ministry of women and child development. This programme was launched in 1975 and it is a flagship programme to cover a wider section of society for the strengthening of society and its people. This programme was initially started in Karnataka on 2nd October 1975 with a pilot survey at T.Narasipura in Mysore District with100 Anganwadi Centres[6]. Initially, ICDS started with 33 projects, 19 were rural, 10 were tribal and 4 were Urban which spread all over India[7]. From the beginning of 33 projects, now ICDS becomes the world's largest and most unique childhood development programme[8]

ICDS is an umbrella term which covers various other schemes as well such as Anganwadi service schemes, Pradhan Mantri Matru Vandana Yojana, National Creche scheme, POSHAN Abhiyaan, Scheme for Adolescent Girls and Child Protection Scheme[9]. The programme is a holistic child health comprising education components for pregnant women, lactating mothers, and children less than six years, health and nutrition.

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These services are offered through Anganwadi Centers, making the Anganwadi system a significant institutional vehicle for introducing public care and welfare services into communities. Anganwadi Workers are the front-line community-level employees who carry out these services in rural locations. While district-level ICDS material in Jammu and Kashmir portrays AWWs and Helpers as frontline workers and Anganwadi Centers as the platform via which ICDS services are delivered, government information describes AWWs as personnel selected from the local community. Through initiatives like supplemental nutrition, preschool education, nutrition and health education, and more, they work directly with moms, families, and children. AWWs link rural households' daily life with the state's welfare program.

Therefore, the ICDS-Anganwadi system offers a crucial framework for analyzing how the state uses women's labor to organize social reproduction and how the duties, workload, and recognition that follow influence rural women's experiences in paid care employment.
Because care responsibilities are ingrained in the daily social and economic life of rural homes, the rural environment is especially important for understanding women's care labor. Agricultural, informal, and community-based jobs are often combined with household duties by rural women. In this regard, Anganwadi employment gives women the chance to work for pay while doing tasks that are closely related to caregiving practices that have historically been associated with women.

As a result, Anganwadi Workers hold a unique position: they frequently continue to perform unpaid reproductive labor in their own homes while providing paid care to children and families in the community. The junction of the community, unpaid domestic work, unpaid domestic work, unpaid domestic work, unpaid domestic work, unpaid domestic work, unpaid domestic work, unpaid domestic work, unpaid domestic work.

Research Gap and Objectives
The implementation of ICDS, nutrition, childcare, workload, compensation, and occupational problems are the key topics of current research on Anganwadi Workers. However, AWWs as rural women working in paid care have received little attention, especially when it comes to the connection between their paid care duties and unpaid household work. The gendered nature of
care, double burden, family expectations and rural social situations also deserve greater sociological attention. Consequently, the contemporary utilization of a feminist division of labor.
The present research paper is conducted with the following objectives:
1**.** To assess the educational and occupational background of Anganwadi Workers.
2. To examine the economic status of Anganwadi Workers in terms of income, household earnings and sources of livelihood.

METHODOLOGY

A descriptive and analytical research design may be used for the investigation. Semi-structured interviews and structured interview schedules can be used to get primary data from specific Anganwadi workers operating in rural locations. A sample of 30 Anganwadi workers were taken for the study comprising of respondents of General caste, SC's, ST and OBC. The sample includes the respondents of both the age groups younger generation as well as older generation population.

Government papers, ICDS documents, scholarly books, journal articles, and earlier research on women, caregiving, and Anganwadi services all these are used to collect secondary data.

Socio-Economic Variable	Category	No. of Respondents	Percentage
Educational Qualification	Upto Primary	3	10
	Matric	22	73
	Secondary and Graduation	4	13
	Vocational	0	0
	Any other	1	3
TOTAL	-	**30**	**100**
Family Monthly Income	Below 10,000	7	23
	10,000-15,000	5	16
	15,000-20,000	10	33
	20,000 and above	8	26
TOTAL	-	**30**	**100**

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It indicates that 73% of respondents were Matric passed among the Anganwadi workers of Kathua district. While 13% were Graduate and Higher school passed. The 10% falls under the category of up to Primary school passed and rest 3% belongs to the category of anyother courses. This clearly indicates that majority of Anganwadi workers drawn from the sample were educated at least till Matric or High school passed. As per the Govt.Guidelines, the minimum qualification for AWW is 10th passbecause the minimum educational standards are considered as one of the conditions for recruitment to the ICDS but there were 16 percent of the respondents who were above the eligibility criteria and even there were few respondents who were B.Ed. and M.Ed. degree holders. Despite such higher qualification, these workers are only considered at par with Matric passed and their salary structure was also same as that of other workers which leads to much discouragement and they do not feel motivated to work.

While 33% of the respondents were in the Family monthly income category Rs.15,000-20,000 and 26% of the respondents were in the Family monthly income categoryRs.20,000 and more.The families with head of the family working in the Army, Police, ex-servicemen and some ReT teachers constituted the maximum number.While 23%who were in the monthly income less than Rs.10,000,mostlythey were working as an Anganwadi workers. Rest 16% earns monthly income between Rs.15,000-20,000.

The results indicates that although Anganwadi Workers come from a variety of socioeconomic backgrounds, a sizable percentage are from homes with low and moderate incomes. Additionally, the research emphasizes the economic importance of Anganwadi labor for women, especially those with low household income, while demonstrating that better job circumstances are not always correlated with educational attainment and family economic status.

CONCLUSION

Anganwadi workers play a crucial role in rural care work, supporting community well-being, nutrition, childcare, and health awareness. Their labor symbolizes both paid care work and social reproduction, however it is devalued and generally requires little remuneration, high workload, inadequate resources and limited social acknowledgment. The report recommends enhancing their pay, working conditions, social security, training, assistance with transportation, and availability of sufficient resources. Improving the status and working conditions of rural women who provide care requires more acknowledgment of their contributions and more robust implementation of welfare programs at the local level.

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