

**A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED
TEACHING PROGRAMME REGARDING PREVENTION OF
SELECTED COMMON DISEASES IN UNDERFIVE CHILDREN IN
TERMS OF KNOWLEDGE AND ATTITUDE AMONG AANGANWADI
WORKERS IN GANDHINAGAR DISTRICT**

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INTRODUCTION

Prevention is better than cure is a well known concept. IN the present World, we believe that health is more than a non-disease state. Hence preventive and promotive aspects of health are given more importance than curative aspect. During first 5 years of life physical growth, maturation, acquisition of competence and psychological recognition

occurs in discontinues burst. The child acquire new competencies in the gross motor, fine motor, cognitive and emotional domains. The family is the central focus in the under five, in turn exerts considerable influence on all other families regardless of the size and form of the family unit. The parents feel more comfortable when the child reaches five year. The health functionary ultimately responsible for delivering of health care services. Most of the childhood diseases can be prevented by giving good, adequate and reliable information and knowledge to the care givers. Therefore, the investigator found that by educating the caregivers with the help of a planned teaching programme on prevention of communicable diseases can reduce the mortality and morbidity rate among the under- five children and this planned teaching programme consisting detailed information about diarrhea, malaria and scabies including its prevention, management. Anaganwadi teachers can impart health information effectively and assist the people in community to develop self care potential.

These ananganwadi teachers are in direct contact with children and people in community, so they can play a pivot role in prevention of communicable diseases among children so it is important to educate the anganwadi teachers to improve the health of the underfive children ,so as to built up a healthy population for tomorrow. **Malaria** is a mosquito-borne infectious disease that affects humans and other animals. The disease is most commonly spread by an infected female *Anopheles* mosquito. The mosquito bite introduces the parasites from the mosquito's saliva into a person's blood. **Diarrhea**, is the condition of having at least three loose, liquid, or watery bowel movements each day. It often lasts for a few days and can result in dehydration due to fluid loss. Diarrhea can be prevented by improved sanitation, clean drinking water, and hand washing with soap. Breastfeeding for at least six months and vaccination against rotavirus is also recommended. Oral rehydration solution (ORS)—clean water with modest amounts of salts and sugar—is the treatment of choice. **Pneumonia** is an infection in the lungs. It can be mild or serious. Pneumonia is generally more common in children younger than 5 years old. Pneumonia is a substantial cause of morbidity and mortality in childhood throughout the world.

Need For the Study

Malaria: The World Health Organization (WHO) estimates that 438,000 people died because of malaria in 2015; the Institute of Health Metrics and Evaluation (IHME), Global Burden of Disease (GBD) puts this estimate at 620,000 in 2017. Most victims are children. 57% of malaria fatalities are children younger than 5 years old. It is one of the leading causes of child mortality. Every twelfth child that died in 2017, died because of malaria. In 2016, there were 216 million malaria cases that led to 440,000 deaths. Of these about two thirds (290,000) were children under five years of age. This translates into a daily toll of nearly 800 children under age 5. Most of these deaths occurred in sub-Saharan Africa. In the world, there have been large reductions in the number of malaria cases and deaths between 2000 and 2015.

Diarrhoea: Diarrhea is a leading killer of children, accounting for approximately 8 per cent of all deaths among children under age 5 worldwide in 2016. Each year, an estimated 2.5 billion cases of diarrhoea occur among children under five years of age, and estimates suggest that overall incidence has remained relatively stable over the past two decades.

Pneumonia: Pneumonia is a common illness affecting approximately 450 million people a year and occurring in all parts of the world. there is nearly 8.795 million under 5 mortality globally.

Pneumonia is the single largest cause of death in children worldwide. Every year, it kills an estimated 1.4 million children under the age of five years, accounting for 18% of all deaths of children under five years old worldwide.

Objectives

1. To assess the knowledge and attitude of ananganwadi workers regarding prevention of selected common diseases in under five children before administration of planned health teaching.
2. To assess the knowledge and attitude of ananganwadi workers regarding prevention of selected common diseases in under five children after administration of planned health teaching.
3. To assess the effectiveness of planned teaching programme by comparing the pre-test and post-test knowledge and attitude score regarding prevention of selected common diseases in under five children among ananganwadi workers.
4. To find out association with pre test knowledge score of ananganwadi workers regarding prevention of selected common diseases in under five children with selected demographic variables.

RESEARCH APPROCH AND RATIONAL

A pre Experimental approach was used in this study to evaluate the effectiveness of the Planned teaching programme on knowledge and attitude of ananganwadi workers regarding prevention of selected common diseases among under five children in selected areas of Gandhinagar district.

Sampling Size and Sampling Technique

According to **Evans et al.** sample size is the number of observation in a sample.

According to Polite and Beck sampling is the process of selecting a portion of the population to represent the entire population. A sample, then is a subset of population elements.

Sample Size

Out of entire population selected 60 samples of Anganwadi workers in selected Anganwadis, Gandhinagar, Gujarat.

Sampling Technique

The Investigator Has adopted Convenient sampling technique of non probability method for

the anaganwadi workers those who are working in selected anaganwadi's in selected areas of the gandhinagar district, Gujarat.

Criteria for Sample Selection

- Anganwadi workers who are working in anganwadi for under five children.
- Anganwadi workers who are willing to participate in the study.
- Sample those who can speak and understand Gujarati.
- Sample those who care available at the time of data collection.

Description of Tool

The Investigator has prepared the tool consisting of 3 sections.

Section 1: This section is the first section seeking information on demographic characteristic of the anaganwadi workers, i.e. age of anaganwadi workers, religion, education, monthly income, type of family, health status of anaganwadi workers, year of experience as anaganwadi worker, and source of information. It consists of total 8 questions.

Section 2: This section is the second part of the self-structured questionnaire, which consists of questions assessing knowledge about prevention of selected common diseases in broad aspects comprising of questions following. There are total 30 questions in the questionnaire. Every correct answer was given a score of one and wrong answer was given 0 score.

Table Blue print on Areas, Number of items and level of Knowledge on Structured Knowledge questionnaire.

Content Area	QUESTION NO			Max score	Total %
	Knowledge (Item no)	Comprehensive (Item no)	Application (Item No)		
Introduction	1,2,3,11,24	12,13 15	10	9	30%
Sign & Symptoms	4,16,25	5	-	4	13.3%
Complication	6,18,28	8,20	23	6	20%
Prevention	7,19,21,29	-	22	5	16.7%
Treatment	17	26,27	4,9,30	6	20%
Total	16	8	6	30	100
Percentage	53.3%	26.7%	20%		100%

Section 3: In this section investigator had prepared Likert's Attitude rating scale for measuring the Attitude. There were Five points Rating scale and each point having 5-1. There were total 15 items which express attitude of sample. There were five points Rating scale and each points having 5-1. There were total 15 items which express attitude of sample. The total

score ranged between 15 - 75. Based on this a range was decided, below 15-38 was considered an Unfavorable attitude and 39 – 75 was considered as Favorable attitude.

Based on the objectives, an extensive search for literature was made to determine and develop the conceptual framework and methodology for the study. Conceptual framework was based on a system model, a guide for development, utilization and evaluation. The research approach adopted for the study was Pre-Experimental with one group pretest and post-test design. The study was conducted in selected Anganwadi of Gandhinagar, Gujarat. Planned Teaching Programme was developed on Prevention of selected common diseases in underfive children. The Planned teaching Programme was developed under expert guidance of Our Guide Mrs Kalaivani, Associate Professor of C. M. Patel College of Nursing, Gandhinagar. The Planned Teaching Programme was developed for enhancing the knowledge regarding Prevention of selected common diseases. The study comprised of total 60 samples selected from Selected Anganwadis of Gandhinagar, Gujarat through purposive non probability sampling (purposive technique) technique. The investigator collected data by establishing rapport with the subject and ensuring confidentiality of their response. The data were analyzed and interpreted in terms of objectives of the study. Descriptive and inferential statistics were utilized for the data analysis.

Major Finding of the Study

The data were analyzed and interpreted in terms of objectives of the study. Descriptive and inferential statistics were utilized for the data analysis.

Findings related to demographic Variables of samples

1. In Age Of Anaganwadi Worker that highest percentages (50%)30 samples of anaganwadi workers were in the age group of year of 27 and above, and least (0%) were age group of 18-21 year, and 8 samples(13.3%) were in the age group of 21-24, and 22 samples(36.7%) were age group of 24-27.
2. In Religion that majority (85%) 51 samples of anaganwadi workers were Hindu, and (13.33%) 8 samples were Muslim and (1.67%) 1 samples were Christian.
3. In Education that Majority (53.3%)32 samples of anaganwadi workers were Higher secondary, (38.3%) 23 samples of anaganwadi workers had secondary education, (8.3%) 5 samples of anaganwadi workers were Graduation and no one had post graduation education.
4. In Monthly Income That Majority (90%)54 samples of anaganwadi workers had monthly

income between 10,000-20,000, (10%)6 samples of anaganwadi workers had monthly income more than 20,000 and no one had monthly income less than 10,000.

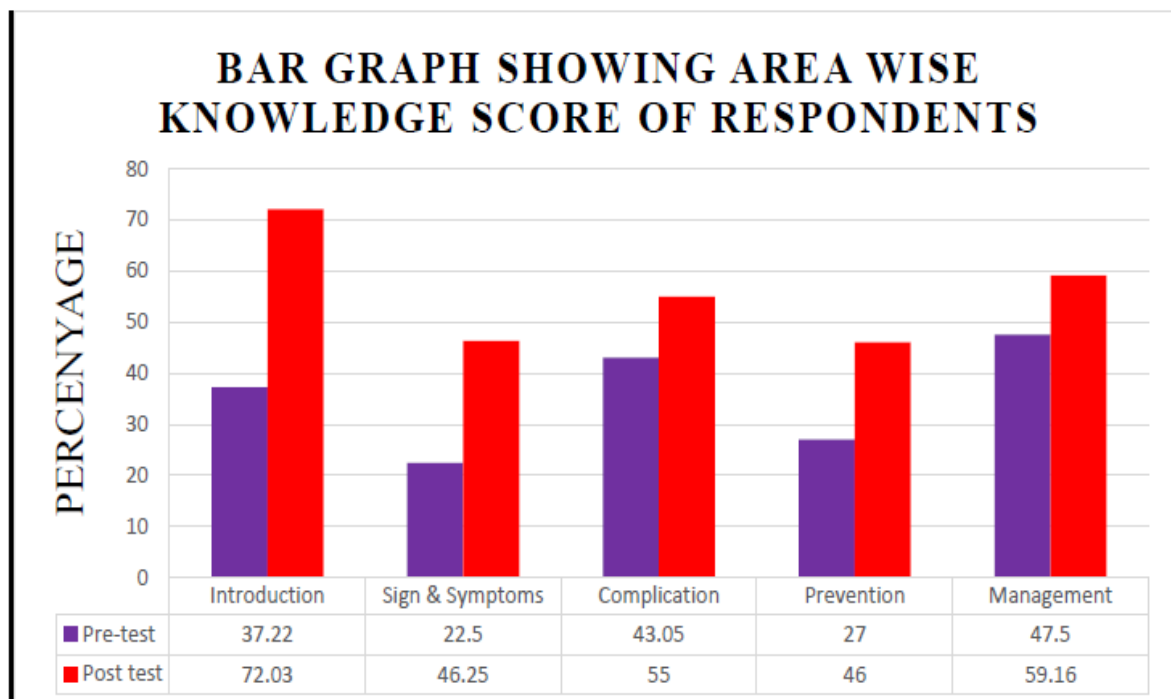
5. In Type Of Family that Majority (61.7%)37 samples of anaganwadi workers were living in nuclear family and (38.3%)23 samples of anaganwadi workers were living in joint family.
6. In Health Status Of Anaganwadi Worker that (100%)60 samples of anaganwadi workers were healthy, no one were unhealthy.
7. In Year Of Experience As A Anaganwadi Worker that majority (55%) 33 samples of anaganwadi workers had more than 5 year of work experience, (33.3%) 20 samples of anaganwadi workers had 3 to 5 year of work experience, (11.7%)7 samples of anaganwadi workers had 1 to 3 year of work experience and (0%) of anaganwadi workers had less than 1 year of experience.
8. In Source Of Information that majority (50%)30 samples of anaganwadi workers got information through health care professionals, (40%)24 samples of anaganwadi workers got information through friends, health care professionals, then mass media, (10%) 6 samples of anaganwadi workers got information through mass media.

Area wise mean, percentage, standard deviation (SD), mean difference and percentage gain of pre test and post test knowledge of samples on prevention of selected common diseases in under five children. [N=60]

Areas	Maximum score	Pre test			Post test			Gain (%)	Mean df
		Mean score	Mean (%)	SD	Mean score	Mean (%)	SD		
INTRODUCTION	9	3.37	37.22	1.39	6.48	72.03	1.37	34.81	3.11
SIGN & SYMPTOMS	4	0.9	22.5	0.93	1.85	46.25	0.87	23.75	0.95
COMPLICATION	6	2.58	43.05	1.06	3.3	55	0.95	11.95	0.72
PREVENTION	5	1.35	27	0.97	2.3	46	1.16	19	0.95
MANAGEMENT	6	2.85	47.5	0.98	3.55	59.16	0.96	11.66	0.7
TOTAL	30			5.33			5.31		

- Shows the comparison between pre test and post test knowledge score obtained by samples on prevention of common diseases in under five children in all areas. The knowledge area is divided into five sub area such as Introduction, Sign & Symptoms, Complication, Prevention, and Management of Common diseases.
- The Area wise result related to Introduction Pre test mean score is 3.37 (37.22%) and Post test score is 6.48 (72.03%). Hence the mean difference noted in this area is 3.11 (34.81%).

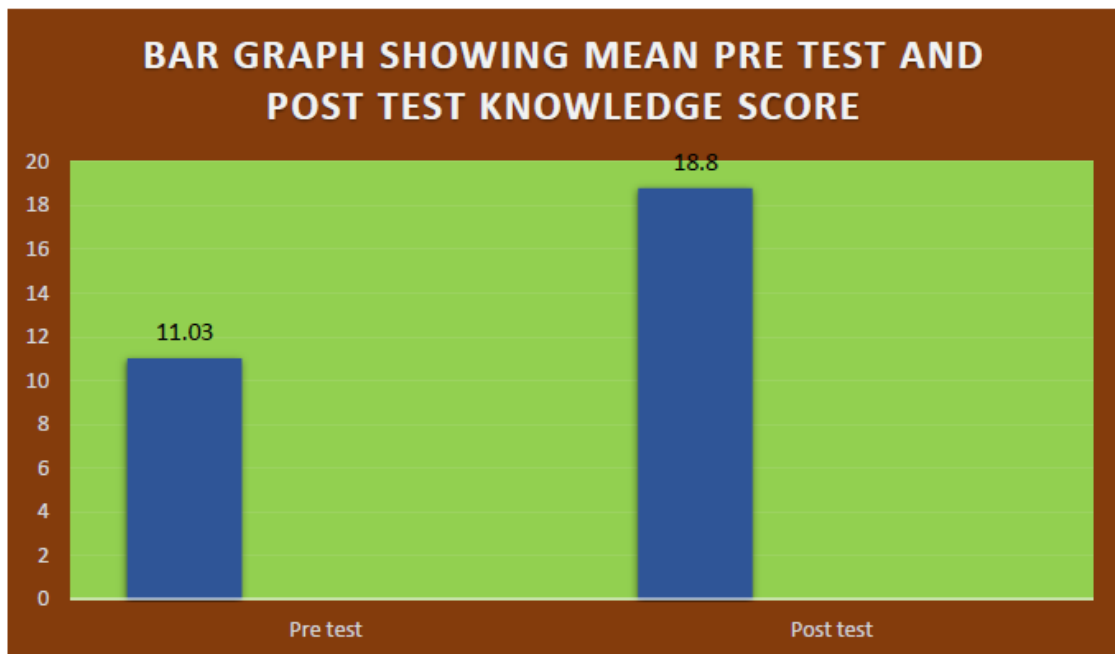
- The area wise resulted to Sign & Symptoms pre test score is 0.9 (22.5%) and post test score is 1.85 (46.25%). Hence the mean difference noted in this area is 0.95 (23.75%).
- The area wise resulted to Complication pre test score is 2.58 (43.05%) and post test score is 3.3 (55%). Hence the mean difference noted in this area is 0.72 (11.95%).
- The area wise resulted to Prevention pre test score is 1.35 (27%) and post test score is 2.3 (46%). Hence the mean difference noted in this area is 0.95 (19%).
- The area wise resulted to Management pre test score is 2.85 (47.5%) and post test score is 3.55 (59.16%). Hence the mean difference noted in this area is 0.7 (11.66%).



Findings related to Knowledge of samples regarding Prevention of selected common diseases in under five children.

The mean Pre-test score was 11.03 and the mean post test score was 18.8 with the mean difference of 7.77. The calculated t' is 19.27 and the tabulated t ; is 2.00 at 0.05 level of significance. It reveals that mean post-test Knowledge score was significantly higher than mean Pre-test Knowledge scores. The calculated t' value was greater than the tabulated t' . This indicates that difference obtained in the mean pre test and post test knowledge score was a real difference and not by chance. It revealed that the planned teaching programme was effective in terms of knowledge among the samples.

Bar graph showing mean pre test & post test knowledge score of the samples.



Findings related to Attitude of samples regarding selected common diseases.

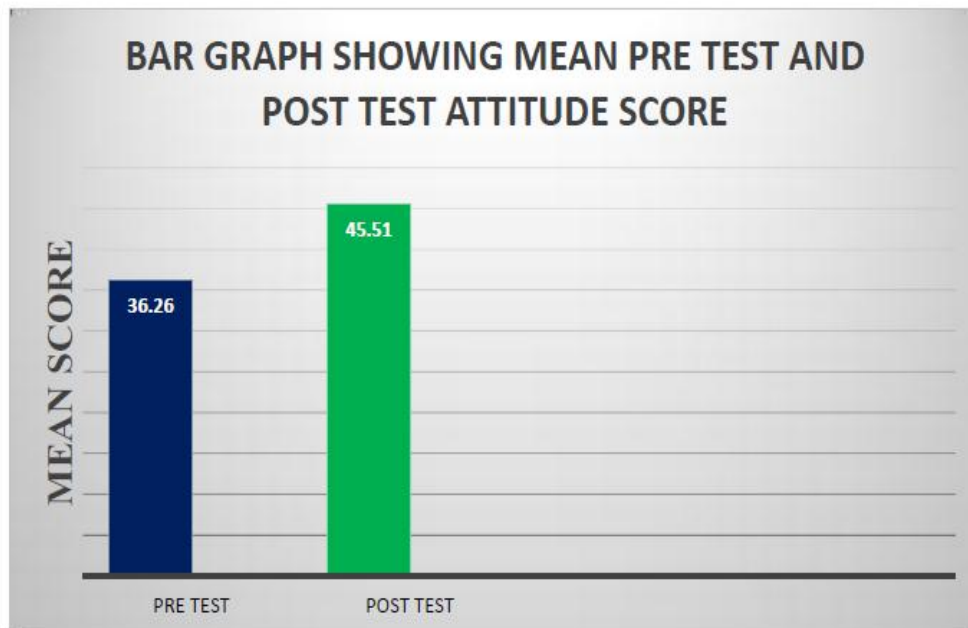
Attitude test	Mean score	Mean difference	SD	Calculated „t“ value	Table „t“ value	DF
Pre-test	36.26	9.25	8.89	7.64	2.00	59
Post- test	45.51		7.20			

*significance at the level of 0.05

Table shows the difference between Pre test and Post test Attitude score obtained by the sample on Prevention of selected common diseases in Under five children. The Mean pre test score is 36.26 and mean post test score is 45.51. The mean difference between pre test and post test attitude score is 9.25.

The table also shows that the standard deviation of pre test attitude score is 8.89 and standard deviation of post test attitude score is 7.20.

The calculated t value is 7.64 and tabulated t is 2.00 at 0.05 level of significance. The table also reveals that the mean post test attitude score is significantly higher than the mean pre test attitude score. The calculated t value ($t = 7.64$) is greater than tabulated t ($t = 2.00$). Therefore the null hypothesis is rejected and research hypothesis is accepted.



Findings related to association between pre test knowledge scores of samples and selected demographic variables

The findings of the study revealed that there is no significant association of various demographical variables with pre test knowledge score of samples.

CONCLUSION

The findings indicated that planned teaching programme was an effective in improving knowledge and attitude of samples. Anaganwadi workers gained significant knowledge and attitude was improved to positive side. It shows that the planned teaching programme was effective.

Implication of the Study

Health is in individual responsibility, Primary health care emphasis the development of self-care abilities. The present study, making anaganwadi workers aware of and help them to gain knowledge regarding selected common diseases.

The finding of the study can be used in the following areas of nursing profession.

Nursing Practice

The extended and expanded role of the professional nurse emphasizes those activities which promote the health and prevent illness. Community health workers are innovators, guides and also teachers. They are a vital link in the Health Care delivery system. The Anaganwadi

workers working in the anaganwadis is recognized as a responsible and accountable professional who works in community with clients to give the necessary support, care, treatment and doing procedure according to needs and the demands of the clients. Nurses play the roles of teacher and a guide in a community setting; Hence Nurse could play a crucial role in increasing knowledge regarding Prevention of selected common diseases in under five children and simultaneously develop desirable attitude among the anaganwadi workers who are working in anaganwadi set up. The study finding can be used to bring out awareness among anaganwadi workers regarding prevention of selected common diseases in under five children to save lives and improves health.

Nursing Education

Today demands of consumers quality assurance care. Every profession has to satisfy this demand and nursing is no exception to it. Only through standard education can there be a standard practice. The results of the study can be used by nursing teacher, nurse, nursing students as an informative illustration. Nursing students and working nurse should be taught about the recent advancement related to prevention of selected common diseases in under five children. Within the scope of the curriculum, the learning experience should provide opportunities to the students, to plan and prepare planned teaching material on prevention of selected common diseases.

Nursing Research

There is need to conduct further research in India in the field of prevention of selected common diseases in under five children for anaganwadi workers. This is needed to bring out the facts which emphasis the need and the extent of ignorance about complications untreated common diseases.

The result of the study contributes to the body of knowledge of nursing. In future, the investigators can use the findings and the methodology as reference material. It highlights the areas that require future exploration. Other researchers can conduct further studies in the same field and can utilize the suggestions and recommendations. There is need to include training programs, so that the nurse will have adequate knowledge.

Nursing Administration

The findings of the study reveals need to conduct an ongoing In-service education programme for the nurse who are working in Hospital, CHC, PHC, or SC. The -In-service

education programme should include both theoretical and practical input. This can also bring awareness among nurse. Administrators need to provide training to new nurse regarding prevention of selected common diseases. The appropriate policy or act should be made to prevent disease which are prevalent because of prevention of selected common disease.

5.5 RECOMMENDATIONS

On the basis of the findings of the study following recommendations have been made: The following recommendations are made on the basis of the findings of the Present study.

1. A similar study can be replicated on a large sample covering the different state of India. So that findings can be generalized for a large population.
2. A similar study can be conducted on students, industrial workers and women.
3. A comparative study can be conducted in order to compare the knowledge regarding prevention of selected common diseases in under five children in between experimental group and control group of samples.
4. A study can be conducted by using other teaching strategies.
5. A survey can be conducted to assess knowledge of ananganwadi workers regarding prevention of selected common diseases with a view to develop information booklet.
6. A true experimental study may be carried out to standardize the planned teaching programme.
7. A similar study can be done to assess the effectiveness of planned teaching programme regarding knowledge on prevention of selected common diseases among ananganwadi workers.

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