A Study To Assess The Effectiveness Of Structured Teaching Programme On Knowledge Regarding Diarrhea Among Mothers With Under Five Children

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Abstract

Objectives: The objective of the study was to assess the level of knowledge regarding diarrhea among mothers with under five children. Methods: quasi-experimental study, Purposive sampling technique. Results: The obtained value was 14.6 which was significant at p < 0.05 level. Conclusion: The knowledge score had statistical significant relationship with age of the child.

Key words: Knowledge, Diarrhea, Structured teaching programme, structured teaching interview

"Nature abounds in many a charming object but none as sweet as a child" - B.S.Surti

A child is an important asset to his family and society, child is a precious gift with lots of potential, and they are the best resource for the nations. But when the children are affected with illness like diarrhea their potential go down and they will become malnourished. Diarrhea is defined as the passage of loose, liquid (or) watery stools. These liquid stools are usually passed more than 3 times a day. Diarrhea is still a major killer Disease of under five children, although its rate has dropped in the past decade from 1-2 million deaths in 2000 to 0.7 million in 2011. leading cause of death, during complex emergencies and natural disasters. Displacement of population into temporary over crowded shelters is often associated with polluted, environment, waste source inadequate sanitation, and poor hygienic practices, contaminated food that leads to spreading of diarrhea. At the same time, the lack of adequate health care services and poor transport facilities reduce the likelihood to promote appropriate treatment of diarrhea cases.1

Need for study

"Teach a mother about health and she will teach rest of the mankind"

Diarrheal diseases are one of the leading causes for less than one-year children’s morbidity and mortality. One of the important objectives of the "Childsurvival and safe motherhood programme" is to reduce diarrheal related deaths of under five children. Diarrhea and malnutrition represent a dangerous web, which can be removed by promoting exclusive breast feeding, hygienic weaning practices, safe drinking water, hand washing, improved nutrition and promotion of standard care management.3
The awareness of mothers about health, disease, and preventive services is a parameter, by which, we can measure the progress of the family, the community, and the country. Lack of awareness can lead to improper utilization of health care services. Effective health education and management will produce better outcomes.2

**Statement of the Problem**

A study to assess the effectiveness of structured teaching programme on knowledge regarding diarrhea among mothers with under five children in selected Government Hospital at Aruppukottai.

**Objectives of the study**

- To assess the pre test knowledge level of mother with under five children regarding diarrhea.
- To assess the posttest knowledge level of mother with under five children regarding diarrhea.
- To evaluate the effectiveness of structured teaching program regarding diarrhea among mothers with under five children.
- To find out the association between the level of knowledge of mothers with under five children with selected demographic variables.

**Research methodology**

**Research Approach**

Quantitative Approach

**Research Design**

Pre-experimental research design.

**Settings of the study**

The study was conducted in Government hospital at Aruppukottai. It is situated 25km away from V.V.V Nursing College for Women. In this area most the under five children are affected by diarrhea.

**Study Population**

The population selected for this study was the mothers with under five children who are admitted in Pediatric ward in Government Hospital at Aruppukottai.

**Sampling Technique**

Purposive sampling technique was adopted for this study.

**Sample Size:** 30

**Analysis and interpretation of data**

Table I: Distribution of samples based on the knowledge level before structured teaching program N=30

<table>
<thead>
<tr>
<th>S.No</th>
<th>Scoring Value</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adequate (75-100)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Moderately adequate (50-75)</td>
<td>19</td>
<td>63.3%</td>
</tr>
<tr>
<td>3</td>
<td>Inadequate (&lt;50)</td>
<td>11</td>
<td>36.7%</td>
</tr>
</tbody>
</table>

Table I: Represents the pretest knowledge of mothers, regarding Diarrhea, in that 63.3% (19) mothers were having moderately adequate knowledge and 36.7% (11) mothers were having inadequate knowledge.

Table II: Distribution of samples based on the knowledge level after structured teaching programme N=30

<table>
<thead>
<tr>
<th>S.No</th>
<th>Level of knowledge</th>
<th>No</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adequate (75-100)</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>2</td>
<td>Moderately adequate (50-75)</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>3</td>
<td>Inadequate (&lt;50)</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Table 2, Represents the post test knowledge of mothers regarding Diarrhea, in that 70% (21) mothers were having adequate knowledge and 30% (9) mothers were having moderately adequate knowledge.

Table III: A comparison of mean pretest and post test knowledge score N=30

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Demographic Variables</th>
<th>Knowledge Score Below</th>
<th>Knowledge Score Above</th>
<th>X2 Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Less than 2 years</td>
<td>5</td>
<td>4</td>
<td>9.38</td>
</tr>
<tr>
<td></td>
<td>3 years</td>
<td>5</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4 years</td>
<td>0</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 years</td>
<td>2</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

*Significant at 0.05 level.

To compare the mean pre test and post test knowledge score of sample who had received structured teaching programme, the null hypothesis was stated as follows:

There was no significant difference between the mean pretest and mean post test knowledge level of the mother after structured teaching programme.

Table 3, Represents that the mean posttest score 39 was higher than the mean pretest score 24.5, the obtained 't' value 14.6 was statistically significant at p< 0.05 level. This indicates that the mean difference of 14.5 was a true difference. Hence the above findings supports the research hypothesis, the null hypothesis was rejected

**Major findings of the study**

In this group, 19 (63.3%) of mothers had adequately adequate knowledge and 11 (36.7%) had inadequate knowledge in pretest. After the structured teaching programme, in posttest 21(70%) had adequate knowledge and 9 (30%) had moderately adequate knowledge about diarrhea.

The mean posttest score 39 after administration of structured teaching programme is higher than the mean pretest score 24.5. The obtained 't' value was 14.6 which was significant at 0.05 level. There was a significant difference between the mean pretest and post test level knowledge of mother, regarding Diarrhea.

**Recommendations**

- A similar study can be done in mothers with under five children regarding other Gastro intestinal disorders.
- A similar study can be done in various aspects of management of diarrhea.

Table IV: Association between the mean posttest knowledge level with demographic variables of child

There was a Significant Association between the Age and the Level Of Knowledge.
Limitations

- Mothers with under five children who are admitted in OBG ward, government hospital at Aruppukottai.
- Data collection period is delimited for week.

Conclusion

Effective health education, home care management, fluid replacement ORS therapy, Integrated management of Neonatal and childhood illnesses will reduce the severity of diarrhea and provide good outcome.

References


TIPS FOR POSITIVE MENTAL HEALTH

Mrs. Sujatha M

Manage stress
View stressors positively. Focus on the things you can control instead of those that you cannot.

Build confidence
Be aware of your abilities and build on your strengths to be the best you can be.

Make time for family and friends
Spending quality time with your family and friends is a great way to recharge.

Eat right, keep fit
A balanced diet, regular physical activity, and rest can help you to reduce stress and enjoy life.

Be at peace with yourself
Get to know who you are, what makes you happy, and learn to balance what you can and cannot change about yourself.

Volunteer
Helping others gives you a sense of purpose and satisfaction that paid work cannot.

Share your problems
Sharing a problem with others who have had similar experiences may help you find a solution and will make you feel less isolated.

Identify & deal with moods
Find safe and constructive ways to express your feelings of anger, sadness, joy and fear like writing in your journal or painting.

Give and accept support
Surround yourself with family and friends who are supportive, and lend your support to them in turn.