Effectiveness Of Structured Teaching Program on Knowledge Regarding Prevention of Six F's Disease Transmission Among Mothers of Under Five Children in Selected Rural Areas

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***Abstract*—Children are more prone to infection and disease the fecal-oral transmission is the pathway for communicating diseases and infection in the under-five children. The most common 6 F's (Food, Finger, Fluid, Flies, feces, and Fomites). A cross-sectional study was conducted by researcher on effectiveness of video assisted teaching programme on knowledge regarding 5 Fs of disease transmission among children of selected schools, Tirupati Andhra Pradesh, India between October 2018 to July 2019. This study was designed to assess the effectiveness of Video assisted Teaching programme on knowledge regarding 5 Fs of disease transmission among children of selected schools, Tirupati. Pre experimental one group pre-test post-test design was used. Convenient sampling method was applied to choose 60 school children of 11-16 yrs. age from Government g7 high schools of Tirupati. Self-administered questionnaire was used to collect the data of pre and post-test by researcher. Video assisted teaching programme was implemented for 40 mints before taking post-test. the results of study were in pre-test, nearly more than half of the sample 35 (58.30%) were having Inadequate knowledge. Whereas in post-test, none of them were having Inadequate knowledge and Majority of the sample 48 (80%) were having adequate knowledge and only 12 (20%) of the sample were having moderate knowledge. In this study it was identified that there was significant association between the knowledge scores and socio demographic variables at p<0.01 to p<06.05 level. The present study revealed that present study revealed that Video assisted teaching programme had improved knowledge of school children regarding Fs of disease transmission. Based on the above finding's researcher felt need of the educating mother of under-five children regarding prevention of Six F's disease transmission through structured teaching programme so the mother will get adequate knowledge it will help to reduce the health problems of under-five children.**

***Index Terms*—structured teaching program on knowledge regarding prevention of six f's disease transmission among mothers of under five children in selected rural areas.**

I. INTRODUCTION

Children are the foundation of a strong and healthy nation. Children constitute more than 1.2 billion worldwide, and about 21% of Indian population. Morbidity and mortality occurring in this age group is mostly due to preventable causes. Young and growing children have poor knowledge and lack of awareness about communicable disease transmission and the ill health affecting them. The major barriers for this 2 are; lack of accurate information, absence of proper guidance, parents' ignorance, lack of skills and insufficient services from health care delivery system in developing countries, children are affected by diseases that are preventable and treatable with simple interventions. Children's and mother's unclean hands may cause many diseases or infections in under-five children like; after changing dirty diapers and after defecation, after coughing, sneezing and don't wash hands, playing after that eating without handwashing. Diseases like: Diarrhea.[1] This may contribute to disease transmitted through fingers. When unwanted

materials, industrial waste, human waste or animal waste, garbage, sewage enter into the water, change the quality of water, and make it harmful to the environment and human health. Waterborne disease like Dysentery, Typhoid fever, Hepatitis A,Salmonella, Intestinal helminthiasis (roundworm, tapeworm, threadworm), these aspects contribute to disease transmitted through fluid born.[2]

Fomite mediated transmission can be an important pathway causing significant disease transmission in number of settings such as schools, day care centers, and long-term care facilities. The importance of these pathways relative to other transmission pathways such as direct person- person or airborne will depend on the characteristics of the particular pathogen and the venue in which transmission occurs, contributing to disease transmission by fomites.[3] House flies spread the disease directly and indirectly, if house flies bit any part of the body may occur skin infection, eye infection. They transmit range due to their feeding and breeding habits, feed and rotting or decaying matter as well as human or animal feces. Disease like: Conjunctivitis, gastroenteritis, Dysentery, Salmonellosis, leading to disease transmission through flies.[4]

II. BACKGROUND OF STUDY

India has a highly significant role to play in global efforts to end the preventable death of newborn and children under the age of five, given that it has the highest number of deaths among these two groups in the world. India experiences a. decline in the U5MR and the NMR in the next 12 years, it is very likely to meet the target set by the Sustainable Development Goals (SDGs) for U5MR but unlikely to meet the NMR target. As per Target 3.2 of SDG3 indicates that by 2030, seeks to end preventable deaths of new-borns and children under 5 years of age

countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least to as low as 25 per 1,000 live births. India has a highly significant role to play in global efforts to end the preventable death of new-borns and children under the age of five, given that it has the highest number of deaths among these two groups in the world. The common 6'F (Food, Finger, Fluid, Flies, Fomites and Faeces) disease transmission are diarrhoea, dysentery, Salmonella Typhoid and Hepatitis A. these are the major leading causes of death among under five children. In 2020 Sony Joshi conducted study on knowledge regarding disease transmission by five f's (food, finger, fluid, flies, faeces).

OBJECTIVES

To Find Out the effectiveness of structured teaching program on knowledge regarding prevention of six f's disease transmission among mothers of under five children in selected rural areas:

MATERIALS AND METHODS

A quantitative research approach was adopted and one group pre-test posttest pre-experimental design was used for this study. The study was carried out in the selected at rural area. The period of data collection was three weeks. has obtained formal permission from authorities sarpanch and Anganwadi workers concerned selected children in rural area conduct research study convenient sampling technique was used to selected sample form rural region Written consent was obtained from the samples and pretest has been assessed for all the 60 sample of mother of under five children rural region using demographic and Self-introductory schedule for assessing knowledge. Then the structured teaching program was given for mother of under five children rural region to whom the pre-test was conducted. After 7 days, the posttest was taken and the data was analyzed.

Statistical Analysis The data was analyzed by descriptive and inferential statistics. Demographic data was analyzed using frequency and percentage, data from the questionnaire before and after health education administered was also analyzed using frequency, percentage and 't' test. The association between knowledge findings and demographic variables was found by using t test and one way ANOVA.

III. RESULTS

Table 1: Percentage wise distribution of prevention of six f's disease Transmission according to their demographic characteristics n=60

Demographic Variables.	Frequency (n)	Percentage (%)
Age(yrs.) of mothers		
20-25 yrs.	19	31.7
26-30 yrs.	35	58.3
31-35 yrs.	6	10.0
≥36 yrs.	0	0
Education		
Primary	12	20.0
Secondary	31	51.7
Post-Graduation	5	8.3
Others	0	0
Occupation		
Homemaker	45	75.0
Private Job	6	10.0
Self Employed	8	13.3
Government Job		
Monthly family Income (Rs)		
Below 10000 Rs	25	41.7
10001-15000 Rs	21	35.0
15001-20000 Rs	7	11.7
>20000 Rs	7	11.7

Table: 2 Knowledge about Six F's disease transmission

Yes	28	46.7
No	32	53.3

Table: 3 Source of information n=28

Mass Media	19	67.9
Health Worker	9	32.1
Relatives	0	0
Friends	0	0
Others	0	0

n=60

Table. 4: Table showing significance of difference between knowledge score in pre and post-test of mothers of under five children

n=60

Overall	Mean	SD	Mean Difference	DF	Tabulated value	t-value	p-value
Pre-Test	13	2.85	9.05±3.54	59	1.98	19.78	0.0001 S p<0.05
Post Test	22.05	2.25					

Show this table comparison of pre-test and post-test knowledge scores of mothers of under five children regarding six F's disease transmission. Mean, standard deviation and mean difference values are compared and student's paired 't' test is applied at 5% level of significance. The tabulated value for n=60-1 i.e. 59 degrees of freedom was 1.98. The calculated 't' value i.e. 19.78 are much higher than the tabulated value at 5% level of significance for overall knowledge score of mothers of under five children which is statistically acceptable level of significance. Hence it is statistically interpreted that the Structured Teaching Programme on knowledge regarding six F's disease transmission among mothers of under five children was effective. Thus the H1 is accepted and H0 is rejected.

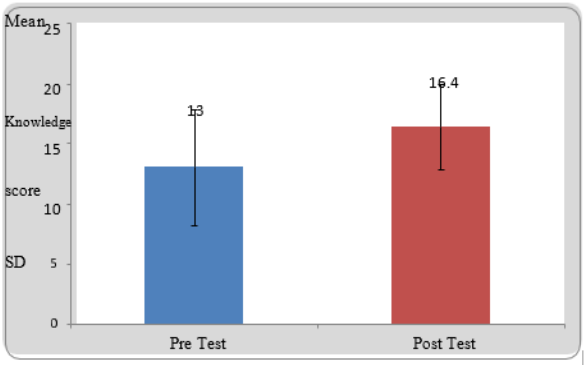

Figure:1

Bar diagram showing Significance of difference between knowledge score in pre and post-test of mothers of under five children section V: association of level of posttest knowledge score regarding six f's disease transmission among mothers of under five children in relation to demographic variables

IV. DISCUSSION

This finding revel that the comparison of pre-test and post- test knowledge scores of mothers of under five children regarding six F's disease transmission. Mean, standard deviation and mean difference values are compared and student's paired 't' test is applied at 5% level of significance. The tabulated value for n=10-1 i.e., 9 degrees of freedom was 2.26. The calculated 't' value i.e., 17.29 are much higher than the tabulated value at 5% level of significance for overall knowledge score of mothers of under five children which is statistically acceptable level of significance. Hence it is statistically interpreted that the Structured

Teaching Programme on knowledge regarding six F's disease transmission among mothers of under five children was effective. Thus, the H1 is accepted.

V. CONCLUSION

After the detailed analysis, this study leads to the following conclusion:

Thus, it was concluded that structured teaching program on knowledge regarding prevention of Six F's Disease Transmission in selected rural areas was found to be effective as a teaching strategy. Hence, based on the above cited findings, it was concluded undoubtedly that the educational intervention by the investigator in the form of structured teaching program helped the mothers of under-five children to increase knowledge regarding prevention of Six F's Disease Transmission.

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