

# A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge and Attitude Regarding Management of Common Illness in Preschool Children among Mothers in Selected Area, Coimbatore

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## ABSTRACT

**BACKGROUND OF THE STUDY:** Preschool children commonly experience illnesses such as diarrhoea, vomiting, constipation, food poisoning, and fever due to low immunity and frequent exposure to infections. Effective home management by mothers is essential to prevent complications, yet many mothers lack adequate knowledge and hold unfavourable attitudes. Health education plays a key role in strengthening their awareness and response. Hence, this study assessed the effectiveness of a structured teaching program for improving mothers' knowledge and attitude.

**STATEMENT OF THE PROBLEM:** A study to assess the effectiveness of structured teaching program on knowledge and attitude regarding management of common illnesses in preschool children among mothers in selected area, Coimbatore.

## OBJECTIVES

- To determine the mothers' level of knowledge and attitude regarding the management of common illnesses in preschool children.
- To evaluate the effectiveness of the structured teaching programme on the management of common illnesses in preschool children among mothers.
- To examine the relationship between knowledge and attitude regarding the management of common illnesses in preschool children among mothers.
- To identify the association between study findings and selected demographic variables.

**METHODOLOGY:** A quantitative research approach with a one-group pretest–post-test design was adopted. The study sample consisted of 30 mothers of preschool children aged 3–5 years, selected through stratified random sampling. Data were collected using a structured questionnaire with 30 multiple-choice questions to assess knowledge and a 5-point Likert scale to measure attitude. After the pretest, mothers received a structured teaching program supported by an information booklet on the management of common childhood illnesses. The post-test was administered on the seventh day using the same assessment tools. Data analysis included descriptive statistics, paired t-test, correlation, and Chi-square test to evaluate effectiveness and associations with demographic variables.

**RESULT:** The pretest findings revealed that 60% of mothers had inadequate knowledge and 40% had moderately adequate knowledge, with none achieving adequate knowledge. After the structured teaching

program, a significant improvement was seen: 53.3% attained adequate knowledge and 46.7% achieved moderately adequate knowledge. Attitude levels also improved from predominantly unfavourable and moderately favourable in the pretest to favourable and most favourable in the post-test. A positive correlation was established between knowledge and attitude, indicating that increased knowledge contributed to improved attitudes. Chi-square analysis showed significant associations between post-test knowledge and selected demographic variables, confirming the effectiveness of the intervention.

**CONCLUSION:** The study concludes that the structured teaching program was highly effective in improving the knowledge and attitude of mothers regarding the management of common illnesses in preschool children. The findings highlight the importance of health education in empowering mothers to provide appropriate home care and prevent complications.

## CHAPTER 1

### INTRODUCTION

*"Let us sacrifice our today so that our children can have a better tomorrow."*

— A. P. J. Abdul Kalam

Children are universally regarded as precious gifts and represent the foundation of a brighter future. It is therefore essential that adequate time, care, and resources are invested in them, particularly during the early stages of life. Many efforts can and should be made to ensure that every child leads a healthy, productive, and socially meaningful life. A child's daily experiences are closely linked to the family, home, and community environment.

The family serves as the primary setting in which children are nurtured and socialized. Among the many factors influencing child development, health plays a central role. Soon after birth, a child's health is largely determined by the health practices followed within the family, especially those adopted by the mother. Physical well-being is closely tied to mental and social development, and these dimensions collectively influence a child's quality of life, educational opportunities, and eventual socio-economic status (Savior et al., 2002).

Preschool, which typically accommodates children aged three to five years, provides early learning experiences where structured play and guided instruction are delivered by trained professionals. During this developmental stage, children begin to learn basic self-care skills such as dressing, brushing teeth, toileting, sharing food, and interacting with peers (Meltzoff, 2000).

However, these activities may also increase the risk of health problems, particularly when personal hygiene and health practices are inadequate. Close contact and group interactions in preschool environments create opportunities for the transmission of various common childhood diseases.

Common illnesses refer to frequently occurring health conditions in children. These illnesses are often spread through viral or bacterial infections transmitted by coughing, sneezing, or direct contact. Infectious agents can also survive on surfaces such as doorknobs, handles, mobile phones, telephones, and toys. In rural settings, poor sanitation, unsafe water, unhygienic practices like open defecation, improper handwashing, and consumption of contaminated food or water further contribute to disease transmission. Early identification and timely treatment of common illnesses can greatly reduce infection rates (A Quick Guide to Common Childhood Disease, 2009).

Among preschool children, the most frequently observed illnesses are diarrhoea, vomiting, constipation, food poisoning, and fever.

- **Diarrhoea** is defined as the passage of three or more loose or watery stools per day. It commonly results from infections of the intestinal tract caused by bacterial, viral, or parasitic organisms and spreads through contaminated food, water, or poor hygiene practices (**World Health Organization**).
- **Vomiting** refers to the forceful expulsion of stomach contents through the mouth, and occasionally the nose. It is associated with a wide range of conditions, from mild to severe, including infection, inflammation, obstruction, malignancy, and trauma (**Peter Holzer, 2012**).
- **Constipation** involves infrequent passage of hard stools and may present as painful or reduced bowel movements. It is commonly seen during the toilet-training phase, especially between ages three and four. Bowel movement frequency in healthy children varies with age and dietary habits (**NIH**).
- **Food poisoning** is a significant health issue in the paediatric population. It encompasses food-borne infections, intoxications, and other illnesses caused by consuming contaminated food (**Wikipedia**).
- **Fever** is an elevation of body temperature and serves as part of the body's natural defence mechanism against infection. A temperature above 98.6°F (37°C) indicates febrile response. Fever can result from a variety of viral, bacterial, or parasitic conditions such as the common cold, urinary tract infections, or malaria (**MedlinePlus**).

## BACKGROUND OF THE STUDY

Preschool children constitute one of the most vulnerable segments of the population, as this stage is marked by rapid physical, cognitive, and psychosocial growth. During these early years, children become increasingly curious about their environment, engage more actively with peers, and participate in structured learning activities. These developmental changes, combined with an immature immune system and frequent exposure to group settings, place preschoolers at a heightened risk for a range of common illnesses. Worldwide, ailments such as diarrhoea, vomiting, fever, constipation, and food poisoning remain major contributors to morbidity and mortality among children under five, particularly in low- and middle-income countries.

Although global health initiatives have led to notable improvements, common childhood illnesses continue to affect vast numbers of young children each year. The World Health Organization (WHO) reports that diarrheal diseases continue to be a leading cause of preventable deaths among under-five children. Contributing factors include poor hygiene practices, unsafe drinking water, inadequate sanitation, and limited awareness regarding early symptom recognition and management.

Conditions such as vomiting, fever, and constipation—though often mild—can quickly worsen if not managed correctly. The burden of these illnesses is especially high in developing countries, where cultural practices, gaps in knowledge, and constraints in accessing healthcare significantly influence mothers' caregiving behaviours.

In the Indian context, preschoolers make up a substantial proportion of the child population, and the country continues to face considerable rates of preventable childhood illnesses. Evidence shows that many under-five deaths result from treatable infections associated with inadequate hygiene, poor feeding practices, and delays in seeking medical care. Mothers, who serve as the primary caregivers, play an essential role in managing day-to-day health needs and responding to minor ailments at home.

Their level of knowledge and attitude toward common childhood illnesses directly shapes children's health outcomes. However, numerous studies demonstrate that many mothers lack sufficient understanding of the causes, prevention, and management of these illnesses. Furthermore, cultural beliefs, misconceptions, and reliance on traditional home remedies often lead to inappropriate or delayed

management

The preschool period (3–5 years) is particularly crucial, as children begin attending early learning centres where close contact, shared materials, and developing hygiene behaviours increase the risk of disease transmission. Simple preventive measures—such as proper handwashing, safe food handling, and early recognition of symptoms—can substantially reduce the incidence and severity of these illnesses.

Given these challenges, there is a clear need to equip mothers with accurate, evidence-based information that will help prevent complications, reduce illness-related burdens, and promote overall child well-being. Structured teaching programmes have been widely recognized as effective strategies for improving knowledge, shaping attitudes, and encouraging positive health practices among caregivers. Such educational interventions enable mothers to identify early warning signs, implement appropriate home-based care, and seek timely medical attention when necessary. In regions like Coimbatore, where socio-economic diversity and varying educational backgrounds may influence maternal health practices, structured teaching programmes offer a practical and impactful approach to improving child health outcomes.

In this context, the present study aims to evaluate the effectiveness of a structured teaching programme in enhancing mothers' knowledge and attitudes regarding the management of common illnesses among preschool children. Strengthening maternal understanding of these conditions is expected to support early intervention, reduce preventable complications, and contribute to healthier childhood growth and development.

## NEED FOR THE STUDY

Children are recognized as the future human resources and citizens of a nation, and their survival, protection, and development are essential for the progress of humanity. Despite global advances, a significant proportion of under-five deaths continue to result from conditions that are preventable and treatable through simple, low-cost interventions. Strengthening health systems to deliver these essential services effectively can prevent countless child deaths. In 2013, approximately 6.3 million under-five children worldwide died due to communicable diseases, and in India alone, 21% of children under five faced a heightened risk of mortality from common illnesses (**WHO**).

Diarrheal diseases continue to be a major cause of child mortality. Globally, diarrhoea is responsible for an estimated 2.5 million deaths annually, with 60–70% occurring among children under five. It accounts for more than one-fourth of global child deaths, most of which occur in developing countries where approximately 25% of under-five mortality is directly attributed to diarrheal illnesses. In 2011, diarrhoea caused nearly 700,000 deaths among under-five children, making it the second leading cause of mortality in this age group (**World Health Report, 2011**).

Vomiting is also a frequent concern in paediatric health, with a prevalence ranging from 1.9% to 2.3%. In 2005 alone, 3.15 per 100,000 children were affected. Each year, nearly 10% of children under five presents with gastroenteritis, and worldwide, about 2 billion cases of acute gastroenteritis are reported, including 1.9 million cases among under-five children (**Decade Report, 2015**).

Constipation is another common paediatric problem, characterized primarily by hard, dry stools and infrequent defecation, which affects nearly half of children with this condition. Globally, around 946 million under-five children have been affected by constipation (**UNICEF, 2009**). The worldwide prevalence varies between 0.7% and 29.6% (**PGHA, 2012**). A study conducted between 2009 and 2012 found that 55 (43.7%) pre-school children were affected.

Food poisoning continues to pose a major threat to children's health. The causative agents vary across regions, but food-borne illnesses remain a significant contributor to global morbidity and mortality. Worldwide, food-borne diseases account for 3 to 5 billion cases and nearly 1.8 million deaths annually among children (**Decade Report, 2013**).

Fever is another commonly reported childhood health issue. According to the National Institute of Health, approximately 62 million fever cases occur annually, affecting millions of children under 17 years of age. Globally, 75% of children experience fever, and according to NICE, 40% of preschoolers were affected in 2007. In India, preschoolers constitute about 11% of the population. Out of more than 2.3 million annual deaths among children, nearly 334,000 are attributed to diarrheal diseases. Additionally, about 76 million cases of food-borne illness and 1,765 deaths occur annually (CDC).

A descriptive cross-sectional survey conducted in selected urban areas of Bangalore assessed mothers' knowledge and practices related to managing minor ailments in under-five children. Using simple random sampling, 100 mothers were selected, and data were collected through structured questionnaires and observation checklists. Results indicated that 45.5% of children experienced fever, 7.7% had diarrhoea, and mothers' knowledge regarding management of these conditions was inadequate. The study emphasized the need to educate mothers about managing common childhood illnesses (**Mercy, 2011**).

Another descriptive study examined the extent to which mothers relied on traditional approaches in treating childhood health problems. Using simple random sampling, 2060 mothers of children aged 0–12 months were interviewed. Findings revealed reliance on traditional remedies for fever (17.3%), cough (66.41%), earache (48.3%), constipation (74.4%), and diarrhoea (40.7%). The study noted that mothers with higher education were less likely to use traditional practices. As many mothers lacked adequate awareness about common childhood illnesses, the researcher highlighted the need to improve maternal knowledge and attitudes regarding the management of such ailments (**Nurcan Ozyazicioglu, 2007**).

## STATEMENT OF THE PROBLEM

A study to assess the effectiveness of structured teaching program on knowledge and attitude regarding management of common illnesses in preschool children among mothers in selected area, Coimbatore.

## OBJECTIVES

- To determine the mothers' level of knowledge and attitude regarding the management of common illnesses in preschool children.
- To evaluate the effectiveness of the structured teaching programme on the management of common illnesses in preschool children among mothers.
- To examine the relationship between knowledge and attitude regarding the management of common illnesses in preschool children among mothers.
- To identify the association between study findings and selected demographic variables.

## OPERATIONAL DEFINITIONS

### Effectiveness

Refers to the measurable outcome of the structured teaching programme delivered through an information booklet, reflected by an improvement in mothers' knowledge and the development of a favourable attitude toward managing common illnesses in children.

**Structured Teaching Programme**

Indicates a systematically developed educational intervention providing general information on managing common illnesses—such as diarrhoea, vomiting, constipation, food poisoning, and fever—through an information booklet.

**Knowledge**

Refers to the information shared by mothers about how they manage common illnesses in preschool children.

**Attitude**

Refers to the mothers' perceptions, beliefs, and viewpoints about the management of common illnesses.

**Management of Common Illnesses**

Refers to the knowledge related to the causes, modes of transmission, and management of common illnesses—specifically diarrhoea, vomiting, constipation, food poisoning, and fever—among preschool children.

**Mothers**

Refers to women who have preschool children aged 3 to 5 years.

**ASSUMPTIONS**

- Many mothers of preschool children may have inadequate knowledge and an unfavourable attitude toward the management of common childhood illnesses
- The structured teaching programme is expected to enhance knowledge and promote a favourable attitude among mothers regarding the management of common illnesses in preschool children.

**HYPOTHESES**

**H1:** Mothers who receive the structured teaching programme on the management of common illnesses will demonstrate a significant improvement in post-test knowledge scores compared to pre-test scores.

**H2:** Mothers who receive the structured teaching programme will exhibit a more favourable attitude toward the management of common illnesses in the post-test compared to the pre-test.

**LIMITATIONS**

- Exposure to mass media may influence mothers' knowledge independent of the structured teaching programme.
- Cultural practices followed within families may affect mothers' knowledge and management behaviours.

**PROJECTED OUTCOMES**

- The study results will help mothers of preschool children acquire adequate knowledge regarding the management of common illnesses and support healthcare professionals in initiating future research in this area.
- The findings will enable mothers to develop a favourable attitude toward managing common illnesses, thereby improving their ability to provide appropriate care for their children.

**CONCEPTUAL FRAMEWORK**

A conceptual framework serves as a structured representation of interrelated concepts that help explain

the phenomenon under study (Polit & Hungler, 2004). The present study is based on the Health Belief Model developed by Rosenstock (1974), later expanded by Becker and Maiman (1975). This model explains how individuals' perceptions influence their health behaviours. According to the model, successful behavioural change requires individuals to recognize their vulnerability, perceive the seriousness of the condition, identify the benefits of action, and recognize their ability to carry out the required behaviour while overcoming barriers.

### **Perceived Susceptibility**

This refers to an individual's belief about the likelihood of developing a health problem. Mothers perceive that preschool children are highly vulnerable to illnesses such as diarrhoea, vomiting, constipation, food poisoning, and fever.

### **Perceived Severity**

Refers to an individual's assessment of the seriousness of a health problem and its potential consequences. In this study, lack of awareness among mothers regarding the management of these common illnesses reflects the perceived severity of the issue.

### **Perceived Barriers**

Indicates the mother's perception of obstacles to adopting desired health practices. Barriers may include lack of time, financial difficulties, family responsibilities, and caring for multiple children.

### **Perceived Benefits**

Refers to the belief that a recommended action will be effective in preventing or managing an illness. Through the structured teaching programme, mothers are expected to gain better knowledge and develop a favourable attitude to effectively care for preschool children with common illnesses.

### **Perceived Threat**

The combination of perceived susceptibility and severity constitutes perceived threat. Higher perceived threat increases the likelihood of adopting health-promoting behaviours. In this study, evaluating mothers' knowledge and attitude reflects perceived threat.

### **Cues to Action**

The Health Belief Model suggests that a cue, or trigger, is required to initiate engagement in health-promoting behaviours. These cues to action may be either internal or external. Internal cues arise from physiological experiences such as symptoms or discomfort, which prompt individuals to take action. External cues, on the other hand, come from outside influences—such as information provided by others, media messages, or guidance from health professionals—that encourage individuals to adopt health-related behaviours.

In this study, cues to action were provided through the structured teaching program delivered by the researcher using an information booklet. Additionally, inputs from mass media and advice shared by relatives act as external cues that can further enhance mothers' awareness. Together, these cues help improve the mothers' knowledge regarding the management of common illnesses in preschool children.

### **Self-Efficacy**

Refers to one's confidence in performing a particular health behaviour. Through the structured teaching programme, mothers are expected to gain confidence in managing common illnesses in home settings.

### **Likelihood of Action**

Represents the probability that an individual will undertake preventive or health-promoting behaviour, based on perceived benefits and barriers. Mothers with improved knowledge and attitude will be more likely to take appropriate preventive and management actions for common childhood illnesses.

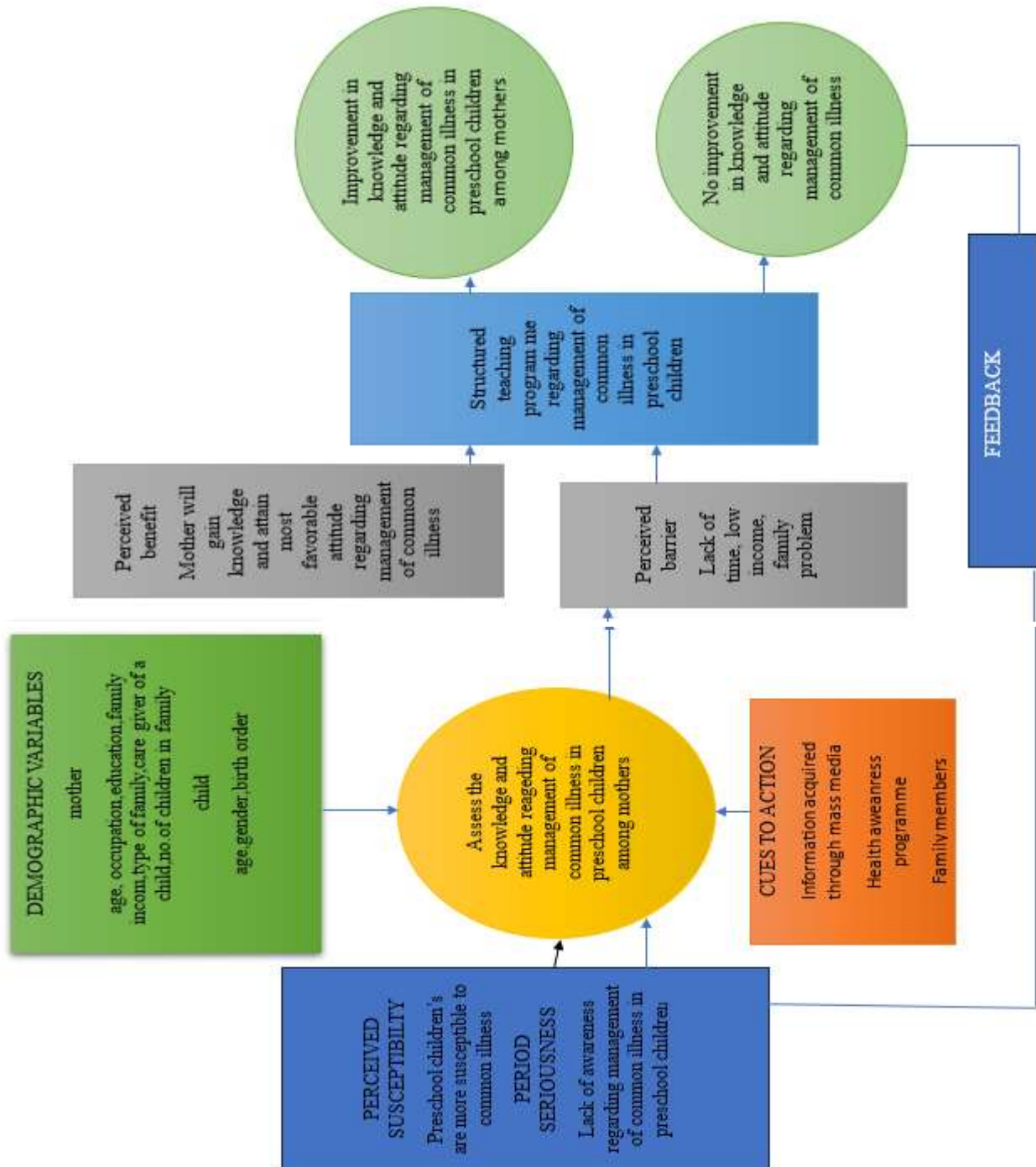


fig: 1 conceptual frame work

## CHAPTER II REVIEW OF LITERATURE

A review of literature is a core component of any scientific investigation. It involves the systematic identification, retrieval, evaluation, and synthesis of published work relevant to a specific research problem (Polit & Hungler, 2004). By examining previous studies and theoretical contributions, a literature review provides the foundation for new research and often stimulates fresh ideas for inquiry. It also supports the interpretation of findings at the conclusion of the study (Denise, 2004).

The literature for the present study has been organized under the following sections:

**SECTION – A:** Theoretical overview on management of common illnesses

**SECTION – B:** Studies on knowledge and attitude regarding common illnesses in preschool children

**SECTION – C:** Studies on the effectiveness of structured teaching programs on management of common illnesses.

**SECTION – A: Theoretical overview on management of common illnesses**

The wellbeing of children is crucial for the future of any society. Reducing mortality among children under five years is one of the key Millennium Development Goals identified by the World Health Organization. Minor childhood illnesses contribute significantly to morbidity and can increase the risk of mortality if not properly managed. Since mothers serve as the primary caregivers, particularly for children under five years, enhancing maternal knowledge about home management of common illnesses is vital. Illnesses commonly manageable at home include diarrhoea, vomiting, constipation, food poisoning, and fever (**World Health Organization, 2011**).

Diarrheal refers to the frequent passage of loose or watery stools. Symptoms typically involve abdominal cramps, pain, vomiting, and headache. In developed nations, organisms such as *E. coli*, *Salmonella*, *Shigella*, various viruses, and protozoa are often responsible. Although infectious diarrhoea rarely leads directly to death, it can cause severe dehydration. Adequate intake of clear fluids and oral rehydration therapy is essential to prevent dehydration (**Chandra, A., 2010**).

Vomiting in children is commonly associated with viral infections or food poisoning and usually lasts for one or two days. Persistent vomiting can lead to severe dehydration and occasionally indicates serious conditions such as meningitis or appendicitis. Symptoms may include dry mouth, absence of tears, reduced urination, and drowsiness (**Yashman G., 2013**).

Constipation is characterized by infrequent bowel movements, often accompanied by straining and passage of hard stools. Many children experience constipation at some point, and it typically resolves without medical treatment. It is more common in boys and in children aged two to four years. Symptoms include abdominal discomfort, cramps, and a sense of incomplete evacuation. Contributing factors include inadequate fibre intake, poor hydration, and certain medications (**Panwanda G., 2011**).

Food-borne diseases occur when infectious or toxic agents enter the body through contaminated food. Contamination may result from unhygienic food preparation practices, poor sanitation, improper handling, or storage at incorrect temperatures. Food handlers who fail to maintain hygiene may also contribute to contamination. Food poisoning remains a major cause of morbidity and mortality in many developing countries (**Dandg S., 2012**).

Fever acts as a protective physiological mechanism indicating that the immune system is responding to infection. Normal body temperature ranges between 36–37°C and varies with eating, activity, and sleep. Common causes include infections such as influenza, chickenpox, pneumonia, and certain medications. Symptoms may include shivering, loss of appetite, dehydration, and sleeplessness. Although fever generally aids recovery, extremely high temperatures can be dangerous and may lead to complications (**Serwint I., 2013**).

**SECTION – B:** Studies on knowledge and attitude regarding common illnesses in preschool children.

A cross-sectional descriptive study assessed mothers' knowledge and practices regarding the management of minor illnesses in children under five. Conducted across nine health centres, the study included 64 mothers selected through convenience sampling. A structured self-administered questionnaire was used. The mean number of correct responses for fever, diarrhoea, and urinary tract infection (UTI) management

were 8.6%, 6.4%, and 4.9% respectively. The study emphasized the need for health professionals to educate mothers on managing children's minor illnesses (**Nesrin N., 2010**).

A survey conducted in a Sudanese rural community explored mothers' knowledge, attitudes, and practices regarding childhood diarrhoea. Using a four-group research method, 87 literate and 152 illiterate mothers were interviewed. Results indicated that 45% had inadequate knowledge and 10% had moderately adequate knowledge. The authors recommended targeted education for mothers about diarrhoea management (**Elton AR., 2009**).

A descriptive study assessed mothers' knowledge and their ability to identify and manage fever in children. Among 144 mothers of children below 12 years admitted to Lagos University Hospital, 83.3% perceived fever as generalized body warmth. The study concluded that mothers need improved education on home-based fever management (**Kazeem A. Osh Ikeya, 2006**).

Another cross-sectional study from Jordan examined parents' knowledge, attitudes, and beliefs about childhood fever. Among 419 parents selected through convenience sampling, 48% administered treatment at 38°C, and 59% used the correct type and dose of antipyretic medication. The study emphasized the need for parental education regarding fever management (**Muhammed Athamneh, 2012**).

A cross-sectional survey evaluated mothers' knowledge and practices regarding minor illnesses in children under five. Among 348 mothers chosen through simple random sampling, mean correct responses were 8.6 (SD=1.7) for fever, 4.9 (SD=1.7) for upper respiratory tract infection, and 6.4 (SD=1.2) for diarrhoea. Positive associations were found between knowledge and mothers' age, education, and number of children. The study concluded that maternal education on minor illnesses remains essential (**K. Helena, 2008**).

A descriptive study conducted in a paediatric clinic at Mustafa Kamal University assessed mothers' knowledge, attitudes, and responses to childhood fever. Among 4500 mothers interviewed using a structured questionnaire, 83% believed fever was harmful, 12% feared it could cause death, and 28.9% used medication without consultation. The study emphasized the need for educating mothers on fever management (**Seil Gunther, 2011**).

A cross-sectional study from Ankara Training and Research Hospital assessed knowledge and attitudes of mothers of children aged 12–72 months with constipation. Findings showed that 82.5% introduced supplementary nutrition before six months, 61.6% reported abdominal pain, and 49.1% reported painful evacuation. Most mothers initiated potty training between 2–3 years, and 61.6% reported family history of constipation. The study recommended maternal education on nutrition, potty training, and constipation management (**Semra, 2013**).

A hospital-based survey assessed mothers' knowledge and practices related to vomiting and rehydration therapy. Among 75 mothers interviewed, only 5.3% knew vomiting leads to dehydration, and 50.7% knew about oral rehydration therapy. Nearly one-third lacked knowledge of correct ORS preparation, and half did not practice adequate handwashing. The authors highlighted the need for awareness programs on vomiting and ORS use (**Balsara, 2010**).

A descriptive study conducted at Sherab assessed mothers' knowledge regarding prevention of food poisoning. Among 180 mothers selected by simple random sampling, analysis revealed unsatisfactory knowledge levels. The study recommended strengthening preventive education through structured sessions (**Waled Amen, 2014**).

### **SECTION – C: Studies on the effectiveness of structured teaching programs on management of common illnesses.**

A quasi-experimental study examined knowledge and practices related to immunization, breastfeeding,

child care, and home-level management of childhood illnesses. Baseline assessments were conducted using WHO and UNICEF tools, followed by 1.5 years of IMNCI-based training for health workers. Post-intervention findings indicated significant improvement in mothers' knowledge regarding immunization, nutrition, and management of illnesses. The study concluded that IMNCI is effective at both community and household levels (**Madhavi J. Mankar, 2005**).

An interventional study in Morang district, Nepal evaluated mothers' knowledge, attitudes, and practices regarding diarrhoea following WHO-guided educational sessions. Among 630 participants, 62% initially had inadequate knowledge. Median scores for knowledge, attitude, and practice increased substantially after the intervention. The authors concluded that structured educational interventions were effective (**Makhtar Ansari et al., 2011**).

A pre-experimental study conducted in Vadodara assessed the effectiveness of an information booklet on mothers' knowledge regarding home management of common childhood illnesses. Among 60 mothers selected by convenience sampling, pretest knowledge was 44.26%, which increased to 75.88% post-intervention. Results indicated the booklet was highly effective (**Appala Naidu, 2008**).

Another pre-experimental study assessed the impact of a structured teaching program on mothers' knowledge regarding minor ailments in toddlers. Conducted among 120 mothers using simple random sampling, the intervention delivered through LCD presentation increased adequate knowledge from 29.4% to 83.6%. The study concluded that structured teaching programs are effective (**Nicola Sharon, 2011**).

A pre-experimental study among 50 mothers of under-five children assessed the effectiveness of a structured teaching program on knowledge regarding minor ailments. Following the intervention, adequate knowledge improved from 30% to 95%. The study confirmed the effectiveness of structured teaching programs (**P.J. Srinivas, 2009**).

Another pre-experimental study evaluated structured teaching using information booklets among 70 mothers of children aged 2–3 years regarding diarrhoea, vomiting, and fever. Pretest adequate knowledge was 32.6%, which increased to 92.2% in the post-test. The booklet-based program was found effective (**Vikky, 2009**).

A pre-experimental study assessed the impact of home visits and an information booklet on knowledge of mothers regarding minor illnesses in under-five children. Among 120 mothers, pretest knowledge was 25%, which improved significantly to 86% in the post-test. The study concluded that home education and booklets were effective (**Robbin, 2011**).

## CHAPTER III

### RESEARCH METHODOLOGY

#### INTRODUCTION

Research methodology refers to the systematic process used to address a research problem through the orderly collection and analysis of data. It outlines the overall plan and specific procedures adopted to obtain reliable and valid information for the study (**Palit, 2004**).

This chapter explains the methodological steps followed in the present investigation, including the research approach, research design, study setting, variables, population, sample size, sampling technique, sample selection criteria, description of the tool, content validity, reliability, pilot study, data collection method and plan for data analysis.

## RESEARCH APPROACH

A research approach is the structured or unstructured plan developed to explore the phenomenon under study. The choice of approach is mainly determined by the nature and objectives of the research (SureshK.Sharma,2012). For the present study, a quantitative research approach was selected.

## RESEARCH DESIGN

A research design functions as the blueprint of the study, detailing the procedures necessary to obtain answers to research questions while ensuring validity and integrity (Polit & Beck, 2012).

**The researcher employed a one-group pretest–post-test design, represented as:**

R: O<sub>1</sub> X O<sub>2</sub>

- O<sub>1</sub>: Pretest assessment of mothers' knowledge and attitude regarding management of common illnesses in preschool children
- X: Structured teaching programme on management of common illnesses
- O<sub>2</sub>: Post-test assessment of knowledge and attitude using the same tool.

## SETTING OF THE STUDY

A research setting is the physical location where data collection occurs (Polit & Hungler, 2007).

The present study was conducted in the rural area of Chinnavedampatti, located approximately 4.5 km from K.G. College of Nursing, Saravanampatti, Coimbatore.

## VARIABLES

Variables are concepts at different levels of abstraction that are concisely defined to promote their measurement or manipulation within the study (polit and beck, 2008).

### Independent Variable

Structured teaching programme on management of common illnesses using an information booklet.

### Dependent Variable

Knowledge and attitude of mothers regarding the management of common illnesses in preschool children.

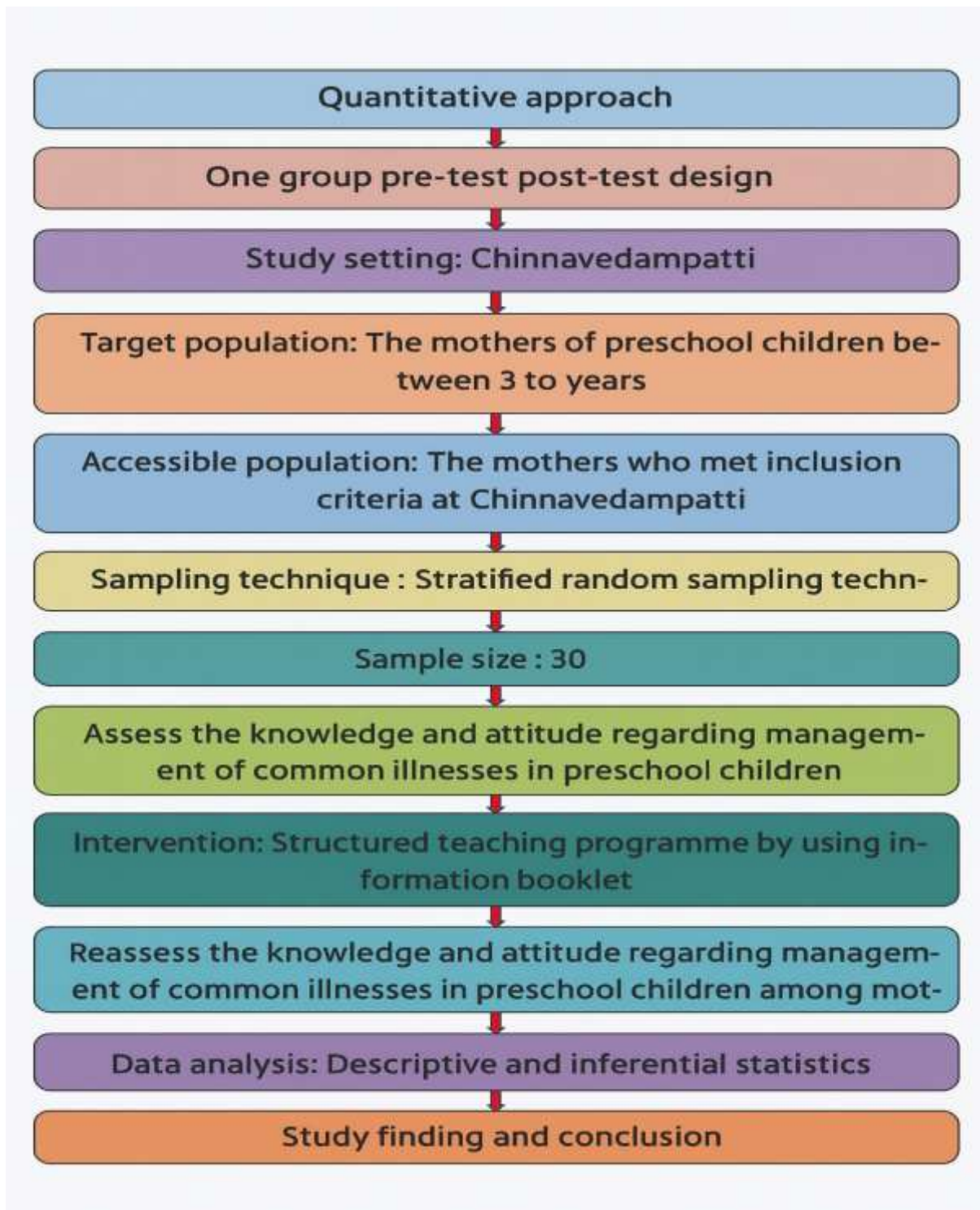
### Influencing Variables

#### Mother-related:

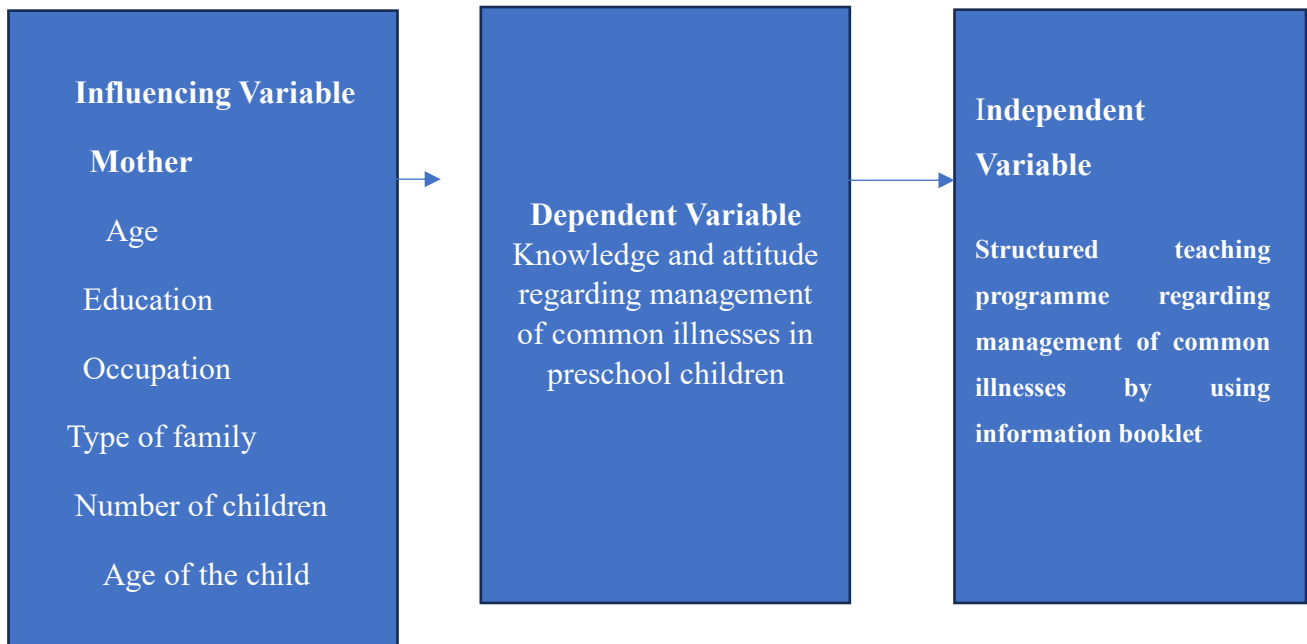
Age, education, occupation, monthly family income, type of family, primary caregiver, number of children.

#### Child-related:

Age, gender, and birth order.



**Figure 2: Schematic representation of research design**



**Figure 3: Relationship of variable**

### POPULATION

A population is the complete group of individuals sharing common characteristics relevant to the research (Polit & Beck, 2014) The target population consisted of 150 mothers with children aged 3–5 years. Those who met the inclusion criteria and were available during data collection formed the accessible population.

### SAMPLE SIZE

A sample is a selected subset of the population that participates in the study. Sample size was calculated using Mahajan’s formula:

$$n = \frac{4pq}{L^2}$$

Where:

- $p = 37.5$  ( $p = 150/400 \times 100$ )
- $q = 100 - p = 62.5$
- $L^2 = 17^2$

$$n = \frac{4 \times 37.5 \times 62.5}{17 \times 17} = \frac{9375}{289} = 32.4$$

The sample size was rounded to 30

### SAMPLING TECHNIQUE

Sampling refers to selecting a portion of the population to obtain information on the research problem. A stratified random sampling technique was used. The area was divided into four strata (streets), and samples were selected from each stratum using the lottery method.

### CRITERIA FOR SAMPLE SELECTION

#### Inclusion Criteria

- Mothers of children aged 3–5 years

- Willing to participate
- Able to read and write Tamil

**Exclusion Criteria**

- Mothers with physical or mental illness
- Mothers with auditory or visual impairment

**DESCRIPTION OF THE TOOL**

The tool consisted of three sections:

**Section A: Demographic Variables**

**Mother:**

Age, education, occupation, income, caregiver, type of family, number of children

**Child:**

Age, gender, birth order

**Section B: Structured Knowledge Questionnaire**

It comprises 30 multiple-choice questions covering general information on common illnesses such as diarrhoea, vomiting, constipation, food poisoning, and fever. Each correct response is awarded one mark, while incorrect responses are given zero marks.

**INTERPRETATION OF SCORE**

SCORE	LEVEL OF KNOWLEDGE
>75%	Adequate knowledge
51 – 75%	Moderate knowledge
≤50 %	Inadequate knowledge

**Section C: 5-Point Likert Attitude Scale**

Contained both positive and negative statements.

**INTERPRETATION OF SCORE**

SCORE	LEVEL OF KNOWLEDGE
> 75 %	Most Favourable attitude
51 – 75 %	Favourable attitude
≤50 %	Unfavourable attitude

**CONTENT VALIDITY**

Content validity refers to the extent to which an instrument accurately reflects the domain of content it is intended to measure. It ensures that all the items included in the tool adequately cover the essential components of the concept being evaluated, thereby confirming that the instrument is appropriate for its intended purpose.

For this study, the tool was reviewed by experts from the Department of Child Health Nursing. A criterion checklist was prepared, which included options such as *relevant*, *requires modification*, *not relevant*, and *remarks*. The experts provided their evaluations and suggestions for improvement. Based on their recommendations, necessary revisions were made, and these changes were incorporated into the final version of the tool.

## RELIABILITY

Reliability refers to the consistency and stability of a measurement instrument (Carmines & Zeller, 2001).

- Split-half reliability method was used.
- Knowledge questionnaire reliability:  $r = 0.58$
- Attitude scale reliability:  $r = 0.52$

These values indicated that the tool was reliable.

## PILOT STUDY

A pilot study is a preliminary, small-scale investigation conducted to evaluate the feasibility and effectiveness of the procedures planned for a larger research study (Polit & Beck, 2012). It serves as a trial run to identify any issues in the research design, tools, or implementation before carrying out the full study. For this research, the pilot study was carried out in Udayampalayam, Coimbatore. A total of 10 mothers who met the sampling criteria were selected through random sampling. Their demographic details were collected using a structured questionnaire. During the pretest phase, mothers' knowledge was assessed using the structured questionnaire, and their attitude was measured with a 5-point Likert scale. After completing the pretest, the participants were provided with an information booklet on the management of common illnesses in preschool children.

The post-test was administered on the seventh day to evaluate changes following the intervention. The findings indicated that the study design, tools, and procedures were feasible and practical. As no major difficulties were identified and the tools functioned effectively, no modifications were required. The researcher then proceeded to conduct the main study using the same methodology.

## METHOD OF DATA COLLECTION

Data collection was carried out over four weeks after obtaining written permission from the Medical Officer at Vellakkinar Primary Health Centre. The researcher explained the purpose of the study, ensured confidentiality, and obtained informed consent.

### Steps:

1. Collected demographic data
2. Conducted pretest (knowledge questionnaire + 5-point attitude scale)
3. Delivered structured teaching programme using the information booklet
4. Clarified doubts
5. Conducted post-test on Day 7 using the same tool

## PLAN FOR DATA ANALYSIS

Data analysis was planned according to the study objectives and hypotheses using descriptive and inferential statistics.

- Frequency & Percentage: Demographic variables
- Mean, SD & Paired t-test: Comparison of pretest and post-test knowledge and attitude
- Correlation Analysis: Relationship between pretest and post-test knowledge and attitude
- Chi-Square Test: Association between selected demographic variables and levels of knowledge and attitude

**CHAPTER IV**

**DATA ANALYSIS AND INTERPRETATION**

Data analysis refers to the systematic organization, computation, and synthesis of research findings, followed by the testing of the hypotheses using the processed data. Interpretation involves deriving meaning from the analysed results and understanding their implications for the study (Polit & Beck, 2004). This chapter presents the analysis and interpretation of data collected from 30 mothers of preschool children aged 3–5 years in Chinnavedampatti, Coimbatore. The purpose of the study was to assess the effectiveness of a structured teaching program on mothers’ knowledge and attitude regarding the management of common illnesses in preschool children. The collected data were condensed and systematically organized so that the research questions could be examined and interpreted meaningfully. The findings, based on descriptive and inferential statistical analyses, are presented under the following headings:

- Table 4.1: Distribution of demographic variables of mothers of preschool children
- Table 4.2: Distribution of pretest and post-test levels of knowledge
- Table 4.3: Distribution of pretest and post-test levels of attitude
- Table 4.4: Comparison of pretest and post-test knowledge scores
- Table 4.5: Comparison of pretest and post-test attitude scores
- Table 4.6: Correlation between knowledge and attitude
- Table 4.7: Association between knowledge level and selected demographic variables
- Table 4.8: Association between attitude level and selected demographic variable.

**Table 4.1 — Distribution of Demographic Variables of Mothers of Preschool Children**

**Interpretation**

The table illustrates the distribution of mothers based on demographic characteristics.

S.No	Demographic Variable	Category	n	%
1)	Mother	Age		
		18–19 years	4	13.33%
		20–30 years	20	66.7%
		31–40 years	6	20%
2)	Education	a) Primary	8	26.7%
			12	40%
		b) Secondary	7	23.3%
		c) Higher secondary	3	10%

		d) Graduate		
3)	Occupation	a). Private employe b). House wife c)daily wager	3 23 4	10% 76.6% 13.4%
4)	Family income /month	a) Below 5000 b) Rs 5000-10000 c)Above 10000	4 15 11	13.3% 50% 36.7%

S NO	Demographic Variable	Category	n	%
5)	Type of family	a) Nuclear b) Joint	21 9	70% 30%
6)	Care giver of the child	a) Parents b) Grand parents	23 7	76.6% 23.4%
7)	Number of children	a) One b) Two	19 11	63.3% 36.7%
8)	Child	a)3 years b)4 years c)5 years	17 10 3	56.7% 33.3% 10%
9)	Gender	Male Female	22 8	73.3% 26.7%
10)	Birth order	First b) Second	24 6	80% 20%

**Table 4.1** presents the distribution of demographic characteristics of mothers and their preschool children. With respect to the age of the mothers, 4 (13.3%) were below 20 years, the majority 20 (66.7%) were between 20 and 30 years, and 6 (20%) were above 30 years. In terms of educational status, 8 (26.7%) had completed primary schooling, 12 (40%) had finished secondary education, 7 (23.3%) had studied up to higher secondary level, and 3 (10%) were graduates. Regarding occupational status, 3 (10%) were employed in the private sector, 23 (76.6%) were homemakers, and 4 (13.4%) were daily wage workers. Half of the mothers, 15 (50%), reported a monthly income between Rs. 5000 and Rs. 10000, while 4 (13.3%) earned below Rs. 5000, and 11 (36.7%) had an income above Rs. 10000. The findings also show that 21 (70%) of the participants belonged to nuclear families, whereas 9 (30%) belonged to joint families. As for the primary caregiver of the child, 23 (76.6%) children were looked after

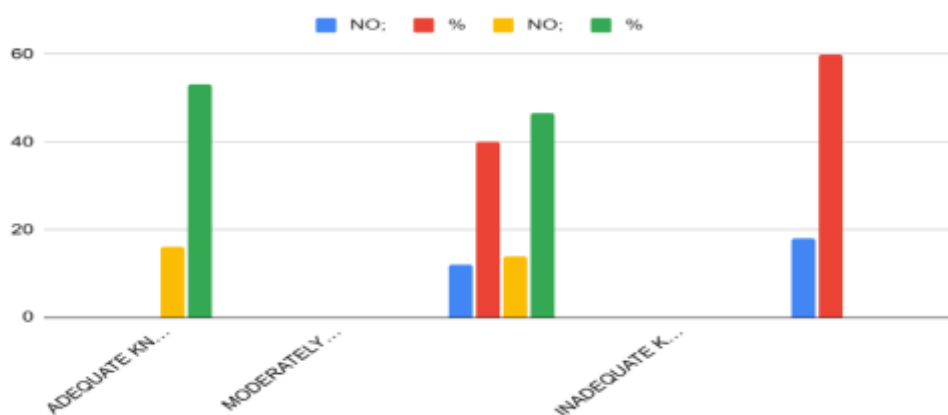
by their parents, while 7 (23.4%) were cared for by grandparents. Considering the number of children in the household, 19 (63.3%) mothers had a single child, and 11 (36.7%) had more than one child.

With regard to the children’s characteristics, 17 (56.7%) were aged 3 years, 10 (33.3%) were 4 years old, and 3 (10%) were 5 years old. In terms of gender distribution, 22 (73.3%) were male and 8 (26.7%) were female. These demographic details provide a clear profile of the study population and help in understanding the background variables that may influence mothers’ knowledge and attitude toward the management of common childhood illnesses.

**Table 4.2 — Distribution of Pretest and Post-Test Knowledge Levels**

SL.No	Knowledge	Pretest		Posttest	
		NO:	%	NO	%
1	Adequate knowledge (>75%)	—	—	16	53.3
2	Moderately adequate knowledge (51- 75%)	12	40	14	46.7
3	Inadequate knowledge	18	60	—	—

**Table 4.2** presents the distribution of pretest and post-test knowledge scores among mothers of preschool children. The findings show that during the pretest, 18 mothers (60%) demonstrated inadequate knowledge, while 12 mothers (40%) exhibited a moderately adequate level of knowledge. In contrast, the post-test results revealed a noticeable improvement: 14 mothers (46.7%) attained moderately adequate knowledge, and 16 mothers (53.3%) achieved an adequate level of knowledge regarding the management of common illnesses in preschool children.

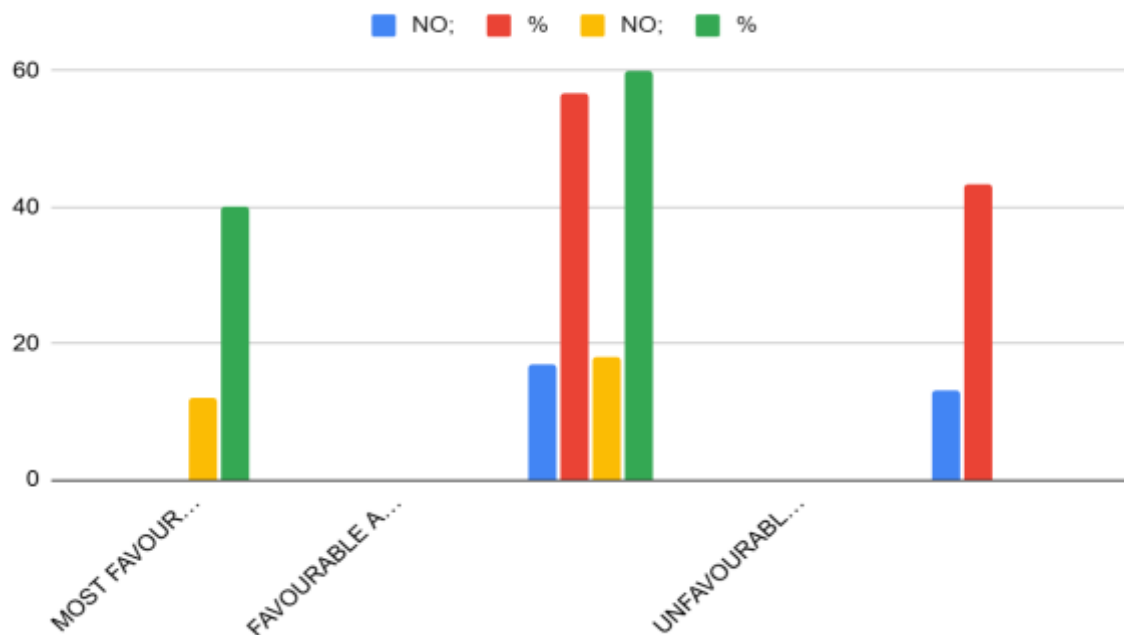


**Figure 4: Distribution of Pretest and Post-Test Knowledge Levels**

**Table 4.3 — Distribution of Pretest and Post-Test Attitude Scores**  
n=30

S.No	Attitude	Pretest		Posttest	
		NO:	%	NO	%
1	Most favorable attitude (> 75%)	—	—	12	40
2	Favorable attitude (51-75%)	17	56.7	18	60
3	Unfavorable attitude (≤50%)	13	43.3	—	—

The table indicates that during the pretest, 13 mothers (43.3%) showed an unfavourable attitude, while 17 mothers (56.7%) demonstrated a favourable attitude. In the post-test, there was a clear improvement, with 18 mothers (60%) exhibiting a favourable attitude and 12 mothers (20%) showing a most favourable attitude toward the management of common illnesses.



**Figure 5 : Distribution of Pretest and Post-Test Attitude Scores**

**Table 4.4 — Comparison of Pretest and Post-Test Knowledge Scores**

S.No	Knowledge	Mean	SD	Calculated paired 't' value	Tabulated 't' value at 5% level of significance
1	Pre test	14.76	3.64	19.5	2.045
2	Post test	22.46	3.06		

Table 4.4 indicates that the calculated  $t$  value (19.25) exceeds the tabulated  $t$  value (2.045) at the 5% level of significance. Therefore, the null hypothesis is rejected, confirming a significant difference between the pretest and post-test knowledge scores regarding the management of common illnesses among mothers of preschool children. This finding shows that the structured teaching program, delivered through the information booklet, served as an effective method for enhancing the mothers' knowledge.

**Table 4.5 — Comparison of Pretest and Post-Test Attitude Scores**

S.No	Attitude	Mean	SD	Calculated paired 't' value	Tabulated 't' value at 5% level of significance
1	Pre test	26.53	5.03	8.70	2.045
2	Post test	35.76	3.10		

The table reveals that the calculated  $t$  value (8.70) is higher than the tabulated  $t$  value (2.045) at the 5% level of significance. Consequently, the null hypothesis is rejected, indicating a significant difference between the pretest and post-test attitude scores regarding the management of common illnesses among mothers of preschool children. This result demonstrates that the structured teaching program, provided through the information booklet, is an effective strategy for helping mothers develop a more favourable attitude.

**Table 4.6 — Correlation Between Knowledge and Attitude**

S.No	Knowledge and attitude	Knowledge		Attitude		r
		Mean	SD	Mean	SD	
1	Pre test	14.76	3.64	26.53	5.03	0.39
2	post test	22.46	3.06	35.76	3.10	0.24

The table summarizes the mean knowledge and attitude scores of the participants during both the pre-test and post-test assessments. In the pre-test phase, mothers recorded a mean knowledge score of  $14.76 \pm 3.64$  and a mean attitude score of  $26.53 \pm 5.03$ . Following the intervention, there was a clear improvement, with the post-test mean knowledge score increasing to  $22.46 \pm 3.06$  and the mean attitude score rising to  $35.76 \pm 3.10$ . The correlation (r) values show a moderate positive relationship between knowledge and attitude in both assessments—0.39 in the pre-test and 0.24 in the post-test—indicating that increases in knowledge were generally associated with improvements in attitude, although the strength of the relationship slightly reduced after the intervention.

**Table 4.7: Association between knowledge level and selected demographic variables**

S.No	Demographic variables	Level of knowledge		Calculated value of X <sup>2</sup>	Tabulated value of X <sup>2</sup> at 5%level
		below mean	Above mean		
1)	Mother Age				3.84
	a) Below 25 years	7	4	0.23	
	b) 25 and above	9	10	NS	
2)	Education				
	School level	15	12	31.48**	
	College level	1	2		
3)	Type of Family				
	Nuclear	10	11	0.31	
	Joint	6	3	NS	
4)	Occupation				
	Employed	6	1	2.33	
	Unemployed	10	13	NS	
5)	Number of children				
	One	12	7	1.07	
	Two	4	7	NS	
6)	Gender of children				
	Male	13	9	0.40	
	Female	3	5	NS	

Table 4.7 presents the association between the mothers’ level of knowledge on managing common illnesses in preschool children and their selected demographic variables. The results show that the mother’s age, type of family, occupation, number of children, and the child’s gender did not have a significant association with knowledge levels, as the calculated chi-square values for these variables were below the tabulated value of 3.84 at the 5% significance level, indicating they were not significant (NS). In contrast, education demonstrated a highly significant association with knowledge ( $\chi^2 = 31.48$ ), revealing that mothers with higher educational qualifications possessed better understanding and awareness regarding the management of common childhood illnesses. This highlights the important role of education in shaping mothers’ knowledge related to child health care.

**Table 4.8 — Association Between Attitude Level and Demographic Variables**

Sl. No	Demographic variables	Level of attitude		Calculated value of X <sup>2</sup>	Tabulated value of X <sup>2</sup> at 5%level
		Below mean	Above mean		
1)	Mother Age				3.84
	a) Below 25 years	9	4	3.22	
	b) 25 and above	4	12	NS	
2)	Education				
	School level	14	13	<1	
	College level	1	2	NS	
3)	Type of Family				
	Nuclear	7	14	3.37	
	Joint	7	2	NS	
4)	Occupation				
	Employed	5	2	1.13	
	Unemployed	9	14	NS	
5)	Number of children				
	One	9	10	<1	
	Two	5	6	NS	
6)	Gender of children				
	Male	13	9	3.41	
	Female	1	7	NS	

Table 4.8 presents the association between mothers’ attitudes toward the management of common illnesses in preschool children and selected demographic variables. The findings indicate that none of the demographic factors—such as mother’s age, educational status, type of family, occupation, number of children, or the child’s gender—showed a significant association with attitude levels. For each variable, the calculated chi-square value was below the tabulated value of 3.84 at the 5% level of significance, indicating that all variables were not significant (NS). This implies that mothers’ attitudes toward managing common childhood illnesses remained consistent across different demographic groups. Unlike

knowledge (as shown in Table 4.7), attitude does not appear to be influenced by these demographic characteristics.

## CHAPTER V RESULTS AND DISCUSSION

The purpose of the study was to assess the effectiveness of structured teaching program on knowledge and attitude regarding management of common illnesses in preschool children among mothers in selected area. The result of the study was based on the statistical analysis. The data was collected with the help of structured questionnaire to assess the knowledge and five-point Likert scale was used to assess the attitude. The effectiveness of teaching program was assessed by using paired 't' test. Chi square was used to find out the association between knowledge and attitude of mothers with selected demographic variables. Correlation co-efficient was used to find out the correlation between knowledge and attitude. The results are provided according to the stated objectives.

### **(i) To assess the level of knowledge and attitude regarding the management of common illnesses in preschool children among mothers.**

Table 4.2 denotes the pre test scores on level of knowledge regarding management of common illnesses in preschool children among mothers. Concerning knowledge regarding management of common illnesses, 18(60%) of them had inadequate knowledge and 12(40%) of them had moderately adequate knowledge.

Table 4.3 denotes the pre test scores on level of attitude among mothers of preschool children regarding management of common illnesses. Concerning knowledge regarding management of common illnesses, 13(43.3%) of them had unfavorable attitude and 17(56.7%) of them had favorable attitude.

A cross-sectional study was done to assess the knowledge of mothers regarding minor ailments in children. A total of 60 mothers were selected by using simple random sampling technique. Data were collected by using self-administered structured questionnaire. The result revealed that 11.8% of them were aware of fever management and 91.2% them knew the preparation of ORS. The study concluded that there is a need to educate the mothers regarding fever and its management. (Chattopadhyay, 2007)

### **(ii) To assess the effectiveness of structured teaching program regarding management of common illnesses in preschool children among mothers.**

Table 4.4 describes the effectiveness of structured teaching program on knowledge regarding management of common illnesses in preschool children among mothers. The table shows that the posttest mean score was 22.46 on knowledge and standard deviation was 3.06. The paired 't' test is used to find out the effectiveness of structured teaching program. The calculated value of 't' (19.25) which is greater than the tabulated value 2.045. This indicates that the structured teaching program was effective in improving the knowledge of mothers regarding management of common illnesses.

Table 4.5 describes the effectiveness of structured teaching program on attitude of mothers regarding management of common illnesses. The table shows that the posttest mean was 35.76 and standard deviation was 3.10. The calculated value of 't' (8.70) is greater than the tabulated value (2.045). This indicates that the structured teaching program was effective in improving the attitude of mothers regarding management of common illness.

The present study is supported by the findings of a similar cross sectional survey approach which was conducted to assess the effectiveness of structured teaching program on knowledge regarding prevention of food and water borne disease of under five children among mothers. A total of 140 mothers were

selected by using convenience sampling technique and data were collected by using structured interview schedule. The result revealed that in pretest knowledge of mothers regarding food and water borne disease was 52.6% and after the intervention the mean score was 65%. The study concluded that the structured teaching program by using information booklet was effective in improving the knowledge of mothers regarding food and water borne diseases. (V. Sumathi, 2012)

**(iii) To correlate the knowledge and attitude regarding management of common illnesses in preschool children among mothers.**

Table 4.6 shows that in pretest there is a positive correlation between knowledge and attitude regarding management of common illnesses in preschool children among mothers is ( $r = 0.39$ ) and posttest ( $r = 0.32$ ). This reveals that as the mother's knowledge improves, her attitude regarding management of common illnesses also improves.

The present study is supported by a similar pre-experimental study conducted to evaluate the effectiveness of computer assisted instruction on knowledge and knowledge on practice regarding selected aspects of IMNCI among mothers of under five children. 60 mothers of under five children were selected by using convenience sampling technique. Structured knowledge questionnaire was used to assessing the level of knowledge and check list was used to assess the level of knowledge on practice. Then structured computer assisted instruction was administered to the subjects regarding selected aspects of IMNCI guidelines. The result shows that there was a significant difference ( $p < 0.05$ ) between the pretest mean score (11.64) and post test score of knowledge, (20.4) also pretest knowledge on practice score (7.15) and posttest mean score (8.81). The result revealed that there was a positive correlation found between posttest level of knowledge and posttest level of knowledge on practice. The study concluded that educational program helps to improve the knowledge of mothers of under five children. (Sathya, 2012)

**(iv) To associate the findings with selected demographic variables**

Chi square test was used to identify the association between the level of knowledge and attitude regarding the management of common illnesses and the selected demographic variables.

Table 4.7 shows the association of level of knowledge scores with selected demographic variables such as age of the mother, education of the mother, type of family, sex of the child and occupation of the mother. The results revealed that there is an association between education of the mother and the level of knowledge among mothers of preschool children regarding management of common illnesses. This implies that education of the mother is an influencing factor. There is no association between age of the mother, type of family, sex of the child, occupation of the mother.

Table 4.8 shows the association between attitude of mothers and selected demographic variables such as age of the mother, education of the mother, type of family, sex of the child, occupation of the mother and number of children in the family. The results showed that there is no association between selected demographic variables and attitude of mothers regarding management of common illnesses.

A cross-sectional study was conducted to assess the level of mother's knowledge on certain aspects of child health care at King Khalid University Hospital, Riyadh. The aim of the study was whether there is any correlation between their level of knowledge and the number of years of formal education they have had. A total of 375 mothers were selected by using simple random sampling technique. The data were collected by using interview technique. The result revealed that the mean score of the total sample was 25(out of 40) 15.84% and the minimum score obtained was 14 and the maximum 36. Hence the researcher concluded that there is a significant association between the demographic variables such as age of the

mother, educational status with the level of knowledge on child health at  $p < 0.001$  at 5% of level of significance. (Ibrahim Al Ayed, 2009)

A cross-sectional study was conducted to evaluate the knowledge of the mothers with children under five years of age regarding diarrhea and its management and to identify the relation of the knowledge with some demographic characteristics. A total of 430 mothers were selected by using cluster sampling technique. Structured questionnaire was used to collect the data. The result revealed that 24.7% of mothers had inadequate knowledge and 46.5% mothers had moderate knowledge. The study concluded that there is a significant relationship between knowledge of mothers with age of number of the children, occupation of the mother and source of the knowledge (Amir Abdollah, 2013)

## CONCLUSION

The present study is supported by a series of other studies, which ensures that the structured teaching program me by using information booklet is an effective teaching tool used to improve the level of knowledge and to attain most favorable attitude regarding management of common illnesses among mothers of preschool children in selected area, Coimbatore.

## CHAPTER – VI

### SUMMARY, RECOMMENDATIONS AND NURSING IMPLICATIONS OF THE STUDY

#### SUMMARY

Illness can be distressing for anyone, but it is particularly difficult when young children are affected. Preschoolers (1–5 years) are in a critical stage of growth and development and are more vulnerable to common health problems. Conditions such as diarrhoea, vomiting, food poisoning, constipation, and fever frequently occur during this age period and often require timely management at home.

The present study aimed to evaluate the effectiveness of a structured teaching programme on improving the knowledge and attitude of mothers regarding the management of common illnesses in preschool children. The intervention was delivered using an information booklet at Chinnavedampatti, Coimbatore. The study was based on the Health Belief Model developed by Rosenstock, Becker, and Maiman. An extensive review of literature, consultations with professional experts, and expert guidance helped in developing the research methodology. A pre-experimental one-group pretest–post-test design was selected. Using a stratified random sampling technique, 30 mothers were recruited for participation.

A structured questionnaire was administered to assess knowledge, while attitudes were measured using a 5-point Likert scale. Content validity was obtained from five subject experts. The reliability coefficients were 0.58 for the knowledge tool and 0.55 for the attitude scale, confirming acceptable consistency.

A pilot study with 10 mothers was conducted in Udayampalayam, Coimbatore, over one week, after which the main study was carried out. Permission was obtained from the Medical Officer of Velamina PHC. The main study extended over four weeks, during which 30 mothers ( $n = 30$ ) completed the pretest. The structured teaching programme was then administered using the information booklet, and mothers' doubts were clarified. The post-test was conducted at the end of the second week using the same tools.

Demographic variables were summarized using frequency distribution. A paired *t*-test was used to determine the effectiveness of the structured teaching programme. The results showed a statistically significant improvement in both knowledge and attitude at the 5% level of significance.

Chi-square analysis was used to assess the association between demographic variables (age of mother, education, type of family, occupation, and gender of child) and the levels of knowledge and attitude. The

results indicated a significant association between mothers' educational status and their knowledge regarding the management of common illnesses in preschool children. However, no significant association was found between attitude and any demographic variable.

Overall, the findings demonstrated that the structured teaching programme effectively enhanced mothers' knowledge and helped them develop more favourable attitudes toward managing common childhood illnesses in the Chinnavedampatti community.

## RECOMMENDATIONS

Based on the study findings, the following recommendations are proposed:

- A comparative study can be conducted to evaluate the effectiveness of structured teaching programmes among mothers in rural and urban areas.
- A similar study may be replicated with a larger sample size in different geographical settings.
- An exploratory survey can be carried out among mothers of children from various age groups regarding the management of common illnesses.

## NURSING IMPLICATIONS

### Nursing Service

- Nurses can incorporate structured teaching programmes as part of routine clinical practice, as health education is essential for mothers in managing common childhood illnesses.
- Awareness programmes can also be conducted in school settings to educate mothers on appropriate illness management.
- **Nursing Education**
- Nursing curricula should emphasize training students to identify common illnesses in children and educate families regarding their management.
- Workshops, seminars, and conferences related to common childhood illnesses can be organized for nursing students.
- **Nursing Administration**
- Nurse administrators should arrange in-service education programmes focusing on the management of common illnesses in children.
- Administrators can encourage nursing staff to undertake research in areas related to childhood illness management.
- Information booklets on managing common childhood illnesses can be made available in hospital settings.
- **Nursing Research**
- Research related to structured teaching programmes on managing common illnesses can serve as valuable reference material for future studies.
- The present findings may motivate further exploratory research on the management of common illnesses in children.

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