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A Study To Assess The Awareness Regarding Poshan Abhiyan Among Women In Reproductive Age Group Of Selected Rural Areas Of Udaipur, Rajasthan With A View To Develop A Leaflet

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ABSTRACT

OBJECTIVES OF THE STUDY

1. To assess the level of awareness regarding Poshan Abhiyan among women in reproductive age group of selected rural areas of Udaipur.
2. To find out association between awareness regarding Poshan Abhiyan among women in reproductive age group of selected rural areas of Udaipur with their selected socio demographic variables.
3. To develop a leaflet regarding Poshan Abhiyan among women in reproductive age group of selected rural areas of Udaipur

HYPOTHESIS

H_1: There will be a significant association between awareness regarding Poshan Abhiyan among women in reproductive age group and their selected demographic variables at 0.05 level of significance.

H_{01}: There will be no significant association between awareness regarding Poshan Abhiyan among women in reproductive age group and their selected demographic variables at 0.05 level of significance.

METHODOLOGY

The study aimed to assess the awareness of Poshan Abhiyan among women in the reproductive age group in rural areas of Udaipur, Rajasthan. A descriptive non-experimental research design was used, and data were collected using a structured interview schedule with two sections: socio-demographic variables and awareness of Poshan Abhiyan. A pilot study was conducted in Mavli block with 30 women, and the reliability of the tool was established with a coefficient of 0.86. The main study involved 100 women from Girwa and Gogunda blocks. Data analysis included both descriptive and

inferential statistics, with chi-square tests used to examine associations between awareness and socio-demographic variables.

Results:

The results revealed that 58% of the women had low awareness, 42% had moderate awareness, and only 1% had good awareness regarding Poshan Abhiyan. Socio-demographic factors such as education, occupation, family income, and hearing about Poshan Abhiyan were significantly associated with awareness levels. However, variables like age, family type, marital status, number of children, and diet had no significant influence.

Conclusion:

The present study was undertaken "a study to assess the awareness regarding Poshan Abhiyan among women in reproductive age group of selected rural areas of Udaipur, Rajasthan with a view to develop a leaflet"

The present study concluded that a majority of women had low awareness about Poshan Abhiyan, and certain socio-demographic factors influenced their level of awareness. It recommended focusing on educational interventions and community health programs to improve awareness, particularly in rural areas. Additionally, the study emphasized the importance of integrating Poshan Abhiyan into nursing education and practice, advocating for proactive nurse-led awareness campaigns, and involving community health workers to enhance outreach and effectiveness.

Keywords: Women in reproductive age group, Poshan Abhiyan, Leaflet**.**

INTRODUCTION

"A man is just as dead if he dies of malnutrition as of bullets"

Nutrition is the science of food and its impact on health, focusing on how nutrients contribute to growth, development, and overall well-being[1]. Essential nutrients, including proteins, vitamins, and minerals, play a vital role in maintaining good health and preventing malnutrition. Poor nutrition can result in deficiency-related diseases such as anemia, scurvy, and osteoporosis, as well as excess nutrient conditions like obesity and metabolic syndrome[2]. Deficiency or lack of any nutrient essential to the body leads to malnutrition. Malnutrition, whether due to undernutrition, micronutrient deficiencies, or obesity, remains a major global health concern, particularly in low- and middle-income countries[3].

women in India are particularly vulnerable to poor health outcomes, influenced by various life events[4]. A significant milestone in a woman's life is menarche, marking the start of her reproductive years. The World Health Organization (WHO) defines the reproductive age group as 15–49 years, a phase that encompasses menarche, peak fertility, and menopause, making it critical for maternal health, fertility, and overall well-being[5]. Several factors, such as nutrition, socio-economic status, healthcare access, and

lifestyle choices, significantly affect women's reproductive health. However, many women experience nutritional deficiencies due to poor dietary intake, food insecurity, cultural practices, and economic limitations, leading to adverse health consequences[6].

Especially women in the reproductive age group face a heightened risk of nutritional deficiencies, which can have long-term health repercussions. Poor nutrition not only impacts a woman's own health but also increases the likelihood of giving birth to an undernourished child, thereby continuing the cycle of malnutrition across generations[7]. The risk is particularly high among adolescent mothers, women with closely spaced pregnancies, and those with multiple children. Nutritional needs rise significantly during pregnancy and breastfeeding, making it essential for women to consume nutrient-rich diets to support their own health and the health of their children[7].

Several nutritional deficiencies significantly impact women's health. Iron Deficiency Anemia (IDA) is widespread among women experiencing heavy menstrual bleeding or frequent pregnancies, resulting in fatigue, weakened immunity, and poor pregnancy outcomes[8]. Folate deficiency is another major issue, as folic acid plays a crucial role in DNA synthesis and fetal development, and its inadequacy during pregnancy raises the risk of neural tube defects in newborns[9]. Additionally, calcium and vitamin D deficiencies adversely affect bone health, particularly during pregnancy and lactation, when maternal calcium reserves are depleted[10]. Protein-energy malnutrition (PEM) is a pressing concern, especially in low-income populations, where insufficient protein intake results in muscle loss, weakened immunity, and higher pregnancy complications[11].

Malnutrition remains a major public health issue in India, affecting millions of women and children despite the country's economic growth. The Global Nutrition Report 2021 highlighted the severity of malnutrition, revealing that 7.7% of children are severely wasted, 19.3% are wasted, and 35.5% are stunted. Additionally, 17% of children under six years old are underweight, with 36% stunted and 6% wasted, signaling an urgent need for comprehensive interventions[12]. The primary causes of malnutrition in India include inadequate dietary intake, limited healthcare access, lack of sanitation, and socio-economic disparities, particularly in rural areas.

Among the most vulnerable populations are women of reproductive age, who suffer from anemia, undernutrition, and micronutrient deficiencies. Over 50% of women in the reproductive age group suffer from anemia, which is directly linked to malnutrition. Malnourished mothers are more likely to have children who suffer from stunting, cognitive delays, weakened immunity, and higher disease risks, perpetuating intergenerational malnutrition[7].

Recognizing the urgency of addressing malnutrition, the Government of India has implemented several nutrition-focused initiatives. The National Food Security Act (NFSA) of 2013 ensures subsidized food grains to 75% of the rural population and 50% of the urban population through the Public Distribution System (PDS). The Pradhan Mantri Garib Kalyan Anna Yojana (PMGKAY), launched during COVID-

19, is among the largest food security programs globally, reaching 81.35 crore people[12]. The Antyodaya Anna Yojana (AAY), introduced in 2000, provides subsidized food to 20 million poor households.

The Anemia Mukt Bharat strategy aims to combat anemia through age-specific iron and folic acid supplementation, political commitment, and effective monitoring[14]. It plays a crucial role in addressing nutritional deficiencies, especially among women of reproductive age, reducing the risk of anemia-related complications. through age-specific iron and folic acid supplementation, political commitment, and effective monitoring.

To combat the nutritional status, the Government of India has taken one of the key initiatives as the POSHAN Abhiyaan, launched in 2017 under the National Nutrition Mission (NNM). The POSHAN Abhiyaan aims to reduce stunting, undernutrition, and anemia by targeting children, pregnant and lactating women, and adolescent girls. The initiative's objectives include reducing stunting and undernutrition in children under six years old, addressing anemia in children aged 6-59 months, and improving the nutritional outcomes of women and adolescent girls aged 15-49. the key pillars of POSHAN Abhiyaan include ICDS-CAS (Common Application Software), convergence, behavioral change and IEC advocacy, training and capacity building, innovations, incentives, and grievance redressal[15].

The mission employs a combination of community-based approaches, sectoral convergence, behavioural change strategies, and technological interventions.

To improve nutritional outcomes through various targeted interventions under POSHAN Abhiyaan include: Infant and Young Child Feeding (IYCF), food and nutrition security, immunization, institutional delivery, WASH (Water, Sanitation, and Hygiene), deworming, ORS-Zinc supplementation, food fortification, dietary diversification, adolescent nutrition, maternal health and nutrition, early childhood development (ECD)/early childhood care and education (ECCE), convergence, ICT-RTM (Information and Communication Technology-enabled Real-Time Monitoring), and capacity building[15].

Despite these efforts, challenges such as regional disparities, limited awareness, and economic barriers continue to hinder progress. Traditional practices in rural and tribal areas, such as delayed breastfeeding and inadequate hygiene, further exacerbate malnutrition. The COVID-19 pandemic disrupted food supply chains and health services, complicating efforts to address malnutrition[7].

While India has made progress in addressing malnutrition through initiatives like POSHAN Abhiyaan, there is still much work to be done. A multifaceted approach, including better healthcare access, improved sanitation, community engagement, and enhanced food security, is essential for sustained progress. Addressing the root causes of malnutrition, such as poverty, food insecurity, and lack of education, is crucial for breaking the cycle of malnutrition and ensuring a healthier and more productive future for India's women and children[12,13].

PROBLEM STATEMENT

"A STUDY TO ASSESS THE AWARENESS REGARDING POSHAN ABHIYAN AMONG WOMEN IN REPRODUCTIVE AGE GROUP OF SELECTED RURAL AREAS OF UDAIPUR, RAJASTHAN WITH A VIEW TO DEVELOP A LEAFLET."

OBJECTIVES OF THE STUDY

1. To assess the level of awareness regarding Poshan Abhiyan among women in reproductive age group of selected rural areas of Udaipur.
2. To find out association between awareness regarding Poshan Abhiyan among women in reproductive age group of selected rural areas of Udaipur with their selected socio demographic variables.
3. To develop a leaflet regarding Poshan Abhiyan among women in reproductive age group of selected rural areas of Udaipur

OPERATIONAL DEFINITION

ASSESS – refers to a way of identifying awareness regarding Poshan Abhiyan among women in reproductive age group of selected rural areas of Udaipur, Rajasthan.

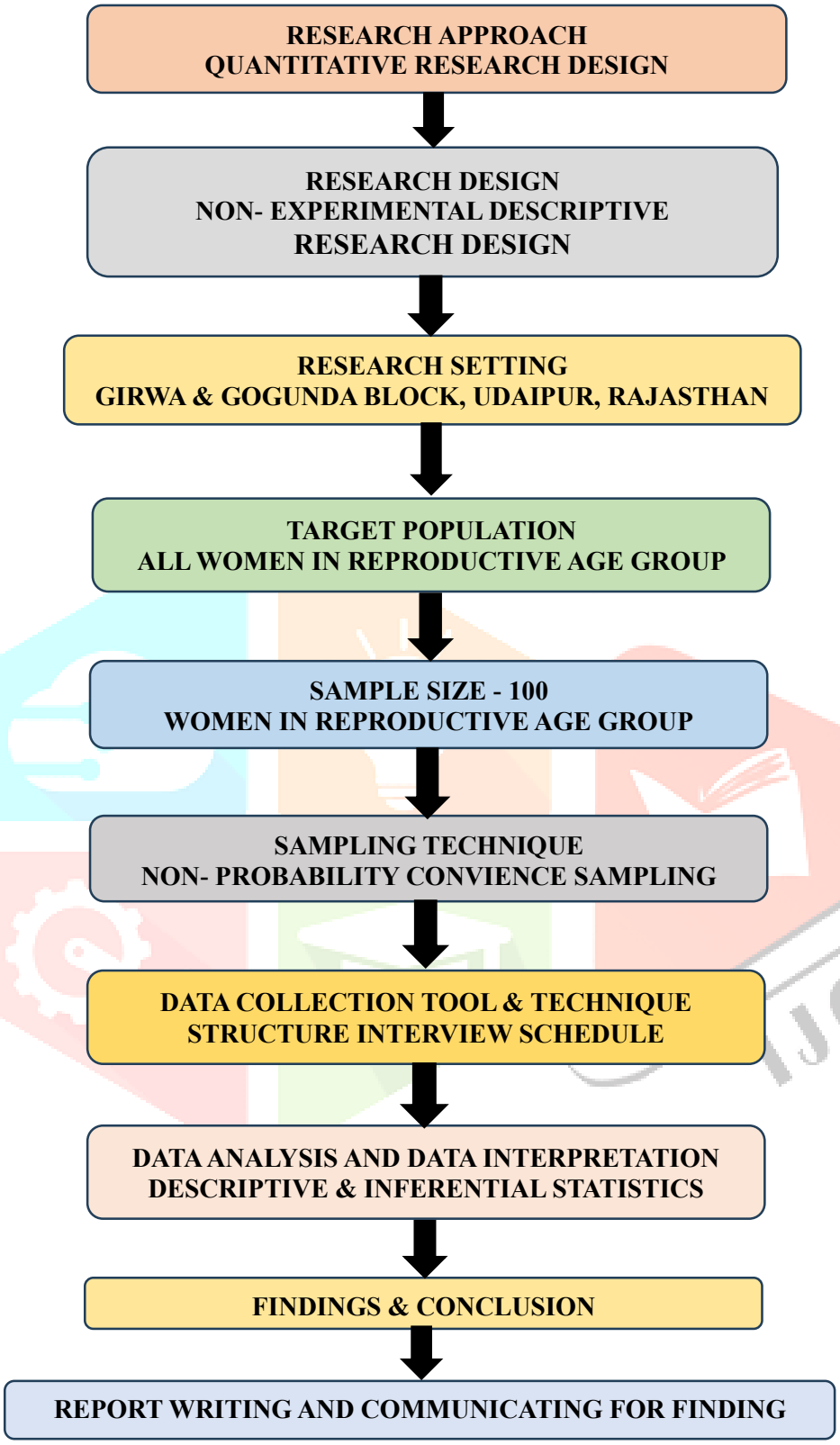
AWARENESS – referred as score obtained by a structured interview schedule on Poshan Abhiyan among women in reproductive age group of selected rural areas of Udaipur.

POSHAN ABHIYAN – refer to national flagship program launched by the Government of India in 2017 under the National Nutrition Mission (NNM) aimed at addressing malnutrition through a comprehensive and integrated approach. The POSHAN Abhiyaan aims to reduce stunting, undernutrition, and anemia by targeting children, pregnant and lactating women, and adolescent girls. The mission employs a combination of community-based approaches, sectoral convergence, behavioral change strategies, and technological intervention on improving the nutritional status of children, pregnant women, and lactating mothers across the country.

WOMEN IN REPRODUCTIVE AGE GROUP – refers to the women in the age group of 15 to 49 years which includes Adolescent girls, pregnant women and lactating mother who are belonging to this age group.

LEAFLET – refers to a concise, printed informational document designed to educate and inform the reproductive about the POSHAN Abhiyaan program. This leaflet serves as a tool for raising awareness about the program's goals, strategies, and benefits, and it aims to develop a self- learning and a behavioural change especially in Adolescent girls, pregnant women and lactating mother of reproductive age group.

RESEARCH METHODOLOGY



RESULT

The collected data have been edited, tabulated, analysed, interpreted and the findings obtained were presented in the form of tables, and diagrams represented under the following sections:

SECTION -A	**FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE SAMPLES ACCORDING TO THEIR SOCIO- DEMOGRAPHIC VARIABLES**
SECTION -B	**FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE SAMPLES ACCORDING TO THEIR LEVEL OF AWARENESS REGARDING POSHAN ABHIYAN**
SECTION- C	**MEAN, MODE, MEDIAN AND STANDARD DEVIATION ACCORDING TO THE LEVEL OF AWARENESS SCORE OF THE SAMPLES REGARDING POSHAN ABHIYAN**
SECTION- D	**ASSOCIATION BETWEEN AWARENESS SCORES REGARDING POSHAN ABHIYAN AMONG SAMPLES AND THEIR SELECTED SOCIO-DEMOGRAPHIC VARIABLES.**

SECTION- A

FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE SAMPLES ACCORDING TO THEIR SOCIO- DEMOGRAPHIC VARIABLES

Table No. 2 - Frequency and percentage distribution of the samples according to their socio-demographic variables

(N=100)

SNO	SOCIO-DEMOGRAPHIC VARIABLE	CATEGORIES	FREQUENCY	PERCENTAGE (%)
1.	**AGE**	18-23	45	45
		24-29	40	40
		30-35	12	12
		36 and above	03	3
2	**EDUCATIONAL STATUS**	8^{th}	22	22
		10^{th}	17	17
		12^{th}	27	27
		Graduation	11	11
		No formal education	23	23
3	**TYPE OF FAMILY**	Nuclear	38	38
		Joint	62	62
4	**MARITAL STATUS**	Unmarried	34	34
		Married	66	66
		Divorced	0	0
		Widowed	0	0
5	**TYPE OF DIET**	Vegetarian	52	52
		Mixed	48	48
6	**OCCUPATION**	Home maker	57	57
		Self-employed	26	26
		Student	17	17
		Private employee	0	0
		Govt. employee	0	0
7	**NO. OF CHILDREN**	One	17	17
		Two	24	24
		Two and more	19	19
		None	40	40

8	**FAMILY MONTHLY INCOME**	Below 10,000 10,001-20,000 20,001-30,000 30,001 and above	47 28 15 10	47 28 15 10
9 I	**AWARENESS ABOUT POSHAN ABHIYAN**	Yes No	17 83	17 83
II	**IF, YES (N=17)**	Anganwadi worker Social media School Asha worker ANM	09 0 0 05 03	53 0 0 29.4 17.6

Table No. 3 - Frequency and percentage distribution of the samples according to their Age group (in years)

(N=100)

S.NO.	SOCIO-DEMOGRAPHIC VARIABLE	CATEGORIES	FREQUENCY	PERCENTAGE (%)
1	**Age (in years)**	18-23 24-29 30-35 36 and above	45 40 12 03	45 40 12 3

Table No. 3 Shows the demographic characteristics of women in reproductive age group under the study, out of 100 samples, in age, majority 45 (45%) were between 18-23 years, 40 (40%) were between 24- 29 years, 12 (12%) were between 30-35 years and only 3 (3%) were 36 and above years.

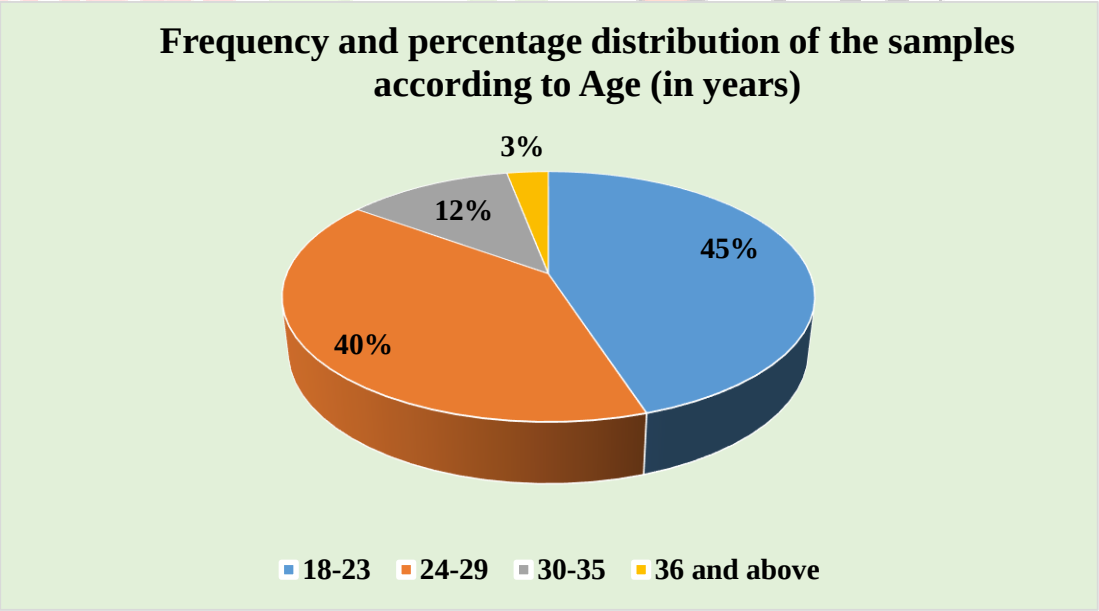


Fig - 3 Frequency and percentage distribution of the samples according to Age (in years)

The figure shows that in socio- demographic variable Age, majority 45 (45%) were between 18-23 years, 40 (40%) were between 24- 29 years, 12 (12%) were between 30-35 years and only 3 (3%) were 36 and above years.

Table No. 4 - Frequency and percentage distribution of the samples according to their Educational Status

(N=100)

SNO	SOCIO-DEMOGRAPHIC VARIABLE	CATEGORIES	FREQUENCY	PERCENTAGE (%)
2	EDUCATIONAL STATUS	8^{th}	22	22
		10^{th}	17	17
		12^{th}	27	27
		Graduation	11	11
		No formal education	23	23

Table No. 4 shows that majority of the samples 27 (27%) had senior secondary education, 22 (22%) had education upto 8^{th}, 23 (23%) were having no formal education 17(17%) had education upto 10^{th} and only 11 (11%) had completed or pursuing their graduation.

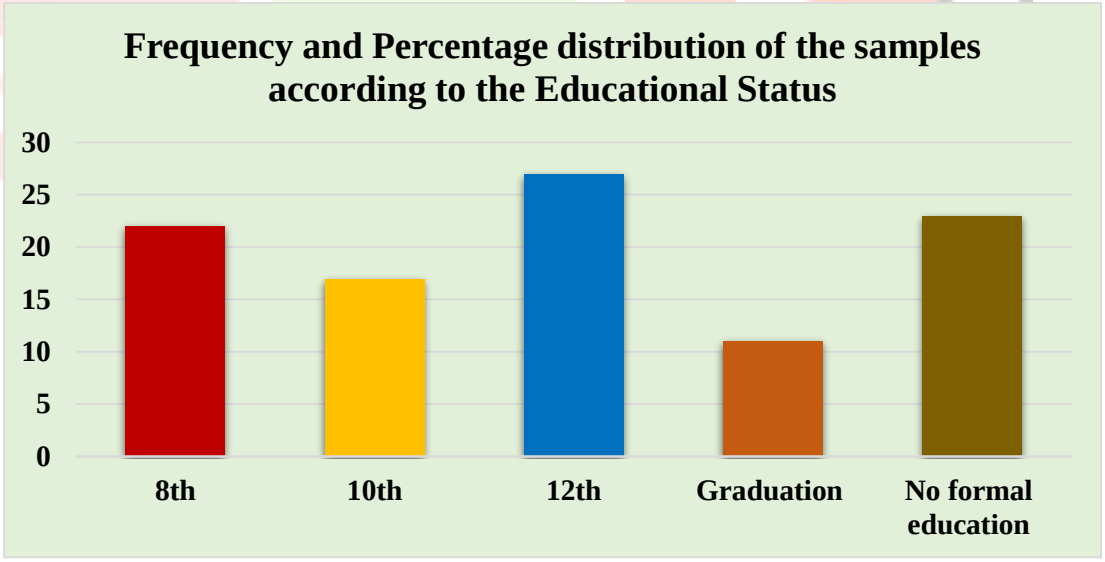


Fig – 4 Frequency and Percentage distribution of the samples according to the Educational Status

The figure shows that in socio- demographic variable educational status, majority of the samples 27 (27%) had senior secondary education, 22 (22%) had education upto 8^{th}, 23 (23%) were having no formal education 17(17%) had education upto 10^{th} and only 11 (11%) had completed or pursuing their graduation.

Table No. 5 - Frequency and percentage distribution of the samples according to their Type of family

(N=100)

SNO	SOCIO-DEMOGRAPHIC VARIABLE	CATEGORIES	FREQUENCY	PERCENTAGE (%)
3	**TYPE OF FAMILY**	Nuclear Joint	38 62	38 62

Table No. 5 shows that in type of family, majority 62 (62%) samples were from joint family and 38 (38%) samples belongs to nuclear family.

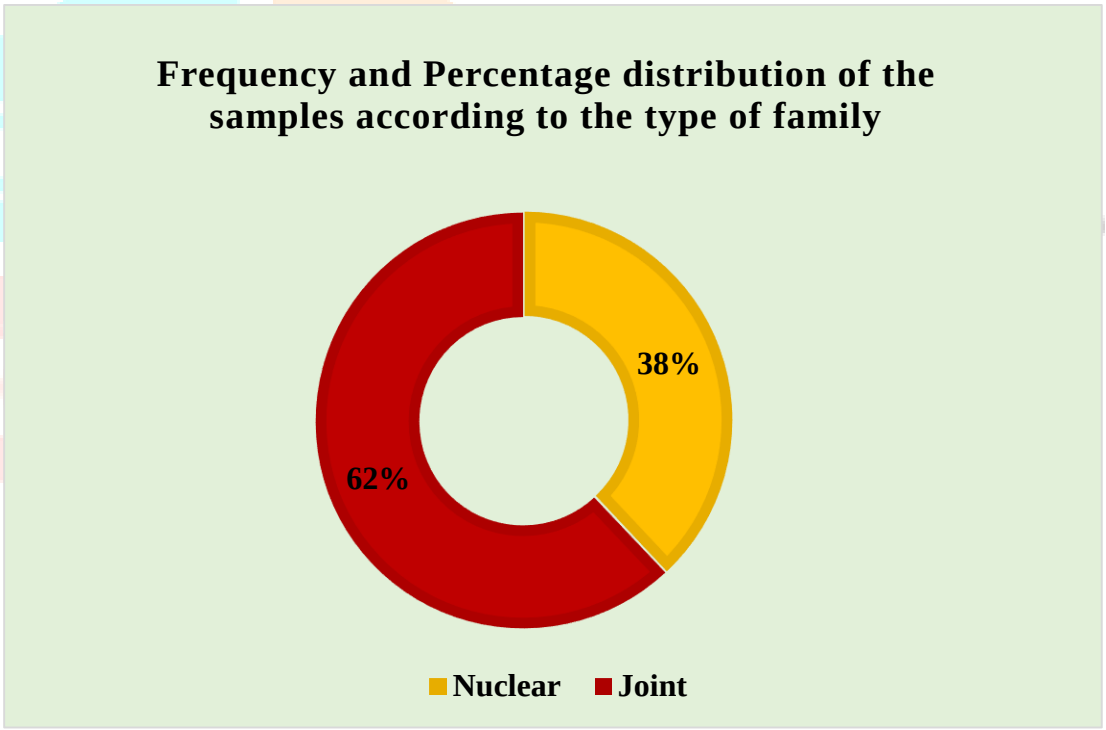


Fig – 5 Frequency and Percentage distribution of the samples according to type of family

The figure shows that in socio- demographic variable **type of family**, majority 62 (62%) samples were from joint family and 38 (38%) samples belongs to nuclear family.

Table No. 6 - Frequency and percentage distribution of the samples according to their Marital Status

(N=100)

SNO	SOCIO-DEMOGRAPHIC VARIABLE	CATEGORIES	FREQUENCY	PERCENTAGE (%)
4	MARITAL STATUS	Unmarried	34	34
		Married	66	66
		Divorced	0	0
		Widowed	0	0

Table No. 6 shows that majority of samples 66 (66%) were married, 34 (34%) samples unmarried and no samples belongs to widowed or divorced category.

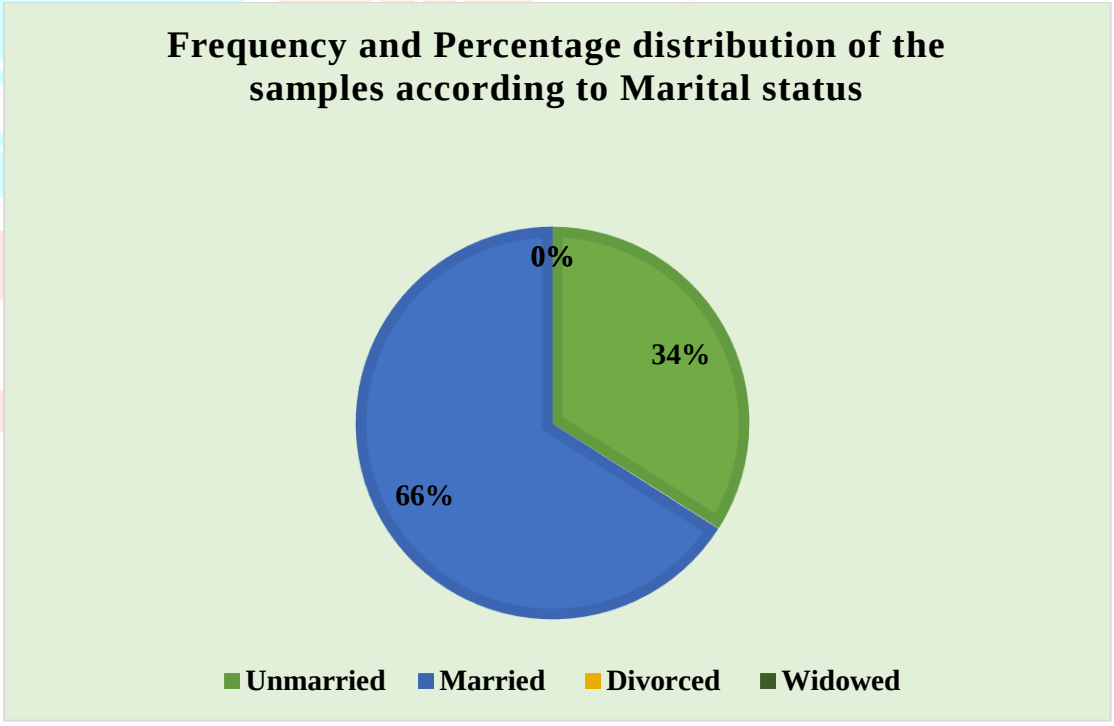


Fig – 6 Frequency and Percentage distribution of the samples according to Marital status

The figure shows that in socio- demographic variable **marital status** majority samples 66 (66%) were married, 34 (34%) samples unmarried and no samples belongs to widowed or divorced category.

Table No. 7 - Frequency and percentage distribution of the samples according to their Type of Diet (N=100)

SNO	SOCIO-DEMOGRAPHIC VARIABLE	CATEGORIES	FREQUENCY	PERCENTAGE (%)
5	**TYPE OF DIET**	Vegetarian	52	52
		Mixed	48	48

Table No. 7 shows that in type of diet majority 52 (52%) samples consumes vegetarian diet while 48 (48%) samples consume mixed diet.

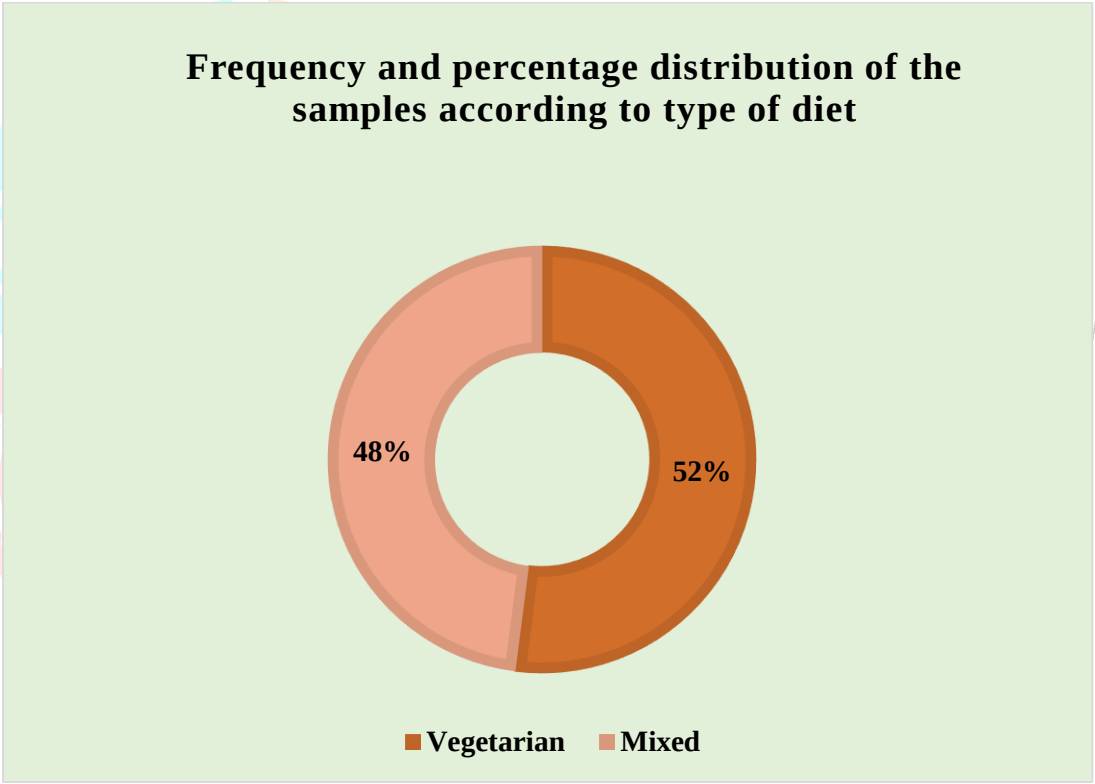


Fig – 7 Frequency and Percentage distribution of the samples according to Type of Diet

The figure shows that in socio- demographic variable **type of diet** majority 52 (52%) samples consume vegetarian diet while 48 (48%) samples consume mixed diet.

Table No. 8 - Frequency and percentage distribution of the samples according to their Occupation

(N=100)

SNO	SOCIO-DEMOGRAPHIC VARIABLE	CATEGORIES	FREQUENCY	PERCENTAGE (%)
6	**OCCUPATION**	Home maker	57	57
		Self-employed	26	26
		Student	17	17
		Private employee	0	0
		Govt. employee	0	0

Table No. 8 shows that majority 57 (57%) were homemaker, 25 (25%) were self-employed, 17(17%) were students and only 1 (1%) was having government job and none of the sample was private employee.

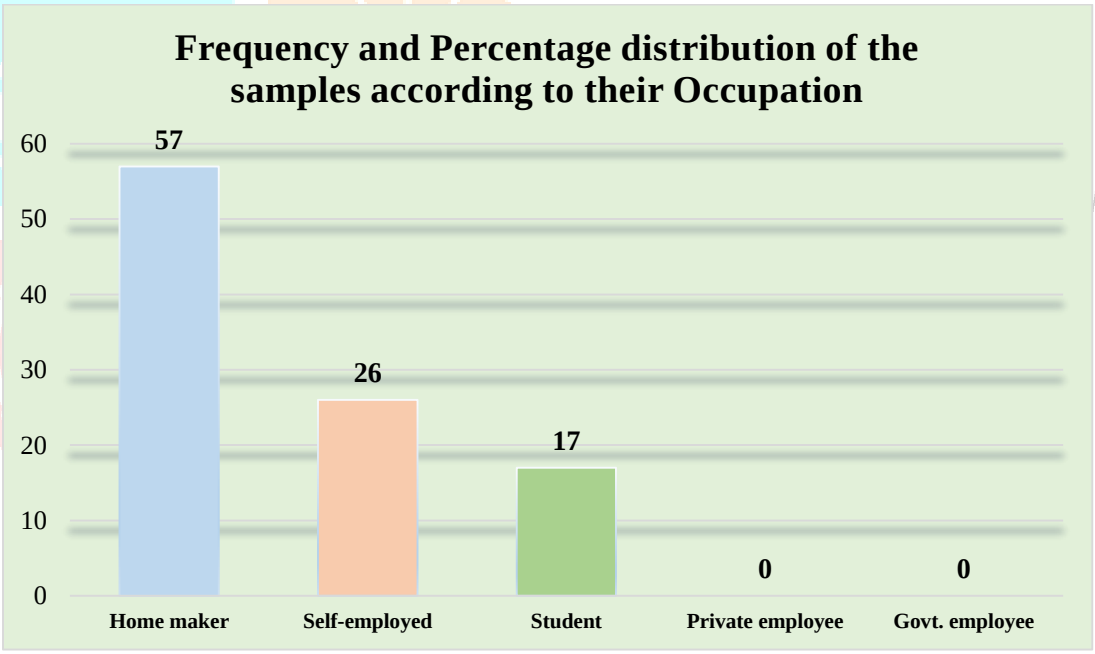


Fig – 8 Frequency and Percentage distribution of the samples according to their Occupation

The figure shows that in socio- demographic variable **occupation**, majority 57 (57%) were homemaker, 25 (25%) were self-employed, 17(17%) were students and only 1 (1%) was having government job and none of the sample was private employee.

Table No. 9 - Frequency and percentage distribution of the samples according to their No. of Children

(N=100)

SNO	SOCIO-DEMOGRAPHIC VARIABLE	CATEGORIES	FREQUENCY	PERCENTAGE (%)
7	NO. OF CHILDREN	One	17	17
		Two	24	24
		Two and more	19	19
		None	40	40

Table No. 9 shows that in number of children, 40 (40%) samples not having any children, 24 (24%) were having Two children, 19 (19%) were having Two and more children and 17 (17%) were having one child.

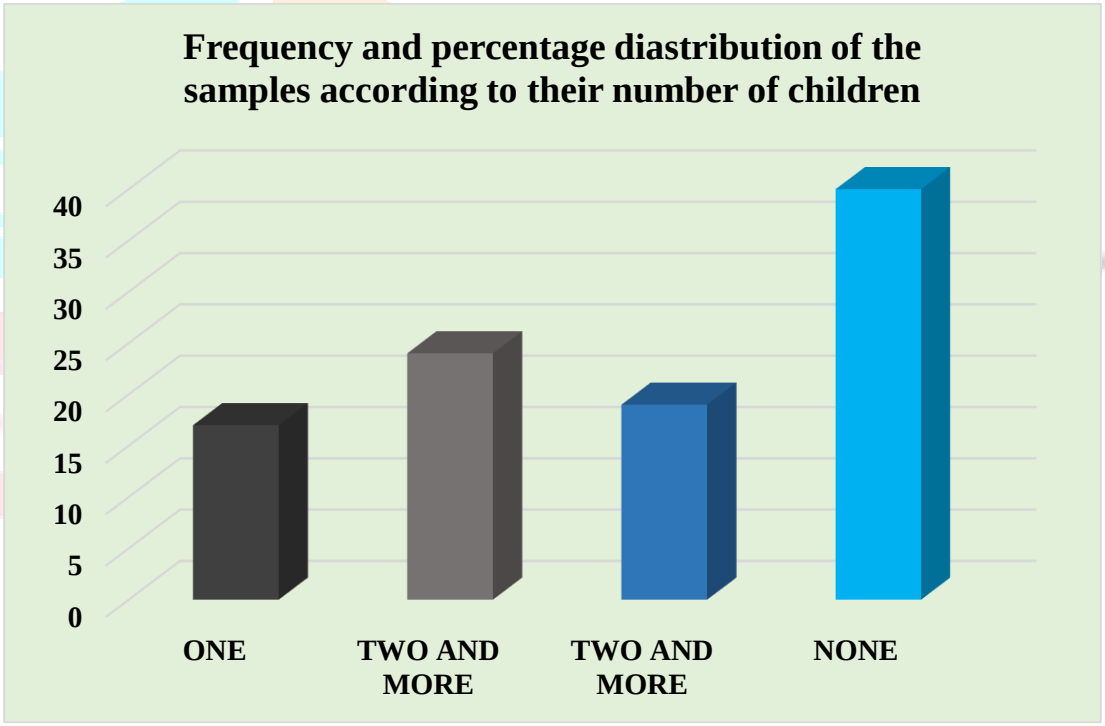


Fig – 9 Frequency and Percentage distribution of the samples according to their Number of children

The figure shows that in socio- demographic variable **number of children**, 40 (40%) samples not having any children, 24 (24%) were having Two children, 19 (19%) were having Two and more children and 17 (17%) were having one child.

Table No. 10 - Frequency and percentage distribution of the samples according to their Family Monthly Income

(N=100)

SNO	SOCIO-DEMOGRAPHIC VARIABLE	CATEGORIES	FREQUENCY	PERCENTAGE (%)
8	FAMILY MONTHLY INCOME	Below 10,000	47	47
		10,001-20,000	28	28
		20,001-30,000	15	15
		30,001 and above	10	10

Table No. 10 shows that in family monthly income 47 (47%) were Below 10,000, 28 (28%) were between 10,001-20,000, 15(15%) were having 20,001-30,000 and 10 (10%) were having income 30,001 and above.

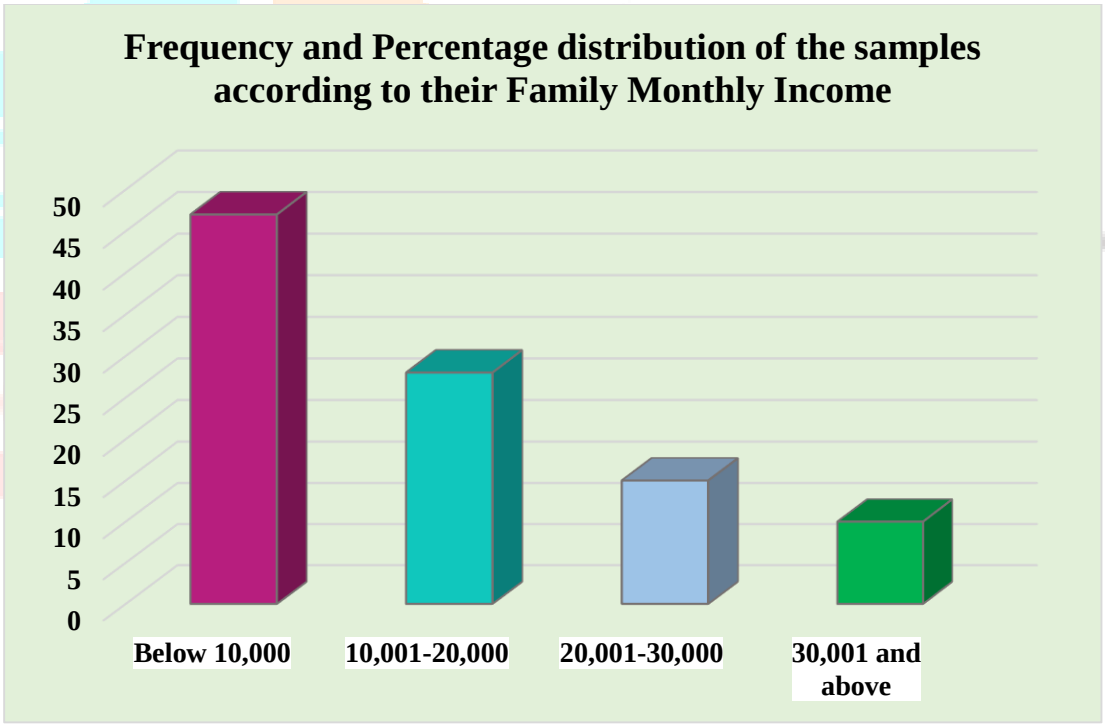


Fig – 10 Frequency and Percentage distribution of the samples according to their Family Monthly Income

The figure shows that in socio- demographic variable **family monthly income** 47 (47%) were Below 10,000, 28 (28%) were between 10,001-20,000, 15(15%) were having 20,001-30,000 and 10 (10%) were having income 30,001 and above.

Table No. 11 - Frequency and percentage distribution of the samples according to their Awareness about Poshan Abhiyan

(N=100)

SNO	SOCIO-DEMOGRAPHIC VARIABLE	CATEGORIES	FREQUENCY	PERCENTAGE (%)
9 I	AWARENESS ABOUT POSHAN ABHIYAN	Yes	17	17
		No	83	83

Table No. 11 shows that 83 (83%) samples were not having awareness regarding Poshan Abhiyan whereas only 17 (17%) samples were having awareness regarding Poshan Abhiyan.

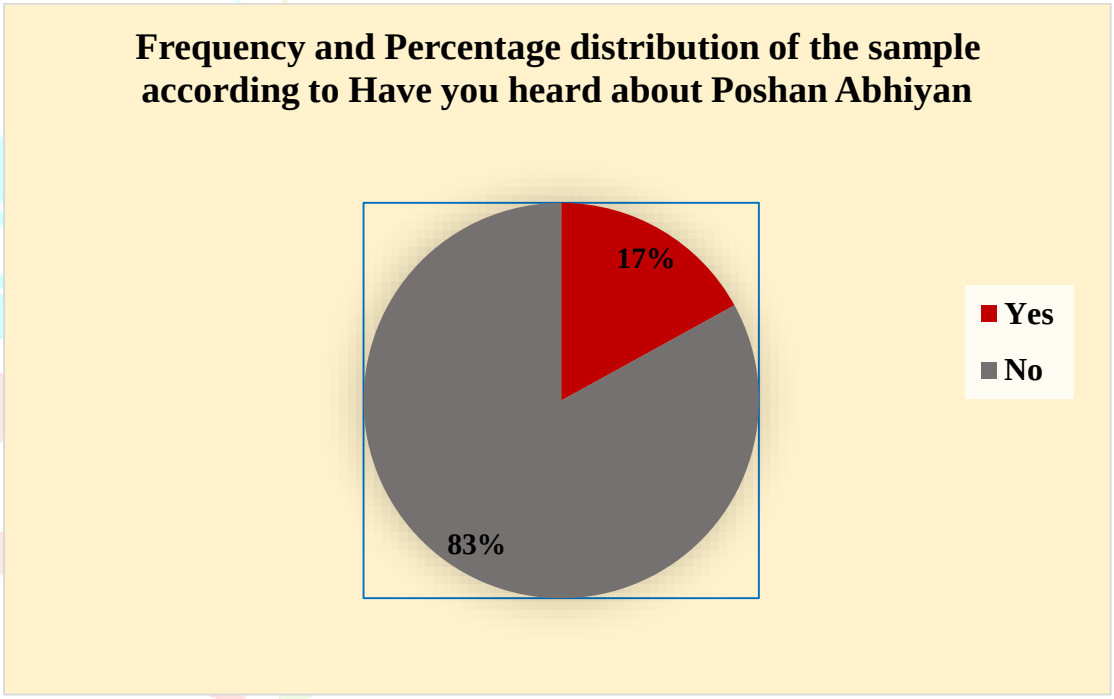


Fig. 11 - Frequency and Percentage distribution of the samples according to Have you heard about Poshan Abhiyan

The figure shows that in socio- demographic variable Regarding **have you heard about Poshan Abhiyan** 83 (83%) samples said no and only 17 (17%) samples said yes as they were having some information regarding Poshan Abhiyan.

Table No. 12 - Frequency and percentage distribution of the samples according to their source of information regarding poshan abhiyan

(N=100)

SNO	SOCIO-DEMOGRAPHIC VARIABLE	CATEGORIES	FREQUENCY	PERCENTAGE (%)
9 II	**IF, YES (N=17)**	Anganwadi worker	09	53
		Social media	0	0
		School	0	0
		Asha worker	05	29.4
		ANM	03	17.6

Table No. 12 shows that out of 17 samples 9 (53%) were having information about Poshan Abhiyan from Anganwadi worker, 5 (29.4%) from Asha worker, 3 (17.6%) from ANM.

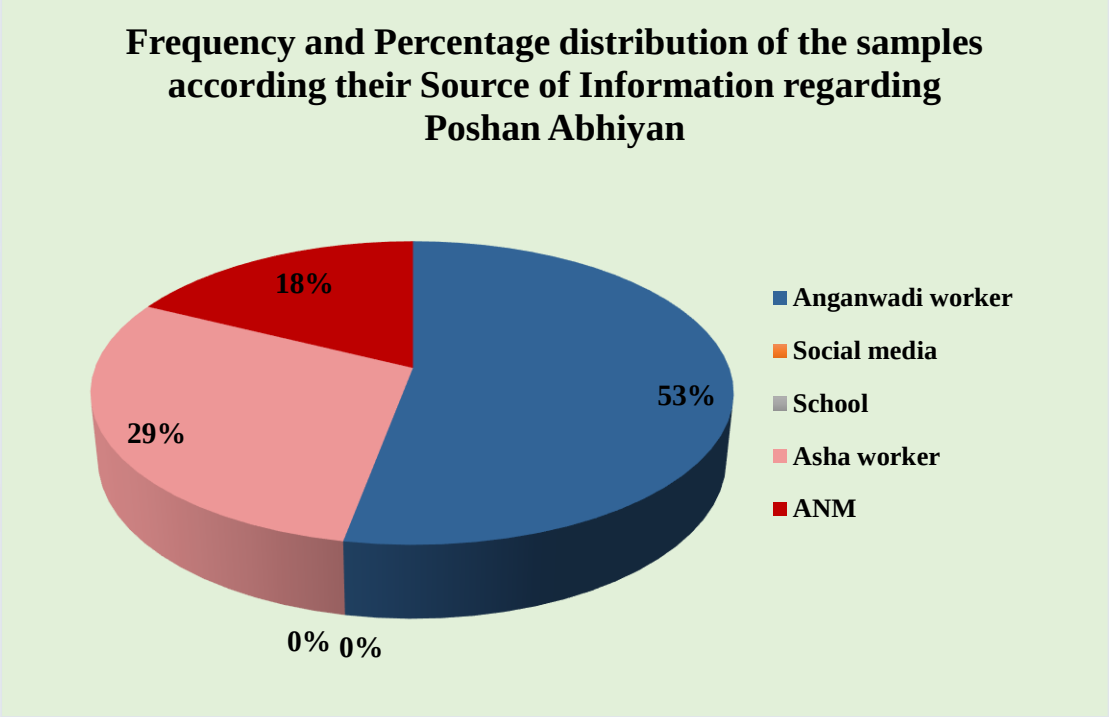


Fig. 12 - Frequency and Percentage distribution of the samples according to Source of information regarding Poshan Abhiyan

The figure shows that out of 17 samples the majority of which 9 (53%) heard about Poshan Abhiyan from Anganwadi worker, 5 (29.4%) from Asha worker and only 3 (17.6%) from ANM.

SECTION -B

FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE SAMPLES ACCORDING TO THEIR LEVEL OF AWARENESS REGARDING POSHAN ABHIYAN

Table no. 13 - Frequency and percentage distribution of the samples according to their level of awareness regarding Poshan Abhiyan

N=100

Level of Awareness	Score	Frequency	Percentage
High	19 – 25	01	1
Moderate	13- 18	42	42
Low	0-12	58	58
Max. score	**25**	**100**	**100**

Table no. 13- Represents the frequency and percentage distribution of level of awareness regarding Poshan Abhiyan among women in reproductive age group 58 (58%) women has low level of awareness, 42 (42%) have moderate awareness and only 1 (1%) have good level awareness regarding Poshan Abhiyan.

SECTION C

MEAN, MODE, MEDIAN AND STANDARD DEVIATION ACCORDING TO THE LEVEL OF AWARENESS SCORE OF SAMPLES REGARDING POSHAN ABHIYAN

Table no.14 - Mean, Mode, Median and Standard Deviation according to the level of awareness score of the samples regarding Poshan Abhiyan

N=100

Descriptive Statistics of awareness scores of women in reproductive age group	
N	100
Mean	9.46
Mean%	37.84
Median	10
Std. Deviation	4.7745

Mode	14
Maximum score	25

Table no. 14 - Shows that the awareness scores obtained by women in reproductive age group on awareness regarding Poshan Abhiyan. The mean awareness score was 9.46, mode was 14, median score was 10 with standard deviation 4.77.

SECTION D

ASSOCIATION BETWEEN AWARENESS SCORES REGARDING POSHAN ABHIYAN AMONG SAMPLES AND THEIR SELECTED SOCIO-DEMOGRAPHIC VARIABLES.

Table No. 15 - Association between awareness score and selected demographic regarding Poshan Abhiyan among women in reproductive age group with their selected demographic variable.

N=100

S. no	Demographical variable	Frequency	Level of Awareness scores			Chi square	Df	Tabulated value	Los@0.05
			High	Moderate	Low				
1.	**AGE**								
	18-23	45	0	22	23	3.06	6	12.59	NS
	24-29	40	1	14	25				
	30-35	12	0	5	7				
	36 and above	3	0	1	2				
2	**EDUCATIONAL STATUS**								
	8^{th}	22	0	6	16	45.32	8	15.50	S
	10^{th}	17	0	9	8				
	12^{th}	27	0	17	10				
	Graduation	11	1	10	0				
	No formal Education	23	0	0	23				
3	**TYPE OF FAMILY**								
	Nuclear	38	0	13	25	2.32	2	5.99	NS
	Joint	62	1	29	32				
4	**MARITAL STATUS**								
	Unmarried	34	0	13	21	0.89	2	5.99	NS
	Married	66	1	29	36				
	Divorced	0	0	0	0				
	Widowed	0	0	0	0				
5	**TYPE OF DIET**								
	Vegetarian	52	0	15	37	9.35	2	5.99	NS
	Mixed	48	1	27	20				
6	**OCCUPATION**								
	Home maker	57	0	33	24	102.7	6	12.59	S
	Self-employed	25	0	18	7				
	Student	17	0	13	4				
	Private employee	0	0	0	0				
	Govt. employee	01	1	0	0				
7	**NUMBER OF CHILDREN**								
	One	17	0	7	10	4.002	6	12.59	NS
	Two	24	0	9	15				
	Two and more	19	0	11	8				
	None	40	1	15	25				
8	**FAMILY MONTHLY INCOME**								
	Below 10,000	47	0	9	38	26.45	6	12.59	S
	10,001-20,000	28	0	16	12				
	20,001-30,000	15	1	10	4				
	30,001 and above	10	0	7	3				
9 I	**9. HAVE YOU HEARD ABOUT POSHAN ABHIYAN**								
	Yes	17	1	13	3	16.24	2	12.59	S
	No	83	0	29	54				
9 II	**9. IF, YES SOURCE OF INFORMATION**								
	Anganwadi worker	09	1	6	2	2.59	8	15.50	
	Social media	0	0	0	0				
	School	0	0	0	0				
	Asha worker	05	0	4	1				

	ANM	03	0	3	0				

CONCLUSION

The present study was undertaken "A study to assess the awareness regarding Poshan Abhiyan among women in reproductive age group of selected rural areas of Udaipur, Rajasthan with a view to develop a leaflet."

The following conclusions were drawn on the basis of the findings of the study.

- Majority (58%) had low level of awareness, 42% had moderate level of awareness and only 1% had high level of awareness.
- Significant associations were observed between the level of awareness and certain socio-demographic variables, such as Educational Status, Occupation, Family Monthly Income and Have you heard about Poshan Abhiyan.
- Other demographic factors, including Age, type of family, Marital status, Number of children and type of diet do not play a significant role.

The study suggests focusing on educational interventions to improve awareness regarding Poshan Abhiyan among women in reproductive age group.

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