

Knowledge regarding health status of toddler among Anganwadi teachers in selected villages

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Abstract

Background: To assess the knowledge regarding health status of toddler among anganwadi teachers in selected villages, at Nellore.

Materials & methods: Quantitative research approach and descriptive design was adopted for the study. 30 samples were selected by non-probability purposive sampling technique. The data was collected by using structured knowledge questionnaire. The data was analysed by using descriptive and inferential statistics.

Results: The majority of Anganwadi teachers (80%) had inadequate knowledge, (20%) had moderate knowledge and no Anganwadi teachers had average knowledge.

Conclusion: Anganwadi teachers need to improve the knowledge regarding health status of the toddler.

Keywords: Anganwadi teachers, health status, toddler

1. Introduction

Children between 1-3 years of age are generally called toddlers. During this time the child emerges from the total dependency of infancy into beginning independency (or) autonomy. A large majority of this children time in rural and tribal areas and in urban status. Although the toddler grows about 1.8-2.7kgs per year. The height increases about 10-12.5 cm per year. The changes in physical, emotional, social and intellectual across as their toddler grows and develops. In this age the toddler begins to interact with others and outside the family. Early child hood from baby's birth to until he/she turns 5 years is when children develop skills. The behavioural characteristics commonly include negativism and temper tantrum, ritualistic behaviours and ambivalence. The basic needs of the toddler are for love and security, discipline leading to self-control progression to independence and achievement of control of bodily function.

An Anganwadi centre provides basic health care in Indian villages. It is a part of the Indian public health-care system. Basic health-care activities include contraceptive counselling and supply, nutrition education and supplementation, as well as pre-school activities. These centres provide supplementary nutrition, non-formal pre-school education, nutrition and health education, immunization, health check-up and referral services of which later three services are provided in convergence with public health systems.

The activities of anganwadi workers include to weigh each child every month, record the weight graphically on the growth card, use referral card for referring cases of mothers/children to

the sub centres/PHC etc., and maintain child cards for children below 6 years and produce these cards before visiting medical and paramedical personnel. To organize non-formal pre-school activities in the Anganwadi of children in the age group 3-6 years of age and to help in designing and making of toys and play equipment of indigenous origin for use in Anganwadi. To organize supplementary nutrition feeding for children (0-6 years) and expectant and nursing mothers by planning the menu based on locally available food and local recipes and also support in organizing Pulse Polio immunization (PPI) drives.

2. Methodology

Quantitative research approach and descriptive design was adopted for the study. 30 samples were selected by non-probability purposive sampling technique. The data was collected by using structured knowledge questionnaire. The data was analyzed by using descriptive and inferential statistics. The study was conducted in Anganwadi centre's at Nellore. After obtaining permission from the Anganwadi teachers, the data collection was carried out for the period of 7 days. A structured questionnaire was used to assess the knowledge regarding health status of the toddler among Anganwadi teachers.

3. Data analysis

The data was analysed by using both descriptive and inferential statistics such as frequency, percentage, mean and standard deviation, and chi square analysis.

4. Results

Table 1: Description of the demographic variables of the samples

Variables	Categories	frequency	percentage%
Age in years	20-25	5	16.66
	25-30	11	36.66
	30-35	11	36.66
	35-40	3	10.0
Gender	Male	15	50
	Female	15	50
Religion	Hindu	23	76.66
	Muslim	7	23.33
Medium	English	10	33.33
	Telugu	20	66.66
Work experience	Less than 5	14	46.66
	5-10	7	23.33
	10-15	4	13.33
	More than 15	5	16.66
Area of residence	Rural	20	66.66
	Urban	10	33.33

Table 2: Level of knowledge regarding health status of the toddler of anganwadi teachers (N=30)

Level of knowledge	Frequency (f)	Percentage (%)
Inadequate knowledge	24	80
Moderate knowledge	6	20
Total	30	100

Table 3: Mean and standard deviation of level of knowledge regarding health status of the toddler among anganwadi teachers.

Criteria	Mean	Standard deviation
Level of knowledge	16.13	2.33

Table 4: Association between the level of Knowledge regarding health status of toddler among Anganwadi teachers with their selected socio demographic variables (N=30)

S. No.	Demographic variables	Inadequate knowledge <50%		Moderate knowledge 50-75%		CHI-SQUARE x ²
		F	%	F	%	
1.	Age					C= 3.17 T=7.82 df =3 p=0.05 NS
	a)20-25yrs	3	10%	2	6.6%	
	b)25-30yrs	10	33.4%	1	3.4%	
	c)30-35yrs	8	26.6%	3	10%	
	d)35-40yrs	3	10%	-	-	
2.	Gender					C= 0.21 df =1 T=6.67 P=0.05 NS
	a)male	12	40%	3	10%	
	b)female	12	40%	3	10%	
3	Religion					C=5.9 T=3.84 df =1 P=0.05 S*
	a)Hindu	20	66.6%	3	10%	
	b) Muslim	3	10%	4	13.4%	
4	Area of residence					C=3.75 T=3.84 df =1 P=0.05 NS
	a)Rural	18	60%	2	6.6%	
	b)Urban	6	20%	4	13.4%	
5	Medium					C=0.7 T=3.84 df=1 P=0.05 NS
	a)English	6	20%	4	13.4%	
	b)Telugu	15	50%	5	16.6%	
6	Work experience					C=1.76 T=7.82 df=3 P=0.05 NS
	a)Less than 5	10	33.4%	4	13.4%	
	b)5-10	3	10%	4	13.4%	
	c)10-15	2	6.6%	2	6.6%	
	d)More than 15	3	10%	2	6.6%	

Major findings of the study

Regarding demographic variables

- Regarding age 36.6% of the anganwadi teachers belongs to the age group of 30-35 years and 36.4% of the anganwadi teachers were 25-30 years.
- Regarding gender 50% were males and 50% were females.
- Regarding religion 76.7% Hindus and 23.3% were muslims.
- Regarding area of residence 66.6% residing in rural area and 33.4% were in urban area.
- Regarding medium 66.66 studied telugu and 33.33 studied english medium.
- Regarding work experience 46.66 %had less than 5, 23.33 %had 7, 13.33% had 4and 16.66 %had more than 5years experience.

Regarding level of knowledge

- 80% Anganwadi teachers having <50% of knowledge and 20% anganwadi teachers having 50-75% knowledge.

Regarding Association between levels of Knowledge regarding health status of toddler among Anganwadi teachers with their selected socio demographic variables.

Age, gender, area of residence, medium and work experience are not significant demographic variables. Religion is a significant demographic variables.

5. Conclusion

Anganwadi teachers lack the skills, resources and equipment they need to save children's lives. Low cost interventions could reduce neonatal mortality by up to 70 per cent if provided universally. While Anganwadi teachers tend to be well-educated, they are often poorly trained. Anganwadi teachers are India's primary tool against the scourges of child malnourishment, infant mortality and curbing preventive diseases such as most minor ailments. Strengthening health systems to provide interventions to all children will save many young lives.

6. References

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