

Psychosocial Determinants of Health in Grass Root Level Workers of Rural Community

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ABSTRACT

Background: Anganwadi workers (AWW) are the grass root level workers of the Integrated Child Development Services (ICDS) scheme. Stress can affect efficiency of the AWW leading to poor program outcomes as well as adverse effect on their health. This study was planned to assess the level of stress among the anganwadi workers and their health status.

Methodology: The present cross-sectional study was conducted among 130 Anganwadi workers of three ICDS centres from rural block. Information was collected on a pretested, pre- structured and standardized questionnaire by direct interview and stress levels were assessed using General Health Questionnaire (GHQ 12) on likert's scale.

Results: Among the total 130 participants studied, 6 (4.61%) Anganwadi workers were under stress and 9 (6.92%) were distressed. Stress levels were significantly associated with increasing age, type of family and work experience.

Conclusion: There was stress and dissatisfaction among the AWWs who were studied and there is a need to improve the working environment for the wellbeing of the Anganwadi workers.

Keywords: Stress, Anganwadi worker, GHQ 12, rural

INTRODUCTION

Community health workers are an important channel for delivery of services to the community in developing countries. Anganwadi worker (AWW) is a woman who works at grass- root level under the Integrated Child Development Services (ICDS) scheme which is one of the largest and most unique community based outreach program for women and child development. Apart from various services of ICDS such as supplementary nutrition, health education, health checkups, referrals etc. AWW are involved in national health programs such as Pulse Polio Immunization, integrated disease control programs for dengue, malaria, etc [1]. Her work also includes doing house to house survey, visits beyond working hours, maintenance of registers, records, reporting etc. AWW play a crucial role in broadening coverage of health services and contributes significantly to improve the health outcomes.

Anganwadi workers are the real providers of many basic services for the poor across India but they are not treated on a par with other government employees and considered as "social workers" or "voluntary workers". They are not paid "wages" but only an "honorarium"[2]. Also other resources and facilities provided for undertaking all this work are minimal. As working women, AWW have dual responsibility of their own household chores as well as program activities. These underpaid AWW performing and discharging duties and accomplishing targets in a limited time may lead to stress and discontent among them. Stress may affect their health and also may lead to dissatisfaction, poor motivation and a decreased efficiency[3]. They are

responsible to take care of health of the community but their own health has been neglected.

There is a lack of information on psychosocial condition and occupational stress and their impact on health of anganwadi workers [3,4]. Stressed AWW can affect programme performance. So such information would be important in improving the quality of the service and the optimal utilization of the existing anganwadi workers by taking measures to address these issues. Thus, in this study, an attempt was made to assess the level of job stress and understand the various factors associated with job stress, which could be responsible for their adverse health status and the sub-optimal performance of the anganwadi workers.

OBJECTIVES

1. To assess the level of stress among the anganwadi workers.
2. To assess the health status of anganwadi workers

METHODOLOGY

The present cross sectional study was conducted in 3 PHCs (Mutaga, Sulebavi, Uchagaon) under rural field practice area of Medical college. The study included all the 130 anganwadi workers from these 3 PHC's from September 2013 to November 2013. The written consent was obtained from each anganwadi worker after explaining the objectives of the study. All anganwadi workers agreed to participate were enrolled for the study. Information was collected on a pretested, pre- structured and standardized questionnaire by direct interview method. The questionnaire included the various variables like Socio-demographic profile (age,

address, socioeconomic status etc), Occupation related data (work experience, distance from PHC) and stress levels were assessed using General health questionnaire (GHQ 12) on likert's scale. Thorough clinical examination was carried out to assess the health condition. Data was analysed in MS excel using rates, percentages and proportions. The levels of stress were derived using scoring system and chi square test was used to find out association between different groups and factors.

RESULTS

The study analyzed data of 130 AWW and results were compiled. Sociodemographic data revealed that among the total of 130 participants 110(84.6%) were in the age group of 30-50 years and 5 (3.84%) were graduates, 39 (30%) belonged to class III according to modified BG Prasad classification and 122(93.84%) were Hindus. In the study group 110 (84.61%) belonged to nuclear family and most of them 110(84.61%) had a work experience of 11-20 yrs. The key factors in work area

which lead to stress were assessed and too many responsibilities, frequency of reporting system and inability to cope with administrative tasks were identified by AWWs as stressful. [Table No. 1]

The levels of stress assessed through GHQ 12 (likert scale) revealed that Six (4.61%) Anganwadi workers were under stress and 9 (6.92%) were distressed. [Fig. 1]

Majority of the AWW 81 (62.3%) were suffering from a number of psychosomatic problems and 26 (20%) had multiple problems which they related to stress [Table 2]. Among the total participants 22 (17%) of AWW had Pre hypertension while 7 (5.4%) had hypertension. Among the anganwadi workers who had hypertension, one third (28.5%) were stressed and 14% were distressed and it was statistically significant.

The level of stress was significantly associated with increasing age, type of family (joint and three generation), work experience and Hypertension. [Table No. 3].

Table 1: PHC wise distribution of anganwadi workers according to occupational factors of stress

Key areas of stress	Uchagaon N= 39	Sulebhavi N= 46	Mutaga N= 45	Total N=130
Too many responsibilities	19 (48.7%)	16 (34.8%)	12 (26.7%)	47 (36.2%)
Frequency of reporting system	02(5.1%)	02(4.3%)	05(11.1%)	09 (6.9%)
Inability to cope up with administrative tasks	00(0%)	02(4.3%)	00(0%)	02 (1.5%)
Inadequate resources/supplies	00(0%)	00(0%)	00(0%)	00 (0%)
None of the above	18(46.2%)	26(56.5%)	28(62.2%)	72 (55.4%)

Table 2: Distribution of Anganwadi Workers According To Stress Related Health Conditions

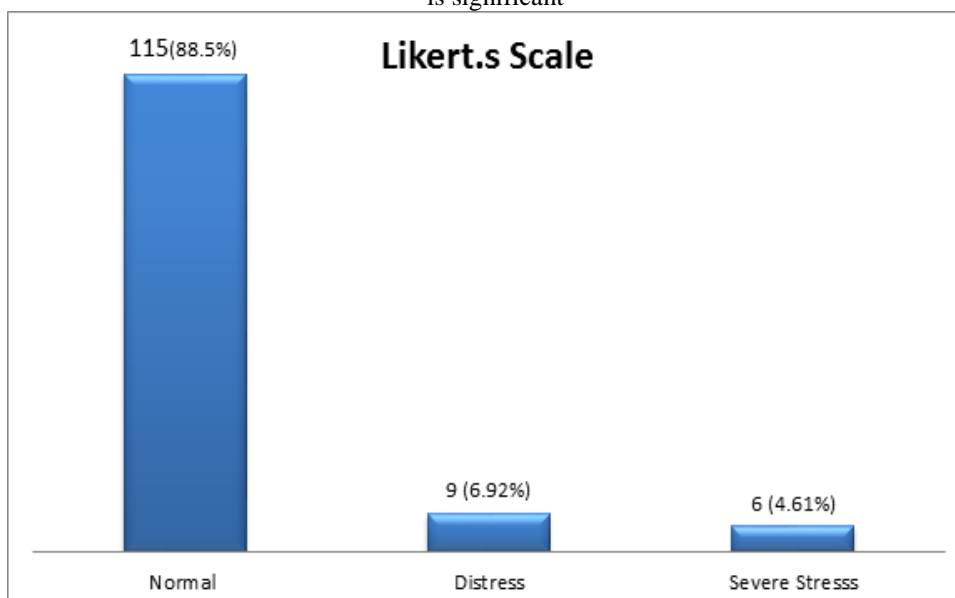
Stress impact#	Uchagaon N= 39	Sulebhavi N= 46	Mutaga N= 45	Total N=130
Headache	10(25.6%)	07 (15.2%)	14 (31.1%)	31 (23.8%)
Gastritis	04 (10.3%)	01 (2.2%)	02 (4.4%)	07 (5.4%)
Backache	01 (2.6%)	01(2.2%)	05 (11.1%)	07 (5.4%)
Eye strain	03(7.7%)	02 (4.3%)	00 (0%)	05 (3.8%)
Tiredness	01 (2.6%)	00 (0%)	02 (4.4%)	03 (2.3%)
Sleep disturbance	01 (2.6%)	01 (2.2%)	00(0%)	02 (1.5%)
Multiple	07(17.9%)	05(10.9%)	14(31.1%)	26(20%)
None	12(30.8%)	29(63%)	08(17.8%)	49 (37.7%)

#multiple entries

Table 3: Sociodemographic and Occupational Factors Associated With Stress

Characteristics	Normal N=115	Distress N= 9	Severe stress N= 6	Total N= 130	Chi square
Age (yrs)					
21-30	5	0	2	7	$\chi^2=14.42$ $p < 0.05^*$
31-40	47	2	2	51	
41-50	50	4	2	56	
51-60	13	3	0	16	
Socioeconomic status					
Class I	17	0	0	17	$\chi^2=7.86$ $p > 0.05$
Class II	30	3	1	34	
Class III	35	2	2	39	
Class IV	30	4	2	36	
Class V	3	0	1	4	
Type of family					
Nuclear	101	6	3	110	$\chi^2=19.72$ $p < 0.05^*$
Three generation	00	1	1	2	
Joint	14	2	2	18	
Marital Status					
Married	105	7	5	117	$\chi^2=3.51$ $p > 0.05$
Unmarried	05	1	0	6	
Widow	05	1	1	7	
Work Experience (yrs)					
0-10	15	01	0	16	$\chi^2=13.59$ $p < 0.05^*$
11-20	97	07	04	108	
>20	3	1	2	6	
Hypertension					
Normal	91	7	3	101	$\chi^2=12.70$ $p < 0.05$
Pre hypertension	20	1	1	22	
Hypertension Stage I	2	1	1	4	
Hypertension Stage II	2	0	1	3	

*is significant

**Fig. 1: Distribution of Anganwadi workers according to levels of stress****DISCUSSION**

The study results revealed the work related stress and associated factors among the grass-root level workers. In our study 4.61% of the study subjects had experienced stress and 6.92% had distress ie.11.53% had some stress. In a study by Shashi Manhas et al. in

rural area of Jammu district [5], 44% of the anganwadi workers were in the age group between 30-40 years, 43% of anganwadi workers were qualified up to Matric, followed by 27 percent who were graduates 17% anganwadi workers had experience between 11-20 years. Despite of more graduates the knowledge and

awareness of ICDS services was poor among them which could affect their work efficiency and quality of service. In our study 39.2% AWW were in the age group of 30-40 years, 77% were qualified up to matric, 3.85% were graduates and 84.61% had a work experience of 11-20 yrs. Social factors like age composition and work experience were similar in both the study groups however education level of AWW from rural Jammu district was better than our study area. Padma mohanan et al. [6], in their study to assess the level of job stress in AWW using the GHQ 12 found that 12% of them were stressed and 4% were distressed. Level of stress was significantly associated with increasing age, hypertension and obesity. The workers also reported several psychosomatic symptoms such as sleep disturbance, eye strain which they related to stress. These results were similar to our study findings. In a study conducted by B S Mannapur et al.[7] to assess Psychological Stress among grass root level workers in rural area of Bagalkot, 66.67% of the study subjects had experienced severe stress and 26.67 % of them had mild/moderate stress which was more as compared to our study. The prevalence of stress was more in this study as compared to our study as they used Presumptive Stressful Life Events Scale (PSLES) which included questions related to the family and important life events. Whereas our study included only occupational factors related to stress. In a study conducted by Zaeem Haq et al. [8], on Job stress among Lady Health workers from rural area of Pakistan, 26% were found to have significant occupational stress. Factors associated with stress were low socio-economic status, long travel distance and program related factors (inadequate supply of medicines, low remuneration etc). The high prevalence of stress reported in this study as compared to our study was due to the fact that, they used Self-Reporting Questionnaire (SRQ-20) supplemented by two additional scales namely sources of 'job pressure' and 'job satisfaction' to assess the stress which was more sensitive and different factors like working with opposite sex and lack of career opportunity could have influenced the stress score. The association of hypertension and stress was significant ($p=0.048$) in our study which is similar to a study conducted by Padma mohanan et al.[6] It is commonly accepted that certain professions, by their virtue of nature, place and personnel are at risk of stress and health care providers are one such group who are at risk of experiencing stressful events[9]. Apart from age of worker, type of family and work experience, majority of the workers felt that too many responsibilities, frequency of reporting system and inability to cope with administrative tasks were the factors responsible for stress which need to be managed. The study has few limitations like small sample size which was selected purposively for the study hence results of which cannot be generalized. The study failed to assess personal factors contributing to stress. There is need to study

larger working group by using proper sampling technique in different blocks from both rural and urban areas. The study recommends ensuring physical and psychological wellbeing and also good working environment for the workers. The work efficiency of AWW should be improved by providing proper training in managing multitasking like reporting system and performing administrative task. This could help in improving the efficiency of AWW, alleviation of stress and improvement in work performance.

CONCLUSION

The study concludes that the AWWs who work at grass root level are exposed to various psychosocial and occupational stress factors which have affected the physical and mental health. The burden of responsibilities and poor efficiency has contributed to stress among the AWWs.

CONFLICT OF INTEREST: None

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