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Mineral Deficiency Disorder Among Parents of Preschool Children

Chinnasamy A[1], Balasaheb M Biradar[2], SS Saravanan[3]

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Abstract

A study was conducted to assess the effectiveness of STP on terms of knowledge regarding parents of preschool children mineral deficiencies in selected anganwadi at latur district in Maharashtra. *Objectives of the study:* To assess the knowledge among parents of preschool children regarding selected mineral deficiencies to evaluate the effectiveness of STP in terms of gain knowledge of parents of preschool children and to determine the association between the pretest knowledge score and selected demographic variables. *Method and Materials:* A quantitative approach with one group pretest and post test design was selected 60 parents of preschool children were selected by convenient sampling technique. A STP was developed and data was collected from selected anganwadi at latur district by using structured knowledge questionnaire. *Result:* The date was analyzed using (chi-square and paired t test) descriptive and inferential statistics and the finding showed that the means post test knowledge scores (17.91 ± 4.04) was higher that the mean pretest knowledge scores (10.46±4.89) with a mean difference of 7.45. The obtained mean difference was found to be statistically significant as evident from calculated t test value greater than table value at 0.05 level of significance. A significance association was found between pretest knowledge scores and education stream of parents of preschool children. *Conclusion:* It was concluded from the study that the STP on selected mineral deficiencies was effective in enhancing the knowledge of parents of preschool children.

Keywords: Minerals deficiency; Preschool children; Parents.

Introduction

Children represent the future and ensuring their healthy growth and development ought to be a prime concern of all societies.[2] Good nutrition provides the energy and nutrients essential to sustain life and promotes physical, emotional and cognitive development. Meeting nutritional requirements throughout childhood is essential to full intellectual development.[3]

Minerals are amongst the most important elements needed by body. They are directly and indirectly involved in every bodily process. Most of the physiological processes of the human body cannot occur without the presence of minerals. RNA/DNA, which are the blueprints to each cell, do not function properly without certain minerals.[4]

Iodine deficiency is the world's most prevalent, yet easily preventable, cause of brain damage. Iodine deficiency is recognized as the most important preventable cause of mental defect in the world today, It also decreases child survival, causes goiters, and impairs growth and development. Children with IDD can grow up stunted, apathetic, mentally retarded, and incapable of normal movements, speech, or hearing. Globally, 2.2 billion people (38% of the world's population) live in areas with iodine deficiency and risks its complications.[5]

Zinc is an essential mineral of "exceptional biologic and public health importance". Zinc deficiency affects about two billion people in the developing world and is associated with many diseases. In children it causes growth retardation, delayed sexual maturation, infection susceptibility and diarrhea, contributing to the death of about 800,000 children worldwide per year. Enzymes with a zinc atom in the reactive center are widespread in biochemistry, such as alcohol dehydrogenize

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in humans.[6] Zinc deficiency can contribute to acne, fatigue, growth impairment, slow wound healing, delayed sexual maturation, hair loss, high cholesterol, and many other health problems. Zinc deficiency can also impair the body's ability to fight infection.[7]

Fluoride or fluorine deficiency is a disorder which may cause increased dental caries and possibly osteoporosis due to a lack of fluoride in the diet. The extent to which the condition truly exists, and its relationship to fluoride poisoning has given rise to some controversy.[22] Fluorine is not considered to be an essential nutrient, but the importance of fluorides for preventing tooth decay is well-recognized, although the effect is predominantly topical. Prior to 1981, the effect of fluorides was thought to be largely systemic and presumptive, requiring ingestion.[8]

Materials and Methods

The objective of the study was to assess the knowledge, effectiveness of Structure Teaching Programme and determine the association between level of knowledge with selected socio-demographic variables regarding mineral deficiency among parents of preschool children. Ethical approval was obtained from the appropriate bodies and the study employed a quasi- experimental approach design, Setting for the study parents of preschool children attending selected anganwadi at ratnagiri district the conceptual framework for the study is based on General System Model by Ludwig Von Bertanlanffy. The conceptual framework for the study is based on General System Model by Ludwig Von Bertanlanffy, A sample size of 60 Parents of preschool children in Ratnagiri and the participants voluntarily consented to participate in the study. Data was collected using a Convenient sampling technique.

Inclusive criteria: Parents of preschool children, who are Able to understand Marathi, available and willing to participate in the study at the time of data collection.

Exclusive criteria: Parents of preschool children, who are Not able to understand Marathi., not available during the study and not willing to participate in study. Structured knowledge questionnaire were on which included the variables like age, sex, education, type of family, sources of information, family history of mineral deficiency, place of residence, selected mineral deficiency such as general information, importance, deficiency, complication and preventive and curative management.

Problem statement

"A study to assess the effectiveness of structured teaching programme on knowledge regarding selected mineral deficiency among parents of preschool children attending selected anganwadi at Ratnagiri district."

Objectives of the study

1. To assess the knowledge regarding selected mineral deficiency among parents of preschool children.
2. To evaluate the effectiveness of Structure Teaching Programme by comparing pre-test and post-test knowledge scores.
3. To determine the association between level of knowledge with selected socio-demographic variables regarding mineral deficiency.

Results

Majority 26 (43.33%) of the subjects belong age group of 26–30 and 31–35 years. 14 (23.4%) of the parents of preschool children were male and 46 (76.33%) of them were females. Majority 20 (33.33%) up to primary education, 28 (46.67%) had secondary education, and remaining 10 (10.67%) had degree and above qualification. After structure teaching

Table 1: Area wise mean, S.D and mean percentage of the knowledge scores in pre-test and post-test.   N = 60

Knowledge area	Max. score	Pre-test (O₁)		Post-test (O₂)		Effectiveness (O₂-O₁)	
		Mean ± SD	Mean %	Mean ± SD	Mean %	Mean ± SD	Mean %
General aspects of Mineral Deficiency Disorders	7	3.06 ± 1.61	43.71	5.46 ± 0.93	78	2.4 ± 0.68	3.29
Iodine deficiency disorders and its prevention	6	3.11 ± 0.81	51.83	4.6 ± 0.72	76.6	1.49 ± 0.09	24.77
Fluoride deficiency disorders and its prevention	4	1.31 ± 1.19	32.75	2.66 ± 1.31	66.5	1.35 ± 0.12	33.75
Zinc deficiency disorders and its prevention	7	2.98 ± 1.28	42.57	5.13 ± 1.08	73.28	2.15 ± 0.2	30.71
Total	24	10.46 ± 4.89	43.58	17.91 ± 4.04	74.62	7.45 ± 0.85	31.04
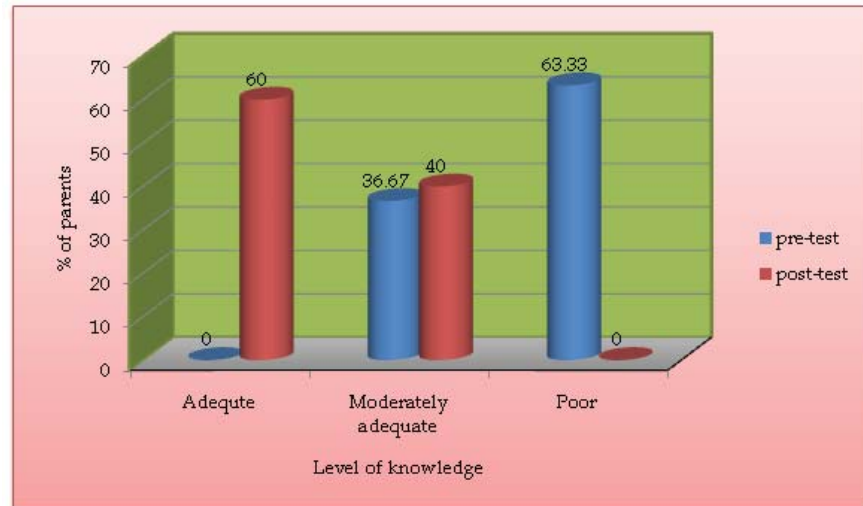
Graph 1: Bar diagram depicting percentage wise comparison of knowledge level of parents of preschool children in pre-test and post-test.
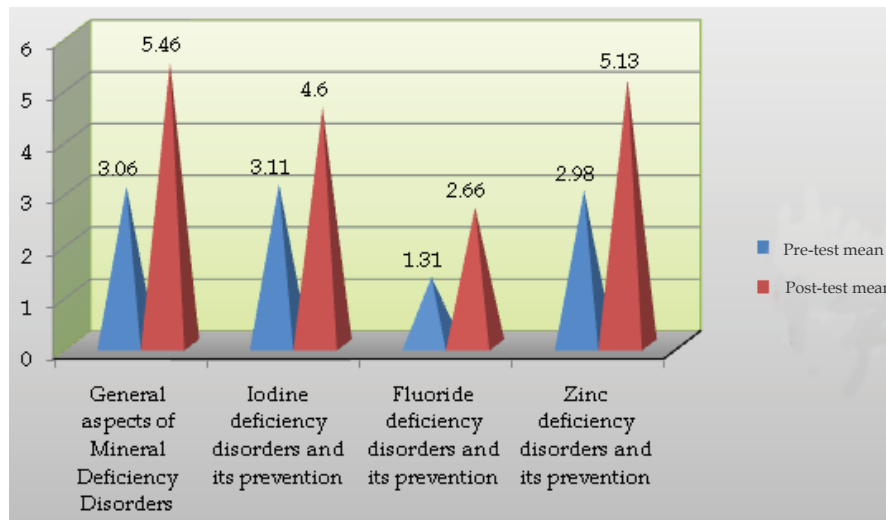
Graph 2: Pyramid diagram depicting percentage wise comparison of mean of Pre-test and post-test knowledge scores of parents of preschool children.

Table 2: Association between pre-test knowledge scores and selected socio demographic variables

Sl. No	Socio demographic variables	Df	Chi-square value	Table value	Level of significance
1.	Age	1	1.94	3.84	0.05
2.	Gender	1	0.05	3.84	0.05
3.	Education	1	4.18*	3.84	0.05
4.	Type of family	1	5.48*	3.84	0.05
5.	Sources of information	1	0.006	3.84	0.05
8.	Place of residence	1	0.014	3.84	0.05
9.	History of mineral deficiency disorders	1	2.71	3.84	0.05

* Significant   ($p < 0.05$)   df = 1

programme (post-test) 36 (60%) subject with adequate knowledge, 24 (40%) subjects with moderately adequate knowledge, findings reveal that the post-test knowledge score (17.91 ± 4.04) was more when compared to the pre-test knowledge score (10.46 ± 4.89) (Tables 1,2 and Graphs 1,2).

Discussion

As the calculated 't' value (-17.35) was much higher than table 't' value (2.00) the hypothesis: H$_1$ - there will be significant difference between the pre-test knowledge and post-test knowledge

scores of parents of preschool. The overall findings reveal that the post-test knowledge score (17.91 ± 4.04) was more when compared to the pre-test knowledge score (10.46 ± 4.89). Hence it indicates that the STP was effective in enhancing the knowledge of parents of preschool children, and the study recommends similar study can be replicated on large scale, experimental study can be done with control group, comparative study may be conducted between urban and rural settings.

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A Correlation Study to Assess the Relationship Between Parenting Style and Academic Performance

Indu C Philip[1], Drisya G[2], Sona V[3], Sruthy U[4], Stefeena T[5], Steny T[6], Sujisha K[7], Teenu T[8], Vincy V[9]

Abstract

Background and objectives: Parenting plays a significant role in promoting the child's growth and development. Many writers have noted that the broad pattern of parenting is important in predicting child's well-being as well as each and every parent has their own unique style of dealing with their children. For achieving good academic performance, children need great influence of parents. In the past 25 years, numerous studies on the family and school connection have examined the influence of distinct types of parenting styles on student's school based outcomes. This study aims to assess the relationship between parenting style and academic performance among B.Sc nursing students. *Methods:* The study was done by quantitative approach with correlation study design. The tool consist of structured questionnaire to assess the demographic variables, students perception of parenting style and the leadership qualities along with the percentage of marks achieved in the university examination. *Results:* The study findings reveled that among 150 samples the '*r*' value was found to be 0.088. Hence, the result showed that there was no significant correlation between parenting style and academic performance. *Conclusion:* The study findings identified that there was no significant correlation between parenting style and academic performance. But there was a significant association between parenting style and gender of the samples.

Keywords: Relationship; Parenting Style and Academic Performance.

Introduction

"Children have to be educated, but they have also to be left to educate themselves."

Ernest Dimnet

The word parenting is derived from Latin verb purer; a word defined as to bring forth or produce. Parenting is the process of promoting and supporting the physical, emotional, social and intellectual development to raise a child rather than biological relationship.

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"WHO" defines Parenting style as a psychological construct representing standard strategies that parents use in their child rearing. Over all, it depicts that the quality of parenting is more essential in child rearing than the quantity of time with them.

Education has been highlighted as one of the main Millennium Development Goals found in the year 2015.

Parenting styles can be categorized according to the levels of parental demandingness (i.e. control, supervision and maturity demands) and responsiveness (i.e. Warmth, acceptance and involvement). Parenting styles have often been presented as a three-category structure which is, authoritarian, authoritative, and permissive parenting styles.

The findings of this study would help parents to understand the important role they must play in the education of their children in order to ensure

success. It will also help them to know which parenting style is more appropriate and how their involvement by means of their responsiveness and demandingness could go to ensure success for their children academic or non academics.

Many studies have been revealed, that the parents play an important role in the educational achievement of their children and their participation both at school and home leads to positive development in their children. However, a few studies of this nature do exist in Ghana and as such this study will go a long way to help contribute to, and fill gaps in the literature on parenting styles and academic performance in general

Materials and Methods

The study was done by quantitative approach with correlation study design. The tool consist of structured questionnaire to assess the demographic variables, students perception of parenting style and the leadership qualities along with the percentage of marks achieved in the university examination. 150 B.Sc Nursing students were participated in the study from Westfort College of Nursing, Thrissur, Kerala.

Socio-demographic data collected by using demographic proforma, academic performance of the samples were identified by the percentage of marks obtained in the university examination. Student's perception of their parent's parenting style and leadership skills were assessed by parenting style questionnaire and leadership self assessment questionnaire respectively. Collected data tabulated and analyzed.

Results

The present study aims to assess the relationship between parenting style and academic performance among B.Sc nursing students in Westfort College of Nursing, Thrissur, Kerala. The data collected were categorized and analyzed based on study objectives and hypothesis by using descriptive and inferential statistics with the application of Statistical Package for Social Sciences (SPSS Version 17).

Figure 1 shows that the percentage wise distribution of subjects based on their parent's parenting style. Figure 2 shows that the percentage wise distribution of subjects based on their academic performance.

Table 1 reveals the mean parenting style score was found to be 65.17 with a SD ± 5.69 and mean academic performance score of 5.22 with SD ± 0.61. The 'r' value was 0.088. And it found that there is no significant correlation between parenting style and academic performance of the samples.
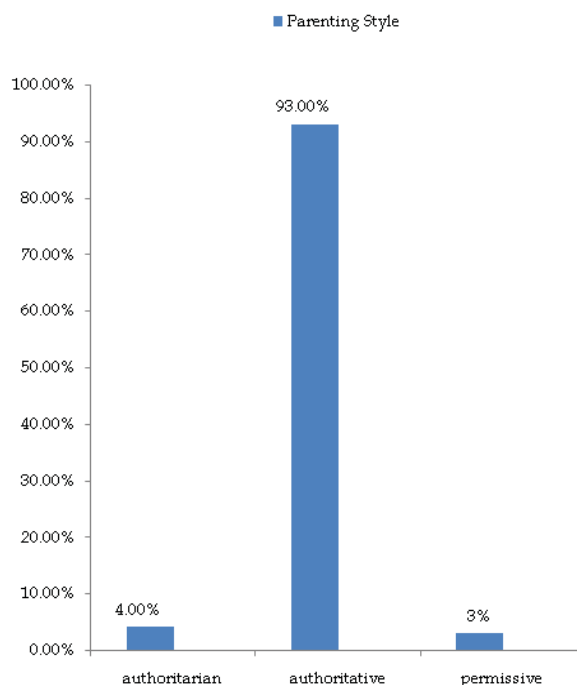

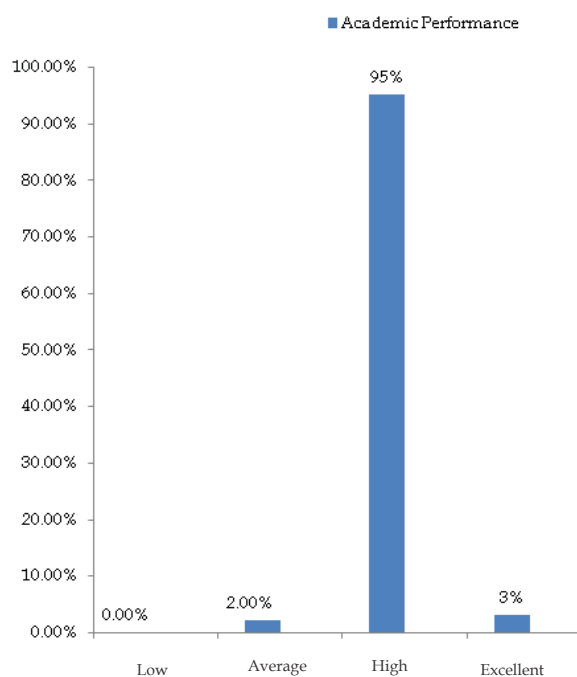**Fig. 1:** Percentage wise distribution of subjects based on their parent's parenting style

Fig. 2: Shows that the percentage wise distribution of subjects based on their academic performance

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the Relationship Between Parenting Style and Academic Performance

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Table 1: Description of correlation between parenting style and academic performance

(n = 150)

Variable	Mean	SD	'r' value	Inference
Parenting style	65.17	5.69		No
Academic performance	5.22	0.61	0.088	significance

Discussion

In the present study, 150 B.Sc Nursing students were selected as samples. The study findings reveled that among 150 samples the 'r' value was found to be 0.088. Hence, the result showed that there was no significant correlation between parenting style and academic performance. However, there was a significant association between parenting style and gender of the samples.

The Parent Authority Questionnaire was designed to measure Baumrind's three dimensions: Authoritative, Authoritarian, and Permissive. The Children's Behavioral Checklist included forms to evaluate competency, and affective-behavioral problems. The results of the study indicated that there is a significant correlation between the parenting style of mothers and children's behavioral problems. The Authoritative level of mothers had a negatively significant correlation with internalizing symptoms in children. The Permissive level of mothers has positive significant correlation with internalizing symptoms in children. The findings of this study support the findings of the present study.

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A Comparative Study to Assess the Utilization of MCH Services in Selected Rural and Urban Areas of Pune District

Maisnam Romila Devi

Abstract

The average percentage of MCH facilities in rural (67.34%) is lesser than average percentage of MCH services in urban (76.12%). There is highly significant difference in average percentage (%) use of MCH services in rural and urban areas. Thus it can be inferred that the MCH services used in urban area is more than that of rural area. There is highly significant association of selected demographic variables i.e. occupation of the mother, educational status and service provided. Association with other variables were not found such as age of the mother, type of the family, religion and monthly income of the family of the mothers.

Keywords: MCH services; Utilization; Comparative; Assess; Mothers; Rural and urban.

Introduction

Mothers and children in any community constitute a vulnerable or special risk group. The risk is connected with child bearing in the case of women; and growth, development and survival in the case of infants and children. Global observations show that, in developed regions maternal mortality ratio averages at 13 per 100000 live births: in developing regions the figure is 440 for the same number of live births. Globally, more than half a million women die each year because of complications related to pregnancy and childbirth.[1]

India is the second most populous country in the world. Out of this, women of child bearing age that is 18–45 years and children less than 5 years together constitute 31.60% of total population.[3] India accounts for 25% of under - five deaths occurring worldwide every year with the present under - five mortality of 17.4 per 1000 live births.In India out of 1000 live births, 80 infants do not live long enough to see their first live birth. In this aspect, care of the mother and child occupies a paramount place in our health service delivery system.[4]

The various Maternal and Child Health (MCH) services which meant for upliftment of women and children's health and development, were delivered through National Family Planning Programme (1952), National Family Welfare Programme (1977), Expanded programme on immunization (1978), Universal Immunisation Programme (1985) and Child Survival and Safe Motherhood programme (1992).[5]

As a result, Government of India (GOI) launched Reproductive and Child Health (RCH) program on 15th October 1997, during the 8th Five year developmental plan.[6]

In spite of the new programs launched by the Government of India, significant reduction in maternal mortality rate and Infant mortality rate has not occurred. The reasons could be non-utilization of services by the people due to ignorance, illiteracy, customs, lack of transport, hostile behavior of health personnel etc.

This is an important determinant of maternal

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and child morbidity and mortality and also about the awareness of family planning methods and Reproductive Tract Infections (RTIs) among rural people. So the present study has been undertaken to know the utilization pattern of RCH services in order to give a fillip to these services.

Need for the Study

Maternal mortality is the leading cause of death among women of reproductive age in most of the developing world, and has been given high priority in strategies for health for all by the year 2000.[9]

At the UN Millennium Summit in Sept 2000, one of the key goals of the millennium declaration was to reduce the number of women who die in pregnancy and child birth every year.[10]

The Government of India through the five year plans with the association of the Department of Health and Family Welfare Services reset in dysfunction of the existing services. More mothers die in India has reemphasized MCH scheme as RCH Services since 1992, with the child survival and safe motherhood a whole package of services is been implied for mothers, children, eligible couples, described in terms of Reproductive and Child Health (RCH Services).[11]

The increasing demand for Reproductive and Child Health care in developing countries and the constraints in terms of available resource to meet this demand in one week than they do in the whole of Europe in 12 months. The mothers die in poor countries and in small villages, the causes being:

- Insufficient antenatal care.
- Intrapartum management.
- Lack of proper transport, communication, health services and health education contribute greatly to the high maternal mortality in India.

In developing countries like India, it is the basic antenatal care and the minimum perinatal care that will significantly reduce the maternal mortality and morbidity.[12]

Keeping in view all the studies and findings of the earlier researchers indicating inadequate utilization of MCH services and need for improvement in MCH care and services, there is a need to study and assess the utilization of MCH services in Urban and Rural areas.

Nurses as a mid-wife and community health nurse have a greater role in the preventive, promotive and curative health services of the mother and child. By developing deeper insight of the problem under study can effectively get involved in the planning, implementation and evaluation of the mother and child health care services and help in better utilization of services.

Statement of Problem

A Comparative study to assess the utilization of MCH services in selected rural and urban areas of Pune district.

Objectives of the Study

- To assess the utilization of MCH services in rural area.
- To assess the utilization of MCH services in urban area.
- To compare the utilization of MCH services in rural and urban areas.
- To find out the association between selected demographics variables and utilization of MCH services.

Assumption

- Mothers are utilizing MCH services.
- There is more utilization of MCH services in urban area than rural area.
- The demographic variables (education, mother's age, occupation, income, type of family, religion and parity) have influenced mothers utilization of MCH services.

Conceptual Framework

The conceptual framework selected for the study was based on Health Belief Model by Becker (1974).

The Health Belief Model describes 3 variables

- Individual perceptions.
- Modifying factor.
- Likelihood of action.

Materials and Methods

The study approach and design used was descriptive survey method. The population of the study comprises of mothers aged between 18-45 years, and those who have at least one year old child in selected rural and urban areas. The total sample consists of 300 mothers, 150 mothers were selected from rural area and 150 mothers from

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urban areas and was selected by using convenience sampling technique.

Development and Description of Tool

The self-structured questionnaire tool was developed to assess the utilization of MCH services in selected rural and urban areas of Pune district.

The self-structured questionnaire schedule consists of two sections i.e.

Section I: This section included items seeking information on socio-demographic background. It consists of total 7 questions.

Section II: This section include the extend of utilization of MCH services, it consists of 15 open ended and close ended questions covering the following areas of antenatal, postnatal and referral services.

Validity and Reliability of the Tool

The content validity of the tool was established by 19 experts. The tool was found to be reliable and feasible. To test the reliability of the tool the method of 'rational equivalence' has been used. The reliability Co-efficient *0.827364.*

Results

The data gathered were analyzed and interpreted according to the objectives. Descriptive and inferential statistics methods were used and Frequency, percentage distribution and unpaired Z test were used for the demographic variables and utilization of MCH services with graphical presentation of data chi-square (χ^2) test was applied for finding association between selected demographics Variables and utilization of MCH services for both rural and urban areas.

Discussion

Finding Regarding the Association Between Selected Demographics Variables and Utilization of MCH Services

Association between selected demographics variables and utilization of MCH services using chi-square (χ^2) test.

- There was highly significant association between utilisation of MCH services and occupation of the both rural and urban areas as the *p* value (0.000024) is less than 0.01.

- There was highly significant association between utilisation of MCH services and education of both the rural and urban areas as the *p* value (0.0013) is less than 0.01.

- And also the data shows highly significant association between utilisation of MCH services and service provided of the both rural and urban areas as the *p* value (0.0004) is less than 0.01.

There was no association found between the utilisation of MCH services i.e. age of the mother, type of the family , religion and monthly income of the family as '*p*' value of the above said point both in urban and rural is greater than 0.01.

- *Association between utilisation of MCH services and occupation of both rural and urban areas. n=300 (Fig. 1).*

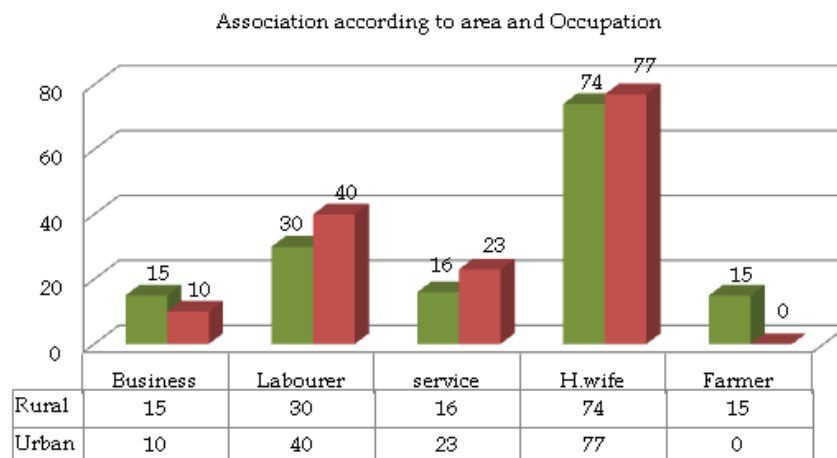|	Business	Labourer	service	H.wife	Farmer
Rural	15	30	16	74	15
Urban	10	40	23	77	0

Fig. 1: Bar graph shows that utilisation of MCH services and occupation of both rural and urban areas.

Classification according to area and Education

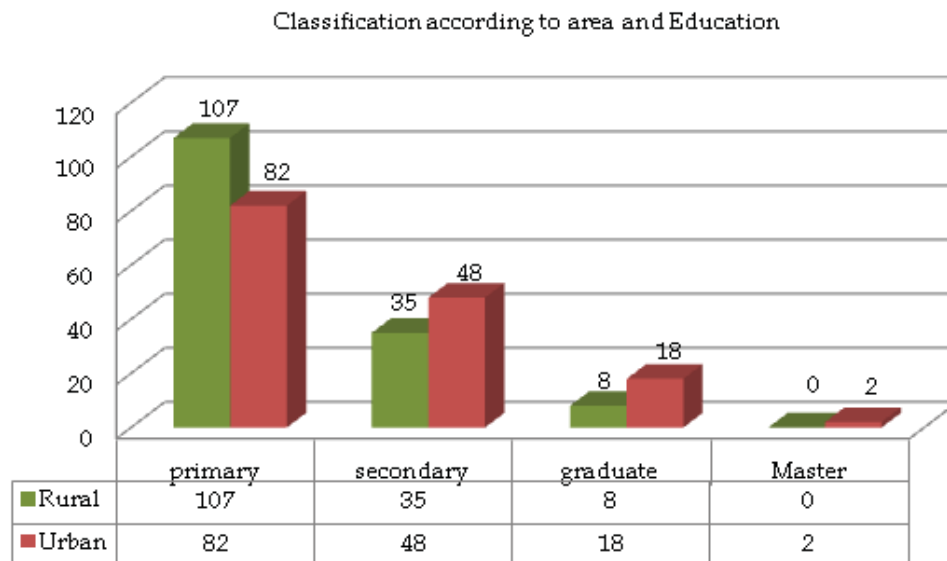**Fig. 2:** Bar graph shows that utilisation of MCH services and education of both rural and urban areas.

Average percentage use of Maternal and Child Health services in rural and urban areas
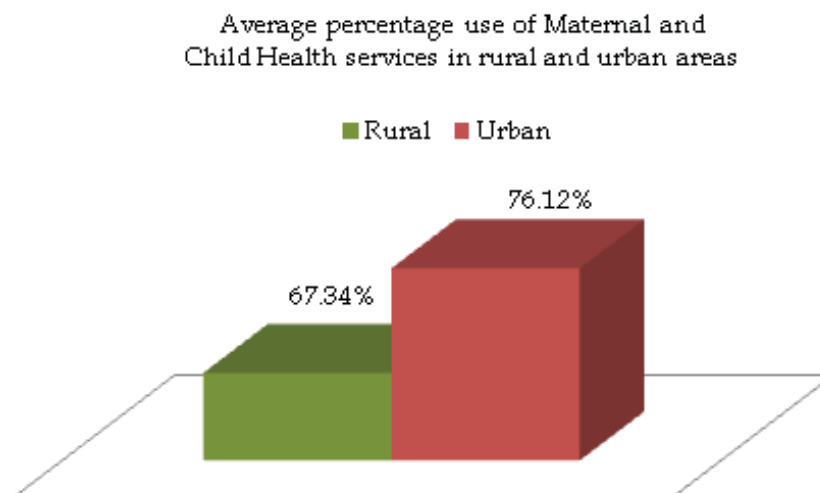
Fig. 3: Bar graph shows that average percentage use of Maternal and Child MCH services in rural and urban areas. n = 300.

- *Association between utilisation of MCH services and education of both rural and urban mothers. n=300 (Fig. 2).*

Finding Regarding Average Percentage (%) Use of MCH Services for Both Rural Urban Areas.

The Z values between rural and urban with regard to average percentage (%) use of MCH services. As p (0.000***) value is less than 0.01, Ho is rejected at 1% l.o.s. and again 'z' calculated value (3.41) is more than table value (1.644854), therefore H1 is accepted i.e there is highly significant difference in average percentage (%) use of MCH services in rural and urban areas. The average percentage of MCH services in rural (67.34%) is lesser than average percentage of MCH facilities

in urban (76.12%), thus it can be inferred that the MCH services used in urban area is more than that of rural area (Fig. 3).

Conclusion

- Findings of study show that the utilisation of MCH services in urban area was higher than rural area.

- There is an association between education and occupation of the mother and the utilisation of MCH services in both rural and urban areas. whereas, there is no association between age of the mother, religion, type of family, total monthly income of the family and services provided by government,

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Private and Both Government and Private sector in both rural and urban areas and the utilisation of MCH services.

Acknowlegement

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Planned Teaching Programme on Knowledge Regarding Neonatal Reflexes Among Staff Nurses

Indu C Philip[1], Jasmine Joseph[2]

Abstract

Back ground of the study: Newborn reflexes are of immense important for proper development and healthy life of a baby. The goals of neurological examination are to assist in localization of the disturbances, establish a diagnosis and to some extent predict the long term outcome. From this information the researcher felt a need to give an education to the staff nurses working in pediatric hospitals regarding the importance and assessment of neonatal reflexes. *Aim:* The aim of this study was to evaluate the effectiveness of PTP on neonatal reflex among staff nurses in selected neonatal unit, Bangalore.

Objectives of the study:

❖ To assess the pre-test knowledge scores of staff nurses regarding neonatal reflexes.

❖ To evaluate the effectiveness of planned teaching programme on neonatal reflexes among staff nurses.

❖ To find out the association between pre-test knowledge scores of staff nurses with their selected socio-demographic variables.

Methods: The research approach adopted for the study was one group pre-test post-test research approach. The research design selected for the study was quasi experimental research design. Non probability convenient sampling technique was used for the study. 60 staff nurses were selected for this study. The tool used for the data collection was structured knowledge questionnaire, which has two sections. Section-A provides about socio-demographic data and Section-B deals with knowledge on neonatal reflexes. Collected data was analyzed by using descriptive and inferential statistics in terms of frequencies, percentage, mean, standard deviation, chi-square values and '*t*' test. *Results:* This study showed that higher percentage of staff nurses 36.67% (22) were between 20–25 years of age, 88.33% (53) were females, 60.0% (36) of them were Hindus, 43.33% (26) had 1–5 years of experience, 58.33% (35) of them were staff nurses, 36.67% (22) were completed GNM, majority 73.33% (44) of them were not undergone any training on neonatal reflexes and 63.33% (38) of staff nurses got information regarding neonatal reflexes from health personals. The result of this study showed that, In pre-test majority of the staff nurses 71.67% had inadequate level of knowledge regarding neonatal reflexes and 28.33% of them had moderate level of knowledge. In post-test, 78.33% of staff nurses had adequate level of knowledge and 21.67% of them had moderate level of knowledge and no one of them were having inadequate level of knowledge regarding neonatal reflexes. This showed that the planned teaching programme was effective in improving the knowledge of staff nurses on neonatal reflexes. The chi-squire value of the pre-test knowledge scores of staff nurses were significant at *p* < 0.05 level with their selected socio demographic variables. *Interpretation and Conclusion:* The findings of the study concluded that the PTP was found to be effective in improving the knowledge of staff nurses regarding neonatal reflexes.

Keywords: Planned Teaching Programme; Neonatal Reflexes.

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Introduction

"Babies are such a nice way to start people".

Don Herald

Babies are born so weak and simple that they cannot hold up their heads or even roll over, but they start out life with a perfect set of reflexes designed to help them navigate early life outside the womb. All new borns are born with the collection of reflexes known as neonatal reflexes. These are the inborn behavioral pattern that develop during uterine life or involuntary movements that babies make when a part of their body is stimulated. In addition to the major physiological adjustments, they also undergoes psychological adaptations.

The rooting reflex has as much utility today as it had thousands of years ago. When a newborn's cheek is touched, he will turn toward the side that was stroked and try to suckle. He may also bob his head up and down, especially when hungry, seeking a nipple. This basic reflex is necessary for a newborn's survival because it helps them to easily find and latch on to a breast. Also important for a baby's survival and nourishment in the newborn phase, the suckling reflex enables newborns to nurse reflexively when something enters their mouths. This is the reason that even the youngest babies will suck pacifiers or bottles without "learning" to do so.

Newborn reflexes are of immense important for proper development and healthy life of a baby. As, neonatal period is the first 28 days of life, health care providers working in neonatal unit should provide different levels of care to babies who range in condition from healthy new born to premature babies who have serious birth defects, severe illness, or other life threatening problems. However, a neurological assessment should be performed in any new born suspected to have a neurological abnormality either based upon history [for instance. asphyxia] or a physical finding detected during the routine neonatal assessment. The goals of neurological examination are to assist in localization of the disturbances, establish a diagnosis and to some exent predict the long term outcome.

The new born behavioral assessment scale is the most comprehensive examination of newborn behavior available to researchers today. The NBAS, has 18 reflex items and 28 behavioral items designed to examine individual differences in newborn behavior. The scale assess the baby`s capabilities across different developmental areas.

Materials and Methods

Research approach tells the basic procedure for the conduct of research enquiry. In the present study one group pre-test post-test research approach was adopted for this study. It studies observable changes that takes place in order to establish a cause and effect relationship. The research design used for the present study is pre-experimental research design. The study was conducted in Indira gandhi hospital, Bangalore. The criterion for selecting the setting was feasibility for conducting the study, availability of the samples and familiarity of the investigator with the setting. Therefore the investigator felt that there would be rich opportunity to bring about awareness on neonatal reflexes to the staff nurses in these areas.

The sample size of the present study was 60 staff nurses working in Indira gandhi hospital, Bangalore. After an extensive ROL and discussion with experts, the structured knowledge questionnaire and lesson plan were prepared to assess the knowledge of staff nurses regarding neonatal reflexes. The structured questionnaire was divided in to two sections.

The Knowledge questionnaire was prepared after going through an intensive review of literature including research articles and personal discussions with the experts.

It consists of 30 questions used to assess the knowledge of staff nurses regarding neonatal reflexes.

A blue print was made to prepare the test items of the tool. Items related to cognitive domain only were selected. Content area was classified under different aspects such as knowledge on general aspects of neonatal reflex, types of neonatal reflex and effect of neonatal reflex in children.

The knowledge regarding neonatal reflexes was assessed in terms of knowledge scores, each correct answer is given a score of 1 and wrong answers gives score of "0". The maximum score was 30. For the purpose of the study the knowledge scores were categorized as follows;

To interpret the level of knowledge the score

Adequate: 24–30 (> 75%)

Moderate: 16–23 (51 – 75%)

Inadequate: 01–15 (≤ 50%)

Method of Data Collection

Phase I

The data collection was scheduled on month of February 2015. Prior permission was obtained from concerned authority of Indira gandhi hospital, Bangalore.

Phase II

During the data collection schedule, the staff nurses who met the inclusion criteria were selected by using non probability convenient sampling technique.

Phase III

Before administering the tool the purpose of the study was explained to the entire staff nurses with self-introduction and a written consent was obtained from them.

A separate place was selected for the data collection and privacy was maintained and the subjects were made comfortable.

The investigator took an average time of 20–30 minutes for each session. The investigator got co-operation from the staffnurses.

Phase IV

At the end of the pre-test session, the PTP were administered to the staff nurses and encouraged to get their doubts clarified.

Phase V

After 7th day of administering PTP, post-test was done by using the same tool on the same subjects.

Results

Pre-test knowledge scores of staff nurses regarding neonatal reflexes.

Table 1: Pre-test knowledge scores of staff nurses regarding neonatal reflexes.   n = 60

Level of Knowledge	Score	No of Respondents (%)	
		No	**%**
Inadequate	< 50%	43	71.67
Moderate	50 – 75%	17	28.33
Adequate	> 75%	0	0.0
Total		60	100

Table 1 and figure 1 depicts that pre-test knowledge scores of staff nurses regarding neonatal reflexes. In this study majority of the staff nurses 71.67% had inadequate level of knowledge regarding neonatal reflexes and 28.33% of them had moderate level of knowledge.

Area wise mean pre-test knowledge scores of staff nurses regarding neonatal reflexes.

Table 2: Area wise mean pre-test knowledge scores of staff nurses regarding neonatal reflexes   n = 50

Aspects wise knowledge	Max Statement	Max Score	Range	Mean	SD
General aspects of neonatal reflex	5	5	1–3	2.16	1.74
Different types of neonatal reflexes	16	16	4–11	7.31	2.11
Effects of reflexes in neonate	9	9	2–5	3.86	1.67
Overall	30	30	8–19	13.33	2.71

Table 2 describes area wise mean pre-test knowledge scores of staff nurses regarding neonatal reflexes. In the area of knowledge on general information of neonatal reflexes the staff nurses had mean scores of 2.16 with SD 1.74. Staff nurses had mean scores of 7.31 with SD 2.11 in the area of different types of neonatal reflexes. With regard to the effects of reflexes in neonate had mean scores of
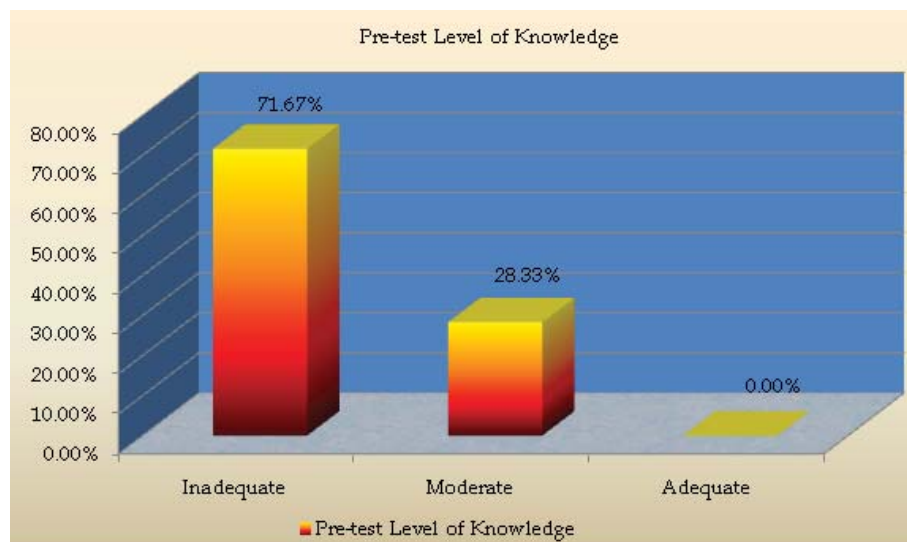

Fig. 1: Pre-test knowledge scores of staff nurses regarding neonatal reflexes

3.86 with SD 1.67. The overall mean and SD were 13.33 and 2.71 respectively.

Post-test knowledge scores of staff nurses regarding neonatal reflexes.

Table 3: Post-test knowledge scores of staff nurses regarding neonatal reflexes   n = 60

Level of Knowledge	Score	No of Respondents (%)	
		No	**%**
Inadequate	< 50%	0	0.0
Moderate	50–75%	13	21.67
Adequate	> 75%	47	78.33
Total		60	100

Table 3 illustrates post-test knowledge scores of staff nurses regarding neonatal reflexes. During post-test, 78.33% of staff nurses had adequate level of knowledge and 21.67% of them had moderate level of knowledge and no one of them were having inadequate level of knowledge regarding neonatal reflexes.

Area wise mean post-test knowledge scores of staff nurses regarding neonatal reflexes.

Table 4: Area wise mean post-test knowledge scores of staff nurses regarding neonatal reflexes   n = 50

Aspects wise knowledge	Max Statement	Max Score	Range	Mean	SD
General aspects of neonatal reflex	5	5	3–5	4.19	0.57
Different types of neonatal reflexes	16	16	9–15	12.84	1.93
Effects of reflexes in neonate	9	9	6–9	7.93	1.07
Overall	30	30	18–29	24.96	1.97

Table 4 reveals area wise mean pre-test knowledge scores of staff nurses regarding neonatal reflexes. In the area of knowledge on general information of neonatal reflexes the staff nurses had mean scores of 4.19 with SD 0.57. Staff nurses had mean scores of 12.84 with SD 1.93 in the area of different types of neonatal reflexes. With regard to the effects of reflexes in neonate had mean scores of 7.93 with SD 1.07. The overall mean and SD were 24.96 and 1.97 respectively.

Comparison of pre-test and post-test knowledge scores staff nurses regarding neonatal reflexes.

Table 5: Comparison of pre-test and post-test knowledge scores of staff nurses regarding neonatal reflexes   n = 60

Level of knowledge	Score	Pre-test		Post-test	
		No	**%**	**No**	**%**
Inadequate	< 50%	43	71.67	0	0.0
Moderate	50–75%	17	28.33	13	21.67
Adequate	>75%	0	0.0	47	78.33
Total		60	100	60	100

Table 5, figure 2 reveals the comparison of pre-test and post-test knowledge scores staff nurses regarding neonatal reflexes. In pre-test majority of the staff nurses 71.67% had inadequate level of knowledge regarding neonatal reflexes, 28.33% of them had moderate level of knowledge whereas in post-test staff nurses has showed improvement in their knowledge due to the planned teaching programme. In post-test 78.33% of staff nurses had adequate level of knowledge, 21.67% of them had moderate level of knowledge regarding neonatal reflexes.
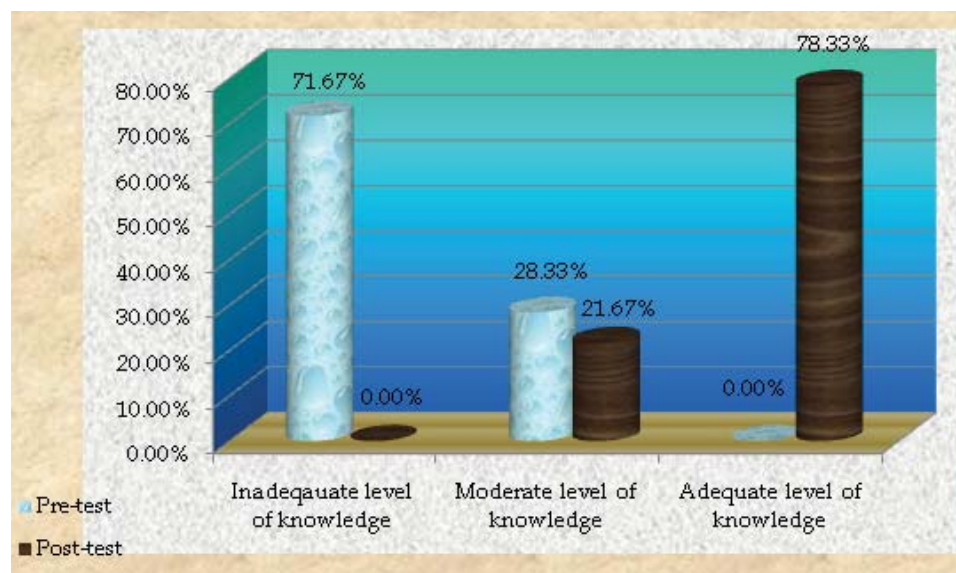

Fig. 2: Comparison of pre-test and post-test knowledge scores of staff nurses regarding neonatal reflexes

Effectiveness of planned teaching programme on knowledge regarding neonatal reflexes among staff nurses.

Table 6: Effectiveness of planned teaching programme on knowledge regarding neonatal reflexes among staff nurses

n = 60

Aspects wise knowledge	Pre-test		Post-test		Paired 't' test
	Mean	SD	Mean	SD	
General aspects of neonatal reflex	2.16	1.74	4.19	0.57	8.27**
Different types of neonatal reflexes	7.31	2.11	12.84	1.93	11.81**
Effects of reflexes in neonate	3.86	1.67	7.93	1.07	9.93**
Overall	13.33	2.71	24.96	1.97	14.58**

**Significant at $p < 0.01$ level, df 59, table-value 2.67

Table 6 describes the effectiveness of planned teaching programme on knowledge regarding neonatal reflexes among staff nurses. It is inferred that the overall paired 't' test value was 14.58 it is significant in table value 2.67 at 0.01 level. So it is proved that the STP was effective in improving knowledge of staff nurses regarding neonatal reflexes. Hence H_1 is accepted.

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Knowledge of Primi Para Mothers Regarding Breastfeeding

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Abstract

Introduction: Breastfeeding is the first communication pathway between the mother and her infant. Previous studies confirm that breastfeeding has advantages for both babies and mothers, including providing the needed nutrition for the babies, boosting the baby's immune system, helping mothers to lose weight after pregnancy, and stimulating the uterus to return to its previous position before pregnancy (The Office on Women's Health, 2012). World Health Organization (WHO) recommends breastfeeding as a main source of food for babies for the first six months, and encourages mothers to consider breastfeeding as the only feeding source. *Objectives:* 1. To assess the knowledge of primi para mothers regarding breastfeeding. 2. To evaluate the effect of video assisted teaching program on breastfeeding among primi para mothers. 3. To find the association between pre-test knowledge score regarding breastfeeding and selected demographic variables. *Hypotheses:* H1: The mean post-test knowledge score of antenatal mothers regarding breastfeeding will be significant higher than their mean pre-test knowledge score. H2: There will be significant association between pre-test knowledge of antenatal mothers regarding breastfeeding and their selected demographic variables. *Research design:* In this study the selected design was pre-experimental research design. In this approach one group pre-test-post-test design has been selected in which the investigator observed the groups prior to the intervention (the pre-test) after pre-test, the intervention (video assisted teaching program) was administered the same group and then again assessed (post-test). *Sample size*: in this study the sample size include 50 antenatal primi para mothers, parul sevashram hospital, Limda, Vadodara, Gujarat, India. Sampling technique- the samples of the study will be selected by using non-probability convenient sampling technique. Data collection instrument: knowledge questioner. *Data collection procedure:* 1. Approval from the institutional ethical committee. 2. Obtain permission from the parul sevasharam hospital medical superintendent and nursing superintendent 3. Participant information sheet and consent from the antenatal primi mothers 4. Administered the questioner to the antenatal primi mothers 5. Every day collected 10–12 antenatal mothers data same procedure up to 50 samples. *Major findings:* comparison between pre- and post-test knowledge found that pre-test knowledge was poor (95%) it means primi para mothers had poor knowledge about breastfeeding but implemented video assisted teaching than knowledge score was increased 37 (74%). Here testing of the hypothesis of primi para mothers regarding knowledge of breastfeeding hence the result showing that calculated t-value was 19.705 and tabulated *t*- value at significant level 0.05, 1.671. So its showing that hypothesis was accept. *Conclusion*: The present study conclude that the mothers have poor knowledge about the breastfeeding. But after the administered video assisted teaching on breastfeeding significantly knowledge has been increased. We also recommend strengthening the public health education campaigns to promote breast feeding.

Keywords: Breastfeeding; Primi para mothers; Video assisted teaching program; WHO; Babies.

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Introduction

"Breastfeeding is a gift that can only be given by giving one."

Botter J., 1990

World Health Organization (WHO) recommends breastfeeding as a main source of food for babies for the first six months, and encourages mothers to consider breastfeeding as the only feeding source. Between six months and two years old, it is recommended that mothers could use other supplemental sources (such as water, other liquids, or solid baby food) to feed their babies along with breastfeeding (WHO, 2013).[1] World Health Organization (WHO) recommends breastfeeding as a main source of food for babies for the first six months, and encourages mothers to consider breastfeeding as the only feeding source.[2] Breast milk provides the main source of nourishment in the early stages of a new-born.[3] According to the National Family Health survey-4, the infant mortality rate (IMR) and the under-five mortality rate (U5MR) of India are 41 and 50/1000 live births, respectively.[4] The benefits of breastfeeding have been well recognized. Education and promotion of breastfeeding have a public health focus worldwide. Breastfeeding practices and attitude are influence by demographic, biophysical, social, cultural, and psychological factors.[5] Each year 5.6 million infants die because they do not receive adequate nutrition. The World Health Organization (WHO) recommends exclusively breastfeeding for six months. The estimation reduction of infant mortality by promoting exclusive breastfeeding (EBM) is 13%. Non-Exclusive breastfeeding rather than exclusive breastfeeding can increase the risk of dying due to diarrhea and pneumonia among 0-5 months old infants by more two-fold.[2] ABC's of breastfeeding: A - Assistance-baby will need to learn how to position your breast far back in his or her mouth, so that he can feed effectively, not just use the nipple as a pacifier. B- Breast milk the small amount of colostrum (or early milk) less than a teaspoon is about what a baby takes with each good breastfeeding in the first couple of days. That amount is exactly right to meet his needs. C – Contact Research shows the following benefits of holding your baby skin-to-skin.[6]

Background of the Study

Breast milk is the optimal food for infants are numerous. It contains bacterial and viral antibodies, including relatively high concentration of secretory immunoglobulin (IgA) that prevents microorganisms from adhering to the intestinal mucosa.[7] Properly early breastfeeding knowledge is very important for the success of breastfeeding. Camping is being done to spread the knowledge on important of breast milk and breastfeeding to both infant and mother. Such camping also discuss the practice that support the initiation and maintenance of exclusive breastfeeding such as initiation of breastfeeding within the first 1 hour of life, no offering pre-lacteal feeds and exclusive breastfeeding skin to skin contact, rooming in and age appropriate weaning.

Statement of the problem

A study to assess the effect of video assisted teaching program on knowledge regarding breastfeeding among primi para mothers at Parul Sevashram Hospital, Limda, Vadodara, Gujarat, India.

Objectives

1. To assess the knowledge of primi para mothers regarding breastfeeding.
2. To evaluate the effect of video assisted teaching program on breastfeeding among primi para mothers.
3. To find the association between pre-test knowledge score regarding breastfeeding and selected demographic variables.

Hypotheses

H1: The mean post-test knowledge score of antenatal mothers regarding breastfeeding will be significant higher than their mean pre-test knowledge score.

H2: There will be significant association between pre-test knowledge of antenatal mothers regarding breastfeeding and their selected demographic variables.

Materials and Methods

Research approach: Evaluative research approach

Research design: Pre-experimental research design

Setting: Parul sevashram hospital, limda, Vadodara, Gujarat.

1) Variables: Dependent variable- in this study the dependent variable is knowledge level

Of antenatal primi para mothers.

2) Independent variable: In this study the independent variable is video assisted teaching

Program on breastfeeding.

3) Demographic variables: Demographic variables are the characteristics and attributes of the Study subjects.

Sample: Antenatal primi para mothers

Sample size: 50 antenatal primi para mothers

Sampling technique: Convenient sampling technique

Description of tool

Part-I

- Information on demographic variables of respondents containing eight items maternal

Age, religion, mother education, type of family, occupation, family income, place of Residence, source of information.

Part II

- Structured knowledge questionnaire consisting 30 items on knowledge about Breastfeeding.

Plan for data analysis: Descriptive includes mean and standard deviation and inferential statistics for hypothesis testing used t-test and for association apply chi-square test.

Results

The data is analyzed and presented under the following sections:

Section A: Description of Sample Characteristic

Section B: Assessment of Pre-test and post-test Knowledge Score of Primi Para Mothers.

Section C: Analysis of Effectiveness Video Assisted Teaching Program for Primi Para Mothers Regarding Breastfeeding.

Section D: Association of demographic variable with the level of pre-test knowledge score of Primi para Mothers.

Section A: Description of Sample Characteristic

Table 1: Frequency and Percentage Distribution of primi para mothers According to their Personal Characteristics (Demographic Variables)   (N = 50)

Sr. No	Characteritic	Categories	Frequency	Percentage %
1	Maternal Age:	20–23 Years	5	10%
		24–27 Years	37	74%
		28–31 Years	7	14%
		>31 Years	1	2%
			50	100%
2	Religion:	Hindu	43	86%
		Muslim	5	10%
		Christian	2	4%
		Other	0	0%
			50	100%
3	Mother Education:	Non Formal	11	22%
		Formal	20	40%
		Secondary	17	34%
		Higher Education	2	4%
			50	100%
4	Type of family:	Nuclear	23	46%
		Joint	27	54%
			50	100%
5	Occupation:	Home maker	33	66%
		Labour	15	30%
		Private Job	2	4%
		Government Job	0	0%
			50	100%
6	Family Income:	>10000/ Month	2	4%
		10001 to 15000/ Month	43	86%
		15001 to 20000/ Month	5	10%
			50	100%
7	Place of Residence:	Urban	3	6%
		Rural	47	94%
			50	100%
8	Source of information:	Health Team Member	28	56%
		Peer Group	13	26%
		Mass Media	9	18%
			50	100%

√ In the table 1 depicts that i.e. maternal age there are total 50 primi para mothers of age between 20 or more than 30 years old the maximum are ranging between the age group of 24–27 years i.e. 37 (74%) while the least is the age group of 30 years or more i.e. 1 (2%).

√ The table 1 shown that-religion is categorised into Hindu, Muslim, Christian and others among that maximum of primi para mothers are Hindu i.e. 43 (86%) while the minimum are the Christian and other religions i.e. 2 (4%) and 0 (0%) respectively.

√ The data describes that maternal education categorised as no-formal, formal, secondary and higher education; 20 (40%) of primi para mothers are formally educated among 50 primi para mothers very few opt for higher education i.e. 2 (4%).

√ The data represent that family type where 23 (46%) out of 50 primi para mothers live in a nuclear family whereas 27 (54%) out of 50 primi para mothers live in joint family.

√ The data with regards to occupation the highest no. of primi para mothers are home makers i.e. 33 (66%) out of 50, then the second highest occupation in which primi para mothers are into is labour i.e. 15 (30%) out

of 50 and then is private jobs 2 out of 50 (4%) while none of the 50 primi para mothers are in government jobs.

√ The data represent that family income (in rupees) which is categorised in the range of income less than 10000 to 20000 rupees per month, from the total of 50 primi para mothers 43 (86%) primi para mothers' family income is ranging between 10000 and 15000 rupees while only 2 (10%) primi para mothers fall in the range of family income less than 10000 rupees.

√ Majority for residence of 50 primi para mothers is rural i.e. 47 (94%) while rest stay in urban region i.e. 3 (6%).

√ The last characteristic is the source of information which is categorised into health team member, peer group and mass media; the maximum information obtained by the

primi para mothers is fromthe health team workers i.e. 28 out of 50 (86%) while the least from mass media i.e. 9 out of 50 (18%).

Section B: assessment of pre-test and post-test knowledge score of primi para mothers   (N=50)

The data from the table 2 shows category wise distribution of existing knowledge of primi para mothers regarding breastfeeding. It shows that majority 45 (90%) mothers had poor knowledge, 05 (10%) mothers had average knowledge where 0 (0.0%) mothers had excellent knowledge breastfeeding.

The data from the table 2 shows category wise distribution of existing knowledge of primi para mothers regarding breastfeeding. It shows that majority 37 (74%) Mothers had good knowledge, 11 (22%) mothers had average knowledge where 02 (4%) mothers had excellent knowledge breastfeeding.

Table 2: Comparison of Pre and post-test Knowledge Score

	Pre-test Knowledge Score		Post-test Knowledge Score	
	Frequency	Percentage	Frequency	Percentage
Good	00	00%	37	74%
Average	05	10%	11	22%
Poor	45	90%	02	4%
Total	50	100%	50	100%

Table 3: Comparison of the pre-test and post-test knowledge score of Primi para Mothers.

	Mean	Mean Difference	SD	Std. Error Mean	t	p	Significance Level
Pre-test Score	12.3	10.96	3.005	0.42	19.705	0.05	Significant
Post-test score	23.26		2.38	0.33			

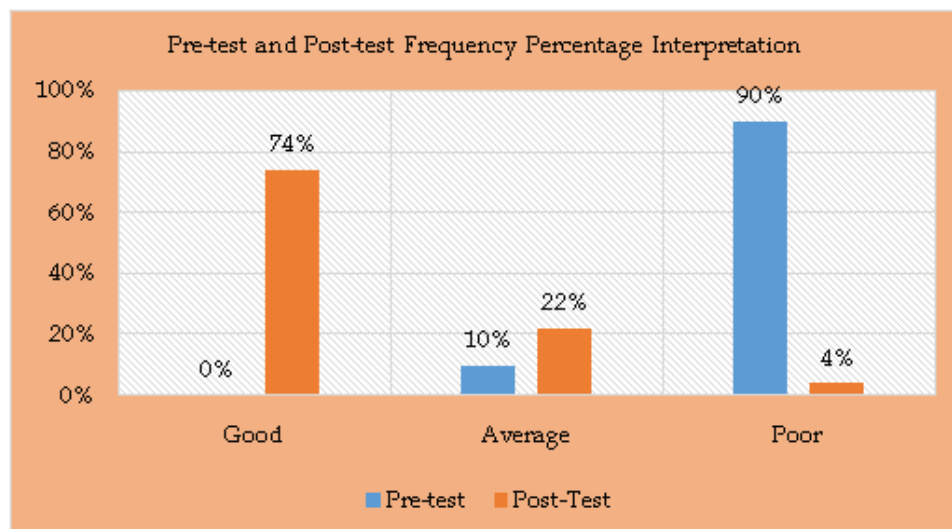N = 50, df = 49, t 0.05 = 1.671

Fig. 1: Pre-test and Post-test Frequency Percentage Interpretation

Section C: Analysis of Effectiveness Video Assisted Teaching Program testing the Research Hypothesis H_1

In order to determine video assisted teaching program on knowledge regarding breastfeeding among primi para mothers hypothesis is formulated.

H_1: The mean post-test knowledge score of primi para mothers regarding breastfeeding will be significant higher than their mean pre-test knowledge score.

The data from the table 3 shows that in pre-test, primi para mothers were having on average 12.3 ± 3.005 knowledge regarding breastfeeding and in post-test, 23.26 ± 2.38 average knowledge score regarding breastfeeding and mean score was.

T calculated value is 19.705 which are more than the tabulated value of 1.671 at 0.05 level of significance. So we accept H_1 and conclude that there is significant difference between pre-test and post-test knowledge score of primi para mothers. It shows the very highly significant and association between pre-test and post-test knowledge score breastfeeding. Hence research hypothesis H_1 is accepted.

Section D: This section deals with the findings of the association between Pre-test knowledge of the primi para mothers with selected socio-demographic variables.

H_2: There will be significant association between pre-test knowledge of primi para mothers regarding breastfeeding with their selected demographic variables.

The data in the cited table 4 shows that the χ^2 value computed between the knowledge levels of Primi para mothers regarding Breastfeeding, with selected socio-demographic variables.

Table 4: Association of demographic variable with the level of pre-test knowledge score of primipara Mothers.

Demographic Variable		Good	Avg.	Poor	χ^2	D.F	Level of Significance at 0.05 level
Age	20–23 Years	0	1	4	10.56	6	11.070
	24–27 Years	0	2	35			$_{cal}\chi^2 >_{tab}\chi^2$
	28–31 Years	0	1	6			NS
	>31 Years	0	1	0			
Religion	Hindu	0	3	40	4.55	6	11.070
	Muslim	0	1	4			$_{cal}\chi^2 >_{tab}\chi^2$
	Christian	0	1	1			NS
	Other	0	0	0			
Education	Illiterate	0	0	11	10.45	6	11.070
	Primary	0	0	20			$_{cal}\chi^2 >_{tab}\chi^2$
	Secondary	0	4	13			NS
	Higher Education	0	1	1			
Types of Family	Nuclear	0	3	20	0.43	2	5.991
	Joint	0	2	25			$_{cal}\chi^2 >_{tab}\chi^2$
							NS
Occupation	Home maker	0	2	31	18.75	6	11.070
	Labour	0	1	14			$_{cal}\chi^2 <_{tab}\chi^2$
	Private Job	0	2	0			S
	Government Job	0	0	0			
Monthly Income	>10000/ Month	0	0	2	5.659	4	9.448
	10001 to 15000/ Month	0	3	40			$_{cal}\chi^2 >_{tab}\chi^2$
	15001 to 20000/Month	0	2	3			NS
Place of residence	Urban	0	2	1	11.38	2	5.991
	Rural	0	3	44			$_{cal}\chi^2 <_{tab}\chi^2$
							S
Source of Information	Health Team Member	0	2	26	1.82	4	9.448
	Peer Group	0	1	12			calχ2>tabχ2
	Mass Media	0	2	7			NS

Variables of age (χ^2 = 10.6), Religion (χ^2 = 4.55), Education (χ^2 = 10.4), Types of Family (χ^2 = 0.43), Occupation (χ^2 = 18.75), Monthly income (χ^2 = 5.659), place of Residence (χ^2 = 11.38) and Source of Information (χ^2 = 1.82) was found Not significant at 0.05 level of significance, Thus it can be interpreted that there is a significant association between knowledge of primi para mothers with their age, religion, education, types of family, monthly income and Source of Information significant with demographic variables and only two variables were significant association with occupation and place of residence.

So we conclude that from the entire variable only two variables that is not significantly associated with pre-test knowledge hence the hypothesis (H_2) was accept with only occupation and place of residence.

Nursing implications

1. Implication in nursing practice the study findings reveal that most of the primi mothers lack knowledge regarding breastfeeding. So there is a need for developing health education packages with regarding to breastfeeding. Health care workers are the first teachers of a mother. They get enough opportunity to interact with the mothers when they come for regular checkup and also in the community area where they meet them at their home situation.

2. Implication in nursing education nursing education should prepare the nurses to impart health teaching regarding breastfeeding. The Breastfeeding and its advantages should be taught in the nursing curriculum and they should be trained for dissemination of the health information using various educational technology. The findings of the study showed that health workers have to play a vital role in promotion of breast feeding.

3. Implication for nursing research. There is a need for extended and intensive nursing research in the area of maternal, child health and community health specialty. A research can be conducted based on innovative methods of teaching, better practice of nursing care and help the mothers and health worker.

4. Implication in nursing administration. Nursing administration should take initiative in organizing in-service education programs on breastfeeding and motivate nurses to participate in such activities. Conduct campaigns for the antenatal and postnatal mothers regarding breastfeeding.

Recommendations

I. A similar study can be replicated with a large sample in order to generalize the data.

II. A similar study can be conducted with different teaching strategies like practice or attitude.

III. A similar study can be conducted among mothers.

V. Different research design can be used.

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Diarrhea and its Management Among Mothers of Under Five Children in Selected Community Area

Asha H Bhatakhande

Abstract

A study was conducted to assess the knowledge regarding diarrhea and its management among the mothers of under five children in selected community area at Kusugal, Hubball. Thirty (30) mothers were selected by non probability; purposive sampling technique. The knowledge was assessed by using structured interview technique. The study results revealed that in Pre-test majority of the subjects 20 (66.67%) had average knowledge, 4 (13.33%) had good knowledge and 6 (20%) had poor knowledge respectively. Where as in Post-test majority of subjects 26 (86.67%) had good knowledge and 4 (13.33%) had average knowledge respectively regarding the diarrhea and its management.

Keywords: Knowledge; Diarrhea; Planned Teaching Programme.

Introduction

''Parents have a divine responsibility to care for and guide their children.''

David O. McKay.

Children are vital role to the nations present and its future parents, grandparents, aunts, and uncles are usually committed to providing every advantage possible to the children in their families, and to ensuring that they are healthy and have the opportunities that they need to fulfill their potential.

Common health problem in children such as common cold, fever, coughing, sore throat, running nose, vomiting, breathing difficulty, eating disorder, dental carries, conjunctivitis, skin rashes, abdominal pain and diarrhea,.

Diarrhea is common among children and contributes substantially to pediatric morbidity and mortality worldwide. Diarrhea is a major public health problem in developing countries. An estimated 1.8 Billion episodes of diarrhea occurs in each year and 3 million children under the age of 5 years die due to diarrhea Cornea also acts like a filter keeping out harmful UV rays. Thus, if the cornea loses its clarity due to nutritional deficiency, diseases or injury, loss of vision occurs.

In India diarrheal disease is a major public health problem among children under the age of 5 years. Diarrhea kills nearly 5 lakhs children a year in India. In Karnataka diarrhea kills 2% of neonate's yearly.

The proportion of children in India under five years age who had an episode of diarrhea and dehydration in all over India 61.7%, Northern region 75.3%, Hariyana 92.3%, Himachal Pradesh 69.6%, Punjab 55.3%, Central region 70%, Bihar 66.2%, Madhya Pradesh 91.0%, Rajathan 61.6%, Uttar Pradesh 56.6%, Southern region 52.6%, Andhra Pradesh 65.2%, Karnataka 38.0%, Kerala 45.1%, Tamil Nadu 63.7%, Western region 46.1%, Gujarat 43.2%, Maharashtra 47.9%, Eastern region 47.9%, Assam 53.8%, Orissa 69.3%, West Bengal 31.4%.

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Children can be saved from various other deliberating diseases if they are kept healthy during the first few years of valuable life. The majority of the children suffering from diarrheal diseases could be managed effectively and scientifically by the mothers at home in the early stage of onset of self care activities. Thus the morbidity and mortality rate caused by diarrhea can be reduced by mother's efforts.

Problem statement

"A study to evaluate the effectiveness of planned teaching programme on knowledge regarding diarrhea and its management among the mothers of under five children in selected community area, Hubballi".

Objectives of the study

1. To assess the knowledge of mothers of under five children regarding diarrhea and its management.
2. To evaluate the effectiveness of Planned Teaching Programme on knowledge of diarrhea and its management among the mothers of under five children in terms of gain in post-test score.
3. To find the association between the pre-test knowledge scores of mothers with their selected demographic variables.

Hypotheses

H_1: The mean post-test knowledge scores of mothers of under five children regarding diarrhea and its management will be higher than the mean pre-test scores at 0.05 level of significance.

H_2: There will be statistical association between pre-test knowledge scores of mothers of under five children regarding diarrhea and its management with their selected demographic variables at 0.05 level of significance.

Materials and Methods

❖ *Research approach:* evaluative research approach.

❖ *Research design:* pre experimental; one group pre-test and post-test design

❖ *Variables under study*:

• Independent Variable: Planned Teaching Programme on diarrhea and its management.

• Dependent Variable: Knowledge of mothers of under five children regarding diarrhea and its management.

❖ *Research setting:* community area, Kusugal, Hubballi.

❖ *Research population:* The target population of the study was mothers of under five children.

❖ *Sample:* mothers of under five children staying in community area, Kusugal, Hubballi were selected.

❖ *Sample size:* Thirty (30) mothers of under five children.

❖ *Sampling technique:* Non probability: purposive sampling technique.

Criteria for selection of samples

The criteria for selection of samples in this study involves:

Inclusion criteria

➤ Mothers who have under five children.

➤ Mothers who are available during the period of data collection.

➤ Mothers who can read and write Kannada.

Exclusion criteria

➤ Mothers of under five children who are not willing to participate in the study.

➤ Mothers who are sick during data collection.

Description of the tool

Section- I: Socio- Demographic Data

Section- II: Structured Interview Schedule

Part-A: 04 Items on General Information about Diarrhea

Part-B: 04 Items on Causes of Diarrhea

Part-C: 07 Items on Signs and Symptoms of Diarrhea

Part-D: 04 Items on Effects or Complications of Diarrhea

Part-E: 11 Items on Management of Diarrhea

Procedure for the data collection

Step 1: Formal permission was taken from the Medical Officer Byahatti (Kusugal). The main study was conducted in the month

of September 2017 at Kusugal among 30 mothers of under five children.

Step 2: Structured Interview schedule was administered to assess the knowledge regarding Diarrhea and its management.

Step 3: The data collected was tabulated and analyzed.

Step 4: The data gathered were analyzed and interpreted using descriptive and inferential statistics.

Step 5: Descriptive statistics like computing frequency, mean, median, mode, standard deviation and range to describe the data.

Step 6: Use of inferential statistics like paired' test, and Chi-square test.

Step 7: Analyzed data was represented in the form of tables, graphs, etc.

Results and Discussion

The data presented under the following sections:

Section I: Distribution of sample characteristics according to demographic variables of respondents.

Section II: Analysis and interpretation of knowledge scores of subjects regarding Diarrhoea and its Management**.**

Section III: Testing hypotheses.

Section I: Distribution of sample characteristics according to demographic variables of respondents.

Table 1: Frequency and percentage distribution of mothers of under five children according to their socio-demographic variables.   n = 30

| Sl. No	Demographic variables	Frequency (f)	Percentage (%)
1	*Mothers Age (in years)*		
	a. Less than 20	0	0%
	b. 21–25	15	50%
	c. 26–30	11	36.67%
	d. 31–35	4	13.33%
2	*Child Age (in years)*		
	a. 0–1	6	20%
	b. 2–3	16	53%
	c. 4–5	8	27%
3	*Educational Status of Mother*		
	a. No-formal education	4	13.33%
	b. Lower primary education	15	50%
	c. Higher primary education	9	30%
	d. Graduate	2	6.67%
4	*Religion*		
	a. Hindu	14	46.67%
	b. Muslim	16	53.33%
	c. Christian	0	0%
	d. Others	0	0%
5	*Occupational Status of Mother*		
	a. House wife	24	80%
	b. Coolie	6	20%
	c. Private job	0	0%
	d. Govt. job	0	0%
6	*Family Income*		
	a. Below 5000	16	53.33%
	b. 5000–10000	13	43.33%
	c. above 10000	1	3.33%
7	*Type of House*		
	a. Pucca house	9	30%
	b. Semi pucca house	18	60%
	c. Kachha house	3	10%
8	*Type of Family*		
	a. Nuclear	19	63.33%
	b. Joint	11	36.67%
	c. Extended	0	0%
9	*Water Facilities*		
	a. Tap water	29	96.67%
	b. Hand pump	1	1.33%
	c. Open well	0	0%
10	*Lavatory*		
	a. Own latrine	25	83.33%
	b. Public latrine	1	3.33%
	c. Open air defecation	4	13.33%
11	*Sewage Disposal*		
	a. Open drainage	8	26.67%
	b. Closed drainage	22	73.33%

Section II: Analysis and interpretation of knowledge scores of subjects who have exposed to Planned Teaching Programme regarding diarrhea and its management.

Table 2: Mean, Median, Mode, Standard Deviation and Range of knowledge score of subjects regarding diarrhea and its management.   n = 30

Area of Analysis	Mean	Median	Mode	Standard Deviation	Range (H-L)
Pre-test	10.4	10	09	4.18	18
Post-test	19.1	18	17	3.46	14
Difference	8.7	08	08	0.72	04

Table 3: Frequency and percentage distribution of knowledge scores of subjects regarding diarrhea and its management.
n = 30

Knowledge score	Pre-test		Post-test	
	Frequency	Percentage	Frequency	Percentage
Good (16–30)	04	13.33%	26	86.67%
Average (7–16)	20	66.67%	04	13.33%
Poor (0–7)	06	20%	00	00%
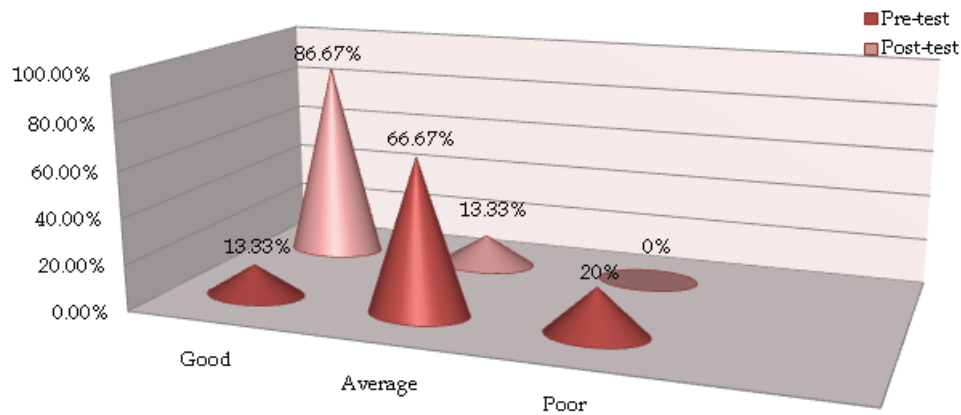
Graph 1: The cone diagram represents the distribution of the subjects according to their level of knowledge scores.

Section III: Testing of hypotheses.

H_1: The mean post-test knowledge scores regarding diarrhea and its management will be higher than the mean pre-test scores of mothers of under five children at 0.05 level of significance.

Table 4: Mean difference (d), standard error of difference and paired 't' values of knowledge scores of subjects regarding diarrhea and its management.   n = 30

Mean difference (d)	Standard error of difference	Paired 't' Values	
		Cal	Tab
8.7	0.061	27.619*	1.699

Table 5: Association between pre-test knowledge scores and selected demographic variables among mothers of under five children.   n = 30

Sl. No	Demographic Variables	Good	Average	Poor	Chi-square		d.f
					Cal	Tab	
1.	*Mothers age (in years)*						
	a. Less than 20 years	00	00	00			
	b. 21–25 years	02	10	03	4.429	9.488	4
	c. 26–30 years	01	09	01			
	d. 31–35 years	01	01	02			
2.	*Child age (in years)*						
	a. 0–1 year	01	04	01			
	b. 2–3 years	00	12	04	6.647	9.488	4
	c. 4–5 years	03	04	01			
3.	*Educational status of mother*						
	a. No formal education	01	02	01			
	b. Lower primary education	01	10	04	16.711*	12.592	6
	c. Higher primary school	00	08	01			
	d. Graduate	02	00	00			
4.	*Religion*						
	a. Hindu	02	09	03			
	b. Muslim	02	11	03	0.19	5.991	2
	c. Christian	00	00	00			
	d. Others	00	00	00			
5.	*Occupational status of mother*						
	a. House wife	04	15	0 5			
	b. Coolie	00	05	01	1.6533	5.991	2
	c. Private job	00	00	00			
	d. Govt. job	00	00	00			

Sl. No	Demographic Variables	Good	Average	Poor	Chi-square		d.f
					Cal	Tab	
6.	Family Income						
	a. Below 5000	01	10	05			
	b. 5000–10000	03	09	01	4.07	9.488	4
	c. Above 10000	01	01	00			
7.	Type of House						
	a. Pucca	02	05	02			
	b. Semi-Pucca	01	14	03	3.66	9.488	4
	c. Kaccha	01	01	01			
8.	Type of Family						
	a. Nuclear	01	13	05			
	b. Joint	03	07	01	3.5877	5.991	2
	c. Extended	00	00	00			
9.	Water facility						
	a. Tap water	04	19	06			
	b. Hand pump	00	01	00	0.508	5.991	2
	c. Open well	00	00	00			
10.	Lavatory						
	a. Own latrine	03	17	05			
	b. Public	01	00	00	7.181	9.488	4
	c. Open-air defecation	00	03	01			
11.	Sewage disposal						
	a. Closed drainage	05	06	00	3.401	5.991	2
	b. Open drainage	02	14	06			

Table 5 Reveals that The calculated chi-square value was lesser than the tabulated value for the following variables Mothers age, Child age, Religion, Occupational status of mother, Family Income, Type of House, Type of Family, Water facility, Lavatory, Sewage disposal. Hence, H_2 was rejected in these variables. Whereas in Case of Educational status of mother, the calculated chi-square value was greater than the tabulated value. Hence $H_{2.3}$ was accepted.

Recommendations

On the basis of study findings the following recommendations have laid;

- A similar study can be undertaken for a larger sample for a longer period of time thus broad generalization will be possible.

- A similar study can be replicated in different settings.

- A similar study can be conducted on attitudes of parents towards diarrhea.

- A comparative study can be done between rural and urban women.

- An experimental study can be under taken using a control group and experimental group with randomized sampling.

- A follow up study can be done to determine the effectiveness of planned teaching programme.

Conclusion

Based on the findings of the study, the following conclusions were drawn:

Overall study results reveals that Mothers of under five children at Kusugal, Hubballi had an average knowledge regarding diarrhea and its management. There was a need for improvement in level of knowledge regarding diarrhea and its management among the mothers of under five children. So Planned Teaching Programme was effective in improvement of knowledge of mothers.

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