



“EVALUATE THE EFFECTIVENESS OF SATVIK SAKAS AAHAR ON MALNUTRITION AMONG UNDER FIVE CHILDREN IN SELECTED ANGANWADI”

Nursing Science

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ABSTRACT

Malnutrition is today most highlighting condition of children's. childhood malnutrition is a condition where body negatively affects a child health or wellbeing, as a method to determine nutrition directly are difficult, the diagnosis of malnutrition is based on BMI and IAP growth chart.

KEYWORDS

Objectives Of The Study

1. To assess the IAP growth chart malnutrition as measured by experimental and control group
2. To evaluate the effectiveness of Satvik Sakas Aahar regarding Malnutrition among under five children in experimental group
3. To compare malnutrition status between experimental and control group.
4. To find out association between pre-assessment nutritional status of under five children in experimental and control group

ii Methodology And Result :

The research approach adopted for the study was Quantitative, Evaluative research survey, research design was Quasi - experimental, One group pre-test and post-test design. By using Non-probability purposive sampling technique 60 samples under five children of urban area at Kolhapur were selected for the study. The pre-test was done by using the tool that is section A – socio Demographic data , B – Questionnaire Performa scale on daily food intake routine in both - 26 - group . and – observational Performa for physical parameters mixed cereals was given to subject in experimental group for daily 1 time 4 weeks . posttest was done by using same tool in both group . After Pilot study the tool was modified and finalized for main study. Data were analyzed by using mean, median, mode, standard deviation, range, paired't' test. Un paired't' test. The results shows that out of 60- malnutritional anganwadi children 30-experimental group and 30 group control group. The findings of the subjects in experimental group 30 (100%). In pre-test majority of subjects in control group where 13 (43.33%) belonged to age group of 2 year ,6 month ,08 (26.67%) belonged to age group of 3 year, 6 month -4 year 6 month , where as post- test 09 (30%) belonged to age group of 2 year,6 month - 3 year, 6 month 11 (36.67%) belonged to age group of 3 year, 6 month ,where 04 (13.33%) to age group of 1 year.6 month -2 year, 6 month and 06 (20%) belonged to 4 year, 6 months - 5 year . The calculated paired' value ($t_{cal} = 4.05$) is greater than tabulated value ($t_{ab} = 2.045$). Hence H_0 is accepted. This indicates that the gain in knowledge score is statistically significant at $P < 0.05$ level. i.e. $H_1: \mu \neq 0$. Hence H_{01} is not accepted, this indicates that the gain in knowledge score is statistically significant at $P < 0.05$ level. i.e. $H_1: \mu \neq 0$. Therefore the findings revealed that the satvik sakas aahar was effective in gaining weight in under five children. The calculated paired' value ($t_{cal} = 0.32$) is lesser than tabulated value ($t_{ab} = 2.048$). Hence H_0 is rejected, & Hence H_{02} is accepted This does not indicates that the gain in assessment scores which is not statistically significant at $P < 0.05$ level. i.e. $H_2: \mu \neq 0$. Therefore the findings revealed that the satvik sakas aahar was not effective in gaining weight in under five children.

III DISCUSSION:

Major findings of the study are discussed under the following headings:

Section I: Findings related to distribution of socio-demographic variables of subjects in experimental and control group.

Majority of subjects in control group where 13 (43.33%) belonged to

age group of 2 year, 6 month – 3 year, 6 month, 08 (26.67%) belonged to age group of 3 year, 6 month – 4 year, 6 month, whereas 09 (30%) belonged to age group of 1 year, 6 month – 2 year, 6 month whereas in experimental group majority of subjects where 09 (30%) belonged to age group of 2 year, 6 month – 3 year, 6 month, 11 (36.67%) belonged to age group of 3 year, 6 month – 4 year, 6 month, whereas 04 (13.33%) belonged to age group of 1 year, 6 month – 2 year, 6 month and 06 (20%) belonged to 4 year, 6 months – 5 year, Majority of subjects in control group are females 16 (53.34%) and males are 14 (46.66%), where as in experimental group majority of subjects are females 16 (53.34%) and males are 14 (46.66%), Majority of subjects in control group type of family 26 (86.66%) were joint family, 04 (13.34%) are extended family, whereas in experimental group majority of subjects type of family 26 (86.66%) were joint family, 04 (13.34%) are extended family, Majority of subjects in control group Mother education 10 (33.33%) were graduated and above, 07 (23.33%) were from higher secondary, 08 (13.34%) were educated from secondary school and 05 (16.68%) were done schooling in primary education, whereas in experimental group majority of subjects Mother education 10 (33.33%) were graduated and above, 07 (23.33%) were from higher secondary, 08 (13.34%) were educated from secondary school and 05 (16.68%) were done schooling in primary education, Majority of subjects in control group are 18 (60%) are housewives, 06 (20%) were working in a private sector, 05 (16.66%) are having their business, and only 01 (03.34%) are in government sector whereas in experimental group majority of subjects are 18 (60%) are housewives, 06 (20%) were working in a private sector, 05 (16.66%) are having their business, and only 01 (03.34%) are in government sector, Majority of subjects in control group fathers education 09 (30%) were graduated & above, 09 (30%) were higher secondary, 07 (23.33%) were from secondary school and 05 (16.67%) were from primary school. Whereas in experimental 10 (33.39%) were from graduation and above and 06 (20%) were of secondary and higher secondary and only 05 (16.67%) were from primary school, Majority of subjects in control and experimental were attending anganwadi 60 (100%)

A similar study was undertaken to assess the nutritional status of preschool children (2-6 years) which was carried out in slum area of Udaipur city, Rajasthan the results illustrated that majority of the subjects were from nuclear family and had a very low monthly income of less than Rs1500. According to the research, the pattern of development illustrated that for both the male and female group height increased according to their age but the increase in weight was not increased in proportion to their age. More than 50% of these preschoolers had symptoms of anemia and protein energy malnutrition. The primary research further showed that the degree of malnutrition, according to IAP, was severe for majority of these subjects (66%) (Grade I and II). According to Water low's classification, the majority of these preschoolers was wasted (30%) or wasted and stunted (42%).

Section II: Findings related to distribution of pretest and posttest scores of subjects in experimental group and control group

In the present study, In experimental group pretest majority of the subjects 27 (90%) were in mild category and 03 (10%) were in moderate category and no subjects were found in severe and very severe category whereas in posttest 30 (100%) were in mild stage and no other subjects were found in other malnourished categories whereas in control group pretest majority of the subjects 30 (100%) were mild and no other subjects were found in other malnourished categories, whereas in posttest 30 (100%) were in mild stage and no other subjects were found in other malnourished categories

A similar study was conducted in a Sudanese displacement camp to assess the prevalence, risk factors, for malnutrition in displaced Sudanese children. 327 children were assessed for nutritional status and the major risk factors for protein energy malnutrition (PEM). According to the research, 186(56.1%) were malnourished and in them 101(30.1%) were mildly, 43(13.1%) were moderately and 42(12.8%) were severely malnourished. According to Welcome classification, the most common type of malnutrition was found to be under weight (38.2%), Marasmus, Kwashiorkor were detected in 6.4% and 0.9% respectively, there was no case of Marasmus kwashiorkor in the studied population. About 60% of children under five suffer from malnutrition in the world. A total of 13 million children under than five in Indonesia suffer from chronic malnutrition, almost half of the nation's 28 million children suffer from chronic malnutrition

Section III: Findings related to mean median, mode, range & standard deviation of pretest and posttest scores of subjects in experimental and control group

In experimental group,

- The overall scores of subjects were gained by mean difference 6.48, and median difference was 5.19 whereas mode difference was 3.31
- The variability around the mean of knowledge score distribution was decreased by 13.48 units.
- The range between the highest and lowest score was decreased by 3.15 after administering the satviksakaahaar

In Control group

- The overall scores of subjects were gained by mean difference 0.44, and median difference was 0.18 whereas mode difference was 8.63
- The variability around the mean of knowledge score distribution was decreased by 0.06 units.
- The range between the highest and lowest score was decreased by 0.07 after administering the satviksakaahaar

A similar study was to assess the occurrence of protein energy malnutrition (PEM) in urban, rural and slum area of Chandigarh found that around 42% of children under five years of age had protein energy malnutrition and among them 22.7%, 14.5% and 0.7% of children had grade I, II, III, IV PEM respectively. The occurrence of PEM was very high in females (47.6%), in 1-3 years age group (53.80%), in slum area (67%) and children of labor class (60.5%).

Section IV: Testing of hypothesis related to data on effectiveness of satvik sakasaahaar on under five children in experimental group & control group

In the present study, effectiveness of satvik sakasaahaar on under five children in experimental group using paired 't' test

- The calculated paired' value ($t_{cal} = 4.05$) is greater than tabulated value ($t_{ab} = 2.045$). Hence H_1 is accepted. This indicates that the gain in knowledge score is statistically significant at $P < 0.05$ level. i.e. $H_1: \mu \neq \mu_0$.
- Hence H_{01} is not accepted, this indicates that the gain in knowledge score is statistically significant at $P < 0.05$ level. i.e. $H_1: \mu \neq \mu_0$.
- Therefore the findings revealed that the satviksakaahaar was effective in gaining weight in under five children

In the present study Effectiveness of satviksakaahaar on weight gain of under five children in control group by using unpaired 't' test

- The calculated paired' value ($t_{cal} = 0.32$) is lesser than tabulated value ($t_{ab} = 2.048$). Hence H_2 is rejected, & Hence H_{02} is accepted. This does not indicate that the gain in assessment scores which is not statistically significant at $P < 0.05$ level. i.e. $H_2: \mu \neq \mu_0$.
- Therefore the findings revealed that the satviksakaahaar was not effective in gaining weight in under five children

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Section V: Testing of hypothesis for an association between nutritional status of under – five children with their selected socio-demographic variables in control group

In present study, There was significant association between pretest assessment scores with only one selected socio-demographic variable i.e. mothers occupation & Hence H_3 is accepted as a research hypothesis and H_{03} is rejected as age in years, gender, type of family, mother education, mother occupation, father education does not show any significant association at 0.05 level of significance whereas in control group There was significant association between pretest assessment scores with only one selected socio-demographic variable i.e. mothers occupation & Hence H_4 is accepted as a research hypothesis and H_{04} is accepted as age in years, gender, type of family, mother education, mother occupation, father education does not show any significant association at 0.05 level of significance

CONCLUSION IV :

A quasi experimental study was conducted in which the calculated paired' value ($t_{cal} = 4.05$) is greater than tabulated value ($t_{ab} = 2.045$). Hence H_1 is accepted. This indicates that the gain in knowledge score is statistically significant at $P < 0.05$ level. i.e. $H_1: \mu \neq \mu_0$. Hence H_{01} is not accepted, this indicates that the gain in knowledge score is statistically significant at $P < 0.05$ level. i.e. $H_1: \mu \neq \mu_0$.

Therefore the findings revealed that the satviksakaahaar was effective in gaining weight in under five children. The study concluded that calculated paired' value was greater than tabulated value which indicated that the gain in knowledge score was statistically significant. Therefore the findings revealed that the satvik sakasaahaar is effective in gaining weight of fewer than five children.