



## **STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE AMONG MOTHERS OF UNDER FIVE CHILDREN IN SELECTED COMMUNITY OF MASHOBRA**

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### **ABSTRACT**

**Background:** Communicable disease is an illness caused due to a specific infectious agent or its toxic products capable of being directly or indirectly transmitted from man to man, animal to animal or from environment to man or animal. These diseases are grouped as water borne, air borne, vector borne and fomite borne diseases etc. among these water borne diseases are more severe such as diarrhoea, cholera, typhoid etc. Diarrhoea is one of the commonest causes of morbidity among young children in developing countries. India has the highest infant mortality rate in the world. Diarrhoea is the second largest cause of childhood mortality in the world. More than 1.5 million children of under five age continue to die each year as a result of acute diarrhoea in developing countries. Diarrhoeal disease is a major public health problem in developing countries.

**Aim:** A Pre-Experimental study was conducted in selected community of Mashobra, Shimla H.P. with an objective to assess the knowledge regarding home management of diarrhoea among mothers of under five children, to assess the effectiveness of Structured Teaching Programme (STP) regarding home management of diarrhoea, to find the correlation between knowledge and attitude of mothers regarding home management of diarrhoea and to find the association of knowledge and attitude with selected demographic variables.

**Methodology:** Quantitative research approach was used with one group Pre-test post-test design, which is a pre-experimental research design to measure the effectiveness of Structured Teaching Programme on Management of diarrhoea at home among mothers of under five. The study was conducted in Mashobra community, Shimla. The sample comprised of 60 mothers of under five children by convenient sampling technique.

**Result:** The study findings revealed that 38(63.3%) mothers had average knowledge, 22(36.7%) had poor knowledge and 58(96.7%) mothers having neutral attitude and 2 (3.3%) mothers had negative attitude towards home management of diarrhoea, after administration



*of structured teaching programme regarding home management of diarrhoea, 58(96.7%) mothers had good knowledge, 2 (3.3%) had average knowledge and no mother had poor knowledge regarding home management of diarrhoea and 57 (95%) mothers had positive attitude, 3 (5%) had neutral attitude towards home management of diarrhoea. There was positive correlation between post-test knowledge and attitude score. There was significant association of pre-test knowledge and attitude with age of mothers.*

**Conclusion:** *There is enhancement of knowledge and attitude of mothers of under five regarding home management of diarrhoea after application of structured teaching programme.*

**Keywords:** *Mothers of under five, Knowledge, attitude, diarrhoea.*

## INTRODUCTION

Communicable disease is an illness caused due to a specific infectious agent or its toxic products capable of being directly or indirectly transmitted from man to man, animal to animal or from environment to man or animal. These diseases are grouped as water borne, air borne, vector borne and fomite borne diseases etc. among these water borne diseases are more severe such as diarrhoea, cholera, typhoid etc. Diarrhoea is one of the commonest causes of morbidity among young children in developing countries. India has the highest infant mortality rate in the world. Diarrhoea is the second largest cause of childhood mortality in the world. More than 1.5 million children of under five age continue to die each year as a result of acute diarrhoea in developing countries. Diarrhoeal disease is a major public health problem in developing countries.<sup>1</sup>

Indian scenario has made steady progress in reducing deaths in children younger than 5 years, with total deaths declining from 2.5 million in 2001 to 1.5 million in 2012. This remarkable reduction was possible due to the inception and success of many universal programs like expanded program on immunization, program for the control of diarrhoeal diseases and acute respiratory infection. Even though the deaths among children under-5 years have declined, the proportional mortality accounted by diarrhoeal diseases still remains high.<sup>2</sup>

Diarrhoea can last several days, and can leave the body without water and salts that are necessary for survival. In the past, for most people, severe dehydration and fluid loss were the



main causes of diarrhoea deaths. Now, other causes such as septic bacterial infections are likely to account for an increasing proportion of all diarrhoea-associated deaths. Children who are malnourished or have impaired immunity as well as people living with HIV are most at risk of life-threatening diarrhoea.<sup>3</sup> The diarrhoea germs usually spread readily among children who have not learned to use the toilet. The spread of the infection can be reduced if adults and children wash their hands carefully after every diaper change or toilet visit, and before preparing and eating food.<sup>4</sup>

Harmful practices in the management of childhood diarrhoea are associated with negative health outcomes. These practices include restriction of fluids, breast milk and food intake during diarrhoea episodes, and incorrect use of modern medicines. Infant and young children who have acute, mild or moderate diarrhoea usually recover well with approximate treatment; now a days ASHA worker would undertake distribution of ORS packets to households with under-five children in her village. ORS-Zinc Corners will be set-up at health care facilities and non-health facilities such as Schools and Anganwadi centers.<sup>5</sup>

Diarrhoea prevalence can be reduced through hygiene education and point-of use household water treatment such as boiling. In order to maximize the impact on children's health in the given rural setting, future interventions must assure systematic and regular hygiene education at the household and community level.<sup>6</sup>

### **OBJECTIVES**

1. To assess the pre-test knowledge and attitude regarding the management of diarrhea at home among mothers of under five children in selected community at Mashobra, Shimla (H.P.).
2. To assess the post-test knowledge and attitude regarding the management of diarrhea at home among mothers of under five children in selected community at Mashobra, Shimla (H.P.).
3. To assess the effectiveness of Structured Teaching Programme on knowledge and attitude regarding the management of diarrhoea at home among mothers of under five children in selected community at Mashobra, Shimla( H.P.).



4. To find the co-relation between knowledge and attitude regarding the management of diarrhoea at home among mothers of under five children in selected community at Mashobra, Shimla (H.P.).
5. To find association between the knowledge and attitude regarding the management of diarrhoea at home among mothers of under five children with selected demographic variables in selected community at Mashobra, Shimla (H.P.).

### **METHODOLOGY**

Quantitative research approach was used with one group pre-test post-test design, Which is pre-experimental research design to measure the effectiveness of Structured Teaching Programme on management of diarrhoea at home among mothers of under five. The study was conducted in Mashobra community. The sample comprised of 60 mothers of under five children by convenient sampling technique. The questionnaire comprised of three sections; section first had questions related to demographic variables (Age, qualification, occupation, family income, source of knowledge, type of family), Section two consists of questions about knowledge, while section three consists of five point likert scale.

Data was analyzed by descriptive and inferential statistics i.e. frequency and percentage distribution, mean percentage, median, karl pearson to check the correlation between knowledge and attitude and chi square to determine the association between knowledge and attitude with selected demographic variables.

### **RESULTS**

#### **SECTION 1: Demographic characteristics**

Majority of the study subjects 45% were in the age group of 24-29 years, Most of the study subjects 63.3% were home maker, Majority of study subjects 50% were matriculate, Majority of study subjects 46.7% were on private job, Majority of study subjects 48.3% fathers were matriculate, Majority of study subjects monthly income 53.3% had Rs. 10000, Majority of study subjects 73.3% belongs to joint family, Most of the study subjects 70% had previous knowledge regarding diarrhoea management.



**SECTION 2: Comparison of pre-test and post- test knowledge score regarding home management of diarrhoea among mothers of under five children.**

N=60

Paired t-Test	Mean	SD	Mean%	Mean Diff.	Paired t- test	Table Value at 0.05
Pre-test Knowledge	7.97	1.377	39.83	9.533	37.989*	2.00
Post test Knowledge	17.50	1.420	87.50			

**SECTION 3: Comparison of pre-test and post- test attitude score regarding diarrhoeal home management among mothers of under five children**

N =60

Paired t-Test	Mean	SD	Mean%	Mean Diff.	Paired t- test	Table Value at 0.05
Pre-test Attitude	24.522	2.849	49.03	20.817	35.474*	2.00
Post test Attitude	45.33	3.772	90.67			

**SECTION 4: Co-relation between knowledge and attitude regarding home management of diarrhoea among mothers of under five children.**

There was statically significant correlation between post knowledge and post attitude score of mothers of under five children regarding home management of diarrhoea.



**SECTION 5: Association between knowledge and attitude regarding home management of diarrhoea among mothers of under five children with selected demographic variables.**

There was only significant association of pre-test knowledge and attitude with age of mothers, In post-test there was no significant association with selected demographic variables.

**CONCLUSION**

On the basis of findings of present study, the following were drawn. The pre-test knowledge score of mothers of under five children was (39.83%) and attitude score was (49.03%). The post-test knowledge score of mothers of under five children was (87.50%) and attitude was (90.67%). There was significant difference (9.533) in pre-test and post-test knowledge and (20.817) in pre-test and post-test attitude of mothers of under five children after administration of Structured Teaching Programme. Hence it can be concluded that Structured Teaching Programme was effective in increasing the knowledge and attitude of mothers of under five children regarding home management of diarrhoea.

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