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Role of nutrition education in improving awareness among school going adolescent girls (14 to 17 years)

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Abstract

Knowledge is a body of understood information possessed by an individual. Nutrition education was provided to school going adolescent girls to improve their status, A questionnaire was prepared containing different question pertaining to various topics viz., balanced diet, and sources of various nutrients in diet, importance of green leafy vegetables and fruits in diet, iron deficiency disorder and their prevention. The questionnaire was pre- tested so that appropriate data was obtained. Questionnaire was used for collecting information on nutritional knowledge of the school going adolescent girls. Nutrition education was imparted to selected adolescent girls for a week. Lectures were delivered with help of audio-visual aids, i.e., chart and leaflets etc. For the purpose of quantifying the qualitative data related to assessment of the extent of nutrition knowledge a close-ended knowledge inventory was prepared and responses were obtained under “Yes” or “No” categories. Correct answer was given score ‘one’ and incorrect answer as score of ‘zero’. After one week, again the responses were obtained about gain in nutritional knowledge. Aggregated scores were computed to find out the pre and post knowledge and gain in knowledge was determined. It was found that nutrition education had a positive effect on increasing the knowledge scores of adolescent girls. And it is very beneficial for improving the status of girls.

Keywords: Nutrition education, adolescent girls, balanced diet

Introduction

Health is the level of functional and metabolic efficiency of a living organism. In humans it is the ability of individuals or communities to adapt and self-manage when facing physical, mental or social changes. World Health Organization (WHO) defined "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (www.org/wiki/Health). Good health is fundamental to living a productive life, meeting basic needs and contributing to community life. Good health is an enabling condition for the development of human potential. The health of an individual is strongly influenced by genetic make-up, nutritional status, access to health care, socioeconomic status, relationships with family members, participation in community life, personal habits and lifestyle choices (www.islandpress.org/iaastd). Health education as a tool for health promotion is critical for improving the health of populations and promotes health capital. One of the keys to effective nutrition education and counseling of teenagers is a good understanding of normal adolescent psychosocial development. Adolescents are striving to achieve independence yet they are highly influenced by the beliefs and behaviors of peers. They are developing abstract reasoning skills, however they may revert to more concrete cognitive skills when faced with new challenges or perceived stressful situations. These aspects of adolescent development need to be integrated into all nutrition education and counseling efforts, whether they occur as classroom nutrition education presentations or individual counseling sessions. Adolescence provides both challenges and opportunities for health professionals when providing nutrition education. Adolescence is an opportune time to train students to assess their own eating behaviors and set goals for dietary change. Nutrition education has generally not taken advantage of the social and cognitive shifts of adolescence that could be built upon to promote the adoption of more healthful behaviors. Nutrition education involves teaching the client about the importance of nutrition, providing educational materials that reinforce messages about healthy eating, teaching adolescents skills essential for making dietary change,

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and providing information on how to sustain behavior change. Information gathered during nutrition screening or assessment will provide the necessary information on which nutrition issues need to be addressed during nutrition education and counseling sessions. Prior to beginning the education process, it is helpful to assess what the adolescent already knows about nutrition, how ready they are to adopt new eating behaviors, and if there are any language or learning barriers that may need to be addressed in order to facilitate the nutrition education process. Adolescents often enter nutrition education and counseling at the precontemplation stage. They are often not aware of the potential health risks associated with poor eating habits and have not thought about making dietary changes. The initial goal of nutrition education and counseling therefore, will be to increase the client's awareness of risks associated with current eating habits. In situations such as the diagnosis of diabetes mellitus, adolescents may be aware of the need to change dietary habits but may show resistance toward change. Identifying potential barriers to change and providing small, achievable goals along with concrete strategies to facilitate necessary dietary modifications are often the initial stages of nutrition education. A variety of methods of nutrition education are used successfully with adolescents. Individuals learn in a variety of ways and each individual responds differently to various methods of education. In general, adolescents learn best when they are actively involved in nutrition education.

- For general nutrition education topics such as making healthy food choices at fast food restaurants, classroom presentations or group education sessions are an efficient and effective way to reach a large audience of teens.
- Small groups can be used to provide nutrition education to adolescents who are found to be nutritional risk and would benefit from modifying eating behaviors. Weight management, vegetarian eating and sports nutrition are topics that can effectively be addressed in small groups.

An individualized approach, such as one-on-one counseling, will be required for adolescents who need a high level of nutrition guidance. Initial education related to diabetes, adolescent pregnancy, hyperlipidemia or hypertension is best provided in an individualized setting.

- Peer education on an individual level or in small groups can provide peer support for teens who have undergone initial individualized nutrition education and may benefit from continued nutrition education and support to improve compliance with dietary recommendations (Jamie Stang *et al.*, 2001) [3]. Evidence shows that the health of students is linked to their academic achievement, so by working together, we can ensure that young people are healthy and ready to learn. (Health and academic achievement, 2014) [2].

Material and methods

Knowledge is a body of understood information possessed by an individual. The role of adolescent girls in combating malnutrition through changing the socio-cultural barriers for good nutrition is vital. They alone are responsible for methods adopted for the preparation and serving of food. They play a major part in influencing the dietary habits of their husbands, children and other family members. The nutritional status of family members is influenced by sound knowledge of

adolescent girls and cooking practices followed by her. A questionnaire was prepared containing different questions pertaining to various topics viz. balanced diet, sources of various nutrients in diet, importance of green leafy vegetables and fruits in diet, iron deficiency disorder and their prevention. The questionnaire was pre-tested so that appropriate data was obtained. The modified questionnaire was used for collecting information on nutritional knowledge of the adolescent girls. Nutrition education was imparted to selected adolescent girls for a week. Lectures were delivered with help of audio-visual aids, i.e., chart and leaflets etc. The Nutrition education was imparted on various aspects of foods and nutrition like various topics viz. balanced diet, sources of various nutrients in diet, importance of green leafy vegetables and fruits in diet, iron deficiency disorder and their prevention. For the purpose of quantifying the qualitative data related to assessment of the extent of nutrition knowledge a close-ended knowledge inventory was prepared and responses were obtained under "Yes" or "No" categories. Correct answer was given score 'one' and incorrect answer as score of 'zero'. After one week, again the responses were obtained about gain in nutritional knowledge. Aggregated scores were computed to find out the pre and post knowledge and gain in knowledge was determined.

Result and discussion

Nutritional knowledge of adolescents girls

Imparting of nutrition education of selected respondents

Data related to nutrition education of adolescent girls are presented in table 1. Before imparting nutrition education, the respondents had inadequate nutrition knowledge about the importance of balance diet (24.77), sources of various nutrients in diet (21.61), importance of green leafy vegetables and fruits in diet (26.11), Iron deficiency disorder and their prevention (15.16). The results are lined with the finding of Nutrition education of adolescent girls improved significantly after imparting nutrition education.

Impact of imparting nutrition education on gain in knowledge level

After imparting nutrition knowledge to the adolescent girls by using audio-visual aids, there was a significant increase in nutrition knowledge. Adolescent girls' pre-nutrition knowledge regarding nutrition in case of importance of balanced diet was 24.77% and after imparting nutrition education, there was an increase in their knowledge, i.e., 74.05%. Total gain in knowledge was 49.28%. Adolescent girls had 21.61% of knowledge scores in case of various nutrients in diet. But after imparting nutrition education, scores increased up to 83.38% and total gain observed was 61.77% (table 1.). Adolescent girls had only 26.11% of knowledge in case of importance of green leafy vegetables and fruits in diet, their knowledge increased to 77.61% after imparting nutrition education. Regarding nutrition knowledge related to iron deficiency disorder and their prevention, 15.16% scores of knowledge and after imparting nutrition education, it was 82.27% and gain in knowledge was 67.11%.

The present findings reveal that the iron-rich supplements were found suitable for improving iron status among adolescent girls. Hence, it is concluded that these supplements could be recommended for supplementation in under-nutrition intervention programs for combating the iron deficiency, which is a major problem in rural areas of India.

Table 1: Knowledge score (per cent) obtained by selected respondents (n=300)

Aspect	Pre scores	Post scores	Gain in knowledge	t value
Balanced diet	24.77	74.05	49.28	2.89**
Sources of various nutrient in diet	21.61	83.38	61.77	2.79**
Importance of GLV and fruits in diet	26.11	77.61	51.5	2.81**
Iron deficiency disorder and their prevention.	15.16	82.27	67.11	2.68**

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