



EFFECT OF A COMPREHENSIVE TEACHING PROGRAMME ON KNOWLEDGE OF MOTHERS REGARDING HOME MANAGEMENT OF UNDER FIVE CHILDREN WITH DIARRHOEA: A QUASI EXPERIMENTAL STUDY

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ABSTRACT

Diarrhoeal disease is the second leading cause of death in children under five years old, and is responsible for killing 1.5 million children every year. A quasi experimental study was conducted at Pediatric wards of Taluk Head Quarters Hospital, Cherthala to assess the effect of a teaching program on knowledge regarding management of diarrheal disease among under five children. The sample for the study consist of 110 mothers of under five children in the first phase and 60 mothers in the second phase and the researcher recruited the subjects using purposive sampling technique. The findings of this study has shown that majority of the mothers had poor knowledge regarding home management of under five children with diarrhoea before the structured program. Out of a total of 110 samples, the majority of the mothers got less than 50% score in the pre test. After the Structured Teaching Programme, there was a significant increase in the level of knowledge in the post test.

KEYWORDS : Diarrhoea, under five children, quasi experimental study

Introduction

Diarrhoeal disease is the second leading cause of death in children under five years old, and is responsible for killing 1.5 million children every year. Diarrhoea can last several days, and can leave the body without the water and salts that are necessary for survival. Most children who die from diarrhoea actually die from severe dehydration and fluid loss. Children who are malnourished or have impaired immunity are most at risk of life-threatening diarrhoea.

The prevalence of diarrhoea infections in children under six years old increased from 12% in a DHS (District Health Survey) (1998-99) to 30% in an ENCOVI 2000 study. 35% of these children in rural areas suffer from diarrhoea compared to 25% of children in urban areas. (The Centre For Sustainable Development, 2010)

In 1982, (UNICEF) on the basis of a review of active surveillance data from studies conducted in the 1950s, 1960s and 1970s, it was estimated that 4.6 million children died annually from diarrhoea. In 1992, a review of studies conducted in the 1980s suggested that diarrhoeal mortality had declined to approximately 3.3 million annually. Both reviews estimated that children in the developing world experienced a median of 3 episodes of diarrhoea every year.

Alam, S. & Mushtaq, M. (2009) conducted a study on management of acute diarrhoea from evidence to policy in New Delhi. They said diarrhoea remains an important contributor to childhood deaths in India. About 10% of infants and 14% of 0 – 4 year children die due to diarrhoea in India. A study conducted on antibiotic associated diarrhoea in children at UP showing, the prevalence of antibiotic associated diarrhoea [ADD] is around 11%. That is prevalence of antibiotic associated diarrhoea is low and majority will respond to discontinuation of antibiotic.

Banerjee, B., Hazra, S. & Bandyopadhyay, D. (2003) investigated and found that diarrhoea is most common in children especially the age group below 5 years. A study conducted to assess the magnitude of the problem of diarrhoea and time of initiation of its management in under five children of different socio economic status, in an urban area of West Bengal. Overall prevalence of diarrhoea was 31.67%, highest in lower socio economic class (41%). Prevalence was higher in the girls, though not significant.

Materials and Methods

This quasi experimental Study was conducted to evaluate the effectiveness of the Comprehensive Teaching Programme on knowledge level of mothers regarding home management of under five children with diarrhoea. Quasi experimental one group pre and posttest design was used following a quantitative approach. The setting of the study was Pediatric wards of Taluk Head Quarters Hospital, Cherthala. The sample for the study consist of 110 mothers of under five children in the first phase and 60 mothers in the second

phase and the researcher recruited the subjects using purposive sampling technique. Section **A** consists of socio demographic variables- age, education, religion, occupation, monthly income, type of family, place of residence, number of living children, duration of hospitalization, source of information regarding diarrhoea. Section **B** consist of 25 multiple choice questions with 4 alternative responses including one correct answer to assess the knowledge level of samples regarding home management of diarrhoea. The respondents were required to select the best possible option by marking against the acceptable answer. The Structured Teaching Program comprises of a brief description on diarrhoea, its causes, clinical manifestations, diagnostic evaluation, complication, management, home management and prevention of diarrhoea in children. It will provide a detailed description on diarrhoea its causes, management and prevention. Research proposal including the data collection tool was presented before the Institutional Ethical Committee. After making corrections suggested by the ethical committee the investigator got the ethical clearance from the Institutional Ethical Committee.

Results

1. Socio demographic characteristics of subjects

The sample characteristics are described under the sub headings of age, educational qualification, religion, occupation, monthly income, type of family, place of living, number of children, previous hospitalization, duration of hospitalization, source of information regarding diarrhoea. 40% of the mothers belongs to the age group of 26 – 30 years, 23.6% of the mothers belongs to the age group of 20-25 years, 20% belongs to the age group of 31- 35 years and only 16.4% belongs to above 35 years. 56.4% of the mothers have primary school education, 18.2% have high school education, 14.5% have pre degree, 6.4% mothers have technical education, 3.6% of mothers are graduate and only .9% mother have post-graduation. Out of total samples, 74.5% belongs to Hindu religion, 15.5 % samples belong to the Christian religion and the rest 10% belongs to Muslim religion. 75% have an occupation of house wife, 14% of mothers are working both in the government sector and self-employment and only 7% have an occupation in private sector. 79.1% belong to the income category <5000, 17.3% of mothers who belongs to the category of 5001-10,000, 3.6% of mothers belongs to 10,001- 20,000 category. And there is nobody in the category of 20,001 and above. Out of total samples, 81% of mothers belong to the nuclear family, 24.5% belong to joint family and only 1.8% of mothers belong to the extended family. 90.9% of mothers live in rural area and 90.1% belongs to the urban area. 59.1% of mothers have single child, 29.1% mothers have two children, 10% of mothers have three children and only 1.8% have more than three children. When we consider the previous hospitalization history, 55.5% children had no history of previous hospitalization, 30.9% children had the history of previous hospitalization once, 8.2% had two times hospitalization, 3.6% had three time hospitalization, and 1.8% had

more than three times hospitalization. Out of the total sample, 38% of the mothers said that, the duration of hospital stay is 3 days, 28% had 2 days hospital stay was, 2% had 4 days hospital stay and only 19% had more than 4 days duration of hospital stay. 5.5% of mothers received the information regarding diarrhea from health personnel, 19.1% had no previous information regarding diarrhea and 12.7 % had access to information from the relatives, friends and neighbors and also 12% of mothers depended on the media.

2. Effect of the structured teaching program in terms of gain in knowledge regarding home management of diarrhea (n=170)

	Pre test		Post test	
	Frequency	Percentage	Frequency	Percentage
Very good (22-25)	8	7.3%	1	1.7%
Good (18-21)	11	10%	41	68.3%
Average (13-17)	31	28.2%	18	30%
Poor (<13)	60	54.5%	0	0
Total	110	100%	60	100%

Majority of 54.5% mothers had poor knowledge (below 13) regarding home management of under five children with diarrhoea and 28.2% mothers had average knowledge(13-17). 10% mothers had good knowledge and 7.3% mothers had very good knowledge. Whereas in the post test after Structured Teaching Programme majority of 68.3% mothers had good knowledge(18-21), 30% mothers had average knowledge(13-17) and 1.7% mother had very good knowledge regarding home management of under five children with diarrhoea. The above mentioned data clearly depicts that there is a definite increase in knowledge score after Structured Teaching Programme.

3. Association between level of knowledge and selected socio demographic variables.

In the present study association was tested by chi square test and the following were the findings. There is no significant association between age, type of family, place of living, monthly income, number of children, previous hospitalization, and knowledge of mothers regarding home management of under five children with diarrhoea (P>0.05). There is a significant association between education, occupation, religion, duration of hospitalization, source of information and knowledge level of mothers(P<0.05)

Discussion

The findings of this study has shown that majority of the mothers had poor knowledge regarding home management of under five children with diarrhoea before the structured program. Out of a total of 110 samples, the majority of the mothers got less than 50% score in the pre test. After the Structured Teaching Programme, there was a significant increase in the level of knowledge in the post test. So the structured teaching program is effective in increasing the knowledge level of mothers of under five children. The findings were consistent with a survey of mother's knowledge about childhood diarrhoea and its management among a marginalized community of Morang, Nepal. The finding of the study was overall knowledge about diarrhoea and its management at home was poor among the mothers of Musahar community. Although mothers were aware about diarrhoea and its home management, their knowledge pertaining to vital issues such as danger signs of dehydration, actual role of oral rehydration fluids during diarrhoea, correct and complete preparation of ORS and SSW solutions and the correct amount of ORS solution to be given to children during diarrhoea was very poor. Thus there is a need for extensive educational interventions. (Ansari, M. 2011)

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