

Assessment of quality of life among anganwadi workers of Mandya city

MP Sheethal¹, BR Harish², M Vinay²

¹Department of Community Medicine, Adichunchungiri Institute of Medical Sciences, Mandya, Karnataka, India.

²Department of Community Medicine, Mandya Institute of Medical Sciences, Mandya, Karnataka, India.

Correspondence to: MP Sheethal, E-mail: sheethalmp86@gmail.com

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Abstract

Background: Quality of life refers to a subjective evaluation, which is embedded in a physical, psychological, social, and environmental context.

Objectives: To determine the quality of life of anganwadi workers (AWWs) of Mandya city, Karnataka, India.

Materials and Methods: A cross-sectional study was conducted from September to December 2011. All the AWWs from Mandya city were included. The World Health Organization Quality of Life—short version (WHOQoL-BREF) in Kannada, the local language, was administered to assess their quality of life.

Results: The mean age of AWWs was 40.9 ± 8.3 years. Majority of them had completed their high school, and most of them felt their overall quality of life was good. The mean scores were 69, 63, 58, and 56 for social, physical, psychological, and environmental domains, respectively.

Conclusion: Of the four domains of quality of life, the social and physical domains were slightly higher than the environment and psychological domains.

KEY WORDS: Quality of life, anganwadi workers, Mandya

Introduction

World Health Organization (WHO) defines quality of life (QoL) as “individual’s perception of their position in life in context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.”^[1]

The QoL is, therefore, an assessment of a multidimensional concept incorporating an individual’s perception of health status, which is embedded in a physical, psychological, social, and environmental context.

Health-related quality of life (HRQoL) represents a biophysical–social orientation toward the concept of health.^[2] Because QoL is a broader construct encompassing HRQoL,^[3] global experts have developed WHOQoL instruments that simultaneously assess QoL and HRQoL.^[4]

Anganwadi worker (AWW) is a multipurpose worker employed under the Integrated Child Development Scheme, India. They are the community’s primary link with health services and an important agent for behavioral change for improving QoL. The AWW undergo training at the beginning of their career and once in every 3 years, and this training includes various issues regarding the improvement of physical, psychological, social, environmental, and other aspects of life. Therefore, they can assess their QoL in a rational manner. Hence, we undertook this study to assess the QoL of AWWs of Mandya city, Karnataka, India.

Materials and Methods

A cross-sectional study was conducted between September and December 2011 on AWWs. We included all the workers from all the 96 Anganwadi centers of Mandya city, India, to ensure full coverage, after obtaining the permission from the concerned authority. All the workers who gave consent were included for the study.

To assess the QoL, we used the World Health Organization Quality of Life—short version (WHOQoL-BREF) that includes four domains (physical health, psychological, social relations, and environment). The WHOQoL-BREF questionnaire is available in 19 languages including Kannada, the local language. The Kannada version of WHOQoL-BREF has been validated

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and has demonstrated good content validity, test–retest reliability, and internal consistency.

Data Analysis

The collected data were entered in Microsoft excel and analyzed using SPSS software. Data were analyzed by using WHOQoL tool, percentage, and proportions.

Results

The total strength of AWWs in Mandya city is 96. The mean age of the study subjects was 40.9 ± 8.3 years, ranging from 24 to 57 years. Among the study population, 83 (86.5%) of them had attended high school and 13 (13.5%) had attended college. Their marital statuses were as follows: 69 (72.0%) married, 12 (12.5%) unmarried, 12 (12.5%) widow, 2 (2.0%) had separated, and 1 (1.0%) divorcee.

With regard to the overall QoL, more than half of them felt that their QoL was good and only 5% workers felt that there QoL was very poor [Table 1]. With respect to their health perception, majority (58.3%) of them felt that they were satisfied with their health; only 2.1% of the AWWs felt that they were very dissatisfied with their health [Table 2].

The QoL of AWWs of Mandya city, on a scale of 0 to 100, was 61. Among the various domains of QoL, AWWs had higher scores among the social and physical domains

compared with the psychological and environmental domains [Figure 1].

Discussion

Integrated Child Development Services (ICDS) was initiated with an objective to provide key services to 0- to 6-year-old children and mothers, including supplementary feeding, immunization, health checkups and referrals, health and nutrition education to adult women, and nonformal preschool education for 3- to 6-year-old children. AWWs are the backbone of ICDS who execute these activities. The success of ICDS mainly relies on an AWW’s efficiency in executing her job. It is important to obtain their perception on their job satisfaction, the physical and psychological problems they face, and the social support and personal relationship, which in turn influences the quality of the services they deliver. Hence, this study was conducted to assess the QoL of AWWs.

The mean age of AWWs was 40.9 ± 8.3 years, whereas that of other studies ranged between 33 and 46 years.^[5,6] Among the study population, majority of them were educated up to high school and married, which was similar to other studies.^[7,8]

In this study, the mean score of the overall QoL was found to be 61; however, the mean score was slightly higher in a study conducted by Rashid and Azizah.^[9] Among the various domains of QoL, AWWs had highest mean score among the

Table 1: Distribution of study subjects according to their perception of quality of life (n = 96)

Quality of life	N	Percentage
Very poor	5	5.2
Poor	12	12.5
Neither good nor poor	19	19.8
Good	50	52.1
Very good	10	10.4
Total	96	100

Table 2: Distribution of study subjects according to their health perception (n = 96)

Health perception	N	Percentage
Very dissatisfied	2	2.1
Dissatisfied	9	9.4
Neither satisfied nor dissatisfied	18	18.8
Satisfied	56	58.3
Very satisfied	10	10.4
Total	96	100

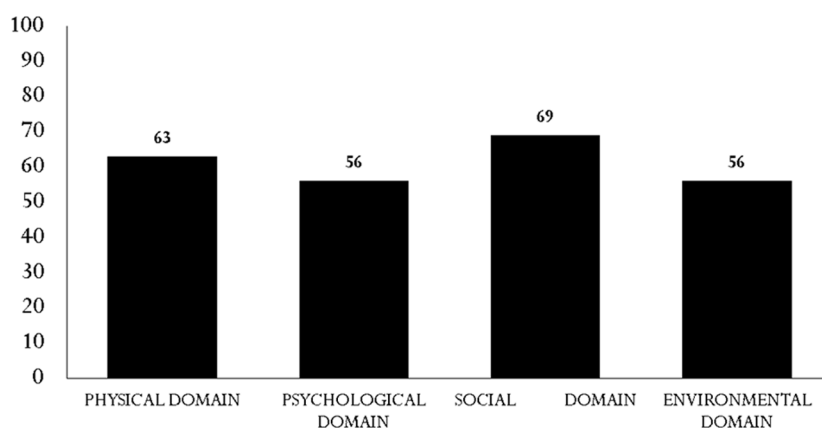


Figure 1: Scores in different domains of quality of life.

social domain indicating good personal relationship and social support. The least score was in environmental domain, indicating not very good financial resources, opportunities for acquiring new information and skills, and leisure activities. Social domain scores was the highest, followed by physical, psychological, and environmental domains; this was similar to the findings in various other studies.^[10–12] However, in few studies, the highest mean score was found for physical domain, followed by psychological and environmental, and least score was for social domain of QoL.^[9]

Conclusion

In this study, AWWs had higher scores among the social and physical domains compared with the environment and psychological domains. Majority of the AWWs felt that their QoL was good.

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