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## **Effectiveness of structured teaching programme on knowledge and practice regarding immunization among the mothers of under five children in Gangannagaripalle village at Madanapalle**

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**Abstract**

A study was conducted to assess the effectiveness of structured teaching programme on knowledge and practice regarding immunization among the mothers of under five children in Gangannagaripalle village at Madanapalle. The objective of the study was to assesses knowledge and practice regarding immunization among the mothers of under five children, 50 sample were selected by using convenience sampling technique. The data was collected using structured interview questionnaire. A structured teaching programme and booklet was given for the subjects to create awareness. Out of 50 samples most of the participants that is 29(58%) had inadequate knowledge, 18(36%) had moderately adequate knowledge in pre test. In post test 37(44%) had adequate knowledge and 13(26%) had moderately adequate knowledge regarding immunization among the mothers of under five children In assessing the practice, most of the participants that is 31(62%) had low practice level none of them had high practice level in the pre test. In post test none of them had low practice. 50(100%) had high practice level regarding immunization among the mothers of under five children. There was a significant association between practice and demographic variable such as source of information regarding immunization at  $p(<0.005)$  level. The study revealed that structured teaching programme on immunization was effective in improving the level of knowledge and practice among the mothers of under five children regarding immunization

**Keywords:** Effectiveness, structured teaching, immunization, Gangannagaripalle, Madanapalle

**Introduction**

Immunization is a mass of means of protecting the greatest number of people by reducing the number of susceptible in community it augments "herd immunity" making the infection more difficult to spread. It also reduces the risk for those individuals who have escaped vaccination or those who have not developed satisfactory protection.

One of the effective ways of controlling the spread of infection is to strengthen the host-defence. Under certain circumstances this may be accomplished by active immunization, which is one of the most powerful and cost-effective weapon of modern medicine.

The immunization can be achieved by two forms they are active immunization and passive immunization.

Vaccination is the active form of immunization. Active immunization entails the introduction of a foreign pathogenic micro organism enters into the body which causes the body itself to generate immunity against the target. This immunity comes from the T-cells and B-cells with their anti-bodies.

Active immunization can occur naturally when a person comes in contact with, for example, a microbe. The immune system will eventually create antibodies and other defence against the microbes. The next time the immune response against these microbes can be very efficient; this is the case in many of the childhood infection that a person only contracts once, but then is immune.

Artificial immunization is where the microbes or parts of it are injected into the person before they are able to take it in naturally. If whole microbes are used, they are pre-treated, attenuated vaccine.

Passive immunization is where pre-synthesized elements of immune system are transferred to a person so that the does not need to produce these elements itself. Passive immunization occurs physiologically, when antibodies are transferred from mother of fetus during pregnancy to protect the fetus before and shorting after birth. Artificial passive immunization is normally administrated by injection and is used if there has been a recent outbreak of a particular disease or as an emergency treatment for toxicity, as in for tetanus.

### Need For the Study

Immunization is a tool for controlling and eliminating life threatening infectious disease and is estimated to avert between 2 and 3 million deaths each year. It is one of the most cost effective health investments with proven strategies that makes it accessible to own the most hard to reach and vulnerable population. It has clearly defined target age groups: it can be delivered effectively through outreach activities and vaccination does not require any major life style change.

World Immunization Week highlight that immunization forms the major focus of child survival programme throughout the world. Roughly 3 million children die each year of vaccine preventable diseases with a disproportionate number of these children residing in developing countries. The recent estimates suggest that approximately 34 million children are not completely immunized with almost 98% of the residing in developing countries [7].

A study on immunization survived that in urban slums of Lucknow to determine the knowledge and attitude and practice about immunization among respondents of children aged 12-23 month. This studies result show that knowledge regarding the disease prevented, number of doses and correct age of administration of BCG was highest among all the categories of respondent. The paramedical worker was the main source of information to the respondents of completely (52.0%) and partially immunized (48.5%) children while community leaders for immunized children.

A study reported that childhood vaccination in united states have increased throughout the year. This review will discuss the 2009 & newly released 2010 immunization recommendation as well as challenges and strategies to improve vaccination in children. The study summaries that pediatric providers currently face numerous challenging in improving rate of immunization among children promoting the coverage through influenza vaccine. Counselling parents with clear information about risks and benefit of vaccines and taking advantage of non preventive visits for immunization are some strategies suggested to address there challenge [9].

### Statement of the Problem

“A study to assess the effectiveness of structured teaching programme on knowledge and practice regarding immunization among the mothers of under five children in in Gangannagaripalle village at Madanapalle.

### Objectives

To assess the knowledge and practice regarding immunization among mothers of under five children.

To evaluate the effectiveness of structured teaching programme on knowledge and practice regarding immunization among mothers of under five children.

To associate the knowledge & practice of the mothers of under five children with their selected demographic variables.

### Operational Definitions

**Effectiveness:** it refers to the extent to which the teaching programme has achieved the desired result intended and is measured in terms at significant gain in the post test knowledge on immunization and its practice among mothers of under five children.

**Structured Teaching Programme:** it refers to a planned teaching programme with systematically developed instruction for a group of mothers of under five children regarding the knowledge and practice regarding immunization.

**Knowledge:** knowledge is the information and understanding about immunization and its practice among the mothers of under five children.

**Practice:** it is the usual routine carried out by the mothers of under five children regarding immunization.

**Immunization:** it is one of the effective way of controlling the spread of infection by strengthening the host defenses

**Under five children:** The children between the age of 0 to 5 years.

### Hypothesis

#### Null hypothesis

There is no statistically significant effectiveness of structured teaching program on the knowledge and practice regarding immunization among the mothers of under five children.

#### Research Hypotheses

**H<sub>1</sub>:** There is a statistically significant effectiveness of structured teaching program on the knowledge and practice regarding immunization among the mothers of under five children.

**H<sub>2</sub>:** There is a statistically significant association between the pre and post test level scores with their socio demographic variables of mothers of under five children.

### Methodology

**Research Approach:** Quantitative approach

**Research Design:** The Pre Experimental Design

**Settings:** Gangannagaripalle, Madanapalle.

**Target Population:** Mothers of under five children

**Accessible Population:** Mothers of under five children in Gangannagaripalle, Madanapalle.

**Sample**

Mothers of under five children.

**Sample Size**

Sample size is 50 mothers.

**Sample Technique**

Non probability purposive sampling is used for data collection.

**Inclusion Criteria**

- The mothers of under five children who are willing to participate in the study.
- The subjects who knows Telugu
- The subject belongs to Gangannagaripalle village at Madanapalle.

**Exclusion Criteria**

- The mothers of under five children who are not willing to participate in the study.
- Subjects who are not willing to participate in the study.
- Subjects who are chronically ill.

**Variables**

- **Independent variable:** Structured Teaching Programme
- **Dependent variable:** The knowledge of the subjects regarding immunization and practice.
- **Extraneous variable:** Age, Religion Education, Occupation, type of family, family income, Source of information regarding immunization.

**Description of Tool:** The instrument consists of 2 parts.

**Part-A**

**Demographic Data**

It deals with demographic variables like age of the mother, religion, education, occupation, type of family, family income and source of information regarding immunization.

**Part-B**

**Question Related to**

- General aspects of immunization-4
- Knowledge of mothers regarding immunization schedule-18.
- Knowledge regarding purpose of each vaccine-8.
- Practice of immunization.

**Scoring**

Each correct answer carries one mark and wrong answers carry zero mark. Total knowledge and practice assessment mark is 40.

**Score Interpretation**

Inadequate Knowledge - 50% and below  
 Moderately adequate knowledge -51-75%  
 Adequate Knowledge above -75

**Section-I**

**Table 1:** Frequency and Percentage Distribution of Demographic Variables of Subjects N=50

S. No	Demographic Variables	F	%
1	Age		
	a) 20-25 years	5	10%
	b) 26-30 years	22	44%
	c) 31-35 years	23	46%
2	Religion		
	a) Hindu	44	88%
	b) Muslim	3	06%
	c) Christian	3	06%
3	Education		
	a) Primary	25	50%
	b) Middle	19	38%
	c) Secondary	5	10%
	d) Degree	1	2%
4	Occupation		
	a) Housewife	39	78%
	b) Private	7	14%
	c) Business	3	6%
	d) Government	1	2%
5	Type of family		
	a) Nuclear	30	60%
	b) Joint	17	34%
	c) Others	3	6%
6	Family Income		
	a) Below 2000	23	46%
	b) 2001-3000	15	30%
	c) 3001-4000	7	14%
	d) 4001 above	5	10%
7	Source of information regarding immunization		
	a) Family members	3	6%
	b) Friends	2	4%
	c) Media like T.V.& Radio	30	60%
	d) Health personal like doctor, nurse	14	25%
	e) Others	1	2%

**Table 2:** Level of Knowledge on Immunization among mothers of under Five in Pre test and Post test. N=50

S. No.	Level of knowledge	Pre test		Post test	
		F	%	F	%
1.	Inadequate (50 and below)	29	58	-	-
2.	Moderately adequate(51 – 75)	18	36	13	26
3.	Adequate (above 75)	3	6	37	74
	Total	50	100	50	100

**Table 3:** Assessment of Practice Before and After Structured Teaching Programme

S. No.	Practice Level	Pre test		Post test	
		F	%	F	%
1	Low	31	62	-	-
2	Moderate	19	38	-	-
3	High	-	-	50	100
	Total	50	100	50	100

**Table 4:** Comparison of Knowledge Score of the Subjects' In Pre test and Post test

Group	Mean	Standard deviation	"t" value	"P" value
Pre test	14.480	4.700	12.568	000***
Post test	25.060	3.346		

\*\*\* Significance at  $p < 0.001$  level.

**Table 5:** Comparison of Practice Score of the Subjects' In Pretest and Posttest

Group	Mean	Standard deviation	"t" value	"P" value
Pre test	22.240	6.938	21.997	0.000***
Post test	46.800	2.166		

\*\*\* Significant at  $p < 0.001$  level

There was no significant association between pretest knowledge of the subjects & the demographic variables such as age, religion, occupation, income, educational status, source of information, type of family, regarding immunization among the mothers of under five children.

There was a significance association between pre test practice level and the source of information regarding immunization of the subjects at ( $p < 0.005$ ) level. But there is no significant association between other variable such as age, income, educational status, and occupation, religion, done at pretest practice score.

### Conclusion

The present study assessed the knowledge and practice among mothers of under five children regarding immunization and found that the mothers of under five children had inadequate knowledge and level of practice related to immunization. After giving the structured teaching programme on immunization there was significant improvement on knowledge in mothers of under five children regarding immunization. The study concluded that structured teaching was effective in improving knowledge & practice in mothers of under five children regarding immunization.

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