Health problems of anganwadi workers in an urban area-a pilot study

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ABSTRACT

BACKGROUND
Anganwadi Workers have been the frontline workers providing a package of services to the children below 6 years of age, pregnant and lactating mothers as well as females in the reproductive age group, under the Integrated Child Development Services (ICDS) Programme. Promoting the health and socio-demographic status of this frontline force is critical to improve the delivery of services. Ultimately, this will improve the outcomes of the ICDS scheme.

METHODOLOGY
The present descriptive cross-sectional study was conducted in an urban area among 31 Anganwadi Workers. The convenience sampling technique was used to conduct the study. Socio-demographic profile and health status of the Anganwadi workers was recorded in pre-designed and pre-tested proforma by interviewing them. The data was then analysed and interpreted using suitable statistical methods.

RESULTS
31 Anganwadi workers were included in the study. 28(90.32%) subjects were in the age group of >40-58 years. 29(93.55%) subjects were having health problems at the time of study (p<0.05). Of the 29(93.55%) symptomatic subjects, 22(75.86%) were suffering from non-communicable diseases and 07(24.14%) were suffering from communicable diseases (p<0.05). 11(35.48%) subjects gave history of major illnesses in the past.

CONCLUSION
Previous studies done on Anganwadi Workers have focused primarily on the efficiency of service delivery. It is now imperative to delve into the socio-demographic and health issues affecting them, in order to identify effective measures for overcoming these challenges and enhancing the overall efficacy of the ICDS program.

Keywords: Anganwadi Worker, Health Problems, Urban Area, ICDS

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INTRODUCTION

Children constitute principal assets of any country. The development of children is as important as the development of material resources. Integrated Child Development Services Scheme (ICDS) is the most comprehensive and one of the finest outreach programs of the Government of India, launched on 2nd October 1975 for early childhood care and development. It aims at enhancing survival and development of children from the vulnerable sections of society. Being the world's largest outreach programme targeting infants and children below 06 years of age, expectant and nursing mothers as well as females in the reproductive age group of 15 to 49 years; ICDS has generated interest worldwide amongst academicians, planners, policy makers, administrators and those responsible for implementation.[1] Children are the future of a nation, and a healthy nation can only be borne by healthy mothers. Any investment in their health and wellbeing is a preemptive investment in the health of the nation.[2]

The Anganwadi Worker (AWW) is a community based voluntary frontline worker of the ICDS programme selected from the community to which she belongs. She is the main force of the scheme and assumes a pivotal role in it due to her close and continuous contact with the beneficiaries. She has to carry different types of job responsibilities as key personnel of the program. She has to reach to the beneficiaries to provide them various services.[1] ICDS scheme has a focus on the physical, mental, social, emotional and spiritual health of the beneficiaries. These workers are an asset in timely diagnosis of the illness among the beneficiaries and responsible for their overall development. The output of the ICDS scheme is, to a great extent, dependent on the health and socio-demographic profile of the Anganwadi Workers. The components of package of services in the ICDS are supplementary nutrition, immunization, health check-ups, nutrition, health education, referral services and non-formal education.[2]

Socio-demographic and health status of the Anganwadi workers should be sound and at the optimum level, to carry out various job responsibilities assigned to them under the ICDS Program efficiently. Thereby, considering all the above factors, this pilot study was conducted to know the current socio-demographic and health status of the Anganwadi Workers working in the catchment area of the Urban Health Training Center of

Rajiv Gandhi Medical College, Thane.

MATERIAL AND METHODS

The present descriptive cross-sectional study was conducted in the urban area among Anganwadi Workers of ICDS scheme. Necessary approvals and permissions were obtained before conducting the study. 31 Anganwadi Workers working in the catchment area of an urban health training centre, which came for the training related to Breast Feeding Practices organized by the Department of Community Medicine, Rajiv Gandhi Medical College, Thane, were included in the study. Thus, the convenience sampling technique was used to conduct the study. The subjects were informed about the purpose of the study. The confidentiality of the information was assured. The consent of the subjects was obtained to conduct the study.

The data related to socio-demographic factors i.e. age, education, religion, diet and health profile i.e. current and past health problems of the Anganwadi Workers was recorded in pre-designed and pre-tested formatted proforma by interviewing them. The subjects were asked about their socio-demographic details and health problems both current and past. Subjects were asked about past history of Covid-19 and other major illnesses. The data was analyzed with the help of Microsoft Excel, interpreted and presented in the tabular form. Statistical test of significance i.e. standard error of difference between two proportions was used to interpret the results. The statistical level of significance was fixed at $p<0.05$.

RESULTS

A total of 31 Anganwadi workers participated in the study. Among them, 03(09.68%) fell within the age group of 18-40 years, while the majority, 28(90.32%), were in the age group of >40-58Years. All participants identified as Hindu. The statistical analysis of age revealed a mean of 47.79 years, a mode of 49.00 years, a median of 47.00 years, a range of 22 years, a standard deviation of 05.95 years, and a coefficient of variation of 12.45%.

Similarly, the examination of weight metrics showed a mean of 58.51 kg, a mode of 60.00 kg, a median of 59.00

kg, a range of 43.00kg, a standard deviation of 09.59 kg, and a coefficient of variation of 16.39%. Furthermore, the height statistics indicated a mean of 154.89 cm, a mode of 152.00 cm, a median of 155.00 cm, a range of 36.00 cm, a standard deviation of 06.51 cm, and a coefficient of variation of 04.20%.

Breaking down the age groups, all 03(09.68%) subjects in the 18-40 years category were symptomatic, and among the >40-58 years group, 26(89.66%) were symptomatic during the study ($p < 0.05$). In general, 29(93.55) subjects were dealing with one or more health problems ($p < 0.05$). Dietary habits also played a role, with 06(19.35%) being vegetarian, of which 05(17.24%) were symptomatic, and 25(80.65%) having a mixed diet, of which 24(82.76%) were symptomatic ($p<0.05$).

Moreover, educational background showed that 24(77.42%) subjects were not graduates, and all of them were symptomatic. On the other hand, 07(22.58%) were graduates, with 05(17.24%) experiencing symptoms ($p < 0.05$) [see Table-1].

Table-1 Some Socio-Demographic Factors and Health Status of Subjects (n=31)

Parameters	Frequency (n=31)	Symptomatic (n=29)	P Value
Age in Years			
18-40	03(09.68%)	03(10.34%)	P<0.05
>40-58	28(90.32%)	26(89.66%)	
Diet			
Vegetarian	06(19.35%)	05(17.24%)	P<0.05
Mixed	25(80.65%)	24(82.76%)	
Education			
< Graduate	24(77.42%)	24(82.76%)	P<0.05
Graduate	07(22.58%)	05(17.24%)	

Out of the 31 subjects, 29(93.55%) were symptomatic during the study period ($p <0.05$). Among the symptomatic individuals, 22(75.86%) were diagnosed with non-communicable diseases, while 07(24.14%) were suffering from communicable diseases ($p<0.05$) [see Table-2]

Table-2 Morbidity pattern among the Subjects (n=31)

Morbidity Pattern	Frequency	P Value
Symptomatic Subjects	29(93.55%)	P<0.05
Asymptomatic Subjects	02(06.45%)	
Suffering from Non-Communicable Diseases	22(75.86%)	P<0.05
Suffering from Communicable Diseases	07(24.14%)	

In terms of specific health conditions at the time of the study, 05(16.13%) subjects had arthritis, 08(25.81%) were dealing with skin disorders, 05(16.13%) had asthma, 04(12.90%) were diagnosed with anaemia, and 04(12.90%) were experiencing hypotension [see Table-3].

Table-3 Current Health Problems of Anganwadi Workers (n=31)

Current Health Problems	Frequency (%)
Arthritis	05(16.13%)
Obesity	02(06.45%)
Acidity	02(06.45%)
Skin disorders	08(25.81%)
Hyperthyroidism	01(03.23%)
URTI	01(03.23%)
Anemia	04(12.90%)
Asthma	05(16.13%)
Hypertension	03(09.68%)
Diabetes	03(09.68%)
Hypotension	04(12.90%)

Looking at other health events, 03(09.68%) subjects had contracted Covid-19, 03(09.68%) had undergone cataract surgery, and 02(06.45%) had undergone hysterectomy. Additionally, 01(03.23%) subjects reported a history of a snake bite, and 11(35.48%) subjects had a history of major illnesses in the past [see Table-4].

Table-4 Past Health Problems of Anganwadi Workers (n=31)

Past Health Problems	Frequency (%)
Covid-19	03(09.68%)
Hysterectomy	02(06.45%)
Dog bite	01(03.23%)
Cataract	03(09.68%)
Accident	01(03.23%)
Snake bite	01(03.23%)
Total	11(35.48%)

DISCUSSION

Patil SB and Doibale MK[1] conducted a cross-sectional study of 49 Anganwadi centers in two ICDS blocks in Aurangabad, Maharashtra. The study utilized stratified sampling to select Anganwadi centers from each block

and interviewed Anganwadi workers to gauge literacy levels, years of experience, knowledge about their work as well as problems faced by them. The study found that a majority of Anganwadi workers were 41-50 years old; more than half had completed matriculation and close to 69% had more than 10 years of experience. In the present study it is observed, 28(90.32%) Anganwadi workers were in the age group of >40-58 years. Desai G et al[3] conducted a cross sectional study of 30 Anganwadi centers in Wagodiya block of Vadodara district in Gujarat using purposive sampling. They found that the average age of Anganwadi workers in the block was 33.8 years and all of them came from the local community.

The Status of Anganwadi workers in Delhi-A Pilot Study,[4] observed that the majority (87.00%) of the Anganwadi workers surveyed were older than 35 years. All of the surveyed women have completed secondary school education i.e., 10th standard. Additionally, around 46.00% hold at least a graduate degree. Around 66.00% of the respondents are married and living with their spouse with the average household having more than 5 people. On average, the respondents have more than 2 children. Around 46.00% had been working for 5-10 years, while close to 30.00% had been working for more than 20 years. Bhasin SK et al[5] in their study among Anganwadi workers in ICDS blocks of Alipur in Delhi, observed, about 48% of the respondents were between the age group 31-40 years while the rest were below 30 years of age. All of the respondents had studied up to at least 8th standard.

Kalpana Joshi[6] observed, majority (53.00%) Anganwadi workers were in the age range of 20-30 years, and only (05.00%) were in the age range of >50 years. The majority (45.00%) Anganwadi workers were educated up to secondary; while (34.00%) were educated up to higher secondary and only (03.00%) were educated up to primary class and 18.00% were graduate. 29.00% Anganwadi workers had maximum experience in the range of more than 15 years and the majority (42.00%) had 5-10 years of experience. Baliga SS et al[7] in their study in Belagavi, observed, out of 76 Anganwadi Workers, 33(43.40%) were in the age group 31-40 years, 37(48.70%) Anganwadi Workers had studied up to secondary school and 34(44.70%) had experience less than 5 years. The findings related to socio-demographic characteristics of the Anganwadi workers, in the present study are consistent with the findings of other studies mentioned here.

Ipsita and TS Ranganath[8] interviewed 21 Anganwadi workers in the Rural Field Practice Area of a Tertiary Medical College in South India and observed 38.1% Anganwadi workers belonged to the age group of 41-50 years. They had good knowledge about delivering different services under the ICDS scheme. The authors suggested further improvement is needed for optimizing the outcome.

CONCLUSION

Anganwadi workers play a key role of bridge between the community and Integrated Child Development Services Programme, which is one of the world's largest children and women development programmes in India. They play vital role in bringing the health and welfare services to the door step of the beneficiaries. These community based frontline workers are in continuous contact with the community. These workers play the most dominant role in providing basic education, nutrition and health promotive activities in the community. These workers are also involved in running the activities of various national health programmes including Family Welfare Programme. Their own health and welfare is crucial here. Therefore, these Anganwadi workers need to be given health and other welfare facilities to promote their own health under ICDS program. This will help and motivate them to take interest in all the activities of the program to achieve a great success.

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