



To Evaluate The Effectiveness Of Video Assisted Teaching (VAT) On Knowledge Regarding Vitamin 'A, Deficiency Among Mothers Of Under Five Children Attending Paediatrics OPD In A Selected Hospital At Meerut”.

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Abstract : This study has been undertaken to To Evaluate The Effectiveness Of Video Assisted Teaching (VAT) On Knowledge Regarding Vitamin 'A, Deficiency Among Mothers Of Under Five Children Attending Paediatrics OPD In A Selected Hospital At Meerut”. The macroeconomic variables include inflation, oil prices, interest rate and exchange rate. For the very purpose monthly time series data has been arranged from 6/11/2018-13/11/2018. The research design was the investigation adopted quasi-experimental one group pretest post test design. The setting Chatrapati Subharti Hospital Meerut. The sample include 50 mothers attending pediatric OPD. The pilot study conducted with 10 mothers attending pediatric OPD. Reliability of the tool was assessed by collection data from 10 mothers who were attending OPD at CSSH Meerut. Karl Pearson's Formula was used to test the reliability of the tool.

INTRODUCTION

Vitamin A is essentially required in the body to maintain visual system, sustain normal cellular differentiation, develop resistance against infections, and uphold epithelial integrity, red blood cell production, and reproduction. Primary vitamin A deficiency could be attributed to prolonged deprivation of vitamin A-rich foods and is further depleted by diarrhea, measles, and respiratory infections. VAD also prevails among populations whose diets are lacking in animal products. This is almost always the case because a young child cannot possibly consume sufficient dietary sources of beta-carotene to satisfy their vitamin A needs from vegetables and grains alone. Children and pregnant women are more likely to suffer from VAD. Infants fed no or little breast milk in early life are increasingly susceptible to various maladies.

Children need additional vitamin A because they do not consume enough in their normal diet. There are three general ways for improving vitamin A status: supplementation, fortification, and dietary diversification. These approaches have not solved the problem in South Asian countries to the desired extent because of poor governmental support and supervision of vitamin A supplementation twice a year.

Worldwide, undernutrition leads to one-third of the total deaths among children. The highest child malnutrition and mortality is reported in South Asia, and data indicate that 178 million of the children below 5 years of age go stunted while global estimate of wasting is 55 million children, of whom 19 million were severely wasted. Other studies demonstrated that approximately 48% of under-five children in India alone were stunted, followed by 43% in Bangladesh and 37% in Pakistan

Reducing the prevalence of vitamin A deficiency will lessen disease burden by improving immune function, lowering mortality rates and preventing blindness, especially among children. This chapter will contribute to ongoing efforts to assess the global problem of vitamin A deficiency by using existing data to estimate global prevalence rates, to identify and quantify the adverse health consequences associated with deficiency, and to estimate the future health benefits that could be gained by implementing even more effective control programmes.

NEED OF THE STUDY- India has the highest prevalence of clinical and subclinical VAD among South Asian countries; 62% of preschool children were reported to be deficient in vitamin A. These dramatic results suggested high mortality rate, leading to an annual 330,000 child deaths. Estimates confirmed 31% to 57% preschool children to be the victims of subclinical VAD. Women of childbearing age excessively suffered from night blindness, with 5% pregnant women manifesting subclinical VAD. Among these

5%, about 12% were severely affected with night blindness during pregnancy. International Institute for Population Sciences, India, confirmed higher prevalence of night blindness among pregnant women, with higher percentage among rural population compared to urban folks (rural 13.7%, urban 6.4%).

Vitamin A deficiency is the leading cause of preventable childhood blindness, and is critical to achieving [Millennium Development Goal 4](#) to reduce child mortality. About 250,000 to 500,000 malnourished children in the developing world go blind each year from a deficiency of vitamin A, around half of whom die within a year of becoming blind. VAD is estimated to affect about one-third of children under the age of five around the world. It is estimated to claim the lives of 670,000 children under five annually. Around 250,000–500,000 children in developing countries become blind each year owing to VAD, with the highest prevalence in Southeast Asia and Africa. According to the World Health Organization (WHO), VAD is under control in the United States, but in developing countries, VAD is a significant concern.

3.1 Population and Sample

The targeted population for the study was mothers attending pediatric OPD in a selected hospital at Meerut . The sample was 50 mothers attending pediatric OPD in a selected hospital at Meerut.

3.2 Data and Sources of Data

Formal administrative permission was taken from the Medical Supritendnt of Chatrapati Subharti Hospital Meerut . The data collection period is ranging from 6/11/2018-13/11/2018. 50 Mothers were selected from selected Hospital by Purposive sampling technique.

3.3 Theoretical framework

Variables of the study contains dependent and independent variable. The study used the Knowledge on Vitamin A are as dependent variable. Independent variable was Video assisted teaching . Knowledge regarding Vitamin 'A, deficiency among mothers of under five children.

3.4 Statistical tools and econometric models

The detail of methodology is given as follows..

3.4.1 Descriptive Statistics

Descriptive Statics has been used to The collected data was tabulated, organized and analyzed by using descriptive (Mean, standard deviation, ,mean score percentage, mean difference) and inferential statics (paired t test and chi square which helped to find out the effectiveness of video assisted teaching on vitamin A deficiency in terms of knowledge among mothers of under five children attending pediatric OPD in a selected hospital at Meerut

IV. RESULTS AND DISCUSSION

4.1 Results of Descriptive Statics of Study Variables

Table 4.1: Frequency and percentage distribution of mothers of under five children based on their demographic variables.

SECTION I

Table 4.1

S.No	Demographic variables	Frequency	Percentage
1	Age of mother		
	(a) Below 20years	18	36%
	(b) 21-25 years	15	30%
	(c) 26-30 years	8	16%
	(d) 31- 35 years	9	18%

Table 4.1 shows that Out of 50 mothers with regard to age majority were 18 (36) were in the aged below 20 yrs, minority were 8 (16) were in aged between 26yr – 30 yr.

SECTION II

This section deals with the percentage distribution of the samples based on pre-test and post-test level of knowledge score on prevention of vitamin A deficiency.

Table 5.1

Knowledge level	Pre test		Post test	
	(f)	(%)	(f)	(%)
Inadequate (0-11)	44	88%	0	0%
Moderate (13-20)	61	12%	43	86%
Adequate (21-25)	0	0	7	14%

Table 5.1 shows that The overall pre-test knowledge score was 44(88%) had inadequate knowledge and 6(12%)had moderate knowledge. After assessing the pre-test knowledge, video assisted teaching was implemented to the samples. The post-test knowledge score was increased to 43(86%) (moderateknowledge) and 7(14%) adequate.

Table 5.2

To evaluate the level of knowledge before and after administration of video assisted teaching regarding Vitamin A deficiency among mothers of underfive children.

N=50 * Significant $p < 0.05$ level; $t_{49} = 2.008$

The paired 't' value 35.74 was found to be higher than the the table value is It shows that it was significant at $P < 0.05$ level. Hence

Maximum possible score	Pre-test knowledge			Post-test knowledge			Paired mean differences	t value	Std. Error of Mean
	Mean	SD	Mean score %	Mean	SD	Mean score %			
25	8.02	1.2337	32%	19.08	1.915	76%	12.06	35.74	0.337

research hypothesis H1 was accepted

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