Effectiveness Of An Information Booklet On Knowledge Regarding Home Management Of Selected Childhood Illness Among Mothers Of Under Five Children At Selected Urban Slum Of Udaipur, Rajasthan.

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Abstract: *Children under five are vulnerable to childhood illness and despite all affords still mortality and morbidity is very high. Mothers have important role as a primary care givers and can be important tool to deal with childhood illness efficiently so this study aim to assess effectiveness of an information booklet on knowledge regarding home management of selected childhood illness. The sample size were 62mothers selected by purposive sampling technique. The tool comprised of structured interview schedule..Pre test was conducted followed by administration of information booklet.Post test was taken after a weeks duration. The data obtained were analyzed by using descriptive and inferential statistics. The mean post test knowledge 34.27(81.61%) was apparently higher than the mean pre test knowledge.14.74 (35.10%), The mean difference was 19.53 which suggesting that the information booklet was effective the increasing the knowledge of he mothers. Varriable like how many children of under five mother had only was associated with knowledge.*

Key words: *Knowledge, Mothers, effectiveness, common childhood illness, Information booklet. pre experimental study.*

I. Introduction

Everyday millions of parents seek health care for their sick children and take them to health center which may be timely or delayed. In country like India people try to manage sickness at their own level and then only try to seek health advice from professionals. Mothers are the pioneers in caring the child and diagnosing their problems at the earliest. So if they are well acquainted with home management strategies of common childhood illness in under five year children the basic and emergency management can be effectively done and the complication and morbidities can be reduced.

According to UNICEF most child deaths (70%) in developing countries result from one the following causes-acute respiratory infection, diarrhea, measles, malaria, malnutrition. The most of the children who die each year could be saved by low technology, evidence based, cost effective measures such as vaccines, antibiotic micronutrients supplementation, improved family care and breastfeeding practice and oral rehydration therapy. In addition to providing vaccines and antibiotics to children, education could also be provided to mothers about how they make simple changes toliving conditions such as improving hygiene in order to increase the health of her children. Mother who are educated will also increased confidence in the ability to take care of her children.[1]

With about 2 million annual deaths of under-fives, India also accounts for 21% of the global child mortality. According to United Nations Children's Fund (UNICEF), most child deaths result from one of the following five causes – acute respiratory infections (ARI), diarrhoea, measles, malaria and malnutrition. Diarrhoea and pneumonia being the leading causes in the post-neonatal period, Malnutrition is associated with about 50% of all deaths among children.
In the developing countries, seven out of 10 deaths happen due to ARI in under 5 year age group.

Infants under two months old who are not breastfed are six times more likely to die from diarrhoea or ARI than those who are breastfed.Diarrhea is the third most common cause of death in under-five children, responsible for 13% deaths in this age-group, killing an estimated 300,000 children in India each year. Million deaths study based on the registrar general of India mortality statistics had reported 369,000 deaths due to pneumonia among children 1–59 months at the rate of 13.5/1000 live births. Child mortality can be reduced adequately if timely interventions are planned.[2]
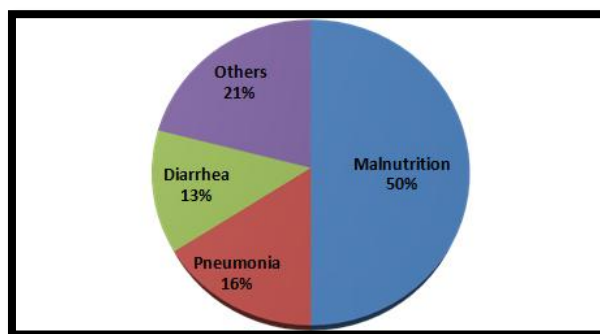

Fig. 1

II. Research Elaborations

Statement of the problem

Effectiveness of an information booklet on knowledge regarding home management of selected childhood illness among mothers of under five children at selected urban slum of Udaipur, Rajasthan.

III. Objectives

1. To assess the pre test knowledge scores regarding home management of selected childhood illness among mothers of under five children.
2. To prepare and distribute an information booklet on knowledge regarding home management of selected childhood illness.
3. To evaluate the effectiveness of an information booklet on knowledge regarding home management of selected childhood illness among mothers of under five children.
4. To find out the association between the pre test knowledge scores and selected socio Demographic variables.

IV .Hypothesis

H1: There is a significant difference between mean pre-test and post-test knowledgescores regarding home management of selected childhood illnesses among mothers of under five children.

H2: There is a significant association between mean pre test knowledge scores andselected demographic variables.

V. Material and methods

Population–Mothers of under five children
Sample–Mothers of under five children at selected urban slum of Udaipur
Sample size-62 mothers of under five children.
Setting-Indira colony kachchi basti, Sector 14, Udaipur.

The conceptual framework for the study was developed on the bases of Ludwing Von Bertanloffy's General system theory.

VI. Research design

The research design selected for the present study was a pre experimental one group pre-test post-test research design.

Table1: Pre experimental one group pre-test post-test research design.

Group	Pre test	Intervention	Post test
Mothers of under five children	O_1	X	O_2

The interpretations of the symbol areas below:
O_1- Assessment of pre test knowledge by using structured interview schedule
O_2-Assessment of post- test knowledge using structured interview schedule.
X-An Information booklet on home management of selected childhood illness .

VII. Material and methods

Population–Mothers of under five children
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Sample–Mothers of under five children at selected urban slum of Udaipur
Samplesize-62 mothers of under five children.

Ethical consideration
1.   Obtained permission from ethical committee of RNT Medical College
2.   prior permission was obtained from concerned of Parshad of selected urban slum area, Udaipur (Raj.) India.
3.   Consent was taken from each participant.

Description of the tool
The structured knowledge questionnaire consisted of two parts i.e.Section–I & II.
Section -I: consisted of 7 items on socio-demographic data such as age, educational qualification, types of family, monthly family income, mothers occupation, number of under five children in family, source of information.
Section -II: consisted of 42 knowledge items. Each item was multiple choices in nature with 4 choices.

Table:2 Interpretation of level of knowledge

Interpretation of level of knowledge	Percentage
Inadequate knowledge	<40%
Moderately adequate knowledge	40-80%
Adequate knowledge	>80%

An answer key was prepared for scoring answer to the structured interview schedule.
Data collection and data analysis
Data was analyzed using descriptive statistics take mean ,median,, mode and standard Deviation. t test was used to assess the effectiveness of information booklet chi square was used to find out association between knowledge and demographic variable..
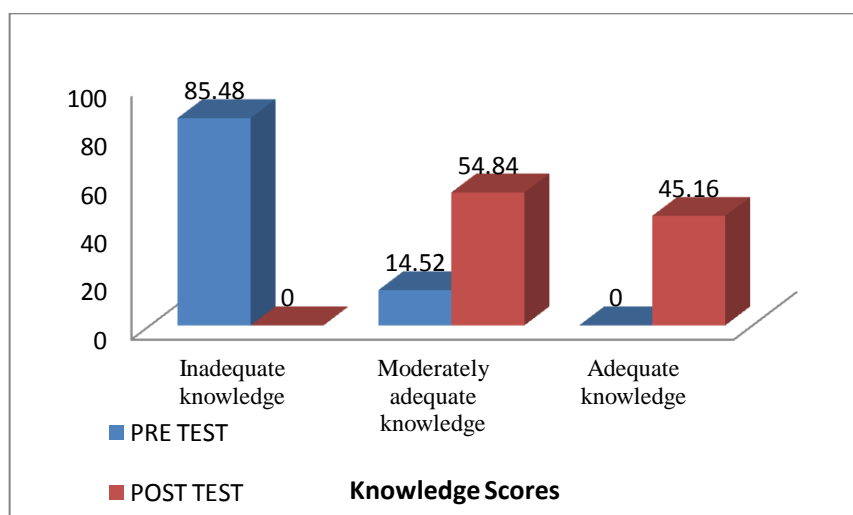
VII.   Result

Figure 2: Frequency and Percentage distribution of respondents to their level of knowledge score.

Fig 2: Fig 2 show that, in pre test 85.48% participants had inadequate knowledge, 14.52% had moderately adequate knowledge, and none of the respondents had adequate knowledge whereas in post test 54.84% of respondents had moderate knowledge and 45.16% had adequate knowledge and none of the respondents had inadequate knowledge.

Table 3: Area wise pre-test and post-test knowledge score   **N=62**

Area	Pre Test		Post Test	
	Mean %	SD	Mean %	SD
Introduction	4.1	0.9	7.30	0.57
Diarrhea and its home management	13	1.5	28.75	1.18
Malnutrition and its home management	5.7	1	16.21	1.04
Acute respiratory infection and its home Management	13	1.3	29.34	1.20

Table 3: showed mean pre-test and post- test knowledge score on different areas of home management of selected childhood illness. In the area of introduction mean pre test knowledge scores were 4.1 % and post test knowledge scores were 7.30%. In the area of Diarrhoea and its home management mean pre test knowledge scores were 13% and post test knowledge scores were 28.75% In the area of Malnutrition and its home management mean pre test knowledge scores were 5.7%. and post test knowledge scores were 16.21%. In the area of Acute respiratory infection mean pre test knowledge scores were 13% and post test knowledge scores were 29.34%. Overall analysis revealed that highest mean pre test knowledge score were equally found in the area of Acute respiratory infection and Diarrhea and its home management whereas highest mean post test knowledge scores 29.34% was found in the area of Acute respiratory infection.

Table 4: Effectiveness of an Information Booklet on knowledge regarding home management of selected childhood illness

Test	Mean	SD	Mean difference	t test	df	Result
Pre Test	14.74	3.04	19.53	39.79	61	S
Post Test	34.27	2.89				

*Level of significance at 0.05

Table 4: revealed that the mean post test knowledge scores 34.27 was greater than the mean pre test scores14.74. The mean difference between pre test and post test scores was19.53. The paired 't' value was 39.79 greater than the tabulated value at 0.05 level of significance. Hence research hypothesis H1 stated in the study there is a significant difference between mean pre test and post test knowledge regarding home management of selected childhood illness among mothers of under five children was accepted. This indicated that the information booklet was found effective in increasing the knowledge regarding Home Management of Selected Childhood Illness among mothers of under five children.

Table 5: Association between Pre test Knowledge Scores with Selected Socio Demographic Variables N=62

S.N.	VARIABLES	Chi Square	df	Inference
1	**Age in Years**	5.44	3	NS
2	**Educational qualification**	1.13	3	NS
3	**Types of family**	1.21	1	NS
4	**Monthly family income**	1.33	3	NS
5	**Mother's occupation**	0.04	3	NS
6	**Number if under five children**	9.94	3	S
7	**Source of information**	7.99	4	NS

*NS- Not significant	S- Significant
*0.05 level of significance

Table 5: revealed association between pre test knowledge of respondents and demographic variable Number of under five children ($\chi2$=9.94) whereas socio demographic variables like age in years ($\chi2$=5.44), Educational qualification ($\chi2$=1.13), types of family ($\chi2$=1.21), Monthly family income ($\chi2$=1.33), mothers occupation ($\chi2$=0.04), Source of information ($\chi2$=7.99) , were not found to be significant associated with pre-test knowledge score at 0.05of significance. Hence research hypothesis H2 selected in the study there is a significant association between the mean pre test knowledge scores and selected socio- demographic variables is rejected.

VIII. Conclusion

This study concluded that the knowledge of the mothers of under five children regarding home management of selected childhood illness before the administration of the information booklet was inadequate. The information booklet significantly increased the knowledge of mothers regarding home management of selected childhood illness. Hence these kind of teaching should be conducted at community level at regular interval so that the mothers can assess the problems in children timely and manage simply at domestic level and timely bring child to heath care facility which will be help full in reducing mortality and morbidity in under five year children.

References

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