



**"A STUDY TO ASSESS THE KNOWLEDGE ON MALNUTRITION AMONG ANGANWADI WORKER SELECTED COMMUNITY AREA AT MEERUT."**

<b>Mrs. Nisha Yadav*</b>	Assistant Prof. Dept. of Community Health Nursing. *Corresponding Author
<b>Ms. Shikha</b>	UG Student, Faculty of Nursing, SVSU, Meerut.
<b>Ms. Madhu</b>	UG Student, Faculty of Nursing, SVSU, Meerut.
<b>Mr. Dev Kumar</b>	UG Student, Faculty of Nursing, SVSU, Meerut.

**ABSTRACT**

Malnutrition is not a simple matter of balance in the critically ill. Many of the manifestations, such as alterations in protein levels and muscle mass, are strictly epiphenomena of disease. By the same token, the presence of these findings signals a significant increase in disease acuity and higher risk for medical/surgical complications and mortality. The understanding of modern concepts related to malnutrition will help the practitioner determine overall prognosis, as well as identifying more accurately the patient best suited for nutritional intervention. AWW is the central points for the delivery of services at community levels to children below six years of age, pregnant women, nursing mothers and adolescent girls. AWWs help the children to get into the right from the pre-school age. AWW educates to family especially mothers to ensure effective health and nutrition care, early recognition and timely treatment of ailments. **OBJECTIVE:-**1. To assess the knowledge of anganwadi worker about prevention of malnutrition.2. To find relationship between the socio-demographical variable and knowledge Of malnutrition. **METHODS AND RESULT:-**A descriptive approach was adapted for this study since the investigation was aimed to assess the knowledge regarding malnutrition among anganwadi workers at selected community area. The results show that of the study 43.3% were in age of 31 to 35 years. 43.3 were in the age group 36 to 45 years. 13.4 were in the age group 45 above. As per 20% were in 5<sup>th</sup> pass, 35% were in 8<sup>th</sup> pass, 30% were in 10<sup>th</sup> pass, 15% were in graduate and above. As per the working experience 20% were in 0 to 5 years, 20% were in 6 to 10 years, 35% were in 11 to 15 years, 25% were in above 15 year. As per any previous training undergone malnutrition 58.3% were in Yes, 41.67% were in No. The result shows that the association between knowledge with the demographic variables there is training, was significant association between knowledge regarding malnutrition age, education, experience is non-significant. **CONCLUSION:-**These study finding revealed that was a prevalence of malnutrition increasing per year, and seen anganwadi worker also find that there was less old cases in both years comparison to new cases in community area. They are increasing knowledge regarding malnutrition those training are provided by government.

**KEYWORDS :** Assess, knowledge, malnutrition, anganwadi workers.

**INTRODUCTION:-**

Malnutrition is not a simple matter of balance in the critically ill. Many of the manifestations, such as alterations in protein levels and muscle mass, are strictly epiphenomena of disease. By the same token, the presence of these findings signals a significant increase in disease acuity and higher risk for medical/surgical complications and mortality. The understanding of modern concepts related to malnutrition will help the practitioner determine overall prognosis, as well as identifying more accurately the patient best suited for nutritional intervention.

The main forms of childhood malnutrition occur predominantly in children <5 years of age living in low-income and middle-income countries and include stunting, wasting and kwashiorkor, of which severe wasting and kwashiorkor are commonly referred to as severe acute malnutrition. Here, we use the term 'severe malnutrition' to describe these conditions to better reflect the contributions of chronic poverty, poor living conditions with pervasive deficits in sanitation and hygiene, a high prevalence of infectious diseases and environmental insults, food insecurity, poor maternal and fetal nutritional status and suboptimal nutritional intake in infancy and early childhood. Children with severe malnutrition have an increased risk of serious illness and death, primarily from acute infectious diseases.

AWW is the central points for the delivery of services at community levels to children below six years of age, pregnant women, nursing mothers and adolescent girls. AWWs help the children to get into the right from the pre-school age. AWW educates to family especially mothers to ensure effective health and nutrition care, early recognition and timely treatment of ailments.

**NEED OF THE STUDY:-**

It is expected that they will become teachers the purpose of the study was to explore whether Anganwadi workers and mothers have the necessary conceptual understanding regarding physical and cognitive development in early childhood affected by under-nutrition among children. The study will assist in gaining insights on the knowledge gaps of mothers and AWWs and thus assist in creating materials that will meet their needs.

Furthermore it is assumed that if mothers understand the impact of childhood malnutrition during the first three years of life then they will understand the importance of services offered by the Anganwadi workers. On the other hand if Anganwadi workers (because they are often also mothers) have an understanding of the services they offer, as well as an understanding of why there is poor adherence to the programme, then she will be in a better position to counsel, assist and build the capacities of mothers with the appropriate knowledge and skills to care for their children.

**STATEMENT OF PROBLEM:-**

"A study to assess the knowledge on malnutrition among anganwadi worker selected community area at Meerut."

**OBJECTIVE:-**

1. To assesses the knowledge of anganwadi worker about prevention of malnutrition.
2. To find relationship between the socio-demographical variable and knowledge Of malnutrition.

**OPERATIONAL DEFINITIONS**

1. **ASSESS:** It refers to judge or to determine the significance, worth, or quality of the experiment. In this study, it determines the knowledge of anganwadi workers

regarding malnutrition.

2. **KNOWLEDGE**-It refers to the level of understanding of facts, information acquired through experience. In this study, it is measured by the correct responses of anganwadi workers to the knowledge item of the questionnaires regarding malnutrition.
3. **ANGANWADI WORKERS**: -It refers to the anganwadi worker means a woman employed to provide additional and supplementary healthcare and nutritional services to children and pregnant women under the Integrated Child Development Services Scheme.
4. **MALNUTRITION**: - It refers to the Malnutrition is a serious condition that happens when your diet does not contain the right amount of nutrients. It means "poor nutrition" and can refer to: under nutrition – not getting enough nutrients.

**HYPOTHESES**

**Ho:** There will be no association between knowledge score regarding malnutrition among anganwadi workers with selected socio-demographic variables.

**Hi:**There will be association between knowledge score regarding malnutrition among anganwadi workers with selected socio-demographic variables.

**ASSUMPTIONS**

- 1) The anganwadi workers will have some knowledge regarding malnutrition.
- 2) The anganwadi workers will cooperate with the investigator and willingly express their knowledge regarding malnutrition.

**DELIMITATIONS:**

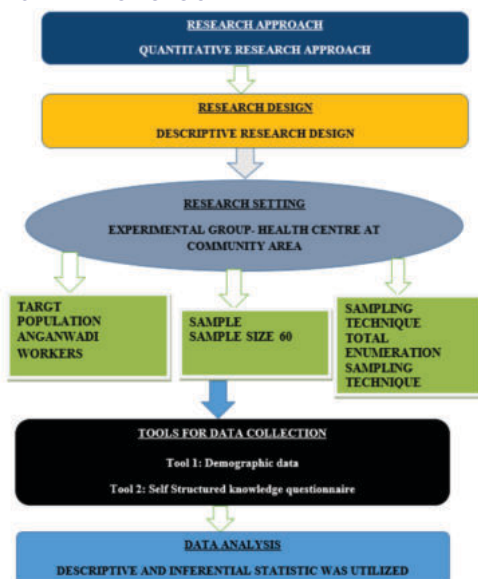
1. Study is delimited to anganwadi workers only.
2. Anganwadi workers who are available at the period of study.

**REVIEW OF LITERATURE:-**

The major goal of the review of literature is to ascertain what is already known about a problem of interest, to develop a broad conceptual context into which a problem will fit. The investigator to gain insight into the selection problem will do an extensive review of the literature and for the present study; it is organized and presented under the following heading.

1. Studies related to malnutrition.
2. Studies related to the prevention of malnutrition in education programme for anganwadi workers.

**RESEARCH METHODOLOGY**



**Setting of the study**

The study was conducted in Panchali and Malyana CHC at Meerut

**SCHEMATIC PRESENTATION OF RESEARCH**

**Population**

- The target population for the study was the anganwadi workers in Panchali and Malyana CHC at Meerut

**Sampling technique**

- In order to assess the knowledge of anganwadi workers on malnutrition a purposive sampling technique was used.

**Sample size**

- A total number of 60 anganwadi workers who met in the inclusion criteria were selected by using purposive sampling technique.

**Sampling criteria:**

**1. INCLUSION CRITERIA:-**

**The study based on the following criteria:**

1. The anganwadi workers who are living in a selected community at Meerut.
2. The anganwadi workers who are willing to participate.

**2. EXCLUSION CRITERIA:-**

The study is based on the following criteria

1. The anganwadi workers who are not available during the data collection.
2. The anganwadi workers who are not willing to participate.

**Development of tool:**

The questionnaire is most frequently a very concise, pre-planned.

**Structured knowledge questionnaire:**

- Structured knowledge questionnaire consists of two (2) sections namely SECTION-A & SECTION-B.

**SECTION-A:-** It consist of 4 items for obtaining information about based line data of anganwadi workers such as age, educational qualification, working experience, previous knowledge and family member suffer from malnutrition.

**SECTION-B:-** It is a structured interviewed schedule questionnaire (multiple choice questions) on malnutrition which contains 20 items. Each question carries four options, out of them one is the correct answer and other three are distracters.

- **Scoring and interpretation:** - The questions were phrased in a multiple choice from with 4 options as distracters ad 1 correct response. The correct response is giving a score of one mark and the wrong response is given a score of zero.

A score of one will give for every correct response and score of zero (0) will be giving for every wrong answer. The resulting score will be ranged as follows:

- Mild knowledge = 0-07
- Average knowledge = 08-14
- Good knowledge = 15-20

**DATA ANALYSIS AND INTERPRETATION:-**

**1. Description of the demographic variable of sample**

- The data represented in table -1 shows 43.3% were in age of 31 to 35 years. 43.3 were in the age group 36 to 45 years. 13.4 were in the age group 45 above.
- As per education 20% were in 5<sup>th</sup> pass ,35% were in 8<sup>th</sup> pass,30% were in 10<sup>th</sup> pass , 15% were in graduate and above .
- As per the working experience 20% were in 0 to 5 years, 20% were in 6 to 10 years, 35% were in 11 to 15 years, 25%

were in above 15 year.

- As per any previous training undergone malnutrition 58.3% were in Yes, 41.67% were in No.

**2. Association between the socio –demographical variable and knowledge on prevention Of malnutrition:** - The data presented in table shows that there was significant association between knowledge regarding prevention of malnutrition all demographic non- significant accept previous knowledge is significant .Hence it defines the acceptance of research hypothesis H1.

#### IMPLICATIONS OF THE STUDY:-

The finding of the study can be used in the following areas of nursing profession such as nursing education, nursing administration, nursing practice and nursing research.

#### NURSING EDUCATION

The study indicates to educate the anganwadi worker regarding the prevalence of malnutrition .The nurse educator can teach their anganwadi worker regarding malnutrition incidence, rate, risk factor, its causes, control and prevention to decreases the prevalence rate in future.

#### NURSING ADMINISTRATION

Administration should the researcher to conduct the research on prevalence rate related malnutrition .Nursing administration can plan and arrange for health education in communities regarding control and prevention of malnutrition and service education for updating knowledge on prevalence rate of malnutrition in every years ..

#### NURSING PRACTICE

Nurses are the key personnel of health team, who apply a major role in health promotion and maintenance .nursing is a practicing profession, so the investigator generally integrates finding in to practice.

Nursing professional working in the hospital as well as in the community health centers can understand the importance of education regarding safe

#### NURSING RESEARCH

Similar study can be replicated in another setting with new subject so as to generate more valid and reliable data. this of research are less in nursing profession in India so more research can be conducted to assess the prevalence and control in future.

#### LIMITATIONS

- This study was limited for anganwadi worker in community area at Meerut
- The study sample was selected non- purposive sampling technique which limits the generalization of the findings.

#### RECOMMENDATIONS:

- This study can be replicated in large samples so that findings can be generalized.
- A study to assess the knowledge and barriers of health-seeking behaviour on malnutrition among anganwadi workers.
- A follow-up study can be conducted to assess the knowledge malnutrition among anganwadi workers.

#### REFERENCES

1. BT.Basavantappa 2008, Community Health Nursing, Jaypee publication Page No264-265, 526
2. K. Park 2011, Text book of preventive and social medicine, Bhananot Publishers, New Delhi, Page No, 483,593,809
3. Neelamkumari 2009 Text book of community health nursing first edition page 495-503
4. Gupta S.P> Statistical Method, New Delhi, Sulthan Chand and sons, 1987, 34,52
5. O.P Ghai Essentials Pediatrics 2005 CBS distributors New Delhi 115,116
6. Dhilson, HS 1992- Schoo health education at the cross road, hysione 11
7. American Dietetic Association. Nutrition standards in day-care programs for

- children technical support paper. J Am Diet Assoc 1987; 87:504-506.
8. Shannon B, Bernardo V, Mullis R, Ervin B, and Poehler DL. The status of school-based nutrition education as the state agency level. J Sch Health 1992; 62:88-92.
9. Byrd-Bredbenner C, Marecic ML, and Bernstein J. Development of a nutrition education curriculum for head start children. J Nutr Educ 1993; 25:134-139.
10. National Health/Education Consortium. Children's nutrition and learning. ERIC
11. Clearinghouse on Elementary and Early Childhood Education: Urbana, IL, ED 369 579, 1994.
12. Anliker JA, Laus MJ, Samonds KW and Beal VA. Mothers' reports of their three-year-old children's control over foods and involvement in food-related activities. J Nutr Educ 1992; 24:285-291.
13. Thompson FE, Dennison BA. Dietary sources of fats and cholesterol in us children aged 2 through 5 years. Am J Pub Health 1994; 84:799-806.