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## Assessment of effectiveness of structured teaching programme on knowledge of the Anganwadi workers regarding prevention of malnutrition among under five children in selected ICDS centers at Jaipur

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#### Abstract

Growth and development of children till the age of 5-6 years is very important. Any adverse influence in this period related to malnutrition can lead to severe limitation in their development. Anganwadi workers at the local level and supportive personnel from health departments administer services, which include the following: supplementary nutrition, immunization, health checkups, referral services, treatment of minor illnesses, nutrition and health education for women, preschool education for children aged 3-6 years, and co-operation with improvement in supportive service such as water supply and sanitation. The present study was undertaken to assess the effectiveness of structured teaching programme on knowledge of the Anganwadi workers regarding prevention of malnutrition among under five children in selected ICDS centers. One group pre-test post-test research design, which is pre-experimental design, was selected to assess the knowledge of Anganwadi workers and the population was 50 Anganwadi workers by using purposive sampling technique. The tool used was structured knowledge questionnaire. The overall analysis of the data reveals that the maximum mean percentage obtained by the Anganwadi workers is found in the aspect of Type, Causes & Clinical manifestation (51.33%), followed by definition and nutrients (48.20%), introduction (48%) and least mean percentage obtained in the aspect of diagnosis, prevention, management & complication (44.20%). The overall Mean $\pm$ SD of pretest knowledge score was 19.06 $\pm$  6.94 and mean percentage of 47.65%.

The maximum mean percentage obtained by the Anganwadi workers is found in the aspect of Category of introduction (87.75%) followed by definition & nutrients (79.6%), diagnosis, prevention, management & complication (75.9%) and least mean percentage obtained in the aspect of types, Causes and clinical manifestation (67.66). The overall Mean $\pm$  SD of post test knowledge score was 30.98 $\pm$  6.24 and mean percentage of 77.45%.

It is evident that the obtained "t" value 18.62 is greater than the table value at 0.05 level of significance. Therefore, "t" value is found to be significant. It means there is gain in knowledge level of Anganwadi workers regarding prevention of malnutrition.

**Keywords:** Anganwadi workers, mal nutrition, structured teaching programme, Anganwadi centre

#### Introduction

A child's entire life is determined in large measurement by the food he consumes during his first five years of life. A series of dietary deficiencies will damage his health and inhibit growth and development. He may not live to see his sixth birthday and if he will survive he may very well carry the scars throughout his life.

Anganwadi workers has undergone three months of training on the nutrition, health and pre-school educational aspects of children below five years of age. Anganwadi workers functions at the grass root level and she is the first contact to the community from the health sector. Her trust worthiness is important to provide comprehensive care to the under five year old children.

#### Objectives of the study

1. To assess the knowledge of Anganwadi workers regarding prevention of malnutrition among under five children.
2. To assess the effectiveness of structured teaching programme on knowledge of Anganwadi workers regarding prevention of malnutrition among under five children.

- To findout the association between selected demographic variables with knowledge of Anganwadi workers regarding prevention of malnutrition among under five children.

**Hypothesis**

**H<sub>1</sub>:** There will be significant difference in the knowledge level of Anganwadi workers after structured teaching programme.

**H<sub>2</sub>:** There will be significant association between knowledge and selected socio-demographic variables of Anganwadi workers regarding prevention of malnutrition.

**Assumption**

- The Anganwadi workers will have inadequate knowledge regarding the prevention of malnutrition.

Structured Teaching Programme will enhance the knowledge of Anganwadi workers.

**Methodology**

**Research approach**

An evaluative approach was adopted for the present study.

**Research design**

One group pre-test post-test research design, which is pre-experimental design, was selected to assess the knowledge of Anganwadi workers regarding prevention of malnutrition. The pre-experimental design chosen for the study is as prescribed in the table.

**Table 1:** Description of pre-experimental research design

Study Group	Pre-test (administration of structured knowledge questionnaire)	Intervention (Administration of structured teaching programme)	Post-test (Administration of self structured knowledge questionnaire)
The Anganwadi workers	O <sup>1</sup>	X	O <sup>2</sup>

**O<sup>1</sup>:** Assessment of pre-test knowledge on prevention of malnutrition Among Anganwadi workers the on day 1.

**X:** Administration of structured teaching programme regarding malnutrition.

**O<sup>2</sup>:** Assessment of the Post-test knowledge after 7 days by structured teaching programme to assess the effectiveness.

**Variables**

**Independent Variable**

In the present study the independent variable is the “Stuctured teaching programme” regarding prevention and management of malnutrition.

**Dependent Variable**

In the present study, the dependent variable is the “Knowledge of the Anganwadi workers.”

**Extraneous variable**

In the present study age, educational status, family income, religion, source of information, place of residence, years of experience, are the extraneous variables.

**Setting of the study**

This study was conducted in selected Anganwadi Centers at Jaipur.

**Sample and Sample size**

50 Anganwadi workers who met the inclusion criteria formed were the sample of study.

**Sampling Technique**

In the present study, the sampling technique adopted for the study is purposive sampling technique.

**Criteria for selection of Samples**

**Inclusion criteria**

- Anganwadi workers who were available during the data collection.
- Anganwadi workers those who were willing to participate in study.

**Exclusion criteria**

- Anganwadi workers those who were not present at the time of data collection.
- Anganwadi workers who were not willing to participate in the study.

**Results**

In the present study during the pre-test, the maximum mean percentage obtained by the Anganwadi workers is found in the aspect of Introduction (48%), followed by Definition & Nutrients (42.20%), Type, Causes & Clinical manifestations (51.33%) and least mean percentage obtained in the aspect of Diagnosis, Prevention, Management & complication (44.20%). The overall Mean ±SD of pretest knowledge score was 19.06± 6.94 and mean percentage of 47.65%.

In the present study during the post-test, the maximum mean percentage obtained by the Anganwadi workers is found in the aspect of Category of introduction (87.75%) followed by Definition & Nutrients (79.6%), Diagnosis, Prevention, Management & complication (75.09%) and least mean percentage obtained in the aspect of Type, Causes & Clinical manifestations (67.66%). The overall Mean± SD of post test knowledge score was 30.98± 6.24 and mean percentage of 77.45%.

**Conclusion**

The majority 54% had moderate knowledge followed by 40% had adequate knowledge and 6% of the Anganwadi workers had inadequate knowledge regarding early diagnosis and prevention of malnutrition in the pre test.

After administration of structured teaching programme 56% of the Anganwadi workers had Adequate knowledge, followed by 38% had moderate knowledge and 6% of them had Inadequate knowledge regarding prevention of malnutrition.

The conclusion was drawn on the basis of the findings of the study shows that there was an improvement in the knowledge of Anganwadi workers as evidenced by significant difference between the pre test and post test knowledge scores. The total difference in the mean of

overall knowledge score was with 19.92 the 't' value of 18.65 is found to be significant at the level of  $p < 0.05$

### References

1. Jessi M. Chellapa, pediatric nursing 5<sup>th</sup> edn.pp.10
2. Kumar, R. child development of India. New Delhi: Ashish publishing house. 1989, 162.
3. Thomas AG. Parental and Entral nutritional in gastro intestinal disease' Indian journal of pediatrics. 1994; 61(11):643
4. Gellispie, Stuart. Assessing child malnutritional – Some Basic issues" NFI bulletin. 1995; 16(4):1-3
5. Gellispie, Stuart. 'Child nutrition in India' NFI bulletin. 1996; 17(1):6-8
6. Ghosh Shanthi. ICDS programme- need for roappraisal. Indian pediatric. 1997; 34(10):91-914.
7. Kapil U, Pradhan R. Department of human nutrition India of Medical Association. 2000: 559-60.
8. Udani PM, Department of paediatric" Indian J Peadiatric. 59(2):165-86.
9. Naidu Vijaylaxmi, a study to develop a self instructional module based on the learning needs of the Anganwadi workers regarding malnutrition among children below six years of age, in urban Icds centres, Davangere, 2007.
10. Stewart A. Truswell *et al*, Text book for ABC of nutrition, book.google.co.in, 2003; 45.
11. Selwin Stanley *et al*, Text book for social problem: perspectives for intervention, page 63. Book.google.co.in. 2004
12. Shah MS *et al* Current Pediatric Research, Verbal autopsy to determine causes of deaths among under-five children. (2010-01 - 2010-06); 14, 1.
13. Population India, Karnataka Integrated Child Development Services Funding Pattern: ICDS is a Centrally-sponsored Scheme implemented through the State Governments / UT Administrations. Prior to. 2005-06,
14. Anuradha *et al*. Role of Reorientation Training in Enhancement of the Knowledge Regarding Growth Monitoring Activities by Anganwadi workers in Urban Slums of Delhi, Indian Journal of Community Medicine 2008, 33, 1.
15. Park KE. Text book of social and preventive medicine 15<sup>th</sup> edn. Jabalpur: Bhanarsi Das Bhanot. 1997; 20, 343, 388,264.
16. Polit DF, Hungler BP. Nursing research principle and method, philafelphia J.B. Lippincott Company 1995, 094.
17. Who Report Life in the 21 century – A vision for all WHO Geneva. 1998, 87-93.
18. People's Health assembly Health Action. 2000; 8-10.
19. Kapil U, Pradhan R, "Department Human nutrition" Indian J Public Health. 43(1):21-5.
20. Ghosh, Shanthi. ICDS Programme-Need for reappraisal: India paediatric. 1997; 34(10):911-914
21. Gupte, Suraj. The report text book of paediatrics. 8<sup>th</sup> edn. New Delhi: Jaypee brothers. 1998, 81-86
22. UNICEF, malnutrition the invisible compromise. The state of worlds children. 1994. 16
23. Chirmulay D, nissar R. Nutritional status of tribble under 5 children in ahmandnagar district, maharastra in relation to weaning feeding practices. Indian paediatrics. 1993; 30(3):215
24. Madan, Sushil. Nutrition on pre school children: strengthen approach to promotion" Indian paediatrics, 1989; 26(4):311-313
25. Kurup AM. Integrated child development scheme". Issue of social welfare. 1990, 27-29
26. Devdas P, Rajammal Usha C, Premkumari S. nutritional challenges India faces today. The Indian journal of nutritional and dietetics, 1993; 30:271278
27. Gupte, suraj. The report text book of paediatrics. New delhi: jaypee brothers medical publishers.1995; 40-95.
28. Walia BNS, Mantry SB. Strategy for child survival". Indian paediatrics. 1991; 28(12):143-147.
29. Tendon BN, Ramachandran NK. Bathnagar S. ICDS in India: objective, organization and baseline servey of the project population Indian journal of medical research. 1981; 3:374-384.