



LEARNING PACKAGE IMPACT ON SCHOOL AGE CHILDREN'S KNOWLEDGE AND PRACTICE REGARDING WELL BALANCED NUTRITION

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Article Received: 15 September 2026

Article Revised: 05 October 2026

Article Published: 01 November 2026

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DOI: <https://doi.org/10.5281/zenodo.23799291>**How to cite this Article:** Vishal Rawal¹, Saranya S.², Dharmesh Chaturvedi^{3*}, Sumrin Saher Bhalla⁴, Sudershan Trivedi⁵, Rahul Vyas⁶ (2026). Learning Package Impact On School Age Children's Knowledge And Practice Regarding Well Balanced Nutrition. World Journal of Advance Healthcare Research, 10(11), 44-50.

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ABSTRACT

Background: A vital component of development and health is nutrition. Improved newborn, child, and mother wellbeing, healthy immune systems, protected pregnancy and delivery, a decreased danger of non-communicable diseases and longer life is connected to better nutrition. The research study was planned to appraise the efficacy of learning intervention on knowledge and practice in school age children regarding well balanced nutrition. **Material & Methods:** A quantitative pre experimental research design adopted to carry out the study. Vidhya Niketan School, Sec-4, Udaipur was selected as setting for the research. A totality of 120 Sample chosen via simple random sampling technique based on inclusion criteria. Research tool was formulated with extensive review of related literature, discussion with subject's experts and guide. The time period employed in data collection was planned as 4 weeks. Questionnaire technique was implemented to gather data. **Result:** In pre – test majority of participant 92.5% scored inadequate knowledge and 7.5% scored moderate knowledge in pre test whereas in post test, 87.5% scored moderate level of knowledge and 12.5% scored good level of knowledge concerning meaning of balanced nutrition. The enhancement was significant with higher calculated paired 'T' test value of 24.9 than table value (2.02 at df 39, p- .0001). Among our study respondent, 95% scored poor practice and 5% scored fair practice in pre test whereas in post test, 80% scored fair practice and 20% scored good practice regarding importance of balanced nutrition. The enhancement was significant with higher calculated paired 'T' test value of 20.15 than table value (2.02 at df 39, p- .0001). Further study explored a positive correlation of 0.51 amid knowledge in pre test and pre test practice scores. Our study analysis showed significant associations (p<0.05) between pre-test knowledge and age, family type, parents' education, father's occupation, and previous knowledge exposure; and between practice and age, food habits, parents' education, and mother's occupation among school-age children. **Conclusion:** The study verified that structured teaching appreciably enhanced knowledge and practices on the subject of balanced nutrition amid school-age children. Considerable improvements were seen in knowledge and practice scores as well as positive correlation linking them.

KEYWORDS: Well balanced nutrition, Knowledge, Practice, effectiveness, structured teaching program, school age children.

INTRODUCTION

Every child has the right to a protected childhood, schooling and a healthy foundation in life. Though, millions of children are underprivileged of these essential

rights owing to poverty, disability, inequity, gender, ethnicity or place of birth and family origin.^[1] The school-age period (6–12 years) is a critical period of bodily, cognitive, societal and emotional growth. It

connects early childhood with adolescence, along with significant augmentation in intellectual capabilities, physical harmonization, ethical understanding, social interactions, educational skills, self-esteem and independence.² School-age children are characterized as those who are between the ages of 6 and 12 and who have particular dietary and sleep requirements throughout this time, as well as notable increases in height and weight, improved physical capabilities, and the development of motor skills.^[3]

A vital component of development and health is nutrition. Improved newborn, child, and mother wellbeing, healthy immune systems, protected pregnancy and delivery, a decreased danger of non-communicable diseases and longer life is connected to better nutrition.^[4] Malnutrition includes under-nutrition, micronutrient deficiencies, overweight, and obesity. Around 37 million children under five years were obese or overweight, 45 million under wasted category and 145 million under stunted category in 2022. Under-nutrition contributes to around 50% of under-five fatality; particularly in underdeveloped countries.^[5] A balanced diet is a wholesome and nutritionally sufficient diet that supplies necessary calories, proteins, vitamins, minerals, and fibre. A range of food stuffs is included as no single food stuff contains all required nutrients. A balanced diet supports growth, development, health, brain function, immunity, and overall well-being.^[6] After the first 1000 days, the school-age period is crucial for physical and cognitive growth before maturity. Nutritional or developmental deficits during these years can cause long-term effects on growth, bone health, cognition, and body composition.^[7]

A study conducted among 2,700 school-age children revealed average weight as 22.2Kg and average height as 124.9 cm. Underweight prevalence as 45.3%, stunting as 19.5% and severe stunting as 7.6%. BMI was inferior than anticipated among 43% of the surveyed school-age children.^[8] A review from the various studies showed that the underweight children range from 6.6% to 83%. Prevalence of stunting ranges from 13.8% to 56.1%, prevalence of wasting ranges from 6.7% to 75%, and prevalence of underweight ranges from 6.6% to 83%.^[9] A narrative review comprising 10 studies in Ethiopia found that 58% of primary school students had fair academic performance. Stunting, underweight, and iodine insufficiency were considerably linked with academic performance, along with aspects like rural residence, female sex, and parental education.^[10]

A study exhibited inadequate knowledge of balanced diet among 23% among primary school children. The most favorable food group was drinks and snacks (72.9%) and least favourable was fruits as well as vegetables (8.11%). The most likely used food grouping was the drinks and snacks (72.6%), while fruits in addition to vegetables were the least consumed. However, 78.91% respondents exhibited very good nutrition-related practices.^[11] A

customized health learning program was effective in enhancing nutritional awareness and attitudes amongst school-going teenagers and positively influencing their eating behaviours, including emotional eating, uncontrolled eating, and cognitive restraint.^[12] An intervention in a study considerably enhanced knowledge and self-efficacy among participants. The intervention group achieved a higher mean knowledge score (15.83) and greater self-efficacy for healthy eating (19.69 vs. 16.50 in control group). Noteworthy positive relationship were discovered between knowledge and healthy-eating self-efficacy ($r=0.59$) and between physical-activity self-efficacy and related measures.^[13]

Statement of the problem

“Effectiveness of structured teaching program (STP) on knowledge and practice about significance of well balanced nutrition amid school-age children in selected schools of Udaipur, Rajasthan”

OBJECTIVES

1. To assess knowledge and practice level of school children regarding well balanced nutrition.
2. To evaluate the efficiency of structured teaching plan on importance of well balanced nutrition among school-age children
3. To find out the connection linking knowledge and practice score regarding well balanced nutrition among school-age children
4. To find out the relationship between knowledge and practice score in pre test regarding well balanced nutrition among school-age children with selected demographic variables

Hypothesis

H₁: Mean posttest knowledge gain of children who received structured teaching program about importance of well balanced nutrition will be considerably superior to the mean pretest knowledge gain.

H₂: Mean posttest practice score of children who received structured teaching program about importance of well balanced nutrition will be considerably superior to the mean pretest practice score.

H₃: There is a significant correlation between knowledge and practice score in pretest of school age children regarding well balanced nutrition.

H₄: There will be a noteworthy association between pretest knowledge and practice score about well balanced nutrition among school-age children with selected demographic variables.

MATERIALS AND METHOD

A pre experimental design with quantitative research approach employed to conduct the study which paved way to achieve the goals of the study. Vidhya Niketan School, Sec-4, Udaipur was selected as setting owing to geographical proximity and feasibility of conducting the study. Accessible population was comprised of children between 11- 13 years of age and going to school regularly. A sum of 120 Sample chosen through simple

random sampling based on inclusion criteria. Research tool was formulated with extensive review of related literature, discussion with subject's experts and guide. Section A of tool consisted of 10 items related to demographic data. Section –B Tool 1: Included 30 multiple options items to evaluate the nutrition knowledge, Tool-2 Consisted of 20 structured questionnaires to assess the nutritional practices. Tool was duly validated, reliability of knowledge questionnaire as $r=0.86$, practice questionnaire as $r=0.91$ considered as reliable. STP was prepared after incorporating subject expert's suggestion and consultation with guide. The time period employed in data collection was 4 weeks. Ethical approval was obtained from Institutional Ethical Review Board. Prior

to data collection process, all respondents provided information about aim of the study, the voluntary nature of their participation, and the confidentiality of their responses. Written and informed consent was taken from parents of the participant before administering the pre-test and post-test.

After completing the data collection process, the knowledge and practice scores obtained from the pre-test and post-test were analyzed using statistical methods. The collected data were analyzed to determine: The mean, standard deviation and range of the scores in pre-test and post-test. A paired t-test was applied to find the differentiation amid scores of pre-test and post-test.

RESULTS

Table I: Demographic characteristics of the samples (N = 120).

Demographic Characteristic	Categories	Frequency	Percentage (%)
Age	11 year	06	5%
	12 year	78	65%
	13 year	36	30%
Gender	Male	69	57.5%
	Female	51	42.5%
Religion	Hindu	66	55%
	Christian	24	20%
	Muslim	30	25%
	Others	00	0
Area of Residence	Urban	84	70%
	Rural	30	25%
	Urban Slum	06	5%
Food Habits	Vegetarian	45	37.5%
	Non vegetarian	75	62.5%
Type of family	Nuclear family	81	67.5%
	Joint family	39	32.5%
	Others	0	
Education of father	No Formal Education	12	10%
	Primary Education	09	7.5%
	Secondary Education	30	25%
	Higher Sec. Education	51	42.5%
	Graduate and Above	18	15%
Education of mother	No Formal Education	45	37.5%
	Primary Education	18	15%
	Secondary Education	36	30%
	Higher Sec. Education	15	12.5%
	Graduate and Above	06	5%
Occupation of father	Govt. Employee	39	32.5%
	Private Employee	54	45%
	Business	18	15%
	Coolie	09	7.5%
	Others	0	0
Occupation of mother	Govt. Employee	18	15%
	Private Employee	45	37.5%
	Business	09	7.5%
	Coolie	27	22.5%
	Any other	21	17.5%
Exposure to previous knowledge	Yes	30	25%
	No	90	75%

If yes sources of information	School curriculum	15	50%
	Family members	12	40%
	Mass media	0	0
	Health personnel	03	10%

Table 1 interprets about majority of samples 65% belong to 12 years of age group and 57.5% were males, 55% were Hindus, 70% were from urban areas, 62.5% were non vegetarians, and 67.5% were from nuclear family. 32.5% were from joint family and none from others. When concerning education of father 42.5% with higher secondary level education while 37.5% mothers with no

formal education as well as 30% belongs to secondary education, 45% participant's fathers were doing private company jobs whereas 37.5% mothers were doing private company jobs. Only 25% samples were having previous exposure to knowledge. Among them 50% received knowledge from school curriculum, 40% from family members and 10% from health personnel.

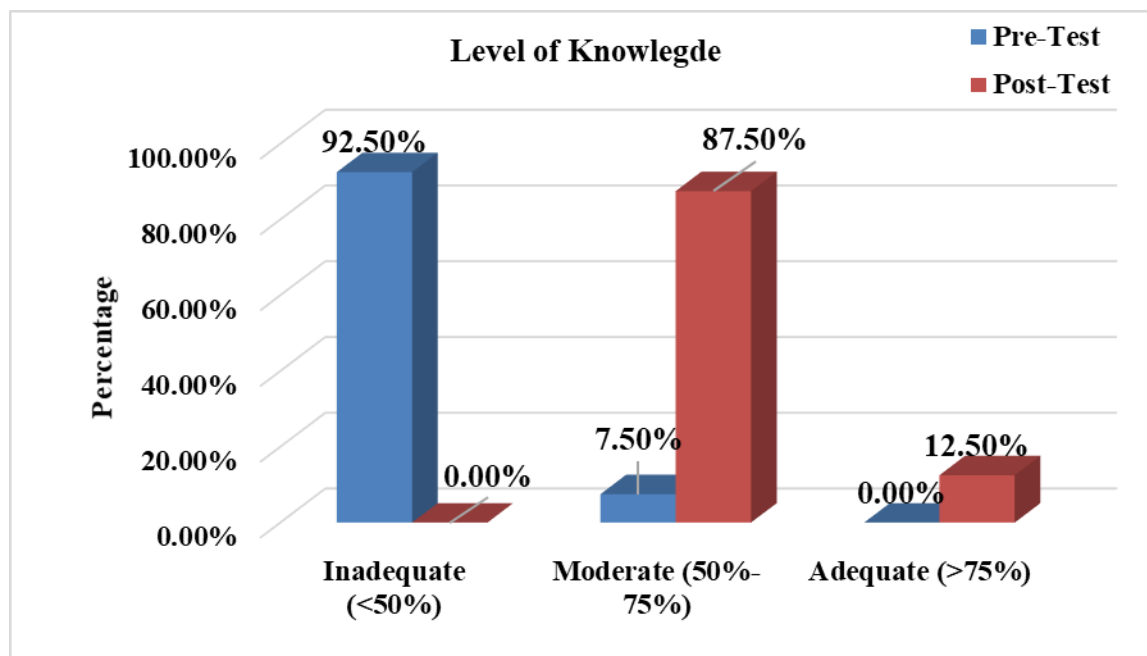


Figure 1: Percentage Distribution of Pre-test and Post-Test Level of Knowledge among school-age children.

As per above figure 1, in pretest 92.5% respondents scored inadequate knowledge and 7.5% scored moderate knowledge regarding factors importance to balanced

nutrition. In the post test 87.5% respondents scored moderate knowledge and 12.5% scored adequate knowledge on significance of balanced nutrition.

Table- II: Effectiveness of structured teaching program on knowledge score n= 120.

Assess-ment	Average	Average (%)	SD	Average difference	Average difference%	df	"t" value	Inference
Pre test	8.83	29.43%	2.61	+11.07	36.90%	39	24.9	S (p=.0001)
Post test	19.9	66.33%	3.1					

As per table II, average score in pre test is 8.83 and average % is 29.43% and average score in post –test is 19.9, and average % is 66.33% with average difference is +11.07, the value in Paired ‘t’ test is 24.9 superior than table value (2.02 at df 39). This illustrates regarding considerable disparity amid post comparing to pre test knowledge score among school age students following structured educational program.

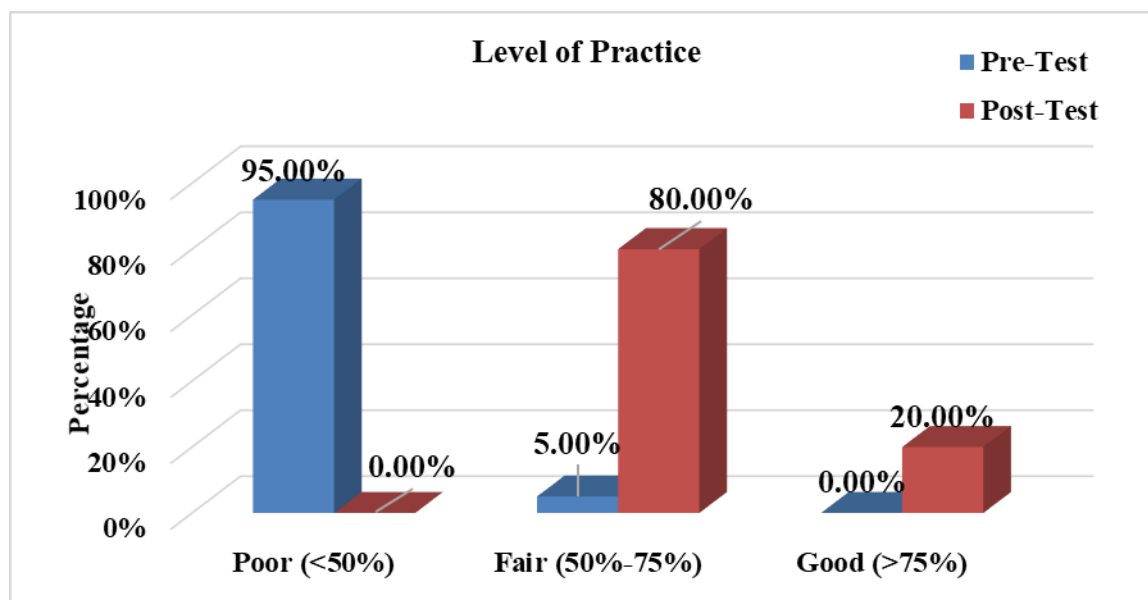


Figure II. Percentage Distribution of Pre-test and Post-Test Level of Practice among school-age children.

As per above Figure II, in the pretest 95% respondents had poor practice and 5% had fair practice regarding balanced nutrition. In the post test, 80% respondents had

fair practice and 20% respondents had good practice regarding importance of balanced nutrition.

Table- III Effectiveness of structured teaching program on practice score n= 120.

Assessment	Average	Average (%)	SD	Average difference	Average difference%	df	"t" value	Inference
Pre test	7.05	35.25%	2.2	+07.18	35.90%	39	20.15	S (p=.0001)
Post test	14.23	71.15%	1.72					

As per table III, average practice core in pre test is 7.05 and average % is 35.25% and average score in post –test is 14.23, and average % is 71.15% with average difference is +7.18, the value in Paired ‘t’ test is 20.15

superior than table value (2.02 at df 39). This illustrates regarding considerable disparity amid post comparing to pre test practice score among school age students following structured educational program.

Table- IV: Correlations between pre-test knowledge and pre test practice score.

Domain	Mean	SD	Mean%	r-value
Pre test Knowledge	8.83	2.61	29.43%	0.51
Pre test Practice	7.05	2.2	35.90%	

Table IV depicts that the obtained co-efficient of correlation $r=0.51$ was significant at 0.05 level. This point towards a positive correlation between pre test knowledge and pre test practice scores.

In order to compute the relationship amid the pre test knowledge and demographic variables, chi-square was computed. The chi-square value of the demographic variables, such as age (14.74), type of family (11.87), education of father (16.92), mother’s education (15.31), occupation of father (18.41), exposure to previous knowledge (9.22) showed significant association. The chi-square value of the demographic variables, such as age in years (8.43), food habits (6), education of father (15.94), education of mother (18.33), mother’s occupation (13.96) showed noteworthy association with the pre test level of practice among school-age children.

DISCUSSION

Study carried out with the aim to evaluate the effectiveness of structured teaching program (STP) on knowledge as well as practice concerning significance regarding well balanced nutrition among school-age children. Study found that only 25% children were having previous exposure to knowledge and among them 50% received knowledge from school curriculum, 40% from family members and 10% from health personnel. Our findings were supported by Kundu S et al (2020)^[14] with family members as source of nutrition knowledge among 52.4% participants.

Study further exhibited, 92.5% scored inadequate knowledge and 7.5% scored moderate knowledge in pre test whereas, 87.5% scored moderate knowledge and 12.5% scored good knowledge concerning magnitude of balanced nutrition. Average pre test knowledge score

was 8.83, added +11.07 and become 19.9 in post test, the enhancement was significant with higher calculated paired 'T' test value of 24.9 than table value (2.02 at df 39, $p < .0001$). **Kundu S et al (2020)**^[14] also found that majority of participants 52.4% in their study had poor awareness on balanced diet. **Hanifah AN et al (2024)**^[15] revealed 53.5% respondents scored deficient knowledge of balanced nutrition. **Sasmita AP et al (2022)**^[16] discovered about considerable augmentation in average knowledge score (51.2%) and attitude scores (20.7%) of the school children at the post-test evaluation. **Dobhal N et al (2024)**^[22] showed an increase of 91.13% in the nutritional knowledge of adolescents after nutrition education program. **Yadav Y et al (2018)**^[17], **Sunitha John (2018)**^[18], **Clement N. et al (2022)**^[19], **Meena H et al (2020)**^[20] and **Chandel LK et al (2026)**^[21] also established effectiveness of educational intervention on balanced nutrition, malnutrition related knowledge and practice level among participants.

Among our study respondent, 95% scored poor practice and 5% scored fair practice in pre test whereas, 80% scored fair practice and 20% scored good practice about importance of balanced nutrition. Average practice score in pre test was 7.05, added +7.18 and become 14.23 in post test, the enhancement was significant with higher calculated paired 'T' test value of 20.15 than table value (2.02 at df 39, $p < .0001$). **Kapoor R et al. (2026)**^[23] found knowledge with dietary practices were improved after nutritional related educational intervention. Educational intervention also became milestone in knowledge enhancement in some studies.^[24-26]

Further study explored a positive correlation of 0.51 between knowledge and practice score in pre test. **Kamel MF et al. (2021)**^[27] also discovered positive connection between the students' knowledge and practice about balanced nutrition.

Our study analysis showed significant associations ($p < 0.05$) between pre-test knowledge and age, family type, parents' education, father's occupation, and previous knowledge exposure; and between practice and age, food habits, parents' education, and mother's occupation among school-age children. **Afreen S et al. (2025)**^[28] also found noteworthy alliances among knowledge levels (KLs) and socio-demographic traits such as mother's education, father's education and family income.

CONCLUSION

The study verified that structured teaching appreciably enhanced knowledge and practices on the subject of balanced nutrition amid school-age children. Considerable improvements were seen in knowledge and practice scores as well as positive correlation linking them. Noteworthy relations with selected socio-demographic factors added extra light on the magnitude of goal oriented nutrition education interference among general inhabitants.

LIMITATION

Less Sample size compromised generalization of the study findings. Self prepared research tool was utilized.

Source of funding: Researchers have self financed the current study.

Conflict of Interest: No conflict of concern shown by researchers during study period.

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