THE IMPACT OF OCCUPATIONAL WORK LOAD ON MENTAL HEALTH OF ANGANWADI WORKERS OF AKOLE TALUKA OF AMHADNAGAR DISTRICT IN MAHARASHTRA.

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ABSTRACT:

BACKGROUND:

Stress related to one's job is referred to as occupational stress. It occurs due to unexpected responsibilities and pressure on the person. The Integrated Child Development Scheme started on October 2, 1975, is a nationwide programme of the Government of India for maternal and child health. Under this programme, six services consisting of preschool education, immunisation, nutrition, health education, health check-ups, and referral services are provided to children up to six years of age, pregnant and lactating mothers. These services are delivered through key service providers of the programme called Anganwadi workers. Because of Anganwadi workers, most of the national programmes run efficiently at the grass-roots level. Workplace stress is an alteration in one's physical or mental state in response to the. Anxiety related to work among them is increasing, as is. The problems faced by them are inadequate honorarium, excessive record maintenance, infrastructure-related work overload, inadequate supervision, and a lack of help from the community. Due to mental stress in the Anganwadi worker, mistakes or poor performance are seen in their work, mental health issues, burnout, and conflict in the workplace.

METHODS:

The study was conducted using cross-sectional quantitative research method. Stratified random sampling and one-to-one interviews were used to collect the data. one hundred forty-four Anganwadi workers were included from Akole in Ahmednagar district. Anganwadi workers who have been in service at least for the past year and have given written consent were only included in the study. Data was collected from the respondents using a questionnaire. analysed using IBM SPSS with the help of tables and graphs.

RESULT:

In the present Study, 144 Anganwadi Workers from Akole Taluka were Interwed. 87.5% of Anganwadi workers are married, 0.7% are unmarried, 2.8% are separated, and 9.0% are divorced. This found that 93.8% of Anganwadi workers are attentive to work. This Study found that workload has an effect on 51.4% of Anganwadi workers. Anganawadi workers felt 18.1% stressed, 11.1% depressed, and 48.6% exhausted. 20.8% of Anganawadi workers work under tension. This study found that 51.40% feel a heavy work load, 37.50% suffer from physical disorders, and 22.90% are not stable in mental ability.

CONCLUSION: The pressure of new work has a major impact on the mindset of Anganwadi Workers. Because they have no ideas for new work. So, they have to provide data only under supervisory pressure, without providing any information. Mental

stress and fear are inviting new diseases. It causes mental stress are inadequate honorarium, excessive record maintenance, infrastructure related work overload, inadequate supervision and a lack of help from the community.

KEYWORDS: Anganwadi worker, Occupational Work load, Mental Stress.

I. INTRODUCTION

The word "Anganwadi" means "courtyard shelter." They were started by the Indian government in 1975 as part of the Integrated Child Development Services programmed to combat child hunger and malnutrition. A typical Anganwadi center also provides basic health care in Indian villages. It is part of the Indian public health care system. Basic health-care activities include contraceptive counselling and supply, nutrition education and supplementation, as well as preschool activities. India is a country suffering from overpopulation, malnourishment, poverty, and high infant mortality rates. In order to counter the health and mortality issues gripping the country, there is a need for many medical and healthcare professionals. Unfortunately, India is suffering from a shortage of skilled professionals. Therefore, through the Anganwadi system, the country is trying to meet its goal of enhancing health facilities that are affordable and accessible by using the local population. (1)

Work-related stress or occupational stress can be defined as a pattern of emotional, cognitive, behavioral, and physiological reactions to adverse and noxious aspects of work content, work organization, and work environment." It emerges when a person is piled up with unexpected responsibilities and has inadequate or no skills, knowledge, or ability to manage them. Being in a comfortable work environment with cordial colleagues makes one immune to occupational stress. A lack of such a scenario often worsens the situation of an individual overburdened with work. It is felt that occupational stress among Anganwadi workers is less documented and addressed. Such information is vital for improving the quality of services rendered by them, as it helps improve the mental health of the workers, thereby enhancing their performance and productivity. The aim of this study was thus to assess the level of stress among Anganawadi workers, its relation to years of work experience, and discuss the implications of the findings in psychiatric social work. (2)

In addition, these workers reported greater emotional involvement with their clients and higher levels of general anxiety and depression, as well as job-related mental distress. The implications of these findings are discussed in relation to the measurement of stress and the support of Anganawadi workers. (3)

II. METHODOLOGY

It was a cross-sectional study performed on the impact of occupational work load on mental health, of Anganwadi workers of Akole taluka of Ahmednagar district in Maharashtra for 8 months, from September 22 to June 2023. The period included the formulation of the study protocol, application for ethical approval, collection, entry, and analysis of data. Stratified random sampling method using sample collection. Primary data was collected by the researcher using a pre-tested and pre validated questionnaire in Akole taluka of Ahmednagar district. As a result, the study's sample size is 144. The sample size was calculated using Rao Soft Software with a 5% margin of error and a 95% confidence level.

III. RESULT:

TABLE NO 1: SOCIO DEMOGRAPHIC VARIABLES

Socio Demographic Variables Distribution by Age Group						
	25-35	35-45	45-55	55 & above	Total	t/F/χ2	p value
Marital Status							
Married	40 (27.8 %)	74 (51.4 %)	10 (6.9%)	2 (1.4%)	126 (87.5%)		
Unmarried	1 (0.7%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	1 (0.7%)		
Separated	0 (0.0%)	2 (1.4%)	2 (1.4%)	0 (0.0%)	4 (2.8%)	χ2(9) = 18.26	<0.01
Divorced	0 (0.0%)	10 (6.9%)	2 (1.4%)	1 (0.7%)	13 (9.0%)		
Family Type							

						χ^2	p
Joint Family	39 (27.1%)	81 (56.3%)	13 (9.0%)	2 (1.4%)	135 (93.8%)		
Nuclear Family	2 (1.4%)	4 (2.8%)	0 (0.0%)	0 (0.0%)	7 (4.9%)	$\chi^2(9) = 15.89$	<0.05
Extended Family	0 (0.0%)	1 (0.7%)	1 (0.7%)	0 (0.0%)	2 (1.4%)		
Education							
10th Passed	4 (2.8%)	39 (27.1%)	9 (6.3%)	3 (2.1%)	55 (38.2%)		
12th Passed	19 (13.2%)	31 (21.5%)	2 (1.4%)	0 (0.0%)	52 (36.1%)	$\chi^2(9) = 27.73$	<0.001
Graduation and above	18 (12.5%)	16 (11.1%)	3 (2.1 %)	0 (0.0 %)	37 (25.7%)		
Work Experience							
Below 5 Years	0 (0.0%)	0 (0.0%)	1 (0.7%)	0 (0.0%)	1 (0.7%)		
5 –10Years	9 (6.3%)	3 (2.1%)	0 (0.0%)	0(0.0%)	12 (8.3%)		
10 - 20Years	29 (20.1%)	55 (38.2%)	7 (4.9%)	2 (1.4 %)	93 (64.6 %)		
20 – 30 Years	1 (0.7%)	26 (18.1%)	4 (2.8%)	1 (0.7%)	32 (22.2%)	$\chi^2(12) = 37.39$	<0.001
More than 30 Years	2 (1.4%)	2 (1.4%)	2 (1.4 %)	0 (0.0%)	6 (4.2 %)		
Salary							
Below 5000	0 (0.0%)	1 (0.7%)	0 (0.0%)	0 (0.0%)	1 (0.7%)		
5000 – 7000	4 (2.8%)	2 (1.4%)	1 (0.7%)	0 (0.0%)	7 (4.9%)	$\chi^2(9) = 13.64$	0.13
Above 7000	37 (25.7%)	83 (57.6%)	13 (9.0%)	3 (2.1%)	136 (94.5%)		
Family Income							
Below 21,000	1 (0.7%)	1 (0.7%)	1 (0.7%)	0 (0.0%)	3 (2.1%)		
21000-36,000	1 (0.7%)	1 (0.7%)	0 (0.0%)	0 (0.0%)	2 (1.4%)		
36,000-50,000	5 (3.5%)	3 (2.1%)	2 (1.4%)	0 (0.0%)	10 (6.9 %)		
50000 and above	34 (23.6 %)	81 (56.3%)	11 (7.6%)	3 (2.1%)	129 (89.6%)	$\chi^2(9) = 7.78$	0.55
Distance of AWC							
Less than 3 Km	5 (3.5%)	13 (9.0%)	0 (0.0%)	0 (0.0%)	18 (12.5%)		
3 Km - 8 Km	7 (4.9%)	23 (16.0%)	5 (3.5%)	1 (0.7%)	36 (25.0%)		
8Km - 10 Km	29 (20.1%)	49 (34.0%)	8 (5.6%)	2 (1.4%)	88 (61.1%)		
10 Km and Above	0 (0.0%)	1 (0.7%)	1 (0.7%)	0 (0.0%)	2 (1.4 %)	$\chi^2(9) = 9.35$	0.4

A one-to-one survey of about 144 Anganawadi workers was conducted in different villages of Akole taluka. A sample size was included for every Anganwadi Centre that belonged to Akole talukas.

Age groups of 25–35, 35–45, 45–55, and 55 and above were included in the study and categorised accordingly because of age, education, work experience, and knowledge.

It was found that 126 (87.5%) were married, 1 (0.7%) were unmarried, 4 (2.8%) were separated, and 13 (9.0%) were divorced Anganwadi female workers in this study. It was found that there was a significant difference in marital status among Anganawadi workers. $\chi^2(9) = 18.26$ (p = < 0.01).

The study found that 135 (93.8%) Anganwadi workers belonged to joint families. 7 (4.9%) Anganwadi workers belong to nuclear families. 2 (1.4%) Anganwadi workers belong to extended families. It was found that there was a significant difference between the family types of Anganwadi workers. χ2(9) = 15.89 (p = < 0.05).

In this study, find out the education of the Anganwadi worker: 55 (38.5%) in 10th standard, 52 (36.1%) in 12th standard, and 37 (25.7%) in graduation and above education. It was found that there was a significant difference in the education of Anganwadi workers. χ2(9) = 27.73 (p = < 0.001).

Work Experience of Anganwadi Workers 1 (0.7 %) in below 5 years, 12 (8.3%) 5-10 Years, 93 (64.6%) 10-20 Years, 32 (22.2%) 20–30 years, 6 (4.2%) more than 30 years It was found that there was a significant difference in the work experience of Anganwadi workers. χ2(12) = 37.39 (p = < 0.001).

Anganwadi workers take salaries of 1 (0.7%) below 5000, 2 (1.4%) from 5000 to 7000, and 136 (94.5 %) above 7000. It was found that there was no significant difference between the salaries taken by Anganwadi workers. χ2(9) = 13.64 (p = 0.13).

Family income of Anganwadi workers: 3 (2.1 %) below 21,000, 2 (1.4%) 21000–36000; 10 (6.9%) 36000–50000; 129 (89.6%) 50000 and above. It was found that there was no significant difference in the family income of Anganwadi workers. χ2(9) = 7.78 (p = 0.55).

Found that 18 (12.5%) less than 3 km of Anganwadi-to-Anganwadi worker home distance of Anganwadi, 36 (25.0%) 3 km to 6 km, 88 (61.1%) 8 km to 10 km, and 2 (1.4%) 10 km and above. It was found that there was no significant difference between the distances of Anganwadi. χ2(9) = 9.35 (p = 0.40).

TABLE NO 2: MENTAL HEALTH SYMPTOMS

Mental Health Symptoms Distribution by Age Group							
	25-35	35-45	45-55	55 & above	Total	t/F/χ2	p value
Attention Your Work							
Yes	41 (28.5%)	78 (54.2%)	13 (9.0%)	3 (2.1%)	135 (93.8%)		
No	0 (0.0%)	3 (2.1%)	1 (0.7%)	0 (0.0%)	4 (2.8%)		
Sometimes	0 (0.0%)	5 (3.5%)	0 (0.0%)	0 (0.0%)	5 (3.5%)	χ2(6) = 5.98	0.42
You Feel Workload							
Strongly agree	24 (16.7%)	44 (30.6%)	5 (3.5%)	1 (0.7%)	74 (51.4%)		
Agree	11 (7.6%)	19 (13.2%)	3 (2.1%)	2 (1.4%)	35 (24.3%)		
Neutral	2 (1.4%)	11 (7.6%)	4 (2.8%)	0 (0.0%)	17 (11.8%)		
Disagree	3 (2.1%)	10 (6.9%)	2 (1.4%)	0 (0.0%)	15 (10.4%)		
Strongly disagree	1 (0.7%)	2 (1.4%)	0 (0.0%)	0 (0.0%)	3 (2.1%)	χ2(12) = 10.65	0.55
Get Angry in Workload							
Yes	32 (2.2%)	62 (43.1%)	6 (4.2%)	3 (2.1%)	103 (71.5%)		
No	9 (6.3%)	24 (16.7%)	8 (5.6%)	0 (0.0%)	41 (28.5%)	χ2(3) = 7.71	<0.05
How Feel return to home							

Drained	8 (5.6%)	18 (12.5%)	1 (0.7%)	0 (0.0%)	27 (18.8%)		
Exhausted	21 (14.6%)	37 (25.7%)	8 (5.6%)	2 (1.4%)	68 (47.2%)		
Fresh	3 (2.1%)	9 (6.3%)	1 (0.7%)	1 (0.7%)	14 (9.7%)		
Relaxed	9 (6.3%)	22 (15.3%)	3 (2.1%)	0 (0.0%)	34 (23.6%)		
Any other (Pls Specify)	0 (0.0%)	0 (0.0%)	1 (0.7%)	0 (0.0%)	1 (0.7%)	$\chi2(12) = 15.11$	0.23
Suffering from Disease							
Anxiety	4 (2.8%)	8 (5.6%)	2 (1.4%)	1 (0.7%)	15 (10.4%)		
Stress	9 (6.3%)	15 (10.4%)	2 (1.4%)	0 (0.0%)	26 (18.1%)		
Depression	4 (2.8%)	8 (5.6%)	4 (2.8%)	0 (0.0%)	16 (11.1%)		
Exhaustion	19 (13.2%)	41 (28.5%)	9 (6.3%)	1 (0.7%)	70 (48.6%)		
Asthma	3 (2.1%)	9 (6.3%)	2 (1.4%)	0 (0.0%)	14 (9.7%)		
Blood pressure	3 (2.1%)	5 (3.5%)	3 (2.1%)	0 (0.0%)	11 (7.6%)		
Back pain	12 (8.3%)	37 (25.7%)	3 (2.1%)	2 (1.4%)	54 (37.5%)		
Any other disease	4 (2.8%)	2 (1.4%)	1 (0.7%)	0 (0.0%)	7 (4.9%)	$\chi2(3) = 1.77$	0.62

This found that 135 (93.8%) Anganwadi workers are attentive to work, 4 (2.8%) are not attentive to work, and 5 (3.5%) are sometimes attentive to work. It was found that there was no significant difference between attention and work. $\chi2(6) = 5.98$ (p = 0.42).

This study found that workload has an effect on Anganwadi workers. 74 (51.4%) Anganawadi worker Strongly agree, 35 (24.3%) Anganwadi workers Agree, 17 (11.8%) are neutral, 15 (10.4%) disagree, and 3 (2.1%) I strongly disagree with the workload in Anganawadi. It was found that there was no significant difference between the workloads. $\chi2(12) = 10.65$ (p = 0.55).

103 (71.5%) Anganwadi workers are angry about workload; 41 (28.5%) do not get angry about workload. There was a significant difference between the workloads. $\chi2(3) = 7.71$ (p = < 0.05).

27 (18.8%) Anganwadi Workers feel drained when they return home; 68 (47.2%) feel exhausted; 14 (9.7%) feel fresh; and 34 (23.6%) feel relaxed after work when they return home. It was found that there was no significant difference between how people felt after work and returning home. $\chi2(12) = 15.11$ (p = 0.23).

This study found that Anganawadi workers were suffering from disease. 15 (10.4%) feel anxiety, 26 (18.1%) feel stress, 16 (11.1%) feel depressed, 70 (48.6%) feel exhaustion, 14 (9.7%) have asthma, 11 (7.6%) have high blood pressure, 54 (37.5%) feel back pain, and 7 (4.9%) feel any other disease. It was found that there was no significant difference between the suffering of diseases. $\chi2(3) = 1.77$ (p = 0.62).

TABLE NO 3: INDICATOR MENTAL HEALTH SYMPTOMS

Indicator Mental Health Symptoms		
Symptoms	**No. of Respondents**	**Percentage**
Aggression	103	71.50%
Feel in Heavy Work Load	74	51.40%
Physical Disorders	54	37.50%
No Work Involvement	29	20.10%
Mental Ability	33	22.90%

This study found that 71.50% of Anganwadi workers are aggressive, 51.40% feel a heavy work load, 37.50% suffer from physical disorders, 20.10% do not get work involvement, and 22.90% are not stable in mental ability.
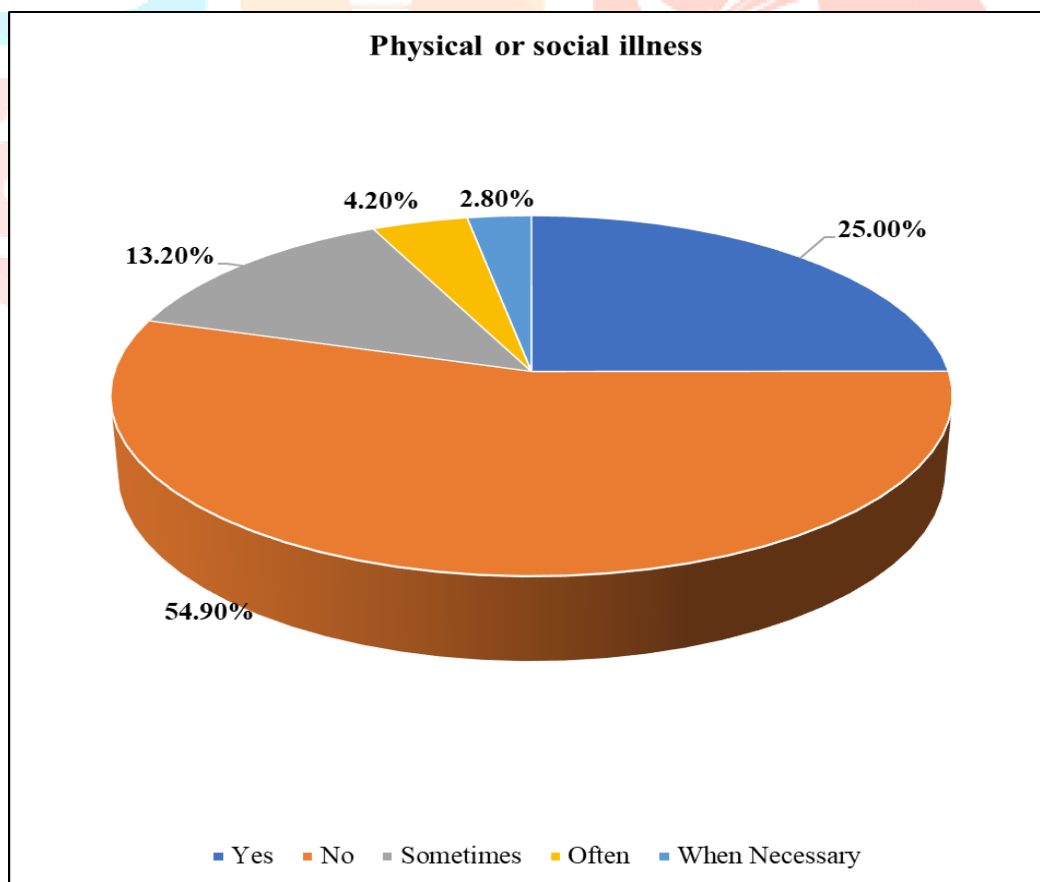

Fig No 1: Anganwadi Worker Suffering Physical or social illness

IV. DISCUSSION:

Work-related stress or occupational stress can be defined as a pattern of emotional, cognitive, behavioural, and physiological reactions to adverse and noxious aspects of work content, work organization and work environment"'. It emerges when a person is piled up with unexpected responsibilities and that she has inadequate or no skills, required knowledge and ability to manage the same.(6)

Anganawadi workers are facing many problems and working procedure pressure. The basic problem faced by Anganwadi workers are male dominance, restriction of family, infrastructure of the work place, lack of security, inflexible working hours and work load, Job security, salary promotion prospects, physical as well as mental constraint and trace etc. The research problem is to explore the technological development, working conditions, socio – economic conditions, challenges.

- **Problems faced by Anganawadi workers**
- **Work load:**

Anganwadi workers have a large number of tasks assigned to them – organising non-formal pre-school activities, monitoring the health of children, pregnant women and lactating mothers, conducting regular surveys, providing, and assisting immunisation services, facilitating applications for official documents and identity.

- **Socio Economic Problem:**

AWWs complained problems like infrastructure related, excessive work overload and record maintenance. Conclusions: The majority of the AWWs are in the age group of 30 to 49 years. More than half of them belong to lower middle socio-economic class. Maximum number of workers has experience of 10 years or more.

- **Dues in the payment of salaries and other funds:**

Anganawadi, Mini Anganwadi, Sahayika, Workers Salary: The monthly honorarium of Anganawadi workers and sahayika (assistants) will be increased from Rs 6,500 to Rs 10,000 and from Rs 3,250 to Rs 5,000, respectively, while mini Anganawadi workers will be given an honorarium of Rs 7,500, up from the existing Rs 4,500.

V. CONCLUSION:

When it comes to the mentality of the Anganwadi sevaks, the main factor is their economic situation. Financial status has to be strong to meet the needs of the family. If the financial side is not strong enough to meet the needs of the maid's family, her mentality is bad. And so, that state of mind affects the work she does.

So, she completes the Anganwadi work under great stress. Due to the same consideration, it was affecting the work as they were not getting enough remuneration on time. As a whole, the lack of work had an impact on the physical and mental health of the workers. Register extra writing effects on body pain, back pain, and neck pain.

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