



“A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING BRONCHOPNEUMONIA AND ITS PREVENTION AMONG CARE GIVERS OF UNDERFIVE CHILDREN IN MAMATA GENERAL HOSPITAL, KHAMMAM, TELANGANA”.

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ABSTRACT:Bronchopneumonia is a form of pneumonia that affects both the alveoli in the lungs and the bronchi. Children are more prone to get diseases. In their early stages of life, there is higher risk of infection due to their low immunity.**Methodology:**The study was conducted PICU and pediatric ward at Mamata General Hospital. The study was quantitative evaluative approach, pre experimental research design was used. The sample consists of 60 care givers of underfive children by using Non probability convenience sampling technique. The data was collected by structured interview schedule and attitude rating scale.**Results:**Among 60 care givers of underfive children, majority of them 50(83.40%) had moderately adequate knowledge and 10 (16. 60%) had inadequate knowledge in pretest where as In posttest majority of them 49 (81.70%) had adequate knowledge and 11 (18.30%) had moderately adequate knowledge. In attitude scores, majority of them 34(56.40%) had favourable attitude and 26 (43.30%) had moderately favourable attitude in pretest where as In post test majority of them 60(100%) had favourable attitude.**Conclusion:** The over all study concluded that Structured Teaching programme was effective in improving knowledge and attitude regarding bronchopneumonia and its prevention among care givers of underfive children.

Introduction:

An ounce of prevention is better than a pound of care.

-HENRY DE BRACON-

Children are more prone to get disease . In their early stages of life there is a higher risk of infection due to their low immunity. Bronchopneumonia is a form of pneumonia that affects both the alveoli in the lungs and

the bronchi. The most common cause of bronchopneumonia is a bacterial lung infection such as streptococcus, Hemophilus influenza type b (Hib) and viral and fungal lung infections can also causes pneumonia. Symptoms of bronchopneumonia can range from mild to severe. The symptoms may includes cough, grunting , tachypnea , retractions and hypoxemia followed by chest congestion , fever , irritability , decreased feeding , eating and drinking.

Need for the study

According to the World Health Organization (WHO), one in three deaths in India is caused by pneumonia. Pneumonia in India is the leading cause of infant deaths. Every year almost 200,000 children under five die of pneumonia in India. Pneumonia kills more children than any other infectious disease, claiming the lives of over 800,000 children under five every year, or around 2,200 every day. This includes over 153,000 newborns. Almost all of these deaths are preventable. Globally, there are over 1,400 cases of pneumonia per 100,000 children, or 1 case per 71 children every year, with the greatest incidence occurring in South Asia (2,500 cases per 100,000 children) and West and Central Africa (1,620 cases per 100,000 children).

Statement of the problem:

A study to assess the effectiveness of structured teaching programme on knowledge and attitude regarding bronchopneumonia and its prevention among care givers of underfive children in mamata general hospital, khammam, telangana”.

Objectives of the study:

- To assess the pre-test levels of knowledge and attitude scores regarding Bronchopneumonia and its prevention among care givers of underfive children.
- To assess the effectiveness of structured teaching programme on knowledge and attitude regarding Bronchopneumonia and its prevention among care givers of underfive children.
- To find out the association between the post-test levels of knowledge and attitude scores of care givers of underfive children with their selected socio-demographic variables.

RESEARCH APPROACH: Quantitative evaluative approach

RESEARCH DESIGN: Pre-experimental research design

SETTING OF THE STUDY:

Pediatric ICU and Pediatric wards at Mamata General Hospital, Khammam, Telangana.

SAMPLE:

Care givers of underfive children who are in the age group between 21-55 years who is attending to children in Pediatric ICU and Pediatric wards at Mamata General Hospital, Khammam, Telangana

SAMPLE SIZE: 60 care givers of underfive children

SAMPLING TECHNIQUE: Non-probability convenience sampling technique

CRITERIA FOR SAMPLE SELECTION:

Inclusion criteria:

The study includes the care givers of underfive children.

- who are in the age group between 21- 55 Years.
- who are willing to participate in the study.
- who are admitted Pediatric ICU, Pediatric wards at Mamata General Hospital, Khammam.
- who are available at the time of data collection.
- Who are admitted with bronchopneumonia.
- who can speak and understand Telugu and English languages.

Description of tool:

The researcher used the following tools for data collection-

SECTION: A

Dealt with socio demographic variables

SECTION: B

Dealt with questions on knowledge regarding bronchopneumonia and its prevention among care givers of underfive children.

SECTION: C

Dealt with attitude three point Likert rating scale among care givers of underfive children regarding bronchopneumonia and its prevention.

SCORE INTERPRETATION:

$$\text{Formula using for Scoring} = \frac{\text{Obtained score}}{\text{Total Score}} \times 100$$

CONTENT VALIDITY OF THE TOOL:

The content validity of the tool was obtained from experts in various fields like pediatric medicine and other nursing department. The suggestions given by the experts was incorporated and tool was finalized.

Data collection procedure:

The data collection was done for a period of one month . The formal written permission was obtained from the medical superintendent of Mamata General Hospital , Khammam, to carry out the study. At first, a rapport was established and purpose of study was explained to care givers of under five children. An informed consent was obtained from each subject to indicate their willingness to participate in the study. Pre test was conducted by structured interview schedule to 60 care givers of underfive children, they took 30-35 minutes to complete the each questionnaire. On the same day structured teaching programme was given for the same group for 45 minutes. After 7 days post test was conducted by using same structured interview schedule. The data collection process was terminated after thanking each respondent for their participation and their Co- operation.

DATA ANALYSIS AND INTERPRETATION:

Table:1 Data pertaining to frequency and percentage of selected care givers of underfive children related variables

(n=60)

S.no	Care givers of undrefive children variables	Frequency	Percentage
.1	Age of the care givers in years a) 21-30 b) 30-40 c) 40-50 d)50-55	47 12 01 -	78.30 20.00 01.70 -
2.	Developmental stages of children a) Infants b) Toddlers c) Pre –schoolers	25 11 24 -	41.60 18.40 40.40 -
3.	Gender a) Male b) Female	40 20	66.60 33.40
4.	Religion a) Hindu b)Christian c) Muslim	50 07 03	83.30 11.60 05.10
5.	Educational status of the care givers a) ill- literate b) Primary education c) Secondary education d) Higher secondary education e)Graduation	08 09 22 21	13.30 15.0 36.60 35.10
6.	Occupational status of the care givers a) Coolie/daily wages b) Private employees c) Government employee d) Home makers	21 08 03 28	35.00 13.30 05.10 46.60
7.	Type of family a) Nuclear family b)Joint family	34 26	56.60 43.40

8.	Family income per month a) Below Rs. 5000 b) Rs. 5001- 10,000 c)Rs. 10,001- 15,000 d) Rs. 15,001 and above	07 18 23 12	11.60 30.10 38.30 20.00
9.	Previous history of bronchopneumonia a)Yes b) No	38 22	63.40 36.60
10.	Source of information regarding bronchopneumonia a) Family members, friends and relatives b)Health personnel c) Mass media	14 36 10	23.39 60.00 16.70

- In terms of age of the care givers in years, out of 60 care givers, majority of them 47(78.30%) were found the age group between 21-30 years, 12(20.00%) were in the age group between 30-40 years, 01(01.70%) were in the age group between 40 - 50 years and none of them between 40-50 years age group
- Regarding to developmental stages of children, majority of underfive children 25(41.60%) were infants, 24(40.0%) were pre-schoolers and 11(18.40%) were toddlers.
- Related to Gender, majority of the care givers 40(66.60%) were males and 20(33.40%) were females.
- Regarding to religion out of 60 care givers, majority of them 50(83.30%) were Hindus, 07(11.60%) were Christians and 03(05.10%) were Muslims
- About to educational status of the care givers, Out of 60 care givers, majority of them 22(36.60%) had completed secondary education, 21(35.10%) had completed higher secondary education, 09(15.00%) had completed primary education, and 08(13.30%) were ill – literate and none of them have done graduation.
- Related to occupational status of the caregivers, Out of 60 care givers, majority of them 28(46.60%) were home maker, 21(35.00%) were coolie/daily wages and, 08(13.30%), private employees and 03(05.10%) government employee.
- About the type of family, out of 60 care givers, majority of them 34(56.60%) belongs to Nuclear family, 26(43.40%) belongs to joint family.
- Related to family income per month in rupees, Out of 60 care givers, majority of them 23(38.30%) were earning Rs. 10,001-15,000 per month, 18(30.10%) were earning Rs.10,001 and above per month,

12(20.00%) were earning Rs .15,001 above per month and 07(11.60%) were earning below Rs .5000 per month.

- Regarding to previous history of bronchopneumonia, Out of 60 care givers, majority of children 38(63.4%) had the history of bronchopneumonia 22(36.6%) did not have the history of bronchopneumonia.
- Related to source of information regarding bronchopneumonia , Out of 60 care givers, majority of them 36(60.0%) were got information from health personnel, 14(23.30%) got from family members, friends /relatives 10(16.70%) got information from the mass media.

Table: 2 Data pertaining on pre test and post test levels of knowledge regarding bronchopneumonia and its prevention among care givers of underfive children (n=60)

KNOWLEDGE LEVELS	PRE TEST		POST TEST	
	Frequency(f)	Percentage%	Frequency(f)	Percentage%
Inadequate Knowledge	10	16.60	--	--
Moderately adequate knowledge	50	83.40	11	18.30
Adequate knowledge	--	--	49	81.70
Total	60	100	60	100

Table: 2 The above table shows the distribution of pre test and post test levels of knowledge of care givers of underfive children regarding bronchopneumonia and its prevention. In pre test, among 60 care givers majority of them 50 (83.40%) had moderately adequate knowledge and 10(16.60%) had inadequate knowledge where as in post test, majority of them 49(81.70%) had adequate knowledge and 11(18.30%) had moderately adequate knowledge. There was a significant difference between pre test and post test levels of knowledge.

Table: 3. Distribution of pre -test and post - test attitude scores regarding bronchopneumonia and its prevention among care givers of underfive children (n=60)

ATTITUDE SCORES	PRE TEST		POST TEST	
	Frequency(f)	Percentage%	Frequency(f)	Percentage%
Unfavourable Attitude scores	--	--	--	--

Moderately favourable attitude scores	26	43.30	--	--
Favourable attitude scores	34	56.40	60	100
Total	60	100	60	100

Table: 3 The above table shows the distribution of pre test and post test attitude scores of care givers of underfive children regarding bronchopneumonia and its prevention. In pre test, among 60 care givers majority of them 34 (56.40%) had favourable attitude and 26(43.30%) had moderately favourable attitude. Where as in post test, majority of them 60(100%) had favourable attitude .There was a significant difference between pre test and post test attitude scores.

Association between the post test levels of knowledge and attitude scores of care givers of underfive children with their selected socio demographic variables:

Paired 't' test was used to assess the effectiveness of structured teaching programme it proves that there was a significant difference between pre test and post test levels of knowledge and attitude scores regarding bronchopneumonia and its prevention. chi square test was used. There was a significant difference between developmental stages of children, educational status of the care giver, family income per month, previous history of bronchopneumonia and its prevention. But other variables were not significant. Regarding attitude scores the expected value is less than <5.Hence chi square was not applicable. Hence proportions are done.

Conclusion:

The study concluded that Structured Teaching programme was effective in improving knowledge and attitude regarding bronchopneumonia and its prevention among care givers of underfive children.

RECOMMENDATIONS

- ✓ A comparative study can be conducted among rural and urban areas care givers of underfive children, bronchopneumonia and its prevention.
- ✓ A similar study can be conducted to assess the knowledge and attitude and practice regarding bronchopneumonia and its prevention among mothers of underfive children.
- ✓ A similar study can be done by using video assisted teaching programme bronchopneumonia and its prevention among care givers of underfive children.
- ✓ A similar study can be conducted in pediatric out patient department bronchopneumonia and its prevention among care givers of under five children.

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