



EFFECT OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE OF MOTHERS OF CHILDREN AGED 6 -12 YEARS REGARDING TYPHOID FEVER: AN EXPERIMENTAL STUDY

Nursing

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ABSTRACT

The burden of typhoid fever shows substantial variation within as well as between countries. The research design selected for this study was one group pretest, post test design. This study was conducted in mothers of children between 6-12 year in in-patient department of district hospital at Tumkur. Based on the availability, 60 mothers of children between 6- 12 years were selected for the study. The face to face interviews with the subjects from the experimental group was conducted by the investigator personally by using the structured interview schedule before and after implementation of structured teaching programme. The investigator collected both pre-test and post-test group data and also implemented the structured teaching programme. Pre-test was conducted on the mothers of children between 6 -12 years who came in inpatient department of the District Hospital, Tumkur by using questionnaire regarding typhoid fever during the first 2 weeks. Immediately after pre-test, through structured teaching programme on typhoid fever was taught to mothers of children between 6-12 years in group. Significant difference was found in pre and post test knowledge level. There was significant association between post test knowledge level and selected demographic variables such as age, religion, number of children between 6-12 years, education, occupation, income, previous history of typhoid fever etc.

KEYWORDS

Knowledge, Typhoid, Typhoid Fever, Mothers of children under 12.

INTRODUCTION

Typhoid fever is a systematic clinical syndrome by certain salmonella organism. It encompasses produced by certain salmonella typhi, and Para typhoid fever is caused by salmonella Para typhi. Typhoid fever is transmitted via the fecal oral route or urine. This may take place directly through solid hands, contaminated with faeces or urine of cases or carrier or indirectly by ingestion of contaminated water, milk, food or through flies.

The incidence of typhoid and paratyphoid varies geographically, with south-central and south-east Asia having the highest incidence—typically exceeding 100 cases per 100,000 person-years for typhoid and with lower, variable rates for paratyphoid. In one multicenter study, the annual incidence of typhoid per 100,000 children aged 5–15 years was 180 in North Jakarta, Indonesia, 413 in Karachi, Pakistan and 494 in Kolkata, India. In the same settings, the annual incidence of paratyphoid was considerably lower, with the highest annual incidence reported from Pakistan of 72 per 100,000 children aged 2–16 years.

The burden of typhoid fever shows substantial variation within as well as between countries. Commonly identified risk-factors include a lack of clean drinking water, poor sanitation, inadequate hygiene practices and low socio-economic status. Outbreaks may occur following a defined event of food or water contamination with the bacterium, in which case locally-specific risk factors or exposures may be identified e.g. eating milk products from a sweet shop,. In some instances the originating infection may be a chronic carrier who persistently sheds the bacterium as a result of infection of the gall bladder. Chronic carriage occurs following primary infection in approximately 2–5% of cases in the absence of antibiotic treatment and is strongly dependent on age and sex. However, the contribution of chronic carriers to typhoid transmission in endemic regions is unknown.

If the mother have adequate knowledge about typhoid fever and its case most of the dreaded complication can be prevented & bring up possible healthy child. Thus the assessment of level of knowledge of mothers and also the effect of structured teaching program in improving their knowledge is very much needed. Hence the investigator undertook this study.

MATERIALS AND METHODS

The research design selected for this study was one group pretest, post test design. This study was conducted in mothers of children between 6-12 year in in-patient department of district hospital at Tumkur. Population selected for the study was mothers of children between 6-12 years who came to in-patient department in district hospital. All mothers fulfilling the inclusion criteria were selected for the study. Based on the availability, 60 mothers of children between 6- 12 years were selected for the study. The face to face interviews with the subjects from the experimental group was conducted by the

investigator personally by using the structured interview schedule before and after implementation of structured teaching programme. The STP was titled as teaching programme for mothers of children between 6-12 years regarding knowledge on introduction, transmission, signs and symptoms, investigations and treatment, supportive therapy and prevention of typhoid fever. It includes (1) an introduction (2) guidelines to use teaching programme (3) General objectives (4) Specific objectives (5) Content (6) Reference. Prior to collection of the data, permission was obtained from the Medical Officer, District Hospital, Tumkur. The data was collected for a period of 6 weeks. The investigator collected both pre-test and post-test group data and also implemented the structured teaching programme. Pre-test was conducted on the mothers of children between 6 -12 years who came in inpatient department of the District Hospital, Tumkur by using questionnaire regarding typhoid fever during the first 2 weeks. Immediately after pre-test, through structured teaching programme on typhoid fever was taught to mothers of children between 6-12 years in group. Time period was 60 minutes for the period of 1 week. Evaluation was done by conducting post-test after one week of structured teaching programme in the last 2 weeks.

RESULTS

Socio demographic variables

22(36.67%) of the subjects belong to 25- 35 years, and 16 (26.67%) of subjects belong to < 25 years and the rest of 12(20%) belong to 35-45 years least subjects 10(16.66%) belongs to above >45 years.

41(68.33%) of the subjects had one children in the age group 6-12 years, and 15 (25%) of subjects two children between 6-12 years and the least 4 12(6.67%) had three and more children in the age group 6-12 years. 24(40%) of the subjects were Hindus, 19 (31.67%) of subjects were Muslims and 9(15%) of the subjects were others the least 8(13.33%) of the subjects belongs to Christian community.

44(73.33%) of the subjects were from nuclear family, and the least 16(26.67%) of the subjects were from joint family. The large number 23(38.33%) of the subjects educational status was high school. Distribution of the mothers of children between 6-12 years by occupation, that the percentages are 20 (33.33%) are housewife, 5 (8.33%) are agricultural, 13 (21.67%) are government employees, 14 (23.33%) are coolie and 8 (13.33%) of private employees.

The majority of mothers 61.67% preferred government agencies for health services and only 38.33% of mothers were using private agencies for health services. The majority of mothers 49 (81.67%) were consuming water from public tanks and only 11(18.33%) of mothers were consuming water bore well. The majority mothers 51(85%) told that their children had no previous history of typhoid fever and mere 9 (15%) mothers told that their children had previous one episode of typhoid fever.

Table 1 Mean and Mean score percentage of pre and post test knowledge regarding typhoid fever

Knowledge	Maximum Possible	Pretest		Post test		Gain in mean score percentage
		Mean	Mean score%	Mean	Mean score %	
introduction	6	3.22	53.67	4.47	74.5	20.83
Transmission, signs & symptoms	5	2.18	43.6	3.27	65.4	21.8
Investigation & treatment	9	3.37	37.44	5.92	65.78	28.34
Supportive therapy	7	1.78	25.43	4.25	60.71	36.28
Prevention	6	1.97	31.83	4.33	72.17	40.34
OVERALL	33	12.52	37.94	22.24	67.39	29.45

The table 1 reveals that the mean score percentage of post test knowledge on introduction of typhoid fever is greater than the pre test knowledge.

Table 2 Mean, SD of knowledge scores t value and p value

S. No.	Assessment	Pretest		Post test		paired 't' value	P-Value
		Mean	SD	Mean	SD		
1.	Introduction	3.22	1.14	4.47	1.42	11.58 ⁺	P<0.05
2.	Transmission, signs & symptoms	2.18	1.23	3.27	1.26	6.19 ⁺	P<0.05
3.	Investigation & treatment	3.37	1.59	5.92	1.31	14.28 ⁺	P<0.05
4.	Supportive therapy	1.78	1.17	4.25	1.40	14.61 ⁺	P<0.05
5.	Prevention	1.97	1.15	4.33	1.08	10.33 ⁺	P<0.05
6.	Over all	12.52	2.19	22.24	3.41	27.19⁺	P<0.05

From table 1 data, it is inferred that the interventional programme is very much effective in increasing the knowledge of typhoid fever.

Association between pretest knowledge and demographic variables

In order to examine the association between these variables the chi-square test was worked out. Among these variables accounted for association, the variables educational status ($\chi^2=16.9$, df=1), number of children in 6-12 ($\chi^2=0.385$ df=1) religion ($\chi^2=0.00$, df=1), family income ($\chi^2=0.0$, df=1) type of family ($\chi^2=0.682$, df=1) occupation ($\chi^2=0.60$, df=1) health service ($\chi^2=0.564$, df=1) history of typhoid fever ($\chi^2=0.588$, df=1) were found to be statistically significant with pre-test knowledge on typhoid fever at 5% level i.e., P<0.05. The remaining characters were not found to be statistically significant i.e., P>0.05

DISCUSSION

Study results evidently supports that the structured teaching programme is significantly effective in promoting the knowledge on typhoid fever. So the mean post test knowledge score of mothers undergoing structured teaching programme will be significantly higher than their mean pre-test knowledge scores.

A similar study was conducted to assess the knowledge of environmental hygiene among the school children in march 1994 at Zaria, Nigenia. A stratified random sample of 192 pupils consisting of 1001 (52.6%) males and 91 (47.4%) females. The information was obtained regarding (1) personal data age, sex, Present class in school total years of schooling and family size (2) parental education and occupation (3) student Knowledge of environment hygiene, students had good knowledge of the subject. Most with literate parents have scored more than the illiterate. 78% of household surveyed had functioning pipe-born water supply; 22% household obtained water from wells. 70.1% of household used pit latrine for sewage disposal (Only 36% had toilets that were clean). The study recommended that the school authority to focus more effort on the provision of a safe and adequate water supply good drainage system additional toilets and renovations of existing toilets

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