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Research Article

IMPACT OF HEALTH EDUCATION TO THE MOTHERS OF ICDS CHILDREN

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ABSTRACT

Article History: Received 15th August, 2018 Received in revised form 7th September, 2018 Accepted 13th October, 2018 Published online 28th November, 2018 The health status of woman is a crucial indicator in determining the status of the society. Woman is the centre nerve to take care of family hygiene, quality food and child care. Health education is an important ingredient of good family living. Hence 200 mothers of ICDS children from four districts were selected by purposive random sampling and analysed for their Knowledge, Attitude and Practice (KAP). By providing health education there was a marked improvement in their health practices.

Key Words:

KAP-Knowledge, Attitude and Practices.

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INTRODUCTION

The health status of women is a crucial indicator in determining the quality of life of people in the society. Nutritional deficiency and health problems are widespread due to social, cultural, economic reason and inadequate intake of foods due to poverty and ignorance about the health issues.

Good nutrition and health practices plays an important role in the full exploitation of genetic potential for physical and intellectual capacities in human being. Unhealthy practices saps the life of people and the development of nation. To improve the health of women multiple dimensions of health awareness should be given to them. Hence education must be focussing on various indicators like life expectancy, fertility and family care, nutrition education, quality of life, hygienic and feeding practices and their literacy level. This study was undertaken to assess the KAP and impact of health education of mothers of ICDS children.

METHODOLOGY

- 1. Selection of the sample: By the use of purposive random sampling 200 mothers were selected for the study.
- 2. Selection of the Area: Madurai, Ramanathapuram, Krishnagiri, and Dindigul districts were selected for the study.

3. C. Data collection- Both primary and secondary source of information were collected.

RESULTS AND DISCUSSION

Size of the family

The size of the family of the selected subjects is given in Table I

Members	Number	Percentage
Less than 4	123	61.5
4-6	77	38.5

Table I depicts that majority of selected mothers had small family norm, whereas 38.5 percent had 4-6 members in their family.

Educational Status of the Mothers

Details regarding the educational status of the mothers is given in Table II

Table II Educational Status of the Mothers

Criteria	Number	Percentage
Literate	187	93.5
Illiterate	13	6.5

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Among the selected mothers about 93.5 percent were literate and only 6.5 percent were illiterate due to their poverty and ignorance.

Awareness of Healthy Eating

Details on awareness of mothers about healthy eating is given in Table III

Table III Awareness of Healthy Eating

Content	Before Education		After Education		
	Number	Percent	Number	Percent	
a. Balanced diet contains five food groups			192	96.0	
b. Breakfast is the most important meal	91	45.5	100	100	
c. Drink 6 glasses of water each day	36	18.0	100	100	
d. Symptoms of food poisoning depends on the causative germ			173	86.5	
e. Inadequate preservation is the most common factor for food poisoning	23	11.5	189	94.5	

From the above table none of them mentioned balanced diet includes five food groups and symptoms of food poisoning depend on the causative germ due to the lack of awareness. But after the health education it was proportionately increased upto96 and 86.5 percent. This could be attributed to the health and nutrition education given by the investigator.

Initial response regarding the use of 6 glasses/ day indicated that only 18 percent were aware of the importance of it. Final values indicated a complete positive attitudinal change (100 percent) towards the consumption of water.

Initially the people were ignorant about the importance of adequate preservation which inturn reduce the food poisoning. After health education nearly 94.5 percent of them understood the fact that inadequate preservation is the most common factor for food poisoning.

Knowledge and Awareness on Cooking and Storing Practices

Table IV depicts the knowledge and awareness of cooking and storing practices of the selected subjects

 Table IV Knowledge and Awareness on cooking and storing practices

Criteria	Before Education		After Education	
	Number	Percent	Number	Percent
 Cooking rice 				
 Absorption method- good Straining method- bad 	63	31.5	187	93.5
 Germination of pulses increases nutrients 	107	53.5	200	100
 Wash the vegetables and fruits before cutting will minimize nutrient loss 	92	46.0	200	100
Milk should not be generously diluted	44	22.0	179	89.5
Minimal usage of fats and oils in cooking is necessary	156	78.0	198	99.0
Avoid repeated heating of fats and oils	39	19.5	176	88.0
 Cook vegetables and greens in minimal water 	82	41.0	194	97.0
 While cooking greens, vessels should not be closed for evaporation of volatile toxic substances 	57	28.5	182	91.0
10.Value addition in cooking (eg- drumstick leaves, curry leaves, cumin)	76	38.0	183	91.5

11.Store foods above 20-25 cm heights	31	15.5	192	96.0
12.Never stored raw and cooked foods together-cause cross contamination			164	82.0
13.Food should not have a contact with chemical disinfectants	162	81.0	200	100

Table IV explains that the knowledge and awareness on cooking and storing practices of selected mothers. About 31.5 percent of mothers were ignorant about the importance of absorption method which facilitate to retain the nutrients compared to straining method. On nutrition education the percentage of mothers towards this aspect was increased upto 93.5 percent.

Before education about 53.5 percent were practicing the germination process of pulses to improve the nutritional quality. But the awareness indicated positive attitudinal change towards the usage of germinated pulses.

Initially the people were ignorant about the nutrient loss during washing of cut vegetables. But after education all of them known about the nutrient loss when the surface area is more.

After giving nutrition and health education the criteria's like avoiding over dilution of milk, repeated heating of fats and oils, use more water for cooking greens and vegetables, food items in contact with chemical disinfectants have decreased markedly.

Initially 28.5 percent had a concept that while cooking greens, vessels should be opened to eliminate the volatile toxic substances present in greens. On nutrition education 91 percent of mothers were not closing the vessels to evaporate toxic substances.

Value addition is very important in our daily diet. Inclusive of curry leaves, drumstick leaves, cumin, fennel seeds during seasoning may increase the nutritive value of the cooked item. Initially they were not aware of the value added food items. But after education 91.5 percent were practicing this to improve the nutrient content of their food items. To prevent from accidents and insects, food item should be stored above 20- 25 cm heights. Before education 96 percent of mothers were storing food in heights.

Initially the mothers were not familiar of storing raw and cooked foods together which may cause cross contamination and leads to food poisoning. After nutrition education the practice of never storing raw and cooked foods together was increased upto 82 percent. This could be attributed to the health education given to the mothers.

CONCLUSION

Health education is significantly promote changes in knowledge, attitude and practices. From the foregoing discussion it is evident that impact of health and nutrition education given to the mothers indicated that there was a marked improvement in their knowledge, attitude and practices on cooking, storing of foods and the healthy methods of eating.

References

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