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A study to assess the effectiveness of structured teaching program on knowledge regarding revised immunization schedule among mothers of under-five age children in selected hospital at the selected city

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ABSTRACT

Statement: A study to assess the effectiveness of structured teaching program on knowledge regarding revised immunization schedule among mothers of under-five age children in selected hospital at selected city. Objectives: To assess the existing knowledge of mothers regarding revised immunization schedule and to evaluate effectiveness of structured teaching program on knowledge regarding revised immunization schedule. And to find out the association between pre-test knowledge score with selected demographic variables. Methodology: quantitative research approach was used with quasi experimental one group pre-test and post- test design. Population50 Mothers of under Five Age Children, Purposive Sampling Technique was used for data collection. Result: In the pre-test- 6 (12%) had inadequate knowledge, maximum 44 (88%) had moderately adequate knowledge and no one mothers of under-five age children had adequate knowledge regarding revised immunization schedule. In post-test- maximum 47 (94%) Mothers of under-five age children were having adequate knowledge and no one mothers of under-five age children were having inadequate knowledge and remaining 3 (6%) Of mothers of under-five age children were having moderately adequate knowledge regarding revised immunization schedule.

***Keywords*:** *Structured Teaching Program, Knowledge, Revised Immunization Schedule, Mothers of Under Five Age Children.*

1. INTRODUCTION

Vaccination is a process of protecting an individual from a disease through introduction of live, or killed, or attenuated organisms in the individual system. It is one of the „best buys" in community health and one of the most cost- effective health interventions. Immunization against vaccine preventable disease is essential to reduce the child mortality, morbidity and handicapped conditions. It is mass means of protecting the largest number people from various vaccine preventable diseases. It gives resistance to an infectious disease by producing or augmenting the immunity. Artificially acquired immunity is developed by immunization.[1] Immunization, a key component of child survival strategies, is among the most cost-effective public health tools for disease control worldwide. 1, 2,3 Successful immunization programs anywhere in the world is rewarded with reduction in childhood morbidity and mortality.4,5The impact is potentially more significant in developing countries because of higher population of under-5 children, high infectious disease burden and poor health infrastructure. Currently, in the developing world, immunization is estimated to prevent about 3 million childhood mortality yearly but if immunization programs are strengthened, this number could increase to 5 million. 8 Sadly, it's in these same countries that the level of immunization coverage and therefore its impact on the health indices is abysmal. Today, about 6.5 million under-5 children die yearly; 2.5 million from vaccine preventable diseases. About half of these (3.2 million) are from sub-Saharan Africa. In Nigeria, the under-5 mortality rate is 124/1000 live births while over 827,000 children under 5perish annually. Twenty-two percent of these are due to vaccine preventable diseases.[2]

2. PROBLEM STATEMENT

"A study to assess the effectiveness of structured teaching program on knowledge regarding revised immunization schedule among mothers of under-five age children in selected hospital at selected city."

2.1 Objective of the study

1. To assess the existing knowledge of mothers regarding revised immunization schedule.
2. To evaluate effectiveness of structured teaching program on knowledge regarding revised immunization schedule.
3. To find out the association between pre-test knowledge score with selected demographic variables.

2.2 Inclusion Criteria

Mothers who are,

1) Having under five age children
2) Available at the time of data collection
3) Able to read, write and understand Marathi

2.3 Exclusion Criteria

Mothers who are,

1) Having children above five years of age
2) Not willing to participate
3) Unable to read, write and understand Marathi

2.4 Description of the Tool

Tool was divided into two sections, section A and section B

Section A: Demographic data of mothers which consisted of 8 questions

Section B: Semi structured knowledge questionnaire consists of 30 questions on revised immunization schedule.

3. RESULT

Section A: Demographic data of teachers which consisted of 8 questions

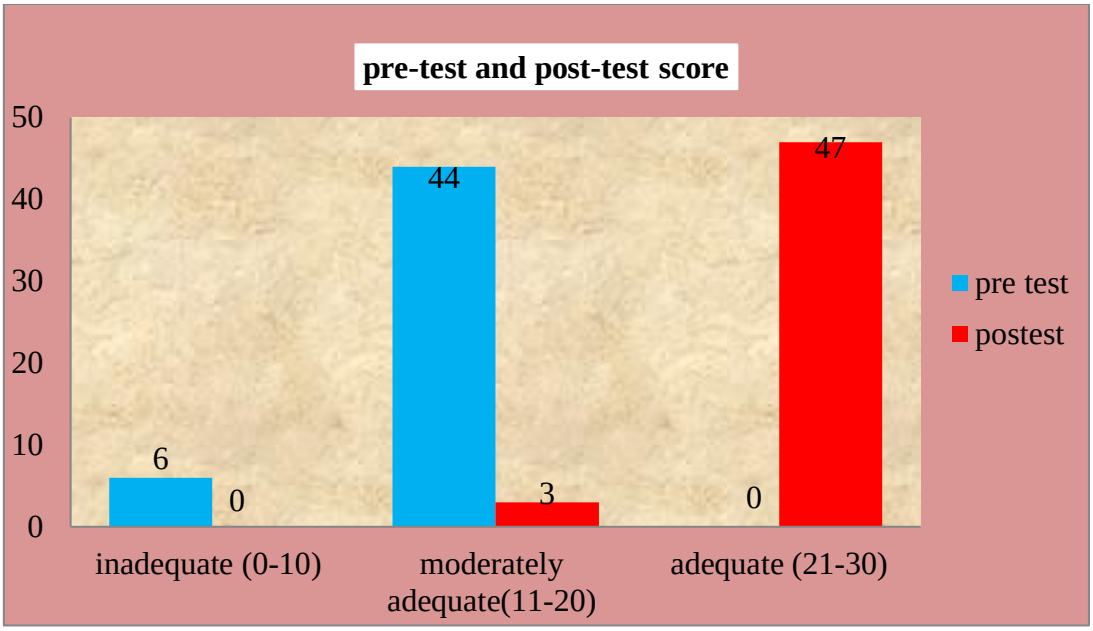
Table No. 1: Frequency and percentage Distribution of mothers of under-five age children in relation to demographic variables (N=50)

Characteristic	Frequency (f)	Percentage (%)
Age		
18 to 25 years	21	42
26 to 32 years	24	48
33 to 37 years	05	10
38 to 42 years	00	00
Religion		
Hindu	35	70
Christian	09	18
Muslim	05	10
Any other	1	2
Education Of Mothers		
Primary	11	22
Secondary	19	38
Higher secondary	13	26
Under graduate and above	07	14
Occupational Status		
Housewife	32	64
Government job	3	6
Private job	13	26
Other	02	04
Family Income		
Less than 10,000/- Rs.	14	28
11,001- 15,000/-Rs.	22	44
16001-20,000/-Rs.	10	20
More than 20,001/-Rs.	04	08
Number Of Under Five Year Age Children		
1	26	52
2	22	44
3 and more	02	04
Previous Knowledge		
Yes	44	88
No	06	12
Source of Knowledge		
Mass media	15	30
Social media	15	30
Printed news	16	32
Personal information	04	08

Section B

Section: 2:- Knowledge on revised immunization schedule among mothers of under Five age children

Section II: - Frequency and percentage distribution of samples according to their pre-test and post-test knowledge level among mothers of under-five age children



Graph reveals that the pre-test - 6 (12%) had inadequate knowledge, maximum 44 (88%) had moderately adequate knowledge and no one mothers of under-five age children had adequate knowledge regarding revised immunization schedule. In post-test- maximum 47 (94%) Mothers of under-five age children were having adequate knowledge and no one mothers of under-five age children were having inadequate knowledge and remaining 3 (6%) Of mothers of under-five age children were having moderately adequate knowledge regarding revised immunization schedule.

Section 3: To evaluate the effectiveness of structured teaching program on knowledge regarding revised immunization schedule.

Table no.2: data on effectiveness of structured teaching program on knowledge regarding revised immunization schedule.

Test	Mean	SD	't' value	Table value	P<0.05
Pre-test	14.34	2.25	32.28	2.00	<0.0001 (S)*
Post-test	22.74	1.41			

***Significant**

Table No.2 reveals that obtained 't' value = 32.28 is more than table value 2.00 at P< 0.05 level of significance. The observed mean post-test knowledge score 22.74(SD-1.41) was higher than the mean pre-test knowledge score 14.34(SD- 2.25).

Section 4: data on to association between pre-test knowledge on revised immunization schedule and the selected demographic variables of mothers of under-five age children.

Table No.3:- data on to association between pre-test knowledge on revised immunization schedule and the selected demographic variables of mothers of under-five age children. N=50

Sr. No.	Demographic variables	Pre-test knowledge Scores								Chi square value (x^2)
		Inadequate		Moderately Adequate		Adequate		Total		
		F	%	F	%	F	%	F	%	
1	**Age**									
	18 to 25 year	2	9.5	19	90.47	0	00	21	100	
	26 to 30 year	3	12.5	21	87.5	0	00	24	100	**0.7579**
	33 to 37 year	1	20	4	40	0	00	5	100	**df=6**
	38 to 42 year	0	00	0	00	0	00	00	100	**N.S.**
	Total	**6**		**44**		**00**		**50**		
	Demographic Variable	**F**	**%**	**F**	**%**	**F**	**%**	**F**	**%**	
2	**Religion**									
	Hindu	5	13.8	31	86.1	0	00	36	100	**2.127**
	Christian	0	00	9	100	0	00	9	100	**df= 6**

	Muslim	1	25	3	75	0	00	4	100	**N.S.**
	Any other	0	00	1	100	0	00	00	100	
	Total	**6**	**-**	**44**		**00**		**50**		
	Demographic variable	**F**	**%**	**F**	**%**	**F**	**%**	**F**	**%**	
3	**Education** Primary	3	27.27	8	72.72	0	00	11	100	**3.8962**
	Secondary	2	10.52	17	89.47	0	00	19	100	**df= 6**
	Higher secondary	1	7.69	12	92.30	0	00	13	100	**N.S.**
	Undergraduate & above	0	00	7	100	0	00	7	100	
	Total	**6**	**-**	**44**	**-**	**00**	**00%**	**50**	**-**	
4	**Occupational status** Housewife	5	15.62	27	84.37	0	00	32	100	
	Government job	0	00	3	100	0	00	3	100	**1.3484**
	Private job	1	7.69	12	92.30	0	00	13	100	**df= 6**
	Other	0	00	2	100	0	00	2	100	**N.S.**
	Total	**6**		**44**		**0**		**50**		
	Demographic variable	**F**	**%**	**F**	**%**	**F**	**%**	**F**	**%**	
5	**Income** Less than 1000/-Rs	3	21.42	11	78.57	0	00	14	100	
	11,001-15000/-Rs	1	4.54	21	95.45	0	00	22	100	**3.7878**
	16,001-20,000/-Rs	2	20	8	80	0	00	10	100	**df= 6**
	More than 20,001/-Rs	0	00	4	100	0	00	4	100	**N.S.**
	Total	**6**		**44**		**00**		**50**		
	Demographic variable	**F**	**%**	**F**	**%**	**F**	**%**	**F**	**%**	
6	**Number of under five year children** 1	3	11.53	23	88.46	0	00	26	100	
	2	3	13.63	19	86.36	0	00	22	100	**0.3345 df= 4 N.S.**
	3 and more	0	00	2	100	0	00	2	100	
	Total	**6**		**44**				**50**		
	Demographic variable	**F**	**%**	**F**	**%**	**F**	**%**	**F**	**%**	
7	**Previous knowledge** Yes	5	11.36	39	88.63	0	00	44	100	**0.1406 df= 2**
	No	1	16.66	5	83.33	0	00	6	100	**N.S.**
	Total	**6**		**44**		**00**		**50**		
	Demographic Variable	**F**	**%**	**F**	**%**	**F**	**%**	**F**	**%**	
8	**Source of knowledge** Mass media	3	20	12	80	0	00	15	100	**2.4542**
	Social media	1	6.66	14	93.33	0	00	15	100	**df= 6**
	Printed news	1	6.25	15	93.75	0	00	16	100	**N.S.**
	Personal information	1	25	3	75	0	0	4	100	
	Total	**6**		**44**		**00**		**50**		

d.f.= degree of freedom **N.S**= not significant **X^2=** Chi square

The above table (table no.11) shows the association of pre-test knowledge score with their selected demographic variables by using chi-square and degree of freedom (column-1) (row-1), it was evident that, there was no association between pre-test score with their demographic variables.

4. RECOMMENDATION

According to oxford dictionary 'recommendation means an official suggestion about the best things to do.' The present study was conducted to assess the effectiveness of structured teaching programme on revised immunization schedule among mothers of under-five age children in the selected hospital. The findings of the study have implication in the field of nursing education, nursing practice, nursing research and nursing administration.

5. NURSING EDUCATION

Nursing education is developing rapidly in India and nurse is providing care through base of scientific nursing education. So, knowledge can be reemphasize for students by,

- Developing good teaching skill among student nurses on immunization
- Emphasizing health education on immunization and to prevent diseases as part of learning experience for the students
- Arranging the in service education programme (seminar, workshop) for student nurse regarding revised immunization to prevent diseases.
- Providing an opportunity for students to actively participate in immunization programme.

6. REFERENCES

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