

A Study to Evaluate the Effectiveness of Structured Teaching Programme on Knowledge of Mothers Regarding Prevention of Selected Communicable Diseases Among Under Five Children in Selected Urban Areas of Fatehabad

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ABSTRACT

Communicable diseases are a danger to everyone. Some have been under control with vaccinations and modern technology, while others are emerging or resistant to drug treatments. They are amongst the main causes of illnesses in developing countries. These diseases affect people of all ages but more commonly to children due to their exposure to environmental conditions that support the spread. Communicable diseases are preventable base on obstructions positioned on several levels of broadcast of the disease. A study was conducted on conveniently selected 100 mothers of under five children from the selected urban areas of Fatehabad. The research tool consists of subsequent parts: Part 1: sociodemographic profile sheet, Part 2: structured knowledge questionnaire to assess the effectiveness of STP regarding knowledge of mothers about prevention of selected communicable diseases in under five children. A house to house study was organized 100 mothers of under five were interviewed as per interview schedule. The study explored that 40% samples have two children. 30% of samples have three children, 20% have one child and only 10% samples have 4 children. In pretest 90% of sample was having average knowledge and 10% of sample was having low/poor knowledge regarding prevention of communicable diseases in under five children. There was a significant improvement in posttest knowledge. 88% of the sample was having high knowledge and 12% of the sample was having regarding prevention of communicable diseases in under five children.

Keywords: communicable diseases, structured teaching programme

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INTRODUCTION

"Health implies a sound mind, in a sound body, in a sound family, in a sound environment".

An-ancient view J.E. Park.

The term health and wellness are used interchangeably. Health is often described as absence of illness. Whereas wellness is often given a more positive connotation, suggesting that it involves more than absence of illness [1]. Under five children, represent a large group and vulnerable or

high-risk group. The risk is connected with growth, development and survival. First five years are full of health hazards. Since they are high risk group, under five children are exposed to many environmental factors leading to diseases in children [2].

In this era under five children's are suffering and dying each year due to the communicable diseases like malaria, diarrhea, childhood tuberculosis, pertussis and typhoid fever etc. [3, 4]. According to

world health figures in each year nearly two million children lose their lives due to this communicable disease.

Communicable disease crisis of global proportions is today threatening hard won gains in health and life expectancy [5]. They are now the world's largest killer of children and young adults. They accounts for more than 13 million deaths a year over the next period alone, 1500 persons will expire from a communicable disease over half of them progenies under five [6]. Most deaths from infectious disease occur in developing countries.

Every three seconds a young child dies. It is currently estimated that over 21.7 million typhoid cases occur annually, with the vast majority of cases in Asia, with over 200,000 deaths [7, 8]. The age specific incidence of typhoid may be highest in children <5 years of age with relatively higher rates of difficulties and hospitalization [9, 10].

Tuberculosis is a major global public health problem with 8 million new cases of pulmonary tuberculosis in the world per year and 2.89 million deaths [11].

According to National surveys (2014) there are 2 million deaths per year from gastroenteritis in children under 5 years old. Infants and those with immunological compromise are more likely to have more severe disease and to require admission to hospital for rehydration [12, 13]. In severe cases hypovolemic shock and even death can occur. Gastroenteritis is a less severe illness than formerly but remains a significant cause of pediatric morbidity [14].

METHODOLOGY

A study was conducted in selected urban areas of Fatehabad. Population of the area is with approximately of under five

children [15, 16]. Structures Knowledge Questionnaire was developed and validated by experts in the field of nursing and community health. The research tool consisted of following parts: Part 1: Sociodemographic profile sheet, Part 2: structured knowledge questionnaire to assess the effectiveness of STP regarding knowledge of mothers about prevention of selected communicable diseases in under five children [17]. reliability of the tool was established through split-Half method on 10 mothers of under five children in urban area Fatehabad [18]. The reliability of the tool was found using Karl Perason's correlation-coefficient formula. The study is limited to the mothers of underfive children. A house to house survey was conducted 100 mothers of under five were interviewed as per interview schedule. The collected data was compiled and analyzed by descriptive and inferential statistics [19].

RESULT

Table 1 reveals the results of statistical analysis to check the association of pretest knowledge scores with selected demographic variables. The calculated chi-square value 6.229, 7.771, 44.444, 6.491, 4.257, 6.823, 3.483, 7.550 and 10.192 for age, number of children, educational status, occupation, family income, religion, type of family, type of diet and source of information respectively, showing that the association of preknowledge scores with age, number of children, occupation, family income and type of family are not significant at 5% [20]. The calculated chi-square value of educational status, religion, type of diet and source of information are higher than 7.82, showing the association of pretest knowledge scores are significant at 5%.

Table 1. Statistical analysis to check the association of pretest knowledge scores with selected demographic variables

Association of pretest knowledge scores of with selected socio-demographic variables									
Variables	Opts	High	Average	Poor	Chi test	P value	DF	Table value	Result
Age	25 years		25	6	6.229	0.101	3	7.815	Not significant
	28 years		36	4					
	30 years		19	0					
	Above 30 years		10	0					
No. of children	One		16	4	7.771	0.051	3	7.815	Not significant
	Two		34	6					
	Three		30	0					
	Four		10	0					
Educational status	Illiterate		10	0	44.444	0.000	3	7.815	Significant
	Primary and secondary		50	0					
	Pre University		10	10					
	Degree and Post Graduate		20	0					
Occupation	Housewife		70	6	6.491	0.090	3	7.815	Not significant
	Government employee		8	1					
	Private employee		6	3					
	Self employed		6	0					
Family Income	Rs 5000 to 7000		23	5	4.257	0.119	2	5.991	Not Significant
	Rs 7000 to 9000		46	5					
	Rs 9000 to 11000		0	0					
	Rs 11000 and Above		21	0					
Religion	Hindu		52	10	6.823	0.009	1	3.841	Significant
	Muslim		38	0					
	Sikh		0	0					
	Others		0	0					
Type of Family	Nuclear		54	9	3.483	0.062	1	3.841	Not Significant
	Joint		36	1					
	Extended Family		0	0					
TYPE of Diet	Vegetarian		50	10	7.550	0.006	1	3.841	Significant
	Non-Vegetarian		40	0					
Source of Information	Family		30	0	10.192	0.017	3	7.815	Significant
	Mass Media		42	10					
	Health Professional		11	0					
	Others		7	0					

Table 2. Comparison of knowledge mean score for the pretest of sample and the mean score of posttest. N=100.

Paired T test	Mean	SD	Mean diff.	Paired T test	P value	Table value at 0.05	Result
Preknowledge	15.51	2.23	6.830	42.800	<0.001	1.98	Significant
Postknowledge	22.34	1.72					
Maximum = 30 Minimum = 0							

Table 3 reveals that knowledge of mothers has improved by structured teaching programme regarding prevention of communicable diseases in under five children. In pretest 90% of sample was having average knowledge and 10% of sample was having low/poor knowledge regarding prevention of communicable

diseases in under five children. There was a significant improvement in posttest knowledge. 88% of the sample was having high knowledge and 12% of the sample was having regarding prevention of communicable diseases in under five children.

Table 3. Knowledge of mothers' score.

Criteria measure of knowledge score		
Score level (N= 100)	Pre (F%)	Post (F%)
Low (0–10)	10(10%)	0(0%)
Average (11–20)	90(90%)	12(12%)
High (21–30)	0(0%)	88(88%)
Maximum score=30, minimum score=0		

DISCUSSION AND CONCLUSION

India is experiencing an epidemiologic, demo-graphic and health change. The anticipation of life has amplified, with resulting rise in wasting diseases of elderly and life-styles. Nevertheless, communicable diseases are still dominant and constitute major public health issues.

The study is based on the Rosestoch's, Becker and Maiman's Health Belief model. This model was developed to provide a framework for understanding why some people take specific actions to avoid illness, whereas others fail to protect themselves.

In India almost 74% of people live in rural areas. It is observed that because of illiteracy, ignorance, misconception and superstition people of rural areas have developed undesirable health attitudes and practices. About 30–50% of rural school children suffer from much morbidity like worm infestations, diarrheal diseases, under nutrition, etc.

The study assessed the knowledge of mothers regarding the prevention of communicable diseases in under five children. The analysis of the finding also revealed that overall knowledge mean

score for pretest of the sample is 51.70% and after structured teaching programme the mean percentage of the sample has improved up to 74.74%.

The study concludes that most of the mothers were aware about the preventive measures and home remedies to prevent the communicable diseases among their under five children. Nurses should try to identify the problem of under five children and offer supportive counseling service to overcome the situation and provide health education to mothers of under five children, which will help in the better acceptance and implication desirable practice for their change in the life style, healthy habits and dietary practices.

Hence it was recommended that further study can be done on large study sample to validate and generalize its findings. There is need to educate the mothers on different symptoms of communicable diseases and need for treatment so that mothers can themselves identify the symptoms and seek timely treatment.

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