“A STUDY TO ASSESS THE KNOWLEDGE REGARDING BENEFITS OF IODIZED SALT PRESERVATION PRACTICES AMONG HOMEMAKERS OF SELECTED HOUSEHOLDS AT KOLAR , WITH A VIEW TO CONDUCT PLANNED GROUP TEACHING PROGRAMME”

RESEARCH CONDUCTED BY,

Ms. RACHANA G M **Ms. RAVEENA SIVADAS**
Ms. RESHMA B **Ms. ROSNA ROY**

PROJECT REPORT SUBMITTED TO,

Sri DevarajUrs College of Nursing Tamaka, kolar,

As a Part of Curriculum Requirement for

the Degree of Basic BSc (N)

UNDER THE GUIDANCE OF,

Mrs.VANI .R

ASSISTENT PROFESSOR

DEPARTMENT OF NURSING FOUNDATION

SRI DEVARAJ URS COLLEGE OF NUSRING

TAMAKA, KOLAR.

2020-2021

DECLARATION BY THE CANDIDATES

We hereby state that project entitled**"A Study to assess the Knowledge regarding Benefits of Iodized Salt Preservation Practices among Homemakers of selected Households at Kolar, With a view to conduct Planned Group Teaching Programme",** is a bonafide and genuine research work carried by the students of 4th year BSc (N) students under the guidance of Mrs**. VANI R**, Assistant professor, Department of NURSING FOUNDATION, Sri DevarajUrs College of Nursing, Tamaka, Kolar.

Signature of the candidates,

Ms. Rachana GM

Ms. RaveenaSivadas

Ms. Reshma B

Ms. Rosna Roy

CERTIFICATION BY THE GUIDE

This is to certify that the project entitled "**A STUDY TO ASSESS THE KNOWLEDGE REGARDING BENEFITS OF IODIZED SALT AND SALT PRESERVATION PRACTICES AMONG HOME MAKERS OF SELECTED HOUSEHOLDS AT KOLAR, WITH A VIEW TO CONDUCT PLANNED GROUP TEACHING PROGRAMME**" is a Bonafide research work done by Ms. Rachana G M, Ms. RaveenaSivadas, Ms. Reshma B, Ms. Rosna Roy, as a part of curriculum requirement for the degree of Basic B Sc. (N) Program**.**

Signature of the Guide

Date:

Place: Tamaka, kolar

,

Mrs. VANI R
Assistant Professor
Department of Nursing Foundation
SRI DEVARAJ URS COLLEGE OFNUSRING
TAMAKA, KOLAR.

,

ENDORSEMENT BY THE HOD AND THE PRINCIPAL

This is certify that the research project entitled **"A Study to assess the Knowledge regarding Benefits of Iodized Salt and Salt Preservation Practices among Home makers of selected Households at Kolar, with a view to conduct planned group teaching programme"** is a bonafide research work by Ms. Rachana GM, Ms. RaveenaSivadas, Ms. Reshma B , Ms. Rosna Roy, under the guidance of Mrs. Vani R, Assistant Professor, Department of Nursing Foundation ,Sri DevarajUrs college of Nursing, Tamaka , Kolar in partial fulfillment of the requirement for the Degree Basic BSc Nursing.

Signature of the HOD

Mr. Rajesh R

Assoc. Professor & HOD

Dept. of Nursing Foundation
SDUCON, Tamaka, kolar -563103

Place :Tamaka , Kolar.
Date:

Signature of the Principal

Dr. Vijayalakshmi

Principal

SDUCON, Tamaka, kolar. -563103

Place :Tamaka , Kolar.
Date:

Acknowledgement

"I would maintain that thanks are the highest form of thought, and gratitude is happiness doubled by wonder "

- Gilbert K. Chesterton

First of all, we praise and thank "**Almighty God"** for showering his blessing on us by giving us the strength and wisdom for the successful completion of the study.

We thank **"Dr. Vijayalakshmi"** principal of Sri DevarajUrs College of Nursing, Tamaka, Kolar, for giving learning atmosphere and constant support to conduct the study.

We express our gratitude to **Dr.LavanyaSubashini,** Vice principal of Sri DevarajUrs College of Nursing, Tamaka, Kolar, for guidance and support throughout our research work.

We thank to **"Dr.Zeanathcariena J"** HOD of Medical Surgical Nursing, Sri DevarajUrs College of Nursing and CNO at RLJH & RC Tamaka, Kolar for her encouragement, timely suggestion and support the study.

We express our sincere gratitude to all the **"HOD's"** of various departments and all **Teaching faculty** of Sri DevarajUrs College of nursing for their encouragement, suggestions expert guidance in tool validation which helped us to complete the study.

We express our heart full thanks to "**Prof. Mary Minerva"** HOD of community health nursing Dept., Sri DevarajUrs College of nursing.

Our heartfelt thanks and gratitude to our research guide **"Mrs. Vani. R"** HOD of Nursing foundation, Sri DevarajUrs college of nursing who deserve respect an gratitude for her constant guidance, constructive suggestion and encouragement to undertake and complete the research work successfully.

We express our gratitude to **"Dr. LavanyaSubashini",** Vice principal III year BSc (N) Class coordinator, Sri DevarajUrs College of Nursing for guidance and support throughout our research work.

Our special thanks to **"Prof. Mr. Ravi Shankar"**, Statistician, Dept. of Community Medicine of Sri DevarajUrs Medical College for his guidance and valuable suggestions in statistical analysis of data.

We express our gratitude to all the **MSc. Faculty** Sri DevarajUrscollege of nursing for guidance and support throughout our research work.

We extend our special thanks to **Librarians** ofSri DevarajUrs college of Nursingfor helping in procuring relevant materials and books when required.

We express our gratitude to our **Office staffs** of Sri DevarajUrs College of Nursing for helped us to complete the study

We acknowledge and dedicated this project work to our loving **Parents** and a word of special thanks to our **Classmates** for their encouragement, timely help and cooperation throughout the study.

We express our sincere gratitude to our **Friends and well-wishers** for their timely help and most of all for their prayers.

Thanks you very much from all of us!

ABSTRACT

TITLE: "A Study to assess the Knowledge regarding Benefits of Iodized Salt and Salt Preservation Practices among Home makers of selected Households at Kolar, with a view to conduct planned group teaching programme"

BACKGROUND: Strategies to reduce salt intake are encouraged to be implemented in parallel with those aim to ensure iodine adequacy at the population level. The aim of the present study was to assess and compare knowledge regarding benefits of iodized salt and salt preservation practices among homemakers in kolar.

METHODS: The study was a descriptive cross-sectional survey using a structured self-administered questionnaire towards Benefits and Salt preservation practices. 100 Homemakers of selected households at Kolar respectively for pilot study and main study data collection using a purposive sampling technique.

RESULTS: Findings show that majority of respondents 57% of participants are having inadequate knowledge, 43%of participants are having moderate knowledge and none of the participants had adequate knowledge, regarding benefits of Iodized salt and the majority of respondents of participants are having inadequate knowledge, participants are having moderate knowledge and none of the participants had adequate knowledge regarding practices of iodized salt**.** In salt preservation practices 76% are having good practices and 24% participants are having Poor practices.

CONCLUSION: Anexisting familiarity regarding benefits of iodized salt remained and without knowing its benefits majority were consuming iodized salt. Hence there is essential to educate homemakers through nutrition education or knowledge about iodized salt. In community setup should educate and provide awareness to the homemakers about benefits of Iodized Salt and salt preservation practices.

Key words: *benefits of iodized salt, salt preservation practices, homemakers*

LIST OF CONTENT

LIST OF TABLES

LIST OF FIGURES

LIST OF ANNEXURES

CHAPTER - I

INTRODUCTION

If we know what we are doing it wouldn't be Research.

- Albert Einstein

INTRODUCTION

"Research is to see what everybody else has seen and to think what nobody else thought".

-Albert Szents–gyogyi

Iodized salt was introduced to India in late 1950s.Public responsiveness was increased by special programme and creativities, both governmental and non-Governmental of now iodine deficiency is only present in a few quarantined regions which are still distant [(1).]

Iodine is an essential constituent for thyroid function; it is necessary in minute amounts for normal growth, development, and well-being of all humans. There is gap in the consumption of adequately iodized salt in the rural areas due to non-availability, poverty, poor knowledge of iodine deficiency diseases, and faulty storage practices[(2).]

According to WHO guidelines, a daily iodine intake of 150mg is required to avoid iodine deficiency disorders and this can be attained by using effectivelyiodized salt, i.e. salt containing a minimum of 15parts per million (ppm) of Iodine. Universal salt iodization (USI) is a strategy recommended by the WHO and UNICEF joint committee on health policy since 1994 to ensure sufficient consumption of iodine by all individual [(3)].

Three out of every four Indian households consume adequately Iodized salt , necessary for optimal mental and physical development ,bright the progress made by the country in this regard ,a recent survey showed . The India iodine survey 2018-19 was conducted by Nutrition International, a global nutrition organization, in organization with AIIMS, New Delhi, and Association for. Indian coalition for the control of iodine deficiency disorders ICCIDD and Karnataka [(4)]

Globally, IDDs are associated with many thyroid related diseases including hypothyroidism, hyperthyroidism, goiter and cretinism, and also receive real risk of coronary artery diseases, autoimmune disorders, psychiatric disorders, cognitive impairment, and cancer[(4)].

NEED FOR THE STUDY

“Creativity requires input,and that’s what research is, you are gathering material with which to build,”

-Gene Luen Yang

Iodine is a critical micronutrient in the human diets that is, something our bodies can synthase that we have to rely on food to add to salt in the form of potassium iodide since 1924[5]

Iodine remains asasignificantconstituent of the Thyroid hormone, thyroxin (T4) and triiodothyronine (T3), necessary for normal growth, absorption during pregnancy, infancy and throughout life (1-3). When the physiological requirement for iodine is not met, a series of functional and developmental irregularities occur including thyroid function abnormalities. Iodine deficiency results in hypothyroidism endemic goiter and cretinism endemic mental retardation. Decreased fertility, increased prenatal death, and infant (1-4) high iodine intake may also cause disturbance in thyroid function [6]

Iodized salt is mixed with an amount of various salt of component Iodine .The injection Iodine prevent iodine deficiency worldwide , Iodine deficiency affect about 2 billion people and is the leading preventable cause of knowledgeable and developmental milestone. Which aid in tissue repairing regulating metabolism promote proper growth [7].

Iodized salt is probably the easiest way to conserving sufficient iodine intake. Not getting enough iodine in your diet can leave to problems such as and enlarged thyroid gland (goiter) and an abnormally low level of thyroid hormone (hypothyroidism [8].

A decreased in thyroid hormones also lead to other adverse effects such as hair loss, fating, weight gain dry skin and increased sensitivity to cold Iodine deficiency may causes serious issues in children and pregnant women as well[9].

The intention for not using the packet salt were non convenience (33.3%) ,or dislike for taste (50%) or compulsion to buy 1kg packet at a time , almost similar finding were obtained by the coverage evaluation survey (2009) , according to it 91% population was using iodized salt(10) .

In India as per the coverage calculation survey 2009, 91 % of households had access to iodized salt, of which 71 % consumed sufficiently iodized salt. Another 9 % consumed salt

with no iodine. There is wide rural and urban variation in household of tolerably iodized salt (83.2% in areas vs. 66.1% in rural areas). Extensivedifference was also seen across different states; with Chhattisgarh (31.6%), Karnataka (35.5%) and Jharkhand (41.4%) being the low coverage states and Manipur (98.3%), Meghalaya (98%) and Nagaland (97.1%) being high coverage states [11].

Certain food like fatty meat and veggie may border with the construction of thyroid hormone Gluten found in bread, paste, and rice. Sugary food like this delightful chocolate cake. Excess fiber from beans, vegetable has been executed in many countries of the world, and two-thirds of the global population (71%) is estimated to be covered by iodized salt. About 31% (1900.9 million) of the world population is estimated to have insufficient iodine intakes, with the most affected the WHO regions being South-East Asia and Europe [13].

PREVENTION:

At a population level, Iodine deficiency disorders can be prohibited by iodization of salt. An alternative in some developing of iodized oil complements.

While this is unknown in the united statics iodine deficiency is most common cause of hyperthyroidism worldwide pregnancy related problems – iodine deficiency is especially important in women who are pregnant or nursing their infant.

Iodine deficiency resulting in goiter occur 187 million people globally as 2010(2.7%) of the population). Certain area of the world, do to natural deficiency and unobtainability of iodine, are severely affected by iodine deficiency, which affect approximately two million people worldwide.

TITLE OF THE TOPIC:

"A study to assess the Knowledge regarding Benefits of Iodized Salt and Salt Preservation Practices among Home makers of selected Households at Kolar, with a view to conduct planned group teaching programme".

OBJECTIVES:

1. To assess the knowledge regarding benefits of Iodized salt among homemakers of selected households.

2. To determine the salt preservation practices among homemakers.

3. To find the relationship between Knowledge level and salt preservation practices among home makers.

4. To find the association between salt knowledge scores and selected demographic variables.

5. To find the association between salt preservation practice scores and selected demographic variables.

RESEARCH HYPOTHESIS:

- **H_1**: There will be a significant association between Knowledge scores and selected baseline Characteristics.
- **H_2:** There will be a significant relationship between Knowledge scores and salt preservation Practices among homemakers.
- **H_3:** There will be a significant association between salt preservation practice scores and selected baseline Characteristics.

OPERATIONAL DEFINATIONS:

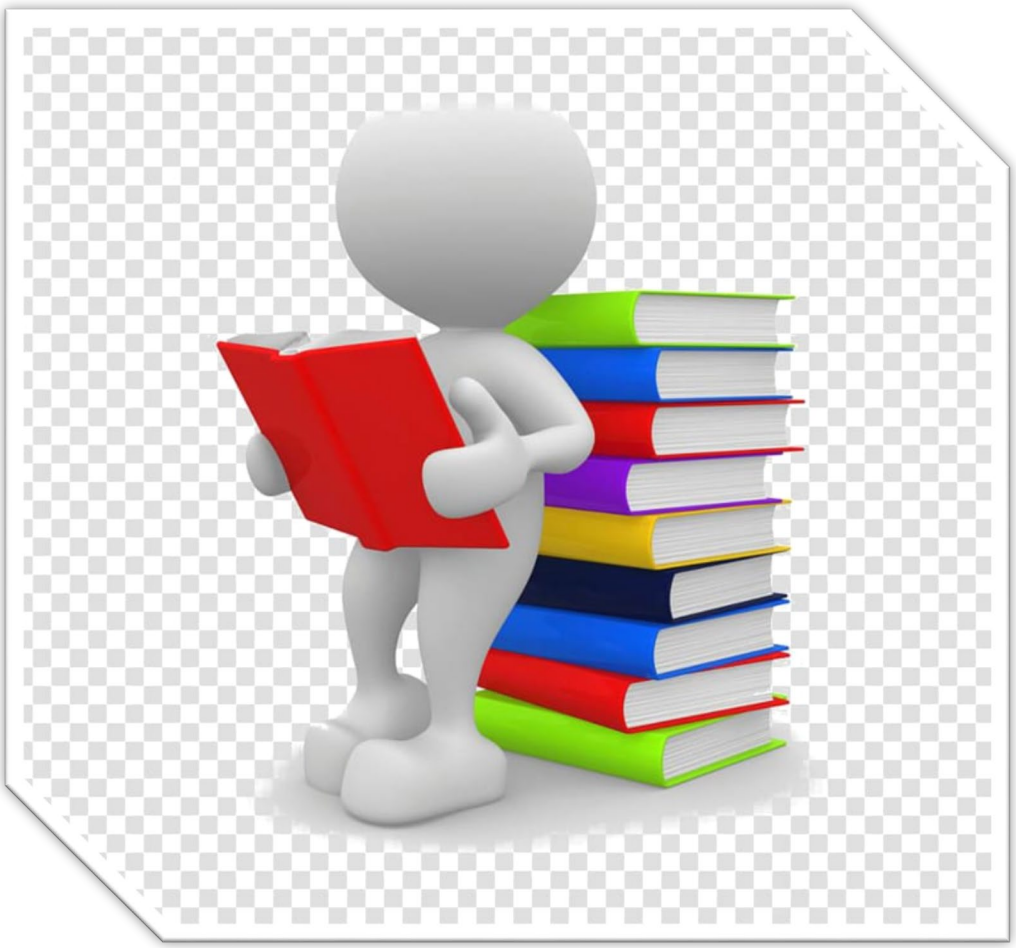
- **KNOWLEDGE:** Refers to understanding on the meaning, sources, importance (or) Benefits of iodized salt, daily recommended intake of salt and consequences or health risks of lack of iodine in the diet. It is elicited by scores obtained by the respondents against structured knowledge questionnaire.
- **BENEFITS OF IODIZED SALT**: In this study it refers to table salt mixed with a minute amount of various salts of the element called iodine, which helps to produce thyroid hormones, aids in tissue repair, regulate metabolism and prevents iodine deficiency for proper growth and development**.**
- **SALT PRESERVATION PRACTICES:** In this study, it refers to salt storing practices and utilization of salt in cooking practices. The salt preservation practices

are elicited with the help of observational checklist and self-reported rating scale. The obtained scores above 50% will be considered as appropriate salt preservation practice.

- **HOMEMAKERS:** In this study, it refers to a person, who manages the household of her/his own family, engaged in preparation of at least one meal per day.
- **HOUSEHOLD**: In this study, it refers to a house located in the urban area within the health judiciary of Kolar, Primary health Centre, Kolar, Karnataka.

CHAPTER - II

REVIEW OF LITERATURE



"RESEARCH: The Distance between an idea and its Realization".-David Sarnoff

REVIEW OF LITERATURE

"Research means that you don't know,but you are willing to find out"

- Charles Kettering

1. A community based Observational and Descriptive study wasconducted toassess knowledge, practice and attitude on iodine deficiency disorder and iodine level in salt in retail & vendors among the rural population in south India it is conducted in marakkanam block population, Tamilnadu with a sample of 1,233 individuals.A Goitre prevalence was high in female gender when related to male and higher goitre prevalence rate was found in the lower economic group Among 1233 individuals 796(64.6%) were heard about iodized salt , whereas 437(35.4%)were not heard about it ,only 294(23.3%) of the respondents was aware that iodine deficiency caused some disease or health problem , Total of 525 salt sample packets was collected at the traders level and it that 99% of salt samples were iodized but most of them were not adequately iodized. From the study determined that nearly one fourth of the study population didn't have enough knowledge regarding IDD and its significances. Theydecided that there is a lack of knowledge on IDD so they fortifiedby conducting awareness programsThrough Government of Tamilnadu or private Non-Governmental organizations.

2. ACross-sectional study was based on community to consider Knowledge and Practices of Iodized salt utilization, health consequences and iodine concentration on dietary salts at retailer and households in Jigjiga town, Somali, Ethiopia. A simple casual systematic method was used salt samples were collected from 90 Families and 30 retailer shops nearly 88% of Homes and 80% of retailers had iodized salt. Only 31.1% and 30% of the households and vender shops add adequately iodized salt respectively. Three/fourth (75%) of the participants notknown about iodized salt .Only 31.3% and 8% of participants obtained information about opposing health effect of iodine and its preventive appliances medias and healthy workers respectively. More than one thirds (40.6%) of the contributors never used iodized salt due to its high praise. Theoccurrence of iodine exaggerated 38% of the participants taste. About 88% of participants were storing dietary salt in a container with lid and polyethylene bag. The study was high lightened that theinformation and performs on the status of iodine on human health, handling, storage, and utilization was poor at the domiciliary level Jigjiga town, Somali, Ethiopia.

3.A community based Observational and Descriptive study conducted to assess knowledge , attitude and practice on iodine deficiency disorder and iodine level in salt in retail & vendors among the rural population in south India it is conducted in marakkanam block population, Tamilnadu with a sample of 1,233 individuals .A Goitre prevalence was high in female gender when compared with male and higher goitre prevalence rate was found in the lower economic group Among 1233 individuals 796(64.6%) were heard about iodized salt , whereas 437(35.4%)were not heard about it ,only 294(23.3%) of the respondents were aware that iodine deficiency caused some disease or health problem , Total of 525 salt sample packets was collected at the traders level and it that 99% of the salt samples were iodized but most of them were not adequately iodized. From the study determined that nearly one fourth of the study population didn't have enough knowledge about IDD and its significances. The study was concluded that there is a lack of knowledge on IDD so they fortified by conducting awareness programs. Through Government of Tamilnadu or private Non-Governmental organizations.

4. A cross-sectional study design was directed to assess Knowledge and Practice on iodized salt among reproductive age group women in Yeka Sub City Addis Ababa. The study was conducted among 549householdsand sample place was selected by using the simple random samplemethod. This study found that 78% of the respondents had good knowledge of iodized salt use. The odds of practicing iodized salt were 2.45 times higher among reproductive age women who remained university degree and above graduates associated to those who were unable to read and write. Practice and knowledge of iodized salt was 78% and 76.3% in Addis Ababa district. A huge quantity (88.3%) of the participants specified that they had heard about iodized salt. Hence they highlighted that educating mothers' education is an important strategy to address the community health complications of IDDs.

5.A Community based cross-sectional study was piloted to calculate proper consumption of salt at the home level and associated factors in Hetosa, Southeast Ethiopia. Total of 603 households were selected using a systematic random sampling technique. Data technique. There iodized salt was used every dayand level was tested with the iodine rapid test kit. A total of 596 participants were included in this study. The accessibility of effectively iodized salt was 61.1%. The amountof proper utilization of salt at households was 38.4%.Formal Educational (AOR=1.688, 95%CI (1.002, 2.846)),Practice of iodized salt use (AOR= 3.352, 95%CI (2.160, 5.202)), Knowledge on usage of iodized salt (AOR=2.320, 95%CI (1.437,

3.745)) and level of iodine percentage in salt (AOR= 1.668, 95%CI (1.071, 2.597)) were statistically significant to application of iodized salt. They concluded that Proper utilization of iodized salt remains very low, Educational status, level of iodine, moral knowledge and practice were significantly associated factors with suitable utilization of sufficiently iodized salt in this study.

6.A communitybuilt cross-sectional thesiswas directed on Knowledge and practices concerning use of iodised salt amongst population of selected goitre endemic three districts. The education was conducted among 1263 children and same number of mothers or any other family members was included in the study**.** Only 21 children (1.7%) were able to identify the condition of goitre The main source for their information was book they had studied (66.7%) followed by television or radio and other sources which include family members, relations and well-being workers. Only 1.1% children had heard about iodized salt. Around 33% adults were clever to detect the condition of goitre in 29% adults the source for their information was book they had studied. Television and radio was the source of information in 26% respondents. Family members, relatives and health workers were source of information in 45% caregivers. Among those who identified the case as goitre, around 52% respondents had correct knowledge about cause of goitre. Only 19% of adults had heard about iodized salt. Only 30% caregivers know the brand name of salt that was used in their household. Only 1.7% children and 33% adults were able to identify the condition of goitre. In around 13% households; salt was added arrangedin the end of cooking during food preparation. Tolerably iodized salt was consumed in 73.5% households the knowledge among people concerning IDDs and iodized salt was very poor which is necessity to be focused in our national programme

7.A Community related cross-sectional study toevaluateappropriate use of iodized salt in communities of rural areas and its applicable factors in Prakasam region, Andhra Pradesh, India. The study shownbetween 276 households and they composeddata using pre-tested questionnaire and considered by using SPSS 22.0version.They identified using systemic random sampling technique.68%of wives were between the ages of 25 and 50,68%were illiterate ,and 48% of wives work in the labour force. The majority the families (83.6%)used iodized packed salt,75%add sufficiently iodized salt with 15ppm,and 25% had inadequate iodized salt with 15ppm.there’s a link between illiterate wives and a lack of information. Iodized salt was shown to be statistically significant (p0.005).Specific training on correct

storage, handling and length along with the relevance of iodized salt. To promote a good attitude towards iodized salt, it is necessary to rise community awareness focus on behaviour change communication.

8**.** A cross -community based survey is assessed on iodized salt feasting and assessment of community knowledge at home-based level in tribal area of north India. A total of 10 clusters were taken for survey and 18-20 households per cluster were chosen randomly. A total of 196 households in Kinnaur were surveyed for iodized salt coverage, using MBI salt Iodine detection kit. 53.1 percent of those polled said they store salt in an open steel container. They were mostly employing containers with a wide base. 57.7% of those polled said they had never exposed salt to heat or light before. Within 4-8 weeks of opening the packet, the majority of the responders consumed salt. In the poll, the most popular cooking method was a combination of boiling, steaming, and frying (63.3 percent). Nearly partial respondents added salt at the beginning of the gravy preparation process, then during the gravy preparation process, and finally at last the cooking process (6.1 percent). Kinnaur consumed 7.872mg of precipitate salt. They inference that the popular of the residentsof the respondents followed faulty storage practices and were not aware of right storage and cooking practices.

9**.** A cross-sectional descriptive study to evaluate the Status of salt iodization, related awareness and practice at the domiciliary level in slums of Burdwan Municipality, West Bengal**.**The major goal is to determine how much iodine salt used in household level, related awareness and practice of respondents and their socio demographic correlates. A total of 330 households were selected by cluster sampling. Aniodine content of salt was at household level semi-quantitatively by Iodine testing kit, following recommended guidelines.All 330 households were using iodized salt; 77.6% samples taking adequately iodized and 22.4% were consuming inadequately iodized salts. Only 30.9% of the inhabitants were alert about the importance of iodized salt, few had correct practice despite inadequate knowledge and none, except one, practiced adding salt at the termination of cooking. Keeping salt container near the oven, adjusting for keeping salt in uncovered container, significantly predicted inadequate level of iodization [AOR 6.17 (95% CI: 2.68-14.26)]. Inadequate iodization, lack of awareness regarding iodized salt and faulty storing practices amounting to increased risk of inadequate iodization are still prevalent emphasizing the need, in policy for health education.

10. A Community based cross-sectional study to assess proper use of iodized salt in communities of rural areas and its relevant factors in Prakasam district, Andhra Pradesh, India. The study conducted among 276 households and they collected data using pre-tested questionnaire and considered by using SPSS 22.0version.They identified using systemic random sampling technique. Most of households (68.5%) were between 25-50 years age, 68% wives were illiterate and 48.5% wives involved in labour work. Majority (83.6%) of the families were using iodized packed salt, 75% had adequately iodized salt with ≥15 ppm and 25% with inadequate iodized salt <15ppm. Association between illiterate wives and poor knowledge regarding iodized salt found to be significant ($p<0.005$). Specific education regarding proper storage, handling, duration and the importance of iodized salt needs to be realized to increase community awareness and to focus on behaviour change communication to bring positive attitude toward utilization of iodized salt.

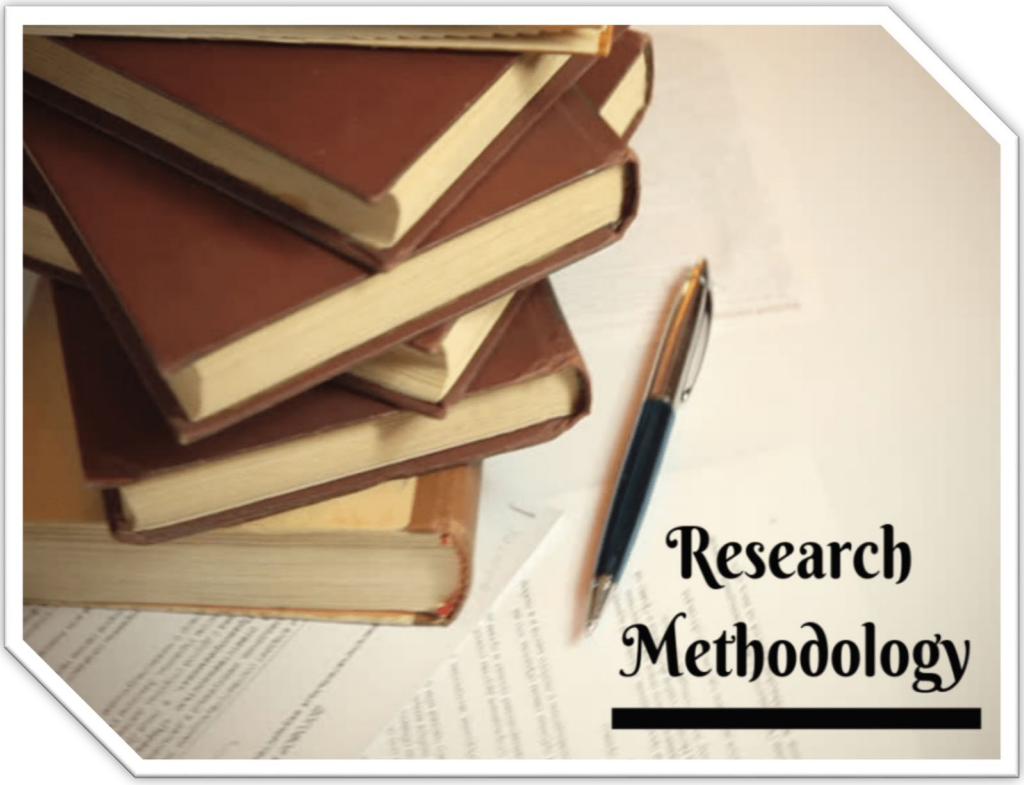
11. A multicentre cross-sectional study to asses Knowledge, attitude and behaviour of university students regarding salt and iodine in six countries in Europe and Asia by conducted with sample of 2459 university students in total (42.7% males, median age 21 years) from four countries in Europe and two countries in Asia. Data were collected with the use of a self-administered questionnaire, and univariate and multivariate statistical analyses. The percentages of those who indicated to know the maximum daily intake of salt recommended by WHO and national authorities for adults ranged from 5.8% in Sri Lanka to24% in Slovenia with no statistically significant differences between males and females ($p = 0.121$) or between those with BMIs above or below 25 ($p = 0.503$).only about half of those who designated to know the recommendation were actually able to specify the correct amount, ranging from 2.3% in Sri Lanka to 10.3% in Slovenia. Also, participants from Europe were more knowledgeable about salt references for adults than those from Asia (7.9% vs. 3.6%), even when adjusted for gender, prior nutrition lectures and BMI (AOR = 2.32, 95%CI: 1.53–3.52, $p < 0.001$), and likewise more knowledgeable about the fact that children should consume less salt than adults (72.9% vs. 65.5%) (AOR =1.44, 95%CI: 1.2–1.74, $p < 0.001$): They concluded that of this is raising awareness and conducting information campaigns is needed to promote changes in behaviour that would result in a reduction of salt intake and conscious use of iodised salt at the individual level.

12. A cross -community based survey is assessed on iodized salt consumption and assessment of community knowledge at household level in tribal area of north India. A total of 10

clusters were taken for survey and 18-20 households per cluster were chosen randomly. A total of 196 households in Kinnaur were surveyed for iodized salt coverage, using MBI salt Iodine detection kit. In that present survey 53.1% of the respondents were using open steel container for storage of salt. Most of them were using wide base container. 57.7% respondents never practice exposing salt to heat and light. Most of the respondents were consuming salt within 4-8 weeks after opening of packet. Combination of boiling, steaming and frying (63.3%) was the most common cooking practice found in survey. Nearly half of the respondents were adding salt at the starting time while gravy preparation, followed by during the gravy preparation while only few (6.1%) were adding at the end of cooking. Precipitate salt consumption in Kinnaur was found to be 7.87±2.65 mg. The district Kinnaur had transformed its phase from iodine decent to iodine sufficient. They concluded that majority of the respondents followed faulty storage practices and were not aware of right storage and cooking practices.

CHAPTER III

RESEARACH METHODOLOGY



“Research is the organized method for keeping you reasonably dissatisfied with what you have”.

-Charles Kettering

RESEARCH METHODOLOGY

“For good ideas and true innovation, you need human interaction, conflict, arguments, debate”

Margaret H

Research methodology is the background for directing the study. This chapter contractsthroughexplanation of the methods , research approaches , design , area of the study , population , sample and sampling techniques , Sample Size , Standards for sample selection , data collection instruments, development of tool ,

The present study goal for assessing Knowledge regarding benefits of iodized salt and salt preservation practices among home makers of selected Households,Kolar.

RESEARCH APPROACH

Research approach is the whole design including assumption, theprocess of inquiry, the type of data collected and the measuring of finding.

The research approach used in the studywasQuantitative survey approach.

RESEARCH DESIGN

Researchers referred to do researchstrategycompleteidea for gaining answer towardsexamination questions (or) for research test hypothesis.

The research design, adopted for this study was remained Descriptive survey design.

VARIABLES:

- **Research variables**: Knowledge regarding profits of iodized salt and salt preservation practices
- **Baseline variables**: Demographic variables such as Age, family types, current occupation, Family income,using of salt for cooking, form of salt used and Source of material regarding iodized salt.

SETTING:

- The region for the current study wasselectedhouseholds at Kolar.

POPULATION:

- Sample refers toward subset of the population that is selected to collect data in a particular study.
- The sample for the study comprises of completely theHomemakers of selected households, Kolar

SAMPLE SIZE:

- Sample size consists of 100 home makers of selected households at Kolar.

SAMPLING TECHNIQUE:

- A purposive Convenience sampling technique was adopted to collect the data for present study.

SAMPLING CRITERIA:

- **INCLUSION CRITERIA :**

1. Who were involved in preparing at least one meal per day.
2. Homemakers who were willing to participate in the study.
3. Employed and Homemakers unemployed homemakers

- **EXCLUSION CRITERIA :**

1. Who were unable to conversation in English or Kannada.

DATA COLLECTION TOOL:

The adopted tool consisted of the following sections.

- **SECTION A:** Perform on baseline characteristics

- **SECTION B:**

- Part A: Assessment of Informationconcerningwelfares of iodised salt
- Part B: Observational checklist to assess the salt preservations practices.

METHOD OF DATA COLLECTION:

The data will be collected by following phases.

STEP 1: Ethical clearance was obtained from research and ethical committee of institution.

STEP 2:

- Written permission will be obtained from the institutional ethical committee
- Permission will be obtained from the Medical officer of respective PHC.
- Based on inclusion criteria sample is included
- Written consent will be obtained from the respondents/homemakers
- Knowledge about benefits of iodised salt is assessed by structured knowledge questionnaire

SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY

"Assess the Knowledge on Benefits of Iodized Salt and Salt Preservation Practices among Home makers of selected Households at Kolar, with a view to conduct planned group teaching programme- A Descriptive Study

RESEACH DESIGN:- Descriptive survey Design

SETTING:- Selected Households At Kolar

SAMPLE AND SAMPLING SIZE :- 100 Home Makers

SAMPLING TECHINQUES:- Purposive convenience Sampling Techniques

DATA COLLECTION TOOLS :- Structured Knowledge Questionnaire
Observational Checklist

ANALYSIS AND INTERPRETION:-Descriptive And Inferential Statistics

PLAN FOR DATA ANALYSIS

The data gained was analyzed by exhausting descriptive and inferential statistics in completing the objectives of the study.

ETHICAL CLEARENCE:

Ethical clearance was obtained from SDUCON and to conduct study permission was obtained from Medical officer of required PHC informed consent was taken from study participant before data collection.

SUMMERY:

This chapter of methodology has dealt on research approach, research design, setting, population, sample, plan for data analysis and ethical related to educating research**.**

CHAPTER - IV

DATA ANALYSIS AND INTERPRETATION

‘‘The goal is to turn data into information, and information into insight.’’

-Carly Fiorina

CHAPTER - IV

DATA ANALYSIS AND INTERPRETATION

“Research is what I am doing when I don’t know what I am doing”

- David Ogily

This part deals with the data enquiry and interpretation of the study findings. Data analysis is process of inspecting,cleaning, transforming, and modeling data with the goal of discovering useful information, suggesting conclusion and supporting decision making.

Based on the aims of the studyof findings are organized as Follows:

- **SECTION A :** Performa on baseline characteristics
- **SECTION B:**

- **Part A:** Assessment of Knowledge regards benefits of iodised salt
- **Part B:** Observational checklist to assess the salt storing practices.

TABLE -1: Frequency and distribution of Sociodemographic variables of the study

n=100

SI.No.	Demographic characteristics	Frequency	Percentage (%)
1.	**Age** A)18-34 years B) 35- 44 years	 **53** **47**	 **53%** **47%**
2.	**Types of Family** A)Nuclear B)Joint	 **68** **32**	 **68%** **32%**
3.	**Place of residence** A)Rural B)Urban	 **16** **84**	 **16%** **84%**
4.	**Family income** A)10,000-20,000 B)21,000- 30,000	 **87** **13**	 **87%** **13%**
5.	**Current occupation** A)Employment B)Unemployment	 **52** **48**	 **52%** **48%**
6.	**Form of salt used** A)Crystalized salt B)Powdered salt	 **97** **03**	 **97%** **3%**
7.	**Type of salt used** A)Iodized salt B) Non Iodized salt	 **85** **15**	 **85%** **15%**
8.	**Source information** A)Mass media B)Family members	 **19** **81**	 **19%** **81%**

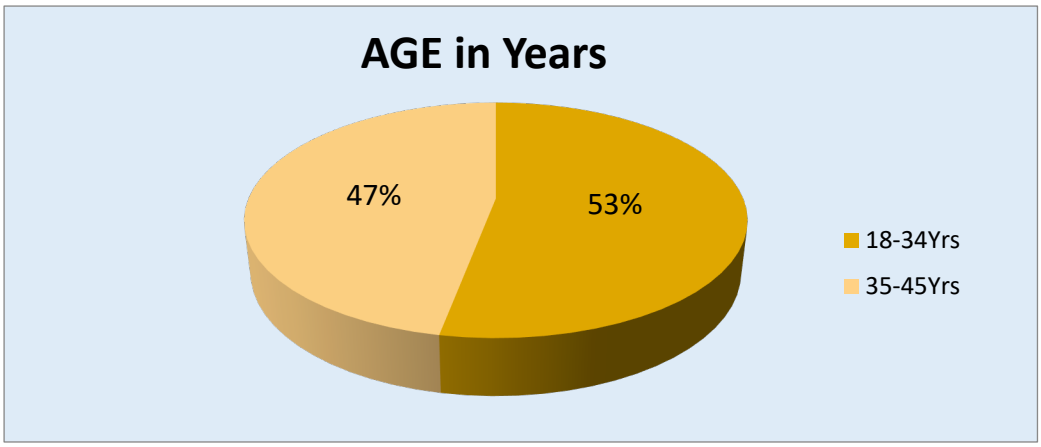


FIG 1: Percentage distribution of Homemakers according to their Age

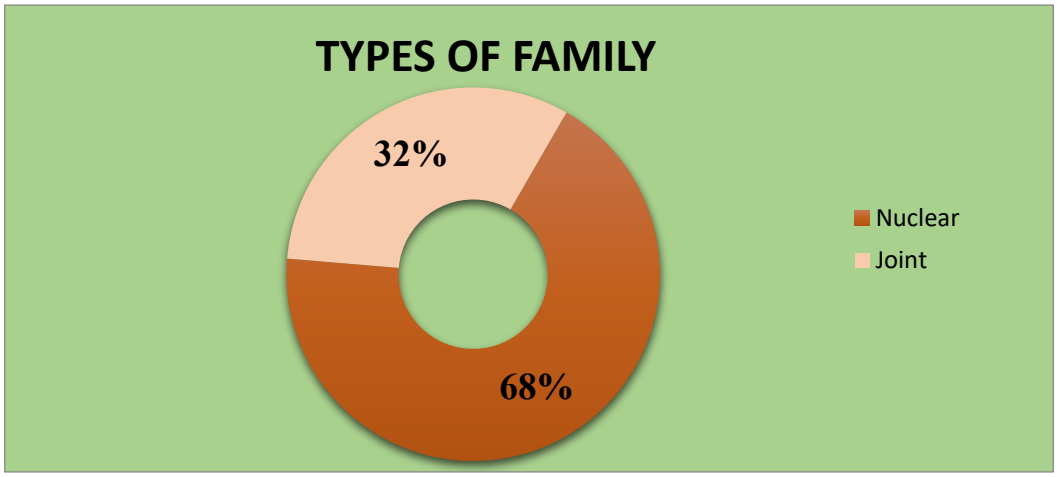


FIG2:percentage distribution of Homemakers according to their Types of Family

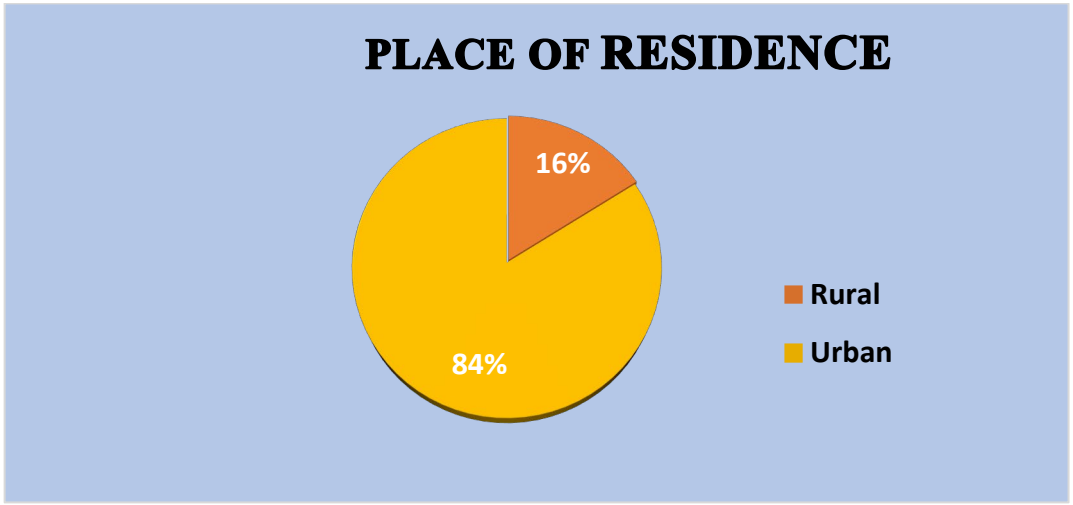


FIG 3: Percentage distribution of Home makers according to their Place ofResidence

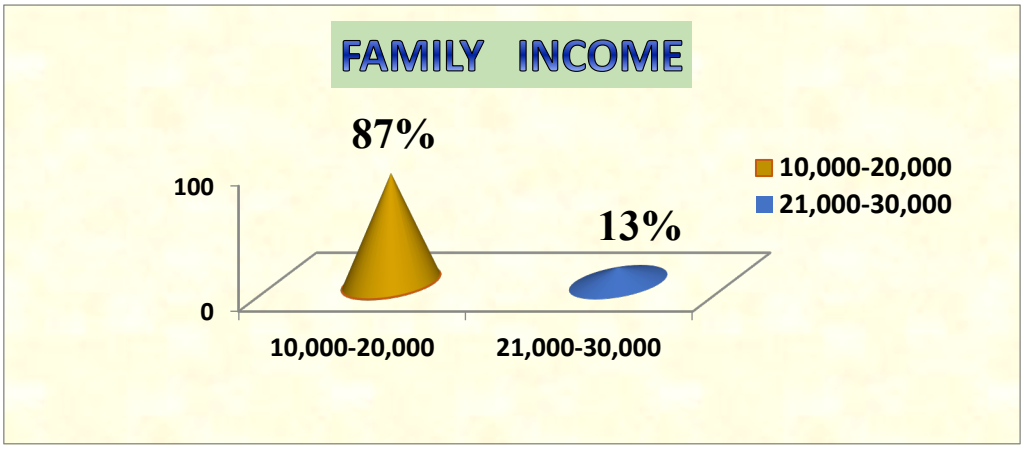


Fig 4: Percentage distribution of Homemakers according to their Family Income (in rupees/ month)s

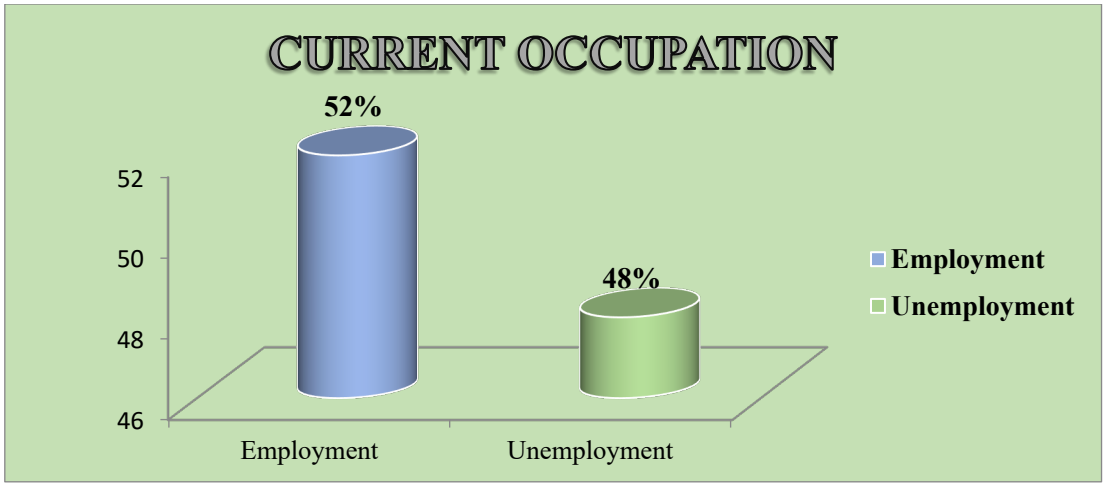


FIG 5: Percentage distribution of Homemakers according to their Current Occupation

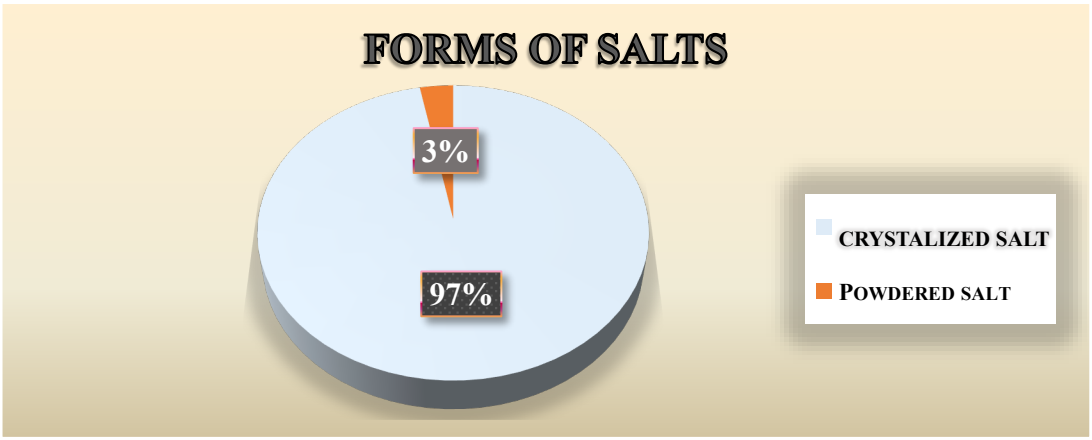


FIG 6: Percentage distribution of Homemakers according to their Forms of Salt used.

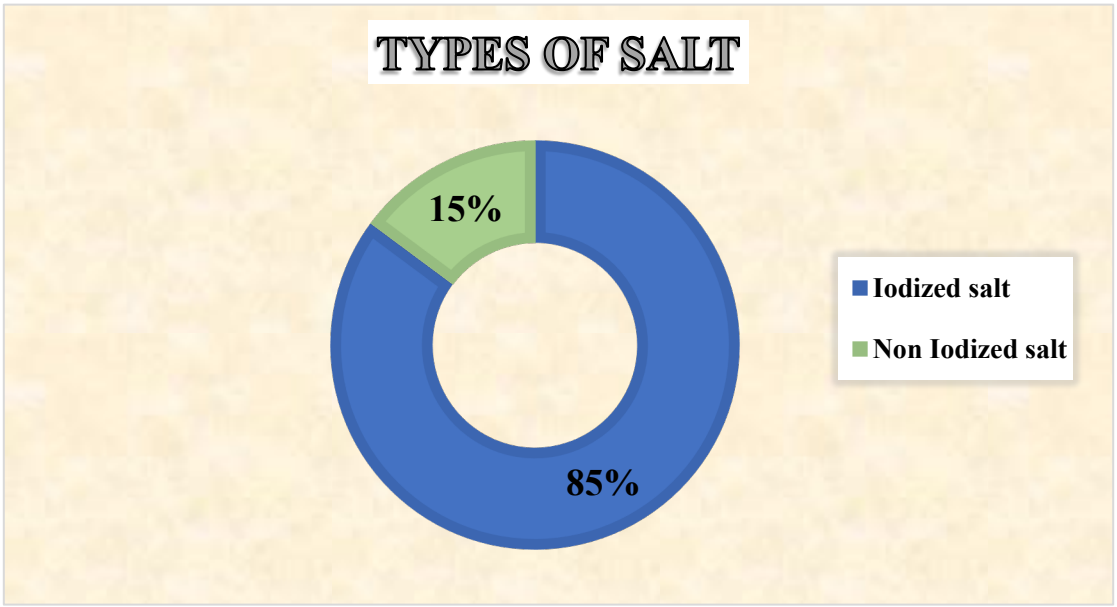


FIG 7: Percentage distribution of Homemakers according to their Types of Salt

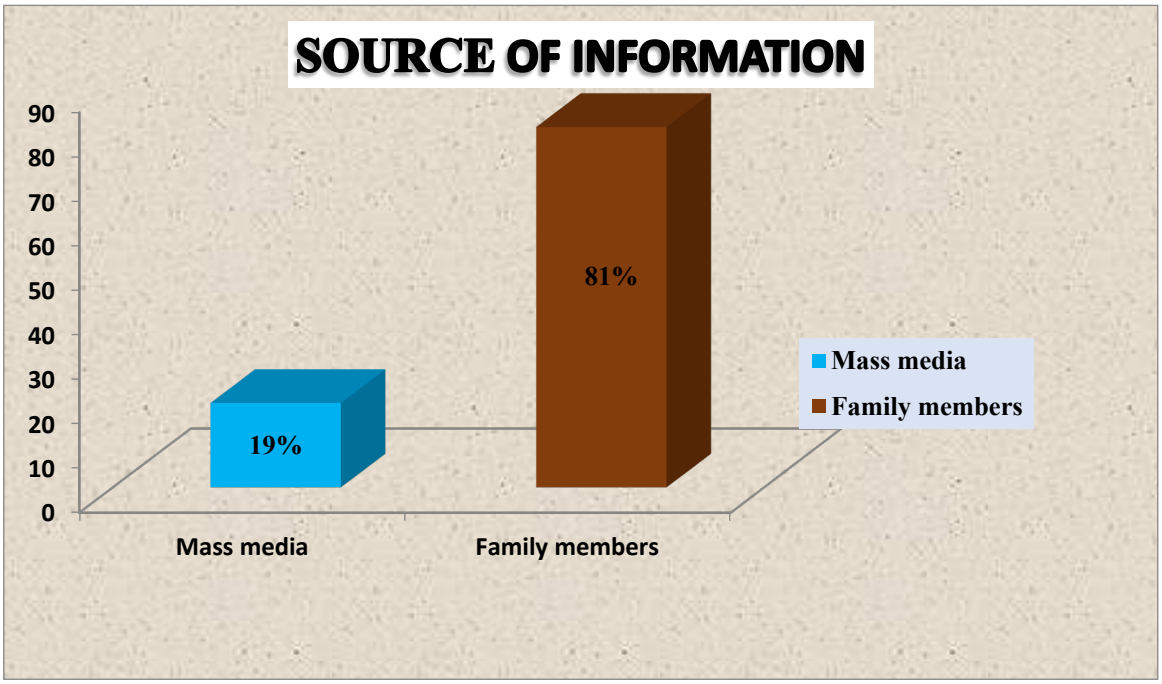


FIG 8: Percentage distribution of Homemakers according to their Source of information regarding salt Preservation methods.

1. Age

Majority 53% of participants were between the age group of 18-25 years and 47% of participants were between the age group of 26-40 years.

2. Types of family

About 68% of the contributors are from Nuclear family and 32% of participants are from Joint family**.**

3. Place of Residence:-

Out of 1s00% of contestants16% were from rural area and 84% were from urbanarea.

4. Family Income:

Majority 87%of the applicants were having family income 10,000- 20,000 and 13% of participants were having 21,000 – 30,000.

5. CurrentOccupation: -

Members are employed of 52% and 48% of home makers are unemployed.

6. Form of salt used:-

About 97% of the applicants are using crystallized salt and 3% of participants are using powdered salt.

7. Using of salt types :-

Majority 85% of the samplesremain using iodized salt and 15% participants are using Non-iodized salt**.**

8. Source of Information related to iodized salt:-

At about 81% of observers get information from family members and 19% of the participants get information from mass media.

TABLE -2 =Distribution of samples according to overall level of knowledge.

Knowledge	Frequency (f)	Percentage (%)
Moderate (51-75%)	43	43%
Inadequate (≤50%)	57	57%
Total	100	100%

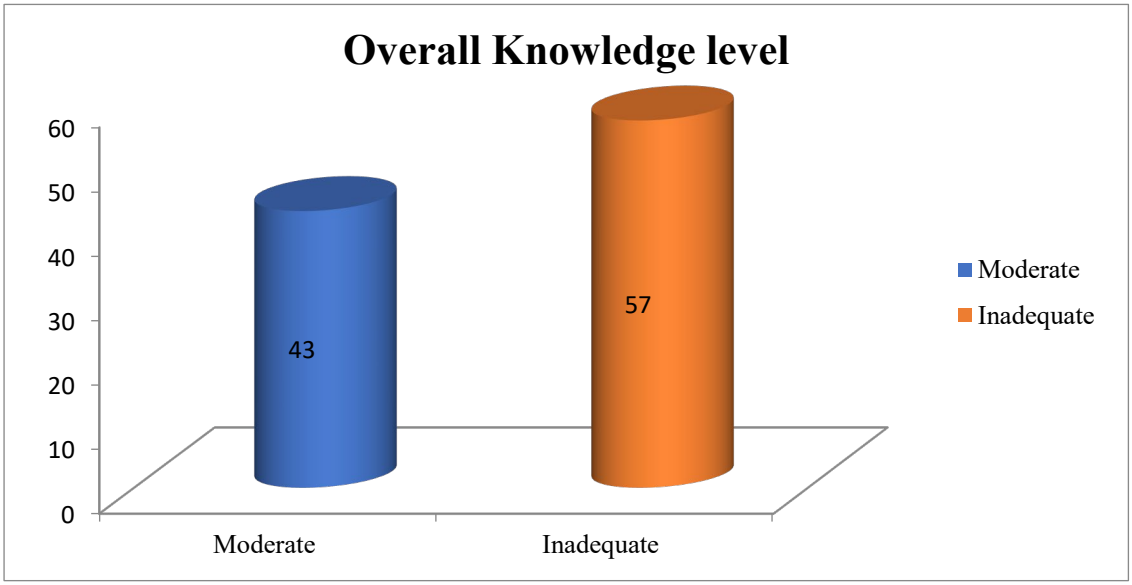


FIG 9: Overall Knowledge level of study participants

This section deals by the data investigation and explanation of the study findings. As per the objective of the study, regarding the information of iodized salt among Homemakers were considered and the result revealed that, 57% of the study participants have suitableknowledge, 43 %(43) of the study participants have moderate awareness and none of the participants have adequate knowledge.

The association between socio demographic variables and knowledge related to Iodized salt were assessed and the result revealed that there is significant association between the Sources of information regarding iodized salt and there is no significant association between age in year, Place of residence, family income, Current occupation, Forms of iodized salt and Types of iodized salt

Table 3.Association between Demographic variables with knowledge regarding benefits of iodized salt.

n=100

SI.No	Demographic Variables	Knowledge level		X^2 calculated value	Df	P value	Inference
		Below or equal to Median(≤14)	Above Median (>14)				
1.	**Age**						
	A)18-34 years	30	23	0.0902	1	0.763	NS
	B) 35- 44 years	28	19				
2.	**Types of Family**						
	A)Nuclear	38	30	1.50	1	0.22	NS
	B)Joint	22	10				
3.	**Place of residence**						NS
	A)Rural	08	08	0.5004	1	0.479	
	B)Urban	50	34				
4.	**Family income**						
	A)10,000-20,000	50	37	0.076	1	0.781	NS
	B)21,000- 30,000	8	5				
5.	**Current occupation**						
	A)Employment	32	22	0.076	1	0.782	NS
	B)Unemployment	26	20				
6.	**Form of salt used**						
	A)Crystalized salt	55	41	1.625	1	0.202	NS
	B)Powdered salt	1	3				
7.	**Types of salt used**						
	A)Iodized salt	57	41	0.053	1	0.8168	NS
	B) Non Iodized salt	1	1				
8.	**Source information**						
	A)Mass media	13	3	4.57	1	0.3253	SS*
	B)Family members	44	40				

NOTE: P<0.05, SS*-Statically significant, NS-Non significant, Table value Df- 1(3.84)

Age: The obtained x2value (0.09) which is less than the table value (3.84) at 5%level of significant. Hence there is no significant association between the ages of participants with their knowledge related to benefits of iodized salt.

Types of family: The obtained x2value (1.50) which is less than the table value (3.84)at 5% level of significance. Hence there is no significant association between the places of residence of the participents with their knowledge related to benefits of iodized salt.

Place of residence: The obtained x2value (0.50) which is less than the table value (3.84) at 5% level of significance. Hence there is no significant association between the years of experience of the participents with their knowledge related to benefits of iodized salt.

Family income: The obtained x2value (0.076) which is less than the table value (3.84) at 5% level of significance. Hence there is no significant association between the years of experience of the participents with their knowledge related to benefits of iodized salt.

Current occupation: The obtained x2value (0.076) which is less than the table value (3.84) at 5% level of significance. Hence there is no significant association between the total years of experience of the participents with their knowledge related to benefits of iodized salt.

Forms of salt used: The obtained x2value (1.62) is less than the table value (3.84) at 5% level of significance. Hence there is no significant association between the years of experience of the participents with their knowledge related to benefits of iodized salt.

Types of salt used: The obtained x2value (0.053) is less than the table value (3.84) at 5% level of significance. Hence there is no significant association between the years of experience of the participents with their knowledge related to benefits of iodized salt.

Source of information regarding iodized salt: The obtained x2value (4.57) is more than the table value (3.84) at 5% level of significance. Hence there is significant association between the years of experience of the participents with their knowledge related to benefits of iodized salt.

SECTION -2

SALT PRESERVATION PRACTICES

TABLE 4: Salt preservation practices among homemakers

SI.NO	Practices	Frequency	Percentage
1.	**Keeping the lid of storage container**		
	▪ Open	4	4%
	▪ Tightly /Loosely closed	96	96%
2.	**Amount of salt packets stored**		
	▪ One or less than one	64	64%
	▪ Two or more	36	36%
3.	**Colour of the stored salt**		
	▪ White	100	100%
4.	**Placement of the spoon**		
	▪ Inside the container	52	52%
	▪ Outside the container	48	48%
5	**Quality of salt in container**		
	▪ Dry and clear white	92	92%
	▪ Moist and with impurities	08	8%
6	**Conditions of salt container**		
	▪ Without breakages and cuts	97	97%
	▪ With breakages and cuts	3	3%
7	**Storing the salt container**		
	▪ In a dry place /Near to stove	100	100%
8	**Storing salt in a container**		
	▪ Plastic/salt packet itself	62	62%
	▪ Metals	38	38%
9	**Type of spoon used to pour salt**		

	▪ Steel ▪ Plastic/By hand	40 60	40% 60%
10	**Duration of salt storage at household level** ▪ 1\2 to1 month/1 to 1 1\2 month ▪ No response	 97 3	 97% 3%
11	**Usually, salt brought from** ▪ Local shop in the same village\town/Shop in the nearby town or village /From weekly market ▪ From wholesale shop	 74 26	 74% 26%
12.	**Where to store the iodized salt packet?** ▪ Air tight container/Dry area ▪ Sunlight exposure	 92 8	 92% 8%
13	**How many numbers of salt packet consumed in home per month?** ▪ Half packet /Half to one packet /One to two packet ▪ More than three packets	 98 2	 98% 2%
14	**When we will add salt to food?** ▪ At the end of cooking/Middle ▪ Beginning /Early and middle	 70 30	 70% 30%
15	**Type of container used to store salt at home** ▪ Container with lid/ Plastic Bag ▪ Container without lid	 98 2	 98% 2%

Table: 5

LEVEL OF PRACTICES	SCORE(according to marks)	PERCENTAGE
Poor practices	0-7	24
Good practices	8-15	76

FIG 10: Percentage distribution of salt preservation practises among homemakers

Table 5 and **Fig:10** depicts that the total of 15marks,divided into(0-7)marks poor practices and (8-15)marks divided into good practices .Majority (76%) of homemakershaving Good practice and onl24%of homemakers having poor practices.

FIG 11: Relationship between knowledge level and salt preservation practices among homemakers.

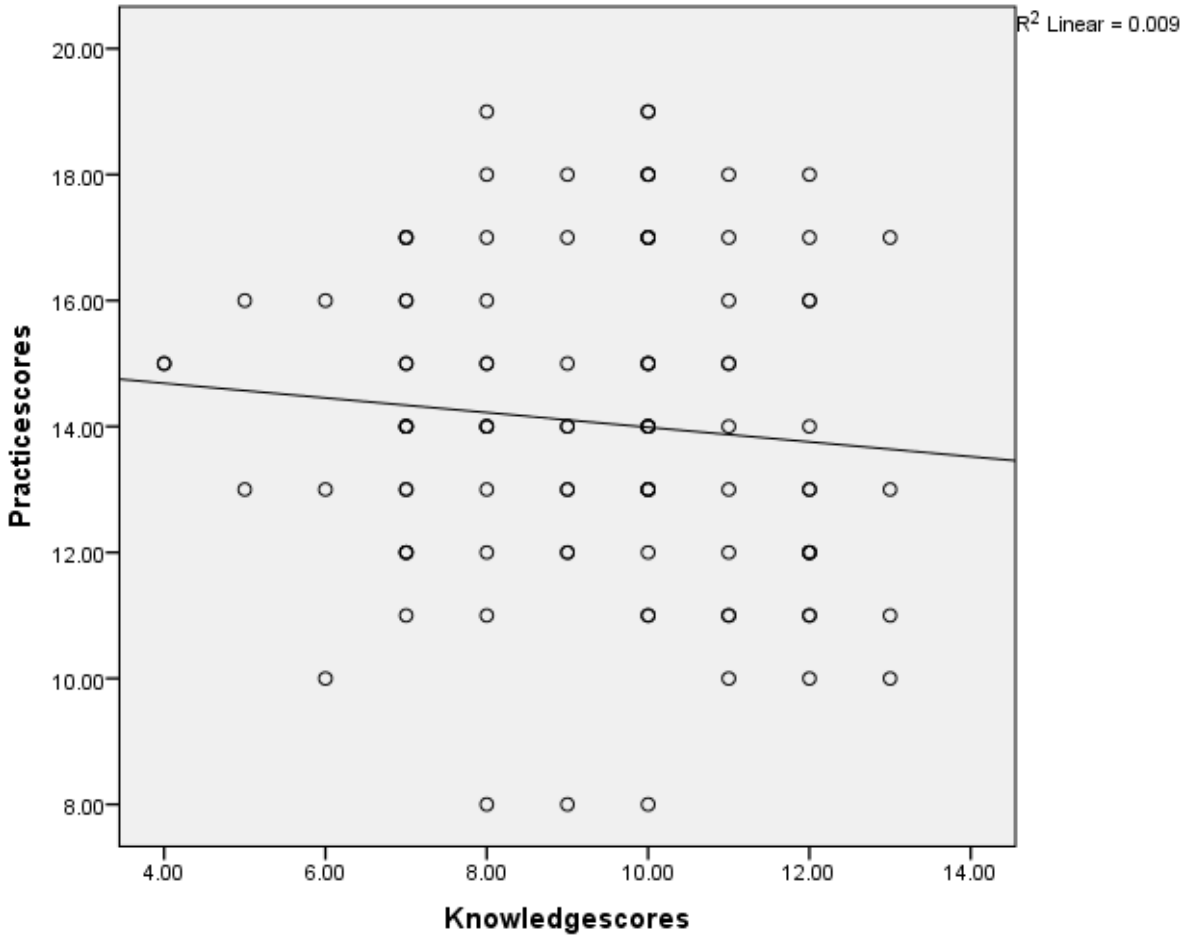


Fig 11 Depicts that correlation coefficient value is 0.009.This reveals that negative correlation between knowledge and practice.

Table 6: Association between salt preservation practise scores and selected demographic variables.

SI.NO.	DEMOGRAPHIC VARIABLES	POOR PRACTICES	GOOD PRACTICES	X^2 VALUE	P-VALUE
01.	**Age** A)18-34 years B) 35- 44 years S	 11 27	 20 42	0.1207	0.728 NS at P<05
02.	**Types of Family** A)Nuclear B)Joint	 37 1	 60 2	0.0286	0.865 NS at P<05
03.	**Place of residence** A)Rural B)Urban	 21 12	 62 7	10.124	**0.001463** **SS* at p<5**
04.	**Family income** A)10,000-20,000 B)21,000- 30,000	 34 20	 29 17	0.0001	0.9933 NS at p<05
05	**Current occupation** A)Employment B)Unemployment	 4 11	 51 34	5.7239	**0.0167** **SS* at p<05**
06.	**Form of salt used** A)Crystalized salt B)Powdered salt	 50 15	 20 15	4.2386	**0.0395** **SS* at p<0.05**
07.	**Type of salt used** A)Iodized salt B) Non Iodized salt	 35 3	 55 7	0.3018	0.582738 NS at P<05
08.	**Source information** A)Mass media B)Family members	 21 10	 62 7	7.4128	**0.006476** **SS* at P <05**

NOTE: P<0.05, SS*-Statically significant, NS-Non significant, Table value Df- 1(3.84)

Table7: Correlation between Knowledge & practice scores

Knowledge level	Mean	Standard deviation	Correlation
Knowledge scores	2.59	0.49	1
Practice scores	1.60	0.29	- 0.015

CHAPTER - V

CONCLUSION

“People do not like to think .if one thinks, one must reach conclusions are not always pleasant”.

-Helen Kell

CHAPTER - V

CONCLUSION

This chapter presents the summary,conclusions and its implication recommendation. A presenteducation was directed to measure the knowledge on the subject of benefits and practices household conception of iodized salt among selected households,Kolar with a view to develop health education and structured questionnaire. A descriptive study design was approved to consider the knowledge concerning benefits and practices among homemakers selected household Kolar.

The study was showed at selected households,Kolar. Thesection size of study was 100 homemakers of selected householdsKolar.The purposive sampleprocedure was adopted to select the sample of study. Thefacts werecomposed from samples by using a structured Knowledge Questionnaire.

Created on the objectives of the study conclusion are presented under following points.

1. As per the first objective of the study, knowledge regarding Benefits of iodized salt among homemakers of selected household was divided into three category i.e., Adequate knowledge (above75%) was 0%, moderate Knowledge (51-75%)was 43% and inadequate knowledge (≤50%) was 57%.

2. As per the second objective of the study find the suggestion between Knowledge and designated demographic variables was done and result revealed that, there is significance association between source of information(x^2=4.57,df =1, p=0.325) is statistically significant and no association between age (x^2 =0.0902, df =1,p= 0.763869) and types of the family (x^2 =0.2204,df =1, p=0.2204) place of residence (x^2=0.5004,df =1,p=0.4793) Family income (x^2=0.0768,df =1,p=0.781)thus the assumption is rejected, whereas only with regard to source of information (x^2=4.57,df=1,p=0.325)it is statistically significant as calculated value was grated than the table value.

3. As per the third objective of the study find the relationship between knowledge level and salt preservation practices among homemakers was done and result revealed that ,there is negative correlation ship between knowledge level and salt preservation practices

4. As per the fourth objective of the study to find the association between knowledge scores and selected demographic variables was done and result formed that source of information is statistically significant is(x^2 = 4.57 ,df = 1 and p = o.03253(p<0.05)).

5.As per the fifth objective of the study to find the association between practice scores and selected demographic variables was done and results that place of residence is (x^2=0.0286,p value=0.865,p<0.05), Current Occupation is (x^2=5.7239,pvalue= 0.0167,p<0.05),form of salt used is (x^2=4.2386,p value =0.0395,p<0.05),source of information is(x^2=7.4128,pvalue=0.0064,p<0.05)these demographic variables are statistically significant.

NURSING IMPLICATION

The consequences of the study can be used in the following areas of nursing profession.

NURSING PRACTISES

Nursing professionals working in the hospital as well as in the community set up should educate home makers about benefits of iodized salt then practices amonghomemakers.

Nursing professional play a key role in enhancing the knowledge and benefits of iodized salt and practices among homemakers.

NURSING EDUCATION

1. Education is the base of knowledge. As a nurse educator they are abundant opportunities to educate the home maker'sbenefits of iodized salt.
2. The student nurses from college of nursing should be encouraged to attend seminars, conference and workshop regarding benefits and performs of iodized salt.

NURSING ADMINISTRATION

- Nurses plays major role in completing the purposes of reducing countries.
- Thyroid related problems providing information about importances of iodized Salt.

NURSING RESEARCH

1) Research in nursing is the need of the hour to improve the health status of nurses.If not only helps the nurses in improving their knowledge but also refine quality of care provided to society.
2) This study help nurseresearcher to carry out studies scheduled the improvement of health and knowledge of home makers.

RECOMMENDATIONSS OF THE STUDY

1. A Similar Study can be replicated on a large sample in different types of setting.
2. A similar study can be conducted using teaching method.
3. A similar study can be conducted with control group.

LIMITATIONS

1. The sample size was limited up to 100.
2. There was no control group.
3. The study limited to only considering the knowledge about benefits and practices of iodized salt.

SUMMARY

1. This chapter deals with overall study analysis,implications, limitations, and recommendation to improve the knowledge iodized salt practices.
2. Based on the findings revealed and proceeding the study the above recommendation wascommunicated to progress the knowledge regarding benefits of iodized salt and practices in homemakers.

CHAPTER VI

BIBILOGRAPHY

“Learning is a treasure that will follow its owner everywhere”

CHAPTER VI

BIBILOGRAPHY

1. WHO, UNICEF, ICCIDD. Assessment of iodine deficiency disorder and monitoring their elimination: a guide for program managers, 3rdd edition. Geneva, a world health organization.
2. Anjan Datta[1], Nabarun Karmakar[1], Kaushik Nag[1], Shib Shekar Datta[1], Swathi Datta November 2018 .department of community medicine Tripura, India.
3. WHO, UNICEF, ICCIDD.Recommended iodine level in salt and guidelines for monitoring their adequacy and effectiveness. Geneva; World Health Organization
4. Rupali Roy[1], Manish Chaturvedi[2], Deepika Agarwal[2], Haroon Ali[2], volume 7, Utter Pradesh, India.
5. Ranjan Kumar[1],Susmita Das[2],Dey Suvabrata[3],Datta Suchitra[4],September 1 2019
6. ROY R Chaturvedi m, Household of iodized salt in a rural area
7. Georgios Marakis,Antonios Katsioulis,Anke Weissenborn;4 May 2021;Europe
8. Umesh Kapil, PraabveerSingh, P Pata k: October 2004; department of community health Nursing, India.. M.G.venkatesh Manner and j .T salt iodization for the elimination of iodine deficiency, World Health Organization
9. Roy R, Chaturvedi M, Ali H. Household use of iodized salt in rural area. J. of family Med. And Pri. Care. 2016 [cited on 2018 January 9]; 5(1): 77-81.
10. . Research Gate. “(PDF) Knowledge on Iodized Salt Use and Iodine Content of Salt among Households in the Hohoe Municipality.” Accessed March 9, 2020.
11. Taneja DK. Health policies and programs in India. National iodine deficiency Disorder control programs
12. R. Ritu and S.R Rita, “Effect of different cooking method on iodine losses” journal of food science and Technology
13. Anjan Datta[1], Nabarun Karmakar[2], Kaushik Nag[3], Simul Singha[4] (2018), Volume12, November2018 .https://www.jcdr.net/ReadXMLFile.aspx?id=12252
14. WalleligneBeyene Tariku 1, AmareLisanu Mazengia[2], March 2019, https://pubmed.ncbi.nlm.nih.gov/31032115/
15. SenthilvelVasudevan, SumathiSenthilvel, Jayanthi Sureshbabu, November 16, 2018, Volume 7, DOI: https://doi.org/10.1016/j.cegh.2018.10.002
16. Bazezew, M. M., Yallew, W. W., & Belew, A. (2018). https://doi.org/10.1186/s13104-018-3847-y [Crossref], [PubMed], [Google Scholar]

17. AnbissaMuletaSenbeta,(2021),volume 7,29 March 2021. https://doi.org/10.1080/23311932.2021.1911421 [Google scholar]

18. NabarunKarmakar 1, AnjanDatta 1, Kaushik Nag 1, ShibSekharDatta 1, Swati Datta 1. Education health Promot, 2019 Jan, https://pubmed.ncbi.nlm.nih.gov/30815492 .

19. WalleligneBeyene Tariku1 and AmareLisanuMazengia 2(2019), volume 7, https://doi.org/10.1155/2019/9763830

20. MeseretMamoBazezew, WalelegnWorkuYallew&AysheshimkassahunBelew, Published: 16 October 2018, https://doi.org/10.1186/s13104-018-3847-yAbu Tura

21. Buli1, MeleseTadesse Aredo2, HailuFekadu Demise2, AshenafiHabtamu Regesu2, June 4, 2020. https://doi.org/10.1101/2020.06.04.133926

22. Deepika PS et al. Int J Community Med Public Health. 2020 March; http://www.ijcmph.com

23. GeorgiosMarakis , AntoniosKatsioulis ,Lamprini; March 4 2021 https://archpublichealth.biomedcentral.com/articles/10.1186/s13690-021-00593-5

24. NidhiChauhan, Anmol Gupta, May 2021,North India, https://www.researchgate.net/publication/352073474

ANNEXURES

ANNEXURE-I

SRI DEVARAJ URS COLLEGE OF NURSING TAMAKA, KOLAR – 563 103. INSTITUTIONAL ETHICS COMMITTEE	Format No.	IEC 01
	Issue No.	02
	Rev No.	01
	Date	01-09-2018

Ref.:No.SDUCON/IEC/49 /2019-20 MEETING NO- 05 Date:14-03-2020

This is to certify that the instutution committee of Sri Devaraj Urs College of Nursing, tamaka, Kolar has examined and unanimously approved the following research projects.

Sl. No	Name of the Topic	Guide	Investigator	Accepted/ Not accepted	Remarks
1	A study to assess the level of effectiveness of planned teaching programme on knowledge regarding health appraisal activities among primary schools of kolar taluk	Dr. Malathi K.V	Abdul Rahaman Abiya stanly Anie Varghese Ann Rose Nixon Anjali M.	Accepted	
2	A study to assess the effectiveness of deep breathing exercises as play way method on respiratory parameters among children admitted with lower respiratory tract infection in a selected hospital, kolar	Dr. Radha M..S.	Elizabeth joseph Alphonsa George Alphonsa john Archana Bahavana B.	Accepted	
3	A descriptive study to assess Psychosocial stress among geriatrics in a selected old age homes of kolar district with a view to develop an information leaflet.	Mrs. Jairakini Aruna	Rahul Beena Arya Anna Reiji Arathi	Accepted	

4	A study to assess the effectiveness of clinical instructors mentoring on stress and clinical performance of 1st year nursing students at SDUCON, Tamaka, kolar	Mrs. Lavanya Subhashini	Bini Jose Brinda Jenefer suguna Jerin Vijay Lisha Reji Mohammed Nayaz	Accepted	
5	A study to assess maternal satisfaction regarding quality of nursing care during labour and post partum among postnatal mother at selected hospital kolar.	Mrs. Punitha M	Chaitra Deepika Chickareddemma Janifer Riya jose Samuel	Accepted	
6	A study to assess the knowledge regarding benefits of iodized salt and salt preservation practices among Home makers of selected Households at kolar, with a view to conduct planned group teaching programmes	Mrs. Vani R	Priyanka Rachana Rayeena Reshma Rosna	Accepted	
7	A descriptive study on identification of auditory processing disorder (APD) among school going children in selected schools at kolar.	Mr. R. Rajesh	Srikanth P S Sruthi Sneha Prasad Bhavanashree Sree kutty Sherly	Accepted	
8	A study to assess the effectiveness of a competency skill among staff nurses on code blue and CPR in selected hospital kolar with a view to develop information booklet.	Dr.Zeanath C.J	Rajesh Samyuktha Shwetha Sumi Issac Sunitha	Accepted	
9	A study to evaluate the effectiveness of video assisted Teaching on knowledge and practice regarding Sheehans syndrome among staff nurses working at selected hospital kolar.	Mrs. Gayathri	Tessi Mole Supriya Sophiya Trinipaul vinthya	Accepted	
10	A study to assess the effectiveness of curry leaves mix in management of blood glucose level among type-2 diabetic clients in a selected urban area, kolar..	Prof. Mary Minerva	Masiulla Bindushree Aswathy Sona Nathiya	Accepted	

11	A study to assess the prevalence of breast cancer and effectiveness of Planned health education (PHE) on knowledge regarding identification of warning signs of breast cancer and its prevention among women attending different OPDs of selected hospital with a view to develop video programme.	Dr. G. Vijayalakshmi	Chaitra Magrisha Prema Suresh Uma Vidhya Nethravathi Munirathna	Accepted	

Sl. No.	Name	Signature
1	Dr.V.Lakshmaiah	Present
2	Dr.Mohan Kumar	Absent
3	Dr.Bhuvana K.	Present
4	Mr.Sridhar	Absent
5	Mr.Suresh B	Present
6	Swamy Acharyananda Avadutha	Present
7	Mrs.Lakshmi	Absent

Member Secretary
MEMBER SECRETARY
ETHICS COMMITTEE
SRI DEVARAJ URS COLLEGE OF NURSING
TAMAKA KOLAR - 563103.

Chairperson
IEC (Human studies)
CHAIRPERSON
ETHICS COMMITTEE
SRI DEVARAJ URS COLLEGE OF NURSING
TAMAKA KOLAR - 563103.

ANNEXURE: II

PERMSION LETTER

From,

4th year B.sc (N) students,

Sri Devaraj Urs College of nursing,

Tamaka, kolar.

To,

The principal,

Sri Devaraj Urs College of Nursing,

Tamaka, kolar.

Respected Madam,

Subject: Requesting permission for data collection for our research programme.

With reference to the above, we the 4th year B.sc (N) students of Sri Devaraj Urs College of nursing are conducting a research project title;study to assess the Knowledge regarding Benefits of Iodized Salt and Salt Preservation Practices among Home makers of selected Households at Kolar, with a view to conduct planned group teaching programme.

OBJECTIVES:

1) To assess the knowledge regarding Benefits of Iodized Salt among homemakers of selected households

2) To determine the Salt Preservation Practices among homemakers

3) To find the relationship between knowledge level and Salt Preservation Practices among homemakers

4) To find the association between knowledge scores and selected demographic variables

5) To find the association between Salt Preservation Practice scores and selected demographicvariables.

Thank you

PERMISSION LETTER

From,

4th Year BSc (N) students
Sri Devaraj Urs college of Nursing
Tamaka, kolar

To,

The Medical Officer
SNR Hospital
Kolar

Respected Sir / Madam,

Subject: Requesting permission to collect data from home makers of selected households of Kolar.

With reference to the above as a part of our partial fulfilment of requirement we selected below mentioned topic for research project.

"A Study to assess the Knowledge regarding Benefits of Iodized Salt Preservation Practices among Homemakers of selected Households at Kolar, with a view to conduct Planned Group Teaching Programme".

OBJECTIVES OF THE STUDY:

1. **To assess the knowledge regarding benefits of iodized salt among homemakers of selected households.**
2. **To determine the salt preservation practices among homemakers.**
3. **To find the relationship between knowledge level and salt preservation practices among homemakers.**
4. **To find the association between knowledge scores and selected demographic variables.**
5. **To find the association between salt preservation practice scores and selected demographic variables.**

Further I request your good self to permit to visit and gather data from homemakers of selected households at kolar.

Thanking you

Yours faithfully,
Ms. Rachana G M
Ms. Raveena shivadas
Ms. Reshma B
Ms. Rosna Roy

ANNEXURE -III

CERTIFICATE FROM STATISTICIAN

I hereby certify I have provided statistical guidance in analysis to 3 year B.Sc. (N) students, for research study titled as "A study to assess the Knowledge regarding Benefits of Iodized Salt and Salt Preservation Practices among home makers of selected Households at Kolar, with a view to conduct planned group teaching programme" at Sri Devaraj Urs College of Nursing Tamaka, Kolar.

17/12/2022

Place: Tamaka

Date: 17/12/2022

Signature of Expert

Mr. S. Ravishankar
Asst. Professor, Statistics
Dept. of Community Medicine
SDUMC, Kolar-563103

ANNEXURE - IV

LETTER REQUESTING OPENINION AND SUGGESTION FOR EXPERTS FOR ESTABILISHING CONTENT VALIDITY OF RESEARCH TOOL.

From

3 year BSc nursing

Dept. of community health nursing

Sri Devaraj Urs College of Nursing

Tamaka Kolar,

TO

Respected sir/ Madam

Subject: Request for opinion and suggestion of experts for establishing content validity of research tool and information pamphlet.

We the 3 year B.S.C Nursing Student of Sri Devaraj Urs College of Nursing , Tamaka, Kolar have selected below mentioned topic for research project for fulfillment of the requirements of Nursing Research subject for BSC Nursing course.

Tittle:"Knowledge regarding Benefits of Iodized Salt and Salt Preservation Practices among Home makers of selected Household1ds at Kolar, with a view to conduct planned group teaching programme".

With regard to the above matter, we kindly request you to validate the tool for its appropriateness and relevancy we are hereby enclosing the objectives of the study and the knowledge questionnaire for your research. We will be highly obliged and thank full for great help.

Thanking you, yours faithfully

Ms. Rachana GM
Ms. Raveena shivadas
Ms. ReshmaB

Ms. Rosna Roy

ANNEXURE V

CONTENT VALIDITY CERTIFICATE

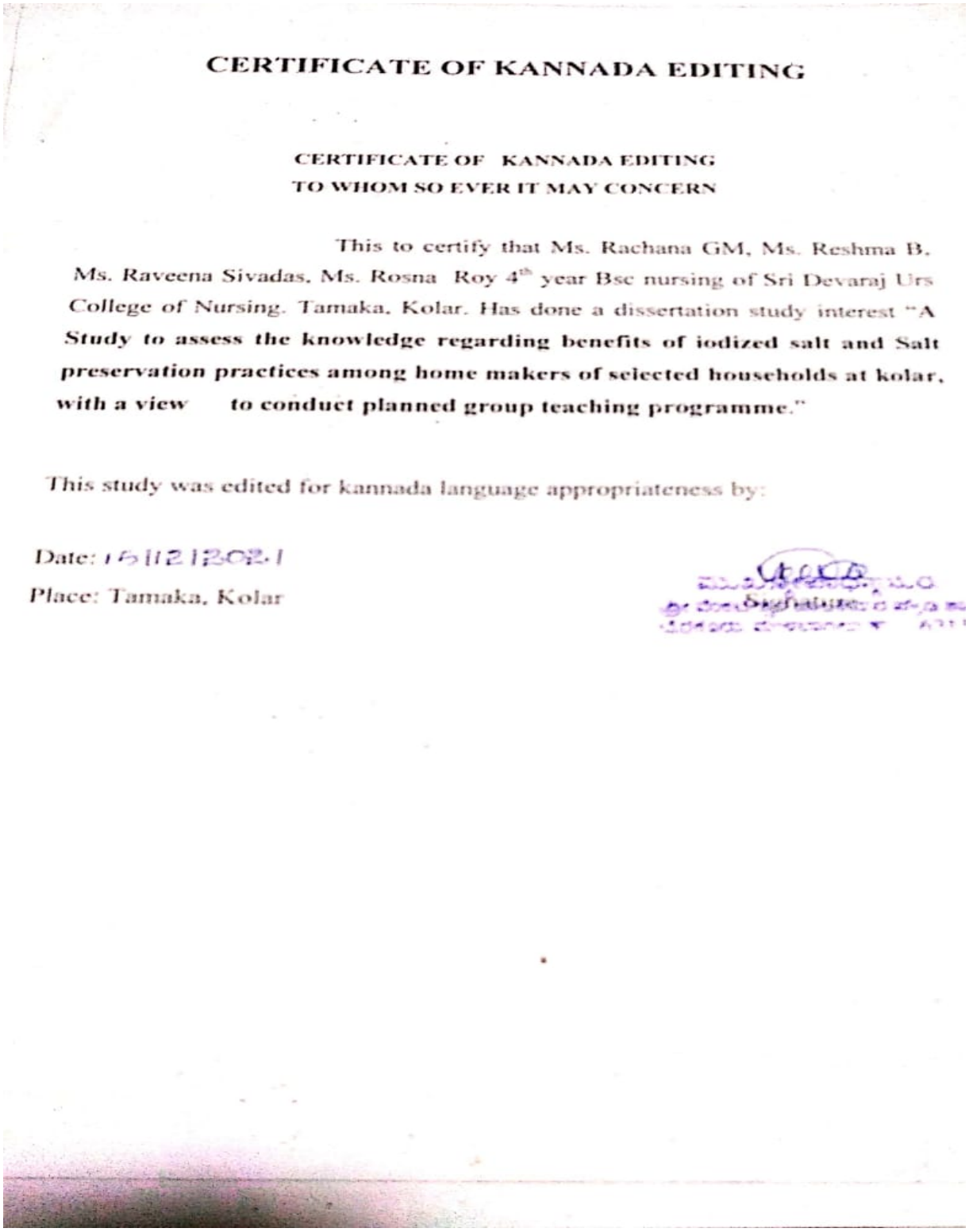
I hereby certify that I have validated the tool and information pamphlet of 9th batch of 3 yr. BSC (N), students of Sri Devaraj Urs College of Nursing Tamaka Kolar , who are undertaking a research project as a partialfulfillmentof Bachelor of science in nursing degree

" Knowledge regarding Benefits of Iodized Salt and Salt Preservation Practices among Home makers of selected Households at Kolar, with a view to conduct planned group teaching programme "

DATE **Signature of the Validator**

PLACE: Tamaka, Kolar

ANNEXURE-VI



CERTIFICATE OF KANNADA EDITING

CERTIFICATE OF KANNADA EDITING
TO WHOM SO EVER IT MAY CONCERN

This to certify that Ms. Rachana GM, Ms. Reshma B, Ms. Raveena Sivadas, Ms. Rosna Roy 4th year Bsc nursing of Sri Devaraj Urs College of Nursing, Tamaka, Kolar. Has done a dissertation study interest "A **Study to assess the knowledge regarding benefits of iodized salt and Salt preservation practices among home makers of selected households at kolar, with a view to conduct planned group teaching programme.**"

This study was edited for kannada language appropriateness by:

Date: 15/12/2021

Place: Tamaka, Kolar

Signature

ANNEXURE-VII

ಒಪ್ಪಿಗೆ ಪತ್ರ

ಅನುಕ್ರಮ ಸಂಖ್ಯೆ: –

ಅಧ್ಯಯನದ ಶೀರ್ಷಿಕೆ: – ಕೋಲಾರದ ಕೆಲವು ಆಯ್ದ ಕುಟುಂಬಗಳ ಗೃಹಿಣಿಯರಿಗೆ ಗುಂಪು ಶಿಕ್ಷಣ ಕಾರ್ಯಕ್ರಮ ಆಯೋಜಿಸುವುದರ ಮೂಲಕ ಆಯೋಡಿನ್ ಉಪ್ಪಿನ ಉಪಯೋಗಗಳ ಬಗ್ಗೆ ಹಾಗೂ ಉಪ್ಪನ್ನು ಉಪಯೋಗಿಸುವ ವಿಧಾನಗಳ ಬಗ್ಗೆ ಅಧ್ಯಯನ ಮಾಡುವುದು.

ಮುಖ್ಯ ಸಂಶೋಧಕರ ಹೆಸರು: – **ಶ್ರೀಮತಿ ವಾಣಿ. ಆರ್**

ಸಂಶೋಧಕರ ಹೆಸರು : – **ಪ್ರಿಯಾಂಕ.ಎನ್, ರವೀಣಾ ಶಿವದಾಸ್,**

ರಚನಾ.ಜಿ.ಎಮ್, ರೇಷ್ಮಾ.ಬಿ, ರೋಸ್ನ .ರ್ಯಾ

ಭಾಗವಹಿಸುವವರ ಹೆಸರು: –

ಈ ಅಧ್ಯಯನದ ಪ್ರತಿ ವಿವರಗಳನ್ನು ಹಾಗೂ ಅದರ ಉದ್ದೇಶವನ್ನು ನನಗೆ ಅರ್ಥವಾಗುವಂತೆ ತಿಳಿಸಿಕೊಟ್ಟಿರುತ್ತಾರೆ. ಈ ಅಧ್ಯಯನದ ಬಗ್ಗೆ ಹಲವಾರು ಪ್ರಶ್ನೆ ಕೇಳಲು ಅವಕಾಶ ದೊರೆತಿದೆ ಹಾಗೂ ನನ್ನ ಪ್ರಶ್ನೆಗಳಿಗೆ ತೃಪ್ತಿಕರವಾದ ಉತ್ತರಗಳು ದೊರೆತಿದೆ.

ನನ್ನಿಂದ ಓದಲ್ಪಟ್ಟ ಅಥವಾ ನನಗೆ ಓದಿ ತಿಳಿಸಿದ ಅಧ್ಯಯನದ ಉದ್ದೇಶ ನನಗೆ ಅರ್ಥವಾಗಿದ್ದು, ನನ್ನಿಂದ ಸಂಗ್ರಹಿಸಲ್ಪಟ್ಟ ಮಾಹಿತಿಯನ್ನು ಕೇವಲ ಅಧ್ಯಯನಕ್ಕಾಗಿ ಬಳಸಲಾಗುವುದು ಹಾಗೂ ಈ ಮಾಹಿತಿಯನ್ನು ಗೌಪ್ಯವಾಗಿಡಲಾಗುವುದು. ನನ್ನ ಗುರುತನ್ನು ಬಹಿರಂಗ ಪಡಿಸುವುದಿಲ್ಲ ಎಂದು ತಿಳಿಸಲಾಗಿದೆ. ಈ ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸಲು ಅಧಿಕೃತವಾಗಿ ಮಾಹಿತಿ ಸಂಗ್ರಹಿಸಲು ಪರೀಕ್ಷಿಸಲು ಮತ್ತು ವೈಯುಕ್ತಿಕ ಮಾಹಿತಿಯನ್ನು ಗೌಪ್ಯವಾಗಿರಿಸಲು ನನ್ನ ಸ್ವಇಚ್ಛೆಯಿಂದ ಒಪ್ಪಿ ಸಹಿ ಹಾಕಿರುತ್ತೇನೆ.

ಭಾಗವಹಿಸುವವರ ಸಹಿ ಮುಖ್ಯ ಸಂಶೋಧಕರ ಸಹಿ

ದಿನಾಂಕ

ANNEXURE VIII

SECTION A:SOCIO- DEMOGRAPHIC PROFILE

INSTRUCTION: Please answer the question carefully and put a tick mark ( ) in the appropriate place provided. The data collected will be kept confidential and used for research purpose only.

1. Age in year's _____

a) 18-34 years ( )

b) 35- 44years ( )

2. Types of family.

a) Nuclear ( )

b) Joint ( )

3. Place of residence.

a) Rural ( )

b) Urban ( )

4. Family income (in rupees /month)

a) 10,000-20,000 ( )

b) 20,000 – 30,000 ( )

5.Current occupation

a) Employed ( )

b) Unemployed ( )

6.Form of salt used.

a) Crystalized salt ( )

b) Powdered salt ( )

7. Type of salt used.

a) Iodized salt ( )

b) Non Iodized salt ( )

8. Source of information regarding salt preservation methods.

a) Mass media ( )

b) Family members ( )

SECTION B

STRUCTURED KNOWLEDGE QUESTIONNARE IN BENEFITS OF IODIZED SALT

INSTRUCTION: Read the following items carefully. The most appropriate response from the given option and place a tick ( ) mark in the space provided .each questions carries (1) mark.

1. What is iodized salt?

a) Salt that has iodine added to it. ( )

b) Salt that has been iodized into sodium and chloride. ( )

c) Salt that use iodine instead of sodium. ( )

d) A brand of salt. ( )

2. Iodine is more commonly seen in _____.

a) Earth ( )

b) Soil. ( )

c) Ocean water ( )

d) Any other ( )

3. Iodine essential for maintaining _____.

a) Good human health . ( )

b) Brain development ( )

c) Prevent dental carries ( )

d) Regulation ( )

4. Iodine helps to regulate _____.

a) Muscles function ( )

b) Body metabolism ( )

c) Carbohydrates ( )

d) Cholesterol level ( )

5. One spoon of salt is equal to how much micronutrients ?

a) 70 mg ( )

b) 72 mg ( )

c) 74 mg ( )

d) 76 mg ( )

6. What is the chemical name of salt ?

a) NC ( )

b) NACL ( )

c) NaCl ( )

d) NI ( )

7. Which is the best source of iodine?

a) Sea food (fish, shrimp) ( )

b) Dairy product (milk, yogurt) ( )

c) Pasta and rice ( )

d) Meat and animal products ( )

8. Which of the body part uses iodine to excrete essential hormone?

a) Heart ( )

b) Kidney ( )

c) Thyroid ( )

d) Liver ( )

9. Which of the following groups of people need a higher intake of iodine?

a) Elderly people ( )

b) Pregnant and lactating mother ( )

c) Babies ( )

d) Peoples who are having sweating lot. ( )

10. Why intake of iodine is important?

a) To grow well ( )

b) To prevent iodine deficiency ( )

c) To prevent muscle cramps ( )

d) To prevent heart attack ( )

11. What is the recommended intake of iodine in pregnant mother?

a) 120mcg per day ( )

b) 150 mcg per day ( )

c) 220 mcg per day ( )

d) 250 mcg per day. ( )

12. How much salt is required for daily diet?

a)700 mg / day ( )

b)1000mg / day ( )

c)2300mg /day ( )

d) 1500 mg /day ( )

13.Why iodine added to table salt?

a) To prevent oxidation ( )

b) To reduce the dryness ( )

c) To preventcaking lumps. ( )

d) To prevent iodine deficiency. ( )

14. Symptoms of iodine deficiency_____.

a) Swelling neck ( )

b) Weakness ( )

c) Lethargy ( )

d) Hyperthyroidism ( )

15. Which investigation to rule out for iodine deficiency?

a) 24 hrs.urine examination ( )

b) Multiple spot urine requirement ( )

c)Complete blood count ( )

d)Renal function test ( )

16. Which type of Food should be avoided to prevent low iodine?

a) Chocolate ( )

b) Dairy ( )

c) Egg S ( )

d) Fish and sea food ( )

17. Common food items advised to prevent iodine deficiency _____.

a) Meat, chicken, sea food ( )

b) Whole grain cereals ( )

c) Coffee, cold drinks ( )

d) Cucumber, cauliflower ( )

18. _____Food items to be avoided to prevent goitre.

a) Cabbage, cauliflower ( )

b) Spinach, curry leaves ( )

c) Ginger, garlic ( )

d) Pasta and rice ( )

19. Goitre occurs due to _____.

a) Inadequate intake of water ( )

b) Inadequate intake of calcium ( )

c) Inadequate intake of iodine ( )

d) Inadequate intake of iron ( )

20. Which of the following body part is strongly depended trace mineral iodine?

a) Liver ( )

b) Thyroid gland ( )

c) Adrenal gland ( )

d) Thymus ( )

21. Which disease is prevented by iodized salt?

a) Thyroid disease ( )

b) Diabetic Mellitus ( )

c) Iodine deficiency ( )

d) High blood pressure ( )

22. Thyroid gland uses iodine to make Thyroid hormones like _____.

a) Thyroxin (T4) and Triiodothyronine (T3) ( )

b) Prolactin ( )

c) Prothrombin ( )

d) Oxytocin ( )

23. Whatis commonly a result if the body does not get enough iodine?

a) Dry skin, Thin Hair ( )

b) Vomiting ( )

c) Body pain ( )

d) Fever ( )

24. What is the other source of getting iodine for infants?

a) Cow milk ( )

b) Breast Milk ( )

c) Buffalo Milk ( )

d)Skimmed milk ( )

25. **What are the methods used to prevent iodine deficiency?**

a) Iodized oil supplements ( )

b) Supply of iodized food ( )

c) Using of calcified foods ( )

d) Using of iron supplements ( )

26.Which country people are more prone to get iodine deficiency?

a) Africa ( )

b) Kashmir ( )

c) South Asia ( )

d)Kerala ( )

27. How can too much salt impact your body's health?

a)Too much salt can cause high blood pressure **( )**

b) Too much salt can cause you to catch a cold ( )

c) Too much salt can cause you to run very fast ( )

d) Too much salt can cause your fingernails to chip ( )

28. What are the two main places where people get salt from?

a) Ocean water and salt mines ( )

b) Ocean water and atmosphere ( )

c) Salt mines and laboratory experiments ( )

d) Kosher iodine and unrefined chorine ( )

¨sÁUÀ 1: - <u>d£À¸ÀASÁå C¹ÜgÀUÀ¼ÀÄ</u>

¸ÀÆZÀ£É: - zÀAiÀÄ«lÄÖ ¥Àæ±ÉßUÉJZÀÑjPÉ¬ÄAzÀ GvÀÛj¹ ªÀÄvÀÄÛ ¸ÀAUÀæ»¹zÀ ªÀiÁ»wAiÀÄ£ÀÄß

UË¥ÀåªÁVEqÀ¯ÁUÀÄªÀÅzÀÄ ªÀÄvÀÄÛEzÀ£ÀÄß ¸ÀA±ÉÆÃzÀ£ÉUÁV ªÀiÁvÀæ §¼À¸À¯ÁUÀÄªÀÅzÀÄ.

1) ªÀAiÀÄ¸ÀÄì

J) 18-34 ªÀµÀð ( )

©) 35-44 ªÀµÀð ( )

2) PÀÄlÄA§zÀ «zsÀ

J) «¨sÀPÀÛPÀÄlÄA§ ( )

©) C«¨sÀPÀÛPÀÄlÄA§ ( )

3) ªÁ¸À¸ÁÛ£À

J) £ÀUÀgÀ ( )

©) UÁæ«ÄÃt ( )

4) PÀÄlÄA§zÀDzÁAiÀÄ (wAUÀ½UÉ gÀÆ¥Á¬ÄUÀ¼ÀÄ)

¹) 10,000 jAzÀ20,000 ( )

r) 21,000 jAzÀ 30,000 ( )

5) FV£À GzÉÆåÃUÀ

J) GzÉÆåÃV ( )

©) ¤gÀÄzÉÆåÃV ( )

6) G¦à£ÀgÀÆ¥À

J) PÀ®Äè¥ÀÄà ( )

©) ¥ÀÄrG¥ÀÄà ( )

7) G¦à£À «zsÀ

J) CAiÉÆÃr£ï ¸À»vÀG¥ÀÄà

©) CAiÉÆÃr£ïgÀ»vÀG¥ÀÄà

8) G¦à£À ¸ÀAgÀPÀëuÁ «zsÁ£ÀUÀ¼À §UÉÎ ªÀiÁ»wzÉÆgÀPÀÄªÀ ªÀÄÆ®

J) ¸ÀªÀiÁºÀ ªÀiÁzÀåªÀÄUÀ¼ÀÄ ( )

©) PÀÄlÄA§¸ÀÜjAzÀ ( )

¨sÁUÀ 2: - CAiÉÆÃr£ïG¦à£À ¥ÀæAiÉÆÃd£ÀUÀ¼À §UÉÎ eÁÕ£À

¸ÀÆd¤: - F PÉ¼ÀV£À LlAUÀ¼À£ÀÄß JZÀÑjPÉ¬ÄAzÀ N¢ ªÀÄvÀÄÛPÉÆnÖgÀÄªÀDAiÉÄÌ¬ÄAzÀ

CvÀåAvÀ ¸ÀÆPÀÛªÁzÀ ¥ÀæwQæAiÉÄAiÀÄ£ÀÄß ¤Ãr ªÀÄvÀÄÛeÁUÀzÀ°ènPï ªÀiÁPÀð£ÀÄß

ªÀiÁr (¥Àæw ¥Àæ±ÉßAiÀÄÄMAzÀÄCAPÀªÀ£ÀÄß ºÉÆA¢gÀÄvÀÛzÉ)

1. CAiÉÆÃr£ïAiÀÄÄPÀÛG¥ÀÄàJAzÀgÉÃ£ÀÄ?

J) CAiÉÆÃr£ïC£ÀÄß ¸ÉÃj¹zÀ G¥ÀÄà ( )

©) G¥Àà£ÀÄß ¸ÉÆÃrAiÀÄA ªÀÄvÀÄÛPÉÆèÃgÉÊqï DV CAiÀiÁ¤ÃPÀj¸ÀÄªÀÅzÀÄ ( )

¹) ¸ÉÆÃrAiÀÄAC£ÀÄß ©lÄÖCAiÉÆÃr£ïG¥Àà£ÀÄßG¥ÀAiÉÆÃV¸ÀÄªÀÅzÀÄ ( )

r) MAzÀÄG¥ÀÄà ¨ÁæAqï ( )

2. CAiÉÆÃr£ï ºÉZÁÑV J°èPÀAqÀÄ§gÀÄvÀÛzÉ?

J) ¨sÀÆ«ÄAiÀÄ ªÉÄÃ¯É ( )

©) ªÀÄtÂÚ£À°è ( )

¹) ¸ÀªÀÄÄzÀæzÀ ¤Ãj£À°è ( )

r) EvÀgÉ ( )

3. CAiÉÆÃr£ï F ¤ªÀðºÀuÉUÉCUÀvÀå_____

J) ªÀiÁ£ÀªÀ£ÀGvÀÛªÀÄDgÉÆÃUÀåPÁÌV ( )

©) ªÉÄzÀÄ½£À ¨É¼ÀªÀtÂUÉUÉ ( )

¹) ºÀ°è£ÀPÀëAiÀÄªÀ£ÀÄßvÀqÉUÀlÖ®Ä ( )

r) ¸ÉÆAPÀ£ÀÄßvÀqÉAiÀÄ®Ä ( )

4. CAiÉÆÃr£ï _____ C£ÀÄß ¤AiÀÄAwæ¸À®Ä ¸ÀºÁAiÀÄ ªÀiÁqÀÄvÀÛzÉ?

J) ¸ÁßAiÀÄÄUÀ¼ÀÄ PÁAiÀÄð¤ªÀð»¸À®Ä ( )

©) zÉÃºÀzÀZÀAiÀiÁ¥ÀZÀAiÀÄQæAiÉÄAiÀÄ£ÀÄß ¤AiÀÄAwæ¸À®Ä ( )

¹) zÉÃºÀzÀPÉÆ¯Áìlæ¯ïCA±ÀªÀ£ÀÄß ¤AiÀÄAwæ¸À®Ä ( )

R gÉÆÃUÀ ¤gÉÆÃzsÀPÀ ±ÀQÛAiÀÄ£ÀÄß ¤AiÀÄAwæ¸À®Ä ( )

5. MAzÀÄZÀªÀÄZÀzÀG¦à£À°è JµÀÄÖ ¥ÀæªÀiÁt ¸ÀÆPÀëä¥ÉÆÃµÀPÁA±ÀUÀÀ¼ÀÄ M¼ÀUÉÆAnzÉ?

J) 70 JA.f ( )

©) 72 JA.f ( )

¹) 74 JA.f ( )

r) 76 JA.f ( )

6. G¦à£ÀgÁ¸ÁAiÀÄ¤PÀ ºÉ¸ÀjÃ£ÀÄ?

J) NC

©) NaCl

¹) NACL

r) NI

7. F PÉ¼ÀV£À AiÀiÁªÀÅzÀgÀ°è ºÉZÀÄÑ CAiÉÆÃr£ï CA±ÀªÀÅ EgÀÄvÀÛzÉ?

J) ¸ÀªÀÄÄzÀæzÀDºÁgÀ («ÄÃ£ÀÄ) ( )

©) ºÁ°£À GvÀà£ÀßUÀ¼ÀÄ (ºÁ®Ä) ( )

¹) ¥Á¸ÀÜ ªÀÄvÀÄÛC£ÀÄß ( )

r) ªÀiÁA¸À ªÀÄvÀÄÛ ¥ÁætÂUÀ¼À GvÀà£ÀßUÀ¼ÀÄ ( )

8. zÉÃºÀzÀAiÀiÁªÀ ¨sÁUÀªÀÅCUÀvÀåªÁzÀ ºÁªÉÆÃð£ïC£ÀÄß ºÉÆgÀºÁPÀ®ÄCAiÉÆÃr£ïC£ÀÄßG¥ÀAiÉÆÃV¸ÀÄvÀÛzÉ?

J) ºÀÈzÀAiÀÄ ( )

©) ªÀÄÆvÀæ ¦AqÀUÀ¼ÀÄ ( )

¹) xÀAiÀiÁgÁ¬ÄØ ( )

r) AiÀÄPÀÈvÀÄÛ (°ªÀgï) ( )

9. F PÉ¼ÀV£À AiÀiÁªÀ UÀÄA¦£À d£ÀjUÉCAiÉÆÃr£ïCªÀ±ÀåPÀvÉAiÀÄÄ ºÉZÁÑVgÀÄvÀÛzÉ?

J) ªÀÈzÀÝgÀÄ ( )

©) UÀ©ðtÂAiÀÄgÀÄ ªÀÄvÀÄÛ ¨ÁtAwAiÀÄgÀÄ ( )

¹) ªÀÄPÀÌ½UÉ ( )

r) ºÉZÀÄÑ ¨ÉªÀgÀÄªÀd£ÀjUÉ ( )

10 CAiÉÆÃr£ï vÉUÉzÀÄPÉÆ¼ÀÄîªÀÅzÀÄ KPÉ ªÀÄÄRåªÁVzÉ?

J) ZÉ£ÁßV ¨É¼ÀªÀtÂUÉAiÀiÁUÀ®Ä ( )

©) CAiÉÆÃr£ïPÉÆgÀvÉAiÀÄ£ÀÄß ¤ÃV¸À®Ä ( )

¹) ¸ÁßAiÀÄÄ ¸É¼ÀvÀªÀ£ÀÄß vÀqÉUÀlÖ®Ä ( )

r) ºÀÈzÀAiÀiÁWÁvÀªÀ£ÀÄßvÀqÉUÀlÖ®Ä ( )

11. ¢£À¤vÀåzÀDºÁgÀzÀ°è JµÀÄÖ G¦à£ÁA±À ¨ÉÃPÁUÀÄvÀÛzÉÃ?

J) 120 MCG /¢£À ( )

©) 150 MCG /¢£À ( )

¹) 220 MCG /¢£À ( )

r) 250 MCG /¢£À ( )

12. ¢£À¤vÀåzÀDºÁgÀzÀ §¼ÀPÉUÉ G¥ÀAiÉÆÃV¸ÀÄªÀG¦à£À ¥ÀæªÀiÁt JµÀÄ?Ö

J) 100 «Ä.UÁæA/¢£À.

©) 100«Ä.UÁæA/¢£À.

¹) 2300 «Ä.UÁæA/¢£À.

r) 1500 «Ä.UÁæA/¢£À.

13. CAiÉÆÃr£ïC£ÀÄß KPÉ ¥ÀÄrG¦à£ÉÆA¢UÉ ¸ÉÃj¹gÀÄªÀÅzÀÄ?

J) DQìrÃPÀgÀtªÀ£ÀÄßvÀqÉUÀlÖ®Ä ( )

©) ±ÀÄµÀÌvÉAiÀÄ£ÀÄßPÀrªÀÄ ªÀiÁqÀ®Ä ( )

¹) UÀAlÄPÀlÄÖªÀÅzÀ£ÀÄßvÀqÉUÀlÖ®Ä ( )

r) ¥Ë¶×PÁA±ÀzÀPÉÆgÀvÉAiÀÄ£ÀÄßvÀqÉUÀlÖ®Ä ( )

14.zÉÃºÀzÀ°è PÀrªÉÄCAiÉÆÃr£ï CA±ÀªÀÅ EgÀÄªÀÅzÀjAzÀPÁtÄªÀ ®PÀëtªÉÃ£ÀÄ?

J) Mt ZÀªÀÄð ( )

©) vÀÄPÀ ºÉZÀÑ¼À ( )

¹) gÀPÀÛzÀPÉÆ¯Áìlæ¯ï CA±À ºÉZÁÑUÀÄªÀÅzÀÄ ( )

r) ªÀÄÄR HvÀ ( )

15. zÉÃºÀzÀ°èCAiÉÆÃr£ïPÉÆgÀvÉAiÀÄ£ÀÄß w½AiÀÄ®Ä AiÀiÁªÀ ¥ÀjÃPÉëAiÀÄ£ÀÄß ªÀiÁqÀÄvÁÛgÉ?

J) 24 UÀAmÉUÀ¼À ªÀÄÆvÀæ ¥ÀjÃPÉë ( )

©) ªÀÄÆvÀæ ¦AqÀzÀPÁAiÀÄð ¥ÀjÃPÉë ( )

¹) §ºÀÄ¸ÁÜ£À ªÀÄÆvÀæCªÀ±ÀåPÀvÉ ( )

r) gÀPÀÛzÀ ¸ÀA¥ÀÆtðJtÂPÉ ( )

16. PÀrªÉÄCAiÉÆÃr£ïC£ÀÄßvÀqÉUÀlÖ®Ä _____ DºÁgÀG¥ÀAiÉÆÃV¸ÀÄªÀÅ¢®è.

J) ZÁPÉÆÃ¯ÉÃlÄ ( )

©) qÉÀÈjGvÀà£Àß ( )

¹) ªÉÆmÉÖ ( )

r) «ÄÃ£ÀÄ ªÀÄvÀÄÛ ¸ÀªÀÄÄzÀæzÀGvÀà£Àß ( )

17. AiÀiÁªÀjÃwAiÀÄ ¸ÁªÀiÁ£ÀåDºÁgÀ ¥ÀzÁxÀðUÀ¼À£ÀÄß CAiÉÆÃr£ïPÉÆgÀvÉ¬ÄAzÀvÀqÉUÀlÖ®Ä ¸ÀÆa¸ÀÄvÁÛgÉ?

J) ªÀiÁA¸À, aPÀ£ï ( )

©) PÁ¼ÀÄUÀ¼ÀÄ, zÁ£ÀåUÀ¼ÀÄ ( )

¹) PÁ¦ü, vÀA¥ÀÄ ¥Á¤AiÀÄUÀ¼ÀÄ ( )

r) ¸ËvÉPÁ¬Ä, ºÀÆPÉÆÃ¸ÀÄ ( )

18. _____DºÁgÀ ¥ÀzÁxÀÀðUÀ¼À£ÀÄß CAiÉÆÃr£ïPÉÆgÀvÉ¬ÄAzÀvÀqÉUÀlÖ®Ä

G¥ÀAiÉÆÃV¸ÀÄªÀÅ¢®è.

J) J¯ÉPÉÆÃ¸ÀÄ, ºÀÆPÉÆÃ¸ÀÄ ( )

©) ¥Á®Pï¸ÉÆ¥ÀÄà, PÀj¨ÉÃªÀÅ ( )

¹) ±ÀÄAp, ¨É¼ÀÄî½î ( )

r) ¥Á¸ÀÜ ªÀÄvÀÄÛC£Àß ( )

19. UÀ¼ÀUÀAqÀ gÉÆÃUÀ _____ PÁgÀt¢AzÀ ¸ÀA¨sÀ«¸ÀÄvÀÛzÉ.

J) ¤Ãj£ÀC¸ÀªÀÄ¥ÀðPÀ ¸ÉÃªÀ£É ( )

©) CAiÉÆÃr£ïC¸ÀªÀÄ¥ÀðPÀ ¸ÉÃªÀ£É ( )

¹) PÁå°ìAiÀÄAC¸ÀªÀÄ¥ÀðPÀ ¸ÉÃªÀ£É ( )

r) PÀ©âuÁA±ÀzÀC¸ÀªÀÄ¥ÀðPÀ ¸ÉÃªÀ£É ( )

20. F PÀ¼ÀV£À AiÀiÁªÀ CAUÁA±ÀªÀÅ CAiÉÆÃr£ï ®ªÀtzÀ ªÉÄÃ¯É ºÀZÀÄÑ CªÀ®A©vÀªÁVzÉ?

J) AiÀÄPÀÈvÀÄÛ (°ªÀgï) ( )

©) xAiÀiÁgÁ¬ÄØUÀæAyü ( )

¹) Cræ£À¯ïUÀæAy ( )

qÀ) xÉÈªÀÄ¸ï ( )

21. CAiÉÆÃr£ïAiÀÄÄPÀÛG¥Àà£ÀÄß vÉUÉÉzÀÄPÉÆ¼ÀÄîªÀÅzÀjAzÀ AiÀiÁªÀjÃwAiÀÄ

PÁ¬Ä¯ÉAiÀÄ£ÀÄßvÀqÉUÀlÖ§ºÀÄzÀÄ?

J) xÀsÀAiÀiÁgÉÊ Ø PÁ¬Ä¯É ( )

©) ªÀÄÆZÉðgÉÆÃUÀ ( )

¹) ºÉaÑ£ÀgÀPÀÛzÉÆvÀÛqÀ ( )

r) CAiÉÆÃr£ïPÉÆgÀvÉ ( )

22. CAiÉÆÃr£ï §¼À¹ xÉÊAiÀÄåðqïÀUÀæAyAiÀÄÆAiÀiÁªÀxÉÊAiÀÄåðqïDªÉÆÃð£ï£ÀÄßGvÀàwÛ¸ÀÄ vÀÛzÉ.

J) xÉÊgÁQì£ïmÉæöÊCAiÉÆqïxÉÊgÉÆ¸ÉÊ£ï.

©) ¥ÉÆæÃ¯ÁQÖ£ï.

¹) ¥ÉÆæÃvÁæA©£ï.

r) CQìmÉÆÃ¹£ï.

23. zÉÃºÀzÀ°è ¸ÀjAiÀiÁzÀDAiÉÆÃr£ï ¥ÀæªÀiÁtE°èzÉÃ ºÉÆÃzÀgÉ DUÀÄªÀ ¥ÀjuÁªÀÄªÉÃ£ÀÄ?

J) Mt ZÀªÀÄð, vÉ¼ÀÄªÁzÀ PÀÆzÀ®Ä

©) ªÁAw.

¹) ªÉÄÊPÉÊ£ÉÆÃªÀÅ.

r) dégÀ.

24. AiÀiÁªÀ ªÀÄÆ®¢AzÀCAiÉÆÃr£ï CA±ÀªÀÅ ²±ÀÄ«UÉ zÉÆgÉÉAiÀÄÄvÀÛzÉ?

J) ºÀ¸ÀÄ«£À ºÁ®Ä

©) JzÉ ºÁ®Ä

¹) JªÉÄäAiÀÄ ºÁ®Ä

r) PÉ£ÉgÀÀ»vÀ ºÁ®Ä

25. CAiÉÆÃr£ïPÉÆgÀvÉAiÀÄ£ÀÄß ¤ÃV¸ÀÄªÀ PÀæªÀÄUÀ¼ÉÃ£ÀÄ?

J) CAiÉÆÃr£ï ¨sÀjvÀJuÉÚAiÀÄ ¥ÀÆgÀPÀ

©) CAiÉÆÃr£ï ¨sÀjvÀDºÁgÀ

¹) PÁå°ì¥sÉÊqïDºÁgÀzÀ §¼ÀPÉ

r) PÀ©âuÁA±À ¥ÀÆgÀPÀzÀ §¼ÀPÉ

26. AiÀiÁªÀzÉÃ±ÀzÀdªÀgÀÄCAiÉÆÃr£ïPÉÆÃgÀvÉ¬ÄAzÀ §¼À®ÄªÀ ¸ÁzsÀåvÉ¬ÄzÉ?

J) D¦üæPÁ

©) PÁ²äÃgï

¹) zÀQëtKµÁå

r) PÉÃgÀ¼À

27. ºÉÃUÉ ºÉaÑ£ÀG¦à£À ©¼ÀPÉAiÀÄÆ zÉÃºÀzÀ ªÉÄÃ¯É ¥ÀjuÁªÀÄ ©ÃgÀÄvÀÛzÉ?

J) gÀPÀÛzÀMvÀæqÀ ºÉZÀÄÑªÀÅzÀÄ.

©) ²ÃvÀ ºÉZÁÑUÀÄªÀÅzÀÄ.

¹) ªÉÃUÀªÁV NqÀ®ÄG¥ÀAiÉÆÃUÀªÁUÀÄªÀÅzÀÄ.

28. AiÀiÁªÀ 2 ¥ÀæzÉÃ±ÀUÀ½AzÀ d£ÀG¥Àà£ÀÄß ¥ÀqÉAiÀÄÄvÁÛgÉ?

J) ¸ÀªÀÄÄzÀæzÀ ¤ÃgÀÄ ªÀÄvÀÄÛG¦à£ÀUÀtÂÉ.

©) ¸ÀªÀÄÄzÀæzÀ ¤ÃgÀÄ ªÀÄvÀÄÛ ªÁAiÀÄÄªÀÄÄAqÀÀ®.

¹) G¦à£ÀUÀtÂUÀ¼ÀÄ ªÀÄvÀÄÛ ¥ÀæAiÉÆ®UÁ®AiÀÄzÀ ¥ÀæAiÉÆÃUÀUÀ¼ÀÄ.

r) PÉÆ¶AiÀÄgïCAiÉÆÃr£ï ªÀÄvÀÄÛ ¸ÀA¸Àìj¹zÀ PÉÆèÃj£ï.

PART –B

SALT PRESERVATION PRACTICES

SI.NO.	ITEMS	YES	NO
1.	**Keeping the lid of storage container**		
	❖ Open		
	❖ Tightly closed		
	❖ Loosely closed		
2.	**Amount of salt packets stored**		
	❖ One or less than one		
	❖ Two or more		
3.	**Colour of the stored salt**		
	❖ White		
	❖ Brown		
4.	**Placement of the spoon**		
	❖ Inside the container		
	❖ Outside the container		

5.	**Quality of salt in the container**		
	❖ Dry and clear white		
	❖ Moist and with impurities		
6.	**Conditions of salt container**		
	❖ Without breakages and cuts		
	❖ With breakages and cuts		
7.	**Storing the salt container**		
	❖ In a dry place		
	❖ In a wet place		
	❖ Near to stove		
8.	**Storing salt in a container**		
	❖ Glass		
	❖ Plastic		
	❖ Metals		
	❖ Salt packet itself		
9.	**Type of spoon used to pour salt**		
	❖ Steel		
	❖ Plastic		
	❖ By hand		
10.	**Duration of salt storage at household level**		
	❖ 1\2 to1 month		
	❖ 1 to 1 1\2 month		
	❖ 1 1\2 to 2 months		
	❖ More than or equal to 2 month		
	❖ No response		
11.	**Usually salt brought from**		
	❖ Local shop in the same village\town		
	❖ Shop in the nearby town or village		
	❖ From the wholesale shop		
	❖ From weekly market		
12	**Where to store the iodized salt packet?**		
	❖ Open area		
	❖ Air tight container		
	❖ Sunlight exposure		
	❖ Dry area		

13	**How many number of salt packet consumed in home per month?**		
	❖ Half packet		
	❖ Half to one packet		
	❖ One to two packet		
	❖ More than three packet		
14	**When we will add salt to food?**		
	❖ At the end of cooking		
	❖ Beginning		
	❖ Middle		
	❖ Early and middle		
15.	**Type of container used to store salt at home**		
	❖ Container with lid		
	❖ Container without lip		
	❖ Polythene Bag		
	❖ Plastic Bag		

¨sÁUÀ: - 3

PÀæªÀÄ. ¸ÀASÉå	**ªÀ¸ÀÄÛUÀ¼ÀÄ**	**ºËzÀÄ**	**E®è**
1	**±ÉÃRgÀuÁqÀ©âAiÀÄ ªÀÄÄZÀÑ¼ÀªÀ£ÀÄß ElÄÖ PÉÆ¼ÀîÄªÀÅzÀÄ** ❖ **vÉgÉzÀqÀ©â** ❖ **UÀnÖAiÀiÁV ªÀÄÄZÀÄÑªÀÅzÀÄ** ❖ **¸Àr®ªÁV ªÀÄÄZÀÄÑªÀÅzÀÄ**		
2	**¸ÀAUÀæ»¹zÀ G¥ÀÄà ¥ÁåPÉmïUÀ¼À ¥ÀæªÀiÁt** ❖ **MAzÀÄCxÀªÁMAzÀQÌAvÀPÀrªÉÄ** ❖ **JgÀqÀÄCxÀªÁCzÀQÌAvÀ »ZÀÄÑ**		
3	**¸ÀAUÀæ»¹zÀ G¦à£À §Tú** ❖ **©½**		

	❖ ¤Ã°		
4	ZÀªÀÄZÀªÀ£ÀÄßEqÀÄªÀeÁUÀ ❖ qÀ©âAiÀÄ M¼ÀUÀ ❖ qÀ©âAiÀÄ ºÉÆgÀUÉ		
5	qÀ§âzÀ°èG¦à£ÀUÀÄtªÀÄlÖ ❖ §t ªÀÄvÀÄÛ ±ÀÄzÀÞ ©¼ÀÄ¥ÀÄ ❖ vÉÃªÀ ªÀÄvÀÄÛ PÀ®ä±ÀUÀ¼ÉÆA¢UÉ		
6	G¥ÀÄàqÀ§âzÀ ¥Àj¹ÜwUÀ¼ÀÄ ❖ ¹Ã¼ÀÄ«PÉ ªÀÄvÀÄÛ PÀrvÀUÀÀ¼ÀÄ E®è¢gÀÄªÀÅzÀÄ ❖ ¹Ã¼ÀÄ«PÉ ªÀÄvÀÄÛ PÀrvÀUÀ¼À£ÀÄß M¼ÀUÉÆArgÀÄªÀÅzÀÄ		
7	qÀ§âzÀ°èG¥Àà£ÀÄß ¸ÀAUÀæ»¸ÀÄªÀÅzÀÄ ❖ Mt ¥ÀæzÉÃ±ÀzÀ°è ❖ vÉÃªÀzÀ ¥ÀæzÉÃ±ÀzÀ°è ❖ ¸ÀÖªï ¥ÀPÀÌzÀ°è		
8	qÀ§âzÀ°èG¥Àà£ÀÄß ±ÉÃRj¸ÀÄªÀÅzÀÄ ❖ UÁdÄ ❖ ¥Áè¹ÖPï ❖ ¯ÉÆÃºÀ ❖ ¸ÀévÀBG¦à£À ¥ÁåPÉmï£À°è		
9	G¥Àà£ÀÄß ºÁPÀ®Ä G¥ÀAiÉÆÃV¸ÀÄªÀ ZÀªÀÄZÀ ❖ ¹ÖÃ¯ï ❖ ¥Áè¹ÖPï ❖ PÉÈ¬ÄAzÀ		

10	**ªÀÄ£ÉAiÀÄªÀÄlÖzÀ°è§¼À¸ÀÄªÀ G¦à£ÀCªÀ¢ü** ❖ **1/2-1 wAUÀ¼ÀÄ** ❖ **1-1 1/2 wAUÀ¼ÀÄ** ❖ **2CxÀªÁ CzÀQÌAvÀ ºÉZÀÄÑ wAUÀ¼ÀÄ** ❖ **1 1/2 -2 wAUÀ¼ÀÄ** ❖ **¥ÀævÀÄåvÀÛgÀE®è**		
11	**¸ÁªÀiÁ£ÀåªÁVG¥ÀÄàJ°èAzÀvÀgÀÄvÁÛgÉ** ❖ **©ÃrCAUÀrAiÀÄ°è** ❖ **£ÀUÀgÀPÉÌCxÀªÁ ºÀ½îUÉ ºÀwÛgÀªÁzÀCAUÀr¬ÄAzÀ** ❖ **¸ÀUÀlÄCAUÀr¬ÄAzÀ** ❖ **ªÁgÀzÀ ªÀiÁgÀÄPÀÀmÉÖAiÀÄ°è** ❖ **¥ÀævÀÄåvÀÛgÀE®è**		
12 **13**	**JµÀÄÖ G¦à£À ¥ÁåPÉmïUÀ¼À£ÀÄß MAzÀÄ wAUÀ½UÉ vÉUÉzÀÄPÉÆÃ¼ÀÄîwÃj.** ❖ **CzsÀð ¥ÁåPÉmï** ❖ **CzsÀð¢AzÀMAzÀÄ ¥ÁåPÉmï** ❖ **MAzÀjAzÀJgÀqÀÄ ¥ÁåPÉmï** ❖ **ªÀÄÆgÀQÌAvÀ ºÉZÀÄÑ ¥ÁåPÉmïUÀ¼ÀÄ** **AiÀiÁªÁUÀG¥Àà£ÀÄßCqÀÄUÉUÉ ¸ÉÃj¸ÀÄvÉÃÛªÉ?** ❖ **CqÀÄUÉ ªÀÄÄVAiÀÄÄªÀPÉÆ£ÉPÀëtzÀ°è** ❖ **CqÀÄUÉ ªÀiÁqÀÄªÀÅzÀ£ÀÄß ±ÀÄgÀÄ ªÀiÁqÀÄªÁUÀ**		

14	❖ **CqÀÄUÉ DUÀÄªÀ ªÀÄzsÀåzÀ°è** ❖ **CqÀÄUÉ ªÀiÁqÀÄªÀ ªÉÆzÀ®Ä ªÀÄvÀÄÛPÉÆ£ÉPÀëtzÀ°è** **AiÀiÁªÀjÃwAiÀÄqÀ©âAiÀÄ£ÀÄßG¥Àà£ÀÄß ¸ÀAUÀæ»¸À®Ä G¥ÀAiÉÆÃV¸ÀÄvÁÛgÉ?** ❖ **ªÀÄÄZÀÑ®ªÀ£ÀÄß M¼ÀUÉÆAqÀ qÀ©â** ❖ **ªÀÄÄZÀÑ®«®èzÀqÀ©â** ❖ **¥sÁ°y£ïaÃ®** ❖ **¥Áè¹ÖPï aÃ®**		
15	**CAiÉÆÃr£ïG¦à£À ¥ÁåPÉlUÀ¼À£ÀÄß J°è ¸ÀAUÀæ»¸ÀÄ«j?** ❖ **vÉgÉzÀ ¥ÀæzÉÃ±ÀzÀ°è** ❖ **UÁ½AiÀiÁqsÀzÀ qÀ§âzÀ°è** ❖ **¸ÀÆAiÀÄð£À ¨É¼ÀPÀÄ ©Ã¼ÀÄªÀ ¥ÀæzÉÃ±ÀzÀ°è** ❖ **Mt ¥ÀæzÉÃ±ÀzÀ°è**		

ANNEXURE IX

KEY ANSWERS

Question	Answer	Question NO.	Answer
1	B	15	A
2	C	16	A
3	A	17	B
4	B	18	A
5	C	19	A
6	C	20	C
7	A	21	B
8	C	22	A
9	B	23	A
10	B	24	A
11	C	25	B
12	B	26	A
13	C	27	C
14	D	28	A

SALT PRESERVATION PRACTISES

KEY ANSWERS

SI.NO.	KEY ANSWERS
01.	Tightly closed / Loosely closed
02.	One or less than 1
03.	White
04.	Outside the container
05.	Dry and clear white
06.	Without breakages and cuts
07.	In a dry place
08.	Glass / Plastic
09.	Plastic /by hand
10.	**1/2-**1 month / 1- $1^1/_2$month
11.	-Local shop in the same village or town -shop in the nearby town or village
12.	Air tight container /dry area
13.	**-**Half to one pocket -One to two pocket
14.	Middle /at the end of cooking
15.	Container with lid

ANNEXURE -X

LIST VALIDATORS

1. Dr. G Vijayalakshmi
   Principal
   SDUCON

2. Dr. Zeenath C.J
   CNO of R. L. J. H & HOD of MSN
   SDUCON

3. Dr. Lavanya Subhashini.
   Asso. Prof. &HOD of Pediatric Nursing
   SDUCON

4. Mrs. Mary Minerva
   Prof. & HOD of CHN
   SDUCON

5. Mrs. Jairakini Aruna
   Prof. & HOD of MHN
   SDUCON

6. Mrs. Punitha Gopi
   Asso. Prof. & HOD of FON
   SDUCON

7. Dr. Malathi K. V
   Asso. Prof. of CHN
   SDUCON

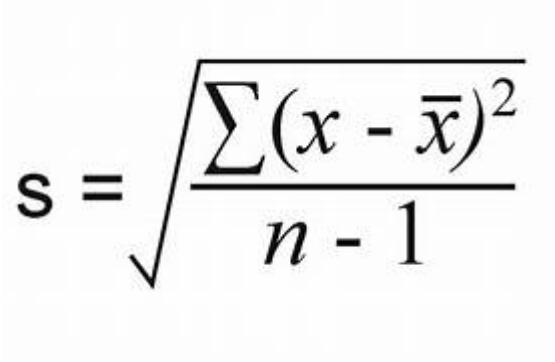
8. Mr. Rajesh R
   Asso .prof. of MHN
   SDUCON

9. Mrs. Gayathri K v
   Asso.prof. of OBG
   SDUCON

ANNEXURE XI

FORMULA USED

STANDARD DEVIATION=



X=observed value
N= number of observations

Mean =$\sum x \div n$

X=observed value
N= number of observations

ANNEXURE =XII

LESSON PLAN

HEALTH EDUCATION

Sl.No	Time	Specific objectives	English Content	Kannada content	Evaluation
1.	2min	Introduce benefits and salt preservation practices of iodized salt.	INTRODUCTION Salt is the most suitable vehicle for iodine supplementation as it is consumed by all. Proper storage and utilization is essential in using iodized salt.	¦ÃpPÉ - CAiÉÆÃr£ï ¥ÀÆgÀÈPÉUÉG¥ÀÄà ¸ÀÆPÀÛªÁzÀ ¸ÁzsÀ£ÀªÁVzÉ ªÀÄvÀÄÛJ¯Áè ªÀAiÉÆÃªÀiÁ£ÀzÀªÀgÀÄG¥ÀAiÉÆÃV¸À§ºÀÄzÀÄ. CAiÉÆÃrPÀj¹zÀ G¥Àà£ÀÄß §¼À¸ÀÄªÀ°è ¸ÀjAiÀiÁzÀ ¸ÀAUÀæUÀuÉ ªÀÄvÀÄÛ §¼ÀPÉ CvÀåPÀvÀå	Introduced the topic
2.	2min	Brief the evolution of iodized salt.	HISTORY - In 1811 Bernard Curtois discovered iodine. -During that time Napoleon's army needed larger quantity of the gunpowder.	EwºÁ¸ À - 1811 gÀ°è ²æÃ ¨Égï£ÀgïqïPÀåAðmÉÆÃ¬Ä¸ïCAiÉÆÃr£ïC£ÀÄßPÀAqÀÄ»rzÀgÀÄ. r¸ÀA§gï 10 1813 gÀAzÀÄ F zÁvÀÄªÀ£ÀÄßCAiÉÆÃr£ïJAzÀÄPÀgÉzÀgÀÄVæÃPï ¥ÀzÀzÀ°èCAiÉÆÃr£ïJAzÀgÉ £ÉÃgÀ¼É§tÚ.	Elaborated the history

3. **4.**	**1min**	**S** **Define iodine**	**- The basic component of the gunpowder was niter, which production requires bigger amount of wooden ashes.** **- Since the war lasted for a long time, and woods eligible for logging, burning and making gunpowder were disappearing fast, so seaweeds were burned.** **- Making niter, Curtois accidentally added too much of sulfuric acid and purple cloud of condensate gas has shown on the radiator, forming glistening crystals.**	**CAiÉÆÃr£ï** **JAzÀgÉÃ£ÀÄ / ªÁåSÁå£À: - •CAiÉÆÃr£ï ªÀiÁ£ÀªÀzÉÃºÀzÀ PÉ®ªÀÅ ¥ÀæªÀÄÄR PÁAiÀÄðUÀ¼À£ÀÄß ¨ÉA§°¸ÀÄªÀ CvÀåUÀvÀå ¸ÀÆPÀëöä¥ÉÆÃµÀPÁA±ÀªÁVzÉ. •CAiÉÆÃr£ï ¥Àæw¢£À MAzÀÄ ¸ÀtÚ¥ÀæªÀiÁtzÀ°è ¨ÉÃPÁUÀÄªÀ**	**Defined the topic**

5. **6.**	**1min**	**Enumerate daily requirements of iodine.**	**IODINE DEFINATION:** **Iodine is an essential micronutrient supporting some of the most vital functions of the human body.** **Iodine is a nutrient needed in a minute quantity daily. Recommended daily intake: 150 µg.** **Total quantity present in body is (15-20 mg) mostly in thyroid gland** **<u>Iodine : Daily requirements</u>** **Age Group** **Iodine Requirement**	**¥ÉÆÃµÀPÁA±ÀªÁVzÉ. • ²µÁgÀ¸ÀÄ ªÀiÁqÀ¯ÁzÀzÉÊ£ÀA¢£À ¸ÉÃªÀ£ÉÀ 150«Ä.UÁæA. •zÉÃºÀzÀ°ègÀÄªÀMlÄÖ ¥ÀæªÀiÁtªÀÅ (15 -20«Ä.UÁæA) ºÉZÁÑV xÀsÉÊgÁ¬ÄqïUÀæAyAiÀÄ°èzÉ.** **CAiÉÆÃr£ï£ÀzÉÊ£ÀA¢£À CªÀ±ÀåPÀvÉ** **1. 0 -11 wAUÀ¼ÀÄ=50 «Ä.UÁæA/¢£À.** **2. 12 -59 wAUÀ¼ÀÄ=90 «Ä.UÁæA/¢£À.** **3. 6 -12 ªÀµÀð= 120 «Ä.UÁæA/¢£À.** **4. >12 ªÀµÀð=150 «Ä.UÁæA/¢£À.** **5.UÀ©üðtÂ ªÀÄvÀÄÛ ºÁ®ÄtÂ¸ÀÄªÀ ªÀÄ»¼ÉAiÀÄgÀÄ 200«Ä.UÁæA/¢£À.** **CAiÉÆÃr£ï ¨sÀjvÀ ªÀÄtÂÚ£À°è ¨É¼ÉzÀ CAiÉÆÃr£ï**	**Enumerated the requirements.**

7.	1min 3min	List the sources of iodine. Define iodine deficiency.	(µg/day) • 0 – 11 months=50 • 12 – 59 months=90 • 6 – 12 years=120 ➢ 12 years=150 • Pregnant & Lactating Women=200 Sources of iodine Vegetables grown on iodine-rich soils. Seafood • Dairy products • Eggs • Cereal grains	vÀgÀPÁjUÀ¼ÀÄ: - 1. ¸ÀªÀÄÄzÀæDºÁgÀ. 2. KPÀzÀ¼À zsÁ£ÀåUÀ¼ÀÄ. 3. ºÁ°£À GvÀà£ÀßUÀ¼ÀÄ. 4. ºÀ¹gÀÄ J¯ÉUÀ¼ÀÄ. 5. ªÉÆmÉÖUÀ¼ÀÄ. 6. ¤ÃgÀÄ. CAiÉÆÃr£ï £ÀµÀ×UÀ¼ÀÄ : - G¥À -»ªÀiÁ®AiÀÄ£ï ¥ÀæzÉÃ±ÀUÀ¼ÀAvÀºÀ PÀ¼À¥É ªÀÄtÂÚ£ÀCA±À«gÀÄªÀ ¥ÀæªÀðvÀ ¥ÀæzÉÃ±ÀUÀ°èCAiÉÆÃr£ïPÉÆgÀvÉAiÀÄÄ ¸ÀÜ½AiÀÄªÁVzÉ. CAiÉÆÃr£ï£ÀÄß ªÀÄuÉÚ¤AzÀ vÉÆ½AiÀÄÄªÀÅzÀÄ EzÀPÉÌPÁgÀtªÁVzÉ. CAiÉÆÃr£ï ¥ÉÆÃµÀuÉAiÀÄ ªÀiË®åªÀiÁ¥À£À : - • ¸Àé±Àð ¥ÀjÃPÉëCxÀªÁC®Öç¸ËAqï ªÀÄÆ®PÀ xÉÊgÁAiÀiïÝUÁvÀæªÀ£ÀÄß £ÉÆÃqÀÄªÀÅzÀÄ.	Listed the sources of iodine Defined the topic

8.	**1min**	**Brief the cause of iodine deficiency.**	• **Legumes** • **Green leaves(spinach)** • **Water** **IODINE DEFICIENCY** **Iodine deficiency is endemic in the mountainous areas with poor soil content such as the sub-Himalayan regions. This is due to iodine being washed from the soil.** **Assessment of iodine nutrition** **Thyroid size by palpation and/or by**	• **ªÀÄÆvÀæzÀCAiÉÆÃr£ï «¸Àdð£É.** • **ºÉÊ¥ÉÆÃxÉÊgÁ¬ÄØ¸ÀªÀiïUÁV £ÀªÀeÁvÀ ¹ÃgÀªÀiï TSH ¹æöÌÃ¤AUï.** • **¹ÃgÀªÀiïxÉÊgÁAiÀiïØUÉÆèÃ§Äå°£ï** **¸ÁAzÀævÉ. PÁgÀtUÀ¼ÀÄ : - CAiÉÆÃr£ï ªÀÄÆ® CA±ÀUÀ¼ÁzÀAvÀºÀ ¸ÀªÀÄÄzÀæzÀAvÀºÀ ªÀÄtÄÚ ªÀÄvÀÄÛ ¤Ãj£À°èCAiÉÆÃr£ï CA±ÀªÀÅ PÀrªÉÄAiÀiÁzÀgÉCAiÉÆÃr£ï £ÀµÀ× GAmÁUÀÄvÀÛzÉ** **gÉÆÃUÀ®PÀëtUÀ¼ÀÄ : -** **1. PÀÄwÛUÉAiÀÄ°èHvÀ.** **2. DAiÀiÁ¸À ªÀÄvÀÄÛzË§ð®å.**	**Elaborated the causes**

9.	1min	Enlist the signs and symptoms.	ultrasonography, Urinary Iodine (UI) excretion Neonatal serum TSH screening for hypothyroidism Serum thyroglobulin concentration.	3. PÀÆzÀ®ÄGzÀÄgÀÄ«PÉ. 4. ºÀÈzÀAiÀÄ §rvÀzÀ°è ªÀåvÁå¸À. 5. PÀ°PÉ ªÀÄvÀÄÛ £É£À¦lÄÖPÉÆÃ¼ÀÄîªÀ°è vÉÆAzÀgÉ.	List the signs and symptoms
10.	5min	Explain the National Iodine deficiency disorders control program.	CAUSES: Iodine deficiency occurs when soil is poor in iodine causing low iodine intake in the population when iodine requirements are not met, the thyroid may no longer able to synthesize amounts of thyroid hormone.	GzÉÝÃ±ÀUÀ¼ÀÄ ªÀÄvÀÄÛ vÀAvÀæUÀ¼ÀÄ ; - CAiÉÆÃr£ïPÉÆgÀvÉ C¸Àé¸ÀÜvÉUÀ¼ÀÄ ¥ÀæªÀiÁtªÀ£ÀÄß ¤tð¬Ä¸À®Ä ¸À«ÄÃPÉëUÀ¼ÀÄ. ¬ ¸ÁªÀiÁ£ÀåG¦à£À §zÀ°UÉCAiÉÆÃr£ïG¥Àà£ÀÄß¸ÀgÀ§gÁdÄ ªÀiÁqÀÄªÀÅzÀÄ. ¬CAiÉÆÃr£ïPÉÆÃgÀvÉAiÀÄ C¸Àà¸ÀÜvÉUÀ¼À ªÁå¦ÛAiÀÄ£ÀÄß ªÀÄvÀÄÛ CAiÉÆÃrÃPÀj¹zÀ G¦à£À ¥ÀæªÀiÁtªÀ£ÀÄß ¤tð¬Ä¸À®Ä ¥Àæw 5ªÀµÀðUÀ¼À £ÀAvÀgÀ ªÀÄgÀÄ¥ÀjÃPÉë ªÀiÁqÀÄªÀÅzÀÄ. ¬ ªÀÄÆvÀæzÀCAiÉÆÃr£ï «¸Àdð£ÉAiÀÄ°è CAiÉÆÃrPÀj¹zÀ G¦à£ÀÄß ¥ÀæAiÉÆÃUÁ®AiÀÄzÀ°è ªÉÄÃ°éZÁgÀuÉ.	Explained the national iodine deficiency disorders control program

		Enumerate the objectives of NGCP.	**SIGNS AND SYMPTOMS** - **Swelling of thyroid glands in the neck** - **A visible lump on the neck** - **Weight gain, fatigue and weakness.** - **Thinning hair.** - **Dry skin.** - **Feeling colder than usual.** - **Learning and memory difficulties.**	**sDgÉÆÃUÀå ²PÀët vÀAvÀæUÀ¼ÀÄ : - Krr ¤AiÀÄAvÀætPÁÌV ²¥sÁgÀ¸ÀÄì ªÀiÁqÀ¯ÁzÀvÀAvÀæªÀÅ ¥ÀÆgÀPÀCxÀªÁDºÁgÀ §®ªÀzsÀð£ÉAiÀÄ ªÀÄÆ®PÀ CAiÉÆÃr£ï ¸ÉÃªÀ£ÉAiÀÄ£ÀÄß ºÉaÑ¸ÀÄªÀ ªÀÄÆ®PÀ PÉÆgÀvÉAiÀÄ£ÀÄß ¸Àj¥Ar¸ÀÄªÀÅzÀgÀ ªÉÄÃ¯É DzsÁjvÀªÁVzÉ.**	**Enumerated the objectives.**

11.		**Brief iodine supplementation.**	**National Iodine deficiency disorders control program** **Following the successful trial of iodised salt in Kangra valley, Himachal Pradesh in 1962, India has launched 100% centrally sponsored the National Goitre Control Programme.** **In 1992, the National Goitre Control Programme (NGCP) was renamed as National Iodine Deficiency Disorder Control Programme (NIDDCP).** **Objectives :** **1.Surveys to assess the**	**CAiÉÆÃr£ï ¥ÀÆgÀPÀUÀ¼ÀÄ:- ªÉÆzÀ®ÄCAiÉÆÃr£ï ¥ÀÆgÀPÀUÀ¼ÀÄ UÀÄUÀ¯ï£ÀAvÀºÀCAiÉÆÃr£ï£À ªÀiËTPÀzÁæªÀtzÀgÀÆ¥ÀzÀ°èzÀÝªÀÅ.** **vÀqÉUÀlÄÖ«PÉ:-** **CAiÉÆÃr£ïeÉÆvÉDºÁgÀ §®ªÀzÀð£É:-**	**Enumerate the iodine supplementation**

12.	3min	List the facts of food fortification with iodine.	magnitude of the Iodine Deficiency Disorders. 2. Supply of Iodate salt in place of common salt. 3. Resurvey after every 5 Years to assess the extent of Iodine Deficiency Disorders and the impact of iodized salt. 4. Laboratory monitoring of iodized salt in urinary iodine excretion. 5.Health education . Strategies: The recommended strategy for IDD control is based on	•CAiÉÆÃr£ïC£ÀÄßG¦à£ÉÆA¢UÉ ¸ÉÃj¸ÀÄªÀÅzÀjAzÀCzÀgÀ §tÚ, gÀÄaCxÀªÁ ªÁ¸À£ÉAiÀÄ ªÉÄÃ¯É ¥ÀjuÁªÀÄ ©ÃgÀÄªÀÅ¢®è. • CAiÉÆÃrPÀj¹zÀ G¦à£ÀUÀÄtªÀÄlÖªÀ£ÀÄßGvÁàzÀ£Éa®ègÉ ªÁå¥ÁgÀ ªÀÄvÀÄÛ ªÀÄ£ÉAiÀÄ ºÀAvÀUÀ¼À°è ªÉÄÃ°èZÁgÀuÉ ªÀiÁqÀ§ºÀÄzÀÄ. •G¥ÀÄàCAiÉÆÃrPÀgÀt PÁAiÀÄðPÀæªÀÄUÀ¼À£ÀÄß PÁAiÀÄðUÀvÀUÉÆ½¸À®Ä ¸ÀÄ®¨sÀªÁVzÉ.	Listed the facts of food fortification with iodine.

13.	**2min**	**List the complications.**	**correcting the deficiency by increasing iodine intake through supplementation or food fortification.** **Iodine supplementation** **The first iodine supplements were in the form of an oral solution of iodine such as Lugol, which was given daily.** **After the Second World War, considerable progress was made in reducing IDD with iodized oil – initially using the intramuscular form and in the 1990s, using**	**G¥Àà£ÀÄß ¸ÀAUÀæ»¸ÀÄªÀ «zsÁ£ÀUÀ¼ÀÄ:-** **• ¦AUÁ¤ qÀ§âzÀ°èG¥Àà£ÀÄß ¥Áè¹ÖPï ªÀÄÄZÀÑ®¢AzÀ ªÀÄÄZÀÄÑªÀÅzÀÄ.**	**List the complications**

14.	**2min**	**Enumerate the salt preservation practices.**	**the oral form** **Food fortification with iodine:** **1.The World Health Assembly adopted universal salt iodization (USI) as the method of choice to eliminate IDD.** **2.Salt is one of the few commodities consumed by everyone** **3.Salt consumption is fairly stable throughout the year** **4.Salt production is usually in the hands of few producers** **5.USI is easy to implement & available at a reasonable cost**	**•UÁf£ÀqÀ§âzÀ°èG¥Àà£ÀÄß ¥Áè¹ÖPï ªÀÄÄZÀÑ®¢AzÀ ªÀÄÄZÀÄÑªÀÅzÀÄ.** **•G¦à£À ¥ÁåPÉÃmïC£ÀÄßE£ÉÆßAzÀÄqÀ§âzÀ M¼ÀUÉ ¸ÀAUÀæ»¸ÀÄªÀÅzÀÄ.** **•G¥Àà£ÀÄßvÉÃªÀzÀ ¥ÀæzÉÃ±ÀzÀ°è ¸ÀAUÀæ»¸ÀÄªÀÅzÀjAzÀCzÀgÀUÀÄtªÀÄlÖ ºÁ¼ÁUÀÄvÀÛzÉ.** **•G¥Àà£ÀÄßvÀtÚ£ÉAiÀÄ ªÀÄvÀÄÛ Mt ¥ÀæzÉÃ±ÀzÀ°è ¸ÀAUÀæ»¸À¨ÉÃPÀÄ.** **<u>vÉÆqÀPÀÄUÀ¼ÀÄ</u>**:- 1. ºÀÈzÀAiÀÄ PÁ¬Ä¯É ªÀÄvÀÄÛ ¸ÀA§A¢üvÀ C¸Àé¸ÀÜvÉUÀÀ¼ÀÄ GzÁ: «¸ÀÛj¹zÀ ºÀÈzÀAiÀÄ ªÀÄvÀÄÛ ªÉÊ¥À®å. 2. T£ÀßvÉ ªÀÄvÀÄÛCj«£À zÀÄ§ð®vÉAiÀÄAvÀºÀ ªÀiÁ£À¹PÀ DgÉÆÃUÀå ¸À ªÀÄ¸ÉåUÀ¼ÀÄ. 3. ªÀÄ»¼ÉAiÀÄgÀ°è §AeÉvÀ£ÀPÉÌPÁgÀtªÁUÀ§ºÀÄzÀÄ.¨ÁºÀå £ÀgÀgÉÆÃUÀ.	**Enumerated the salt preservation practices.**

15	**1min**	**Conclude benefits and salt preservation practices.**	**6.The addition of iodine to salt does not affect its colour, taste or odour** **7.The quality of iodized salt can be monitored at the production, retail and household levels** **8. Salt iodization programmes are easy to implement.** **COMPLICATIONS** • **Heart diseases and related disorders such as an enlarged heart and heart failure.** • **Mental health issues such as depression and cognitive**		**Conclude the topic**

			impairment • **Damage to the body's peripheral nerves, known as peripheral neuropathy** • **Impaired ovulation, which may cause infertility in women.** **SALT PRESERVATION PRACTICES** **1. Ceramic or clay container: safely store ceramic container if sealed with a plastic lid.** **2. Glass container: these are another good**		

			option as long as we seal them with plastic lid. **3. The container inside a container: we can also store salt in original packing but inside another container.** **-Do not let the moisture in the environment affect salt. Stores salt in a cool and dry places and inside safe damp free containers.** **CONCLUSION:** **The quantity of iodine in food is lesser than required so the iodized salt is advised. Iodine is essential for**		

			the regulation of T_3 and T_4harmones.Therefore good iodized salt preservation practices is required.		

ANNEXURE XIII

MASTER SHEETS

	SOCIO DEMOGRAPHIC VARIABLES									STRUCTURED KNOWLEDGE QUESTIONS																																		
Participants	1Q	2Q	3Q	4Q	5Q	6Q	7Q	8Q	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	Total	%	Square
1	a	b	a	a	B	a	A	b	1	0	0	1	0	1	1	0	1	1	0	0	0	1	0	0	1	1	1	1	0	1	0	0	0	1	0	1	14	50%	196
2	a	a	b	b	B	b	A	b	0	1	0	1	1	0	1	1	0	0	0	1	0	1	0	0	0	1	1	0	1	1	1	1	0	1	0	0	12	42.8	144
3	b	a	b	a	B	a	A	b	0	0	0	1	1	1	0	1	0	0	1	1	1	1	0	1	1	0	0	1	0	1	0	0	1	0	1	0	13	46.4	169
4	b	a	a	a	B	a	A	b	0	1	1	1	1	0	1	1	0	1	1	1	1	1	1	0	0	0	0	0	1	1	1	1	0	1	1	1	18	64.2	324
5	a	a	a	a	B	a	A	b	1	0	0	1	1	0	1	0	0	1	0	1	1	0	1	0	0	1	1	1	1	0	0	0	0	1	1	0	14	50	196
6	b	a	a	a	B	a	A	a	1	1	0	1	1	0	0	0	0	1	1	0	0	1	1	0	1	1	1	1	0	0	0	1	1	0	0	1	14	50	196
7	a	a	b	a	B	a	A	b	0	1	1	1	0	0	1	1	0	1	1	0	0	0	0	0	0	0	0	1	1	0	1	1	0	0	0	1	14	50	196
8	a	a	b	a	B	a	A	b	1	1	1	0	1	0	0	1	0	0	0	0	0	1	1	1	1	1	1	0	1	1	0	1	1	0	1	1	15	53.2	225
9	b	a	b	a	B	a	a	a	0	1	0	0	1	1	0	0	1	0	0	0	0	0	0	1	0	1	0	0	0	0	0	1	1	1	0	0	12	42.2	144
10	a	a	b	a	B	a	a	b	1	1	1	0	1	1	0	1	0	0	1	0	1	0	0	0	0	1	1	1	0	1	1	0	0	0	1	0	17	60.7	289
11	b	b	b	a	A	a	a	b	0	0	1	1	0	0	1	1	0	1	0	0	0	1	1	1	0	1	1	1	0	0	0	0	1	0	0	0	11	39.2	121

12	b	a	b	a	A	a	a	a	0	1	0	0	1	1	1	1	0	1	1	0	0	1	1	0	0	1	1	0	0	0	0	0	1	1	1	0	14	53.5	196
13	b	a	b	a	A	a	a	b	1	1	1	0	0	1	0	1	0	0	0	0	1	0	0	0	1	1	1	0	1	1	1	0	0	1	1	1	13	46.4	169
14	b	a	b	b	B	a	a	b	1	0	1	1	0	0	0	0	1	1	1	0	0	1	1	0	0	1	1	0	0	0	0	0	1	1	0	1	13	46.4	169
15	b	a	b	a	A	a	a	b	1	1	0	1	0	1	1	1	0	1	0	0	0	0	1	0	0	1	0	1	0	0	1	1	0	1	1	1	15	53.5	225
16	a	a	b	a	B	a	a	b	0	1	0	0	1	1	0	1	1	1	0	0	1	0	0	1	1	1	1	1	1	0	0	0	0	0	0	1	14	50	196
17	b	b	b	a	A	a	a	b	1	0	1	1	0	0	1	0	0	1	1	1	1	1	0	1	0	1	1	1	1	0	1	1	1	0	1	0	18	64.2	324
18	b	b	b	b	A	a	a	b	1	1	0	0	1	0	1	1	0	1	0	0	1	0	1	1	0	1	1	0	1	1	1	0	1	0	0	0	13	46.4	169
19	a	a	b	a	A	a	a	b	1	1	1	1	0	1	1	1	1	1	1	0	1	1	1	1	0	1	1	0	1	1	0	0	0	0	0	1	18	64.2	324
20	a	a	a	a	A	a	a	b	1	0	1	1	1	1	1	0	0	1	1	0	1	0	0	0	1	0	0	0	0	1	0	0	0	1	0	0	12	42.8	144
21	b	a	b	a	A	a	a	a	0	1	0	0	0	1	1	1	0	0	1	0	0	1	1	0	1	0	0	1	0	0	1	1	1	1	1	1	15	53.5	225
22	a	a	b	a	A	a	a	b	1	1	1	0	0	0	0	1	1	0	0	0	0	1	1	1	1	0	0	0	0	1	0	1	1	0	0	0	11	39.2	121
23	a	b	b	a	A	a	a	a	1	0	0	0	0	1	0	0	1	1	1	1	0	0	1	0	0	1	1	0	0	1	1	0	0	0	1	0	10	35.7	100
24	a	a	b	a	A	a	a	b	1	1	1	1	0	0	0	1	1	1	0	0	0	0	0	1	1	1	0	1	1	1	1	1	0	1	0	0	16	57.2	256
25	a	a	b	a	A	a	a	a	1	1	1	0	0	1	1	1	0	1	0	0	0	1	0	0	0	1	0	1	0	0	0	0	1	0	1	1	13	46.4	169
26	b	b	b	a	A	a	a	b	0	0	0	0	0	0	1	0	1	0	0	0	1	1	0	1	0	1	10	1	0	0	0	0	0	0	0	0	8	28.5	64
27	a	a	b	a	A	a	A	b	1	1	1	0	1	0	1	0	1	0	1	1	1	1	1	1	0	1	1	1	0	0	0	1	0	0	0	0	15	53.5	225
28	b	a	b	a	A	a	A	b	0	1	0	0	1	1	1	1	0	1	1	0	0	1	0	0	1	0	1	0	0	0	1	0	0	1	0	1	13	46.4	169
29	a	a	b	a	A	a	A	a	0	0	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	1	1	1	0	1	1	1	1	1	1	1	11	39.2	121
30	a	a	b	a	A	a	A	a	1	1	1	0	1	0	0	1	1	0	0	0	1	0	1	0	0	0	1	0	0	1	0	0	1	1	0	0	12	42.8	144
31	b	a	b	a	A	a	A	b	1	0	1	1	1	0	1	0	1	1	1	1	0	0	1	1	0	0	1	0	1	0	0	1	1	1	1	0	16	57.2	256
32	a	a	b	a	A	a	A	b	1	1	1	0	0	1	1	0	1	1	1	0	0	0	0	1	0	1	1	0	0	0	0	0	1	0	0	1	13	46.4	169
33	a	a	b	a	B	a	A	b	1	1	0	1	0	0	1	1	1	0	0	0	0	0	0	0	0	1	1	1	0	0	0	1	1	0	0	0	1	10	35.7	100
34	b	b	b	a	B	a	A	b	0	0	1	0	1	0	1	1	0	0	1	0	1	1	1	1	1	0	0	0	0	1	0	0	0	0	0	0	11	39.2	121
35	b	b	b	b	B	a	A	b	0	1	0	1	0	1	1	0	1	1	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	8	28.3	64
36	a	a	b	a	A	a	A	a	0	0	0	1	1	0	0	1	1	1	0	0	1	1	0	0	1	0	1	1	1	1	1	1	1	0	0	1	18	64.2	324
37	b	b	a	a	B	a	A	b	1	0	0	0	0	1	1	1	0	0	0	1	0	0	1	1	1	1	0	1	0	0	0	0	0	1	0	0	13	46.4	169
38	b	a	b	a	B	a	A	b	1	1	1	0	1	0	0	1	1	1	1	1	1	0	1	0	1	0	0	1	0	1	0	0	0	0	0	1	15	55.5	225
39	b	a	b	a	B	a	A	b	0	1	1	1	0	0	0	0	1	0	0	1	1	0	1	0	0	1	1	0	1	0	0	0	0	1	0	0	10	35.7	100
40	a	b	b	a	A	a	A	a	1	0	0	0	0	1	0	0	1	1	0	0	0	0	1	0	1	1	0	1	0	0	0	0	1	0	0	0	11	39.2	121
41	a	a	b	a	A	a	A	b	0	0	1	1	1	0	0	0	1	0	1	1	0	1	1	1	0	1	0	0	0	0	0	0	0	0	0	0	18	64.2	324

42	a	a	b	a	B	a	A	b	1	0	1	1	0	1	0	1	1	0	0	0	0	1	1	0	0	1	0	0	0	0	1	1	0	0	0	0	17	60.7	289
43	a	a	b	a	A	a	A	b	0	0	1	0	1	0	0	1	1	1	0	1	1	0	1	1	1	1	1	1	1	1	1	0	0	1	1	0	12	42.8	144
44	a	a	b	a	A	a	A	b	0	1	0	1	0	1	1	1	1	1	1	0	0	1	0	0	0	0	1	0	1	1	1	0	1	1	1	1	17	60.7	289
45	a	a	b	a	B	a	A	a	1	0	0	0	1	1	1	0	0	0	0	0	0	1	0	1	1	1	1	0	0	0	0	1	0	0	0	1	12	42.8	144
46	b	a	b	a	A	a	A	b	1	1	0	1	1	1	1	0	1	1	1	1	0	1	1	1	0	0	0	0	0	1	0	1	1	1	0	0	17	60.7	289
47	a	a	b	a	B	a	A	b	1	0	1	0	0	1	1	0	0	0	0	1	0	0	0	1	0	1	1	0	1	0	1	0	1	1	0	0	12	42.8	144
48	b	b	b	b	B	a	A	b	0	1	1	0	1	0	1	1	0	1	0	0	0	1	1	1	1	0	1	0	1	1	0	1	1	1	0	1	17	60.7	289
49	b	b	b	b	B	a	A	b	1	1	0	0	1	0	0	1	1	1	0	0	0	1	1	1	0	0	1	1	0	0	1	1	0	0	1	1	15	53.5	225
50	b	b	b	b	B	a	A	b	1	1	0	0	1	0	0	1	0	0	1	1	1	0	0	1	1	0	0	1	1	0	0	1	1	0	0	0	14	50	196
51	a	a	b	a	A	a	A	b	0	1	0	1	1	0	0	1	0	1	1	1	1	1	0	0	0	1	1	1	0	0	0	0	1	1	0	1	15	53.5	225
52	b	b	b	a	A	a	B	a	1	1	0	0	1	1	0	0	1	1	0	0	1	1	0	0	1	1	0	1	1	1	0	0	0	0	1	1	14	50	196
53	b	b	b	a	A	a	B	b	0	0	1	1	1	0	0	1	1	1	1	0	0	0	1	1	0	1	1	1	0	0	0	0	1	1	1	1	16	57	256
54	a	a	b	a	B	a	A	b	1	0	1	1	0	0	1	1	0	0	0	1	1	0	0	1	1	1	0	0	0	0	0	0	1	1	0	1	13	42.8	169
55	a	b	a	a	B	a	A	b	0	1	1	1	1	0	1	1	1	0	0	1	1	0	1	0	1	0	1	1	0	1	0	1	0	1	1	0	17	60.7	289
56	a	b	b	a	B	a	A	b	0	1	1	1	1	0	0	0	0	1	1	0	1	1	1	1	1	0	0	1	1	1	0	1	1	0	1	1	18	64.2	324
57	a	a	b	a	A	a	A	b	1	1	0	0	0	0	1	1	1	0	0	1	0	1	1	1	0	1	1	0	1	1	0	1	0	1	1	1	17	60.7	289
58	a	a	b	a	A	a	A	b	0	0	0	1	1	0	1	1	1	0	1	1	1	0	0	1	0	0	1	1	1	0	1	1	0	0	0	0	14	50	196
59	a	a	b	a	A	a	A	b	1	0	1	1	0	1	0	0	0	1	0	0	1	0	0	1	0	1	0	1	0	0	1	0	1	1	0	0	12	42.8	144
60	b	b	b	b	B	a	A	b	1	1	1	0	1	1	0	1	1	0	1	0	1	0	0	1	1	1	1	0	0	1	0	1	1	0	0	1	16	57	256
61	b	a	b	a	A	a	A	b	0	0	0	0	1	1	0	0	1	1	0	0	1	1	0	0	1	0	0	1	1	0	1	1	0	1	1	0	13	42.8	169
62	a	a	b	a	A	a	A	b	0	1	1	1	1	1	0	1	0	0	0	1	0	1	1	0	0	0	0	1	0	0	1	1	1	1	1	1	16	57	256
63	a	a	b	a	A	a	A	a	1	0	1	1	0	1	0	1	1	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	8	28.3	64
64	a	a	b	a	A	a	A	b	0	1	0	1	1	1	0	1	1	0	1	1	0	0	1	1	1	1	0	0	1	1	0	0	1	1	1	0	17	60.7	289
65	b	a	b	a	A	a	A	b	0	0	1	0	1	1	1	0	1	0	0	0	1	0	0	0	1	1	0	0	1	0	1	0	1	0	1	0	12	42.8	144
66	a	a	b	a	B	a	A	b	0	0	1	1	0	0	1	0	1	1	1	0	1	0	0	1	0	1	0	0	1	0	0	1	0	0	1	1	13	42.8	169
67	a	a	b	a	A	a	A	b	1	0	1	1	0	0	0	0	1	0	0	0	0	1	1	0	1	0	0	1	0	1	1	0	0	1	0	0	11	39.2	121
68	b	a	b	a	A	a	A	b	0	1	0	0	0	0	1	1	0	1	1	0	1	1	0	1	1	0	1	1	0	1	0	0	1	0	1	0	13	42.8	169
69	a	a	b	a	A	a	A	a	0	1	0	0	0	0	0	1	1	0	0	1	0	0	1	0	0	1	0	1	0	0	1	0	1	0	0	1	10	35.7	100
70	b	b	a	a	B	a	A	b	0	1	1	0	0	1	0	1	0	0	0	1	0	1	0	1	1	0	1	0	1	1	0	0	0	0	0	0	11	39.2	121
71	a	a	b	b	B	a	A	b	1	1	1	0	0	1	1	1	1	0	1	0	0	1	1	0	1	0	1	0	1	0	1	1	0	1	1	0	17	60.7	289

72	b	b	b	a	A	a	A	b	0	1	1	0	1	0	1	0	0	0	0	1	1	1	0	0	0	1	0	0	1	1	0	1	1	1	0	1	14	50	196
73	b	a	b	a	A	a	A	b	1	0	1	1	1	0	0	0	1	1	0	0	1	0	1	1	1	1	0	1	0	1	1	0	0	0	0	1	15	53.5	225
74	a	a	b	a	B	a	A	a	1	0	0	1	1	1	1	1	0	1	0	0	1	0	0	1	1	1	0	0	0	0	1	0	1	0	0	0	13	42.8	169
75	b	a	b	a	A	a	A	b	0	0	0	1	1	0	1	1	1	0	0	1	0	1	1	1	0	0	1	0	1	1	1	0	1	1	1	1	15	53.5	225
76	a	a	b	a	A	a	A	b	0	0	1	1	1	1	0	1	1	0	0	0	0	1	1	0	0	1	0	0	0	1	1	1	1	1	0	1	15	53.5	225
77	b	a	b	a	B	a	A	b	0	0	1	0	0	1	0	1	1	0	0	0	1	1	0	0	1	1	1	1	0	0	1	1	1	1	1	1	16	57	256
78	b	b	b	b	B	a	A	b	0	1	0	0	1	1	1	1	1	0	1	1	0	1	1	1	0	1	1	1	0	1	0	0	1	0	0	1	17	60.7	289
79	a	b	a	a	B	a	A	b	1	1	1	0	0	1	1	1	0	1	0	1	1	0	0	0	0	0	1	1	0	0	1	1	1	0	0	0	14	50	196
80	b	b	b	a	B	a	A	b	0	1	1	1	0	1	1	0	1	1	0	0	0	1	0	0	1	0	0	0	1	1	0	0	1	1	0	0	13	42.8	169
81	a	a	a	a	B	a	A	b	0	1	0	1	1	1	0	1	1	1	0	0	0	0	1	0	0	1	1	1	1	0	1	0	1	0	0	1	15	53.5	225
82	a	b	b	b	B	a	A	b	0	1	0	1	0	0	0	0	1	0	1	1	0	1	0	0	1	0	1	1	1	0	1	0	1	0	1	1	14	50	196
83	a	b	b	a	B	a	A	b	0	1	1	0	1	1	1	1	1	0	0	0	1	0	1	1	1	0	0	0	1	0	1	0	0	0	1	1	15	53.5	225
84	a	b	a	a	B	a	A	b	1	0	0	1	1	1	1	0	1	1	0	1	0	0	0	0	0	1	1	1	0	1	0	0	0	0	0	1	13	42.8	169
85	a	b	a	a	B	a	A	b	1	0	1	0	0	1	1	0	1	0	1	1	1	1	1	1	1	1	1	0	0	0	1	1	0	1	0	1	1	18	64.2	324
86	a	a	b	a	B	b	A	a	0	1	1	1	0	1	1	1	0	0	0	0	0	1	1	0	0	1	0	0	1	1	0	1	1	0	1	0	14	50	196
87	a	b	a	a	B	a	A	b	0	1	1	0	1	0	1	1	1	0	1	1	0	1	0	1	1	1	1	1	0	0	1	0	1	1	1	1	19	67.8	361
88	b	a	b	b	A	b	A	b	0	1	0	0	0	1	0	1	1	0	0	1	1	1	0	1	0	1	1	0	0	0	1	1	0	1	0	1	14	50	196
89	b	a	b	a	B	a	A	b	1	1	1	0	1	1	1	1	0	0	0	0	0	1	1	0	1	1	0	0	1	1	0	0	1	0	1	1	16	57	256
90	a	a	a	a	B	a	A	b	0	0	1	1	0	0	1	1	1	0	1	0	0	1	1	1	0	0	1	1	1	0	1	1	1	0	1	1	17	60.7	289
91	b	a	a	a	B	b	A	b	0	0	0	1	0	1	0	1	1	1	0	1	1	0	0	1	0	1	1	1	0	1	1	0	1	0	1	1	16	57	256
92	b	B	a	a	A	a	A	b	1	0	1	0	1	1	1	1	1	1	1	0	0	1	0	0	1	1	0	1	1	0	1	1	1	0	1	1	19	67.8	361
93	b	B	b	a	A	a	A	b	0	0	1	0	1	0	1	0	0	1	1	1	0	1	0	0	1	0	1	1	0	0	0	0	0	1	1	0	12	42.8	144
94	b	A	b	a	A	a	A	b	0	0	0	1	0	0	1	0	1	0	0	0	1	0	1	0	0	1	1	0	0	1	0	0	1	1	1	0	11	39.8	121
95	b	A	b	b	A	a	A	a	0	0	1	0	1	0	1	0	0	1	1	1	0	1	0	0	1	1	0	1	1	0	0	0	0	1	1	0	12	42.8	144
96	b	A	b	a	A	a	A	b	0	1	1	1	0	0	1	0	1	0	0	0	1	1	1	0	1	0	0	1	0	1	1	0	0	1	1	0	11	39.8	121
97	b	B	b	a	A	a	A	b	0	0	1	1	0	0	0	1	1	1	1	0	0	1	1	0	1	0	1	1	1	1	0	0	0	1	1	0	14	50	196
98	b	A	b	a	A	a	A	b	1	1	1	1	1	1	1	0	0	0	0	0	0	1	0	1	1	0	1	0	1	1	0	1	1	1	1	1	19	67.8	361
99	a	A	b	a	A	a	A	b	1	0	0	1	1	1	1	1	0	1	1	0	1	1	1	0	1	1	1	0	1	0	0	1	0	0	1	1	17	60.7	289
100	a	B	b	a	A	a	A	b	1	0	0	1	1	0	0	1	0	1	1	0	0	1	0	1	0	1	0	0	0	1	1	0	0	0	0	0	12	42.8	144

SALT PRESERVATION PRACTICES MASTER SHEET

SI.NO	Q_1	Q_2	Q_3	Q_4	Q_5	Q_6	Q_7	Q_8	Q_9	Q_{10}	Q_{11}	Q_{12}	Q_{13}	Q_{14}	Q_{15}	Total
1	1	1	1	0	1	1	1	1	0	1	1	1	1	0	1	12
2	1	1	1	0	1	1	1	1	0	1	1	1	1	0	1	12
3	1	1	1	0	1	1	1	1	0	1	1	1	1	1	1	13
4	1	0	1	0	1	1	1	1	0	1	1	1	1	0	1	11
5	1	0	1	0	1	1	1	1	0	1	1	1	0	0	1	10
6	1	1	1	0	1	1	1	1	0	0	1	1	0	0	1	10
7	0	1	1	0	1	1	1	1	1	0	1	1	0	0	1	10
8	1	0	1	1	1	1	1	1	1	0	1	1	0	0	1	11
9	1	0	1	1	1	1	1	1	1	0	1	1	0	1	1	12
10	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	13
11	1	1	1	1	1	1	1	1	0	0	0	1	1	1	1	12
12	1	1	1	1	1	1	0	1	0	0	0	1	1	1	1	11
13	1	1	1	1	1	1	0	1	0	0	0	1	1	1	1	11
14	1	0	1	0	1	1	0	1	0	0	0	1	1	1	1	9
15	0	0	1	0	1	1	0	1	0	0	0	1	1	0	1	7
16	0	0	1	0	1	1	0	1	1	0	0	1	1	0	1	8
17	1	1	1	0	1	1	0	1	1	0	0	1	1	0	1	10
18	1	1	1	0	1	1	0	1	1	0	0	1	1	0	1	10
19	1	1	1	0	1	1	0	1	1	0	0	1	1	0	1	10
20	1	1	1	0	1	1	0	0	1	0	0	0	1	0	1	8
21	0	0	1	0	1	1	0	0	1	0	0	0	0	0	0	4
22	1	0	1	0	1	1	0	0	0	0	0	1	1	0	1	7
23	1	0	0	0	1	1	0	0	1	0	0	0	1	0	1	6
24	1	0	0	0	1	0	0	1	0	0	0	0	1	0	1	5
25	1	1	1	1	1	1	0	1	1	1	1	0	1	1	0	12
26	0	0	1	1	1	1	0	1	0	1	1	0	1	1	0	9
27	1	0	1	1	1	1	0	1	0	1	1	0	1	0	1	10
28	1	1	0	1	1	0	1	0	1	1	0	1	1	0	1	10
29	1	1	1	1	1	1	0	1	0	1	1	1	1	0	1	12
30	1	1	1	1	1	1	0	1	0	1	1	1	0	1	1	12

31	1	1	1	0	1	1	1	1	0	1	1	1	1	0	1	12
32	1	1	1	0	1	1	1	1	0	1	1	1	1	0	1	12
33	1	1	1	0	1	1	1	1	0	1	1	1	1	1	1	13
34	1	0	1	0	1	1	1	1	0	1	1	1	1	0	1	11
35	1	0	1	0	1	1	1	1	0	1	1	1	0	0	1	10
36	1	1	1	0	1	1	1	1	0	0	1	1	0	0	1	10
37	0	1	1	0	1	1	1	1	1	0	1	1	0	0	1	10
38	1	0	1	1	1	1	1	1	1	0	1	1	0	0	1	11
39	1	0	1	1	1	1	1	1	1	0	1	1	0	1	1	12
40	1	1	1	1	1	1	1	1	0	0	1	1	1	1	1	13
41	1	1	1	1	1	1	1	1	0	0	0	1	1	1	1	12
42	1	1	1	1	1	1	0	1	0	0	0	1	1	1	1	11
43	1	1	1	1	1	1	0	1	0	0	0	1	1	1	1	11
44	1	0	1	0	1	1	0	1	0	0	0	1	1	1	1	9
45	0	0	1	0	1	1	0	1	0	0	0	1	1	0	1	7
46	0	0	1	0	1	1	0	1	1	0	0	1	1	0	1	8
47	1	1	1	0	1	1	0	1	1	0	0	1	1	0	1	10
48	1	1	1	0	1	1	0	1	1	0	0	1	1	0	1	10
49	1	1	1	0	1	1	0	1	1	0	0	1	1	0	1	10
50	1	1	1	0	1	1	0	0	1	0	0	0	1	0	1	8
51	0	0	1	0	1	1	0	0	1	0	0	0	0	0	0	4
52	1	0	1	0	1	1	0	0	0	0	0	1	1	0	1	7
53	1	0	0	0	1	1	0	0	1	0	0	0	1	0	1	6
54	1	0	0	0	1	0	0	1	0	0	0	0	1	0	1	5
55	1	1	1	1	1	1	0	1	1	1	1	0	1	1	0	12
56	0	0	1	1	1	1	0	1	0	1	1	0	1	1	0	9
57	1	0	1	1	1	1	0	1	0	1	1	0	1	0	1	10
58	1	1	0	1	1	0	1	0	1	1	0	1	1	0	1	10
59	1	1	1	1	1	1	0	1	0	1	1	1	1	0	1	12
60	1	1	1	1	1	1	0	1	0	1	1	1	0	1	1	12
61	0	1	0	1	1	0	0	0	0	0	1	1	1	0	0	6

62	0	0	1	1	0	0	0	1	1	1	0	0	1	1	0	7
63	1	1	0	0	0	0	1	1	1	0	0	1	1	0	1	8
64	1	1	0	0	1	1	0	0	1	0	1	0	0	1	0	7
65	1	1	1	1	0	0	0	0	1	1	1	0	1	0	1	9
66	0	1	1	1	1	0	0	1	1	0	0	1	0	1	1	9
67	1	1	1	0	1	1	1	0	0	1	1	0	1	1	0	10
68	1	1	0	0	1	1	1	0	1	1	1	0	0	1	1	10
69	1	1	1	1	1	0	1	1	1	1	1	0	0	0	1	11
70	1	1	1	1	1	1	0	0	0	1	1	1	1	0	1	11
71	1	1	0	1	1	1	1	1	0	0	0	1	1	1	0	10
72	1	1	1	1	1	0	0	1	0	1	1	0	0	0	1	9
73	1	1	1	0	0	0	1	1	1	0	1	1	0	1	1	10
74	0	1	0	0	0	1	1	1	0	1	0	1	0	1	0	7
75	1	1	1	0	0	1	1	0	0	0	1	1	1	0	0	8
76	1	1	1	0	0	0	1	1	1	1	1	0	0	0	1	9
77	1	1	0	0	0	0	1	1	1	1	0	0	1	0	1	8
78	1	1	0	0	1	1	1	1	0	0	0	0	0	0	1	7
79	0	1	1	0	0	0	1	0	1	0	0	1	1	1	0	7
80	1	1	0	0	0	1	1	1	1	1	0	0	0	0	1	8
81	1	1	0	0	0	0	1	0	1	1	0	1	0	1	0	7
82	1	0	1	0	1	0	0	0	1	0	1	1	1	1	0	8
83	1	0	0	0	0	0	1	1	1	1	1	0	1	1	0	8
84	1	1	0	0	0	1	1	1	0	0	0	0	0	1	1	7
85	1	1	1	1	1	0	0	0	0	0	0	1	1	1	0	8
86	1	1	1	1	0	0	0	0	1	1	0	0	0	0	1	7
87	1	1	1	1	0	0	0	1	1	1	0	1	1	1	0	10
88	1	1	0	0	0	1	1	1	0	0	0	0	0	1	1	7
89	1	1	0	0	0	0	0	0	1	1	1	0	1	1	0	7
90	1	1	1	1	0	1	1	1	0	1	0	0	0	1	1	10
91	1	1	1	1	1	1	0	0	0	1	1	1	1	0	1	11
92	1	1	0	1	1	1	1	1	0	0	0	1	1	1	0	10

93	1	1	1	1	1	0	0	1	0	1	1	0	0	0	1	9
94	1	1	1	0	0	0	1	1	1	0	1	1	0	1	1	10
95	0	1	0	0	0	1	1	1	0	1	0	1	0	1	0	7
96	1	1	1	0	0	1	1	0	0	0	1	1	1	0	0	8
97	1	1	1	0	0	0	1	1	1	1	1	0	0	0	1	9
98	1	1	0	0	0	0	1	1	1	1	0	0	1	0	1	8
99	1	1	0	0	1	1	1	1	0	0	0	0	0	0	1	7
100	0	1	1	0	0	0	1	0	1	0	0	1	1	1	0	7
Total practice score																930

PLAGIARISM CERTIFICATE

Drillbit Softtech India Pvt. Ltd

Certificate of Plagiarism Check for Dissertation

Author Name	Ms. RACHANA G M , Ms. RAVEENA SIVADAS , Ms. RESHMA B , Ms. ROSNA ROY
Course of Study	B.Sc Nursing
Name of Guide	Mrs. Vani R
Department	Fundamentals of Nursing
Acceptable Maximum Limit	10%
Submitted By	sduconlib@gmail.com
Paper Title	A STUDY TO ASSESS THE KNOWLEDGE REGARDING BENEFITS OF IODIZED SALT PRESERVATION PRACTICES AMONG HOMEMAKERS OF SELECTED HOUSEHOLDS AT KOLAR , WITH A VIEW TO CONDUCT PLANNED GROUP TEACHING PROGRAMME
Similarity	9%
Paper ID	463598
Submission Date	2022-02-17 09:38:27

Signature of Student

Signature of Guide

Head of the Department

Head of the Department
Dept. of Fundamentals of Nursing
Sri Devaraj Urs College of Nursing

Sducon Librarian

* This report has been generated by DrillBit Anti-Plagiarism Software