



ORIGINAL RESEARCH PAPER

Medical Science

A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON KNOWLEDGE AMONG MOTHERS OF UNDER-FIVE CHILDREN REGARDING PREVENTION OF VITAMIN A DEFICIENCY IN GOVT. PRIMARY HEALTH CENTER KAKAPORA, PULWAMA KASHMIR

KEY WORDS:

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ABSTRACT

Vitamin-A deficiency is seen more commonly among under five children (1-5 yrs). Vitamin-A deficiency affect the eyes. It causes "xerophthalmia" which is characterized by series of clinical signs. These include- Night blindness, Conjunctival xerosis, Bitot-spot, Corneal ulceration, Karatomalacia and Corneal scar. Dietary deficiency of vitamin-A most commonly and importantly affects the eyes, and it can lead to blindness¹.

Method : A pre-experimental study with one group pre-test and post- test design without was used to assess the effectiveness of structured teaching program on knowledge of mothers of under five children regarding prevention of vitamin A deficiency in Govt. primary health center Kakapora ,Pulwama Kashmir

Results: the finding of the study with mean pre test knowledge score was 46.60% with standard deviation 18.64±5.191. in post-test knowledge score was 88.50% with SD was 35.42± 2.142. there is increase in the knowledge level in post-test.

Conclusion: Structural teaching program was found effective in improving the knowledge of subjects

INTRODUCTION

According to 2009 statistical report by WHO more than 254 million children suffer from vitamin deficiency worldwide each year, 20-40 million children suffer from mild vitamin-A deficiency and three million children from severe deficiency. World health organization estimates that 100 to 140 million children under the age of five may be living with dangerously low vitamin-stores. More than four million children are worldwide exhibit sign of severe deficiency. In Karnataka 0.3% of children are suffering from vitamin deficiency.²

Vitamin A is essential for the health of eyes and for the proper functioning of the immune system. It is found in foods such as milk, liver, eggs, red and orange fruits, red palm oil and green leafy vegetables, although the amount of vitamin A readily available to the body from these sources varies widely. In developing areas of the world, where vitamin A is largely consumed in the form of fruits and vegetables, daily per capita intake is often insufficient to meet dietary requirements. Inadequate intakes are further compromised by increased requirements for the vitamin as children grow or during periods of illness, as well as increased losses during common childhood infections. As a result, vitamin A deficiency is quite prevalent in the developing world and particularly in countries with the highest burden of under-five deaths.³

During the first year after birth, breast milk from a well nourished mother provide all vitamins that an infant's needs⁴. The main underlying cause of VAD as a public health problem is a diet that is chronically insufficient in vitamin A that can lead to lower body stores and fail to meet physiologic needs. Deficiency of sufficient duration or severity can lead to disorders that are common in vitamin A deficient populations such as xerophthalmia, the leading cause of preventable childhood blindness, anemia, and weakened host resistance to infection, which can increase the severity of infectious diseases and risk of death⁵.

MATERIAL AND METHOD

pre experimental research design where pre and post- test without control group approach was used. 60 mothers of under- five children at Govt. Primary Health Center Kakapora, Pulwama Kashmir were selected by Purposive Sampling technique. The pretest (O1) was carried out to determine the level of knowledge among mothers of under-five childrens followed by structural teaching programme. post test (O2) was conducted on tenth day following the pre-test.

RESULTS

Frequency and percentage distribution of subjects (mothers of under five children regarding prevention. Majority 28.3% subjects were between age group 20-25 years, 28.3% were between age group 31-35 years, 26.7% were between age group 36-40 years

and 16.7% were between 26-30 years of age group. Maximum 36.7% of the subjects had education upto 10th, 23.3% were illiterate, 21.7% had education upto 12th and 18.3% were graduate or above. Majority of the subjects 70% were households, 16.7% were govt. employed and 13.3% were self employed. Maximum number of subjects 73.3% had income between 15001& above, 10% had income <5000, 8.3% had income between 5001-10000 and 8.3% had income between 10001-15000

Table 1: Mean, standard deviation, median score, maximum, minimum, range, mean percentage of pre test knowledge scores of subjects regarding prevention of vitamin A deficiency among under five children.

N=60

Mean ± SD	Median Score	Maximum	Minimum	Range	Mean %
18.64±5.191	18	30	6	24	46.60

Data in table 1 shows that pre test knowledge scores range was 24 (30-6). The data also depicts that their mean pre test knowledge score with SD was (18.64±5.191) and mean percentage knowledge score was 46.60%.

Table 2: Mean, standard deviation, median score, maximum, minimum, range, mean percentage of post test knowledge scores of subjects regarding prevention of vitamin A deficiency among under five children.

N=60

Mean ± SD	Median Score	Maximum	Minimum	Range	Mean %
35.42±2.142	36	39	28	11(39-28)	88.50

Data in table 2 shows that post test knowledge scores range was 11 (39-28). The data also depicts that the mean post test knowledge score with SD was (35.42± 2.142) and mean percentage knowledge was 88.50%.

Table 3: Comparison between pre-test and post-test knowledge score and the significance of difference between the mean pre-test and post-test knowledge scores of study subjects regarding prevention of vitamin A deficiency among under five children.

N=60

Knowledge Score	Mean	S.D	Mean Diff.	Paired t Test	P value
Pre-test Knowledge Score	18.65	5.191	16.770	28.413 *S	<0.001 *
Post -test Knowledge Score	35.42	2.142			

*Significant

The data in the table 3 it is evident that the obtained "t" value for overall knowledge score is 28.41 which is greater than the table value at 0.05 level of significance. Therefore "t" value is found to be significant. it means there is gain in knowledge level of the

subjects. This support the structured teaching programme on knowledge about prevention of vitamin A deficiency among mothers of under five children.

Table 4: Association of pre test knowledge score of subjects regarding prevention of vitamin A deficiency among under five children with selected demographic variables.

N=60

Variables		High	Average	Low	Chi Square Test	Df	P Value
Age	20-25	1	14	2	2.548	6	0.863 N.S
	26-30	2	6	2			
	31-35	2	12	3			
	36-40	1	13	2			
Education	Illiterate	0	10	4	21.917	6	0.001 S
	Up to 10th	0	19	3			
	Up to 12th	1	10	2			
	Graduate or above	5	6	0			
Occupation	Govt. Employed	2	8	0	6.565	4	0.161 N.S
	Self Employed	0	8	0			
	House hold	4	29	9			
Income	<5000	0	5	1	2.670	6	0.849 N.S
	5001-10000	0	4	1			
	10001-15000	1	4	0			
	15001 & Above	5	32	7			

NS= Not significant, S*= significant

The data presented in table 4 shows that there was no significant association between selected demographic variables like age, occupation, income. Hence null hypothesis (Ho) is rejected. and research hypothesis (H2) is accepted for educational status of mothers, which states that there is significant association between pre-test knowledge score of mothers with education at 0.05 % level of significance.

CONCLUSION

The study concludes that structural teaching programme will be effective in terms of gaining knowledge among mothers of under five childrens

REFERENCES

1. Gulani K.K. Principle and practice community health nursing. 1st ed. Delhi: Kumar publication, 2005; 412-4.
2. Underwood B.A. Vitamin-A deficiency disorders, international efforts to control a preventable pox: Journal of nutrition 2004. Jan; 134 (1): 231-6.
3. <http://www.childinfo.org/vitamina.html>
4. Busie B, Maziya-dixon, Isaac O. Akinyele, Rasaki A, Sanusi, Tunde E. Oguntona et al. Vitamin-A deficiency is prevalent in children less than five years of age in Nigeria :International institute of tropical Agricultural.
5. WHO. Global prevalence of vitamin A deficiency in populations at risk 1995–2005. WHO Global Database on Vitamin A Deficiency. 2009: 1-10.