

# To Assess Effectiveness of Planned Teaching Programme On Knowledge and Practices of Parents Regarding Prevention of Selected Nutritional Deficiencies Among Preschool Children in Selected Urban Area

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**Abstract:** Malnutrition is the condition that develops when the body does not get the right amount of the vitamin, minerals and other nutrients. It needs to maintain healthy tissues and organ function. India is ranked 2nd in the world of number of children suffering from malnutrition. The prevalence of underweight children in India is among the highest in the world. The UN estimates that 2.1 million children die before reaching the age of 5 every year, mostly from preventable illnesses such as diarrhea, typhoid, malaria, measles and pneumonia. The India States Hunger Index by the International Food Policy Research Institute (IFPRI) states how hunger persists as a widespread and serious issue in India. Economic strength, urbanization and industrial development have not helped to remove or even alleviate hunger in states that are financially powerful and Maharashtra is ranked 10 among other states. 20 several micronutrients are required for adequate growth in children, and lack of any nutrient will lead to nutrient deficiency.

**Keywords:** Planned teaching, Knowledge, Practices, Vitamin deficiency, Parents, Preschool, Malnutrition.

## 1. Introduction

The children of today are the future of tomorrow; this powerful statement assumes special significance in our context as children (0-14 years) comprise one third of the total population in the country. Every child, on provision of a conducive and an enabling environment, may blossom into an ever fragrant flower, to shine in all spheres of life. This reminds us of the onerous responsibility that we have to mould and shape their present conditions in the best possible way. Vitamins are essential for life maintenance of normal life. These act as cofactor in many enzyme systems and therefore cardinal for various bodily function such as energy production, hemopoiesis, reproduction, neurological functions and synthesis of fat, amino acids, nucleic acids, and nucleoprotein. Vitamins are required in every minute quantity in the diet. Vitamins do not provide energy (calories) directly, but they do help regulate energy-producing processes. With the exception

of vitamin D and K, vitamins cannot be synthesized by the human body and must be obtained from the diet. Vitamins have to come from food because they are not manufactured or formed by the body. 3 Vitamins are classified as water-soluble and fat soluble. In humans there are 13 vitamins: 4 fat-soluble (A, D, E and K) and 9 water-soluble (8 B vitamins and vitamin C). Water-soluble vitamins dissolve easily in water, and in general, are readily excreted from the body; they can be destroyed by overcooking. The fat-soluble vitamins are soluble in fat and are absorbed by the body from the intestinal tract, these vitamins are absorbed and the body stores them in body fat. 4 Kids who eat balanced diets are probably getting all the vitamins and minerals, they need from the foods they eat, so supplementation usually isn't necessary. Children who are very picky may be missing out on some nutrients and there is growing research showing many children may not be meeting their vitamin needs. Vitamin deficiency disease, which is mainly seen in preschooler children, is due to vitamin A D and C deficiency.

## 2. Objectives of the Study

1. To assess the knowledge of parents regarding prevention of selected nutritional deficiencies among preschool children, before and after planned teaching programme.
2. To assess the practices of parents regarding prevention of selected nutritional deficiencies among preschool children, before and after planned teaching programme.

## 3. Methodology

Research approach used in this study was descriptive evaluator approach. The sample consisted of 40 parents of preschool children. The study was conducted in nursery and play school, of urban area. The sampling technique used in the study was non probability purposive sampling. The investigator used, structured questionnaire used to assess the knowledge and self-reporting questionnaire to assess the practice of parents of

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Table 1  
Effectiveness of planned teaching programme by comparing pretest and post test knowledge scores of selected parents on nutritional deficiency amongst preschool children

Knowledge areas		Mean	S. D.	M.D.	SEMD	t value	Significance
Concept of vitamin deficiency	Pre test	5.85	0.975	3.700	0.148	27.60	significant
	Post test	9.55	0.504				
Prevention and management	Pre test	5.63	1.334	5.175	0.220		
	Post test	10.80	0.464				
Overall knowledge	Pre test	11.48	1.710	8.875	0.275		
	Post test	20.35	0.662				

df = 39, level of significance is 0.05 for 't' table value of 2.02, n = 40

Table 2  
Effectiveness of plan teaching programme by comparing pretest and post test practice scores of selected parents on nutritional deficiency amongst preschool children

Practice		Mean	S. D.	M.D.	SEMD	t value	Significance
Overall practice	Pre test	6.60	1.105	2.40	0.175	13.74	0.00
	Post test	9.00	0.00				

df = 39, level of significance is 0.05 for 't' table value of 2.02, n=40

preschool children. The data was analyzed in terms of the objectives and hypothesis using descriptive and inferential statistics.

#### 4. Findings of the Study

Maximum of the samples 21 i.e. (52.5 %) belonged to age group of 20-30 years, majority of samples were female i.e. 27(67.5%) samples. With Relation, mothers constituted maximum samples 28(70%). With regard to educational status, it was noted that majority of samples were from the Secondary section 14 (35 %) This shows that the samples were not much educated as most of the samples had studied up to school level. In Occupation most of the samples were working i.e. 24 (60 %). Family Income shows that the samples were almost equally distributed in all the Income groups with 10 (25 %) in the Rs. 4810 – 8009 and 6 (15 %) in Rs. 12020 – 16019 group. Rest of the samples were equally divided 12(30%) samples in Rs.8010 – 12019 and Rs.16020 – 32049 group each. In type of Family the maximum samples 18 (45%) were from Nuclear family, respectively.

Over all of pre test and post test knowledge mean score of the sample the knowledge mean score about concept of vitamin deficiency (A, D and C) is 5.85 in pre test whereas 9.55 in post test . In pre test mean 5.63 for prevention and management where as 10.80 in post test. Over all knowledge in pre test as 11.48 where as 20.35 in post test. Comparison of pre test and post test practices score is 6.60 in pre test and 9.00 in post test. All the post test mean score are more than pre test which shows there is increase in knowledge and practices

To assess effectiveness of planned teaching programme on knowledge and practices of parents regarding prevention of selected nutritional deficiencies among preschool children., 't' test was applied. The calculated 't' value for knowledge was found to be 24.93 and practices was found to be 13.74. As the calculated value was greater than the table value at 0.05 levels. Hence null hypothesis was rejected which shows that planned teaching programme was effective.

There is a significant association between on knowledge and practices of parents regarding prevention of selected nutritional

deficiencies among preschool children and age. There is no significant association between the knowledge practices of parents regarding prevention of selected nutritional deficiencies among preschool children with other demographic variable.

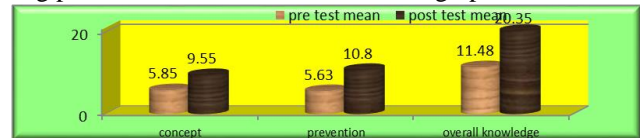


Fig. 1. Distribution of sample according to the knowledge mean on nutritional deficiencies

Table 1 and fig. 1, effectiveness of planned teaching programme on the overall knowledge and practice of the sample.

The data displayed in table 9 shows that there was a significant difference in the mean of pre and post test knowledge scores in both the areas concept and prevention and management as well as overall knowledge of the samples. Before calculating the 't' value Null hypothesis (H<sub>0</sub>) was stated. The two tailed 't' value for 0.05 level of significance at 2.02 for pooled degree of freedom of df = 39.

H<sub>01</sub> – There is no significance difference in the mean of pre test and post test knowledge score of parents after administration of planned teaching programme regarding prevention of selected nutritional deficiencies among preschool children. The calculated 't' value was found to be 24.92 for knowledge regarding concept, 23.48 for knowledge regarding prevention and 32.22 and overall knowledge. As the calculated value was greater than the table 't' value 2.02 at 0.05 level of significance with the degrees of freedom 39 for all the knowledge areas as well as overall knowledge, hence null hypothesis (H<sub>01</sub>) was rejected.

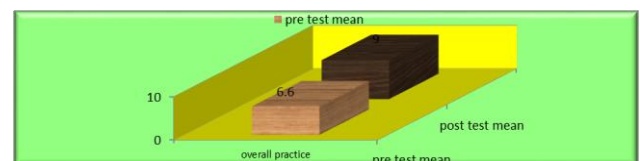


Fig. 2. Distribution of sample to according to the practice mean on nutritional deficiencies

Table 2 and fig. 2 can be interpreted as follows:

The data displayed in table 2 shows that there was a significant difference in the mean of pre and post test practice scores of the samples.

Before calculating the 't' value Null hypothesis ( $H_{02}$ ) was stated. The two tailed 't' value for 0.05 level of significance is 2.02 for pooled degree of freedom of  $df = 39$ .

$H_{02}$  – There is no significance difference in the mean of pre test and post test practice score of parents after administration of planned teaching programme regarding prevention of selected nutritional deficiencies among preschool children.

The calculated 't' value was found to be 13.74 for overall practice. As the calculated value was greater than the table 't' value of 2.02 at 0.05 level of significance with the degrees of freedom 39, hence null hypothesis ( $H_{02}$ ) was rejected in case of practice.

### 5. Conclusion

The finding of this study showed that the parents of preschool children lacked an adequate knowledge and practices on prevention of selected nutritional deficiency. This has been improved, after providing planned teaching on prevention of selected nutritional deficiency. This indicates that there is a need for a planned structured education for the parents of preschool children. Before providing planned teaching on prevention of selected nutritional deficiency, the parents of preschool children were not aware of what is vitamin deficiency (A, D and C), causes of vitamin deficiency (A, D and C), sign and symptoms of vitamin deficiency (A, D and C) and preventive measure of vitamin deficiencies (A, D and C). After administering planned teaching, it helped the parents of preschool children in preparing themselves to meet the nutritional demand of children.

The conclusion drawn from the findings of the above data is, 't' test was used to find out the effectiveness of planned teaching programme on knowledge and practices of parents regarding prevention of selected nutritional deficiencies among preschool children, which revealed that there was highly significant gain in post test knowledge and practice score of parents of preschool children, which proved that administration of planned teaching was effective and had greatly increase knowledge and practices parents of preschool children regarding prevention of selected nutritional deficiency, which concluded the rejection of null hypothesis and acceptances of research hypothesis.

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