



**A QUASI-EXPERIMENTAL STUDY TO
ASSESS THE EFFECTIVENESS
OF STRUCTURED TEACHING PROGRAMME
ON MANAGEMENT OF DIARRHEA AMONG
MOTHERS OF UNDER FIVE CHILDREN IN
VILLAGE SARAI AURANGABAD DISTT.
JHAJJAR.**

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ABSTRACT

Background & objectives : The research project work aims to assess the effectiveness of structured teaching programme on management of diarrhea among mothers of under five children and increase their knowledge.

Materials & Methods : The methodology of the present research project work was a Quasi experimental research design. 60 mothers who fulfilled the inclusive criteria were selected for the study by non-probable purposive sampling technique. Out of which on 60 mother's pre-test was done then structured teaching programme was carried out after seven days post-test was done on the same group. Data analysis was done with the help of descriptive and inferential statistics.

Major findings of the study : The research project work findings reveals that in pre-test the mean was 12.81 with standard deviation 3.36 and the post-test score mean was 26.01 with standard deviation 2.33. The improvement score shows that the mean was 13.2 with standard deviation of 0.706 and the Z test value is 3.385. Hypothesis H_0 and H_1 and H_2 were accepted. Research project work shows that effectiveness of structured teaching programme was significant.

Conclusion : Structured teaching programme which was carried out in village Sarai Aurangabad among mothers of under five children will increase knowledge about management of diarrhea among the mothers of under five children.

Nursing Implications : The research project work gives knowledge among Nurses in identifying the problem and complaints at an early stage, nurses have major role in any health care setting. So Nurses should have thorough Knowledge about the assessment of dehydration, fluid calculation and should take up the important role of education and reinforcing the parents, family members, care takers about importance of knowledge on management of diarrhea.

The implication of study can be seen in various areas of nursing field & practice.

Recommendations : Based on the research project work findings the following recommendations can be made.

- Similar research project work can be done with larger number of samples.
- A comparative research project work can be conducted between urban and rural community.
- A similar research project work can be carried out using different nursing strategies.
- Similar research project work can be carried in various geographic areas.
- A similar research project work can be carried out with different research approach or design.

INTRODUCTION

“Contaminated Food is Major Cause of Diarrhea Substantially Contributing to Malnutrition and Leading to Mortality”

Diarrhea is among the top ten causes of morbidity and mortality among children under the age of five. Household water treatment and safe storage also known as point of use water treatment has been shown to be an effective means of reducing diarrhea and other diseases associated with unsafe drinking water. A Nation's wealth depends upon its healthy citizens of all age group children. A healthy adult emerges from healthy infant. The health of children has vital importance to all societies because children are base resources for the future of mankind. In a vast biological stretch, infancy is the most critical and thus high incidence of mortality and morbidity occur. In India diarrheal disease is a major health problem among children under the age of five years.

Background of the study

World health organization (2018) stated that 17.4% were not receiving any treatment for acute gastro enteritis. Ignorance towards the health needs and care during illness are the key point where the morbidity and mortality rates are higher among the rural people. They keep pace within

the residence and neglect the treatment during illness.

Voluntary health organization of India (2017) reported that diarrhea is more common and more dangerous in young children, especially between 6 months to 2 years and especially in those who are poorly nourished. About 60-70% of children die of acute gastro enteritis because they do not have water left in their body.

Wong B (2016) stated that leading cause of illness for under five children was diarrhea disease, defined as sudden increase in frequency and changes in consistency of stool.

Acute gastro enteritis is most commonly occurring due to bacterial, viral, Protozoal and fungal infection. The incidence of acute gastro enteritis may be high as 6-12 episodes per child per year in most developing countries and total diarrhea morbidity for a given child may be high in first two years. One of every ten children born in developing countries dies of acute gastro enteritis before reaching the age of five. Approximately 15% of children die of acute gastro enteritis before 3 years of age in developing countries. The infection is transmitted through fecal oral route either water borne, food borne or direct transmission through contaminated hands, fingers, nails and feet. More severe or prolonged illness can result in dehydration with significant morbidity and mortality. The signs and symptoms of diarrhea are restlessness, irritability, lethargy, not able to drink, poorly thirst and drink eagerly, sunken eyes and loss of skin turgor (WHO – 2014).

Rehydration project (2015) reports that thousands of deaths could be averted through combined prevention and treatment strategies, intervention such as oral rehydration therapy, appropriate drug therapy, optimal breastfeeding practice, improved nutrition, increasing access to clean water, sanitation facilities, improved personal hygiene including food and water.

Dehydration Project (2014) Complications are uncommon but consult the doctor if your child has the following symptoms of passing little urine, dry mouth and tongue, unresponsiveness, drowsiness, blood in the stool. If the child's symptom is severe (or) complication developed,

sometime an intravenous fluid therapy might be needed if dehydration occur. Nursing intervention should be directed to prevent complication of diarrhea. Giving health education to the mother would help to gain more knowledge and reduce anxiety related to diarrhea. Health education regarding hygienic water, breast feeding, basic sanitation and hygienic practice helps to attain highest level of knowledge. Therefore the nursing practice should be patient centered rather than task centered to prevent complications.

Need for study

Global estimation of number of deaths due to diarrhea among under five have shown a steady decline from 4.4 million in 1995, 3.3 million 2005, 2.5 million in the year 2010, 1.7 million cases in 2015 and 1.9 million in the year 2017.

WHO initiated diarrheal diseases control programme in 1980, approximately 4.6 million children used to die each year due to dehydration caused by diarrhea. The mortality due to diarrhea have been reduced to 1.7 million during the year 2004.

36% neonate deaths, 17% acute respiratory, 7% diarrhea, 16% infection, 7% malaria, 4% measles, 2% noncommunicable disease, 9% injuries, 4% HIV AIDS.

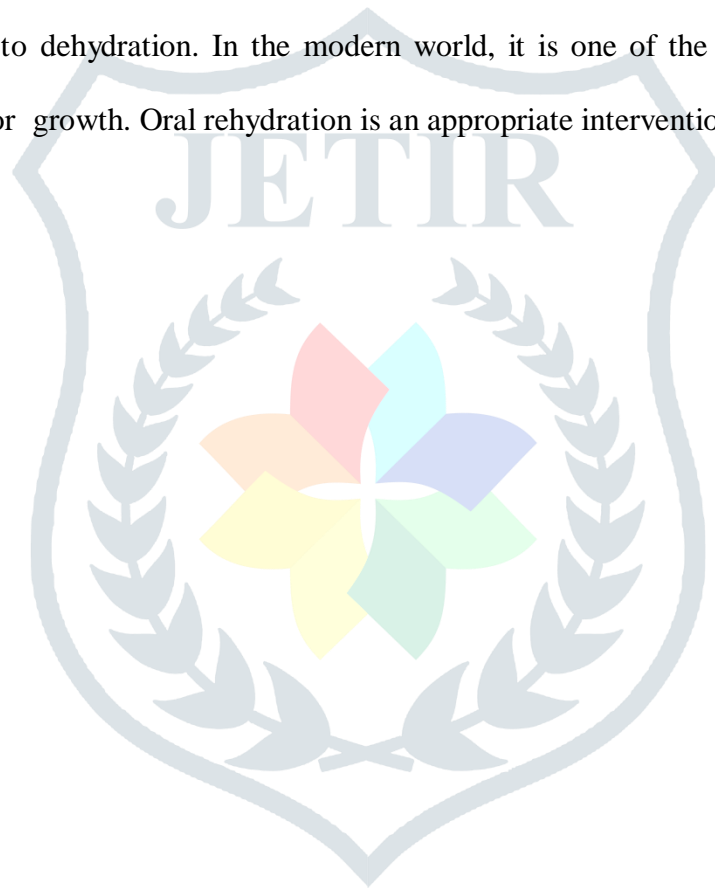
In India like developing countries annual episodes of diarrhea in children under five year old, 3.2 episodes per child and 2 billion episodes globally. Annual mortality from diarrhea in children under five years in developing countries was 1.8 million deaths and it was decreased from 4.5 million deaths in last 20 years.

National Institute of Cholera and Enteric Disease (2017) reported that diarrhea diseases rank second amongst all infectious disease as a killer in children below five year of age worldwide. Globally 1.3 billion episodes occur annually with an average of 2-3 episodes per children per year. In India acute gastro enteritis is one of the second leading causes of death for all age groups and for children, respectively. About 10% of all deaths of children occurs due to acute

gastro enteritis and its mortality fell sharply, after oral rehydration therapy was introduced, and ecological analysis showed that oral rehydration therapy use rates were correlated with infant gastro enteritis mortality.

Rice (2016) stressed that nurses assess the severity of dehydration as well as prescribe and supervise oral rehydration therapy to treat children with diarrhea. She also stressed the need for further nursing research especially related to homemade oral rehydration solution.

Bhave H (2015) explained that diarrhea is a biggest single killer disease of children below five years of age due to dehydration. In the modern world, it is one of the major causes of nutritional loss and poor growth. Oral rehydration is an appropriate intervention.



Census of State Haryana

S. NO.	INDICATOR WITH SOURCE	YEAR	YEAR
		2013-14	2020-22
1	Neonatal mortality rate (NMR)	26 (SRS 2013)	19 (SRS 2020)
2	Infant mortality rate (IMR)	41 (SRS 2013)	28 (SRS 2020)
3	Maternal Mortality Ratio	127 (SRS 2011-13)	110 (SRS 2018-20)
4	Under-5 mortality rate	45 (SRS 2013)	33 (SRS 2020)

{Table no. – 01}

Census of village Sarai Aurangabad

there are total 362 houses in village total population is 2600 with number of males 1400 and females are 1200 also there are 600 under 18 children In which under five population is 120 and their mothers are 75 in number.

Problem statement

A Quasi experimental study to assess the effectiveness of structured teaching programme on management of diarrhea among mothers of under five children in village Sarai Aurangabad Distt. Jhajjar.

Objectives

- To assess the knowledge of pre-test mothers of under five children on management of diarrhea.
- To assess the knowledge of post-test mothers of under five children on management of diarrhea.
- To evaluate effectiveness of teaching programme on management of diarrhea among mothers of under five children in pre-test and post-test level.
- To associate between the level of knowledge on management of diarrhea among the mothers of under five children with selected demographic variables.

Hypothesis

- **H₀** - The mean post-test level of knowledge should be significantly higher than pre-test.
- **H₁** - There would be a significant effectiveness of STP on level of knowledge of mothers of under five children on management of diarrhea.
- **H₂** - There would be a significant association between the selected socio-demographic variables.

Inclusion criteria

- Mothers who are having under five children.
- Mother who are living in Sarai Aurangabad village.
- Mothers who are able to understand either Hindi and English.
- Mothers who are willing to participate in the research project work.

Exclusion criteria

- Mothers of under five children who were selected for conducting pilot study.
- Mothers who were not residing in the village.
- Mothers who were unable to understand Hindi and English
- Mothers having children more than five years.

Operational definitions

- **Effectiveness** – It refers to the capability of producing desired result or any desired output.
- **Teaching programme** - It is systematic and planned teaching programme on management of diarrhea which include definition, causes, transmission, signs and symptoms, management of diarrhea.
- **Diarrhea** – It is defined as passage of three or more loose or liquid stools due to any infection or inflammation with accompanying symptoms like nausea, fever, vomiting.
- **Dehydration** – It is a dangerous condition in which there is severe loss of body fluids due to any underlying cause or illness.
- **Under five mother** – Mothers who are having children aged 0-5 years old.

Assumptions

- Mother will have inadequate knowledge about management of diarrhea.
- Teaching program will enrich mother's knowledge in management of diarrhea.
- Knowledge regarding management of diarrhea will help to prevent the incidence of diarrhea.

Delimitations

- The research project work cannot be generalized.
- The research project work is limited to 60 samples.
- The sample is limited to the mothers of under five children.
- The research project work is limited to Sarai Aurangabad village.

Projected Outcome

The findings of this research project work may be helpful in knowing the effectiveness of teaching programme regarding management of diarrhea which may help them to reduce the mortality and morbidity of under five children.

Conceptual Framework

A conceptual frame work can be defined as concepts and assumptions that integrate in to a meaningful configuration. Conceptual frame work is a global idea in relation to a specific discipline conceptual models can be made by concept, which describes the mental images of phenomena and integrate them in to meaningful configuration. This gives an idea to the researcher main view and core them of research that is, it is a visual diagram by which the researcher explains that specific area of interest.

The study is based on modified Pender's Health promotion model (1984). The study seeks to increase on individual level of wellbeing. The model focus on aspects to individual cognitive perceptual factors, modifying factors and participation on health promoting behavior. The model also identified factors that influence health promotion activities

In this modified model the community nurse interacts to assess the level of knowledge on management of diarrhea among the mothers of under five children.

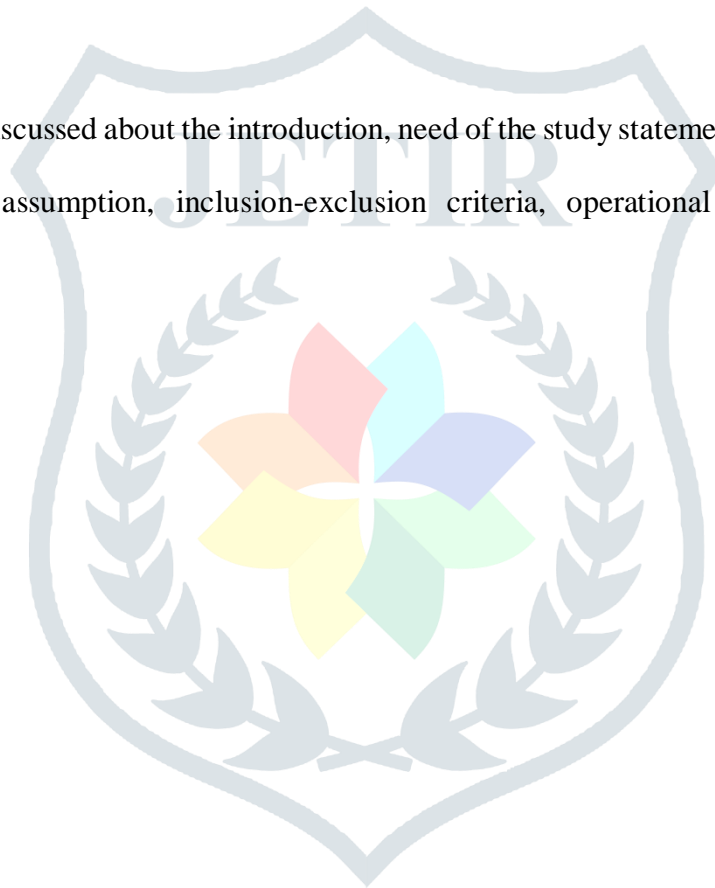
- **Cognitive perceptual factors** – assessment of knowledge on management of diarrhea meaning, causes, sign and symptoms, investigation, management and preventive measures.
- **Received health status** - The mothers had inadequate knowledge regarding management of diarrhea among the mothers of under five children.
- **Health promoting services** - Teaching program on management of diarrhea among the mothers of under five children is given as health promoting service to all the mothers of

under five children.

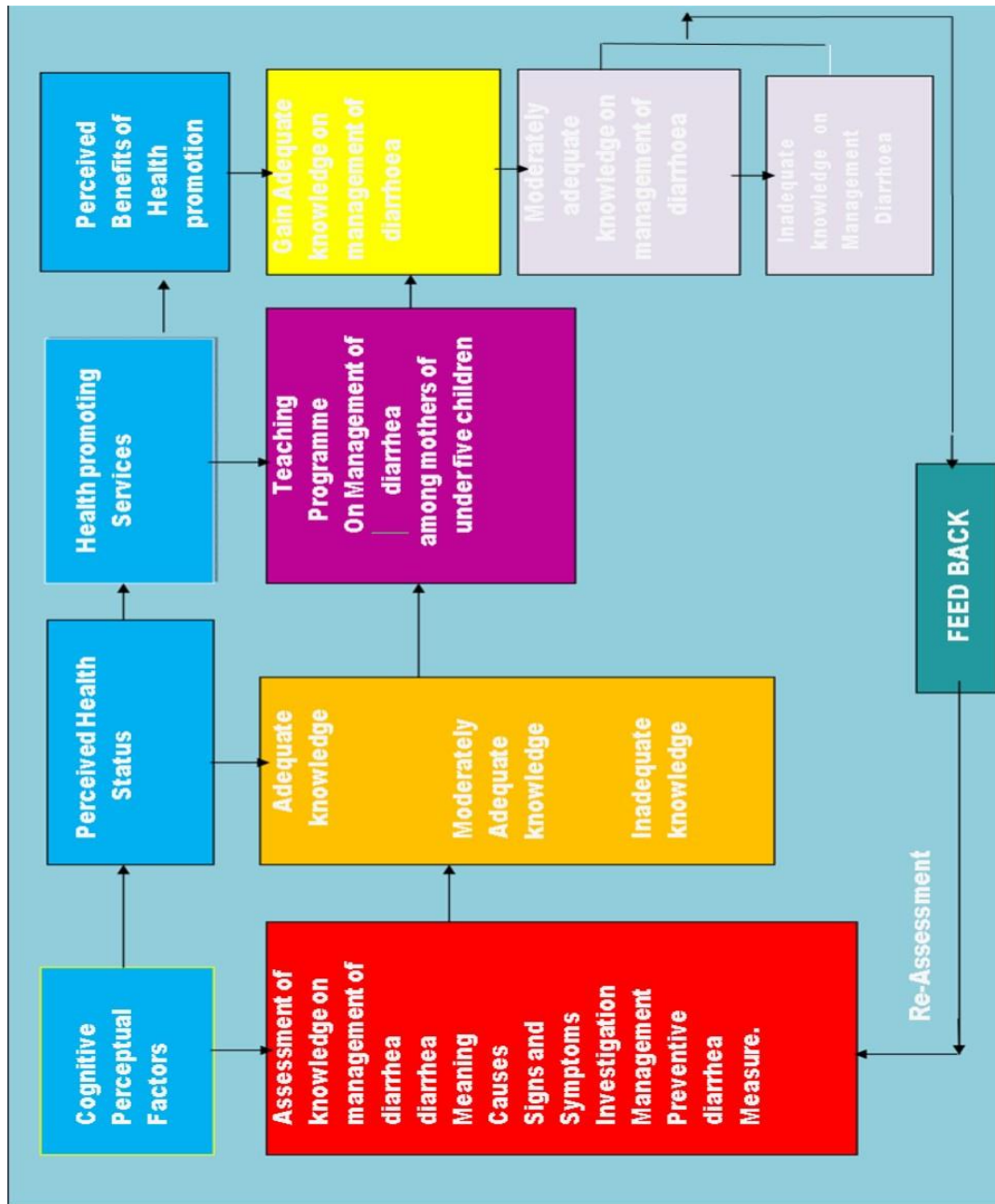
- **Perceived benefits of health promotion** - Health promoting behaviors is the desired behavioral out come and is the end point of health promotion mode. In this study health promoting behavior developed by the teaching program will result in improved health, enhanced functional ability. Research project work performance and better quality of life among mothers.

Summary

In this chapter we have discussed about the introduction, need of the study statement of the problem objectives, hypothesis, assumption, inclusion-exclusion criteria, operational definitions and conceptual framework.



Conceptual Framework



Based on modified Pender’s Health promotion model (1984).

{Figure – 01}

REVIEW OF LITERATURE

Literature review is one of the major components of research process. According to Polit and Hungler (1997), Literature review refers to the activities involved in identifying and searching for information on a topic and developing an understanding of the state of knowledge on topic.

The literature review of this study is presented under following divisions.

Part – I : Studies related to incidence of diarrhea

Part – II : Studies related to causes of diarrhea

Part – III : Studies related to management of diarrhea

Part –I : Studies related to incidence of diarrhea

Malek M.A. et.al., (2010) conducted a study on epidemiology of rotavirus diarrhea in eastern Mediterranean region. In which rotavirus diagnostic test were applied to children with acute gastroenteritis. Rotavirus was detected in 40% of inpatients and 23% of Outpatients. By 3 years of age, 75% children experienced a documented rotavirus infection. The findings of this review will be used to establish sentinel hospital surveillance in these countries estimate disease burden and characterize its epidemiology using common protocols and diagnostics.¹

Guarino. A. et al, (2012) conducted a study regarding hospital based surveillance to estimate the burden of rotavirus gastroenteritis among children younger than 5 years of age. Rotavirus gastro enteritis place high demands on health care systems, accounting for 56.2% of hospitalization and 32.8% of emergency department visit because of community acquired rotavirus gastro enteritis occur in children aged < 2 years and a high proportion occur infants aged < 6 months. Cases were also observed among very young infant < 2 months of age. Rotavirus vaccination is expected to have a major impact in reducing morbidity and the pressure on hospital services.²

Parasito., et al. (2016) with a study regarding prevalence of Giardialamblia with or without diarrhea in south east Asia. G. lamblia is most prevalence in South Asia, South East Asia, Far East, characterizing the current endemic situation within these region.³

G. lamblia et.al.(2012), varied markedly between studies illustrating higher level in urban than rural areas, more among poor communities, slightly higher in male than in females with age 2-5 year old children, among old age people, HIV positive patients, gastric carcinoma patient. Findings showed that G. lamblia is not life threatening parasites, it is still considered as water borne diarrhea causing disease. It is important to understand etiology, frequency, consequences acute diarrhea in children.⁴

Econ Hum Biol, et.al., (2013) studied regarding on the incidence of diarrhoea among young Indian Children. In this study, they are sing data for over 13,000 children in rural India under the age of 3 years. The results emphasize the importance of mothers being literate, of householdappliances and of institutional support through the availability of trained midwives and mother and child centers in villages in promoting domestic hygiene.⁵

J. Infect Dis (2016) did a study regarding on effect of a point of us water treatment and safe water storage intervention on diarrhoea in infants of HIV-Infected mothers. This study concluded that the incidence of diarrhoea in infants entrolled before (whort A) and after (Whort B) implementation of intervention. Cohort B infants experienced less diarrhoea than (cohort A) infants, before and after meaning. During the weaning period to differences in the pregency of diarrhoea between cohorts. Testing of stored water in cohort B homes indicated high adherence to recommended chlorination practices.Among infants who were weaned early, provision of safe water may be insufficient to prevent weaning – associated diarrhoea.⁶

Nimri et.al., (2013) experimented a study on polymicrobial infection in children with diarrhoea in a rural area. Stool specimens were collected from 220 patient children and 100 controls. Potential pathogenic agents isolated from 143(65%) children were identified by molecular and standard microbiological methods. Co-infection with two or more agents were detected in 50 (25%) cases. *Escherichia Coli*, *Shigella dysenteriae*, *Giardia* were found to be predominant. The etiological agent could not be determined in 77(35%) cases. The high infection rate of diarrhoea disease is a strong indication that these pathogens circulate easily through the population.⁷

Part – II : Studies related to causes of diarrhea

Abba K et.al., (2009) studied on pathogens associated with persistent diarrhea in children in low and middle income countries. This study concluded that number of pathogens are commonly associated with persistent diarrhea in children, but in children without diarrhea the pathogens are found with similar frequencies. New research with carefully selected controls and standardized laboratory investigation across countries will help may cause and help explore effective option for presumptive treatment.⁸

Mushtaq. M et.al., (2016) conducted a study on antibiotic associated diarrhea in children. This study has stated that prevalence of antibiotic associated diarrhea is low and majority will respond to discontinuation of antibiotic. *Clostridium difficile* infection is uncommon in children. He concluded that probiotics will prevent antibiotics associated diarrhea in only 1 in 7 child on antibiotics. We need cost effectiveness studies decide the issue of needing a probiotic antibiotic combination to prevent AAD.⁹

Viswanathan V.K. et.al., (2018) conducted a study on enteric infection meets intestinal function, how bacterial pathogens cause diarrhea infectious diarrhea is significant contributor to morbidity and mortality worldwide. In bacterium induced diarrhea, rapid loss of fluids and electrolytes results from inhibition of normal absorption function of the intestine as well as activation of secretory processes. This review explores the various mechanism that contribute

to loss of fluids and electrolytes following bacterial infections and attempts to link these events to specific virulence factors and toxins.¹⁰

Ospino DU et.al., (2011) studied on viral gastroenteritis and diversity of rotavirus strains in Colombian children. This study concluded that Group A rotavirus was frequently associated with diarrhea in child

From three regions. There was regional variation in rotavirus detection rates. Continual surveillance is needed to inform diarrhea prevention programs as well as to provide information about the occurrence of native rotavirus strains.¹¹

Cheng FW. et.al (2018) conducted a study on rapid control of norovirus gastroenteritis outbreak in an acute paediatric ward. To provide a practical action plan for effective infection control norovirus outbreak in acute paediatric ward. norovirus outbreak and prevent a second wave of infection. Children with unexplained vomiting and those with contact history of various disease condition prior diarrhea cases.¹²

Kapic E et.al., (2011) conducted a study on casual factors of AGE in infants and young children. Respiratory, gastrointestinal and skin diseases represents most common disease in infants and young children. Casual factors of these disease are important infectious agent and causes of pathological condition in children. Greater incidence of infection in infants and young children can be explained in different ways. A cause can be insufficient maturity of their immune system but also their exposure to infection with in collective accommodation (Nurseries, Preschool institution).¹³

Part – III : Studies related to prevention and management of Diarrhea

Soares- Weiser K et.al., (2015) studied on vaccines for preventing rotavirus diarrhea to evaluate rotavirus vaccine approved for use. Rotaarix and Rotateg are effective

vaccines for the prevention of rotavirus diarrhea. The balance between benefit and harm favours benefit, ongoing safety monitoring should be continued. Trials and comparing LLR with placebo should be conducted and the result made available.¹⁴

Monos M.K. et.al., (2012) experimented on the effect of oral rehydration solution and recommended home fluids on diarrhea mortality, ORS is effective against diarrheal mortality in home, community and facility setting. However, There is insufficient evidence to estimate the effectiveness of RHF's against diarrhea mortality.¹⁵

Anderson E.J et.al., (2016) conducted a study on prevention and treatment of viral diarrhea in peadiatrics. Vaccines drastically decrease the morbidity associated with rotavirus in countries where they are widely used. Treatment of the viral pathogens is primarily limited to symptomatic measures.¹⁶

Mackey M.K. et.al., (2019) conducted a study on community based intervention for diarrhoeal diseases and acute respiratory infection. The study concluded that the burden of acute diarrhea and ARIs can be reduced by training and engaging CHVs to implement community based case management and Prevention strategies. Monitoring, supervision and logistical support are essential. Policy decisions based on evidence from national research contributed to the success of the programme.¹⁷

Cezard J.P., et. al., (2019) conducted a study regarding meditation in infectious acute diarrhea in children. Acute infectious diarrhea in children remains still a frequent cause of morbidity. 50% of them are due to rotavirus. Oral rehydration therapy and early realimentation have drastically reduced their mortality and morbidity and loperamide which is contra indicated for the last one in children less than 2 years old.¹⁸

Mathew P et.al., (2017) conducted a study on pathogenesis and Management of irritable bowel syndrome. The exact cause of IBS is not known. The IBS gene has not

been defined and there is need for further studies. The concept that IBS is targeted at management of constipation, diarrhea and abdominal pain and includes pharmacotherapy with tegaserod, alosetron and lubiprostone. Cognitive behavioural therapy is very beneficial.¹⁹

Paul D.K. et.al., (2019) conducted a study on efficacy of high dose Lactobacillus rhamnosus GG in controlling acute watery diarrhea in Indian children, randomized controlled trials, was used to evaluate the effective dose of lactobacillus rhamnosus GG as probiotic in acute watery diarrheal children. This study concluded that both the doses of LGG 10(10) and 10(12) cfu were equally effective to decrease the frequency and duration of diarrhea and reduction in hospital stay in patients of AWD.²⁰

RESEARCH METHODOLOGY

This chapter describes the research methodology indicates the general pattern for organizing the procedure for gathering valid and reliable data for investigation. It includes the strategies to collect and analysis the data to accomplish the research objectives and to test research hypothesis.

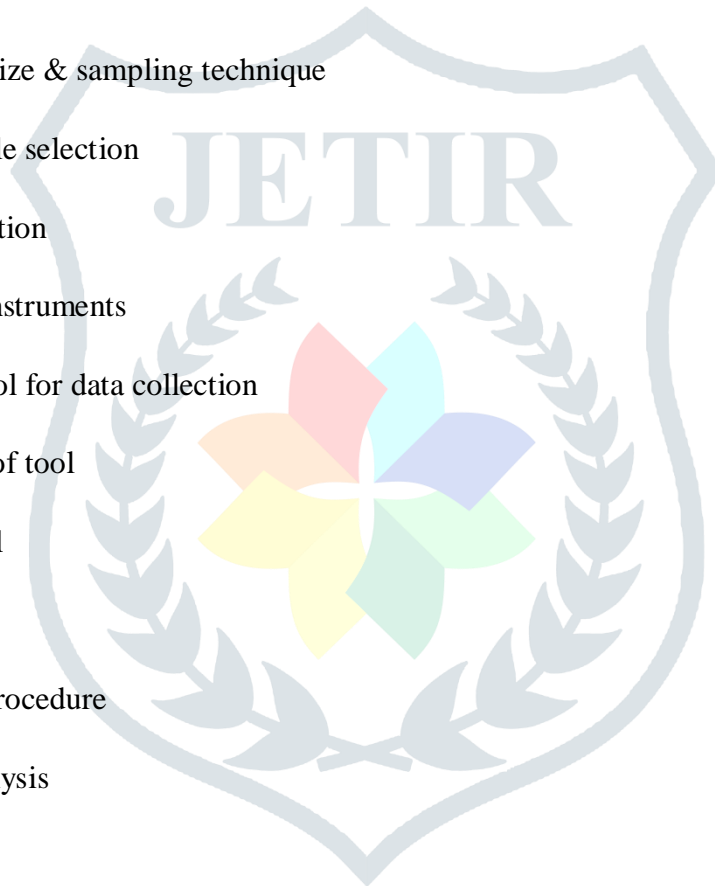
Research methodology simply refers to the practical “how” of any given piece of research project work. More specifically, it’s about how a researcher systematically designs a study to ensure valid and reliable results that address the research aims and objectives.

A research project work methodology is an outline of how a given piece of research project work is carried out. It defines the techniques or procedures that are used to identify and analyse information regarding a specific research topic. The research project work methodology, therefore, has to do with how a researcher designs their study in a way that allows them to obtain valid and reliable results and meet their research objectives.

The present research project work was carried out as ‘**A Quasi experimental study to assess the effectiveness of structured teaching programme on management of diarrhea among mothers of under five children in village Sarai Aurangabad Distt. Jhajjar**’.

This chapter deals with the methodology used for Present research project work which aims to assess the effectiveness of STP on management of diarrhea among mothers of under five children in village Sarai Aurangabad Distt. Jhajjar.

- Research approach
- Research design
- Variables under study
- Research setting
- Population
- Sample, sample size & sampling technique
- Criteria for sample selection
- Ethical consideration
- Data collection instruments
- Description of tool for data collection
- Content validity of tool
- Reliability of tool
- Pilot study
- Data collection procedure
- Plan for data analysis



Research approach

In this present research project work the researcher aimed at assessing the effectiveness of structured teaching programme on management of diarrhea among mothers of under five children in village Sarai Aurangabad. Research approach is plans and the procedures for research that span the steps from broad assumptions to detailed methods of data collection, analysis, and interpretation. To accomplish the objectives of the present research project work quantitative approach considered to be most appropriate. This research project work is based on quantitative research approach.

Research design

In this study, Quasi experimental research design was adopted to evaluate the effectiveness of teaching programme on management of diarrhea among the mothers of under five children.



{Figure – 02}

Setting

The research project work was conducted in Sarai Aurangabad district Jhajjar. It is situated in 01 km away from the college.

Population

The target population of present research project work was Mothers of under five children who were residing in village Sarai Aurangabad Distt. Jhajjar

Sample size and sampling technique

The sample size of the research project work was 60 mothers of under five children.

The Participants of present research project work was selected by non-probable purposive sampling technique. Researcher selected the participants based on age of children and mothers who were willing to participate in the study.

Criteria for sample selection

Inclusion criteria

- Mothers who are having under five children.
- Mother who are living in Sarai Aurangabad village
- Mothers who are able to understand either Hindi and English. •
- Mothers who are willing to participate in the study.

Exclusion criteria

- Mothers of under five children who were selected for conducting pilot study. •
Mothers who were not residing in the village.
- Mothers who were unable to understand Hindi and English •
Mothers having children more than five years.

Description of tool

The tool consists of two sections

Part A – Demographic Performa.

Part B- Structured multiple choice questionnaire regarding diarrheal disease and its management.

Research variable

Variables are the attributes or characteristics that can have more than one value, such as height or weight. In other words, variables are qualities, quantities, properties or characteristics of people, things, or situations that change or vary.

Research variable in this study is knowledge of mothers of under five children regarding diarrhea and its management.

- **Dependent variables:** knowledge of under five children mothers on management of Diarrhea.
- **Independent variables:** structured teaching programme on management of Diarrhea

Selection and development of tools

The tools for the study were developed and prepared by understanding the following steps:

- Planning for required tools.
- Requirement of the tools according to the objectives and conceptual framework sought.
- A review of research and non-research literature.
- Establishing reliability of tools regarding the clarity and appropriateness of tools.

Instruments to be used

SECTION –A: Demographic Performa to find out the baseline variable.

SECTION –B: Self structured questionnaire to assess the knowledge of management of diarrhea.

Student's researcher asked the question to mothers of under five children and response given by her marked against each question as a tick for the most appropriate answer, it was correct for correct answer.

Section- A

There is structured questionnaire for demographic performa containing 8 items including age, family, occupation, education, type of house, waste disposal, water and excreta disposal.

Section- B

It is self-structured questionnaire used to assess knowledge of mothers of under five children regarding management of diarrhea that includes 15 questions related to introduction /definition, etiology and types, clinical manifestation and management & its home remedies. The grading of knowledge score have 3 level of knowledge that consist of inadequate (0-5) ,moderately adequate (6-12) and adequate (13-15).

Reliability of tool

The reliability of research instrument is the extent to which the instrument yields same results on repeated measures. It is the concerned with consistency, precision, stability, equivalency, homogeneity. The reliability of knowledge self-structured questionnaire and checklist regarding diarrhea was established using the data collected from 60 mothers of under five year children, The reliability of tool was established by using pre-test and post-test design.

Report of Pilot Study

The pilot study was conducted to assess the reliability, practicability, consent value and feasibility of the tool. It was conducted in village Nuna majra. Six mothers of under five children who met the inclusive criteria were selected by non-probable purposive sampling technique. The

knowledge among the mothers of under five children were assessed with structured questionnaire. Structured teaching programme was given to enhance the knowledge among the mothers with the help of educational model, such as flashcards, handouts and charts through lecture cum discussion method. Structure teaching programme was given to the mothers of under five children the result of pilot study showed that there was a positive correlation between knowledge on the management of diarrhea among the mothers of under five children with pre-test adequate knowledge mothers were none, moderately adequate knowledge mothers 33.3% and inadequate knowledge mothers 66.6% after STP was given and post-test done the result was adequate knowledge mothers 83.3%, moderately adequate knowledge mothers 16.6% and there was no inadequate knowledge mother .

Ethical consideration

A written permission was obtained from the sarpanch's of villages Sarai Aurangabad and Nuna Majra for main research study and pilot study.

Data collection procedure

Data collection is the gathering of information needed to address research problem. Formal written permission was obtained from sarpanch of Sarai Aurangabad prior to data collection. The main study was conducted 60 subjects from 15th February ,2023 to 5th March ,2023 and pilot study was conducted on 16th February ,2023.

Plan for analysis

Data analysis is a systemic organization and synthesis of research data and testing of research hypothesis using the data. The obtained data was analysed by using descriptive and inferential statistics based on objectives and hypothesis of the study.

1. To compute the data, a master data sheet was prepared by the investigators.
2. Baseline data was analysed in terms of frequency and percentage.
3. The knowledge of the mothers of under five children after conduction of STP was calculated by mean, standard deviation.

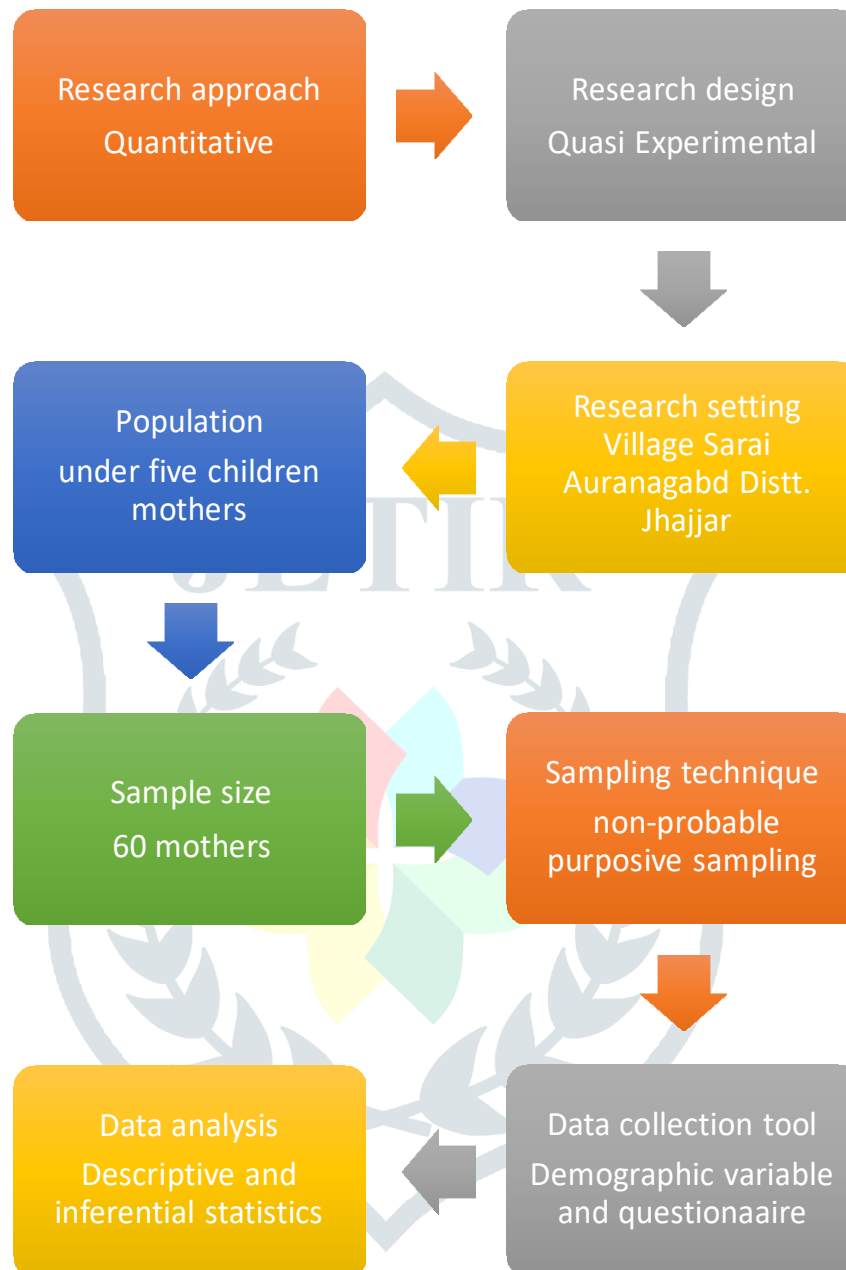
4. The significant difference between the mean pre-test and post-test knowledge was calculated by using Z test.
5. Chi square test was used to done to find association between knowledge scores and baseline characteristics. The level of significance would be set at $p < 0.05$ levels to test the significance of difference. This level was standard for testing the difference.

Summary

This chapter dealt with the research methodology of the study. It included research approach, design, the setting, population & sampling technique, criteria for selection, selection and development of tool, reliability of tool, report of the pilot study, data collection procedure and plan for analysis.



FLOW CHART OF RESEARCH METHODOLOGY



{Figure – 03}

DATA ANALYSIS AND INTERPRETATION

This chapter explains the statistical analysis performed on the collected data. Analysis is a method for rendering quantitative, meaningful and providing intelligible information. so that the research problem can be studied and tested including the relationship between the variables.

Data is organized according to objectives and hypothesis

Objectives

- To assess the knowledge of pre-test mothers of under five children on management of diarrhea.
- To assess the knowledge of post-test mothers of under five children on management of diarrhea.
- To evaluate effectiveness of teaching programme on management of diarrhea among mothers of under five children in pre-test and post-test level.
- To associate between the level of knowledge on management of diarrhea among the mothers of under five children with selected demographic variables.

Hypothesis

- **H₀** - The mean post-test level of knowledge should be significantly higher then pre-test.
- **H₁** - There would be a significant effectiveness of STP on level of knowledge of mothers of under five children on management of diarrhea.
- **H₂** - There would be a significant association between the selected socio-demographic variables.

Descriptive statistics

- Frequency and percentage computed to describe the demographic data
- Tabulated and graphical representation of the demographic data was done
- Mean and standard deviation of observation of knowledge scores of pre-test and post-test calculated

Inferential statistics

- Z test applied to find out the significance difference between two means i.e. pre-test knowledge and post-test knowledge score mean
- Non parametric test chi-square test applied to find out the association between selected socio demographic variables.

Description of tool

The instrument used for the data collection was an interview guide. This was developed based on the objectives of the study and review of literature. The instrument research tool consists of two parts as in part I and part II

Part - I

It consists of information on demographic variable such as age, type of family, occupational status, educational status, type of house, source of water, disposal of solid waste, disposal of human excreta. This was not scored but used for descriptive analysis.

Part - II

It consists of multiple choice questionnaire to assess knowledge on management of diarrhea among the mothers of under five children. The total number of questions were 15. Each right answer scored one and wrong answer scored zero.

Scoring interpretation

The instrument of Part-II consists of 15 structured multiple choices questionnaire regarding management of diarrhea. The maximum score was 15 and minimum score was zero based on the scoring.

The scores were interpreted as follows.

- (0-5) (0-33.3%) - Inadequate knowledge
- (6-12) (40%-80%) - Moderately adequate knowledge
- (13-15) (86.6%-100%) - Adequate knowledge

Validity

The content validity of the instrument used for this interview was validated by various experts. Minor suggestions regarding rearranging of questions and corrections were made in tool. Suggestion of expert were incorporated in the instrument used the study and tools were finalized.

Reliability

Reliability was checked by split half method reliability was $r = 0.75$. Reliability and practicability of the tool was tested through pilot study and used for main study.

Informed consent

The Principal, prior to conducting the pilot study, approved the research proposal. Permission was obtained from sarpanch of village Sarai Aurangabad and Nuna Majra. Written consent was taken

from the mothers of under five children to conduct the study. The data collection was done in village by using Questionnaire method.

Data collection procedure

The data was collected from mothers of under five children. The data collection was done for 15 minutes in order to get demographic data of the mothers. Pre-test was conducted with help the of self structured questionnaire. Teaching was given for 45 minutes regarding management of diarrhea by using flashcard, charts and handout. The post-test was conducted after 7 days on same group.

Plan for data analysis

The descriptive analysis method was used to find out mean of pre-test and post-test score, standard deviation of pre-test and post-test score and percentage of pre-test and post-test score. Inferential statistics was adapted and interpreted in each and every score and found the result of effectiveness of teaching programme on management of diarrhea among mothers of under five children.

Statistical method

The statistical method used for analysis was number, percentage, mean, standard deviation, Z test and chi-square test.

The data were interpreted under following sections :-

- A. Frequency and percentage distribution of demographic characteristics of mothers of under five children.
- B. Comparison between pre-test and post-test level of knowledge regarding management of diarrhea among the mothers of under five children.

- C. Mean and standard deviation of knowledge regarding management of diarrhea among the mothers of under five children.
- D. Improvement score of mean and standard deviation of knowledge regarding management of diarrhea.
- E. Analyzing the association between demographic variables with knowledge on management of diarrhea among the mothers of under five children.



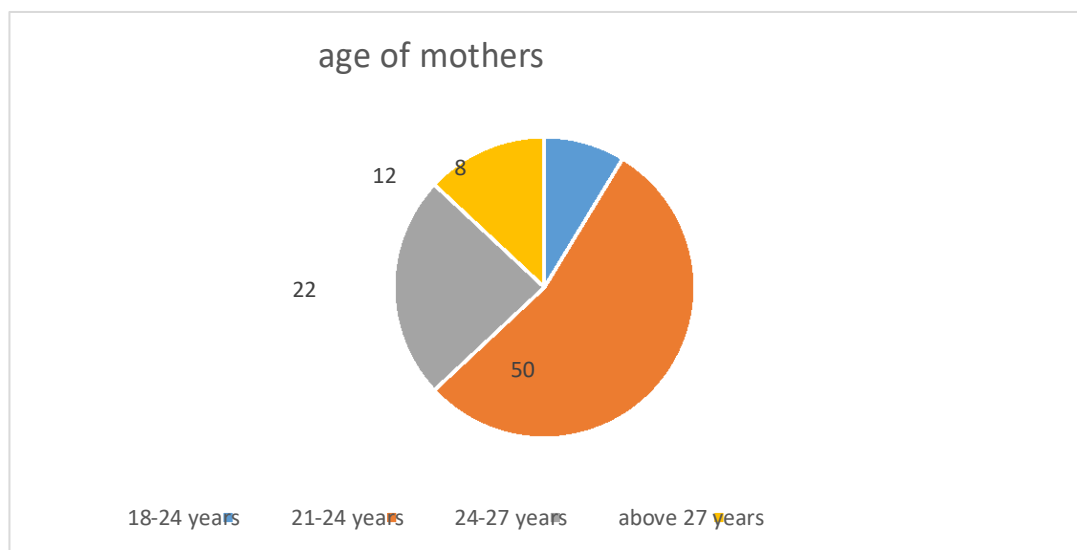
SECTION-A

Frequency and percentage distribution of demographic characteristics of mothers of Under five children

S NO	Variables		No	%
1	Age	18-24 years	5	8.3
		21-24 years	30	50
		24-27 years	13	21.6
		above 27 years	12	20
2	Family type	Nuclear family	22	36.6
		Joint family	38	63.3
3	Occupation	Home maker	29	48.3
		Business	18	30
		Government employee	8	13.3
		Private employee	5	8.3
4	Education	illiterate	18	30
		8 th pass	28	46.6
		10 th pass	8	13.3
		12 th pass	6	10
5	Type of house	Hut	5	8.3
		Kutcha	20	33.3
		Concrete	35	58.3
6	Source of water	Well water	15	25
		Tap water	20	33.3
		Hand pump water	25	41.6
7	Solid disposal	Dust bin	35	58.3
		Manure pit	5	8.3
		Burial	0	0
		Open field	25	41.6
8	Method of disposal of human excreta in your house.	Open field	15	25
		Sanitary latrine	45	75

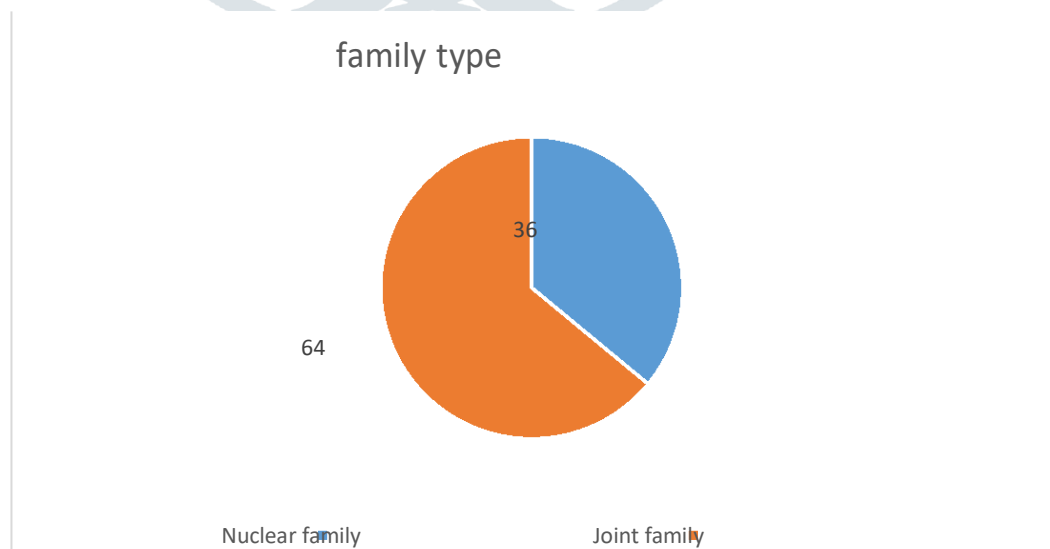
{Table 4.1} depicts the frequency and percentage distribution of the personal factors of demographic variables includes age, family type, occupation, education, type of house, source of water ,solid disposal, method of disposal of human excreta.

- The total number of 60 mothers were in the selected for the study. It is seen that among 60 mothers, 8.3% were the age group of less than (18-24) years 50% were between age group (21-24 years). 21.6% were between the age group of (24-27 years) 20% were between the age group of above 27 years.



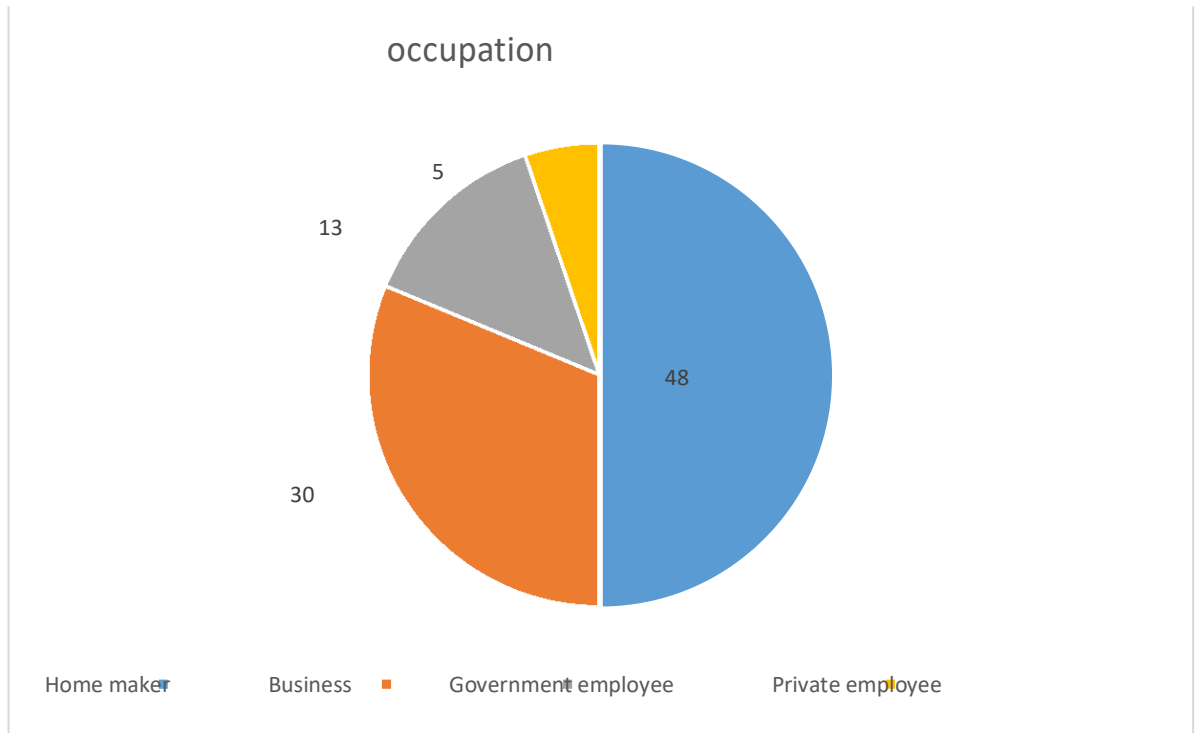
{ Figure – 04 }

- Regarding family type, out of 60 mothers ,36.6% had nuclear family,63.3% belong to joint family



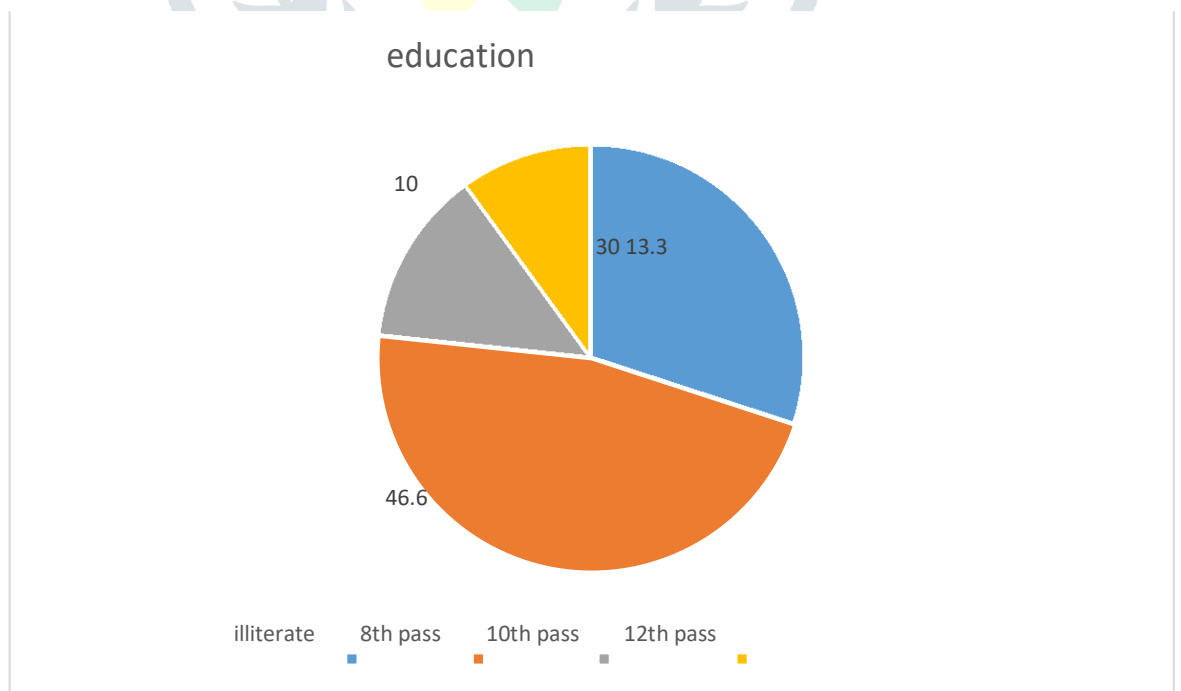
{ Figure – 05 }

- Occupation being next factor out of 60 mothers 48.3% of them were home maker, 30% of them were doing business, 13.3% of were government employed and 8.3% of them was private employee.



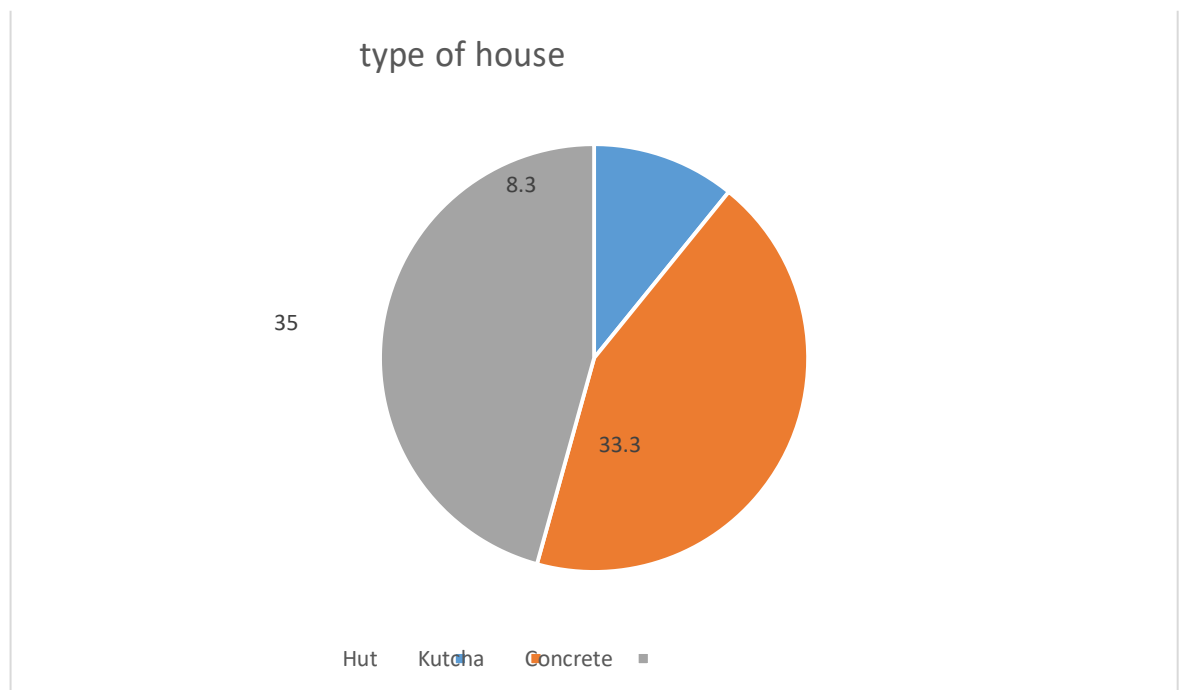
{Figure – 06}

- Regarding educational status, out of 60 mothers 30% are illiterate, 46.6% are 8th pass, 13.3% are 10th pass and 10% were 12th pass.



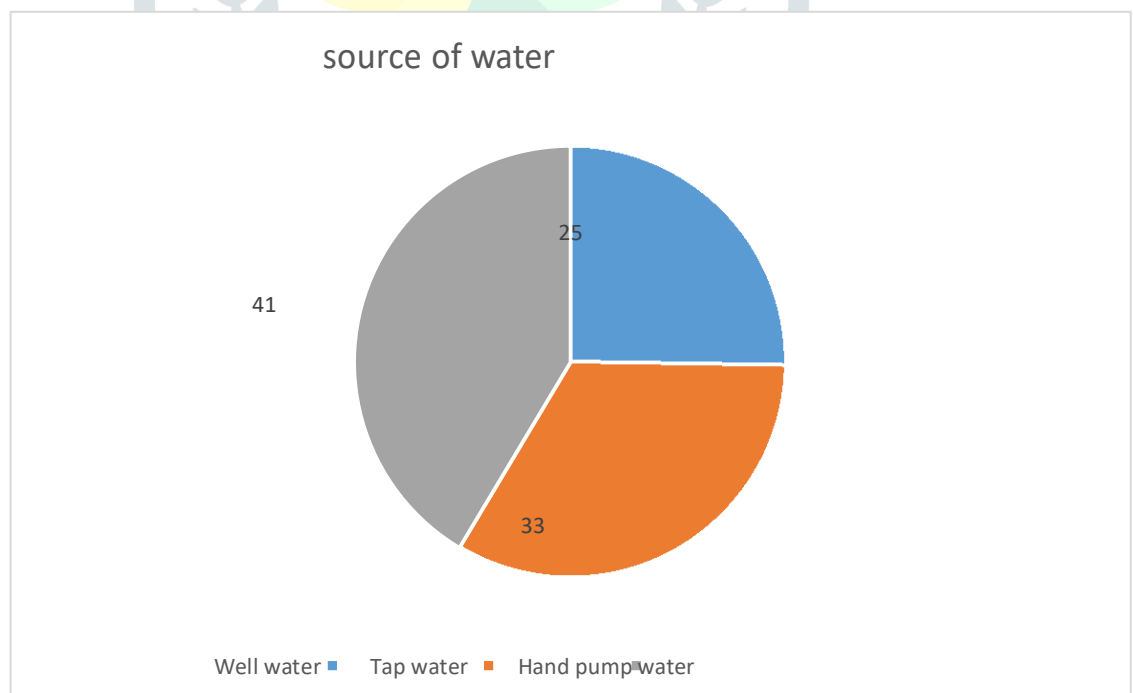
{Figure – 07}

- Regarding type of house, out of 60 mothers, 8.3% were having hut, 33.3% were having kutcha house, and 58.3% were having concrete house.



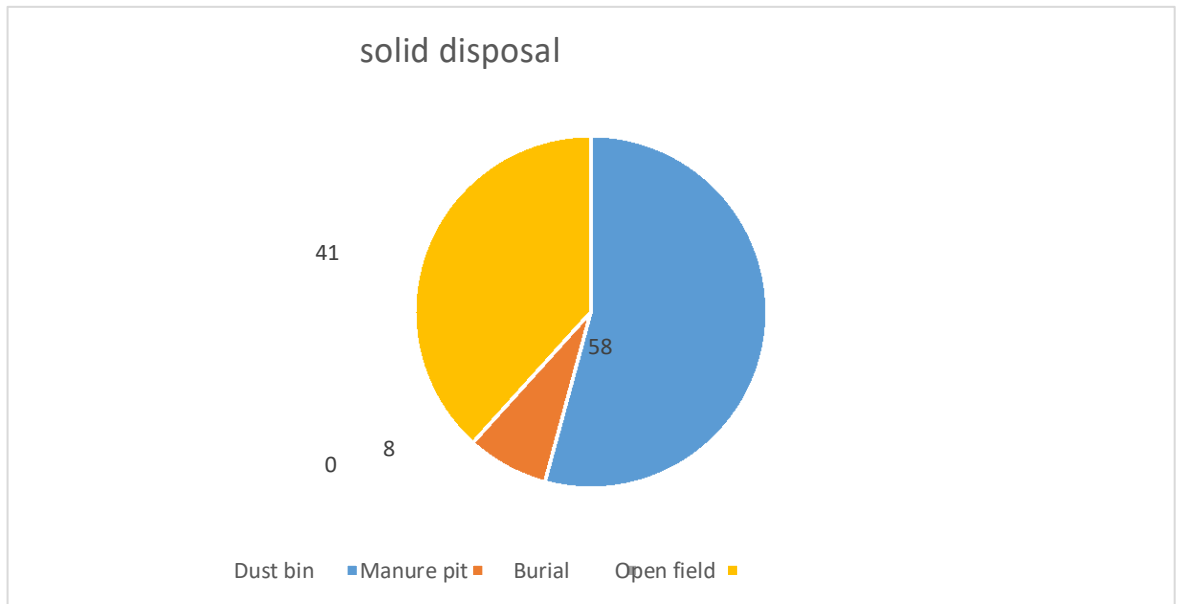
{Figure – 08}

- Source of water being next factor, out of 60 mothers 25% of them were using well water, 33.3% were using tap water and 41.6% them were using hand pump



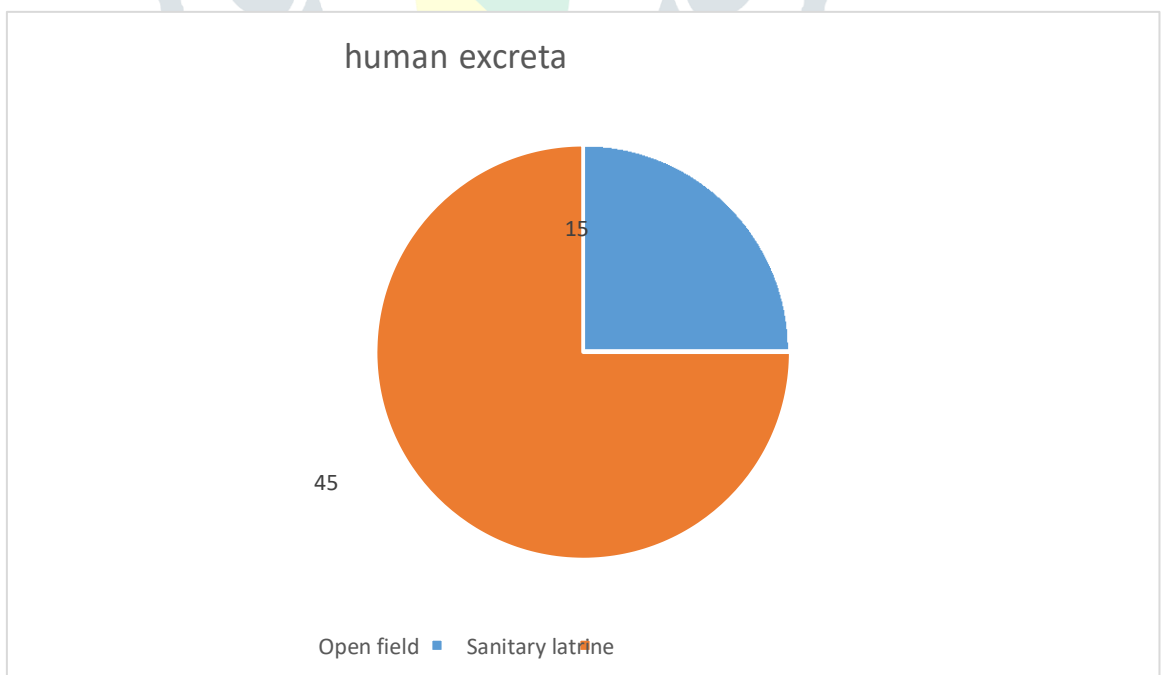
{Figure – 09}

- Regarding solid waste disposal, out of 60 mothers 58.3% of them were disposing the waste in waste bin, 8.3% of them were disposing the waste in manure pit method, 0 of them were disposing the waste in burial method and 41.6% of them were disposing the waste in open field.



{Figure – 10}

- Next factor concerned with disposal of human excreta, out of 60 mothers 25% used only open field and 75% used sanitary latrine.



{Figure – 11}

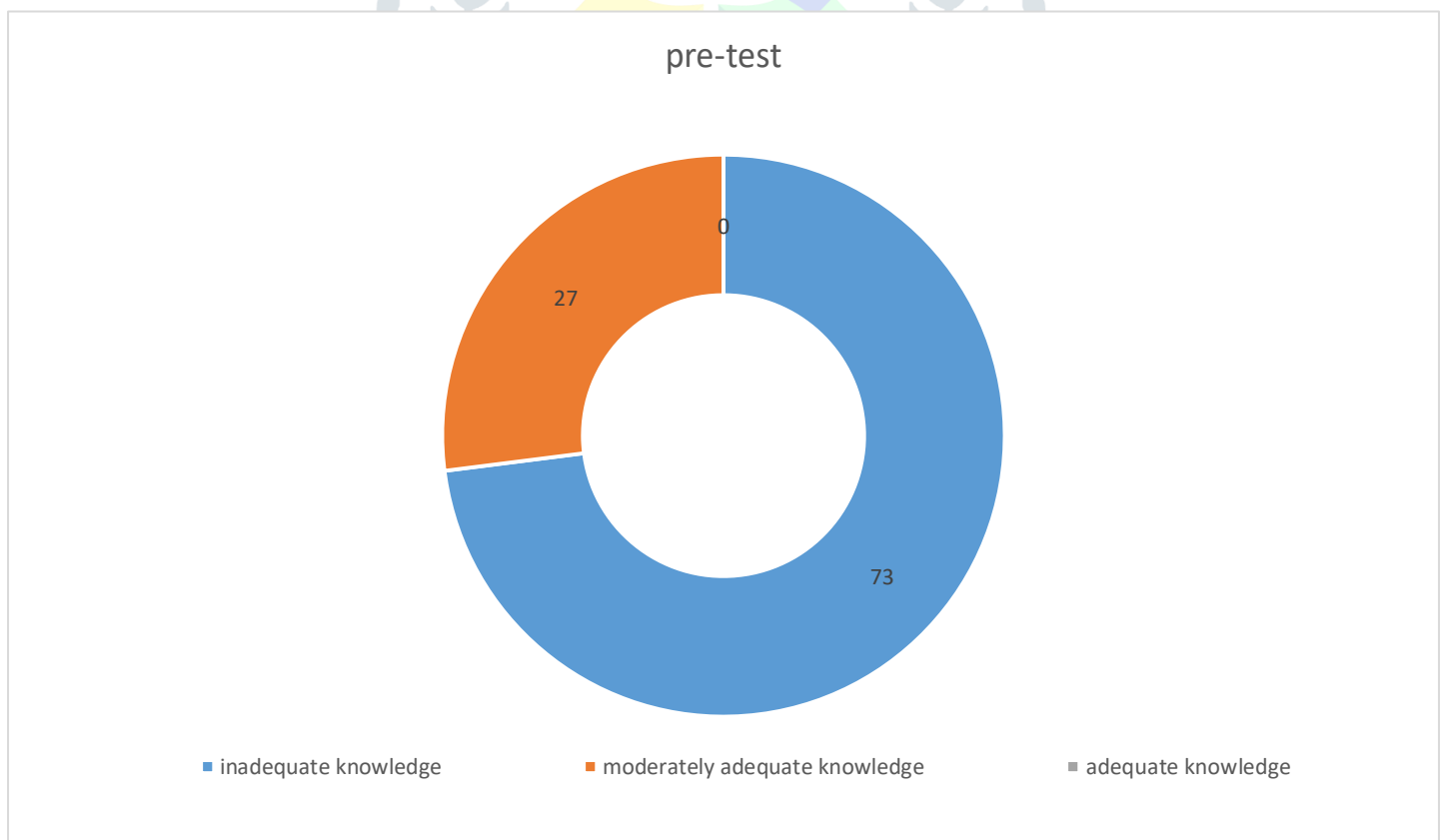
SECTION – B

Comparison between pre-test and post-test level of knowledge regarding management of diarrhea among the mothers of under five children.

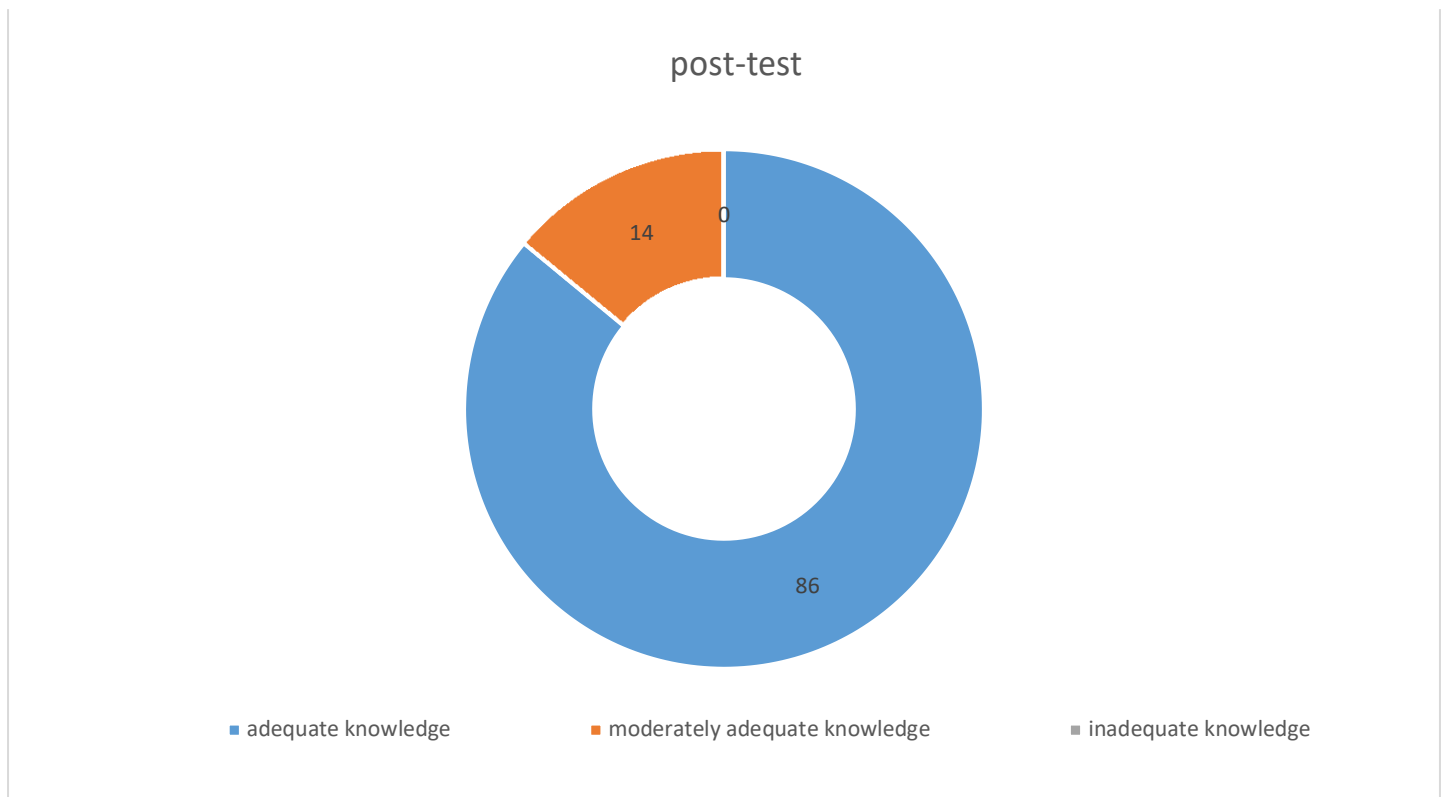
N = 60

S No.	Description	Level of Knowledge					
		In Adequate Knowledge		Moderately Adequate knowledge		Adequate Knowledge	
		No	%	No	%	No	%
1.	Pre-Test	44	73.37	16	26.67	0	0
2.	Post-Test	0	0	8	13.33	52	86.67

{Table 4.2} reveals that in the pre-test 73.37% mothers had inadequate knowledge, 26.67% of the mothers had moderately adequate knowledge. In the post-test, only 13.33% have moderately adequate knowledge. 86.67% had acquired adequate knowledge and no one had inadequate knowledge in post-test.



{Figure – 12}



{Figure – 13}

SECTION – C

Mean and standard deviation of pre-test and post-test on level of knowledge on management of diarrhea among mothers of under five children.

N = 60

S No.	Level of Knowledge	Mean	Standard Deviation
1.	Pre-Test	12.81	3.36
2.	Post-Test	26.01	2.33

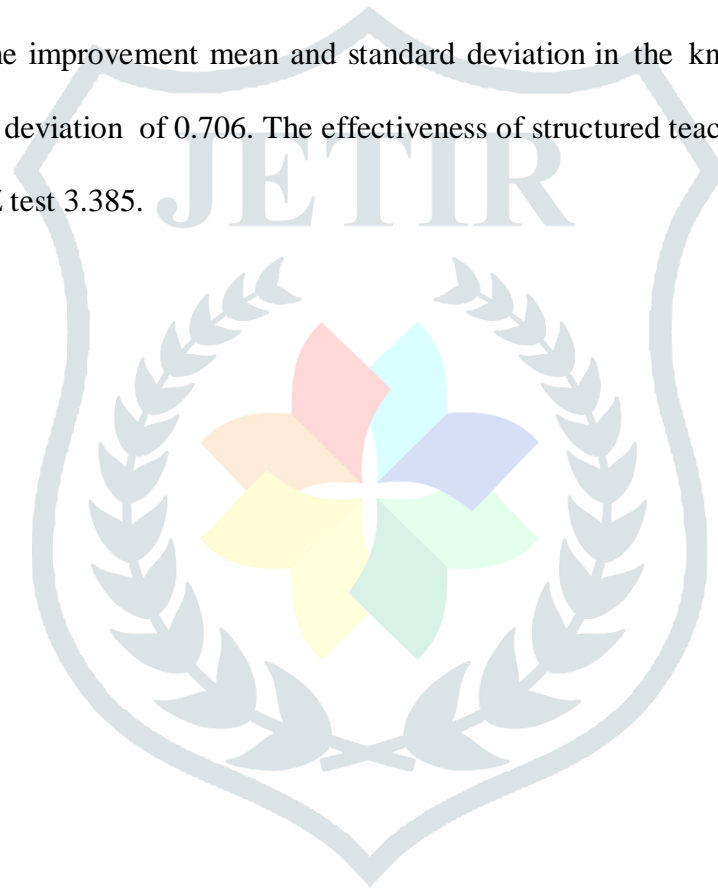
{Table 4.3} reveals that in the pre-test overall mean of the knowledge was 12.81 with standard deviation of 3.36 In the post-test overall mean of knowledge was 26.01 with standard deviation of 2.33 hence H_0 Hypothesis is accepted.

SECTION – D

Improvement score of mean and standard deviation on the level of knowledge among management of diarrhea

Variable	Mean	Standard deviation	Z test
Level of Knowledge	13.2	0.706	3.385

{Table 4.4} stated that the improvement mean and standard deviation in the knowledge aspect the mean was 13.2 with standard deviation of 0.706. The effectiveness of structured teaching programme regarding knowledge was done by Z test 3.385.

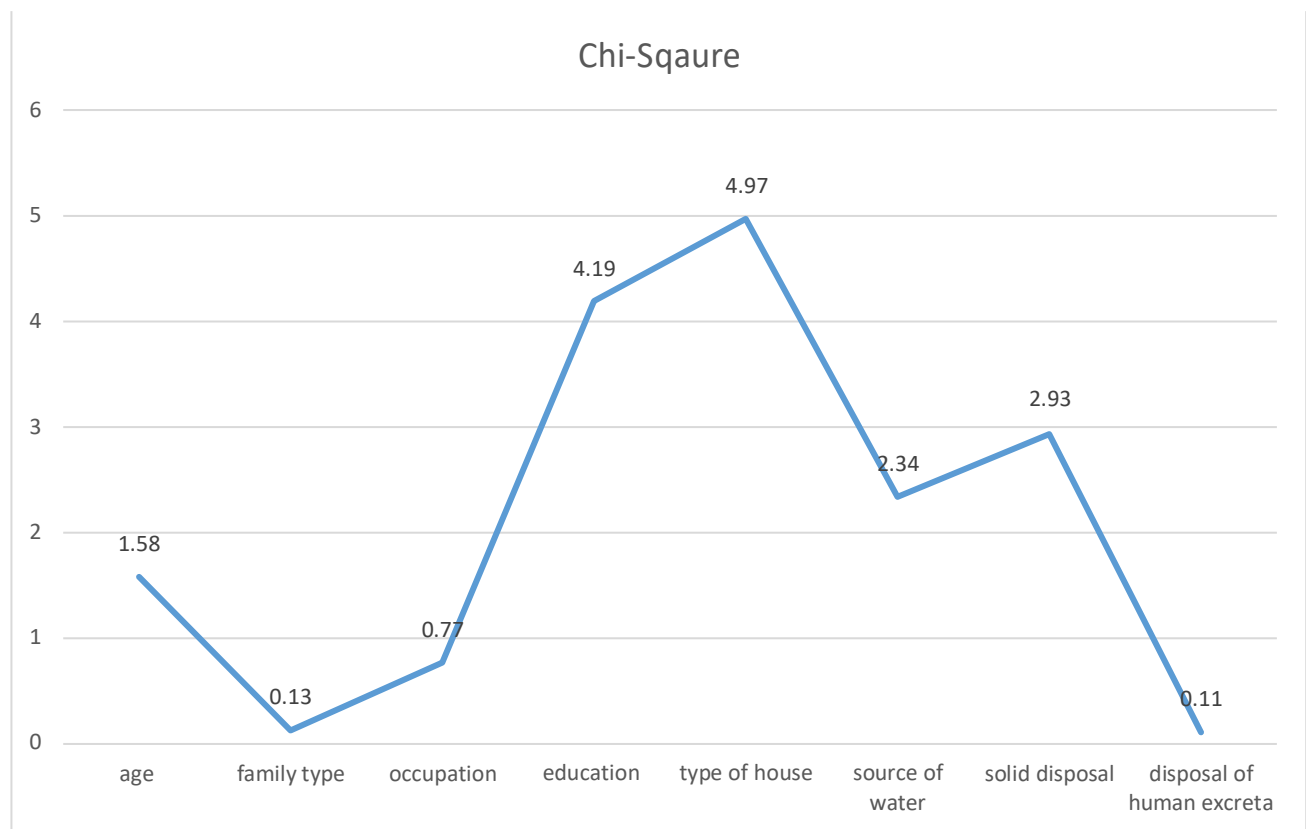


SECTION – E

Analyzing association between demographic variable with the help of chi square method on the basis of level of knowledge among mothers of under five children

SNO.			PRE-TEST						POST TEST						X ²	P
			ADEQAUTE		MODERATE		IN ADEQAUTE		IN ADEQAUTE		MODERATE		ADEQAUTE			
			NO.	%	NO.	%	NO.	%	NO.	%	NO.	%	NO.	%		
1.	AGE	18-24yrs	0	0	08	13.3	28	46.6	0	0	06	10	29	48.3	1.58	0.006
		21-24yrs	0	0	03	5	10	16.6	0	0	01	1.6	12	20		
		24-27yrs	0	0	03	5	05	8.3	0	0	01	1.6	08	13.3		
		Above 27yrs	0	0	01	1.6	02	3.3	0	0	01	1.6	02	3.3		
2.	FAMILY TYPE	Nuclear family	0	0	03	5	14	23.3	0	0	03	5	14	23.3	0.13	0.001
		Joint family	0	0	12	20	31	31.6	0	0	06	10	37	61.6		
3.	OCCUPATION	Home maker	0	0	01	1.6	06	10	0	0	01	1.6	06	10	0.77	0.001
		Business	0	0	02	3.3	08	3.3	0	0	01	1.6	09	15		
		Govt. employee	0	0	03	5	01	1.6	0	0	01	1.6	03	5		
		Private employee	0	0	09	15	30	50	0	0	01	1.6	33	55		
	EDUCATION	Illiterate	0	0	06	16	15	25	0	0	02	3.3	19	31.6	4.19	0.009
		8 th pass	0	0	04	6.6	10	16.6	0	0	01	1.6	13	21.6		
		10 th pass	0	0	04	6.6	19	31.6	0	0	05	8.3	18	30		
		12 th pass	0	0	01	1.6	01	1.6	0	0	01	1.6	01	1.6		
5.	TYPE OF HOUSE	Hut	0	0	09	15	33	5	0	0	06	10	36	60	4.97	0.009
		Kucha	0	0	05	8.3	08	13.3	0	0	01	1.6	13	28		
		Concrete	0	0	01	1.6	04	6.6	0	0	01	1.6	04	6.6		
6.	SOURCE OF WATER	Welfare	0	0	07	11.6	20	33.3	0	0	02	3.3	24	40	2.34	0.007
		Tap	0	0	07	11.6	24	40	0	0	06	10	25	41.6		
		Hand pump	0	0	01	1.6	01	1.6	0	0	01	1.6	02	3.3		
7.	SOLID DISPOSAL	Dustbin	0	0	05	8.3	27	45	0	0	04	6.6	28	46.6	2.93	0.007
		Manure pit	0	0	03	5	03	5	0	0	01	1.6	05	8.3		
		Burial	0	0	01	1.6	02	3.3	0	0	01	1.6	02	3.3		
		Open field	0	0	06	16	13	21.6	0	0	03	5	16	26.6		
8.	DISPOSAL OF HUMAN EXCRETA	Open field	0	0	12	26	18	30	0	0	06	10	13	11.6	0.11	0
		Sanitary latrine	0	0	03	5	14	23.3	0	0	03	5	14	23.3		

{Table 4.5} stated that there is an association between age, family type, occupation and method of disposal of human excreta socio-demographic variables and there is no association between education, type of house, source of water and solid disposal socio-demographic variables. Hence H₂ was accepted here.



{Figure – 14}

Findings of the study

The statistical analysis shows that in pre-test the mean was 12.81 with standard deviation 3.36 and the post-test score mean was 26.01 with standard deviation 2.33 hence H_0 Hypothesis was accepted. The improvement score shows that the mean was 13.2 with standard deviation of 0.706 and the Z test value is 3.385. It shows that effectiveness of teaching programme was significant with ($P < 0.05$ level) with degree of freedom DF 59. The chi-square shows that there is an association between age, family type, occupation and method of disposal of human excreta socio-demographic variables and there is no association between education, type of house, source of water and solid disposal socio-demographic variables. Hence H_2 Hypothesis was accepted here. The overall finding showed that pre-test and post-test revival that the effectiveness of teaching programme is significant hence H_1 hypothesis is accepted.

RESULT AND DISCUSSION

The aim of the present research project work was to assess the effectiveness of structured teaching programme on management of diarrhea. A total number of 60 samples were selected for the study, pre-test was done by multiple choice questionnaire. After conducting pre-test, structured teaching programme was given for 45 minutes by using flashcard, charts and handouts. After seven days, post-test was done by same multiple choice questionnaire on same mothers who are given STP after pre-test.

The result of study had seen discussed according to the objectives of the study, conceptual framework and on related literature.

Objectives

- To assess the knowledge of pre-test mothers of under five children on management of diarrhea.
- To assess the knowledge of post-test mothers of under five children on management of diarrhea.
- To evaluate effectiveness of teaching programme on management of diarrhea among mothers of under five children in pre-test and post-test level.
- To associate between the level of knowledge on management of diarrhea among the mothers of under five children with selected demographic variables.

MAJOR FINDINGS OF THE STUDY

- **The first objective of the research project work was to assess the pre-test knowledge on management of diarrheal disease among the mothers of under five children.**

In the pre-test 73.37% mothers had inadequate knowledge, 26.67% of the mothers had moderately adequate knowledge. Pre-test overall mean of the knowledge was 12.81 with standard deviation of 3.36.

- **The second objective of the research project work was to assess the post-test knowledge on management of diarrheal disease among the mothers of under five children.**

In the post-test, only 13.33% have moderately adequate knowledge. 86.67% had acquired adequate knowledge and no one had inadequate knowledge in post-test. In the post-test overall mean of knowledge was 26.01 with standard deviation of 2.33.

Here H_0 Hypothesis was accepted.

The mean post-test level of knowledge should be significantly higher than pre-test.

- **The third objective of the research project work was to evaluate the effectiveness of structured teaching programme on management of diarrhea among mothers of under five children in pre and post test.**

The improvement mean and standard deviation in the knowledge on management of diarrhea was 13.2 with standard deviation of 0.706. The Z test value overall score 3.385 of knowledge is significant $P < 0.05$ level.

Here H_1 hypothesis was accepted

There would be a significant effectiveness of STP on level of knowledge of mothers of under five children on management of diarrhea.

- **The fourth objective of the research project work was to associate between the level of knowledge on management of diarrhea among the mothers of under five children with selected demographic variable.**

There is an association between age, family type, occupation and method of disposal of human excreta socio-demographic variables and there is no association between education, type of house, source of water and solid disposal socio-demographic variables.

Here H_2 hypothesis was accepted

There would be a significant association between the selected socio-demographic variables.

SUMMARY AND CONCLUSION

Summary

Nurses as health professional have the dual responsibility of being health care provider as well as health educator. Mothers of under five children have lack of knowledge regarding management of diarrhea. By keeping this in view, the researcher in this study aimed at educating the mothers of under five children regarding management of diarrhea.

The study was conducted on the effectiveness of teaching programme on management of diarrhea among the mothers of under five children. 60 mothers of under five children were selected by non-probable purposive sampling, the tool for data collection was multiple choice questionnaire, which was prepared to assess the knowledge on management of diarrhea.

The data was collected by administering the structure interview schedule, which was prepared to assess the knowledge of mothers on management of diarrhea. Mother were educated with the help of flashcard, charts and providing handout to each sample. Education was given in various aspects such as meaning of diarrhea, etiology, signs and symptoms, pathophysiology, diagnosis, management of diarrhea. After seven days interval from teaching programme, the knowledge on mothers were assessed on the same aspect. In post-test, most of the mothers gained adequate knowledge about management of diarrhea.

Conclusion

In pre-test, level of knowledge on mothers of under five children showed that 73.37% mothers had inadequate knowledge, 26.67% mothers had moderately adequate knowledge and none of mother had adequate knowledge.

In post-test evaluation showed that 13.33% of mother had moderately adequate knowledge, 86.67% of mother had adequate knowledge and none of the mothers had inadequate knowledge.

There was statistically $P < 0.05$ significant improvement in knowledge could be found in relation to effectiveness of teaching programme.

hence H_0 , H_1 and H_2 hypothesis were accepted.

- **H_0** - The mean post-test level of knowledge should be significantly higher than pre-test.
- **H_1** - There would be a significant effectiveness of STP on level of knowledge of mothers of under five children on management of diarrhea.
- **H_2** - There would be a significant association between socio-demographic variables.

Recommendations

Based on the research findings the following recommendations can be made.

- Similar research project work can be done with larger number of samples.
- A comparative research project work can be conducted between urban and rural community.
- A similar research project work can be carried out using different nursing strategies.
- Similar research project work can be carried in various geographic areas.
- A similar research project work can be carried out with different research approach or design.

Nursing implications

The research project work gives knowledge among Nurses in identifying the problem and complaints at an early stage, nurses have major role in any health care setting. So Nurses should through Knowledge about the assessment of dehydration, fluid calculation and should take up the important role of education and reinforcing the parents, family members, care takers about importance of knowledge on management of diarrhea.

The implication of study can be seen in areas of Nursing practice, Nursing education, Nursing administration, and Nursing research.

Nursing practice

The important role of nurses is to provide care and comfort to carry out specific Nursing function, the planned teaching programme, are to be scheduled in the community set up in fixed date, time for the mothers and care taker (or) family members.

The research project work implies that nurse should help the mothers to regain knowledge through teaching programme, although teaching skill that promote knowledge about management of diarrhea which are important to mothers of under five children. It indicates emphasizing diarrheamanagement.

Nursing administrator

Nurse administrators play an important role in plan and organize continuing nursing education programme for nursing the need for change that has to be introduced by nursing professional

Before nurses can utilize, they practice they needed to have strong foundation in terms of education, not only as a role of student but also give importance to the newly appointed Auxiliary Nurses, Midwife, Multipurpose Health Worker and village health workers who have close contact with the rural population.

- Orientation programme for new staff to acquire the concept and management of diarrhea.
- The present trend in health care delivery system emphasizes on preventive as well as curative measures.
- Updating the Knowledge of Auxiliary Nurse Midwife, Multipurpose Health worker by proper and relevant in service education about knowledge programme, refreshment course, workshop and seminar, personnel and motivate them in conducting programme on management of diarrhea and it will be beneficial to community.
- Nurse administrators can promote efficient team work, planfor manpower, money, material and methods to conduct education programme.
- Findings of the study help nurse administrator to allocateresources to do further studies

in nursing care of under five children with diarrhea. It may include all ancillary personnel who provide supportive patient care services.

- The study findings will serve as a background for further study regarding management of diarrhea among the mothers of under five children.
- The study gives knowledge among Nurses in identifying the problem and complication regarding diarrhea.

Nursing education

The research project work emphasizes on the encouragement of the staff Nurse to undergo continuing nursing programme, specialized courses (or) training regarding the care of diarrhea to update their Knowledge. The leader in nursing care confronted to undertake the health needs of the most vulnerable by effective organization and management. The nurse administrator should take active part in health policy, developing protocol, procedure and standing orders related to cure of diarrhea.

The nurse educator, whenever plan to provide instruction regarding care of under five years children with diarrhea should provide opportunity to develop skill and attitude in handling the children with diarrhea.

The nursing educator can prepare the student to utilize teaching according to needs of community. Nursing Administrator can arrange a mass health education programme to public to create knowledge regarding prevention and management of diarrhea.

Nursing research

The present research project work provides scope for further study for future researchers. Usage of research findings should become a part of the quality assurance evaluation to enhance individual performance as a whole.

Personal experience

- The entire research project work will give an enriching experience to the investigator.
- It will develop the critical skill and thinking with analysis and realize and importance of effective communication with respondent skills with dealing with different personalities.
- This will boost confidence to go ahead and carry out the planes activities and the co-operation from the research project work was remarkable.

Limitations

- The research project work cannot be generalized.
- The research project work is limited to 60 samples.
- The sample is limited to the mothers of under five children.
- The research project work is limited to Sarai Aurangabad village.

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APPENDIX - I

Established Under Haryana Private Universities Act no. 32
Of 2006 and Haryana Private Universities (Amendment) Act
2015 (Haryana Act no. 1 of 2016)

To,
Faculty of Nursing ,
P.D.M University (Bahadurgarh)

Subject :- Expert opinion for the content validity of A Quasi experimental study to assess the effectiveness of structured teaching programme on management of Diarrhea among mother's of under five children in village Sarai Aurangabad district Jhajjar (Haryana).

Sir/Madam ,

We students of fourth year B.sc nursing at P.D.M university . I have selected mentioned topic for research project to be submitted to university as a partial fulfilment of university requirement for award of bachelor's of nursing degree.

Topic :- A Quasi experimental study to assess the effectiveness of structured teaching programme on management of Diarrhea among mother's of under five children in village Sarai Aurangabad district Jhajjar (Haryana).

I would request you to kindly go through the tool, and give your expert opinion for any modification and improvement . I shall be grateful for your remarks and suggestions.

Thanking you ,

Your's faithfully ,

Group A students :- Pravesh Kumar (N40119025)
Jitesh Verma (N40119031)
Yogesh Ohlyan (N40119015)
Kanika Sharma (N40119014)
Manisha (N40119002)

APPENDIX - II



College of nursing

ENGLISH EDITING CERTIFICATE

This is to certify that the Group A students (Pravesh Kumar, Jitesh Verma, Yogesh Ohlyan, Kanika Sharma and Manisha) of B.sc Nursing 4th year has made editorial changes successfully under my guidance in Research Project Work entitled “ A Quasi experimental study to asses the effectiveness of structured teaching programme on management of diarrhea among mothers of under five children in village Sarai Aurangabad Distt. Jhajjar”.

Name :- DEEPAK.

Designation :- M.A ENGLISH

Place :- NANGLOI

Date :- 04/04/2023

APPENDIX – III

LIST OF EXPERTS FOR VALIDATION OF RESEARCH TOOLS

S NO.	TEACHER' NAME	DESIGNATION
1.	Mrs. Pooja Rohilla	Assistant professor
2.	Mrs. Amali Jocy M.	Assistant professor
3	Mrs. Gunjan	Nursing tutor
4.	Mrs. Sonia	Nursing tutor
5.	Mr. Rahul	Nursing tutor

APPENDIX - IV

PERMISSION LETTER FOR PARTICIPANTS

DEAR PARTICIPANTS

Objective of this research study is A Quasi experimental study to asses the effectiveness of structured teaching programme on management of diarrhea among mothers of under five children in village Sarai Aurangabad Distt. Jhajjar. You are requested to participate in this study ,your co-operation is highly respected your honest feedback is valued. I assure you that the information you provide will be kept strictly confidential and will be used only for the purpose of the study. If you are willing to participate in this study, please sign the consent form below.

Thank you for participating in the study

Yours truly,

Pravesh kumar, Jitesh verma, Yogesh ohlyan, Kanika sharma and Manisha

Date :

Place :

CONSENT

I have been informed about the purpose of the study and I voluntarily give my consent to study the participants.

Place :

Signature of candidate

Date :

APPENDIX - V

अनुमति पत्र के लिए प्रतिभागियों

प्रिय प्रतिभागियों

उद्देश्य का यह शोध करना अध्ययन है ए अर्ध प्रयोगात्मक अध्ययन को गधे

डायरिया के प्रबंधन पर संरचित शिक्षण कार्यक्रम की प्रभावशीलता माताओंगांव सराय औरंगाबाद जिले में पांच से कम बच्चों की।

झज्जरा। आप आपसे इस अध्ययन में भाग लेने का अनुरोध किया गया है, आपके सहयोग का अत्यधिक सम्मान किया जाता है ईमानदार

प्रतिक्रिया है मूल्यवाना। मैं आश्वासन आप वह the जानकारी आप उपलब्ध करवाना इच्छा होना रखापूरी तरह से गोपनीय और केवल

अध्ययन के उद्देश्य के लिए उपयोग किया जाएगा। यदि आप हैं इच्छुक को हिस्सा लेना में यह अध्ययन, कृपया संकेत the अनुमति

प्रपत्र नीचे।

धन्यवाद आप के लिए इसमें भाग लेने वाले में the अध्ययन

आपका अपना सचमुच,

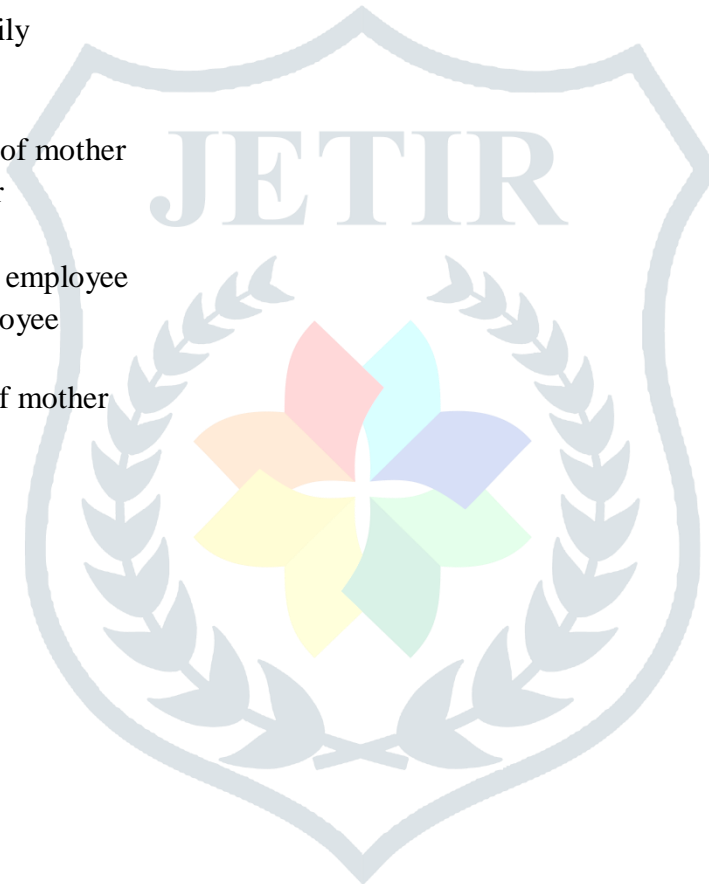
Pravesh कुमार, Jitesh वर्मा, योगेश ओह्लियन, संगमरमर शर्मा और मनीषाजगह

अनुमति

मुझे अध्ययन के उद्देश्य के बारे में सूचित किया गया है और मैं स्वेच्छा से अपनाके लिए सहमति अध्ययन प्रतिभागियों।

APPENDIX – VI
PART – A
DEMOGRAPHIC DATA

- 1.) Age of mother (in year)
 - 18-21
 - 21-24
 - 24-27
 - Above 27
- 2.) Type of family
 - Nuclear family
 - Joint family
- 3.) Occupational status of mother
 - Home maker
 - Business
 - Government employee
 - Private employee
- 4.) Educational status of mother
 - illiterate
 - 8th pass
 - 10th pass
 - 12th pass
- 5.) Type of house
 - Hut
 - Kucha
 - Concrete
- 6.) Source of water
 - Well water
 - Tap water
 - Hand pump
- 7.) The method you use for solid waste disposal
 - Waste pin
 - Munure pits
 - Burial
 - Open field
- 8.) Method of disposal of human excreta in your house
 - Open field defecation
 - Sanitary latrine



APPENDIX – VI

PART – B

ASSESSMENT TOOL OF AWARENESS REGARDING MANAGEMENT OF DIARRHEA

- 1.) Diarrhea means passing of
 - More number of stool
 - Watery stool
 - Watery stool more than three times
 - Stool immediately after feeding

- 2.) The normal consistency of stool is
 - Soft
 - Hard
 - Mucus
 - Watery

- 3.) Diarrhea must commonly seen in infants who are fed with except
 - Bottle feeding
 - Straw tumbler feeding
 - Shipper
 - Baladai

- 4.) The mode of transmission of diarrhea is all the following except
 - Feco oral route
 - Water home
 - Food borne
 - Air borne

- 5.) Which one of the following food will cause diarrhea in children
 - Well cooked food
 - Uncooked food
 - All of the above
 - None of the above

- 6.) Milk used for infant feeding should be prepared
 - Half an hour before
 - One hour before
 - At the time of feeding
 - Two hours before

- 7.) The following are signs of diarrhea except
 - Watery stool
 - Nausea and vomiting
 - Abdominal pain
 - Wheezing

8.) The following are signs of dehydration except

- Poor skin turgor
- Sunken eyes
- Dry mouth and tongue
- Cough

9.) Hand washing should be done

- Before taking food
- After defecation
- All of the above
- None of the above

10.) Washing hand after defecation will prevent spread of organism from feces to

- Skin
- Blood
- mucus
- other

11.) The water used for infant feeding should be

- Boiled cool water
- Warm water
- Tap water
- Cold water

12.) The food materials should be covered properly in oral to avoid

- Spilling out
- Contamination with flies
- Mishandling with child
- Prevent cleanliness

13.) Following is sign of severe dehydration except

- Does not pass urine more than 6 hours
- Headache
- Stomach ache
- Vomiting

14.) The following sign will indicate poor skin turgor

- Pinch , retract very slowly more than 2 seconds
- Pinch, retract immediately
- Warm skin
- None of the above

15.) Following is sign of severe dehydration

- Does not pass urine more than 6 hours
- Tiredness
- Stomach ache
- vomiting

परिशिष्ट - VI

भाग - ए

जनसांख्यिकीय आंकड़े

1.) आयु का माता (वर्ष में)

- 18-21
- 21-24
- 24-27
- ऊपर 27

2.) के प्रकार परिवार

- नाभिकीय परिवार
- संयुक्त परिवार

3.) व्यावसायिक दर्जा माँ की

- गृह निर्माता
- व्यवसाय
- सरकार कर्मचारी
- निजी कर्मचारी

4.) शिक्षात्मक दर्जा का मां

- निरक्षर
- 8^{वां} उत्तीर्ण
- 10^{वां} उत्तीर्ण
- 12^{वां} उत्तीर्ण

5.) के प्रकार घर

- झोपड़ी
- नाखून
- ठोस

6.) स्रोत का पानी

- कुंआ पानी
- नल का जल
- हाथ पंप



7.) The तरीका आप उपयोग के लिए ठोस बरबाद करना निपटान

- बरबाद करना नत्थी करना
- मुनुरे गड्डों
- दफ़न
- खुला मैदान

8.) तरीका का निपटान का इंसान में मल आपका घर

- खुला मैदान मलत्याग
- सेनेटरी शौचालय



परिशिष्ट - VI

भाग - बी

आकलन औजार का जागरूकता के संबंध में प्रबंध कादस्त

1.) दस्त साधन गुजर रहा है

- अधिक संख्या का स्टूल
- आंसुओं से भरा हुआ स्टूल
- आंसुओं से भरा हुआ स्टूल अधिक तब तीन टाइम्स
- स्टूल तुरंत बाद खिलाना

2.) The सामान्य गाढ़ापन का स्टूल है

- कोमल
- मुश्किल
- बलगम
- आंसुओं से भरा हुआ

3.) दस्त अवश्य आमतौर देखा में शिशुओं WHO हैं सिंचित साथ के अलावा

- बोटल खिलाना
- घास गिलास खिलाना
- शिपर
- Baladai

4.) The तरीका का संचरण का दस्त है सभी the अगले के अलावा

- मल मौखिक मार्ग
- पानी घर
- खाना जनित
- वायु जनित

5.) कौन एक का the अगले खाना इच्छा कारण दस्त में बच्चे

- कुंआ पकाया खाना
- कच्चा खाना
- सभी का the ऊपर
- कुछ भी नहीं उपरोक्त

6.) दूध के लिए इस्तेमाल होता है बच्चा खिलाना चाहिए होना तैयार

- आधा एक घंटा पहले
- एक घंटा पहले
- पर the समय का खिलाना
- दो घंटे पहले

7.) The अगले हैं लक्षण का दस्त के अलावा

- आंसुओं से भरा हुआ स्टूल
- जी मिचलाना और उल्टी करना
- पेट दर्द



8.) The निम्नलिखित हैं लक्षण का निर्जलीकरण के अलावा

- गरीब त्वचा स्फीत
- धँसा आँखें
- सूखा मुँह और जीभ
- खाँसी

9.) हाथ कपड़े धोने चाहिए होना पूर्ण

- पहले ले रहा खाना
- बाद मलत्याग
- सभी का the ऊपर
- कुछ भी नहीं उपरोक्त

10.) धुलाई हाथ शौच के बाद इच्छा रोकना फैलाना का जीव से मल को

- त्वचा
- खून
- बलगम
- अन्य

11.) The पानी इस्तेमाल किया गया के लिए बच्चा खिलाना होना चाहिए

- उबला हुआ ठंडा पानी
- गरम पानी
- नल का जल
- ठंडा पानी

12.) The खाना सामग्री चाहिए होना ढका हुआ अच्छी तरह से में मौखिक को टालना

- फैलने बाहर
- दूषण साथ मक्खियों
- दुर्व्यवहार के साथ बच्चा
- रोकना स्वच्छता

13.) अगले है संकेत का गंभीर निर्जलीकरण को छोड़कर

- करता है नहीं उत्तीर्ण मूत्र अधिक बजाय 6 घंटे
- सिर दर्द
- पेट दर्द
- उल्टी करना

14.) The निम्नलिखित संकेत इच्छा संकेत देना गरीब त्वचा स्फीत

- चुटकी , वापस लेना बहुत धीरे से अधिक बजाय 2 सेकंड
- चुटकी, वापस लेना तुरंत
- गरम त्वचा
- कुछ भी नहीं उपरोक्त

- 15.) अगले है संकेत का गंभीर निर्जलीकरण
- करता है नहीं उत्तीर्ण मूत्र अधिक बजाय 6 घंटे
 - थकान

APPENDIX – VIII

ANSWER KEY

- 1) C
- 2) A
- 3) D
- 4) D
- 5) C
- 6) A
- 7) D
- 8) D
- 9) C
- 10) C
- 11) A
- 12) B
- 13) B
- 14) B
- 15) A



APPENDIX – IX

LESSON PLAN

Topic	:	Management of Diarrhea
Group	:	Mothers of under five children
Place	:	Village Sarai Aurangabad District Jhajjar
Instructor	:	Pravesh ,Jitesh ,Yogesh ,Kanika ,Manisha
Time	:	45 Mins
Method of Teaching	:	Lecture Cum Discussion
Teaching Aids	:	Charts, Hand outs, flash cards

GENERAL OBJECTIVES :

Help the Women will be able to understand, gain adequate awareness regarding the definition, Risk factor and causes of diarrhea, Pathophysiology, signs and symptoms of diarrhea,management of diarrhea and prevention of diarrhea.

CONTRIBUTORY OBJECTIVES :


The women after going through the teaching programme will be able to

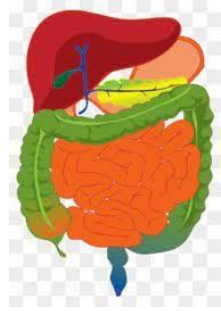
- define diarrhea
- list out the risk factors and causes of diarrhea
- discuss the pathophysiology of diarrhea

- explain about signs and symptoms of diarrhea
- state about management of diarrhea
- explain about preventive measure of diarrhea.



Introduction :

We are the nursing students Pravesh ,Jitesh ,Yogesh ,Kanika ,Manisha came here to discuss regarding meaning of diarrhea, causes and mode of transmission of diarrhea, sign and symptoms of diarrhea, management of diarrhea and prevention of diarrhea. Because the diarrhea most important causes of death among under five children. It is important for us to reduce morbidity and mortality. Now I will explain all the things.

Sl.No.	Time	Contributor Objectives	Content	AV Aids	Evaluation
1	2 Mints	Definition of diarrhea	Diarrhea is defined as the passage of loose, liquid (or) watery stool. These liquid stools are usually Passed more thanthree times a day.	Flash card	What is diarrhea?
2	5 mints	List out the risk factors and causes of diarrhea.	<p>Causes:</p> <p>Viral Causes - Rota Virus Enteric Virus Adenovirus Norovirus Astrovirus</p> <p>Bacterial Causes : Vibro Salmonella Campylobactor jejuniPseudomonus Aerovonas</p> <p>Parasitic Causes ; Giadia Lamblia Entameba Histolytica Cryptosporidium.</p>	<p>Flash card</p> 	What are the causes of Diarrhea?


Sl.No.	Time	Contributor Objectives	Content	AV Aids	Evaluation
3	6 Mins	Discuss the pathophysiology of diarrhea.	<p>Predisposing Factor:</p> <p>Age- Children below five years.Socio</p> <p>Economic :</p> <p>Status : Poverty, malnutrition, Personalhygiene</p> <p>Human habits, water and soil pollution,lack of education, quality of life.</p> <p>Food Intake ; Intake of uncleaned and spoiled food leads to diarrhea, unhygienicmethods of preparing food also leads to diarrhea.</p> <p>Seasonal Change ; Higher frequency ofdiarrhea seen in summer month.</p> <p>Patho physiology :</p> <p>Pathogen (Virus, Bacteria, Parasites) Causes tissue damage and inflammationby entotoxin.</p> <p>The exdotoxin stimulates mucosal liningof intestine.</p> <p>It leads to greater secretion of water andelectrolytes in to intestinal lumen.</p>		How diarrhea is spread?
Sl.No.	Time	Contributor Objectives	Content	AV Aids	Evaluation

4	8 Mins	explain the signs and symptoms of diarrhea	<p>The active secretion of chloride and bicarbonate ion will inhibits sodium reabsorption.</p> <p style="text-align: center;">↓</p> <p>To balance the excessive sodium ,large amount of protein rich food are secretedin bowel.</p> <p>Over whelming of large bowel inability toreabsorb the fluid electrolytes and Yeducediarrrhea.</p> <p>Pathogens also causes damage and inflammation by invading destroyingmucosal lining of bowel.</p> <p style="text-align: center;">↓</p> <p>It tends to bleeding and ulceration.</p> <p>Finally integrity of GI tract is impaired, itsability to carryout digestion and absorption function affected.</p> <p>Signs and Symptoms :</p> <ul style="list-style-type: none"> - Loose, watery stool more than 3times a day. - Hyperthermia. 	Flash card	What are the symptoms of diarrhea?
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S No.	Time	Contributor	Content	AV Aids	Evaluation
		Objectives			
			<ul style="list-style-type: none"> - Nausea - Vomiting - Abdominal Cramps - Signs of dehydration - Intestinal rubling - Anorenia - Thrist - Painful, Sparmotic contraction of anus. - 		
5	7 Mins	Explain the diagnostic evaluation of diarrhea	Diagnostic Evaluation : History Collection Stool examination – Stool microscopy – Fecal Leckocyte count 10/hpt Stool culture, -Blood examination -Blood gas analysis -Serum electrolytes, Renal function test.	Flash card 	What are investigation of diarrhea?

ASSESSMENT OF DEHYDRATION:							
Sl.No.	Signs	Score	1	2			
1.	Appearance	Normal	Restless	Semicoma			
2.	Eyes	Normal	Custerless	Sunken Eyes with			

							Cloudy Cornea and Starting		
			3.	Anterior Fontanelle	Normal(or) Slightly Sunken	Moderately Sunken (or) Demonstrably Depressed	Well Depressed Cranial Suture Standing Out.		
			4.	Tongue and Mouth	Moist	Moist	Very dry And water lips		
			5.	Skin Turgor	Skin pinch Goes back Quickly	Skin Pinch Goes back Slowly	Skin pinch Goes back Very slowly		
			6.	Pulse rate	Normal 130-10 b/m	Rapid 160-180 b/m	Rapid & Thready 180 b/m		
			7.	Extremities	Warm	Warm	Cold and Clammy		
			8.	Urine output	Normal	Oliguria	No Urine For 12-2 hrs		
			9.	Muscle Tone	Normal	Normal (or) Increased	Flaccid		
			10.	Thirst	Thirsty	ExtremeThirsty	Not Apparent b/cOf poor General Condition.		
			Decode Dehydration		No signs of Dehydration	Has 2 (or) More signs	2 (or) more Signs		

			Status		There is some Dehydration	Severe dehydration		
			Treatment Plan	Plan-A	Plan-B	Plan-C		
6	7 Mins	explain about the management of diarrhea	Management and control of diarrhea disease PRINCIPLES OF TREATMENT : General assessment of diarrhea Assessment of hydration status Correction of electrolytes and acid baseImbalance. Proper feeding to provide normal nutritionalrequirements. Treatment of associated problem like dysenteryNutritional rehabilitation. Health education.				Chart 	What are measures to cure Diarrhea?
			Treatment an A for child with diarrhea. There are treatment Plan A when there is nodehydration. Give the child more fluids than usual to preventdehydration. <ol style="list-style-type: none"> 1. Use recommended home fluid. Give as muc of fluids as the child will take continuegiving these fluids until the diarrhea stops. 2. Give the child plenty of food to prevent undernutrition. Take the child to the health worker if the child does notget better in three days (or)					
			Develop any of the following :					

		<p>Many watery stools Repeated vomiting Marked thirst Eating (or) drinking poorly Fever Blood in the stool. Treatment Plan B for child with mild dehydration.</p> <ul style="list-style-type: none"> - For mild dehydration treatment - Plan B is advocated. - ORS fluid should be given - 100 to 200 ml clean water should be given to an infant under six months who are not breast fed. - If the mother wants to leave before completing treatment. The instruction must be given. <p>Treatment Plan C for child with Severe dehydration;</p> <p>When the child has severe diarrhea/dehydration treatment plan C is advocated. The mother should be given ORS packet to give ORS solution 5ml/kg of body weight. When diarrhea accompanied fever paracetamol should be given.</p>	Handouts									
		<p>Composition of ORS</p> <table border="1" data-bbox="709 1192 1625 1341"> <thead> <tr> <th data-bbox="709 1192 1167 1230">Ingredient</th> <th data-bbox="1167 1192 1625 1230">Quality</th> </tr> </thead> <tbody> <tr> <td data-bbox="709 1230 1167 1269">Bicarbonate :</td> <td data-bbox="1167 1230 1625 1269"></td> </tr> <tr> <td data-bbox="709 1269 1167 1308">Sodium chloride</td> <td data-bbox="1167 1269 1625 1308">3.5 gm</td> </tr> <tr> <td data-bbox="709 1308 1167 1341">Sodium Bicarbonate</td> <td data-bbox="1167 1308 1625 1341">2.5 gm</td> </tr> </tbody> </table>	Ingredient	Quality	Bicarbonate :		Sodium chloride	3.5 gm	Sodium Bicarbonate	2.5 gm		
Ingredient	Quality											
Bicarbonate :												
Sodium chloride	3.5 gm											
Sodium Bicarbonate	2.5 gm											

			Pottasium Choloride Glucose Potable water	1.5 gm 20 gm 1 Litre	Chart													
			<u>Composition of ORS citrate</u> Sodium Chloride Trisodium citrate de Potassium chloride Glucose Potable water	3.5 gm 2.9 gm 1.5 gm 20.0 gm1 Ltr														
			ORS solution to be given according the guidelines for oralrehydration therapy (for all ages) during the first four hours.		handouts													
			<table border="0"> <thead> <tr> <th style="text-align: left;">Age</th> <th style="text-align: left;">ORS solution (Ml)</th> </tr> </thead> <tbody> <tr> <td>Under 4 month</td> <td>200ml – 400ml</td> </tr> <tr> <td>1-2 years</td> <td>400ml – 600ml</td> </tr> <tr> <td>2-4 years</td> <td>600ml – 800ml</td> </tr> <tr> <td>5-14 years</td> <td>1200ml - 2200 ml 15</td> </tr> <tr> <td>years and more</td> <td>2200ml - 4000ml Based on weight :</td> </tr> <tr> <td></td> <td>Patient weight x 75</td> </tr> </tbody> </table>			Age	ORS solution (Ml)	Under 4 month	200ml – 400ml	1-2 years	400ml – 600ml	2-4 years	600ml – 800ml	5-14 years	1200ml - 2200 ml 15	years and more	2200ml - 4000ml Based on weight :	
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	Patient weight x 75																	
			Health Deduction : <ul style="list-style-type: none"> ❖ Health education regarding environmentalSanitation ❖ Importance of personal hygiene 															

			<ul style="list-style-type: none"> ❖ Proper disposal of solid waste. ❖ Importance of use of sanitary latrine ❖ Educate them importance of hand washing ❖ Before taking food and after defecation. ❖ Sterilization of feeding bottle. ❖ Importance of exclusive breast feeding for first 4month. ❖ Educate them about clean drinking water. ❖ Importance of ORS to treat the diarrhea ❖ Importance of immunization. 		
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Conclusion :

Health is fundamental importance to every human being during all the spheres of life. The children's are special events in the life time. So care of children is very important to make the healthy nation.

Summary:

after this lesson plan the mothers will be able to know or come across about diarrhea its causes, sign and symptoms, pathophysiology and management also their knowledge and awareness regarding diarrheal disease will increment objectives of this lesson plan are fulfilled regarding the teaching programme

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अनुबंध - नौवीं पाठ

योजना

विषय	:	प्रबंध का दस्त
समूह	:	माताओं का अंतर्गत पाँच बच्चे
जगह	:	गाँव सराय Aurangabad जिला Jhajjar
प्रशिक्षक	:	Pravesh ,Jitesh योगेश ,Kanika ,Manisha
समय	:	45 मिनट
तरीका का शिक्षण	:	भाषण वीर्य बहस
शिक्षण एड्स	:	चार्ट, हाथ बाहरी, चमक पत्ते

आम उद्देश्य :

मदद the औरत इच्छा होना योग्य को समझना, पाना पर्याप्त जागरूकता के बारे में मानहानि, जोखिम कारक और कारण कादस्त, पैथोफिजियोलॉजी, लक्षण और लक्षण का दस्त, प्रबंधन का दस्त और निवारण दस्त का।

मदद देनेवाला उद्देश्य :

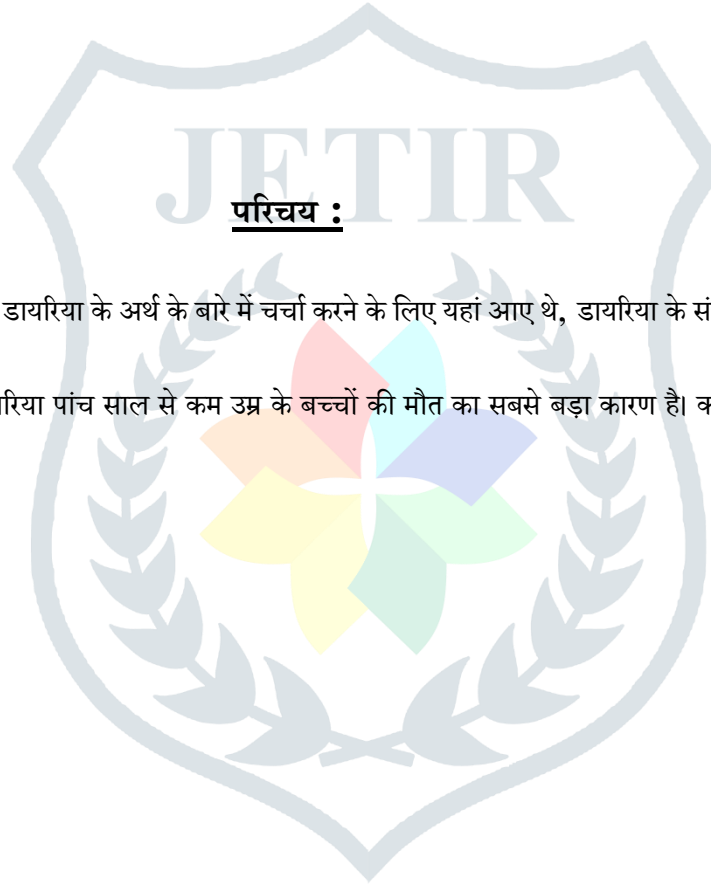
The औरत बाद जा रहा है द्वारा the शिक्षण program' इच्छा होना योग्य को

- परिभाषित करना दस्त

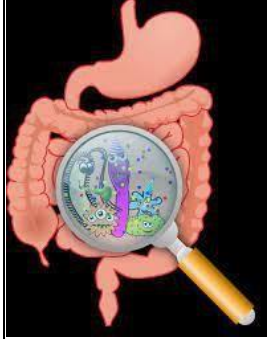
- सूची बाहर the जोखिम और कारण का दस्त
- चर्चा करना the pathophysiology का दस्त

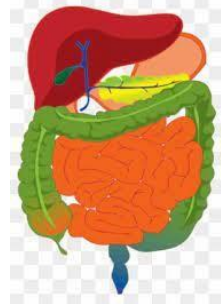


- व्याख्या करना के बारे में लक्षण और लक्षण का दस्त
- राज्य के बारे में प्रबंध का दस्त
- व्याख्या करना के बारे में निवारक उपाय का दस्त।





हम नर्सिंग छात्र हैं प्रवेश, जितेश, योगेश, कनिका, मनीषा डायरिया के अर्थ के बारे में चर्चा करने के लिए यहां आए थे, डायरिया के संचरण के कारण और तरीके, डायरिया के लक्षण और लक्षण, प्रबंधन दस्त और की रोकथाम दस्त। क्योंकि डायरिया पांच साल से कम उम्र के बच्चों की मौत का सबसे बड़ा कारण है। कम करना हमारे लिए जरूरी है रोगों की संख्या और नश्वरता। अब मैं इच्छा व्याख्या करना सभी the चीजें।

क्र.सं.	समय	योगदान देने वाला उद्देश्य	संतुष्ट	का एड्स	मूल्यांकन
1	2 मिनट	परिभाषा का दस्त	दस्त है परिभाषित जैसा the रास्ता का ढीला, तरल(या) आंसुओं से भरा हुआ स्टूल। इन तरल मल आमतौर पर होते हैं उत्तीर्ण अधिक thantthree टाइम्स ए दिन।	चमक कार्ड	क्या है दस्त?
2	5 टकसालों	सूची बाहर the जोखिम कारकों और कारण का दस्ता	<p>कारण:</p> <p>वायरल कारण - रोटा वाइरस</p> <p>आंतों का वाइरस एडिनोवायरस नोर्वोवायरस एस्ट्रोवायरस</p> <p>जीवाणु कारण : कंपन</p> <p>साल्मोनेला कैम्पिलोबैक्टर जेजुनि स्यूडोमोनस एरोवोनस</p> <p>परजीवी कारण ; गियाडिया लैंबलिया</p> <p>शुरू किया गया हिस्टोलिटिका क्रिप्टोस्पोर्डियम।</p>	<p>प्रलेश कार्ड</p> 	क्या हैका कारण बनता है दस्त?


क्र.सं.	समय	योगदान देने वाला उद्देश्य	संतुष्ट	का एड्स	मूल्यांकन
3	6 मिनट	चर्चा करना the pathophysiology का दस्ता	<p>predisposing कारक:</p> <p>आयु- बच्चे नीचे पाँच साला सामाजिकआर्थिक : दर्जा : गरीबी, कुपोषण, व्यक्तिगत स्वच्छता</p> <p>इंसान आदतें, पानी और मिट्टी प्रदूषण, अभाव काशिक्षा, गुणवत्ता का ज़िंदगी।</p> <p>खाना प्रवेश ; प्रवेश का साफ क्रिया और बिगड़ा हुआ खानानेतृत्व को दस्त, तैयार करने के अस्वास्थ्यकर तरीके खाना भी नेतृत्व को दस्ता</p> <p>मौसमी परिवर्तन ; उच्च आवृत्ति दस्तदेखा में गर्मी महीना।</p> <p>पथो शरीर क्रिया विज्ञान :</p> <p>रोगजनक (वाइरस, बैक्टीरिया, परजीवी) कारण ऊतकआघात और द्वारा एंटोटॉक्सिन।</p> <p>The एक्सडोटॉक्सिन उत्तेजित करता है श्लैष्मिक परतआंता ↓</p> <p>यह नेतृत्व को ग्रेटर स्नाव का पानी andelectrolytesमें को आंतों लुमेना</p>		कैसे दस्त हैफैलाना?
क्र.सं.	समय	योगदान देने वाला उद्देश्य	संतुष्ट	का एड्स	मूल्यांकन

4	8 मिनट	संकेतों की व्याख्या करें और लक्षण का दस्त	<p>The सक्रिय साव का क्लोराइड और बिकारबोनिट आयन इच्छा रोकता सोडियम पुनः अवशोषण।</p> <p>↓</p> <p>को संतुलन the अत्यधिक सोडियम ,बड़ा मात्रा का प्रोटीन युक्त खाना हैं secredin आंत्र।</p> <p>ऊपर विराट का बड़ा आंतें अक्षमता toreabsorb the तरल इलेक्ट्रोलाइट्स और कम दर्सा।</p> <p>रोगजनक भी कारण बनते हैं क्षति और सूजन द्वारा हमलावर म्यूकोसल को नष्ट करना परत का आंत्र।</p> <p>↓</p> <p>यह आदत को खून बह रहा है और छाले।</p> <p>आखिरकार की अखंडता सैनिक तंत्र है बिगड़ा हुआ, इसकी क्षमता को कार्यान्वित करना पाचन और अवशोषण समारोह प्रभावित।</p> <p>लक्षण और लक्षण :</p> <ul style="list-style-type: none"> - पतला, पानी जैसा मल 3 बार से अधिक एदिना - अतितापा। 	फ्रैश कार्ड	क्या है लक्षणका दस्त?
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एस नहीं।	समय	योगदान देने वाला	संतुष्ट	का एड्स	मूल्यांकन
		उद्देश्य			
			<ul style="list-style-type: none"> - जी मिचलाना - उल्टी करना - पेट ऐंठन - लक्षण का निर्जलीकरण - आंतों रूबल - Anorexia - उदास - दर्दनाक, गुदा का स्पर्मोटिक संकुचन। - 		
5	7 मिनट	व्याख्या करना the डायग्नोस्टिकका मूल्यांकन दस्त	<p>डायग्नोस्टिक मूल्यांकन : इतिहास संग्रह</p> <p>स्टूल इतिहास - स्टूल माइक्रोस्कोपी -मललेकोसाइट गिनती करना 10/एचपीटी स्टूल</p> <p>संस्कृति, -खून इतिहास -खून गैस विश्लेषण -सीरम इलेक्ट्रोलाइट्स, रीनलसमारोह परीक्षा।</p>	<p>चमक कार्ड</p> 	क्या हैं जाँच पड़तालका दस्त?

			आकलन का निर्जलीकरण:					
क्र.सं.	लक्षण	स्कोर 1	1	2				
1.	उपस्थिति	सामान्य	बेचैन होना	अर्धविराम				
2.	आँखें	सामान्य	कस्टरलेस	धँसा आँखेंसाथ				

							बादलों से घिरा कॉर्निया और शुरुआत		
			3.	पूर्वकाल का पीने के फव्वारे	सामान्य (या) थोड़ा धँसा	मध्यम धँसा (या) प्रमाण्य अवसादग्रस्त	कुंआ अवसादग्रस्त कपाल टोंका खड़ा हैबाहर।		
			4.	जीभ और मुँह	नम	नम	बहुत सूखा और पानी हॉठ		
			5.	त्वचा स्फीत	त्वचा पिचजाता है पीछे जल्दी से	स्किन पिचजाता है पीछे धीरे से	त्वचा चुटकी जाता है पीछे बहुत धीरे से		
			6.	धड़कन दर	सामान्य 130-10 बी / एम	तेज 160-180 बी / एम	तेज औरपतला 180 बी / एम		
			7.	हाथ-पैर	गरम	गरम	ठंडा और चिपचिपा		
			8.	मूत्र आउटपुट	सामान्य	पेशाब की कमी	नहीं मूत्र के लिए 12-2 घंटे		
			9.	मांसपेशी टोन	सामान्य	सामान्य (या) बढ़ा हुआ	झूलता हुआ		
			10.	प्यास	प्यासा	अत्यधिक प्यासा	जाहिर नहीं बी/सीओएफ गरीब आम स्थिति		

			दर्जा		वहाँ है कुछ निर्जलीकरण	गंभीर निर्जलीकरण		
			इलाज योजना	योजना-ए	प्लान बी	योजना-सी		
6	7 मिनट	व्याख्या करना के बारे में प्रबंधका दस्त	<p>प्रबंध और नियंत्रण का दस्त बीमारी</p> <p>सिद्धांतों का इलाज :</p> <p>सामान्य आकलन दस्त का आकलन का हाइड्रेशन दर्जा सुधार का इलेक्ट्रोलाइट्स और अम्लbaseअसंतुलन।</p> <p>सामान्य पोषण संबंधी आवश्यकताएं प्रदान करने के लिए उचित भोजन। पेचिश पोषण जैसी संबंधित समस्या का उपचार पुनर्वासा</p> <p>स्वास्थ्य शिक्षा।</p>				<p>चार्ट</p> 	क्या हैं पैमाने को इलाज दस्त?
			<p>इलाज एक ए के लिए बच्चा साथ दस्त। वहाँ हैं इलाज योजना ए कब वहाँ है नोडहाइड्रेशन देना the बच्चा अधिक तरल पदार्थ बजाय साधारण को निर्जलीकरण।</p> <ol style="list-style-type: none"> 1. उपयोग अनुशंसित घर तरल। देना जैसा muc का तरल पदार्थ जैसा the बच्चा इच्छा लेना जारी रखना इनतरल पदार्थ जब तक दस्त रुक जाता है। 2. देना the बच्चा बहुत का खाना को रोकना अल्पपोषण। बच्चे के न मिलने पर बच्चे को स्वास्थ्य कार्यकर्ता के पास ले जाएं बेहतर तीन मॉडिन (या) 					
			विकास करना कोई का the अगले :					

		<p>अनेक आंसुओं से भरा हुआ दस्त दोहराया गया उल्टी करना चिह्नित प्यास खाना (या) पीने खराबबुखारखून में the स्टूला इलाज योजना बी के लिए बच्चा साथ हल्का निर्जलीकरण।</p> <ul style="list-style-type: none"> - के लिए हल्का निर्जलीकरण इलाज - योजना बी है वकालत की। - अन्य बनाम तरल चाहिए होना दिया गया - 100 को 200 एमएल साफ़ पानी चाहिए होना दिया गया को एक नवजात अंतर्गतछह महीना WHO हैं नहीं स्तन सिंचित। - अगर the मां चाहता है को छुट्टी पहले उपचार पूरा करना।The अनुदेश होना चाहिए दिया गया। <p>इलाज योजना सी के लिए बच्चा गंभीर के साथ निर्जलीकरण;</p> <p>कब the बच्चा है गंभीर दस्त / निर्जलीकरण उपचार योजना सीहै वकालत की।</p> <p>The mother चाहिए होना दिया गया अन्य बनाम पैकेट को देना ओआरएस समाधान5 मिली / किग्रा का शरीर वज़न।</p> <p>कब दस्त के साथ बुखार खुमारी भगाने चाहिए आयोजना।</p>	हाथ							
		<p>संघटन का अन्य बनाम</p> <table border="1" data-bbox="709 1192 1625 1344"> <tr> <td>घटक</td> <td>गुणवत्ता</td> </tr> <tr> <td>बिकारबोनिट :</td> <td></td> </tr> <tr> <td>सोडियम क्लोराइड सोडियम बिकारबोनिट</td> <td>3.5 ग्राम 2.5 ग्राम</td> </tr> </table>	घटक	गुणवत्ता	बिकारबोनिट :		सोडियम क्लोराइड सोडियम बिकारबोनिट	3.5 ग्राम 2.5 ग्राम		
घटक	गुणवत्ता									
बिकारबोनिट :										
सोडियम क्लोराइड सोडियम बिकारबोनिट	3.5 ग्राम 2.5 ग्राम									

			<p>पोटेशियम क्लोराइडशर्करा पीने योग्य पानी</p> <p>1.5 ग्राम 20 ग्राम 1 लीटर</p>	चाट	
			<p><u>संघटन का अन्य बनाम साइट्रेट</u></p> <p>सोडियम क्लोराइड ट्राइसोडियम साइट्रेट कापोटेशियम क्लोराइड शर्करा पीने योग्य पानी</p> <p>3.5 ग्राम 2.9 ग्राम 1.5 ग्राम 20.0 ग्राम1 एल टीआर</p>		
			<p>अन्य बनाम समाधान को होना दिया गया अनुसार the दिशा निर्देशों के लिए मौखिक पुनर्जलीकरणचिकित्सा (के लिए सभी आयु) दौरान the पहला चार घंटे।</p> <p>आयु</p> <p>अन्य बनाम समाधान (एम 1)</p> <p>अंतर्गत 4 महीना 200 - 400 मिलीलीटर 1-2 साल 400 मिलीलीटर - 600 मि.ली 2-4 साल 600 मि.ली - 800 मि.ली 5-14 साल 1200 मि.ली - 2200 मिली 15 साल और अधिक 2200 मिली - 4000 मिली वजन के आधार पर: मरीज वजन एक्स 75</p>	हाथ	
			<p>स्वास्थ्य कटौती :</p> <ul style="list-style-type: none"> ❖ स्वास्थ्य शिक्षा के बारे में पर्यावरण स्वच्छता ❖ महत्त्व का निजी स्वच्छता 		

			<ul style="list-style-type: none"> ❖ उचित निपटान का ठोस बरबाद करना। ❖ महत्त्व का उपयोग का सेनेटरी शौचालय ❖ शिक्षित उन्हें इसका महत्त्व हाथ कपड़े धोने ❖ पहले ले रहा खाना और बाद शौचा ❖ नसबंदी का खिलाना बोतला। ❖ महत्त्व का अनन्य स्तन खिलाना के लिए पहला 4 महीने। ❖ शिक्षित उन्हें के बारे में साफ़ पीने पानी। ❖ महत्त्व का अन्य बनाम व्यवहार करना the दस्त ❖ महत्त्व का टीकाकरण। 		
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निष्कर्ष :

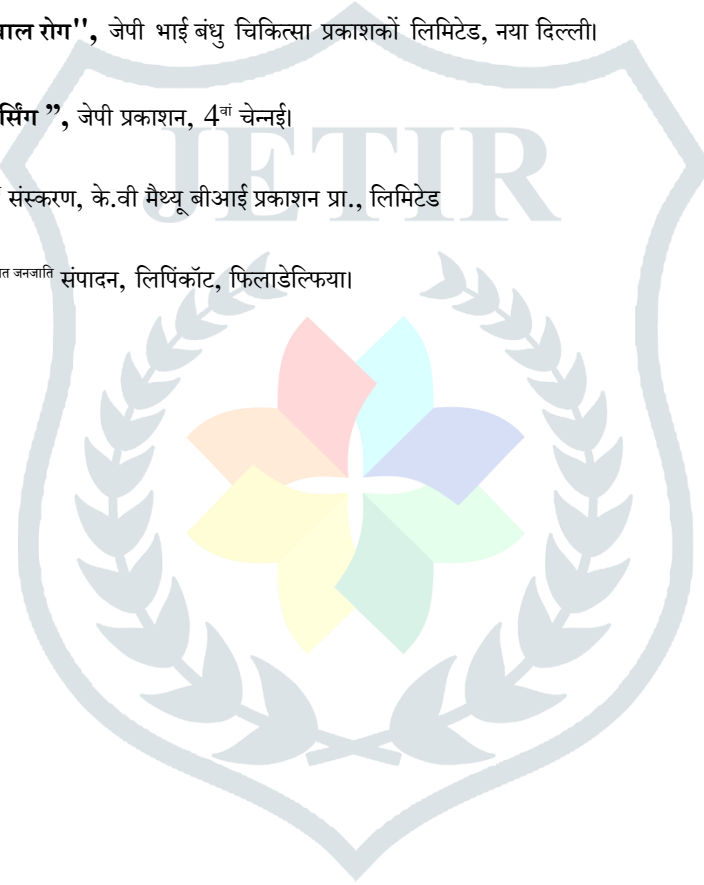
स्वास्थ्य है मौलिक महत्त्व प्रत्येक को इंसान प्राणी दौरान सभी the क्षेत्रों का ज़िंदगी। The बच्चों के हैं विशेष आयोजन में the ज़िंदगी समय। इसलिए देखभाल का बच्चे है बहुत महत्वपूर्ण को कर सेहतमंद राष्ट्र।

सारांश:

बाद यह पाठ योजना माताएँ इच्छा होना योग्य को जानना या आना आर-पार के बारे में दस्त इसका कारण, संकेत और लक्षण, पैथोफिज़ियोलॉजी और प्रबंध भी उनका ज्ञान और जागरूकता के बारे में अतिसारीय रोग होगा वेतन वृद्धि उद्देश्य का यह पाठ योजना हैं पूरा के बारे में the शिक्षण program'

ग्रंथ सूची:

1. भास्कर लंबा जे, (2012) "सिद्धांतों का सामुदायिक चिकित्सा ", 3^{र्या} संपादन, एआईटीबीएस प्रकाशन।
2. गुप्ता, सूरज (2010) "द छोटा मूलपाठ किताब का बाल रोग", जेपी भाई बंधु चिकित्सा प्रकाशकों लिमिटेड, नया दिल्ली।
3. कमलमा एसा, (2015)"आवश्यक में समुदाय स्वास्थ्य नर्सिंग ", जेपी प्रकाशन, 4^{वां} चेन्नई।
4. कस्तूरी सुंदर राव (2012) "समुदाय स्वास्थ्य नर्सिंग ", 2^ग संस्करण, के.वी मैथ्यू बीआई प्रकाशन प्रा., लिमिटेड
5. पिलबॉक्स, जे (2017) "बच्चा स्वास्थ्य नर्सिंग ", 1^{अनुसूचित जनजाति} संपादन, लिपिकॉट, फिलाडेल्फिया।













APPENDIX - XI



Established Under Haryana Private Universities Act No. 32
Of 2006 and Haryana Private Universities (Amendment) Act
2015 (Haryana Act No. 1 of 2016)

To,
The Principal,
Faculty of Nursing,
P.D.M University,
Bahadurgarh (Haryana)

Dated :- 15th February, 2023

Subject :- Seeking permission to conduct main Research study.

Respected Mam,

This is to inform you that we are student of Group A of B.Sc Nursing final year at faculty of nursing of P.D.M University, Bahadurgarh (Haryana) would like to conduct a research study on Topic – A Quasi Experimental Study To Asses The Effectiveness of Structured Teaching Programme On Management of Diarrhea Among Mother's of Under Five Children in Village Sarai Aurangabad. As a partial fulfillment of B.Sc Nursing degree which is to be submitted to P.D.M University.

I would like to conduct main research study from 15th February, 2023 to 05th March, 2023. I will maintain confidentiality of data and I will not disclose to anybody.

The information will be kept confidential and will only be used for research purpose. I am looking forward for your kind consideration.

Your's Faithfully,

Group A students :- Pravesh Kumar (N40119025)

Jitesh Verma (N40119031)

Yogesh Ohlyan (N40119015)

Kanika sharma (N40119014)

Manisha (N40119002)

B.Sc Nursing (4th Year)

Faculty of Nursing

P.D.M University (Bahadurgarh)

Allowed for study
15/2/23
Principal Faculty of NH
PDM University
Bahadurgarh, Sector-3A
Distt. Jhajjar (Hr.)-124507

APPENDIX - XII



Established Under Haryana Private Universities Act No. 32
Of 2006 and Haryana Private Universities (Amendment) Act
2015 (Haryana Act No. 1 of 2016)

सेवा में,

श्रीमान सरपंच जी,

गांव सराए औरंगाबाद,

जिला झज्जर (हरियाणा)

विषय :- शोध करने हेतु अनुमति।

महोदय,

सविनय निवेदन यह है की हम पि.डी.ऍम यूनिवर्सिटी के नर्सिंग कोर्स के आखरी साल के छात्र है। हमे आप से आपके गांव में शोध अध्ययन करने के लिए अनुमति चाहिए।

जिसका विषय है पांच साल से निचे के बच्चो की माताओ को दस्त के घरेलू इलाजो के बारे में बताना और उनकी इसके बारे में जानकारी बढ़ाना।


कृपया हमे अनुमति प्रदान करें ताकि हम ये शोध का अध्ययन पूर्ण सफलता से आपके गांव में कर सके। जिससे आपके गांव वासियो को दस्त से निजाद पाने के इलाज के बारे में मालूम चलगा और ज्यादा से ज्यादा जानकारी फैलेगी।

धन्यवाद

आपके अधिकारी छात्र,

पि.डी.ऍम यूनिवर्सिटी,

बहादुरगढ़ (हरियाणा)


SARPANCH
PDM PANCHAYAT
SARAI AURANGABAD (JJR.)

छात्र समूह :-

प्रवेश कुमार (N40119025)

जितेश वर्मा (N40119031)

कनिका शर्मा (N40119014)

मनीषा (N40119002)

योगेश ओहल्यान (N40119015)

APPENDIX - XIII



Established Under Haryana Private Universities Act No. 32
Of 2006 and Haryana Private Universities (Amendment) Act
2015 (Haryana Act No. 1 of 2016)

To,

Dispatch No -

Dated :-15th February, 2023

The Principal,

Faculty of Nursing,

P.D.M University,

Bahadurgarh (Haryana)

Subject :- Seeking permission to conduct pilot study.

Respected Mam,

This is to inform you that we are student of Group A of B.Sc Nursing final year at faculty of nursing of P.D.M University, Bahadurgarh (Haryana) would like to conduct a pilot study on Topic – A Quasi Experimental Study To See The Effectiveness of Structured Teaching Programme On Management of Diarrhea Among Mother's of Under Five Children in Village Nuna Majra. I would like to conduct Pilot study on 16th February ,2023

Your's Faithfully,

Group A students :- Pravesh Kumar (N40119025)

Jitesh Verma (N40119031)

Yogesh Ohlyan (N40119015)

Kanika sharma (N40119014)

Manisha (N40119002)

B.Sc Nursing (4th Year)

Faculty of Nursing

P.D.M University (Bahadurgarh)

Allowed for above said purpose

15/2/23
Principal
PRINCIPAL/DEAN
FACULTY OF NURSING
P.D.M UNIVERSITY
BAHADURGARH
DIST. JHANSANA
HR.

APPENDIX - XIV



Established Under Haryana Private Universities Act No. 32
Of 2006 and Haryana Private Universities (Amendment) Act
2015 (Haryana Act No. 1 of 2016)

सेवा में,

श्रीमान सरपंच जी,

गांव नूना माजरा,

जिला झज्जर (हरियाणा)

विषय :- प्रयोग अध्ययन करने हेतु अनुमति ।

महोदय,

सविनय निवेदन यह है की हम पि.डी.ऍम यूनिवर्सिटी के नर्सिंग कोर्स के आखरी साल के छात्र है। हमे आप से आपके गांव में प्रयोग अध्ययन करने के लिए अनुमति चाहिए ।

जिसका विषय है पांच साल से निचे के बच्चो की माताओ को दस्त के घरेलू इलाजो के बारे में बताना और उनकी इसके बारे में जानकारी बढ़ाना । यह हमारे शोध अध्ययन का एक छोटा सा भाग है ।

कृपया हमे अनुमति प्रदान करें ताकि हम ये प्रयोग का अध्यन पूर्ण सफलता से आपके गांव में कर सके। जिससे आपके गांव वासियो को दस्त से निजाद पाने के इलाज के बारे में मालूम चलगा और ज्यादा से ज्यादा जानकारी फैलेगी ।

धन्यवाद

आपके अधिकारी छात्र,

पि.डी.ऍम यूनिवर्सिटी,

बहादुरगढ़ (हरियाणा)

छात्र समूह :-

प्रवेश कुमार (N40119025)

जितेश वर्मा (N40119031)

कनिका शर्मा (N40119014)

मनीषा (N40119002)

योगेश ओहल्यान (N40119015)

निम्नानुसार स्वीकृति प्रदान की जाती है।

SARPANCH
GRAM PANCHAYAT
NUNA MAZRA (JHAJJAR)

15.2.2023

APPENDIX – XV

AV AIDS



AV AIDS

FLASH CARDS:




दस्त से है बच्चे को खतरा
हैं घर में ही कई उपाय

पिलाओ दाल या
चावल का पानी


छाछ शिकंजी
या हल्की चाय



परिवार कल्याण विभाग
भारत सरकार




अपने गाँव को साफ रखे
और दस्त से बचें

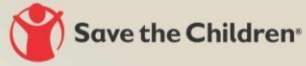


हमारे आस पास की गंदगी में दस्त जैसी
बीमारियां फैलाने वाले कीटाणु पनपते हैं।

सफाई रखने से आपका और आपके
बच्चों का स्वास्थ्य बना रहेगा।



जब देखभाल में कमी नहीं
तो दस्त कभी नहीं



डॉक्टर का कहना है, दस्त के लिए
जिंक और ओ.आर.एस लेना है



जिंक क्यों?

जिंक शक्ति बढ़ाता है और 2 से 3
माह तक दस्त से बचाता है।

ओ.आर.एस. क्यों?

ओ.आर.एस बच्चे के शरीर में पानी की
कमी को पूरा करता है।




दस्त का अपने आप ठीक ?
होने का इंतजार क्यों ?




दिन में तीन या तीन से ज्यादा बार होनेवाला पतला मल दस्त
कहलाता है। दस्त से शरीर में पानी की कमी हो जाती है।

तुरन्त अपने स्वास्थ्य
कार्यकर्ता से संपर्क करें।




 भारत सरकार
 स्वास्थ्य एवं परिवार कल्याण विभाग
 नया दिल्ली


साबुन से हाथ धोएं, खाने से पहले एवं शौच के बाद और दस्त से बचें




स्वच्छता
में दिव्यता

हाथों को साबुन से कब धोयें


हाथों को साबुन से अच्छी तरह धोकर ही हम बहुत सी बिमारियों से बच सकते हैं




शौच के बाद




कूड़ा या खानेपान को छूने के बाद




बच्चे या मूला साफ़ कपड़ों के बाद







खास जगहों से पहले



खाने से पहले



कपड़ों को धोने से पहले


 भारत सरकार



डाक्टर का कहना, दस्त का सही इलाज
ओ.आर.एस. और जिंक
लौटाए बच्चे की चुस्ती और फुर्ती

बच्चे को दस्त लगने पर इन बातों का ध्यान दें



ओ.आर.एस. का पैकेट 1 लीटर पानी का घानी में अच्छी तरह घोलें



दस्त शुरू होते ही और हर दस्त के बाद ओ.आर.एस. का घोल खिलायें



जिंक की गोली 1 प्रमाण पीने के पानी या माँ के दूध में घोल कर 14 दिनों तक खिलायें



दस्त के दौरान एवं पलट के बाद बच्चे को माँ का दूध और ऊपरी आहार देना जारी रखें

दस्त की रोकथाम



खाना पकाने एवं बिलाने से पहले और मत साफ करने के बाद अपने हाथ साबुन से धोएं



बच्चे के मत का ठहरा निकाल करें और साफ-सफाई का ध्यान रखें



ओ.आर.एस. और जिंक निःशुल्क स्वास्थ्य केंद्र में  उपलब्ध है








HANDOUT :



स्वास्थ्य को जन जागरण अभियान बनाने की दिशा में एक पहल “सघन दस्त नियंत्रण पखवाड़ा”

28 मई - 8 जून 2019



बच्चे को दस्त लगने पर इन बातों का ध्यान दें

ओ.आर.एस. का पूरा पैकेट 1 लीटर पीने के पानी में अच्छी तरह घोलें

दस्त शुरू होते ही और हर दस्त के बाद 50-100 ml ओ.आर.एस. का घोल पिलायें

ज़िंक की गोली 1 चम्मच पीने के पानी या माँ के दूध में घोल कर 14 दिनों तक पिलायें

दस्त के दौरान एवं दस्त के बाद बच्चे को माँ का दूध और ऊपरी आहार देना जारी रखें

दस्त की रोकथाम

खाना पकाने एवं खिलाने से पहले और मल साफ करने के बाद अपने हाथ साबुन से धोयें

बच्चे के मल का तुरंत निपटान करें, शौचालय का प्रयोग करें और साफ-सफाई का ध्यान रखें

- बना हुआ ओ.आर.एस. घोल 24 घंटे के अंदर इस्तेमाल कर लें, बचा हुआ घोल फेंक दें
- जन्म से लेकर 6 माह तक के बच्चे को सिर्फ माँ का दूध ही दें
- ओ.आर.एस. और ज़िंक दोनों की जोड़ी यानि देखभाल पूरी

ओ.आर.एस. और ज़िंक की गोलियां मुफ्त पाने के लिए नजदीकी ए.एन.एम और आशा कार्यकर्ता से संपर्क करें

dawp 17102/13/0006/1718



www.mohfw.nic.in
www.pmindia.gov.in
www.mygov.in

CHART :

सधन दस्त नियंत्रण परखवाड़ा

अध्यापक ये जानकारी अपने छात्रों को दे
दस्त लगने पर इन बातों का ध्यान रखें



ओ.आर.स्स.का पूरा पैकेट 1लीटर पीने के पानी में अच्छी तरह घोलें।



दस्त शुरू होते ही और हर दस्त के बाद 50-100 ml ओ.आर.स्स. का घोल पिलायें।



जिंक की गोली 1-मग्न पीने के पानी या मों के दूध में घोल कर 14 दिनों तक पिलायें।



दस्त के दौरान एवं दस्त के बाद बच्चे को मों का दूध और ऊपरी आहार देना जारी रखें।

दस्त की रोकथाम



खाना पकाने एवं खिलाने से पहले और मल साफ करने के बाद अपने हाथ साबुन से धोयें।



बच्चे के मल का तुरंत निपटान करें। और सफाई का ध्यान रखें।

दस्त के प्रकोप से बचने के लिए घर को स्वच्छ और साफ तरीके से पका भोजन खायें और सड़क पर मिल रहे खाने से बचें।

ओ.आर.स्स. और जिंक की गोलियाँ मुफ्त पाने के लिए नजदीकी ए.एन.एस और आशा कार्यकर्ता से संपर्क करें।

APPENDIX - XVI
MASTER DATA SHEET
PRE-TEST

SAMPLES	QUES1	QUES2	QUES3	QUES4	QUES5	QUES6	QUES7	QUES8	QUES9	QUES10	QUES11	QUES12	QUES13	QUES14	QUES15	TOTAL
MOTHER1	1	0	0	1	0	0	0	1	0	0	0	1	0	0	0	04
MOTHER2	0	0	1	0	0	1	0	0	0	1	1	0	1	0	0	05
MOTHER3	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	03
MOTHER4	0	0	0	1	0	1	0	1	1	0	0	0	0	0	0	04
MOTHER5	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	02
MOTHER6	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	01
MOTHER7	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	02
MOTHER8	0	0	0	1	0	1	0	0	0	1	0	1	0	0	1	05
MOTHER9	0	1	0	0	0	0	1	0	0	1	0	0	1	0	0	04
MOTHER10	0	1	1	0	0	0	0	1	0	0	0	0	0	0	0	03
MOTHER11	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	02
MOTHER12	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	02
MOTHER13	0	0	0	0	1	0	0	1	0	0	1	0	0	0	0	03
MOTHER14	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	02
MOTHER15	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	02
MOTHER16	1	0	1	0	0	0	0	0	1	0	0	0	1	0	0	04
MOTHER17	1	1	0	1	0	1	0	1	0	0	0	0	0	0	0	05
MOTHER18	0	0	0	0	1	0	0	0	1	0	0	1	0	0	0	03
MOTHER19	0	0	0	1	0	0	0	0	0	0	1	0	0	1	0	03
MOTHER20	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	02
MOTHER21	0	0	0	0	0	0	1	0	0	0	1	0	0	0	1	03
MOTHER22	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	02
MOTHER23	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	02
MOTHER24	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	03
MOTHER25	0	0	0	0	0	1	0	0	0	0	1	0	1	0	1	04
MOTHER26	1	0	0	1	0	0	0	1	0	0	1	0	0	0	1	05
MOTHER27	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0	03
MOTHER28	0	1	0	0	1	1	0	0	0	0	1	0	0	0	0	04

MOTHER29	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	02
MOTHER30	0	0	1	0	0	1	0	0	1	0	1	0	0	0	0	04
MOTHER31	0	0	0	0	1	0	1	0	0	1	0	0	1	0	1	05
MOTHER32	0	0	0	1	0	1	0	0	1	0	1	0	0	0	0	04
MOTHER33	0	1	0	0	1	0	0	1	0	0	0	0	0	0	0	03
MOTHER34	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	02
MOTHER35	1	0	0	0	0	0	1	0	0	0	1	1	0	0	0	04
MOTHER36	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	01
MOTHER37	1	0	0	1	0	0	1	0	1	0	0	1	0	0	0	05
MOTHER38	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	01
MOTHER39	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	02
MOTHER40	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	02
MOTHER41	0	0	0	1	0	0	1	0	0	1	0	0	0	0	0	03
MOTHER42	1	0	0	0	1	0	1	1	0	0	0	0	0	0	0	04
MOTHER43	1	0	0	0	1	0	1	0	0	0	0	0	0	0	0	03
MOTHER44	0	0	0	1	0	0	1	0	0	1	0	1	0	1	0	05
MOTHER45	1	0	1	0	1	1	0	1	0	1	0	0	0	0	0	06
MOTHER46	1	0	0	1	1	0	0	0	1	0	1	1	0	1	1	08
MOTHER47	0	1	1	0	1	0	1	0	1	0	0	1	0	0	0	06
MOTHER48	0	1	0	1	1	0	0	1	0	1	1	1	0	0	0	07
MOTHER49	0	0	0	1	0	1	0	1	0	1	0	1	0	1	1	07
MOTHER50	1	0	1	0	1	0	1	1	1	1	1	1	1	0	0	10
MOTHER51	1	1	1	1	1	1	0	1	0	1	1	1	0	0	1	11
MOTHER52	1	1	1	1	1	1	1	1	1	0	0	0	0	1	1	11
MOTHER53	1	0	1	0	1	1	1	1	1	1	1	1	1	1	0	12
MOTHER54	1	1	1	0	1	1	0	0	0	1	1	0	1	1	0	09
MOTHER55	0	0	1	0	0	1	0	0	1	0	1	1	1	1	1	08
MOTHER56	0	1	0	1	1	1	0	0	1	0	0	1	0	1	0	07
MOTHER57	1	1	0	1	1	1	0	0	1	1	0	0	1	0	0	08
MOTHER58	1	0	1	0	1	1	1	1	0	0	0	1	0	0	1	08
MOTHER59	1	0	0	0	1	0	1	1	1	1	0	0	1	1	1	09
MOTHER60	1	1	1	1	0	0	1	1	1	1	0	0	1	1	0	10

POST-TEST

SAMPLES	QUES1	QUES2	QUES3	QUES4	QUES5	QUES6	QUES7	QUES8	QUES9	QUES10	QUES11	QUES12	QUES13	QUES14	QUES15	TOTAL
MOTHER1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	14
MOTHER2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15
MOTHER3	1	0	0	1	0	1	1	0	0	1	0	0	1	0	1	07
MOTHER4	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	14
MOTHER5	0	1	0	0	1	1	1	1	0	0	1	0	1	0	1	08
MOTHER6	1	1	0	0	1	1	1	1	0	0	1	0	1	0	1	09
MOTHER7	1	1	0	0	0	1	1	0	1	0	1	0	0	1	1	08
MOTHER8	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	13
MOTHER9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	14
MOTHER10	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	13
MOTHER11	1	1	1	0	0	1	0	0	1	1	0	0	1	1	1	09
MOTHER12	1	1	1	0	1	1	0	1	1	1	1	1	1	1	1	13
MOTHER13	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	13
MOTHER14	1	1	1	1	1	1	1	1	1	0	1	1	0	1	1	13
MOTHER15	1	1	0	1	1	0	0	0	0	0	1	1	0	1	1	08
MOTHER16	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	14
MOTHER17	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	13
MOTHER18	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	14
MOTHER19	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	14
MOTHER20	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	14
MOTHER21	1	1	1	1	1	1	1	0	1	0	1	1	1	1	1	13
MOTHER22	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	14
MOTHER23	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	14
MOTHER24	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	13
MOTHER25	1	1	1	1	1	1	1	0	1	1	0	1	1	1	1	13
MOTHER26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	13
MOTHER27	1	1	0	1	0	0	0	1	1	1	0	1	1	1	1	10
MOTHER28	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	14
MOTHER29	1	1	1	1	1	1	1	0	1	1	1	1	1	0	1	13
MOTHER30	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	14
MOTHER31	1	1	1	1	1	1	1	1	0	1	1	0	1	1	1	13
MOTHER32	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15

MOTHER33	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	14
MOTHER34	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	14
MOTHER35	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	14
MOTHER36	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	13
MOTHER37	1	1	1	1	1	1	1	1	1	1	0	1	1	0	1	13
MOTHER38	0	0	1	0	0	0	1	0	1	1	0	1	1	0	1	07
MOTHER39	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	14
MOTHER40	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	14
MOTHER41	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	14
MOTHER42	1	1	1	1	1	1	1	1	0	1	1	0	1	1	1	13
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MOTHER45	1	1	1	1	1	1	1	1	1	1	1	0	1	1	0	13
MOTHER46	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	14
MOTHER47	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	14
MOTHER48	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	14
MOTHER49	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	14
MOTHER50	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	14
MOTHER51	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15
MOTHER52	1	1	1	1	1	1	1	1	1	0	1	0	1	1	1	13
MOTHER53	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15
MOTHER54	1	1	1	1	1	1	1	0	1	1	1	0	1	1	1	13
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MOTHER57	1	1	1	1	0	1	1	1	1	1	1	1	1	0	1	13
MOTHER58	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	13
MOTHER59	1	1	1	1	0	1	1	1	1	1	1	1	1	0	1	13
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FINDINGS OF MASTER DATA SHEET

CRITERIA FOR KNOWLEDGE ASSEMENT :-

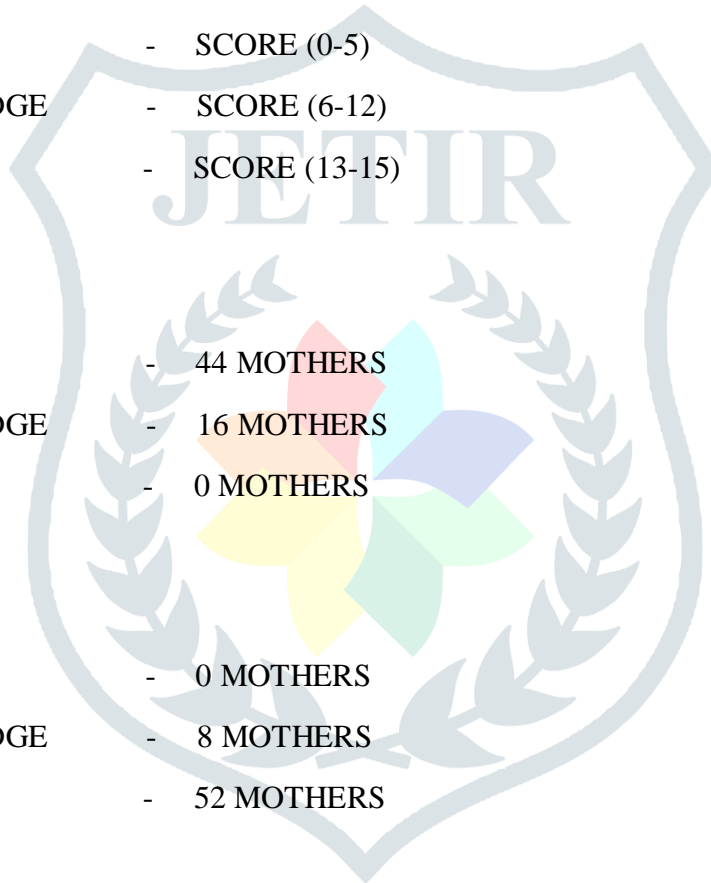
INADEQUATE KNOWLEDGE	- SCORE (0-5)
MODERATELY ADEQUATE KNOWLEDGE	- SCORE (6-12)
ADEQUATE KNOWLEDGE	- SCORE (13-15)

PRE-TEST SCORES :-

INADEQUATE KNOWLEDGE	- 44 MOTHERS
MODERATELY ADEQUATE KNOWLEDGE	- 16 MOTHERS
ADEQUATE KNOWLEDGE	- 0 MOTHERS

POST-TEST SCORES :-

INADEQUATE KNOWLEDGE	- 0 MOTHERS
MODERATELY ADEQUATE KNOWLEDGE	- 8 MOTHERS
ADEQUATE KNOWLEDGE	- 52 MOTHERS



APPENDIX - XVII

STATISTICAL FORMULA'S

1. Mean calculation :-

$$\text{Mean} = \frac{\text{Sum of All Data Points}}{\text{Number of Data Points}}$$

$$\text{Mean} = \text{Assumed Mean} + \frac{\text{Sum of All Deviations}}{\text{Number of Data Points}}$$

2. Standard deviation calculation :-

$$\sigma = \sqrt{\frac{\sum (x - \text{mean})^2}{n}}$$

x is a set of numbers

mean is the average of the set of numbers

n is the size of the set

σ is the standard deviation

3. Z test formula :-

$$Z = \frac{\bar{X} - \mu}{\sigma / \sqrt{n}}$$

\bar{x} = sample mean

μ = population mean

σ = population standard deviation

n = sample size

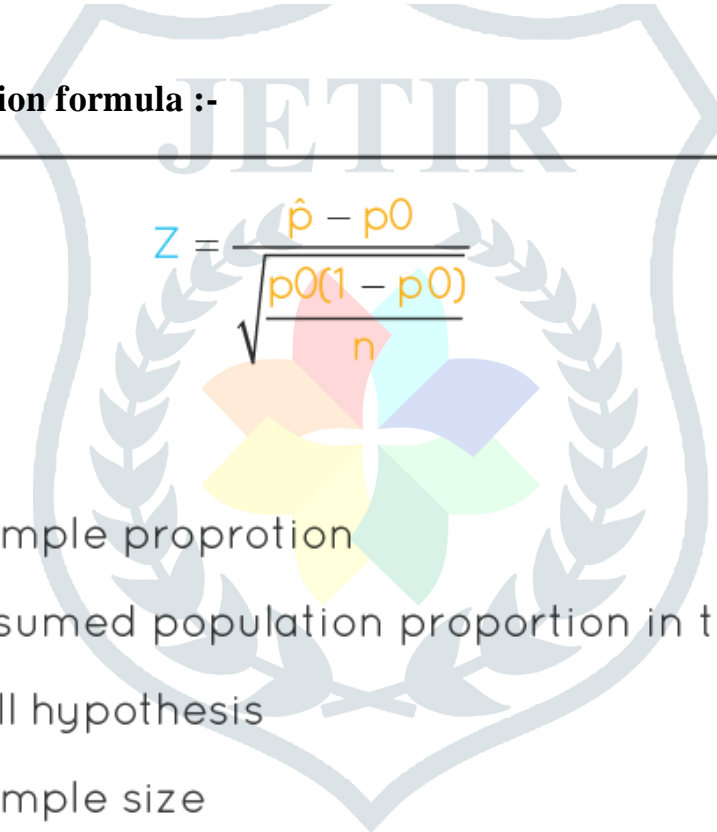
4. Chi square calculation formula :-

$$\chi^2 = \sum \frac{(O - E)^2}{E}$$

χ^2 = the test statistic \sum = the sum of

O = Observed frequencies E = Expected frequencies

5. P value calculation formula :-


$$Z = \frac{\hat{p} - p_0}{\sqrt{\frac{p_0(1 - p_0)}{n}}}$$

Where,

\hat{p} = Sample proportion

p_0 = Assumed population proportion in the
null hypothesis

n = Sample size

6. Degree of freedom formula :-

$$n-1$$

n = no. of samples

7. Reliability formula :-

Split half method

$$\rho_{KR20} = \frac{k}{k-1} \left(1 - \frac{\sum_{j=1}^k p_j q_j}{\sigma^2} \right)$$

where

k = number of questions

p_j = number of people in the sample who answered question j correctly

q_j = number of people in the sample who didn't answer question j correctly

σ^2 = variance of the total scores of all the people taking the test

