

**Research Article**

A study to assess the Knowledge regarding facilities available in Anganwadi under five year children among Mothers in Selected are of Hospitals of Pune City

Authors

Mr. Hakim Singh, Mr. Sachin Khedkar, Miss. Monika Kokane, Miss. Priya Kujur
Bharati Vidyapeeth Deemed University College of Nursing, Pune

Abstract

- *Problem Statement*

A Study to assess the knowledge regarding facilities available in Anganwadi for under 5 years children among mothers in selected area of Pune city.

Objective

- *To assess the knowledge of regarding facilities available in Anganwadi for under five year of children among mother in selected area of Pune city.*

In this study design is used Non-experimental descriptive survey design research design and the setting the study will be conducted in selected area of Pune city. In which samples are selected by convenient sampling technique of non-probability purposive sampling will be used.

A structured questionnaire is given for the mother in selected area of Pune city.

Research Methodology

Research Approach: *Quantitative approach*

Research Design: *Non-Experimental survey design*

Population: *Mother of the under five year of children*

Sample Size: *200*

Data Collection: *Structured Questionnaire*

Setting: *Selected Anganwadi.*

The major findings of the present study are-

In this study the age wise distribution of mother in the study group. 18-21 yrs is 25%, in 22-25 years of age the percentage were 59% in 26-30 years of age the percentages was 11% and more than 30 years age the percentage were 5%.

Introduction

A substantial amount of research has been carried out on Anganwadi workers from the perspective of social, political, health, cultural and economics. Various studies in recent past has revealed that implementation of services under ICDS are not up

to satisfactory standards and still more effort are needed for improving the quality of services for the successful achievement of expected targets (Barmen2001; forces New Delhi 2017). In the opinion of the some scholars the achievement of ICDS programme goals depends heavily upon the

effectiveness of the Anganwadi workers, which in turn depends upon their knowledge, attitude and practice (Sharma 1987; Chattopadhyay,1999). the studies done in past having strongly concluded on the need of improved knowledge and awareness among Anganwadi workers but unfortunately it was found to be the most underrated aspect of their job profile (Kant et al.,1984). Integrated child development services (ICDS) scheme started by the government of India in 1975 is a multi – sectoral endeavor which aims at integrated delivery of a packages of services for childrens of 0-6 years of age, pregnant and lactating mothers and adolescent girls from disadvantaged sections belonging to poorest of the families.

The government of India has approved fourteen lakhs Anganwadi centers till 2010 .through an Anganwadi system the country is trying to meet its goals of enhanced health facilities that are affordable an easily accessible by the local population. each of these Anganwadi are taken by the Anganwadi workers and a helper. Anganwadi is managed by an Anganwadi worker and assistant Anganwadi workers. she is a health worker usually high school passed; given four month training in health care and nutrition. they are grass root functionaries to implement the integrated child development services scheme. The workers and helpers are envisaged as honorary workers from the local community, who come forward to render their services,on part time basis on an average four to five hours a day in the area of child care and development.

Need for the study

“The wise man should consider that health is the greatest of human blessings. Let food be your medicine.”

Hippocrates

1 in 3 of the world’s malnourished children lives in India. The nutritional status of under-five children is of particular concern, since the early years of life are crucial for future growth and development. Globally, nutritional status is

considered the best indicator of the well being of young children and a parameter for monitoring progress towards the Millennium Development Goals. In developing countries, an estimated 50.6 million children aged less than five years are malnourished. Poor nutrition severely hinders personal, social and national development.

The World Bank estimates that India is ranked 2nd in the world of the number of children suffering from malnutrition after Bangladesh, where 47% of the children exhibit a degree of malnutrition⁶. The prevalence of underweight children in India is among the highest in the world, and is nearly double that of Sub-Saharan Africa with dire consequences for mobility, mortality, productivity and economic growth according to the World Food Program and the M.S. Swaminathan Research Foundation, over the past decade there has been a decrease in stunting among children in rural India, but inadequate calorie intake and chronic energy deficiency levels remain steady. Today child malnutrition is prevalent in 7 percent of children under the age of 5 in China and 28 percent in sub-Saharan Africa compared to a prevalence of 47 percent in India.

Under nutrition is found mostly in rural areas and is concentrated in a relatively small number of districts and villages with 10 percent of villages and districts accounting for 27-28 percent of all underweight children. Malnutrition limits development and the capacity to learn. It also costs lives: about 50 per cent of all childhood deaths are attributed to malnutrition. The prevalence of malnutrition varies across states, with Madhya Pradesh recording the highest rate (55 per cent) and Kerala among the lowest (27 per cent).

Malnutrition in early childhood has serious, long-term consequences because it impedes motor, sensory, cognitive, social and emotional development. Malnourished children are less likely to perform well in school and more likely to grow into malnourished adults, at greater risk of disease and early death. Child malnutrition is responsible for 22 percent of India’s burden of

disease. Every day, more than 6,000 children below the age of five die in India. More than half of these deaths are caused by malnutrition-mainly the lack of Vitamin A, iron, iodine, zinc and folic acid.

The Infant mortality rate is 54 per 1000 and malnourishment is a factor that attributes to almost half of all childhood deaths. Underweight children is the greatest problem found with 54% of the population under four years old followed by stunted growth in 52% of the population and 17% who are wasted.

Micronutrients are required in small quantities and responsible for vital functions of the human body. Micronutrient malnutrition has been a persistent problem in India, and as the recent data suggest, some forms of micronutrient malnutrition are reaching their peak in the present century. The consequences of micronutrient malnutrition are unacceptably high morbidity and mortality. Vitamin A, iron and zinc deficiency when combined constitute the second largest risk factor in the global burden of diseases; 330,000 child deaths are precipitated every year in India due to vitamin A deficiency. Approximately 250,000 to 500,000 malnourished children in the developing world go blind each year from a deficiency of vitamin A. Anemia affects 74% of children under the age of three and more than 90 % of adolescent girls and 50% of women. 6.6 million children are born mentally impaired every year in India due to iodine deficiency; intellectual capacity is reduced by 15 per cent across India due to iodine deficiency; and 200,000 babies are born every year with neural tube defects in India due to folic acid deficiency.

Based on the findings and research studies regarding the identification of nutritional problems among under five children, the researcher decided to conduct a study among Anganwadi workers after extensively visiting the Anganwadi centers in Tumkur district and monitored the services provided by then

Statement

A Study to assess the knowledge regarding facilities available in Anganwadi for under 5 years children among mothers in selected area of Pune city.

Objective

To assess the knowledge of mothers regarding facilities available for under 5 year childrens in selected Anganwadi.

Methodology

Descriptive research was used to assess the knowledge regarding facilities available in Anganwadi for under 5 years children among mothers in selected area of Pune city. The target population who fulfills the inclusion criteria are selected for this study, a non- probability convenient Sampling Technique was used to select 200 samples. A14 questions assessing the knowledge regarding facilities available in Anganwadis. Each corrected answer was given a score of one and wrong answer zero score. The score between poor 0–7, Average 8–14, Good 15–20 and 20 The tool was validated by 5 experts in department of child health nursing and community health nursing faculty. Valuable suggestions were incorporated and tool was finalized. Permission was obtained from undergraduate research monitoring committee and institute ethical committee.

The reliability of tool was established by conducting a pilot study. The data collection was conducted for one month in selected areas of Pune city. The investigators explained the purpose of the study and then gained their confidence by obtaining a written consent from samples. The data collection was done by questionnaire method a separate questionnaire was used for each under five year of children among the mother. Approximately 20 minutes were spent for each sample. Similarly the same data procedure was followed for the entire 200 samples.

Major Study Findings

Table No I 1 Showing Overall Knowledge of the Score

n=200

Sr no.	Knowledge score	Frequency	Percentage
1.	Good knowledge	95	47.5%
2.	Average knowledge	98	49%
3.	Poor knowledge	07	3.5%

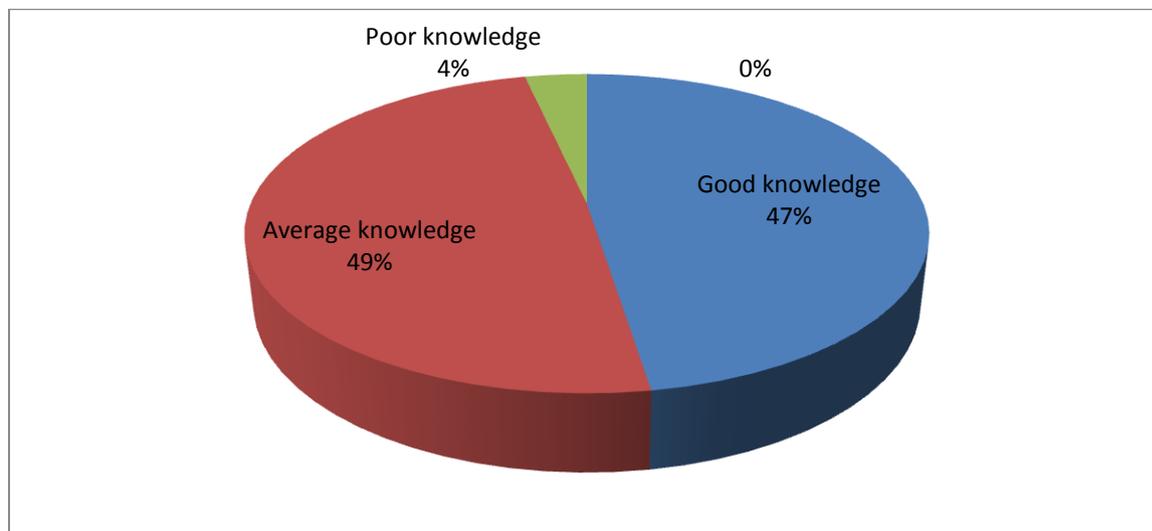


Table no. I - In group majority of mother (100%) having good knowledge regarding Facilities available in Anganwadi for under five year of childrens 47.5%, 49% mother having a average knowledge regarding facilities available in Anganwadi and 3.5% mother having a poor knowledge regarding facilities available in Anganwadi.

Implications

The present study can help nurses to enrich the awareness through outreach programme regarding facilities available in Anganwadi for under five year of childrens. General nursing education should give importance to the study about child facilities in Anganwadi. To improve the facilities of Anganwadi. The findings of the study help the community health nurses and students to develop the inquiry baseline. The general aspect of the study result can be made by further researcher to identify the level of fallacy regarding Anganwadi.

Conclusion

The following conclusions can be drawn from the study findings;

- Mother have more knowledge regarding facilities available in Anganwadi.
- Mother have sufficient knowledge about Anganwadi services and has observe the knowledge is more important for healthy individual..
- From all the data obtained, knowledge regarding facilities available in Anganwadi for under five year of children among the mother is average level.

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Ethical Clearance

Administrative approval from college ethical committee.

The whole process is described to the participants. Informed written consents were taken from the participants.

Demographic data was collected.

Structured questionnaire was given to the participants and they were given 20 minutes to solve the questionnaire.

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