

A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON KNOWLEDGE REGARDING ACUTE RESPIRATORY TRACT INFECTIONS AMONG MOTHERS OF UNDER FIVE CHILDREN IN SELECTED RURAL COMMUNITY AT SOLAN, HIMACHAL PRADESH

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Abstract

Background: In any community, mothers and children constitute a priority group. Acute respiratory tract infections is considered as one of the major public health problem and it is recognized as the leading cause of mortality and morbidity in most of the country. to assess the knowledge and effectiveness of structured teaching programme regarding acute respiratory tract infection among mothers of under five children A pre-experimental study was conducted in 2021 in selected rural area of district, Solan, Himachal Pradesh. sample of 60 mothers of under five children were selected using non-probability purposive sampling technique. Pre-test was conducted and same day, structured teaching programme was administered. After relapse of seven days, post-test was conducted using self-structured questionnaire. Result: the findings showed that mean pretest knowledge score was 19 ± 3.081 and posttest mean knowledge score was 32.97 ± 2.147 with mean difference of 13.970. paired 't' test was applied and the value of 't' was 28.639, P is < 0.001 which was found to be significant and effectiveness seen in knowledge level of 34.92%, which interpreted that majority of mothers has gained knowledge to adequate level regarding acute respiratory tract infections.

Keywords: Effectiveness, Structured Teaching Programme, Knowledge, Acute Respiratory tract infection

INTRODUCTION

Children are our future. The development of children is basically affected by what happens to their health status during early years of life¹. Acute respiratory infections (ARIs) are a substantial cause of morbidity and mortality in young children, and it is a major public health problem in both developed and developing countries. Acute respiratory infections (ARIs) are classified as upper respiratory tract infections (URIs) or lower respiratory tract infections (LRIs)². ARI contributes to 15-30% of all under five deaths in India and most of these deaths are preventable.³ Government is introducing various measures to further reduce under 5 mortality in India, especially death due to vaccine preventable diseases.⁴

OBJECTIVES

1. To assess pre test level of knowledge regarding acute respiratory tract infections among mothers of under five children in selected rural community at Solan, Himachal Pradesh.
2. To assess post test level of knowledge regarding acute respiratory tract infections among mothers of under five children in selected rural community at Solan, Himachal Pradesh

3. To evaluate the effectiveness of structured teaching programme regarding acute respiratory tract infections among mothers of under five children in selected rural community at Solan, Himachal Pradesh.
4. To find out the association of post test knowledge regarding acute respiratory tract infections with their selected demographic variables.

METHODOLOGY

A pre-experimental (one group pre-test post-test) design was used and data was collected from 60 mothers of under five children, who were available at the time of study and willing to participate. The study was conducted in selected rural area of Dharampur, district Solan (Himachal Pradesh).

Non-probability purposive sampling technique was used and structured knowledge questionnaire was prepared to collect data. The tool comprised of three sections: section A included questions regarding socio-demographic variables of mothers like Age, religion, Educational Qualification of mother, Type of family, Family income per month, Occupation of Mother, Any previous source of information, Use of smoky fuel and Family history of smoking. Section B included structured knowledge questionnaire which consists of 40 items regarding acute respiratory tract. Section C was structured teaching programme. To ensure the validity of tool, it was submitted to 7 experts. The reliability of tool was assessed by using test-retest method and was calculated by Karl Pearson correlation coefficient. Where 'r' value is 0.79.

Ethical approval was taken from Director of Health Services, Shimla, Himachal Pradesh to conduct the research study. Written and informed consent was obtained from the subjects before data collection and assurance was given and maintained regarding confidentiality of results.

RESULTS

Frequency and percentage wise distribution of subject according to their socio demographic variables revealed the major findings that out of 60 mothers, 43.3% of them were between age of 26-30 years. 91.7% of mothers were Hindu and majority of them have high school education with a percentage of 36.7%. Only 53.3% of mothers had nuclear type of family and majority of mothers had family income Rs20,001 -30,000 with 33.3%. Most of them were home maker with 53.3%. Majority 73.3% of mothers were not having any previous source of information and 61.7% of mothers use smoky fuel for cooking. 60% of them were not having family history of smoking.

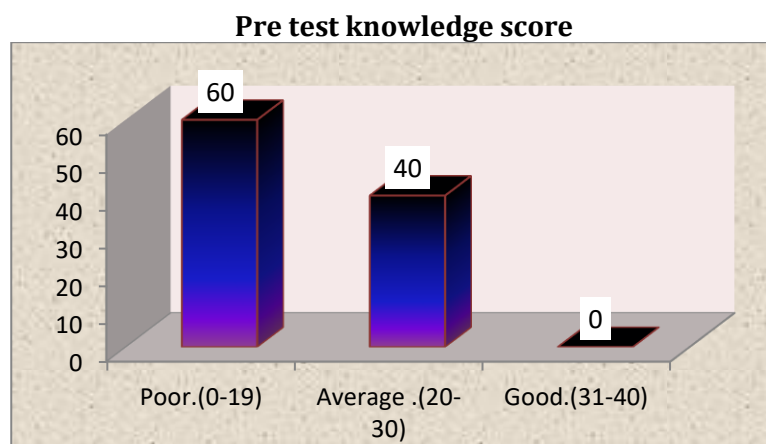


Figure 1: Percentage distribution of mothers according to their knowledge level in pre-test.

As per the mentioned figure, majority of mothers were having poor knowledge level of 60% leading by 40 % of mothers with average knowledge level regarding acute respiratory tract infections. None of the mother having under good level.

Table 1: Mean, Standard deviation and mean percentage of pre-test knowledge level of mothers regarding acute respiratory tract infections (N=60)

| DESCRIPTIVE STATISTICS | MEAN | S.D. | MEAN% |
|------------------------|------|---------|-------|
| PRETEST KNOWLEDGE | 19 | ± 3.081 | 47.50 |

MAXIMUM= 40MINIMUM=0

Table 1 depicts that pre-test mean knowledge level 16 ± 3.081 which is 47.50% of total mean percentage. Hence it can be interpreted that knowledge of majority of mothers regarding acute respiratory tract infections were poor.

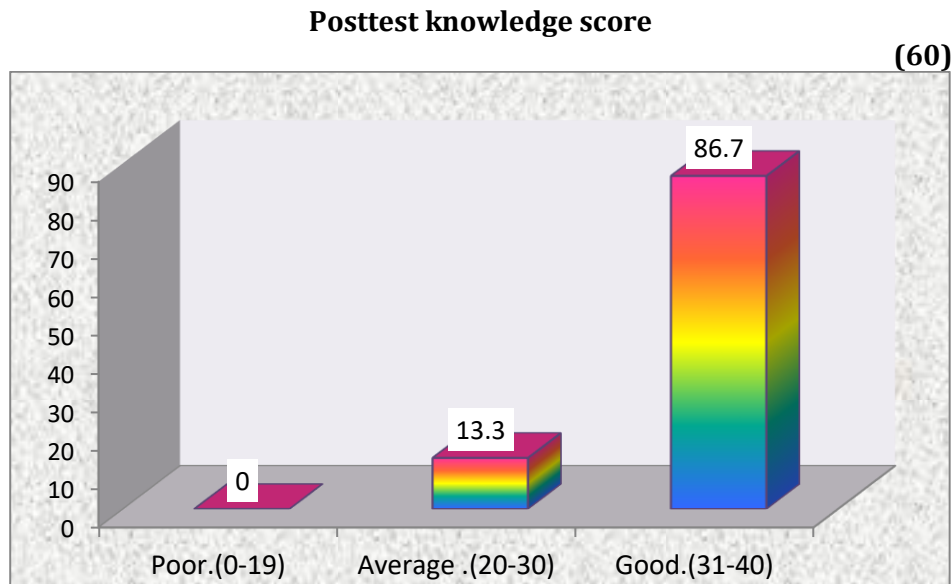


Figure 2: Percentage distribution of mothers according to their knowledge level in post-test.

Above mentioned figure shows that majority of mothers had good knowledge with 86.7% following by 13.3% having average knowledge level and none of mothers were falling under poor knowledge level regarding acute respiratory tract infections.

Table 2: Mean, standard deviation and mean percentage of post-test knowledge level of mothers regarding acute respiratory tract infections. (N= 60)

| DESCRIPTIVE STATISTICS | MEAN | S.D. | MEAN% |
|------------------------|-------|-------|-------|
| POSTTEST KNOWLEDGE | 32.97 | 2.147 | 82.42 |

MAXIMUM= 40MINIMUM=0

Effectiveness of structured teaching programme

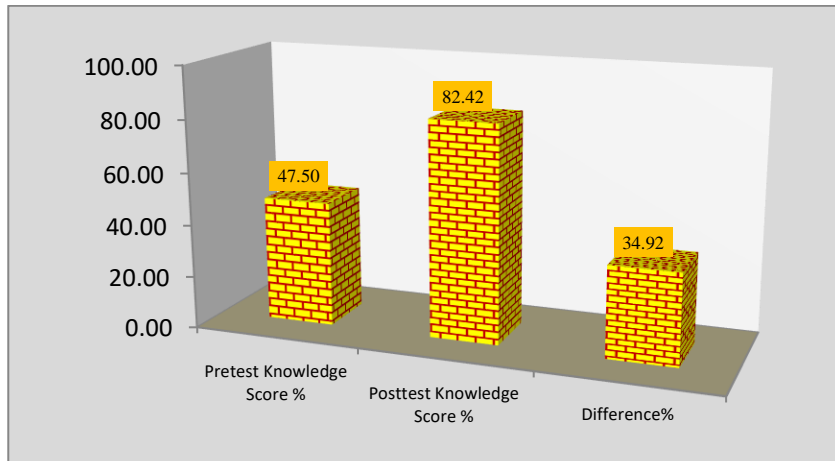


Figure 3: Percentage wise distribution of mothers according to mean percentage of pretest, posttest and their differences.

Above mentioned figure shows distribution of mothers according to mean percentage of pre-test 47.50 % and after implementation of structure teaching program, the mean percentage of post-test was 82.42 % with the mean percentage difference of 34.92%.

Hence it can be concluded that there is an increase in knowledge level of mothers by 34.92% which shows that structured teaching programme was effective to enhance the knowledge of mothers of under five children.

Table 3: Comparison of mean, mean percentage and standard deviation between pre-test and post test knowledge level.

(N=60)

| Paired 't' Test | Mean ±S.D. | Mean Diff. | Paired 't' Test | P value | Table value |
|--------------------|-------------|------------|-----------------|---------|-------------|
| PRETEST KNOWLEDGE | 19±3.081 | 13.970 | 28.639 * | <0.001 | 2 |
| POSTTEST KNOWLEDGE | 32.97±2.147 | | | | |

* Significance Level <0.05

MAXIMUM=40

MINIMUM=0

Above mentioned table shows that mean pretest knowledge score is 19±3.081 and posttest mean knowledge score is 32.97±2.147 to find the difference, paired 't' test was applied. The value of 't' was 28.639, mean difference is 13.970, and P is <0.001 which was found to be significant. Hence it can be inferred that after implementation of structure teaching programme to the group, the mean post-test was statistically significant that is higher than pre-test score. Thus, it can be concluded that the structured teaching programme was effective as it increases the level of knowledge among mothers of under five children regarding acute respiratory tract infections.

Association of post-test knowledge level with selected socio-demographic variables of the subjects, N=60

There was no significant association found between the knowledge regarding acute respiratory tract infections among mothers with Age, religion, Educational Qualification of mother, Type of family, Family income per month, Occupation of Mother, Any previous source of information, Use of smoky fuel and Family history of smoking.

CONCLUSION

It is concluded that structured teaching programme was effective in increasing the knowledge on acute respiratory infection of mothers of under five children. To reduce the prevention of acute respiratory infection wash hands properly after cleaning the infectious child nostrils, and handling the infected cloth. Always use separate cloth for the infected child. The study concluded that there is a strong need to create awareness amongst the mothers regarding acute respiratory tract infections through information, education and communication activities.

The finding revealed that knowledge of mothers regarding acute respiratory tract infections was poor and average before implementation of structured teaching programme but knowledge level increase to good after implementation of structured teaching programme. Difference in mean percentage was 34.92%.

FUTURE SCOPES

Nursing Education

- The health care delivery system at present is give more emphasis on the prevention rather than curative aspects. The nursing curriculum should include activities like preparation of booklets, handout and pamphlets which can be given to health worker to circulate in community.
- The nurse educator have responsibility to update the knowledge of nursing students by providing training programme and awareness about acute respiratory tract infections.

Nursing Practice

- Mother is a key person for providing care to the children. So it was the primary responsibility of the child health nurse to assess the level of knowledge of mothers regarding ARI, both in specific learning and general areas. As a result health education strategies can be planned according to the needed area of knowledge regarding ARI, in both community set up and hospital settings.
- Structured teaching programme is economical, cost effective, safe and easy way to provide information to mothers.
- Health education is one of responsibility of nurse. During community health programme, nurse get an opportunity to give information to the mothers and family member regarding prevention of ARI.

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