

Nursing

KEYWORDS: immunization
,Knowledge ,Attitude, Mothers,
Under Five Children, Rural Area

**A STUDY TO ASSESS THE EFFECTIVENESS
OF STRUCTURED TEACHING PROGRAMME ON
LEVEL OF KNOWLEDGE AND ATTITUDE
REGARDING IMMUNIZATION AMONG THE
MOTHERS OF UNDER FIVE CHILDREN IN
SELECTED RURAL AREA OF DAMOH(MP).**



Volume - 6, Issue - 2, February- 2021

ISSN (O): 2618-0774 | ISSN (P): 2618-0766

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**INTERNATIONAL JOURNAL
OF PURE MEDICAL RESEARCH**

**ABSTRACT**

Vaccination is perhaps one in every of the foremost cost effective interventions to cut back burden of childhood morbidity and mortality, provided used optimally and judiciously. Currently it's estimated that immunization saves the lifetime of 3 million children a year but 2 million more lives might be saved by existing vaccines.

Research Design- In this study quantitative approach and quasi experimental one group Pre-test Post-test was used.

Sample size- Total 30 samples were in this study.

Sampling Method- Samples were selected through purposive sampling technique and setting was selected rural area Bansa Tarkheda Village, Damoh.

METHOD OF DATA COLLECTION- Data are collected through structured questionnaire.

RESULTS- In order to find out the significant difference between the mean score of pre and Post-test knowledge score and Attitude score of the mothers regarding immunization paired 't' test was computed. The calculated value is higher than the table value, the null hypothesis was rejected and the research hypothesis was accepted. The results shows that mean Post-test knowledge score and Attitude scores of the mothers regarding immunization are significantly higher than their mean Pre-test knowledge scores and Attitude scores.

CONCLUSION- The researcher concluded that gain in knowledge and Attitude is not by chance but by STP on immunization.

INTRODUCTION

Immunization Programme in India was introduced in 1978(K. Park) as 'Expanded Programme of Immunization' (EPI) by the Ministry of Health and Family Welfare, Government of India(1). In 1985, the programme was modified as eas under National Health Mission (NHM) since 2005. Despite being operational for many years, UIP has been able to fully immunize only 65% children in the first year of their life.(2)

Vaccination is perhaps one in all the foremost cost effective interventions to cut back burden of childhood morbidity and mortality, provided used optimally and judiciously. Currently it's estimated that immunization saves the lifetime of 3 million children a year but 2 million more lives may well be saved by existing vaccines. Vaccination may be a cornerstone of public health, believed to save an estimated 2-3 million lives annually. Therefore, provision of childhood immunization continuous to be a vital component in reducing morbidity and mortality worldwide. India is one of the few countries where universal routine childhood immunization is provided free of charge.

Immunization is defined because the process of inducing the immunity in a specific person against an infectious organism or agent, through the vaccination (Satish Gupta 2002). In May 1974, the WHO officially launched a worldwide immunization programme referred to as Expanded Programme of Immunization (EPI), to safeguard all the kids of the globe against six vaccine preventable diseases namely- Diphtheria, Whooping Cough, Tetanus, Polio, Tuberculosis and Measles by the year 2000. Expanded Programme of Immunization (EPI), was launched on January 1978 in India. (K. Park). In 1990, by United Nations Integrated Children's Emergency Fund (UNICEF), EPI was renamed into Universal Child Immunization and it had been launched in India on November 19, 1985 and was dedicated to the memory of Smt. Indira Gandhi (K. Park). A crucial contribution of microbiology to medicine has been immunization. By this, many vaccines preventable are virtually eliminated (C. P. Baveja, 2005). Vaccine is an immunological substance used to stimulate the production of antibodies and provide immunity against one or several diseases, The vaccine constituents are prepared from the causative agent of a disease, which is used for the treat to act as an antigen without inducing the disease.

OBJECTIVES

1. To assess the Pre-test level of knowledge and attitude regarding the immunization among mothers of under five children.
2. To assess the Post-test level knowledge and of attitude regarding immunization among mothers of under five children.
3. To evaluate the effectiveness of structured teaching program on knowledge and attitude regarding immunization among mothers of under five children in term of gain in Post-test knowledge and attitude score.
4. To find the co relation between the knowledge and attitude regarding immunization among the mother of under five children.
5. To find out the association between Post-test level of knowledge with their selected demographic variables.

HYPOTHESIS

1. H1: The mean Post-test knowledge score is higher than the mean Pre-test knowledge score regarding immunization among the mothers of under five children.
2. H2: The mean Post-test attitude score is higher than the mean Pre-test attitude score regarding immunization among the mothers of under five children.
3. H3: There will be significant relationship between knowledge and attitude regarding immunization among the mothers of under five children.
4. H4: There will be no significant association between the Post-test knowledge scores of mothers regarding immunization and selected demographic variables.
5. H5: There will be no significant association between the Post-test attitude scores of mothers regarding immunization and selected demographic variables.

ASSUMPTION

1. The Post-test score will be higher than the Pre-test score.
2. Under five children's mother will not have adequate knowledge and attitude regarding immunization.
3. Demographic variable of the sample may have an influence over

knowledge and attitude regarding immunization.

LIMITATION

1. Data collection was limited to 1 month from 1 March 2017 to 31 March 2017
2. The study was limited to mothers of under five children.
3. The sample size is 30.

MATERIALS AND METHODS:

1. Research Approach: Quantitative Approach.
2. Research Design: One group Pre-test Post-test design.

VARIABLES

Independent variable: Structured Teaching programme regarding immunization.

Dependent variable: Knowledge and attitude regarding immunization.

Setting: The study was conducted at community area Bansa Tarkheda Village.

Sample size: 30 Mothers of under five children.

Sampling Technique: Purposive sampling Technique

Criteria for Sample Selection

INCLUSION CRITERIA

- Mothers of under five children living in Bansa Tarkheda Village
- Mothers those who are have first child in family

EXCLUSION CRITERIA

- Children who are not willing to participate in the study.
- Those who don't understand English.

Description of Tool

The tool consisted of three sections.

Section-A: Demographic variables of the mother The demographic data consisted of baseline information of mothers of under five children regarding their age, religion, education, occupation, source of information about obligatory vaccination.

Section-B: It consists of knowledge questionnaire on immunization; number of items was 30 questions. The total score for the entire item was 30.

Section-C: 3 point likert scale to assess the attitude of mother with under five children. The number of item was 15. The total score for the entire item was 40.

RESULTS AND DISCUSSION:

Distribution of samples according to the Pre-test and post level of knowledge scores of mothers regarding immunization

Table 1: Level of knowledge in Pre-test & Post Test N=30

Level of knowledge	Pre-test		Post-test	
	Frequency	%	Frequency	%
Adequate	0	0	4	13.3%
Moderately adequate	14	46.6%	25	83.3%
In adequate	16	53.3%	1	3.3%

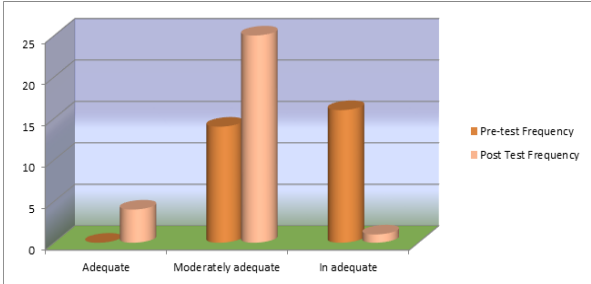


Figure 1: Level of knowledge in both Pre test & Post Test

It shows that the frequency and percentage distribution of samples according to the Pre-test knowledge score of mothers regarding immunization. It revealed that 16(53.33%) mothers had inadequate knowledge, and 14(46.66%) mothers had moderately adequate knowledge about immunization.

It shows that the frequency and percentage distribution of samples according to the Post-test knowledge scores of mothers regarding immunization. It revealed that 4 (13.33%) mothers had adequate knowledge, 25(83.33%) mothers had moderately adequate knowledge 1(3.33%) about immunization.

Distribution of samples according to the Pre-test and Post-test attitude scores of mothers regarding immunization

Table 2: level of attitude in both Pre-test & Post Test N=30

Level of Attitude	Pre-test		Post-test	
	Frequency	%	Frequency	%
Good	5	16.66%	5	16.66%
Average	6	20%	24	80%
Poor	19	63.33%	1	3.33%

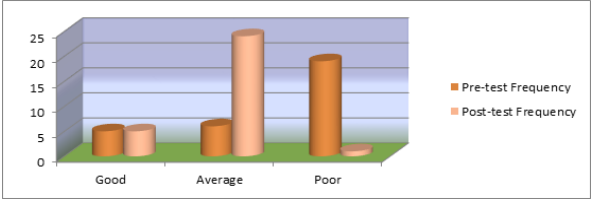


Figure 2: Level of attitude in both Pre-test & Post Test

It shows that the frequency and percentage distribution of samples according to the Pre-test attitude score of mothers regarding immunization. It revealed that 5(16.66%) mothers had good attitude, and 6(20%) mothers had average level of attitude about immunization, 19(63.33%) mothers had poor attitude.

It shows that the frequency and percentage distribution of samples according to the Post-test attitude score of mothers regarding immunization. It revealed that 5(16.66%) mothers had good attitude, and 24(80%) mothers had average level of attitude about immunization, 1(3.33%) mothers had poor attitude.

Comparison of the Pre-test and Post-test knowledge score on mothers regarding immunization.

Table 3: Comparison of both Pre-test and Post-test level of knowledge score N=30

Knowledge score	Mean	SD	't' VALUE
Pre-test	11.16	3.42	7.65*
Post-test	14.2	3.37	

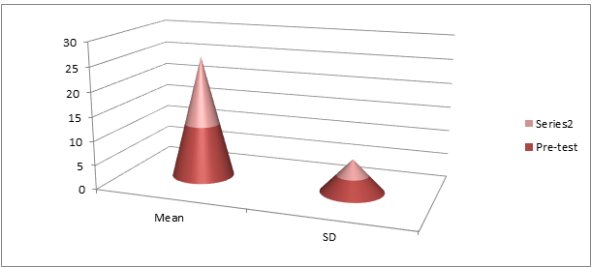


Figure 3 Comparison of the pre test and post test knowledge scores of mothers regarding immunization

In order to find out the significant difference between the mean score of pre and Post-test knowledge score of the mothers regarding immunization paired't' test was computed. The calculated value is higher than the table value, the null hypothesis was rejected and the research hypothesis was accepted. Hence the

researcher concluded that gain in knowledge is not by chance but by STP on immunization.

Comparison of the Pre-test and Post-test attitude score on mothers regarding immunization

Table 4: It shows comparison of both Pre-test and Post-test level of attitude score N=30

Attitude score	Mean	SD	't' VALUE
Pre-test	14.6	4.2	6.46*
Post-test	17.4	3.25	

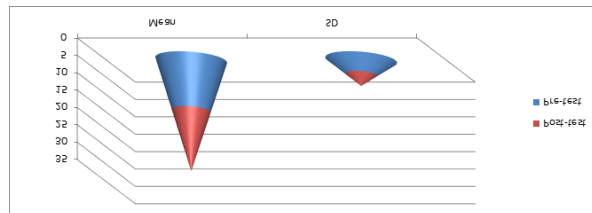


Figure-4-Comparison of the pre test and post test attitude scores of mothers regarding immunization

In order to find out the significant difference between the mean score of pre and Post-test attitude score of the mothers regarding immunization paired 't' test was computed. The calculated value is higher than the table value, the null hypothesis was rejected and the research hypothesis was accepted. Hence the researcher concluded that change of attitude is not by chance but by STP on immunization. Relationship between Post-test level of knowledge and attitude among under five mothers.

Table 5: Relationship between Post-test level of knowledge and attitude. N=30

S.No	Calculated "r" value	Table "r" value
1	-0.22NS	0.381

The 'r' value of Post-test level of knowledge and attitude was -0.22, there was a negative correlation between knowledge and attitude which was not significant.

RECOMMENDATIONS

A comparative study can be done between urban mothers and rural mothers who have under 5 children.

A similar study can be conducted with large samples.

Study can be done using different methods of teaching.

Future studies can be conducted on knowledge and factors influence noncompliance of optional vaccine among mothers.

CONCLUSION

The structured teaching programme through flash cards found to be very effective in improving the knowledge and attitude among mothers who have below 5yrs children on immunization. The knowledge and attitude regarding immunization was improved by health teaching through flash cards. Being as a nurses, our main responsibility is try to make our India, free from communicable disease by providing immunization for all under five children.

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