“A STUDY TO ASSESS THE KNOWLEDGE AND PRACTICE REGARDING MALNUTRITION ASSESSMENT AMONG ANGANWADI WORKERS WORKING IN SELECTED ANGANWADIS OF VADODARA DISTRICT”

[1] **NP Christian,**
[1]PB.B.Sc. (N) Student, [1]Tirupati School of Nursing, Salatwada, Vadodara, India.

[2] **S Chatterjee,**
[2]Associate Professor, HOD, Tirupati School of Nursing, Salatwada, Vadodara,India.

ABSTRACT :- This study was conducted to assess the knowledge & Practice regarding malnutrition assessment. The target population for the study was Anganwadi workers working in selected anganwadi of vadodara. A Descriptive study was adopted for the study. A total 150 samples were selected by Convenient sampling technique. Data was collected using structured knowledge questionnaire & observational Checklist. A structured knowledge questionnaire was used to assess the knowledge, and observational checklist was used to assess the practice regarding malnutrition assessment. The data were collected and analyzed using both descriptive and inferential statistics. The study revealed that 48 % samples had average knowledge level and 52 % samples had good knowledge level and 0 % sample have poor knowledge level regarding Malnutrition Assessment. While 35.33 % samples had average practice and 64.67 % samples had good practice and 0 % poor practice regarding Malnutrition Assessment. It indicates moderately positive correlation between knowledge and practice.

Keywords: Knowledge ,Practice, Assessment, Malnutrition, Anganwadi, Anganwadi worker

1.INTRODUCTION:-

Malnutrition is like an iceberg, most children in developing countries live under the burden of malnutrition. Malnutrition is defined condition that the direct result of an inadequate or unbalanced diet. Good nutrition allows children to survive, grow, develop, learn, play, participate and contribute – while malnutrition robs children of their futures and leaves young lives hanging in the balance. Stunting is the devastating result of poor nutrition in-utero and early childhood. Children suffering from stunting may never attain their full possible height and their brains may never develop to their full cognitive potential. These children begin their lives at a marked disadvantage: they face learning difficulties in school, earn less as adults, and face barriers to participation in their communities. [1]

Malnutrition is a general term. It most often refers to undernutrition resulting from inadequate consumption, poor absorption or excessive loss of nutrients but the term also encompasses overnutrition, resulting from excessive intake of specific nutrients. An individual will experience malnutrition if the appropriate amount or quality of nutrients comprising a healthy diet is not consumed for an extended period of time. Malnutrition in children is widely prevalent in developing countries including India. More than 33% of deaths in 0-5 years are associated with malnutrition. [2]

Anganwadi Workers are the frontline workers. India’s malnutrition status is at an adverse rate. It is role of Anganwadi Workers to provide services to children related to health and nutrition. It was realised that malnutrition among children is underlying cause of deaths due to common ailments thus state government has given priority to malnutrition control activities.All under 5 children attending Anganwadi, MAMTA

Divas for weight/age during regular session should be assessed for MUAC by Anganwadi worker/ANM as per the Guidelines of "Bal Shaktim Kendra." [3]

In Gujarat state, 39.0 % children under 5 years are stunted (height-for- age), 25.1 % children under 5 years are wasted(weight-for-height), 10.6 % children under 5 years are severely wasted(weight-for-height), 39.7 % children under 5 years are underweight (weight-for-age) and 3.9 % children under 5 years are overweight(weight-for-height). In Urban area of Gujarat, 32.4 % children under 5 years are stunted (height-for-age), 22.4 % children under 5 years are wasted (weight-for-height) 9.7 % children under 5 years are severely wasted (weight-for-height), 33.3 % children under 5 years are underweight (weight-for-age) and 4.6 % children under 5 years are overweight (weight-for-height). In Rural area of Gujarat, 43.0 % children under 5 years are stunted (height-for-age), 26.7 % children under 5 years are wasted (weight-for-height),11.1 % children under 5 years are severely wasted (weight-for-height), 43.5 % children under 5 years are underweight (weight-for-age) and 3.5 % children under 5 years are overweight(weight-for-height). [4]

Globally 144.0 million of children under 5 of are stunted, 47.0 million of children under 5 are wasted, 14.3 million of children under 5 are severely wasting and 38.3 million of children are overweight. Stunting affected an estimated 21.9 per cent or 149 million children under 5 globally in 2018. Wasting continued to threaten the lives of an estimated 7.3 per cent or 49 million children under 5 globally in 2018. An estimated 5.9 per cent or 40 million children under 5 around the world were overweight in 2018.[5]

2. MATERIAL & METHODS:

A descriptive survey approach was used and 150 Anganwadi Workers are selected by convenient sampling method, structured knowledge questionnaire and observational checklist designed to test their level of knowledge and practice regarding Malnutrition Assessment. Descriptive and inferential statistics were used to analyses the demographic variables. Karl Pearson formula is used to find correlation whereas the association is determined by using chi square formula.. A structured knowledge questionnaire & checklist tool developed to assess the knowledge and practice regarding assessment of malnutrition among anganwadi worker. Tool is divided into 3 sections:

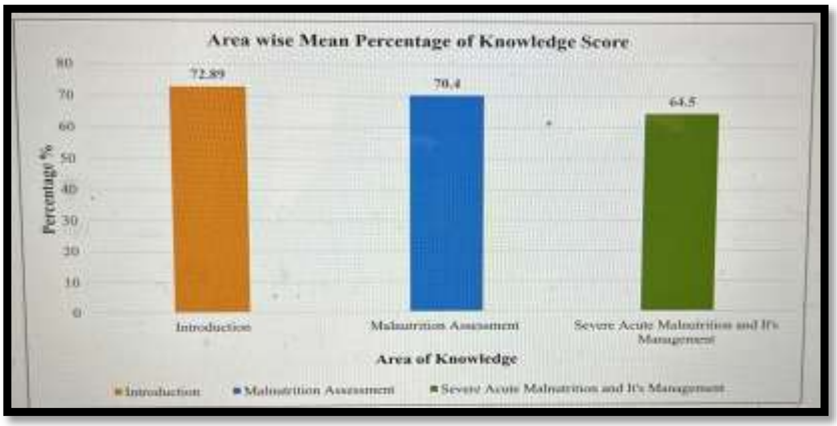
SECTION: I – Socio-Demographic Data Consists of the demographic data of Anganwadi Workers such as Age, Educational Qualification, Years of Experience.

SECTION: II – Structured Knowledge Questionnaire Consists of a structured knowledge questionnaire to assess knowledge regarding Malnutrition Assessment. Total items were 25 and each items carried one marks. Maximum score of the questionnaire is 25, each question has four options. Researcher gave 1 mark for correct answer and 0 mark for wrong answer. The content area is divided into Introduction, Malnutrition assessment, Severe Acute Malnutrition and its management.

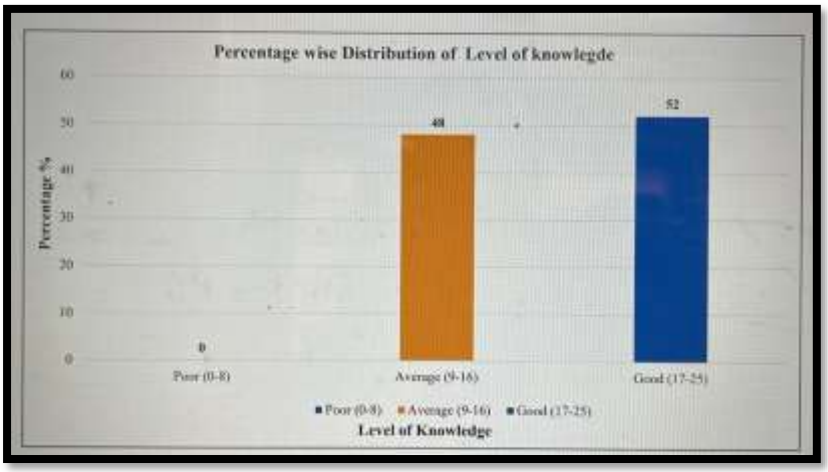
SECTION: III – Observational Checklist Investigator used observational checklist which included total 24 items. Each item carried 1 score. Maximum score of the observational checklist is 24. Researcher divided practice scores as following and considered samples Practice level accordingly. Standard checklist tool for assessing the Practice of Anganwadi Workers. Checklist for measuring Mid Upper Arm Circumference with MUAC tape.
Checklist for measuring Height with Stadiometer. Checklist for measuring Weight with Weighting Scale. Good practice level: Practice score between 17-24 out of 24. Average practice level: Practice score between 8-16 out of 24. Poor practice level: Practice score between 0-7 out of 24.

3. RESULT: In this study the knowledge scores obtained by the samples. In area of Introduction obtained score was 984 and mean score was 6.56 with 72.89 % mean percentage. In area of Malnutrition Assessment obtained score was 1056 and mean score was 7.04 with 70.4 % mean percentage. In area Severe Acute Malnutrition and Its Management obtained score was 580 and mean score was 3.87 with 64.5 % mean percentage. level of knowledge of samples regarding Malnutrition Assessment for Anganwadi workers. Out of 150 samples 0 % samples had poor Knowledge, 48 % samples had average knowledge level and 52 % samples had good knowledge level regarding Malnutrition Assessment.

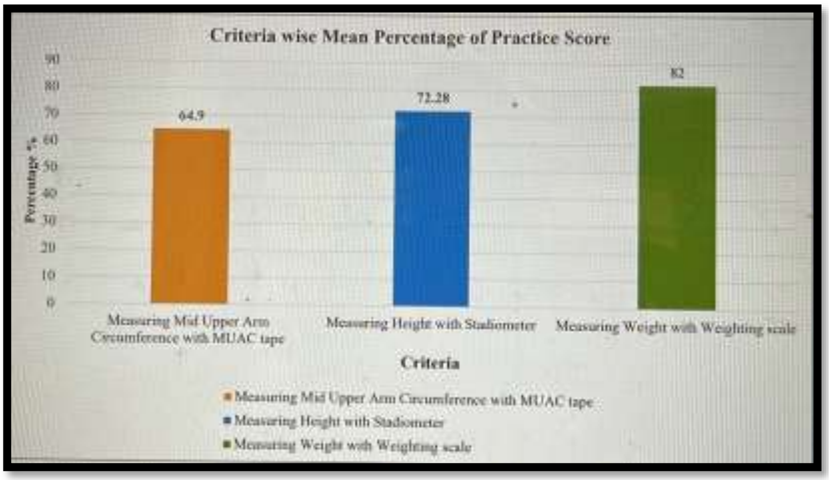
Practice scores obtained by the samples. In criteria of Measuring Mid Upper Arm Circumference with MUAC tape obtained score was 973 and mean score was 6.49 with 64.9 %. In criteria of Measuring Height with Stadiometer obtained score was 759 and mean score was 5.06 with 72.28 %. In criteria of Measuring Weight with Weighting Scale obtained score was 862 and mean score was 5.74 with 82 %.Practice score of samples regarding Malnutrition Assessment. In that 0 (0 %) Samples had poor practice, 53 (35.33 %) samples had average practice and 97 (64.67 %) samples had good practice regarding Malnutrition Assessment.



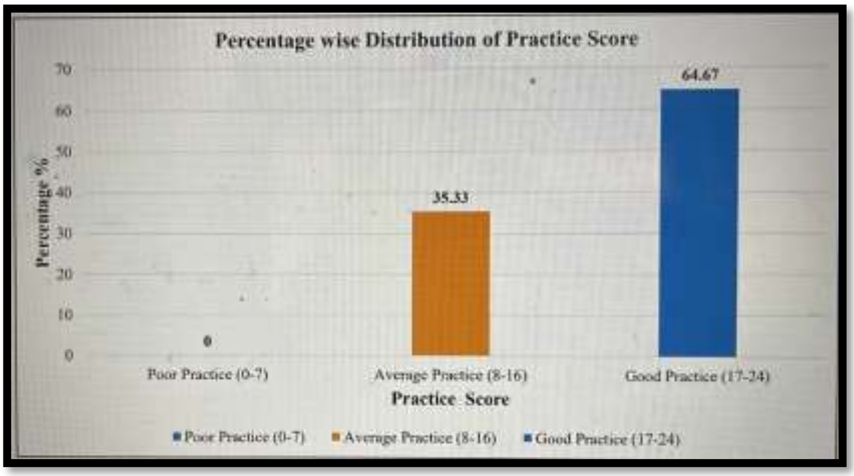
Bar graph 1:- showing area wise mean Percentage of Knowledge score regarding Malnutrition Assessment of samples



Bar graph 2:- showing percentage wise distribution of level of Knowledge regarding Malnutrition Assessment of samples



Bar graph 3:-showing Criteria wise mean Percentage of Practice score regarding Malnutrition Assessment of samples



Bar graph 4:- showing percentage wise distribution of Practice score of regarding Malnutrition Assessment of samples

Sr. No	Area	No. of Question	Max. Score	Obtained Score	Mean Score	Mean %
1	Introduction	9	1350	984	6.56	72.89
2	Malnutrition Assessment	10	1500	1056	7.04	70.4
3	Severe Acute Malnutrition and It's Management	6	900	580	3.87	64.5
Knowledge Score		25	3750	2620	17.47	

Table:-1 shows the area wise distribution of knowledge scores obtained by the samples.

Level of Knowledge	Classification of score	Frequency	Percentage %
Poor	0-8	0	0
Average	9-16	72	48
Good	17-25	78	52
Total		150	100

Table:-2 shows level of knowledge of samples regarding Malnutrition Assessment for Anganwadi workers.

Sr. No	Criteria	No. of Items	Max. Score	Obtained Score	Mean Score	Mean %
1	Measuring Mid Upper Arm Circumference with MUAC tape	10	1500	973	6.49	64.9
2	Measuring Height with Stadiometer	7	1050	759	5.06	72.28
3	Measuring weight with Weighting scale	7	1050	862	5.74	82
TOTAL		24	3600	2594	17.29	

Table:-3 shows the criteria wise distribution of Practice scores obtained by the samples.

Practice Score	Classification of score	Frequency	Percentage %
Poor	0-7	0	0
Average	8-16	53	35.33
Good	17-24	97	64.67
Total		150	100

Table:-4 shows Practice score of samples regarding Malnutrition Assessment.

4. DISCUSSION :

The purpose of present study was to assess the knowledge and practice of anganwadi worker regarding assessment of malnutrition. In this survey, total 150 Anganwadi Workers were participated. Related to the finding of knowledge this study revealed that majority of sample 48 % samples having Average Knowledge and 74 52 % samples having Good Knowledge. Related to finding of Practice this study revealed that 35.33 % had Average Practice and 64.67 % had Good Practice.

5. CONCUSION : In this study there was From the above findings data revealed that in Age group ≤ 25 years 10.67% samples were lies and in age group above 45 years 43.33 % samples were there. In Educational Qualification 8.66 % samples had Primary Education and 38.67 % samples had Other Education. In area of Years of Experience, 38.67 samples had above 15 Years of Experience and 26.67 % samples had 11- 15 Years of Experience. Samples had good knowledge level (72.82 %) in area of Introduction and had poor knowledge level (64.5 %) in area of Severe Acute Malnutrition and It's Management. There was Good Practice in Criteria for Measuring Weigh with Weighting Scale (82 %) where Poor Practice in Criteria for Measuring Mid upper Arm Circumference with MUAC tape. There was average Practice in Criteria for Measuring Height with Stadiometer (72.28 %) regarding Malnutrition Assessment among Anganwadi Workers. There was moderately positive correlation between knowledge and Practice.

DECLARATION BY AUTHORS

Acknowledgement : I owe my acknowledgements to Principal of our College for giving me the opportunity to conduct my research study of Tirupati school of nursing ,Salatwada, Vadodara. My sincere thanks and gratitude to my guide for their encouragement when needed & generous help and support throughout my study. A special thanks to Program officer ,ICDS,VMC to give permission to conduct study and Special thanks for the cooperation extended by anganwadi workers who willingly participated in my study.

Conflict of Interest: The authors declare no conflict of interest.

REFERENCES:

1. Ambica C, a pilot study to determine the Prevalence of Protein Energy Malnutrition and Assess the Effectiveness of structured nursing intervention on knowledge and practice of mothers in managing PEM among Under Five Children in selected rural areas of Kutch-Gujarat. International Journal of Science and Research (IJSR) ISSN (Online): 2319-7064 Index Copernicus Value (2016): 79.57, Impact Factor (2017): 7.296

2. Bhushan Ashvinikumar Bande, Sharad Thora, retrospective study of severe acute malnourished children in nutrition rehabilitation centre of Madhya Pradesh, India: Management and outcome. Indian J Child Health. 2019; 6(1):30-34. Doi: 10.32677/IJCH. 2019.v06.i01.007

3. Biplove Shrestha, study on nutritional status of 6-59 months children in inaruwa-7, sunsari, Department of Nutrition and Dietetics Central Campus of Technology Institute of Science and Technology Tribhuvan University, Nepal.

4. National Family Health Survey-5, 2019-2020

5. UNICEF/ WHO/ World bank group joint child malnutrition estimate 2019