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Impact of customized awareness program on knowledge regarding millets benefits on health among peoples in selected urban area of Indore, Madhya Pradesh

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Abstract
The present study has been undertaken to assess knowledge score regarding Millets benefits on health among peoples by customized awareness program in Vijay Nagar, Indore. The research design adopted for the study was pre- experimental in nature. The tool for the study was self-structured knowledge questionnaire which consists of two parts-PART- I consisted questions related to Socio-demographic data; PART-II consisted of self -structured knowledge questionnaire to assess the knowledge score regarding Millets benefits on health among peoples. The data was analyzed by using descriptive and inferential statistical methods. The most significant finding was that 30.4% of peoples were having good knowledge regarding Millets benefits on health whereas 69.6% had excellent knowledge after post-test. It was suggested that the nurses must educate peoples regarding Millets benefits on health.

Keywords: Effectiveness, customized awareness program, knowledge and millets benefits on health

Introduction

Millet is one of the oldest cultivated grains in the world and has been grown throughout Africa and Southeast Asia for thousands of years. Millet can be used to make bread, beer, cereal, and other dishes. Even today, millet is a staple food around the world. In fact, millet is gaining renewed popularity because of how versatile and easy to grow it is. You can find millet in pearl, finger, proso, and sorghum varieties throughout the U.S. While these types of millet may look slightly different, they all provide similar health benefits.

Millet is rich in niacin, which helps your body manage more than 400 enzyme reactions. Niacin is also important for healthy skin and organ function. In fact, it's such an important compound that it's often added to processed foods to enrich them. Millet, especially the darker varieties, is also an excellent source of beta-carotene. This natural pigment acts as both an antioxidant and as a precursor to vitamin A, helping your body fight off free radicals and supporting the health of your eyes. Millet is available in many supermarkets and health food stores in several different forms. It's common to see millet sold dried, puffed like rice, or ground like wheat flour. Dried millet can be cooked like couscous or quinoa. Ground millet makes a great substitute for, or addition to, whole wheat flour in baked goods. Puffed millet can be eaten as a snack or used as a substitute for puffed rice.

Objective of the study

1. To assess the pre-test and post-test Knowledge score regarding Milltes benefits on health among peoples.
2. To assess the effectiveness of customized awareness program on knowledge regarding Milltes benefits on health among peoples.
3. To find out the association between the pre-test knowledge score regarding Milltes benefits on health among peoples with their selected demographic variables.

Hypotheses

RH_0: There will be no significant difference between pretest and post-test knowledge score on Milltes benefits on health among peoples.

RH_1: There will be significant difference between pretest and post-test knowledge score on Milltes benefits on health among peoples.

RH_2: There will be significant association between the pre-test score on Milltes benefits on health among peoples with their selected demographic variables.

Assumption

1. Peoples may have deficit knowledge regarding Milltes benefits on health.
2. Customized awareness program will improve knowledge of peoples regarding Milltes benefits on health.

Methodology

An evaluative approach was used and research design pre experimental one group pre-test post-test research design was used for the study. The samples consisted of 46 peoples of preterm selected by Non probability purposive sampling technique. The setting for the study was Selected urban area, Indore. Data was collected with the help of demographic variables and administering a self-structured knowledge questionnaire by the investigator before and after customized awareness program. Post-test was conducted after 7 days of pretest. Data were analysis using descriptive & inferential statistics.

Analysis and Interpretation

Section-1

Table 1: Frequency and percentage distribution of samples according to their demographic variables. n = 46

S. No	Demographic Variables	Frequency	Percentage
1	**Age in Years**		
a.	10-11	14	30.4
b.	12-13	20	43.5
c.	More than equal to 14	1	26.1
2	**Gender**		
a.	Male	21	45.5
b.	Female	25	54.5
c.	Transgender	0	0.0
3	**Education**		
a.	Primary	23	50.0
b.	Secondary	18	39.1
c.	Higher secondary	5	10.9
4	**Religion**		
a.	Hindu	18	39.1
b	Muslim	14	30.4
c	Sikh	8	17.4
d.	Christian	5	10.9
e.	Others	1	2.2

Section-2

Table 2.1: Frequency and percentage distribution of Pre-test scores of studied subjects:

Category and test Score	Frequency (N=46)	Frequency Percentage (%)
Poor(01-05)	39	84.8
Average (6-10)	7	15.2
Good (11-15)	0	0.0
Excellent (16-20)	0	0.0
Total	46	100.0

The present table 2.1.1 concerned with the existing knowledge regarding Milltes benefits on health among peoples was shown by pre-test score and it is observed that most of the 39 (84.8%) peoples were poor (01-05) knowledge and some 7 (15.2%) peoples have average category (6-10).

Table 2.2: Frequency and percentage distribution of Post test scores of studied subjects:

Category and test Score	Frequency (N=46)	Frequency Percentage (%)
Poor (01-05)	0	0.0
Average (6-10)	0	0.0
Good (11-15)	14	30.4
Excellent (16-20)	32	69.6
Total	46	100.0

The present table 2.2.1 concerned with the existing knowledge regarding Milltes benefits on health among peoples was shown by post test score and it is observed that most of the 32 (69.6%) peoples were Excellent (16-20) knowledge and other 14 (30.4%) peoples have category which are Good (11-15) posttest knowledge score in the present study.

Table 2.3: Effectiveness of customized awareness program by calculating Mean, SD, Mean Difference and‘t’ Value of Pre-test and Post-test knowledge.

Knowledge Score of Peoples	Mean ($\bar{X}$)	S. D. (s)	Std. Error of Mean	D. F.	t-value	Significance
Pre-test	1.15	0.36	0.09	45	-27.17	P<0.0001*
Post-test	3.69	0.42				

When the mean and SD of pre-test and post-test were compared and‘t’ test was applied. It can be clearly seen that the ‘t’ value was -27.17 and p value was 0.0001 which clearly show that customized awareness program was very effective in increasing the knowledge of peoples.

Section-3

Association of knowledge scores between test and selected demographic variables:

Table- 3.1: Association of age with pre-test scores:

Age (in years)	Test scores				Total
	Poor (1-5)	Average (6-10)	Good (11-15)	Excellent (16-20)	
10-11	12	2	0	0	14
12-13	16	4	0	0	20
≥14	11	1	0	0	12
Total	39	7	0	0	46

X=0.80 p>0.05(Insignificant)

The association of age test scores is shown in present table 3.1. The probability value for Chi-Square test is 0.80 for 2 degrees of freedom which indicated insignificant valve (p>0.05). Hence, it is identified that there is a insignificant association between age and test scores.

Table 3.2: Association of gender with pre-test scores

Gender	Test scores				Total
	Poor (1-5)	Average (6-10)	Good (11-15)	Excellent (16-20)	
Male	17	4	0	0	21
Female	22	3	0	0	25
Transgender	0	0	0	0	0
Total	39	7	0	0	46

X=0.02 p>0.05 (Insignificant)

The association of gender and test scores is shown in present table 3.2. The probability value for Chi-Square test is 0.02 for 1 degrees of freedom which indicated insignificant value (p>0.05). Hence, it is identified that there is a significant association between gender and test scores.

Table- 3.3: Association of education with pre-test scores:

Occupation	Test scores				Total
	Poor (1-5)	Average (6-10)	Good (11-15)	Excellent (16-20)	
Primary	20	3	0	0	23
Secondary	17	1	0	0	18
Higher & above	2	3	0	0	5
Total	39	7	0	0	46

X=9.15 p>0.05 (Insignificant)

The association of educational status and test scores is shown in present table 3.3. The probability value for Chi-Square test is 9.15 for 2 degrees of freedom which indicated educational status and test scores. Hence, it is identified that there is a insignificant association between educational status and test scores.

Table- 3.4: Association of Religion regarding Milltes benefits on health with pre-test scores

Religion	Test scores				Total
	Poor (1-5)	Average (6-10)	Good (11-15)	Excellent (16-20)	
Hindu	15	3	0	0	18
Muslim	13	1	0	0	14
Sikh	6	2	0	0	8
Christian	5	0	0	0	5
Others	0	1	0	0	1
Total	39	7	0	0	46

X=7.79 p>0.05 (Insignificant)

The association of religion test scores is shown in present table 3.4. The probability value for Chi-Square test is 7.79 for 4 degrees of freedom which indicated religion and test scores. Hence, it is identified that there is insignificant association between religion and test scores.

Results

The result of this study indicates that there was a significant increase in the post-test knowledge scores compared to pre-test scores of Milltes benefits on health. The mean percentage knowledge score was observed 1.15 ± 0.36 in the pre-test and after implementation of customized awareness program post-test mean percentage was observed with 3.69 ± 0.42.

Conclusion

Thus after the analysis and interpretation of data we can conclude that the hypothesis RH1 that, there will be significance difference between the pre-test knowledge score with post-test knowledge score at the (P<0.05) is being accepted.

Furthermore, customized awareness program regarding Milltes benefits on health among peoples may consider as an effective tool when there is a need in lacking, bridging and modifying the knowledge.

Limitations

- The study was limited to Selected urban area, Indore.
- The study was limited to 46 peoples.

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