

Principles

Unit 3 Nutrition awareness and public health

Nutritional awareness is also related to knowledge of the interrelationships between nutritional matters and human life, which may have an effect on a person's life. Nutritional awareness entails being cognizant of the kind of foods an individual eats and the reasons for eating such foods. Nutrition is a critical part of health and development. Better nutrition is related to improved infant, child and maternal health, stronger immune systems, safer pregnancy and childbirth, lower risk of non-communicable diseases (such as diabetes and cardiovascular disease), and longevity. Healthy children learn better. We can learn to choose foods that support our physical and mental health, and we can make meaningful changes that will have a lasting impact on our lives.

The Importance of Good Nutrition

- Reduce the risk of some diseases, including heart disease, diabetes, stroke, some cancers, and osteoporosis.
- Reduce high blood pressure.
- Lower high cholesterol.
- Improve your well-being.
- Improve your ability to fight off illness.
- Improve your ability to recover from illness or injury.

KAP MODEL

Definition of Knowledge, Attitude and Practices

A KAP survey means Knowledge, Attitude and Practices. To properly carry out this type of survey it is important to establish a basic premise and provide definitions for each word.

K: Knowledge is a set of understandings, knowledge and of "science." It is also one's capacity for imagining, one's way of perceiving. Knowledge of a health behaviour considered to be beneficial, however, does not automatically mean that this behaviour will be followed. The degree of knowledge assessed by the survey helps to locate areas where information and education efforts remain to be exerted.

For example: Do you think mosquitoes might be responsible for malaria? Yes/ No/ Don't know

A: Attitude is a way of being, a position. These are leanings or "tendencies to....". This is an intermediate variable between the situation and the response to this situation. It helps explain that among the possible practices for a subject submitted to a stimulus, that subject adopts one practice and not another. Attitudes are not directly observable as are practices, thus it is a good idea to assess them. It is interesting to note that numerous studies have often shown a low and sometimes no connection between attitude and practices. For example: If you think you have been exposed to tuberculosis after contact with someone who was coughing, what would you do? Go see a doctor / Take traditional medicines / Go to a laboratory / Nothing ...

P: Practices or behaviours are the observable actions of an individual in response to a stimulus. This is something that deals with the concrete, with actions. For practices related to health, one collects information on consumption of tobacco or alcohol, the practice of screening, vaccination practices, sporting activities, sexuality etc. For example: Did you protect yourself by using a condom when you last had sex? Yes / No Why conduct a KAP s

The KAP Survey Model (Knowledge, Attitudes, and Practices)

A Knowledge, Attitude and Practices (KAP) survey is a quantitative method (predefined questions formatted in standardized questionnaires) that provides access to quantitative and qualitative information. KAP surveys reveal misconceptions or misunderstandings that may represent obstacles to the activities that we would like to implement and potential barriers to behavior change. Note that a KAP survey essentially records an "opinion" and is based on the "declarative" (i.e., statements). In other words, the KAP survey reveals what was said, but there may be considerable gaps between what is said and what is done.

Uses: A KAP survey can:

- Measure the extent of a known situation; confirm or disprove a hypothesis; provide new tangents of a situation's reality.
- Enhance the knowledge, attitude, and practices of specific themes; identify what is known and done about various health-related subjects.
- Establish the baseline (reference value) for use in future assessments and help measure the effectiveness of health education activities ability to change health-related behaviors.
- Suggest an intervention strategy that reflects specific local circumstances and the cultural factors that influence them; plan activities that are suited to the respective population involved.

Tool Components:

1. Constructing the survey protocol
2. Preparing the survey
3. Course of the KAP survey in the field
4. Data analysis and presentation of the survey report
5. Conclusion, references, and abbreviations

OPERATIONS

Number of Staff Required: The team will be composed of surveyors and supervisors. The number of supervisors is directly dependent on the number of surveyors, which is determined by the size of the survey and the resources available. Each supervisor should have daily face-to-face contact with each of the surveyors that s/he supervises. For 10-15 surveyors, for example, two supervisors work quite well.

Time: A KAP survey takes between six and twelve weeks.

Cost of Assessment: This will vary depending on the context and the number of respondents. It is critical to not to underestimate the magnitude of resources and time necessary for the implementation of KAP surveys, which are costly and time-consuming.

Training: Training surveyors is crucial. The training lasts two-to-four days depending on the complexity of the survey and questionnaire and the experience level of surveyors recruited. The training should allow surveyors to master the knowledge, skills, and expertise specific to the KAP survey.

Geographic Targeting: A KAP survey is conducted on a specific target population; respondents are randomly selected from a complete sampling frame. The target group may share common characteristics, such as youth under 18 years old, artisans, or drug users (here the KAP questionnaires are aimed at individuals), or a more general population, e.g. a region or village (questionnaires aimed at households).

Type of Data Collection: A KAP survey uses household and individual surveys.

Degree of Technical Difficulty: KAP surveys vary; the complexity will be determined by the specific questions included in a given survey.

Complements other Resources: Open-ended interviews and focus groups can complement a KAP survey, allowing further exploration of a situation or problem, and potentially highlighting aspects that are not yet known. These methods combine observations and open interviews and help deepen topics addressed in the KAP survey.

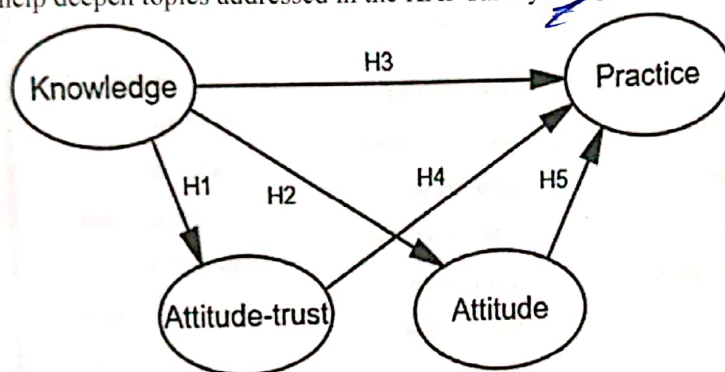


Figure The KAP constructed equation model.

Knowledge means the ability of understanding and using nutrition information, through education, learning experience, and identifying the nutrition label. Attitude refers to the feeling or opinions of community residents on nutrition labeling in some situations, including credibility, helpfulness, and necessity. Practice refers to the use or application of nutrition labeling by community residents. Based on the KAP model, it is predicted that nutrition knowledge will positively and indirectly affect practice through attitude change, and nutrition knowledge may also directly affect nutrition labeling practice. We put forward the following five assumptions based on the relevant literature on the knowledge, attitude, and practice structure model published by Zeng Y, Kwak C, Zeying H, and Misra R.

Hypothesis 1(H1): Community residents who have higher nutrition knowledge scores are more likely to trust nutrition labeling.

Hypothesis 2(H2): Community residents who have higher nutrition knowledge scores are more likely to have a positive attitude toward labeling.

Hypothesis 3(H3): Community residents who have higher nutrition knowledge scores are more likely to use nutrition labels.

Hypothesis 4(H4): Community residents who have more trust in nutrition labeling are more likely to use it.

Hypothesis 5(H5): Community residents who have a more positive attitude toward nutrition labeling are more likely to use it.

Thus, we attempted to analyze the interactions among community residents' nutrition labeling knowledge, attitude, and practice by using the KAP model to construct a structural equation. Meanwhile, we should also explore residents' cognition and use behaviors of nutrition labeling, as well as the influencing factors so that the resident can have a better understanding of nutrition labels and habits of food choice.

