

Effective of educational Package regarding Immunisation among mothers under five at selected villages in Jind, Haryana.

Ms.Suman, Research Scholar, JJT University, Rajasthan

Prof.Dr Jomet George, Research Supervisor, JJT University, Rajasthan

Introduction

According to WHO, in the year 2018, haemophilus influenza type b (Hib) caused over 8 million cases of serious disease and 376,000 deaths worldwide. Hib disease has been shown to be a significant cause of mortality and morbidity in 5-year-old Indian children. Hib and pneumococcus were found to be the most common causes of childhood bacterial meningitis in hospital-based studies. Measles is still a major cause of childhood morbidity and mortality in many Indian states, killing between 100,000 and 160,000 children each year. The extremely low rates of routine immunisation in large parts of the country continue to be a major source of concern. Inadequate routine administration of polio vaccine in UP, Bihar, West Bengal, and other parts of India has been primarily responsible for the country's polio eradication delay. Diphtheria and measles outbreaks have occurred in various parts of the Northern states. The gravity of the situation necessitates a more aggressive approach. While working in the community, the investigator discovered that many children missed out on vaccination opportunities due to their mothers' lack of knowledge, putting them at high risk of developing communicable diseases. So the investigator reasoned that if the mothers were well educated, the disease could be controlled to some extent. As a result, the investigator decided to conduct the study to evaluate the effectiveness of a planned teaching programme for mothers in a specific community in Jind, Haryana.

Methodology

The purpose of this study is to evaluate the effectiveness of a structured teaching programme on the level of knowledge and attitude toward immunisation among mothers with children under the age of five in a selected area of Jind, Haryana. This chapter discusses the major findings of the study and compares them to the findings of previous research.

The demographic data, knowledge questionnaire, and attitude scale were used to assess the subjects. The investigator must determine the effectiveness of immunisation among mothers with children under the age of five, and she has made efforts to improve the mothers' knowledge and attitude. Immunization instruction was provided through the use of immunisation flash cards. Following a post-test to determine the effectiveness of teaching

Results

According to the findings, 47 percent of mothers had moderate knowledge, 58 percent had inadequate knowledge, and no mothers had adequate knowledge about immunisation. In terms of attitude, 17% mothers had a positive attitude toward immunisation, 21% mothers had an average level of attitude, and 67% mothers had a negative attitude.

This can be explained by the mothers' lack of knowledge and attitude toward immunisation due to a lack of awareness about the immunisation.

According to Agarwal K, et al., (2017), the two most significant factors associated with vaccine failure were a lack of provider recommendation and a lack of parental awareness of immunisation.

14 percent of mothers had adequate knowledge, 26 percent had moderate knowledge, and one mother (4%) had inadequate knowledge about immunisation. In terms of attitude, 17% mothers had a positive attitude toward immunisation, 81% mothers had an average attitude, and 1 (4%) mothers had a negative attitude. The pretest knowledge mean score for immunisation was 10.8 with a standard deviation of 3.55. The mean post-test knowledge score was 22.7, with a standard deviation of 3.18. The pretest attitude score for immunisation was 13.5 with a standard deviation of 4.6. To determine the significance of the difference between the means of the samples' pretest and posttest knowledge scores, a paired 'T' test was computed. The value of the paired t test is 7.68. Because the calculated value exceeds the table value, the null hypothesis is rejected and the research hypothesis is accepted. As a result, the researcher concluded that knowledge gain is not due to chance, but rather to a structured immunisation teaching programme.

The paired 't' test was used to determine whether there was a significant difference between the mean score of the pre and post test attitude score of the mothers toward immunisation. The value of the paired t test is 6.44. Because the calculated value exceeded the table value, the null hypothesis was rejected and the research hypothesis was accepted.

As a result, the researcher concluded that the change in attitude is not due to chance, but rather to STP on immunisation.

The mean post-test attitude score was 16.4 with a standard deviation of 4.66.

The 'r' value of the post-test level of knowledge and attitude was -0.23, indicating a non-significant negative correlation between knowledge and attitude.

In terms of knowledge, the results show a significant relationship between the mother's age and occupation. However, there was no correlation between religion, education, and information source.

According to the researcher, the age of the mother increases the mother's knowledge of immunisation. This could be one of the factors that link the mother's age to her knowledge of immunisation.

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In terms of attitude, the results show a significant relationship between the mother's age and occupation. However, there was no correlation between religion, education, and information source.

According to the researcher, the age of the mother influences the mother's attitude toward immunisation. This could be one of the factors influencing the relationship between the mother's age and her immunisation attitude.

Further analysis reveals that there was no significant relationship between mothers' post-test knowledge score on immunisation and demographic variables such as religion, education, and source of information.

According to the researcher, the mother's occupation improves the mother's attitude toward immunisation. This could be one of the factors that link the mother's occupation to her immunisation attitude.

Further investigation reveals that there is no significant relationship between the level of post-test attitude score on mothers regarding immunisation and demographic variables such as religion, education, and source of information.

Conclusion

The structured teaching programme using flash cards was found to be very effective in improving the knowledge and attitude of mothers with children under the age of five about immunisation. Health education using flash cards improved knowledge and attitudes toward immunisation. As nurses, our primary responsibility is to help make India free of communicable diseases by immunising all children under the age of five.

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