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Effectiveness of Structure Teaching Programme on Knowledge Regarding Nutritional Diet among Mothers of Under-Five Children in Selected Rural Areas of Lucknow

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ABSTRACT

Background: Balanced diet is very vital for daily life's activities. Proper nourishment and right feeding routine prevents illness and disabilities. Malnutrition is still the root cause of morbidity and mortality in children of under-five years of age. Children of under-five age are far more at risk of suffering from nutritional deficiencies. A mother is a primary care giver to a child, and thus it is paramount that se requires to have accurate knowledge concerning the care of under-five years aged children and nourishment they require. Educating mothers can aid in enhancing the knowledge and practice to avoid malnourishment, in succession this can assist in lowering the incidence of malnourishment among the children of under-five years of age. **Objectives:** 1. To assess the level of knowledge regarding nutritional diet among mothers of under-five children. 2. To evaluate the effectiveness of structured teaching programme on knowledge regarding nutritional diet among mothers of under-five children. 3. To find association between the pretest knowledge score with selected demographic variables. Method: In this study the research approach was quasi experimental one group pre-test and post-test design was applied. Total 100 samples selected by multi-stage random sampling technique. The intervention was structured teaching programme was introduced to the group. Knowledge was assessed by self structured questionnaire before and after the intervention. Results: It is observed that the statistical t value (24.86) is greater than the critical value (1.66) which rejects the null hypothesis and accepts the alternative hypothesis that there is significant difference in knowledge of mothers. Conclusion: The study concluded that, structured teaching programme is an effective way to improve the knowledge of mothers of under-five children. The study recommended that structured teaching programme nutritional diet should be implemented to improve the knowledge among the mothers of under-five children for providing a better health.

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Keywords: Effectiveness, Structured teaching programme, Knowledge, Nutritional diet

1. Background

Balanced diet is essential for normal activities of life. Healthy eating and physical activity are essential for growth and development in childhood. To help children develop healthy eating patterns from an early age, it is important that the food and eating patterns to which they are exposed both at home and outside the home are those which promote positive attitudes to good nutrition.1

Nutritionally educated mothers can bring up their children in a healthier way. Improving breast feeding techniques not only provide adequate nutrition to the infant but can also decrease the frequency of gastro-enteritis and respiratory infections and reduce the number of infant deaths.2

Nutrition may be defined as science of food and relationship to health.3

A proper diet is essential from early stage of life children below age of five year constitute over 20% of our population and also form a most vulnerable group.4

Poor feeding practices, such as inadequate breastfeeding, offering the wrong foods, and not ensuring that the child gets enough nutritious food, contribute to malnutrition. Infection - particularly frequent or persistent diarrhea, pneumonia, measles and malaria - also undermines a child's nutritional status.5

In India, the majority of problems are related to deficiency status rather than excesses, the most important reasons being poverty, ignorance and illiteracy. 6 Studies have pointed out the significant role of women's education in infant and child mortality, widespread women's education is an important determinant factor in unusually less mortality and

vet low income regions and it has been noted that similar set of relationship has been noted with regard to women's education and child's nutritional status. Mother's education can generate different types of intra household effects and thereby reducing the risk of nutritional deficiency like Protein - Energy Malnutrition.

The effects which will bring through mothers' education were improved health and nutrition knowledge, psychological changes and improved nutritional behavior, shift of power relations within the household in favor of better nutrition which includes breast feeding, weaning practices and child feeding and pregnancy diets may lead to more effective dietary behavior on the part of mother's who manage food resources within the household7.

2. Statement of the Problem

A study to assess the effectiveness of structured teaching programme on knowledge regarding nutritional diet among mothers of under-five children in selected rural area of Lucknow

3. Objectives

- A. To assess the level of knowledge regarding nutritional diet among mothers of under-five children.
- B. To evaluate the effectiveness of structured teaching programme on knowledge regarding nutritional diet among mothers of under-five children.
- To find association between the pre-test knowledge score with selected demographic variables.

Hypothesis

 H_0 : There is a significant difference between the mean pretest and post-test level scores among mothers of under-

H₁: There is a significant association between pre-test score and selected socio-demographic variables.

4. Methodology

Research approach: A quantitative research approach

Research design: Quasi experimental one group pre-test post-test design.

Setting of the study: Study was conducted in selected rural areas of Lucknow.

Research variables: Independent variable: Knowledge of mothers of under- 5 children

Dependent Variables: Structured Teaching Programme

Demographic variables: This includes mother's age in years, mother's educational level, occupational status, religion, type of family, monthly income of family in rupees, number of under-five children in family, utilization of health services, dietary pattern, previous knowledge, sources of previous knowledge.

Target population: The population of this study was mothers of under-five children who fulfill the inclusion criteria of the research study.

Accessible population: In this study assessable population is all the mothers of under-five children residing in rural areas of Sarojini Nagar, Lucknow and are willing to participate in the study.

Sample size: It consisted of 100 mothers. Samples were selected from selected rural areas of Lucknow.

Sampling Technique

In this study a multi-stage random sampling was used. Multistage random sampling can be a complex form of cluster sampling because it is a type of sampling which involves dividing the population into groups (or clusters). Then, one or more clusters are chosen at random and everyone within the chosen cluster is sampled. 100 mothers were selected by multi-stage random sampling technique from the selected rural areas of Lucknow.

Criteria for Samples Selection:

Inclusion criteria:

Mothers of under-five children residing in rural area of Sarojini Nagar, Lucknow.

Mothers who are willing to participate in the study. Mothers who can understand Hindi language.

Exclusion Criteria:

Mothers who are not available at the time of data collection. Mothers who have history of mental illness or any kind of physical illness. Mothers who have history of hearing disability.

Description of Tool

Section A: Demographic Questionnaire- 11 items

Demographic questionnaire for mothers consist of 11 items such as Mother's age in years, Mother's educational level, Occupational status, Religion, Type of family, Monthly income of family in rupees, No. of under-five children in family, Utilization of health services, Dietary pattern, Previous knowledge, Sources of previous knowledge.

Section B: Knowledge Questionnaire- 20 items

The tool consists of 20 items, seeking information regarding the level of knowledge of mothers of under-five children regarding nutritional diet. The score given for the right answer score is 1 and for wrong answer and not attempt score is 0. The maximum score is 20 and minimum score is 0.

Reliability

Reliability refers to the accuracy and consistency of information obtained in a study.

Reliability was found by using Karl Pearson test retest method based on pilot study data. Reliability for knowledge test was 0.707. The tools were found to be reliable.

Data collection procedure:

The data collection was done by multi-stage random sampling technique. Sarojini Nagar block was selected as PHC, Sarojini Nagar is adopted by KGMU. Sub-centers were selected using lottery method & villages under these subcenters were selected. Self-introduction was given to the participants. Purposes and benefits of the study were explained to the participants and informed consent was taken. Questions were explained to the participants if any of the participants were not able to understand. On the day one pre-test was conducted and structured teaching programme was also administered. Post-test was conducted after seven days of intervention.

Plan for data analysis

Statistical analysis is the organization and analysis of quantities data using statistical procedures including both descriptive and inferential statistics.

Ethical consideration

Ethical approval obtained from the institutional ethic committee and permission was taken from the departmental HOD's. Informed consent was taken from the subjects. Confidentiality and anonymity of information was maintained.

Result

Section 1: Description of socio-demographic variables of mothers of under-five children.

Table 1: Frequency & percentage distribution of subjects related to their socio-demographic variables

| S. No. | Variables | Categories | Frequency | % | |
|--------|--|------------------------------|-----------|-----|--|
| 1. | | 18-25 | 30 | 30% | |
| | Mother's age in years | 26-33 | 70 | 70% | |
| | | 34-41 | 0 | 0 | |
| | | No formal education | 26 | 26% | |
| | | Primary | 33 | 33% | |
| 2. | | Secondary | 41 | 41% | |
| | Mother's educational level | High school | 0 | 0 | |
| | | Intermediate | 0 | 0 | |
| | | Graduate | 0 | 0 | |
| | | Post graduate & above | 0 | 0 | |
| | a din s | Other specify | 0 | 0 | |
| | 4.000 | Private job | 0 | 0 | |
| | | Government job | 0 | 0 | |
| 3. | Occupational status | Homemaker | 77 | 77% | |
| э. | | Agriculture | 20 | 20% | |
| | | Daily wage workers | 3 | 3% | |
| | Ø 5 • of Trend | Self employed | 0 | 0 | |
| | Religion Residue Residue Religion Residue Resi | Hinduand • • • | 67 | 67% | |
| | | Muslim 🕴 💆 🕢 | 33 | 33% | |
| 4. | | Sikh | 0 | 0 | |
| | | Christian | 0 | 0 | |
| | | Others | 0 | 0 | |
| | V/ 30. ••• | Joint | 71 | 71% | |
| 5. | Type of family | Nuclear | 29 | 29% | |
| | The state of the s | Extended | 0 | 0 | |
| | Monthly income of family in rupees | Less than 4000/- | 3 | 3% | |
| 6 | | 4,001 to 6000/- | 71 | 71% | |
| 6. | | 6,001 to 10,000/- | 20 | 20% | |
| | | More than 10,000/- | 6 | 6% | |
| | | One | 36 | 36% | |
| 7. | No of under five shildren in family | Two | 64 | 64% | |
| 7. | No. of under-five children in family | Three | 0 | 0 | |
| | | More than three | 0 | 0 | |
| 8. | Utilization of health services | Government health care | 55 | 55% | |
| | | services | 33 | 33% | |
| | | Private health care services | 42 | 42% | |
| | | Home remedies | 3 | 3% | |
| | | Quacks | 0 | 0 | |
| | Dietary Pattern | Vegetarian | 45 | 45% | |
| 9. | | Eggarian | 0 | 0 | |
| | | Non-Vegetarian | 55 | 55% | |
| 10. | Previous knowledge | Yes | 95 | 95% | |
| 10. | r revious kilowieuge | No | 5 | 5% | |
| | | News paper | 0 | 0 | |
| 11. | Sources of previous knowledge (if | Radio/ Television | 2 | 20% | |
| | answered Q.10. as Yes) | Friends and relatives | 1 | 10% | |
| | | Health personnel | 5 | 50% | |

Table 1 depicts that frequency & percentage distribution of mothers of under-five children in relation to demographic variables.

Section 2: Analysis and interpretation of pre-test and post-test scores of knowledge of mothers of under-five children regarding nutritional diet

Table 2: Level of knowledge among the mothers of under five children regarding nutritional diet

| n=10 | | | | | | |
|--------------------|------------|----------|----|-----------|----|--|
| Lovel of browledge | Catagogg | Pre-test | | Post-test | | |
| Level of knowledge | Category | f | % | f | % | |
| Good | >15 score | 0 | 0 | 39 | 39 | |
| Average | 8-15 score | 47 | 47 | 58 | 58 | |
| Poor | <8 score | 53 | 53 | 3 | 3 | |

Table 2 reveals that among the 100 subjects 53% of subjects scored poor and 47% of subjects scored average in the pre-test knowledge regarding nutritional diet. In post-test knowledge regarding nutritional diet 59% of subjects scored average, 39% of mother's subjects scored good and 3% of subjects scored poor.

Table 3: Mean score and standard deviation of the mothers of under-five children regarding nutritional diet.

| | | H=100 | |
|--------------------|----------|-----------|--|
| Lovel of knowledge | Pre-test | Post-test | |
| Level of knowledge | n=100 | n=100 | |
| Mean | 6.86 | 10.29 | |
| Standard deviation | 2.36 | 4.53 | |
| 780 115 | RD | . % V | |

Table 3 depicts that the mean pre-test score of the subjects was 6.8 and the post-test mean score was 10.29. The standard deviation of pre-test score was 2.3 and the post-test score was 4.5. Mean post-test score was significantly higher than the mean pre-test score.

Section 3: Effectiveness of structured teaching programme on knowledge regarding nutritional diet among mothers of underfive children.

Table 4: Comparison of mean, standard deviation and't' value scores of mothers regarding knowledge of mothers of under-five

| Knowledge | N | Mean | SD | df | Paired t value |
|-----------|-----|--------|--------|-----|----------------|
| PRE-TEST | 100 | 6.8600 | 2.3657 | 99 | 24.864 |
| POST-TEST | 100 | 10.29 | 4.535 | -99 | P < 0.05 |

The data presented in the Table 4 shows that the subjects' mean post-test knowledge score (10.29) was apparently higher than the mean pre-test knowledge score (6.86). The dispersion of the pre-test score (SD= 2.36) was more than their post-test score (SD= 4.53), which shows that the level of knowledge of the subjects were improved.

Hypothesis testing

- H₀: There is no significant difference between pre-test and post-test mean knowledge score of mothers of under-five children regarding nutritional diet.
- H1 : There is a significant difference between pre-test and post-test mean knowledge score of mothers of under-five children regarding nutritional diet.

The researcher compared the calculated t- value (24.86) with the tabulated value (1.66). The obtained "t" value on analysis of the data was found to be significant at p<0.05 level. Since the calculated value lay beyond the tabulated value, the researcher rejected the null hypothesis and accepted the research hypothesis which revealed there is a significant change in the post-test practice score of subjects regarding nutritional diet. So, this is evident that the structured teaching programme on knowledge regarding nutritional diet was effective.

Section 4: Association of pre-test level of knowledge score with socio demographic variables.

Table 4: Association between the pre-test knowledge score of mothers regarding nutritional diet and their selected demographic variables

| Christian O O O O O | selected demographic variables | | | | | | | | | |
|---|--------------------------------|-----------------------|-----------|-------|----|--------------|-------|--|--|--|
| Mother's age in years | VARIABLES | CATEGORY | SAMPLE | | | | | | | |
| 18-25 years 30 | | OIII EGOITI | | | | 10100 | value | | | |
| Mother's age in years | | 18-25 years | 30 | | | | | | | |
| Mother's educational level No formal education 26 | Mother's age in years | | 70 | | | | | | | |
| No formal education | g , | | 00 | 0 | 0 | | | | | |
| Primary 33 17 16 | | - | 26 | 10 | 16 | | | | | |
| Secondary | | Primary | 33 | 17 | 16 | • | | | | |
| Intermediate | | Secondary | 41 | 20 | 21 | | | | | |
| Intermediate | | - | 0 | 0 | 0 | | 0.58 | | | |
| Post graduate & above 0 | Mother's educational level | Intermediate | 0 | 0 | 0 | | | | | |
| Other specify | | Graduate | 0 | 0 | 0 | | | | | |
| Other specify | | Post graduate & above | 0 | 0 | 0 | | | | | |
| Occupational status Private job Government job O O O O O O O O O O O O O O O O O O O | | - | 0 | 0 | 0 | 1 | | | | |
| Occupational status Government job | | <u> </u> | 0 | 0 | 0 | | | | | |
| Homemaker | | | 0 | 0 | 0 | • | | | | |
| Agriculture 20 | | | 77 | 37 | 40 | 5.99 | | | | |
| Daily wage workers 3 2 1 | Occupational status | Agriculture | 20 | 8 | 12 | 4 | | | | |
| Self employed | | | 3 | 2 | 1 | | | | | |
| Hindu | | | | 0 | 0 | • | | | | |
| Sikh 0 | | / 7 | 67 | 27 | 40 | | | | | |
| Sikh 0 | | Muslim | 33 | 20 | 13 | | | | | |
| Christian O O O O O | Religion | | 0 | 0 0 | 0 | | | | | |
| Joint Research 71 34 37 3.84 Dr 18 Dr Dr Dr Dr Dr Dr Dr D | S | Christian Internation | ial Journ | | 0 | | | | | |
| Type of family Joint Research 71 | | Others of Trend in | Scientif | c 0 0 | 0 | | | | | |
| Nuclear 29 13 16 Df =1 NS | | 1/1 A 0 | | 34 | 37 | | | | | |
| Extended 0 0 0 0 0 0 0 0 0 | Type of family | | | 13 | 16 | | | | | |
| Monthly income of family in rupees | | | | - 0 8 | 0 | DI =1 | | | | |
| Monthly income of family in rupees 4,001 to 6000/- 71 21 50 7.82 0.06 More than 10,000/- 6 4 2 NS Mumber of <5 children | | Less than 4000/- 24 | 56-6470 | 0.00 | 3 | - | | | | |
| rupees | Monthly income of family in | | | 21 | 50 | | | | | |
| Number of <5 children | rupees | 6,001 to 10,000/- | 20 | | 10 | | | | | |
| Number of <5 children | | More than 10,000/- | 7 6 | 4 | 2 | | | | | |
| Three | | | 36 | 20 | 16 | - | | | | |
| Three | V 1 6 5 101 | Two | 64 | 27 | 37 | | | | | |
| | Number of <5 children | Three | 0 | 0 | 0 | | | | | |
| Utilization of health services | | >Three | 0 | 0 | 0 | | | | | |
| | | | 56 | 27 | 29 | | | | | |
| $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | Utilization of health services | | 41 | 19 | 22 | | | | | |
| $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | 3 | 1 | 2 | | | | | |
| | | Quacks | 0 | 0 | 0 | | | | | |
| | | | 45 | 21 | 24 | | | | | |
| $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | Dietary Pattern | Eggarian | 0 | 0 | 0 | | | | | |
| $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | | | 55 | 25 | 30 | | | | | |
| $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$ | Previous knowledge | _ | 95 | 46 | 49 | 3.84 | 0.21 | | | |
| Sources of previous knowledge (if answered Q.10. as Yes) Radio / Television 16 9 7 7.82 Df = 3 NS | J | No | 5 | 1 | 4 | | | | | |
| Sources of previous knowledge (if answered Q.10. as Yes) Radio/Television 16 9 7 7.82 Df = 3 NS | | News paper | 24 | 8 | 16 | | | | | |
| knowledge(if answered Q.10. as Yes) Friends and relatives 9 4 5 Df =3 NS | | | 16 | 9 | 7 | 7.82 | | | | |
| Health personnel 46 22 24 | | | 9 | 4 | 5 | | | | | |
| | as Itsj | Health personnel | 46 | 22 | 24 | 1 | | | | |

*Significant at 0.05 level NS: non- significant

Discussion

Among the 100 mothers of under-five children 53% of mothers scored poor and 47% of mothers scored average in the pre-test knowledge regarding nutritional diet. In posttest knowledge regarding nutritional diet 59% of mothers scored average, 39% of mothers scored good and 3% of mothers scored poor. The mean pre-test score of the mothers was 6.8 and the post-test mean score was 10.29. The standard deviation of pre-test score was 2.3 and the posttest score was 2.1.Mean post-test score was significantly higher than the mean pre-test score.

There was a statistically significant difference between pre and post-test practice knowledge regarding nutritional diet among mothers of under-five children at level P < 0.05 which depicted the effectiveness of the structured teaching programme regarding nutritional diet.

There was no significant association between the pre-test knowledge score of mothers regarding nutritional diet with their demographic variables.

Level of knowledge regarding nutritional diet among mothers of under-five children.

The mean pre-test score of the subjects was 6.8, there was marked gain in the mean knowledge score of the group after giving structured teaching programme 10.29.

The standard deviation of pre-test score was 2.3 and the posttest score was 2.10.

5. Conclusion

Based on these findings of the study, it shows that the level of knowledge regarding nutritional diet among mothers of under-five children in the pre-test score was lower than the post-test score.

The study finding proved that the structured teaching programme intervened by the researcher was effective to increase the knowledge regarding nutritional diet among mothers of under-five children. So, there is a need of providing proper information and demonstration and education regarding nutritional diet, its importance, benefits, and diseases related to lack of nutritional diet.

So, health care provider should provide health education to improve their knowledge regarding nutritional diet among mothers of under-five children.

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