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# A Pre - Experimental Study to Assess the Effectiveness of Informational Booklet on Knowledge and Practices regarding Well Balanced Diet among Mothers of under Five Children in Selected Areas of District Kangra, (H. P.).

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**Abstract:** ***Balanced diet and sufficient nutritional intake is most essential for children to promote optimal growth and development. An Pre - experimental one group pre - test post - test design, was used to select 60 mothers of under five children by using non probability purposive sampling technique from five selected areas of district Kangra, H. P. Self structured informational booklet was provided to mothers after the assessment of pre - test knowledge and practices regarding well balanced diet. Post - test knowledge and practices was assessed on the 7th day of informational booklet through self structured knowledge questionnaire and self structured practices checklist. The result of this study showed, significant difference between the mean post - test (27.47) was higher than pre - test (12.13) knowledge scores, mean post - test (19.10) was higher than pre - test (27.63) practices score, positive correlation exists r=0.749 between post - test knowledge and post - test practices score and obtained 't' value has been found statistically very highly significant (30.489) at p<0.05 level of significance. Hence it was concluded that informational booklet in educational programme was an effective strategy for improving mothers knowledge and practices regarding well balanced diet of children.***

**Keywords:** Effectiveness, Informational Booklet, Well Balanced Diet, Knowledge, Practices

## 1. Introduction

Optimum nutrition and good feeding of infants and young children are among the most important determinants of their health, growth and development. Good feeding practices will prevent malnutrition and early growth retardation. Poorly fed children have greater rates and severity of enteric and other infections, and they are at risk of dying prematurely. Balanced diet is the provision to cells and organisms, to support life. Many common health problems can be prevented or alleviated with a balanced diet. Thus improvements in nutrition are desirable not only for the physical health and growth of young children but also for reducing the risk of infection, maximising coginitive and psychomotor development, as well as academic performance. A diet is all that we consume in a day. And a balanced diet is a diet that contains an adequate quantity of the nutrients that we require in a day. The nutrient classes can be categorised as either macronutrients (needed in relatively large amounts) or micronutrients (needed in smaller quantities). The macronutrients includes carbohydrates, fats, protein and water. The micronutrients are minerals and vitamins. Vitamins, minerals, water and fiber do not provide energy, but are required for other reasons. Some part of our energy requirement is fulfilled by fats it is found in fatty foods such as butter, ghee, oil, cheese, etc. We need proteins for growth purposes and to repair the wear and tear of the body. It is found in dairy products, sprouts, meat, eggs, chicken, etc. Micronutrients are one of the major groups of nutrients your body needs. They include vitamins and minerals. Vitamins are necessary for energy production, immune function, blood clotting and other functions. The micronutrient content of each food is different, so it's best to eat a variety of foods to get enough vitamins and minerals. An adequate intake of all micronutrients is necessary for optimal health, as each vitamin and mineral has a specific role in your body. Consuming a diet with balanced nutrient intake is not only necessary to prevent and manage chronic disease, but also essential for children and adolescents to ensure their healthy development. Food items should be digestable, attractive, choiceable and easily available. Mothers knowledge about their child's nutrition is important because child care is mostly the responsiblity of mothers, education has a positive impact on their knowledge and practice in child health matters. It will helps to access effective interventions that means less risk of undernutrition, overnutrition and or other nutritional problems. World's greatest resource for a healthy future lies in the children of today. Today's children are the tomorrow's citizen or leaders. So it is mandatory to provide education to mothers of under - five children and improve their nutritional practices, because mothers play primary role in the care of the children.

## 2. Need for Study

As children are considered as the most potential unit of future human resources in every country. A better tomorrow

depends much on the well being of children. Children are often considered priority population for intervention strategies. Good nutrition is the fundamental pillor for the maintenance of positive health, because the foundation of our lifetime health, strength, intelligence and vitality is laid during this period. Good nutrition is essential for healthy, thriving individuals, families and a nation. The effects of childhood malnutrition include diminished immune functioning; which leads to greater susceptibility to infection, especially gastrointestinal and respiratory infections; which leads in turn to increased child mortality. Parents are mostly responsible on this subject. Parents are effective on their children's eating behaviors and preferences. Especially, mothers are the role models of their children about eating behaviors. Mother's perfect nutrition knowledge plays an important role of their children health issue. Therefore, it is important to determine mother's eating habits to support healthy nutrition of both child and mother. Eating behaviors of the mother are affected by some factors such as socioeconomic status, educational status, age, working position, and knowledge level of nutrition of mother. World Hunger Key Facts And Statistics 2022, An estimated 14 million children under the age of five worldwide suffer from severe acute malnutrition, also known as severe wasting, yet only 25 percent of acutely malnourished children have access to life saving treatment. In Himachal Prevalence of stunting, wasting and underweight among children under 5 years as per the National Family Health Survey (NFHS - 4 & NFHS - 5).

| State | Stunting (%) | | Wasting (%) | | Underweight (%) | |
|---|---|---|---|---|---|---|
| | NHFS 4 (2015 - 16) | NHFS 5 (2019 - 21) | NHFS 4 (2015 - 16) | NHFS 5 (2019 - 21) | NHFS 4 (2015 - 16) | NHFS 5 (2019 - 21) |
| Himachal Pradesh | 26.3 | 30.8 | 13.7 | 17.4 | 21.2 | 25.5 |

## 3. Objectives

- To assess the pre - test knowledge and practices score regarding well balanced diet among mothers of under five children.
- To assess the post - test knowledge and practices score regarding well balanced diet among mothers of under five children.
- To compare the pre - test and post - test knowledge scores regarding well balanced diet among mothers of under five children.
- To compare the pre - test and post - test practices score regarding well balanced diet among mothers of under five children.
- To determine the relationship between knowledge and practices regarding well balanced diet among mothers of under five children.
- To find out the association of post - test knowledge scores of mothers of under five children with their selected socio demographic variables.
- To find out the association of post - test practices score of mothers of under five children with their selected socio demographic variables.

**Research Design**: A Pre - experimental: One – group pre - test – post - test designis used because it involved the manipulation of independent variable to observe the effect on dependent variable.

**Population:** The population of the present study was mothers of under five children.
In present study, target population was all the mothers of under five children.
In present study, accessible population was mothers of under five children residing in selected areas of districtKangra (H. P.) Gram Panchayat Deogran, Saliyana, Gadiyada, Kuhan and Balakrupiand fulfills the selection criteria.

**Sample and Sampling Technique**

- The sample of present study was mothers of under five children in selected areas of district Kangra, H. P.
- In present study sample was selected by Non probability purposive sampling technique.
- In present study sample size constitutes 60 mothers of under five children.

**Criteria for Sample Collection**

**A. Inclusion Criteria:**
This study includes mothers of under five children:

- Who were willing to participate in the study.
- Who were present at the time of data collection.
- Who were able to read and write hindi and english language.

**B. Exclusion Criteria:** This study excludes mothers:

- Who's children were older than five year of age.
- Who were not willing to participate in the study.
- Who were not be able to read and write.

**Description of Tool:** It consisted of two sections;
Part –I: Socio demographic variables. The first part of the tool consist of some items for obtaining an information about the selected background factor such as age (in year), religion, educational qualification, occupation, area of resisdence, type of family, monthly family income (in rupees), birth order of children, previous knowledge if yes, source of knowledge.

Part - II: Section A & Section B

Section A: -

- Self structured knowledge questionnaire. It consists of self structured knowledge questionnaire which seeks information regarding well balanced diet. It consists of 30 items of multiple - choice questions where total score is 30.
- Self structured observational checklist.

It consists of self structured practice checklist which seeks practices of mothers of under five children regarding well balanced diet. It consist of 30 statements where total score is 30.

Section B: Informational Booklet. It consists of systematically formulated booklet designed to provide information regarding well balanced diet.

**Scoring Pattern:** The self - structured knowledge questionnaire consisted of 30 questions. In which right answer was documented as correct one mark and wrong were documented were as zero marks. The complete range was 0 - 30.

| Knowledge Score | Percentage | Range |
|---|---|---|
| Inadequate Knowledge | ≤ 33% | 0 - 10 |
| Moderately adequate Knowledge | 34 - 66 % | 11 - 20 |
| Adequate Knowledge | ≥ 67% | 21 - 30 |

The self - structured practice checklist consisted of 30 statements. In which right answer was documented as correct one mark and wrong were documented were as zero marks. The complete range was 0 - 30.

| Practices Score | Percentage | Range |
|---|---|---|
| Poor Practices | ≤ 33% | 0 - 10 |
| Average Practices | 34 - 66 % | 11 - 20 |
| Good Practices | ≥ 67% | 21 - 30 |

To ensure content validity of the tool regarding the relevance of item, the tool was submitted to 10 experts of different fields of nursing. Experts are requested to judge the items of tool for clarity, relevance, appropriateness, relatedness and meaningfulness for the purpose of the study and give their opinion and suggestion on the content, its coverage, organization. There were almost 100% agreement of the items in the questionnaire and checklist; however there were few suggestions to modifying some of the questions and statements, and they were incorporated in final draft.

Reliability of tool was computed by applying Split - half methods with Karlpearson's Correlation Coefficient formula. The reliability of the self structured knowledge quetionairre was 0.92 and self structured practice checklist was 0.75. So the tool was reliable.

Written permission was obtained from the concerned authorities before the data collection and the investigator familiarized herself with her subjects and explained the purpose of the study to them. After giving necessary instructions to the subjects, the baseline information was collected along with knowledge. Pre - test knowledge level were assessed by self structured knowledge questionnaire and self structured practice checklist. Time taken for pre - test was 30 minutes. Immediately after the pre - test, informational booklets was provided to the subjects. Post - test was conducted on the 7$^{th}$ day using the same structured knowledge questionnaire and self structured practice checklist.

## 4. Results

**Section I:** Distribution of Socio Demographic Variables

**Table 1:** Frequency (f) and percentage (%) distribution of mothers with their selected socio demographic variables **N =60**

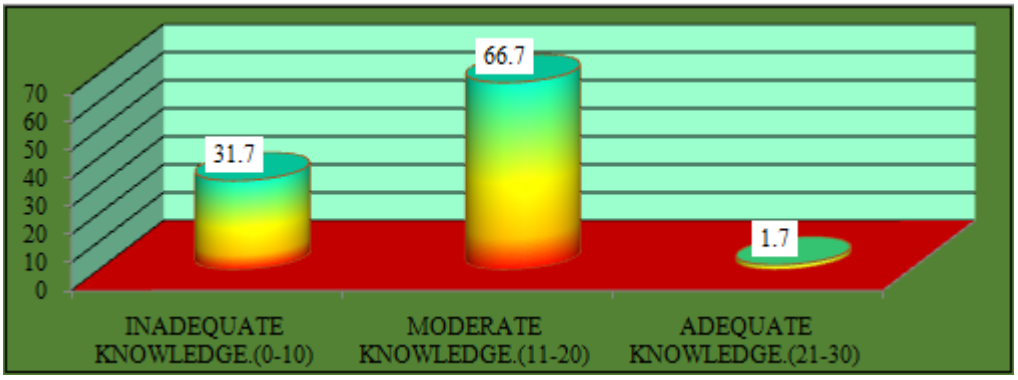
| Demographic Variable | % | f |
|---|---|---|
| **1. Age in (Years)** | | |
| a) 20 - 25 | 35.00 | 21 |
| b) 26 - 30 | 33.33 | 20 |
| c) 31 - 35 | 25.00 | 15 |
| d) 36 and above | 6.67 | 04 |
| **2. Religion** | | |
| a) Hindu | 100.00 | 60 |
| b) Muslim | 0.00 | 00 |
| c) Christian | 0.00 | 00 |
| d) Sikh | 0.00 | 00 |
| **3. Educational Qualification** | | |
| a) No Formal Education | 1.66 | 01 |
| b) Upto Class 12$^{th}$ | 80.00 | 48 |
| c) Graduation | 16.67 | 10 |
| d) Post Graduation and above | 1.67 | 01 |
| **4. Occupation** | | |
| a) House wife | 91.67 | 55 |
| b) Self - employed | 3.33 | 02 |
| c) Government Job | 1.67 | 01 |
| d) Private Job | 3.33 | 02 |
| **5. Area of Residence** | | |
| a) Rural | 98.33 | 59 |
| b) Urban | 1.67 | 01 |
| **6. Family Type** | | |
| a) Joint family | 58.33 | 35 |
| b) Nuclear family | 41.67 | 25 |
| **7. Monthly Family Income (In Rupees)** | | |
| a) <10, 000 | 38.33 | 23 |
| b) 10, 001– 20, 000 | 43.33 | 26 |
| c) 20, 001 - 30, 000 | 16.67 | 10 |
| d) > 30, 000 | 1.67 | 01 |
| **8. Birth Order** | | |
| a) 1$^{st}$ | 56.67 | 34 |
| b) 2$^{nd}$ | 35.00 | 21 |
| c) 3$^{rd}$ | 8.33 | 05 |
| d) 4$^{th}$ | 0.00 | 00 |
| **9. Previous Knowledge** | | |
| a) Yes | 96.67 | 58 |
| b) No | 3.33 | 02 |
| **Source of knowledge** | | |
| a) Health professionals / social worker | 35.00 | 21 |
| b) Newspaper / magazine | 3.33 | 02 |
| c) Radio/ television | 10.00 | 06 |
| d) Friends / relatives | 48.33 | 29 |

**Section II: Pre - Test knowledge scores regarding well balanced diet among mothers of under five children**

**Table 2:** Frequency and percentage distribution of pre - test knowledge scores regarding well balanced diet among mothers of under five children, N=60

| Pre - Test Knowledge Score | Range | f | % | % |
|---|---|---|---|---|
| Inadequate Knowledge | 0 - 10 | 19 | ≥33 | 31.70 |
| Moderate knowledge | 11 - 20 | 40 | 34 - 66 | 66.70 |
| Adequate knowledge | 21 - 30 | 01 | ≤67 | 1.70 |

**Maximum Score=30 Minimum Score=00**

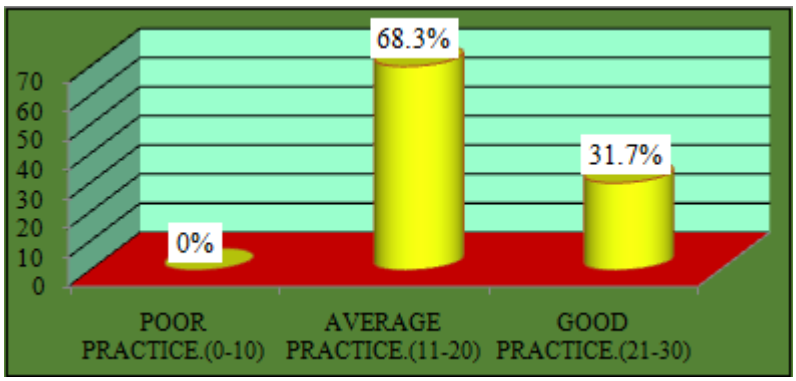



**Section II: (b) Pre - test practices score regarding well balanced diet among mothers of under five children**

**Table 2:** Frequency and percentage distribution of pre - test practices score regarding well balanced diet among mothers of under five children, N=60

| Pre - Test Practices Score | Range | f | % | % |
|---|---|---|---|---|
| Poor Practices | 0 - 10 | 00 | >33 | 00 |
| Average Practices | 11 - 20 | 41 | 34 - 66 | 68.33 |
| Good Practices | 21 - 30 | 19 | <67 | 31.70 |

**Maximum = 30 Minimum = 00**

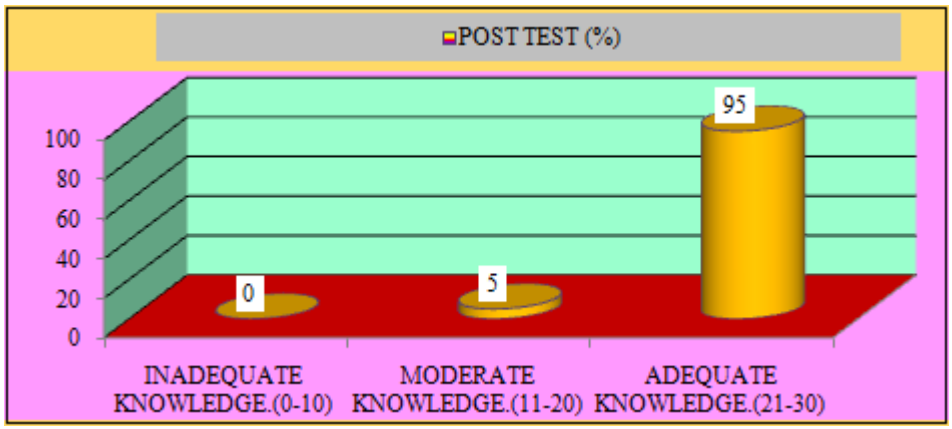



**Section III: (a) Post - test knowledge scores regarding well balanced diet among mothers of under five children**

**Table 3:** Frequency and percentage distribution of post - test knowledge scores regarding well balanced diet among mothers of under five children, N=60

| Post - test Knowledge Scores | % | Range | f | % |
|---|---|---|---|---|
| Inadequate knowledge | ≤33 | 0 - 10 | 00 | 00 |
| Moderately adequate knowledge | 34 - 66 | 11 - 20 | 03 | 05 |
| Adequate knowledge | ≥67 | 21 - 30 | 57 | 95 |

**Maximum =30 Minimum=00**

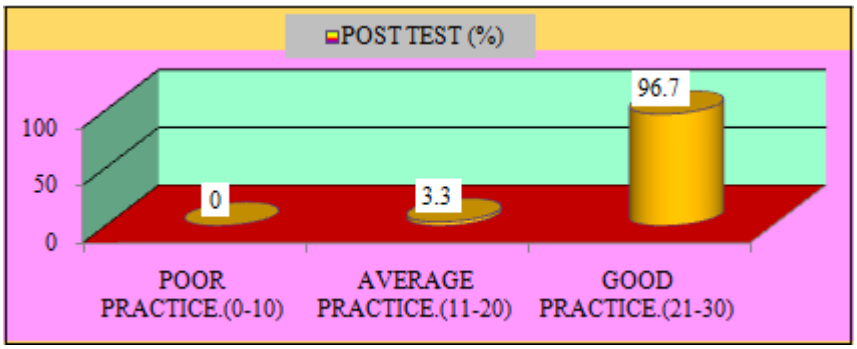


**Section III: (b) Post - test practice scores regarding well balanced diet among mothers of under five children**

**Table 4:** Frequency and percentage distribution of post - test practices score regarding well balanced diet among mothers of under five children N=60

| Post - Test Practices Score | % | Range | f | % |
|---|---|---|---|---|
| Poor Practices | ≥33 | 0 - 10 | 00 | 00 |
| Average Practices | 34 - 36 | 11 - 20 | 02 | 3.33 |
| Good Practices | ≤67 | 21 - 30 | 58 | 96.70 |

**Maximum Score=30 Minimum Score =00**

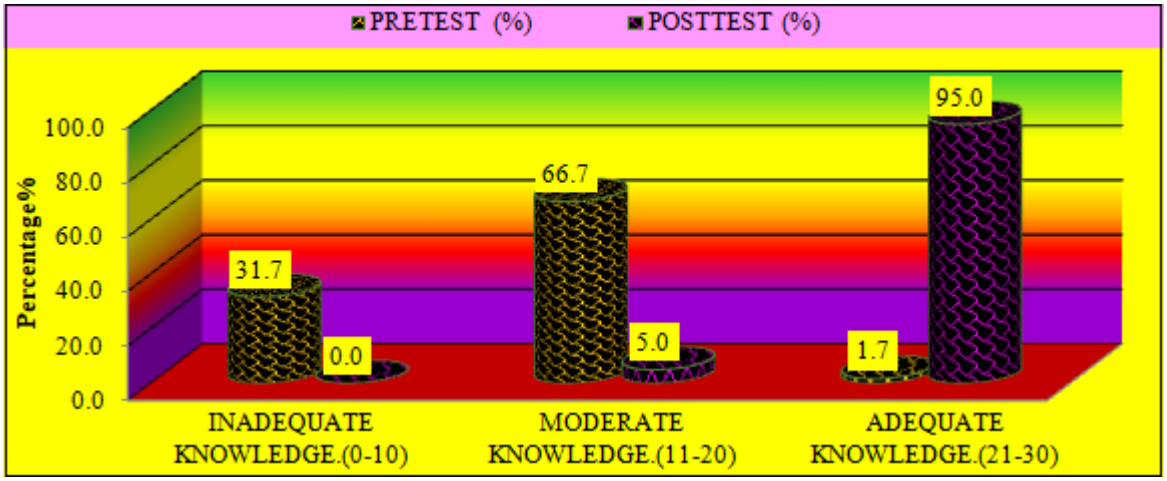



**Section IV: (a) Comparison between the pre - test and post - test knowledge scores regarding well balanced diet among mothers of under five children**

**Table 5:** Comparison between pre - test and post - test knowledge scores regarding well balanced diet among mothers of under five children, N=60

| Knowledge Scores | Mean ±S. D. | Mean % | Range | Mean Difference | df | Paired t Test | P Value |
|---|---|---|---|---|---|---|---|
| Pre - test Knowledge | 12.13±3.275 | 40.40 | 6 - 24 | 15.340 | 59 | 30.489* | <0.05 |
| Post - test Knowledge | 27.47±2.281 | 91.60 | 20 - 30 | | | | |

**p value <0.05 = Significant;**

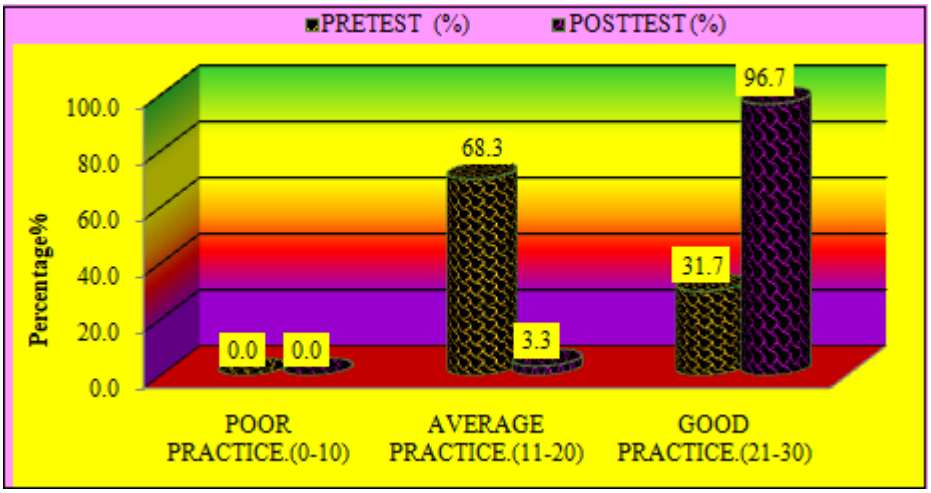



**Section –IV: (b) Comparison between the pre - test and post - test practices score regarding well balanced diet among mothers of under five children**

**Table 6:** Comparison between pre - test and post - test practices score regarding well balanced diet among mothers of under five children, **N=60**

| Practices Scores | Mean ±S. D. | Mean % | Range | Mean Difference | Paired t Test | p Value |
|---|---|---|---|---|---|---|
| Pre - test Practices | 19.1±3.358 | 68.33 | 12 - 29 | 8.530 | 18.883* | <0.001 |
| Post - test Practices | 27.63±2.017 | 96.70 | 20 - 30 | | | |

**p value <0.05 = Significant, <0.01 highly significant; <0.001= very highly significant**




**Section V: Relationship between knowledge and practices regarding well balanced diet among mothers of under five children**

**Table 7:** Correlation between knowledge and practices regarding well balanced diet among mothers of under five children, **N=60**

| Scores | Spearman correlation coefficient (r) | P value |
|---|---|---|
| Post - test Knowledge Scores | 0.749* | 0.000 |
| Post - test Practices Score | | |

**S - significant (p< 0.05) NS - Not significant (>0.05)**

**Section VI (A) Association of post - test knowledge scores of mothers of under five children with their selected socio demographic variables**

**Table 8:** Chi sqaure showing association of post - test knowledge scores among mothers of under five children with their selected socio - demographic variables**N=60**

| **Socio - demographic Variables** | Adequate Knowledge | Moderately Adequate Knowledge | Inadequate Knowledge | **df** | $\chi^2$ | **P Value** |
|---|---|---|---|---|---|---|
| **1. Age (in Years)** | | | | | | |
| a) 20 - 25 | 20 | 01 | 00 | 03 | 0.301 NS | 0.960 |
| b) 26 - 30 | 19 | 01 | 00 | | | |
| c) 31 - 35 | 14 | 01 | 00 | | | |
| d) 36 and above | 04 | 00 | 00 | | | |
| **2. Educational Qualification** | | | | | | |
| a) No Formal Education | 01 | 00 | 00 | 03 | 0.789 NS | 0.852 |
| b) Upto Class 12th | 45 | 03 | 00 | | | |
| c) Graduation | 10 | 00 | 00 | | | |
| d) Post Graduation and above | 01 | 00 | 00 | | | |
| **3. Occupation** | | | | | | |
| a) Housewife | 53 | 02 | 00 | 03 | **19.426*** | 0.000 |
| b) Self - employed | 02 | 00 | 00 | | | |
| c) Government Job | 00 | 01 | 00 | | | |
| d) Private Job | 02 | 00 | 00 | | | |
| **4. Area of resisdence** | | | | | | |
| a) Rural | 56 | 03 | 00 | 01 | 0.054 NS | 0.817 |
| b) Urban | 01 | 00 | 00 | | | |
| **5. Type of family** | | | | | | |
| a) Joint family | 33 | 02 | 00 | 01 | 0.090 NS | 0.764 |
| b) Nuclear family | 24 | 01 | 00 | | | |
| **6. Monthly Family Income (In Rupees)** | | | | | | |
| a) <10, 000 | 22 | 01 | 00 | 03 | 0.996 NS | 0.802 |
| b) 10, 001–20, 000 | 24 | 02 | 00 | | | |
| c) 20, 001 - 30, 000 | 10 | 00 | 00 | | | |
| d) > 30, 000 | 01 | 00 | 00 | | | |
| **7. Birth Order Of Children** | | | | | | |
| a) 1st | 31 | 03 | 00 | 02 | 2.415 NS | 0.299 |
| b) 2nd | 21 | 00 | 00 | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| c) 3rd | 05 | 00 | 00 | | | |
| d) 4th | 00 | 00 | 00 | | | |
| **8. Previous Knowledge** | | | | | | |
| a) Yes | 55 | 03 | 00 | 01 | 0.109 NS | 0.741 |
| b) No | 02 | 00 | 00 | | | |
| **If yes, source of knowledge** | | | | | | |
| a) Health professionals / social worker | 21 | 00 | 00 | | | |
| b) Newspaper / magazine | 02 | 00 | 00 | | | |
| c) Radio/ television | 05 | 01 | 00 | | | |
| d) Friends / relatives | 27 | 02 | 00 | 03 | 3.046NS | 0.385 |

***S=Significant NS=Not Significant**

**(b) Association of post - test practices score of mothers of under five children with their selected socio demographic variables**

**Table 9:** Chi sqaure showing association between post - test practices scores among mothers of under five children with their selected socio - demographic variables**N=60**

| Socio – demographic Variables | Good Practices | Average Practices | Poor Practices | df | χ2 | P Value |
|---|---|---|---|---|---|---|
| **1. Age (in Years)** | | | | | | |
| a) 20 - 25 | 20 | 01 | 00 | | | |
| b) 26 - 30 | 20 | 0 | 00 | 03 | 1.478NS | 0.687 |
| c) 31 - 35 | 14 | 01 | 00 | | | |
| d) 36 and above | 04 | 00 | 00 | | | |
| **2. Educational Qualification** | | | | | | |
| a) No Formal Education | 01 | 00 | 00 | | | |
| b) Upto Class 12th | 46 | 02 | 00 | | | |
| c) Graduation | 10 | 00 | 00 | 03 | 0.915NS | 7.815 |
| d) Post Graduation and above | 01 | 00 | 00 | | | |
| **3. Occupation** | | | | | | |
| a) Housewife | 53 | 02 | 00 | | | |
| b) Self - employed | 02 | 00 | 00 | | | |
| c) Government Job | 01 | 00 | 00 | 03 | 0.188NS | 0.979 |
| d) Private Job | 02 | 00 | 00 | | | |
| **4. Area of residence** | | | | | | |
| a) Rural | 57 | 02 | 00 | 01 | 0.035NS | 0.851 |
| b) Urban | 01 | 00 | 00 | | | |
| **5. Type of family** | | | | | | |
| a) Joint family | 33 | 02 | 00 | 01 | 1.478NS | 0.224 |
| b) Nuclear family | 25 | 00 | 00 | | | |
| **6. Monthly Family Income (In Rupees)** | | | | | | |
| a) <10, 000 | 22 | 01 | 00 | | | |
| b) 10, 001– 20, 000 | 25 | 01 | 00 | | | |
| c) 20, 001 - 30, 000 | 10 | 00 | 00 | 03 | 0.474NS | 0.925 |
| d) > 30, 000 | 01 | 00 | 00 | | | |
| **7. Birth Order Of Children** | | | | | | |
| a) 1st | 33 | 01 | 00 | | | |
| b) 2nd | 21 | 00 | 00 | | | |
| c) 3rd | 04 | 01 | 00 | 02 | 5.051 NS | 0.080 |
| d) 4th | 00 | 00 | 00 | | | |
| **8. Previous Practices** | | | | | | |
| a) Yes | 56 | 02 | 00 | 01 | 0.071NS | 0.789 |
| b) No | 02 | 00 | 00 | | | |
| **If yes, source of practices** | | | | | | |
| a) Health professionals/ social worker | 21 | 00 | 00 | | | |
| b) Newspaper / magazine | 02 | 00 | 00 | | | |
| c) Radio/ television | 06 | 00 | 00 | 03 | 2.071NS | 0.558 |
| d) Friends / relatives | 27 | 02 | 00 | | | |

***S=Significant NS=Not Significant**

## 5. Discussion

The purpose of the study was to assess the effectiveness of informational booklet on knowledge and practices regarding well balanced diet among mothers of under five children. This study finding revealed that the self structured informational booklet is an effective method to improve mothers knowledge and practices regarding well balanced diet of children i.e., from mean pre - test knowledge scores (40.40%) to post test mean knowledge scores (91.60%). The findings were consistent with the findings of 't' value obtained was (30.489) at p<0.001 level of significance

which is very highly significant. The post test score was high as compare to pre - test score, which shows the effectiveness of informational booklet. Hence, the research hypothesis $H_1$ was accepted and $H_{01}$ was rejected.

Another study had been found by **Masood Jamal et al, (2020)** the findings shows that the mean pre - test knowledge scores was (6.86) and post - test scores was (10.29). The calculated 't' value (24.864) which was higher than tabulated value. This study concluded that structured teaching programme nutritional diet should be implemented to improve the knowledge among the mothers of under five children for providing a better health. In this study there is positive correlation (r=0.749) between post - test knowledge and post - test practices score. Thus, the research hypothesis $H_3$ was accepted and null hypothesis $H_{03}$ was rejected, as there is significant relationship between post - test knowledge and post - test practices. Another study by **Devi Anusuya V. (2011)** was conducted a correlational study to assess the knowledge on nutrition of under five children among the migrating mothers and prevalence of nutritional problems among their children in selected rural community, Thiruvallur district, Tamil Nadu. The findings (r= - 0.225) which showed statistically negative correlations between knowledge on nutrition of under five and degree of malnutrition. So it was concluded that nutritional knowledge is effective when it was practiced, it helps to improve health of under five children and reduce risk of nutritional problems.[87]

## 6. Conclusion

The results from this study reveals that implementation of informational booklet to assess the knowledge and practices regarding well balanced diet was adequate. As mothers of under five children were very possessive and caring for their children, mothers shows interest towards awareness programme. That's why mothers of under five children showed interest in structured teaching programme. And the chi square value had significant only in selected demographic variable i. e., occupation of mothers so it is considered that occupation of mothers also helpful in improving knowledge of mothers regarding well balanced diet but the chi square value had not significant association between practices scores regarding well balanced diet with selected demographic variables so it is concluded that selected demographic variables had no effect on mothers practices regarding well balanced diet of children. We hypothesized that providing educational programme with the use of informational booklet may improve the knowledge and practices regarding well balanced diet of mothers of under five children. This hypothesis was supported by the findings of the current study as scores of knowledge and practices improved significantly after interventional educational programme. In the light of the above findings and personal experience of the investigator the following recommendations are offered.

1) A similar study can be conducted on large sample size for better generalization.
2) A similar study can be conducted among mothers of other age groups.
3) Self structured video teaching programme can be more effective for future study.
4) Comparative study can be conducted to the rural area and urban area for better finding.
5) A cross - sectional study can be conducted to assess knowledge, attitude and practices of mothers regarding nutrition of under five children in rural setting.
6) A similar study can be conducted to assess the knowledge, practices and attitude of mothers of under five children regarding well balanced diet.

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