



## **Challenges of Prevention of Malnutrition among Children Under 5 Years: A Qualitative Study among Anganwadi Workers and Mothers of Malnutrition Children's in Rural Areas of Waghodia District, Vadodara, Gujarat**

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### **ABSTRACT**

*Malnutrition is a common and widespread condition that usually occurs as a deficiency in the intake of energy, protein, or micronutrients. Malnutrition is one of the main causes of the death of children under the age of 5 years and is one of the most common causes of the decline in the health and life of children, which results in decreased learn ability, inefficiency, and inability to acquire skills. Malnutrition contributes to the death of nearly half of the children less than five years of age in Asia and Africa. Inadequate nutrition increases the risk of death due to common infections, increases the number and severity of the infections, and may lead to delayed recovery. To identify challenges of anganwadi workers and parents of malnutrition children's towards prevention of malnutrition at rural areas of Waghodia district, Vadodara. Qualitative exploratory descriptive design study was conducted from 12 February to 12 March 2022. 32 in-depth interviews with mothers of under five children's and 4 focus group discussions among 16 Anganwadi workers were conducted. Non probability purposive Sampling Technique was used to recruit study participants. Thematic analysis was used to identify and analysis main themes. We found that concept and cause of malnutrition, Identification and management of Malnutrition fewer than five children, innovative ideas for prevention of malnutrition, Health and nutrition education to parents. In-depth interview with under five children's mothers about breast feeding, Complementary feeding, diet, Role of anganwadi or society for prevention of malnutrition. Quality training program, more health checkup camp and training to anganwadi workers and providing health education to mothers about breast feeding, supplementary feeding to combat malnutrition among under five years children.*

**Keywords:** Qualitative, Prevention, Malnutrition, Under five children, Anganwadi workers

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### **INTRODUCTION**

Malnutrition is a deficiency or improper intake of energy and nutrients. It includes under nutrition (wasting, stunting, underweight, and micronutrient malnutrition) and over nutrition (obesity, some malignancies, and non-communicable illnesses). Malnutrition results from the interaction between poor diet and diseases which leads to nutritional deficiencies observed among under-five children. Social, economic, biologic, and environmental factors are the underlying causes for the insufficient food intake or ingestion of food with proteins of low nutritional quality that leads to protein-energy malnutrition (PEM)[1]. Wasting is low weight for height. It indicates current weight loss, because a child consumes insufficient food or they are exposed to infectious diseases like diarrhea, which causes them to lose weight Stunting is low height for age [2]. Stunting indicates children who are too short relative to their age. Stunting is the result of poor nutrition in early childhood which can last a lifetime. Globally, about 149 million under-5 children are stunted; it results from chronic under-nutrition, typically related to poor socio-economic status, inappropriate maternal nourishment, recurrent illness, and/or improper child feeding and care in infancy. Underweight is low weight for age and it includes stunting, wasting or both [3]. Malnourished children are at risk for infection and they are more prone to death due to common infantile respiratory and diarrheal disease. United Nations Decade of Action on Nutrition from 2016 to 2025 proclaimed to eliminate malnutrition and guarantee worldwide access to improved diets everywhere and for every (SDG2) and ensuring healthy lives for all ages [4].

Child malnutrition is still among India's biggest challenges with one of the highest numbers of malnourished children in the world. As per UNICEF's World's Children Report in 2019, 69% of deaths among children under the age of five years can be attributed to malnutrition. It also estimated that every second child under the age of five is affected by mild to acute malnutrition [5]. The steps taken by the central and state governments to curb child malnutrition, such as mid-day meals programmes, had started to show results with a considerable decline in related child mortality rate. Midday meals are the primary source of nutrition for children where hot cooked food is served in schools at district and village levels under the Integrated Child Development Scheme (ICDS) [6].

AWWs need to have a sound knowledge and perception regarding Malnutrition in children. So a qualitative study (focus group discussion) was conducted with the aim to assess the perceptions and knowledge of AWWs regarding Malnutrition in children. Qualitative study is the most appropriate study to understand the depth of knowledge and perceptions.

## MATERIAL AND METHODS

**Setting:** The study was conducted in selected rural areas of waghodia, Vadodara district.

### Sample size determination

Purposive Sampling method was used to select 32 in-depth interviews with mothers of under five children's and 4 focus group discussions among 16 Anganwadi workers were conducted Study.

### Design and data collection

A qualitative approach, exploratory descriptive design was employed. This design allows the investigator to explore the participant's perspective of the phenomena under investigation. Data was collected through Focus Group Discussions (FGDs) with two key informant groups: Mothers of under five children's and Anganwadi workers. Qualitative data were collected using individual interviews with audio taped and focus group discussions (FGDs). The in-depth interviews were conducted by open ended questionnaire with mothers of fewer than five children's.

In depth interview guide with open ended questions was employed to generate the relevant data. Key issues discussed were the complementary feeding practice, Food preparation and storage of foods and drinks for under five children's, Challenges faced by parents of young children, particularly those related to breastfeeding and complementary feeding and responses towards these challenges.

Focus group discussion with anganwadi workers was employed to generate the relevant data. Key issues discussed were the Concept of malnutrition, Causes of malnutrition, Identification of malnutrition in under five children, Challenges of Prevention of Malnutrition among under five children, Program for preventing malnutrition in under five children, Counseling the malnutrition children mothers about feeding practices.

### Data Processing and Analysis method

The audio-taped in-depth interviews and FGDs were being transcribed verbatim and translated into English. The principal investigator thoroughly read the transcripts several times until he became familiar with the data. Thematic analysis was used to identify and analyze important themes. The analysis focused on developing coding categories where narrative information was organized according to emerging themes. NVivo version 10 computer software program were used to code the transcripts. Coding of the data was done without fitting it into a preexisting coding frame. Equal attention was given to all data sets during coding. All coded data relevant to each theme was be collated into potential themes. The themes that were be identified through coding was be further refined and developed. Quotes from respondents will be included in the text in order to illustrate the findings.

## RESULT

### Section: I Frequency and percentage distribution of demographic variables of under five children mother.

Sr. No	VARIABLES	Respondent	Frequencies	Percent
1	Age of the mother	18-20	11	44
		21-25	7	28
		25-30	3	12
		>35	4	16
2.	Education of the mothers	No formal education	8	32
		Primary	7	28.0
		Secondary	5	20.0
		PUC	3	12.0
		Graduation and above	2	8
3.	Occupation	House wife	6	24.0
		servant	10	40.0
		Private Employee	5	20.0

		Government employee	4	16.0
4	Family monthly Income	Rs.2000-5000	3	12.0
		Rs.5000-8000	8	32.0
		Rs.8000-12000	9	36.0
		Rs 12000 and Above	5	20.0
5	Number of children	one	9	36.0
		two	9	36.0
		three	7	28.0
		Four and above	9	36.0
6	Religion	Hindu	14	56
		Muslim	7	28
		Christian	4	16
	<b>Total</b>		<b>25</b>	<b>100</b>

**Table 1** shows that majority of the fewer than five children mother.

11(44%) were in the age group of 18-20 years and 7 (28%) mother were in the age group of 21-25 years ,4(16%) were in the age group of >35 years and 3(12%) mothers were in the age group of 25-30 years. Regarding the education of the mothers 8(9.4%) had non-formal education, 7 (28%) were primary education, 5(20%) were secondary education,3(12%) were PUC and only 2( 8%) were graduation and above With regards to the occupation of the mothers 10(40%) were servant, 6(24%) were housewife and 5(20%) were private employee and 4(16%) were government employee. Regarding the family monthly income of mothers 9(36%) were Rs.8000 to 12,000having, 8 (32%) wereRs.5000-8000,5(12%) were Rs.12,000 and above and 3(12%) were having Rs.2000-5000. With regards to the religion of the mothers 14(56%) were Hindu religion,7(28%) were having muslim and 4(16%) were Christian.

#### **Section: II: Frequency and percentage distribution of demographic variables of Anganwadi workers**

Sr. No	VARIABLES	Respondent	Frequencies	Percent
1	Age	18-20	1	8.3
		21-25	5	41.7
		25-30	4	33.3
		>35	2	16.7
2.	Education	SSLC	1	8.3
		PUC	7	58.3
		Graduation and above	14	33.3
3.	Experience	2-3 Years	4	33.3
		3-4 Years	5	41.7
		Above 5 years	3	25
	<b>Total</b>		<b>12</b>	<b>100</b>

**Table 2** shows that majority of the Anganwadi workers

5(41.7%) were in the age group of 21-25 years and 4 (33.3%) Anganwadi workers were in the age group of 25-30 years ,2(16.7%) were in the age group of >35 years and 18-20 years. Regarding the education of the Anganwadi workers 14(33.3%) were education graduation and above, 7 (58.3%) were PUC and1(8.3%) were SSLC and above. With regards to the Experience of the Anganwadi workers 5(41.7%) were 3-4 Years, 4(33.3%) were 2-3 years and 3(25%) were above 5 years. Concept of malnutrition, Causes of malnutrition, Identification of malnutrition in under five children, Community management of malnutrition under five children, Challenges of Prevention of Malnutrition among under five children, Advise given to parents of malnutrition under five children, Program for preventing malnutrition in under five children, What are the innovative ideas for prevention of malnutrition, Counseling the malnutrition children mothers about feeding practices and Health and nutrition education to parents.

#### **What is malnutrition**

As participants described, Malnutrition is a serious disease in children. It may occur due to a lack of intake of nutritious food. There are many reasons for it; it may be related to food or any other deformities in the body. Anganwadi teacher working in anganwadi expressed their concerned regarding malnutrition. If the children are underweight or short in height, then it is known that they are malnourished Malnutrition occurs when the body doesn't get enough nutrients. Causes include a poor diet, digestive conditions. Malnutrition is an imbalance in dietary intake. It occurs when a person has too much or too little food or essential nutrients.

Illustration of this idea was mentioned as follows.

*Participant# 1*

*Malnutrition is a serious diseases occurring under five years children's. It may occur due to lack of intake of nutritious food. . If the children are underweight or short in height, then it is known that they are malnourished Malnutrition occurs when the body doesn't get enough nutrients.*

*Participant# 2*

*Almost all of the AWWs mentioned malnutrition in children means children have low nutritional status according to their age and as a result have low weight for age. According them, "malnutrition means low weight for age"*

2. Most of them expressed that malnutrition is a results of inadequate food given to children as per her/his age. According to them:

*"If children don't eat adequate food, they suffer from under-nutrition."*

Few of them told that adequate food but with low nutrient value can also cause nutritional problem among children. Almost of all them stated that breast milk is very essential for baby and if baby doesn't receive breast milk up to 6 months of age, it leads to malnutrition in them.

Majority of them expressed that repeated infection and chronic illnesses in children lead to emaciated body which results in under-nutrition. Diarrhoea in children often results in malnutrition.

*Participant# 3*

*Expressed that "repeated infection in children causes loss of appetite in them and hence children lose interest in food." Few AWWs stated that "mother are giving honey (Mahu) pre-lacteal feed at birth and tinned milk powder (daba khira) which cause infection in children and resulted in malnutrition."*

How to identify malnutrition to children's

Growth monitoring, Height and weight are measured every month, as well as 1 month, 7 months, and 15 months. In Under five children, we are measuring the weight and height of the child and comparing it to a growth chart.

Illustration of this idea was mentioned as follows.

*Participant# 4*

*Monthly monitoring and checking the children's height, weight, mid upper arm circumferences comparing with standardized growth chart. We can easily identify child suffering with malnutrition.*

Advice given to parents of malnutrition under five children

We are educating their parents and first we are searching for referral policy. If the government is providing any benefit, we are educating the parents and after doing check up, we are providing referral benefit in that children can be admitted with mother for 15 days in the hospital and for under five children, the government is providing nutritional diet for them and it's easily available.

Illustrations of this idea were mentioned as follows

*Participant# 6*

*Anganwadi teacher they are giving information to the malnutrition children about how to take care of their children's and if child is severe malnutrition, advising to parents take child to hospital for proper health check up and treatment. We are explaining to them about home care and government services that are provided by various hospitals.*

What type of food suggested to parents

All the vegetables and fruits you can provide and green leafy vegetables are the best. If you are eating non-vegetarian, provide it to your child because it contains high protein. in home providing fruits, fruit juice and milk, milk product. Anganwadi gives the child a packet of Baal Shakti. The packet is given to the mother to understand that Shiro and Sukhadi Rab are re-weighed and checked. We give whatever is made in Anganwadi. Illustrations of this idea were mentioned as follows

*Participant# 8*

*If we identified children suffering with malnutrition, in anganwadi we are providing bal shakti packet to mothers and ration to them, prepare food and provide properly to child. in anganwadi we are preparing dal, khichidi, green dhal providing to children's duing lunch time.*

6. Program for preventing malnutrition in under five children

In our anganwadi we are celebrating four mangal days, which is the fourth Tuesday of each month. First mangal day -Tuesday is for pregnant and lactating women. In the case of her first pregnancy, we are celebrating it and giving her health education regarding care during pregnancy, etc. Second days mangal divas - it is for children, In that, we are measuring the height and weight of the children and identifying malnutrition. Third Annaprashan vidhi, In that we are explaining about complimentary foods and here also we are making Raab (Mixture of pearl millet flour, ginger and ajwani) of from balshakti that is provided by the government of India. Fourth mangal divas -primix vitaran for small girl children, we are providing nutritive food to avoid malnutrition in girl children.

Illustrations of this idea were mentioned as follows

*Participant# 10*

*The government of India made some of the programme for anganwadi children providing Raab (Mixture of pearl millet flour, ginger and ajwani), immunity building and high protein diet to children at anganwadi. Ration for pregnant and under five children for prevention of malnutrition.*

*7. Innovative ideas for prevention of malnutrition*

Keep up the good work with the baby, keeping in mind the surrounding environment. If the child's mind is cheerful, his weight may increase. If the parents fall, the child stays home alone. If the child is left alone, care is taken. When a baby is born, the baby's weight increases. Explaining to the pregnant mothers about importance of breast feeding and complimentary feeding and care of children and their diet.

Illustrations of this idea were mentioned as follows

*Participant# 11*

*During pregnancy we are providing education about importance of breast feeding, when to start weaning diet to children, what to feed and when to feed and how to take care health of the children.*

*8. Counseling the malnutrition children mothers about feeding practices*

In anganwadi malnutrition children mother providing education about feeding practices. All the vegetables and fruits you can provide and green leafy vegetables are the best. If you are eating non-vegetarian, provide it to your child because it contains high protein.

Illustrations of this idea were mentioned as follows

*Participant# 12*

*In anganwadi malnutrition children mothers providing counseling about what to feed and when to feed and how to prevent malnutrition to children.*

In-depth interview with malnutrition children mothers:

We were conducted in depth interview with malnutrition under five childrens mothers about Breastfeeding, Complementary feeding, Diet and Role of anganwadi teacher for prevention of malnutrition.

Illustrations of this idea were mentioned as follows.

Perceptions on breastfeeding

*Participant# 1*

*Exclusive breast feeding for 6 months. After 6 months, give the remaining water of boiled rice and pulses, Mesheal dal, and rice to the baby.*

*Participant# 2*

*Breastfeeding is important until 6 months. There is no need to provide water until then.*

*If we do not provide food to a baby, he/she will have a chance to get ill.*

*Participant# 3*

*Breast feeding means providing breast milk to baby up to six month, but my child not getting proper amount of breast milk, so I am giving bottle milk to child.*

*II. Complementary feeding*

A child suffering from malnutrition doesn't eat properly, and malnutrition is totally breast-feeding. Give them fruit, milk, and hotch-potch. Whatever is contained in those ingredients, making use of a variety of dishes so that weight can be gained? Provide them with fresh food. Breastfeeding for 6 months, no water and vaccinations on a regular basis.

*Participant# 4*

*Malnourished, which means low weight for height. For snacks, provide boiled chana, muthiya, khichdi dal, sukhoi, etc. Give recommends giving vitamin A foods such as green leafy vegetables as gifts. let them go to the hospital for reports.*

*Participant# 6*

*We provide homemade food. The food should be soft or semi-solid food that helps to provide nutrition to the baby. e.g. khichdi, mug daal, cow milk.*

*Participant# 7*

*We also provide "RAAB" (Containing mixture of wheat and jaggery) to the baby after 6 months of age. They are eating very well.*

*Participant# 11*

*My child is now 3 years not gaining weight, when he was 6 month providing proper breast feeding after 1 year not taking food properly and weight is not up to age and took him hospital, doctor examined provided some medication and now my child is eating properly.*

*Participant# 12*

*When I was delivered my child at primary health centre, health care staff provided education about importance of breastfeeding to child and about complimentary feeding. now my child at 13 months not eating food properly getting diarrhea some time.*

III. Diet: As mentioned by number of mothers about diet to their children, providing proper diet to child about Breakfast, lunch and dinner.

*Participant# 5*

*We are providing BALSHAKTI. We prepare it by ourselves only 2 times a day. e.g. siro, sukhdhi, raab, laadoo, rotli. I'm anxious about my baby's health, so I'm providing crushed vegetables that are easily digestible and more nutritive. In a day, I provide food to the baby two or three times. E.g., if I am providing khichdi, it should be soft and crushed in the mixture so it can be easily digested.*

*Participant# 8*

*I am providing proper diet to child, some time eating and some time not eating properly. providing daily different variety of foods such as dhal, kichadi, curd, fruit juice, fruits like banana, mango, papaya.*

What is the challenges mothers face in preventing malnutrition

As the government supports, how do you give understanding to the parents. What are the challenges for malnourished children *mothers are such that mothers have responsibility for the house, so the child is given less attention, so the child suffers from malnutrition? The government provides a lot of facilities to Sargabha Kishori Dhatri.*

*Participant# 14*

*Anganwadi providing proper meal when I was first pregnancy and some of the ration to us. also providing proper care during pregnancy, eat healthy diet and after delivery take care about child condition about breast feeding, weaning diet.*

*Participant# 15*

*If the mother pays good attention when she is pregnant, then the baby is not malnourished, so the mother has to be careful during pregnancy. Medicines are also given to the mother during pregnancy.*

IV. Role of anganwadi teacher for prevention of malnutrition

In anganwadi we are taking care of children, providing nutritious food whatever comes from government and every month once checking height, weight of children. Identifying malnutritious children.

*Participant# 16*

*We try our best in Anganwadi and whatever food packet comes from the government, we give it to the children in Anganwadi. We ration the food and go from house to house doing observations on children; we go from house to house and visit, giving parents and understanding to provide a good meal for their child. Monthly checking height, weigh the child and takes care of the child. We meet every 15 days and give the mother an understanding of the baby's weight again.*

Mothers which steps you are taking for preventing malnutrition

We feel anxious about the weight of the baby. We consider what steps can be taken to help a baby gain weight. My baby has completed 6 months. Doctors are also telling us to give all types of food. We are all thinking that we only need to provide water but now, doctors are also advising mothers to give all type of foods and juice.

*Participant# 15*

*I am providing proper food to child, whatever ration providing in anagawadi school preparing food properly providing to child. I AM providing them to time different variety of food and fruit juice to child.*

## DISCUSSION

This descriptive qualitative study explored under five children mothers and anganwadi workers views on challenges facing the Prevention of Malnutrition among children under 5 years in the study zone. Most of the challenges the participants described were health system based. We suggested possible measures that may help to overcome these challenges in the study zone. Therefore, Anganwadi staff members should be knowledgeable about childhood malnutrition and how to address it locally. In their study, Mahto et al. discovered that children's nutritional status outcomes are greatly impacted by their lack of understanding of AWWs around crucial concerns, which may exacerbate the malnutrition issue [7]. The results of this study indicate that AWWs' understanding of malnutrition and how to handle it in the community looked to be lacking. The study subjects were aware of the term malnutrition and understood that under nutrition is defined as having a low weight for age. The majority of them had some knowledge of wasting and stunting. The study found that the participants were knowledgeable about the numerous anthropometric metrics that can identify child malnutrition as well as how to recognize under nutrition in children by symptoms.

In this study, AWWs demonstrated an excellent awareness of the local cultural determinants and causes of childhood malnutrition. The participants named a number of causes for undernutrition in children, including inadequate food, food with low nutritional value, repeated infections, inadequate care and nutrition during pregnancy, prematurity of the baby, having many siblings, poverty, unhygienic living conditions, and illiteracy. In a study conducted by Davey et al. in Delhi, AWWs demonstrated this type of

perception about the causes of malnutrition. According to them, malnutrition in children is caused by a lack of nutrient-dense food provided at home, incorrect sociocultural views on child feeding, and frequent infections in young children. It seems that AWWs were adequately informed about child health, including the causes, consequences, treatments, and ways to prevent child malnutrition [8]. Paul D. and Kapil U. conducted a similar investigation (2020) An interviewing technique was used to evaluate the anganwadi staff' growth monitoring (GM) knowledge and abilities. The majority of individuals (94%) knew that GM aids in the early detection of growth retardation, while 83%) believed that a flattening of the growth curve implies no weight gain. A total of 83, 71, and 50% of anganwadi workers were accurately able to identify and analyse what ascending, descending, and flattened growth curves represent. Thus, there is a need for anganwadi employees to receive in-service training in GM activities [9].

AWWs are crucial in providing advice to parents of malnourished children. Therefore, they should be aware of when and what to advise parents on in order to battle and avoid child malnutrition. In our analysis, the majority focused on encouraging moms to breastfeed, become immunised, practise good hand hygiene, use clean drinking water, and avoid using infant formula to reduce child malnutrition. In their study at Gujarat, Parikh et al. also noted that AWWs have positive perceptions of breastfeeding and the beginning of complementary feeding [10]. In a research by Darvey et al., AWWs reported that guidance including education about nutrition and health, the significance of good child feeding habits, immunizations, and routine child weighing at AWC can prevent the development of malnutrition in children. State and federal governments started a number of initiatives to combat childhood undernourishment [11].

## CONCLUSION

It is clear from the results of the current study that AWWs had a decent understanding of the term "under-nutrition." However, the majority of them were aware of the potential causes of malnutrition and were well versed in the signs and measurements used to identify malnutrition in children under the age of five. The research site's anganwadi staff lacked knowledge of how to handle childhood malnutrition on a community level. They were aware of what to suggest to parents of young children in order to prevent malnutrition. They were less familiar with all of the initiatives the federal and state governments had taken to reduce childhood malnutrition.

## Ethical Consideration

An Ethical clearance was obtained before conducting this research from the Parul University ethical committee (Approval number: PUIECHR/PIMSR/00/081734/4209). All study participants were informed about the purpose of the study, their right to deny participation, anonymity and confidentiality of the information.

## Conflict of Interests

The authors declare that they have no conflict of interests.

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