A Study to Assess the Knowledge Regarding Community Based Programme on Management of Moderate Acute Malnutrition Among Peripheral Workers of Selected PHC At Vijayapur District with A View to Develop Information Guide Sheet

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Abstract

Background

Malnutrition is widely recognized as a major health problem in developing countries. Growing children in particular are most vulnerable to its consequences. It has also had an impact on every demographic. In order to offer all-encompassing care, appropriate direction, and counseling, the awareness program nurse must evaluate how much the peripheral workers at the PHCs had knowledge regarding the malnutrition to assess the high risk groups who are prone to get malnutrition.

OBJECTIVES OF STUDY

- To assess the knowledge on community based programme on management of moderate acute malnutrition among peripheral workers.
- To find out association between knowledge with selected demographical variables.
- To plan and provide informational guide sheet on management of moderate acute malnutrition for peripheral workers.

Methodology

The study used a non-experimental methodology, a descriptive survey design, and a Non Probability convenient sampling technique. 60 peripheral Workers at selected PHC were given the structured knowledge questionnaires along with inclusion and exclusion criteria, in order to gather data from respondents. The tool had 44 items that assessed one's knowledge regarding moderate acute malnutrition. Both descriptive and inferential statistics were used to describe the outcomes.

Results

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33.3% of respondents are in the age group of 25-30 year Majority (66.6%) of respondents are Aganwadi workers. Majority (33.3%) of the respondents are studied up to SSLC and PUC. 66.6% of the respondents are Married. 33.3% of the respondents are having 4501-6500 income per month. 33.3% of the respondents are 4-6 and more than 6 years. 33.3% of the respondent are having knowledge from in-service education. 75% of the respondents are not having training. 33.3% of the respondent are had training from seminar and in-service education. 38.3% are having poor knowledge. 41.6% are having good knowledge and 16.6% are having average knowledge 3.3 are having excellent knowledge .

Interpretation and Conclusion

The peripheral workers were having poor knowledge and average knowledge regarding management of moderate acute malnutrition. The study had further recommendations and suggestions.

Key Words: Assess, Knowledge, Community Based Programme, Acute Malnutrition, Peripheral Workers, PHC

I. INTRODUCTION

Good nutrition is the basic component of healthy growth development and for maintaining health throughout life. A survey by the World Health Organization -the number of underweight pre-school children (0-5 years of age) is 40 %. Every 6 seconds a child dies from malnutrition and related causes. In India malnutrition is one of the major health problems where children are suffering from malnutrition with a view of reducing and controlling malnutrition the peripheral workers can play a vital role in improving the nutritional status of mother and children. Thus for reducing malnutrition from community the community members should work hard to reduce ignorance and illiteracy in rural respective area. They should also try to develop healthy culture and customs on the issue of malnutrition every member of Panchayat raj institutes to the more efforts.

II.OBJECTIVES

- To assess the knowledge on community based programme on management of moderate acute malnutrition among peripheral workers.
- To find out association between knowledge with selected demographical variables.
- To plan and provide informational guide sheet on management of moderate acute malnutrition for peripheral workers.

RESEARCH HYPOTHESIS

H_1: There is a significant association between the knowledge score with selected demographic variables on community based programme on management of moderate acute malnutrition.

Delimitations

The Study will be delimited to;

- The study period is limited to 4-6 weeks.

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- ❖ Study size is limited to 60 samples.
- ❖ The study area is limited to selected PHC of Vijayapur district

III.MATERIALS AND METHODS

Research Approach

Quantitative research approach was used for this study.

Research Design

Non experimental descriptive survey research design was used for this study

Variable:

- **Dependent variables**: knowledge
- **Independent variable**: community based program on management of moderate acute malnutrition
- **Demographic variable**: Age, occupation, educational status, marital status, experience, source of information, nature of training, special training, monthly income**.**

Inclusion Criteria:

- Peripheral Worker who know Kannada to read and write.
- Who are willing to participate
- Peripheral Worker who are present during the time of study.

Exclusion criteria

- Who are not willing to participate
- Peripheral workers who are not present during the time of study.

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Setting of the study

Study is conducted in selected PHC at Vijayapur District.

Study Population

Peripheral Workers in a selected PHC at Vijayapur District.

Sampling Technique

Non Probability Convenient sampling technique used for this study

Sample size

The samples for the present study were 60 peripheral Workers at selected PHC Vijayapur District.

DESCRIPTION OF THE INSTRUMENTS

The data collection instrument is divided in to 2 parts:

Part I: Structured questionnaire for socio-demographic al variables

Part II: Structured knowledge questionnaires.

DATA ANALYSIS

Data will be analyzed by using descriptive and inferential statistics.

1. To compare the data with master data. This would be prepared by the investigator.
2. The assessment of knowledge is done by assigning 1 mark to each questions.
3. Finding the relationship between knowledge.
4. The association between knowledge and with demographic variables by using Chi-square test.
5. To develop the information guide sheet on knowledge regarding management of moderate acute malnutrition.

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IV.RESULTS AND DISCUSSION

1- Demographic variables of respondents

Age

out of 60 15(25%) of the respondents were between the age group of less than 21years, 15(25%) were between the age group of 21-25 years,and20(33.3%) age group is25-30 and 10(16.6%) age group is more than 30 years

Occupation

Out of 60 health workers, 40(66.6%) are Anganwadi workers and also 20 (33.3%) are ASHA workers.

Education Status

That majority of the respondents 20(33.3%) had studied SSLC, 20(33.3%) of respondents had studied PUC and degree 10(16.6%) and others are 10(16.6%) of respondents had studied

Marital Status

Majority of the respondents 40(66.6) % were married, 5(8.3%) were unmarried and 8(13.3%) are widow only 7 (11.6%) respondents were separated

Monthly income

Majority of the Respondents 15(25%) have monthly income Less than 3000 15(25%) of them have monthly income is 3000-4500 and 20(33.30%) monthly income is 4501-6500 and 10(16.6%) are more than 6500 respondents have monthly income in rupees.

Working experience

That majority of the respondents i.e. 10 (16.6%) have working experience Less than 2 years, 10 (16.6%) have working experience between 2-4 years, 20 (33.3%) have experience in between 4-6 years and 20 (33.3%) have experience above 6 years

Source of information

Majority of the respondents i.e. 15(25%) have information from pamphlets and 15(25%) from booklet, 20(33.3%) from in service education and 10(16.6%) are taken from other information

Special training

15 (25%) of the respondents have attended training and majority i.e. 45 (%) of the respondents did not attended any training

Nature of training

Majority of the respondents i.e. 10 (16.6%) had training from workshop and 10 (16.6%) from conference, 20 (33.3%) are from seminar and also 20 (33.3%) are had training from in-service education.

II- Assessment of knowledge of Respondents

Knowledge	No. of Respondents	Percentage

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Poor	23	38.33%
Good	25	41.66%
Average	10	16.66%
Excellent	2	1.2%

Above table reveals 38.33 are having Poor knowledge, 41.66% are having Good knowledge and116.66% Average knowledge and 1.2%are having Excellent knowledge.

III-Association of demographic variables with Knowledge

Demographic Variables	Category	Knowledge				X^2	T Value	DF	Remarks
		Poor	Good	Average	Excellent				
Age	<21	6	7	2	0	0.39	5.99	2	NS
	21-25	6	6	3	0				
	25-30	7	7	4	2				
	>30	4	5	1	0				
Occupation	Aganwadi Worker	15	15	8	2	2.72	3.84	1	NS
	ASHA Worker	8	10	2	0				
Education	SSLC	7	9	3	1	6.56	5.99	2	S
	PUC	7	9	3	1				
	Degree	4	4	2	0				
	Other	5	3	2	0				
Marrital status	Married	15	16	7	2	1.09	3.84	1	NS
	Unmarried	1	3	1	0				
	Widow	3	4	1	0				
	Seperated	4	2	1	0				
Income	<3000	6	7	2	0	2.71	5.99	2	NS
	3001-4500	6	7	2	0				
	4501-6500	7	7	4	2				
	>6501	4	4	2	0				
Expireance	<2years	4	5	1	0	2.53	5.99	2	NS
	2-4 years	4	5	0	1				
	4-6 years	7	8	4	1				
	>6 years	8	7	4	1				
	Pampletes	6	7	2	0				

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Source of information	Booklets	6	7	2	0	0.271	3.84	1	NS
	Inservice education	8	7	4	1				
	Any other	4	4	2	0				
Training	Yes	6	7	2	0	0.571	3.84	1	NS
	No	17	18	8	2				
If yes Nature of training	Workshop	4	5	1	0	0.137	3.84	1	NS
	Conferance	4	5	1	0				
	Seminar	7	8	4	1				
	Inservice education	8	7	4	1				

Above table shows the association between knowledge and demographic variables. It is noted that the calculated value is greater than the table value for the demographic variable of age, occupation, educational status, Marital status, income, Experience, Source of information training, nature of training ,information regarding Management of moderate acute malnutrition. Thus the demographic variable educational status having association with knowledge. The demographic variables of age, occupation, marital status, income, experience, Source of information, training, nature of training, information marital status, is not association with knowledge.

V.CONCLUSION

Malnutrition is widely recognized as a major health problem in developing countries. Growing children in particular are most vulnerable to its consequences. In order to offer all-encompassing care, appropriate direction, and counseling, the awareness program nurse must evaluate how much the peripheral workers at the PHCs had knowledge regarding the malnutrition to assess the high risk groups who are prone to get malnutrition. 38.33 are having Poor knowledge, 41.66% are having Good knowledge and116.66% Average knowledge and 1.2%are having Excellent knowledge. thus the demographic variable educational status having association with knowledge. The demographic variables of age, occupation, marital status, income, experience, Source of information, training, nature of training, information marital status, is not association with knowledge. An interventional study can be carried out on prevention of moderate acute malnutrition.

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CONFLICT OF INTEREST- None declared

ETHICALCLEARENCE- Ethical Clearance Certificate was obtained by Institutional Ethical Committee**.**

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