A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME REGARDING PREVENTION AND MANAGEMENT OF MEASLES AMONG MOTHER'S OF UNDER FIVE CHILDREN IN SELECTED COMMUNITY AREA AT BANGALORE

BY

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Dissertation Submitted to the
Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore
In partial fulfillment
of requirement for the degree of
MASTER OF SCIENCE IN NURSING

CHILD HEALTH NURSING
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## DECLARATION BY THE CANDIDATE

I hereby declare that this dissertation entitled " $\mathbf{A}$ study to assess the effectiveness of structured Teaching Programme regarding prevention and management of measles among mother's of under five children in selected community area at Bangalore." is a bonafide and genuine research work carried out by me under the guidance of Mrs. Babita Yumnam, M.Sc (N) Asso-Professor, Department of Child Health Nursing, Noor College of Nursing, Bangalore.

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RESEARCH ABSTRACT

## BACKGROUND AND PURPOSE

The measles vaccine is effective at preventing the measles disease. Mothers are the primary care takers of the children because usually the children depend on their mothers for fulfilling their needs the mothers play a vital rule in safe grading their children against many diseases conditions especially infectious disease like viral infections. So their knowledge regarding infectious diseases and their prevention and management is of vital importance.

There comes the importance of have knowledge regarding measles, importance of vaccination, disease due to lack of hygienic of food, vitamin A , but most of the mother under five children lack knowledge and neglect to maintain food hygiene and infrastructure and vaccination, they get measles. For this reason the researcher decided to conduct a study to assess the effectiveness of Structured Teaching Programme regarding Prevention and management of Measles among Mother's of under five children in selected Community area, in Bangalore.

## OBJECTIVES

$>$ To assess the level of knowledge regarding prevention and management of measles among mother's of under five children.
$>$ To evaluate the effectiveness of Structured Teaching Programme on knowledge regarding prevention and management of measles among mother's of under five children.
$>$ To find out the association between knowledge score and selected demographic variables of mother's of under five children.

## HYPOTHESIS

These hypothesis are stated at 0.05 level of significance
H1: There will be a significant difference between the mean pre -test and post- test knowledge scores of mother's of under five children regarding measles management and its prevention.
$\mathbf{H}_{2}$ : There will be a significant association between the mean post -test knowledge scores of mother's of under five children regarding measles management and its prevention with their selected demographic variables.

## METHODS

Quasi Experimental one group pre test post test research design was adopted for the present study. Structured knowledge questionnaire was used for collecting the data. The main study was conducted in Sanjay Nagar PHC at Bangalore, among 60 mother's of under five children are selected by purposive sampling technique.

## RESULTS

The pre test mean knowledge score obtained, after administering STP significant improvement in the knowledge among Mother's of under five children observed. Hence the research hypothesis stated that there will be significant difference between pre and post test knowledge regarding prevention and management of measles was accepted. There was no statistically significant association found between the post test knowledge score of mother's under five children selected demographic variables.

## CONCLUSION

The hypothesis $\left(\mathbf{H}_{\mathbf{1}}\right)$ i.e. The mean post test knowledge score on measles in mother's under five children who received structured teaching programmed is significantly higher than the pre- test knowledge score is proved and accepted.

The $\mathbf{H}_{\mathbf{2}}$ i.e. there is a significant association between the knowledge of mother's under five children on prevention and management of measles with their selected demographic variables was proved and accepted. So this study concluded that the STP regarding prevention and management was effective.

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## LIST OF ABBREVATIONS USED

| ABBREVATIONS | EXPANSION |
| :---: | :--- |
| $\chi^{\mathbf{2}}$ | Chi Square |
| $\mathbf{D f}$ | Degree of Freedom |
| $\mathbf{N S}$ | Non significant |
| $\boldsymbol{\%}$ | Percentage |
| $\mathbf{P H C}$ | Primary Health Centre |
| $\mathbf{R}$ | Reliability |
| $*$ | Significant |
| $\mathbf{S D}$ | Standard Deviation |
| $\mathbf{f}$ | Frequency |

## CHAPTER-I

INTRODUCTION


## CHAPTER-1

## INTRODUCTION

"What Is Done To Children, They Will Do To The Society", Children Are The Wealth Of Tomorrow.

## Karl Meninger

Children are major consumer of health care. In India about 35 percent of total population are children 5 years of age .They are not only large in number but vulnerable various health problems and considered as special risk group . ${ }^{1}$

In populations with high levels of malnutrition and a lack of adequate health care, up to $10 \%$ of measles cases result in death. Women infected while pregnant are also at risk of severe complications and the pregnancy may end in miscarriage or preterm delivery. People who recover from measles are immune for the rest of their lives. ${ }^{1}$

Measles is caused by the measles virus, a single-stranded, negativesense, enveloped RNA virus of the genus Morbillivirus within the family Paramyxoviridae. ${ }^{2}$ Measles, also known as morbilli, rubella, or red measles, is a highly contagious infection caused by the measles virus. ${ }^{2}$

The first sign of measles is usually a high fever, which begins about 10 to 12 days after exposure to the virus, and lasts 4 to 7 days. A runny nose, a cough, red and watery eyes, and small white spots inside the cheeks can develop in the initial stage. After several days, a rash erupts, usually on the face and upper neck. Complications are more common in children under the age of 5 , or adults over the age of 20 . The most serious complications include blindness, encephalitis (an infection that causes brain swelling), severe diarrhea and related dehydration, ear infections, or severe respiratory infections such as pneumonia. Severe measles is more likely among poorly nourished young children, especially those with insufficient vitamin A, or whose immune systems have been weakened by HIV/AIDS or other diseases. ${ }^{3}$

The majority of patients survive measles, though in some cases, complications may occur. Examples of possible consequences of measles virus infection include bronchitis, sensor neural hearing loss and-in about 1 in 100,000 case pan encephalitis , which is usually fatal Acute measles encephalitis is another serious risk of measles virus infection. It typically occurs two days to one week after the breakout of the measles exanthema and begins with very high fever, severe headache, convulsions and altered mentation. A patient may become comatose, and death or brain injury may occur. ${ }^{3}$

Before immunization in the United States between three and four million cases occurred each year. Most of those who are infected and who die are less than five years old. The risk of death among those who have malnutrition. It is not believed to affect other animals. ${ }^{4}$

Five out of six WHO regions have set goals to eliminate measles, and at the 63rd World Health Assembly in May 2010, delegates agreed a global target of a $95 \%$ reduction in measles mortality by 2015 from the level seen in 2000, as well as to move towards eventual eradication. ${ }^{5}$

The measles vaccine is effective at preventing the disease. Vaccination has resulted in a 75\% decrease in deaths from measles between 2000 and 2013 with about $85 \%$ of children globally being currently vaccinated. No specific treatment is available. Supportive care, however, may improve outcomes. This may include giving oral rehydration solution (slightly sweet and salty fluids), healthy food, and medications to help with the fever. Antibiotics may be used if a bacterial infection such as pneumonia occurs. Vitamin A supplementation is also recommended in the developing world. ${ }^{6}$

Measles vaccination and vitamin A therapy are highly cost effective interventions for reducing mortality due to measles. These campaigns are being implemented in many African countries through the "measles initiative," an effort coordinated by the American Red Cross, the Centers for Disease Control, Unicef , WHO, and the United Nations Foundation, and have resulted in dramatic declines in the incidence of measles. ${ }^{7}$

## NEED FOR THE STUDY

"...successful implementation of immunization strategies is more important to achieve elimination than the under-lying socio-demographic circumstances of the country".

Unvaccinated young children are at highest risk of measles and its complications, including death. Unvaccinated pregnant women are also at risk. Any non-immune person (who has not been vaccinated or was vaccinated but did not develop immunity) can become infected ${ }^{3}$.

Measles is still common in many developing countries - particularly in parts of Africa and Asia. The overwhelming majority (more than 95\%) of measles deaths occur in countries with low per capita incomes and weak health infrastructures. ${ }^{3}$

Measles outbreaks can be particularly deadly in countries experiencing or recovering from a natural disaster or conflict. Damage to health infrastructure and health services interrupts routine immunization, and overcrowding in residential camps greatly increases the risk of infection. ${ }^{3}$

The problem of measles in India is still persisting among the children. A study was conducted to find out incidence of measles in bordering districts, west Bengal. The results showed that incidence of measles were round to be $3.3 \%$ in purlieu, $5.5 \%$ in Bankura, $4.6 \%$ in midnapur, $5.7 \%$ in Haldia-Tamluk and with an overall rate of $4.8 \%$. Incidence was higher in 0-11 and 12-23 months age group and decreased with increasing age but no sex difference in incidence of measles was observed. ${ }^{4}$

Mothers are the primary care takers of the children because usually the children depend on their mothers for fulfilling their needs the mothers play a vital rule in safe grading their children against many diseases conditions especially infectious disease like viral infections. So their knowledge regarding infectious diseases and their prevention is of vital importance. ${ }^{5}$

Every year around 3 million cases of Measles are seen and about 900,000 children die because of Measles around the world. In India everyday, 500 children
die because of Measles. The most worrying part is that the vaccine coverage against Measles in India is only $66 \%$ and even below $50 \%$ in many states.

About $85 \%$ of the world's children received one dose of measles vaccine by their first birthday through routine health services - up from $72 \%$ in 2000 . Two doses of the vaccine are recommended to ensure immunity, as about $15 \%$ of vaccinated children fail to develop immunity from the first dose. ${ }^{8}$

Measles continues to be an important cause of childhood morbidity and mortality in many states in India. At a workshop convened jointly by Government of India, WHO, and UNICEF on measles, in May 2007, it was estimated that between 100,000 and 160,000 children die from measles in India each year and that over $90 \%$ of deaths occur in 10 states - Uttar Pradesh (UP), Bihar, Rajasthan, Madhya Pradesh, Jharkhand, Assam, West Bengal, Andhra Pradesh (AP), Orissa and Gujarat (preliminary results from a workshop held at National Polio Surveillance Unit, New Delhi, May 2007). A recent (2006) vaccination coverage survey in India showed overall $71 \%$ coverage for measles vaccine (given during 9 to 12 months of age). ${ }^{9}$

According to the Registrar General and Census Commissioner of India, UP, Bihar and Assam together had 114 million children under 15 years of age, in 2006(6). Six states (AP, Gujarat, Karnataka, Kerala, Tamil Nadu, and West Bengal) conduct measles surveillance through clinical and laboratory outbreak investigations. In these states, nearly $80 \%$ cases occur in children less than 10 years old (data available at National Polio Surveillance Project [NPSP], New Delhi). Even in the states with moderate routine immunization coverage, many under-five children with measles had not been given measles vaccine (e.g. West Bengal $72 \%$, Karnataka $38 \%$, Gujarat $35 \%$ ). More than half of them had not received measles vaccine - providing fertile ground for continued intense transmission of measles virus ${ }^{10}$

A study was conducted to find out the knowledge and beliefs of mothers regarding measles in Northern Nigeria. The result showed that one percent of the

500 mothers interviewed believed that measles is prevented by immunization, $16 \%$ that it is contagious or due to an infectious agent, $26 \%$ that it is caused by evil spirits, witchcraft and heat, and $25 \%$ had never heard of measles immunization. Twenty seven percent said they did not believe immunization was effective and $4 \%$. Were not allowed to go for immunization by their husbands, of those mothers whose children had developed measles, only $31 \%$ had been treated in formal health facilities. The result indicates low level of knowledge and unpreventable attitude of mothers in relations to measles and measles vaccination. ${ }^{11}$

Measles vaccination and vitamin A therapy are highly cost effective interventions for reducing mortality due to measles. Although measles vaccines have been available since 1963, hundreds of thousands of children still die from measles every year. Fortunately, new strategies are proving to be highly effective in Africa, including large scale community based supplemental immunization campaigns, which effectively eliminated endemic transmission of measles in Latin America. ${ }^{12}$
$>$ Measles is one of the leading causes of death among young children even though a safe and cost-effective vaccine is available.
> In 2013, there were 145700 measles deaths globally - about 400 deaths every day Or 16 deaths every hour.
$>$ Measles vaccination resulted in a $75 \%$ drop in measles deaths between 2000 and 2013 worldwide.
$>$ In 2013, about $84 \%$ of the world's children received one dose of measles vaccine by their first birthday through routine health services - up from $73 \%$ in 2000.
$>$ During 2000-2013, measles vaccination prevented an estimated 15.6 million deaths making measles vaccine one of the best buys in public health.
$>$ The Plan covers the period 2012-2020. The Plan includes new global goals for 2015 and 2020:

## By the End of 2015

> To reduce global measles deaths by at least $95 \%$ compared with 2000 levels.
> To achieve regional measles and rubella/congenital rubella syndrome (CRS) elimination goals.

## By the End of 2020

$>$ To achieve measles and rubella elimination in at least 5 WHO regions.
$>$ The strategy focuses on the implementation of 5 core components:
$>$ achieve and maintain high vaccination coverage with 2 doses of measlesand rubella-containing vaccines;
$>$ Monitor the disease using effective surveillance, and evaluate programmatic efforts to ensure progress and the positive impact of vaccination activities;
$>$ Develop and maintain outbreak preparedness, rapid response to outbreaks and the effective treatment of cases;
$>$ Communicate and engage to build public confidence and demand for immunization;
$>$ Perform the research and development needed to support cost-effective action and improve vaccination and diagnostic tool.

## CHAPTER-II

OBJECTIVES

## CHAPTER-II

## OBJECTIVES

## STATEMENT OF THE PROBLEM

"A study to assess the effectiveness of structured teaching programme regarding prevention and management of measles among mother's of under five children in selected community area at Bangalore."

## OBJECTIVES OF THE STUDY

$>$ To assess the level of knowledge regarding prevention of measles among mother's of under five children.
$>$ To evaluate the effectiveness of structured teaching programme on knowledge regarding prevention and management of measles among mother's of under five children.
$>$ To find the association between knowledge scores and selected demographic variables.

## ASSUMPTIONS

> Urban mother's of under five children may have some knowledge regarding measles.
$>$ Structured teaching programme will improve knowledge of mother's of under five children.

## OPERATIONAL DEFINITIONS

## Assess <br> It refers to evaluate or estimate the knowledge regarding prevention and management of measles. <br> Effectiveness

It refers to the outcome of structured teaching programme in improving the knowledge of mother's of under five children regarding prevention and management of measles.

## Knowledge

In this study it refers to the correct response of mother's of under five Children on knowledge questionnaire which are measured in terms of knowledge Score.

## Under five children

It refers to children those who are under the age of 0-5 years.

## Structured teaching programme

It refers to systematically prepared teaching programme regarding definition, incidence, causes, sign and symptoms management and prevention of measles.

## Prevention

The action which should be taken by the mother's of under five for stopping the occurrence of measles.

## Management

These are health care activities which are practiced by the mother's of under five children to prevent from measles.

## Measles

An acute highly infectious disease of childhood caused by a specific virus of the group myxovirus.

## Mother

The mother's of under five children in area of selected area of Sanjay Nagar community at Bangalore.

## DELIMITATIONS

$>$ Study is limited only to selected area Sanjay Nagar PHC.
$>$ Study includes only the mothers who are present at the time of data collection.
$>$ Collection of data limited to 4-6weeks duration.

## CONCEPTUAL FRAMEWORK

Conceptual frame work deals with abstractions (concepts) that are assembled by virtue of their relevance to a common theme. A conceptual model broadly presents an understanding of the phenomenon of interest and reflects the assumptions and philosophic views of the model's designer.

The conceptual framework for this study was developed by applying Ludwig Von Bertalanffy's General System Theory. According to this general system theory, a system consists of a set of interacting components, all contributing to the overall goal of the system. Any system consists of input, through process and output. This study aims at developing and evaluating structured teaching programmed regarding prevention and management of measles among mother's under five children.

The process of development of structure teaching programmed includes preparatory phase as Input, the implementation phase as process and evaluation and feedback of the system as the output.

## INPUT

Input is considered as assessment of knowledge regarding prevention and management of measles. In general the topic of assessment about prevention and management of measles.

## THROUGHPUT

Process is the activity phase. Here throughput refers to matter, energy and information that is modified or transformed within the system. The process by which the system processes the input and releases an output. In this study throughput includes 3 stages, first is the pre-assessment of knowledge by pre -test, second is the administration of structured teaching programmed on alternative modalities third is the post-assessment through post-test. This will process the information about prevention and management of measles among mother's of under five children.

## OUTPUT

Output from a system is energy, matter or information given out by the system as a result of its processes. In the present study, output includes the results either gains in knowledge or no gains of knowledge among mother's under five children regarding prevention and management of measles. The gains knowledge was measures through the post test.


- Dotted Lines are not included in this study.


## CHAPTER-III

## REVIEW OF LITERATURE

Review of literature is an important step in the development of a research project. It involved the systematic identification, location, scrutiny and summary of written materials that contain information on research problem . (Polit and Hunger 2000)

This chapter attempts to present a broad review of the study conducted, the methodology adopted and conclusion drawn by earlier investigations. It helps to study the problems in depth.

## Review of literature is divided under the following headings:-

1. Prevalence of measles among the mother's of under five children.
2. Knowledge regarding measles among mother's of under five children.
3. Effectiveness of STP on knowledge regarding measles among mother's of under five children.

## 1.Prevalence of measles among mother's of under five children:

Measles is endemic virtually in all parts of the world. It tends to occur in epidemics when the proportion of susceptible children reaches about $40 \%$, when the disease is introduced in to a virgin community more than $90 \%$ of that community will be infected

The WHO estimates that over 40 million cases still occur worldwide each year, contributing to approximately 530000 deaths including 182000 in the south East Asian region as reported in 2003. Epidemics often occur every 2 to 3 years and usually last between 2 to 3 months, although their duration varies according to population size, overcrowding and immune status of affected population ${ }^{11}$.

National Health and Nutrition Examination Survey conducted during 1999-2004, the overall sero prevalence of measles IgG antibody, was $95.9 \%$
so measles sero positivity was at or above the estimated threshold of $93-95 \%$ that is needed for elimination of measles and the ongoing transmission of measles virus was declared to be eliminated in the United States in 2000. Although, the MMR vaccine is efficacious ( $\sim 90 \%$ ), the rate of vaccine failure or loss of immunity after one or two doses of MMR vaccines is not trivial. In addition, there is significant variation of measles virus-specific IgG levels among different ethnic groups and birth cohorts. ${ }^{12}$

The remarkable hypothesis that standard doses of Schwarz vaccine reduce mortality from conditions other than measles? Firstly, measles causes only $10 \%$ of child mortality, but the vaccine reduces mortality in developing countries by at least $30 \%$. Secondly, immunized children who have not had measles have a much lower mortality than unimmunized children who have not had measles. This reduction in non-measles mortality is greater in girls than in boys. ${ }^{13}$

A descriptive study was conducted on of measles outbreak that occurred in Bajura district in February to March 2010. The epidemiological characteristics of the outbreak are described. The outbreak was investigated from 4-8 March 2010 with necessary epidemiological information and biological specimen collection. One month follow up was done to determine the outcome of the measles cases. A total of 36 people had measles; $97 \%$ of them were under 15 years of age and $89 \%$ had not been immunized with measles vaccine. Attack rate and vaccine efficacy was $23 \%$ and $50 \%$ amongst children less than 15 years of age and case fatality rate was $3 \%$. Biological samples were collected from 11 patients; all of which tested IgM positive for measles. ${ }^{14}$

Epidemiological research has shown two important characteristics of measles: the severity of clinical illness is largely determined by the infecting dose, and, surprisingly, mild infection and standard doses of Schwarz vaccine substantially reduce mortality from conditions other than measles. Children infected with a large dose of measles virus have a shorter incubation period, more severe disease, and a higher mortality. Children who are infected outside the home (primary cases) have milder disease than secondary cases (who are infected in the household with, on average, a larger dose of virus). This can result in an amplification effect, where each generation of cases becomes progressively more severe; conversely, if index cases are
mild or there are only a few generations of cases, perhaps because of immunization, mortality will be low. ${ }^{15}$

A population based epidemiological study, conducted on mother's of under five children states that about $21 \%$ of children with Vitamin-A deficiency are suffering from diarrhea, measles and malaria and their death rate is also increased. About $8,00,000$ death in children are attributable to Vitamin-A deficiency which along with the direct effect on eye disease account for $1.8 \%$ of global disability adjusted life years .This appears to be lower than previous estimates possibly because of Vitamin-A supplementation or fortification program during last decade's ${ }^{16}$.

A study was conducted to assess the impact of the campaigns on measles morbidity and mortality. A national measles control strategy was implemented in Uganda, including routine immunization and mass vaccination campaigns for children aged 6 months to 5 years. Measles cases reports of three years from were obtained from the Health Management Information System, and measles admissions and deaths were assessed in six sentinel hospitals. Measles incidence declined by $39 \%$, measles admissions by $60 \%$, and measles deaths by $63 \%$ in the year following the campaigns, with impact lasting 15 to 22 months. Overall, $64 \%$ of measles cases were among children <5 years of age, to eliminate measles in Uganda, routine immunization should be strengthened, campaigns should be conducted among those <15 years of age, and nationwide case-based measles surveillance should be put in place ${ }^{17}$.

The Govt. of India will endeavor to reduce measles mortality by ensuring strong routine immunization of at least $90 \%$ of target population ${ }^{4}$. According to NFHS-3 2005 - 06 total measles vaccination coverage in India is $58.8 \%$.( Urban$71.8 \%$ and Rural - 54.2\%). In India more than $50 \%$ of measles cases are currently reported in children less than 5 years of age indicating insufficient routine measles immunization. In Karnataka its coverage is $72 \%$.DLHS3 Of Raichur in 2008 Coverage of measles is total $69 \%$, rural $66 \%{ }^{18}$.

A study was conducted to assess the measles incidence and vaccination coverage among under five children living in the slums of Surat city. Cluster sampling method was used. 3035 under five children residing in the 30 slums
identified. Result shows that the overall annual measles incidence rate was $7.67 \%$. Post measles complications rate was $29.6 \%$. The vaccination coverage in the 12-23 months age group was $49.8 \%$. The commonest reason for non-vaccination was ignorance of parents about the seriousness of the disease and the need of vaccination ${ }^{19}$.

A study was conducted in Assam, India, to evaluate the factors affecting the immunization coverage in the first year of life of the children. About $62.2 \%$ of the children were fully immunized .Result of the study shows that parents having inadequate knowledge regarding diseases and its preventive method. The researcher concluded that there is a need to improve the mothers educational status, will help to achieve higher target of immunization among children ${ }^{20}$.

A descriptive survey was conducted to assess the incidence of measles and vaccination coverage in Ahmadabad Urban Slums. A total of 3073 children between 9 to 59 months were studied with the help of a convenient sampling method. The result showed that, the incidence rate of measles was $11.2 \%$ ( $95 \% \mathrm{cl}$ -10.04-12.36). Measles vaccination coverage was only $59.88 \%$. There was no gender difference rate in vaccine coverage or measles incidence rate. The study concluded that the incidence of measles is still persisting and there is a need of educational program regarding the importance of vaccination. ${ }^{21}$

A study was conducted on regarding immunization status and reasons for non-immunization of children admitted at children hospital CMC Larkana. The results show that $48.5 \%$ of children are fullyimmunized, $37.7 \%$ were partially immunized and $13.8 \%$ were unimmunized. Coverage of immunization is low $(<50 \%)$ and main reason for non-immunization is lack of parental knowledge ${ }^{22}$.

A study was conducted on a population based study of measles, mumps, rubella vaccination and autism for all children born in Denmark. They found the relative risk of autistic disorder from the group vaccinated children as compared with the non vaccinated group was $92 \%$ and the relative risk of another autistic spectrum disorder was $83 \%$. There was no association between the ages at the time of vaccination, the time since the vaccination or the date of vaccination and the development of autistic disorder ${ }^{23}$.

## 2. Knowledge regarding measles among mother's of under five children:

A descriptive study was conducted to assess the knowledge, beliefs of mothers regarding measles in a rural area of Delhi, India. A purposive sample of 387 mother's Mehrauli block of Delhi was included in the study. A structured interview schedule with structure knowledge was administered to the mothers. The result revealed that, only $68.4 \%$ enumerated one or the other symptoms, fever being the commonest $57.5 \%$ were aware of the infectious nature an $67 \%$ had favorable attitude regarding feeding, feeding the child during measles. The commonest food stuff given was cow milk and Khichdi, $95.1 \%$ of the respondent intended to apply local herbs on eruptions. There was a variety of local medicines for home treatment and laung, Tusi leaves and kishmish being the practice in descending order of preference. $98.4 \%$ respondents favored giving special nutritional care during the attack of measles to their children. The study concluded that, the mothers in Delhi had a lack of knowledge regarding measles there is need of on educational program to them. ${ }^{24}$

A Prospective questionnaire study in Brighton and Hove area of East Sussex to describe parents' beliefs about regarding parents about MMR. The majority of parents believed that measles, mumps and rubella were serious illnesses and stated that they would feel guilty about any adverse consequences of their decision about vaccination. Many responders were ambivalent about the benefit of vaccinations and were unsure whether to trust either the medical profession or the media. Uptake of MMR vaccination at follow-up was related to previous uptake for vaccination, increased faith in the medical profession, increased faith in the media, and a lower belief that vaccination is unhealthy and can harm the immune system. ${ }^{25}$

A Qualitative study conducted on Forty-eight parents, whose youngest child was between 14 months and three years old, attended groups at community halls in six localities in Avon and Gloucestershire. Parents wanted up-todate information about the risks and benefits of MMR to be available in advance of their immunization appointment. Many parents did not have confidence in the
recommendations of health professionals because they were aware that GPs needed to reach immunization targets. Most parents would, however, welcome more open discussion about immunization with health professionals ${ }^{26}$.

A study was conducted to find out the knowledge and beliefs of mothers regarding measles in Northern Nigeria. The result showed that one percent of the 500 mothers interviewed believed that measles is prevented by immunization, $16 \%$ that it is contagious or due to an infectious agent, $26 \%$ that it is caused by evil spirits, witchcraft and heat, and $25 \%$ had never heard o measles immunization. Twenty seven percent said they did not believe immunization was effective and $4 \%$. Were not allowed to go for immunization by their husbands, of those mothers whose children had developed measles, only $31 \%$ had been treated in formal health facilities. The result indicates low level of knowledge and unpreventable attitude of mothers in relations to measles and measles vaccination ${ }^{27}$.

A health survey regarding immunization status among one hundred and thirty mothers in the age group (15-44) years and 142 children aged (12-59) months were selected in Wardha district. Out of this 100 mothers and 122 children could be contacted for evaluation of immunization coverage and assessing maternal knowledge and practice regarding immunization $52.5 \%$ children were fully immunized and $45.1 \%$ were partially immunized. Vaccine coverage for B.C.G. and primary doses of DPT/OPV was $95.9 \%$ and above $85 \%$ respectively. It was $57.4 \%$ for measles and $63.04 \%$ for booster dose was $36.96 \%$. mothers had a knowledge regarding need for immunization but a poor knowledge regarding the diseases prevented and doses of the vaccines. The study recommended that mothers need to improve their knowledge regarding immunization thereby preventing disease which can be prevented by vaccine. ${ }^{28}$

A study was done to obtain the information on parent's knowledge about mandatory and recommended vaccines administration. In that Parental knowledge on obligatory vaccinations included in the childhood immunization schedule was found to be very low. Poor knowledge on childhood immunizations among parents needs to be addressed by improvement of reliable information on vaccines and vaccine safety ${ }^{29}$.

A cross sectional study carried out on 96 mothers at Tehsil Nawabshah, District Shaheed Benazirabad, Sindh from February $15^{\text {th }}$ to March $31^{\text {st }} 2013$, to assess the knowledge and practices of mothers regarding measles-2 immunization of children age up to two years. A household registered with the lady health worker with children age up to two years were included while households without children age up to two years were excluded from the study. Sampling Technique was Simple Random Sampling. Sample size was calculated by assuming $50 \%$; margin of error was $10 \%$ and $95 \%$ confidence interval. Overall 29.16\% (28 out of 96) mothers were having knowledge and only $11.5 \%$ ( 11 out of 96 ) mothers were having practices of measles-2 immunization. Our findings state an insufficient knowledge of mothers about immunization of measles-2 in the selected area with partial practices ${ }^{30}$.

A study was carried out at Aga Khan University hospital Karachi of province Sindh on knowledge, attitude and practices regarding immunization among family practice patients which revealed a strong need for education program for the masses about immunization, since major deficiencies were identified. The similar result identified that $64 \%$ of mothers were illiterate. The major reason of the low immunization coverage in Pakistan is illiteracy and the mothers do not know much about the importance of vaccination Child health care. Another research revealed that $93.1 \%$ of the respondents tried to immunize their children from communicable and life threatening diseases such as measles and they also concluded that improving the educational status of parents ${ }^{31}$.

A study was conducted on regarding immunization status and reasons for non-immunization of children admitted at children hospital CMC Larkana. The results show that $48.5 \%$ of children are fully immunized, $37.7 \%$ were partially immunized and $13.8 \%$ were unimmunized. Coverage of immunization is low $(<50 \%)$ and main reason for non-immunization is lack of parental knowledge ${ }^{32}$.

A cross sectional study was conducted in Ahmadabad to assess the awareness and knowledge of mothers of under five children regarding immunization. The sample size was 100 mothers. The respondents were tested by interviews and questionnaire. Result of the study reveals that mothers having inadequate knowledge
regarding importance of immunization and its timings. The researcher concluded that Anganwadi workers and Television were the two most important sources for spreading health education messages ${ }^{33}$.

## 3. Effectiveness of STP on knowledge regarding measles among mother's of under five children:

A study to examine how maternal socio-demographic factors, together with mother's education, knowledge, and perception of immunizations, can affect the uptake of optional vaccinations of preschool children in Italy. Convenience samples of 1,035 mothers were interviewed. Fifty-nine percent of the respondents reported to have had their child immunized with the MMR vaccine and $54 \%$ reported to have had their child immunized against pertusis. The findings suggest that mothers' attitudes, educational level, and socio-demographic characteristics, as well as socioeconomic factors and local health policies, can influence children's immunization uptake. Health promotion, based on a partnership between parents and health professionals, should become a priority in Italian vaccination policies ${ }^{34}$.

A study was conducted to evaluate the effectiveness of structured teaching programme on knowledge regarding optional vaccines among mother's of under five children in Kovilpalayam at Coimbatore among 40 mothers selected by convenience sampling technique. A structured interview schedule was used to assess the knowledge among mothers under five children. Result revealed that value for knowledge was 18.91 at ( $\mathrm{P}<0.05$ ). The results indicated that the knowledge regarding optional vaccine among mother's with under five children was significantly improved after education. ${ }^{35}$

A study was conducted in Karachi, to evaluate the knowledge of mothers regarding vaccine preventable diseases and immunization status of under five children. A total of 110 houses were used to the study. Intervention was given in the form of health education by the medical students on childhood diseases and immunization status. Result of the study shows a significant in mother's knowledge about childhood diseases and immunization timings. The researcher concluded that
the health education messages significantly increased the vaccination status of under five children. The research shows the improvement of mothers knowledge is crucial part for the prevention of diseases. ${ }^{36}$

A study was conducted to assess effectiveness of planned teaching programme on immunization among mothers of under five children in selected hospital of Udupi. The sample consisted of 35 mothers. Study has conducted in two phases. In the first phase learning needs were identified and in the second phase, planned teaching programme was developed based on identified learning needs. To evaluate the planned teaching programme one group pre-test and post-test design was used. The findings revealed that the post-test knowledge score (26.53\%) was higher than the pre-test knowledge score (13.5\%). Therefore, planned teaching programme was found to be an effective media for educating mothers regarding importance of immunization. ${ }^{37}$

A study was conducted to assess the impact of an educational program in promoting knowledge and attitude regarding prevention of viral disease among mothers of Tabriz, Iranian. 17000 mothers were randomly in the study. A self assessment technique was used among mothers before and after an education training program, the findings showed that the knowledge of mothers increased significantly. The attitude to the problem also improved positively in the subjects ( $\mathrm{p}<0.05$ ). It is concluded that short term training courses and continuous educational programs should be provided to mothers through the course materials in the communities promoting the awareness and attitude to this ever increasing health problem. ${ }^{38}$

An evaluative study was conducted in Udupi District, Karnataka to determine the knowledge of mothers on immunization of children and to the effectiveness of structured teaching programme (STP) in selected pediatric wards. One group pre test post test design and non probability convenience sampling was used. Data were collected from 50 samples by structured knowledge questionnaire and STP was administered. Data were analyzed by descriptive and inferential statistics. The t - test showed that post test knowledge means score ( $29.74 \%$ ) were significantly higher than that of pre - test mean score. $(16.16 \%) \mathfrak{t}_{(49)}=27.77 \mathrm{p}<0.01$. This indicated that the STP was effective in improving the knowledge level of
mothers regarding immunization. Majority of the mothers (87.7\%) strongly agreed that STP was highly effective to a great extent. ${ }^{39}$

A study was conducted to evaluate the effectiveness of teaching programme among mothers about childhood immunization in united state. Sample size was 40 postpartum mothers. Pamphlets were used as a method of imparting information about childhood immunization. Post test result shows a significant improvement in mother's knowledge level regarding childhood immunization. So the researcher concluded that there is a need to provide information's in a concise, friendly and as per their level of understanding ${ }^{40}$.

## CHAPTER-IV METHODOLOGY

## CHAPTER-IV

## RESEARCH METHODOLOGY

The research methodology indicates the general pattern to gather valid and reliable data for the problem under investigation.

Research methodology is a way to systematically solve the research problem. It involves systematic procedure by which the researcher starts from initial identification of research problem to its final conclusion.

This chapter deals with description of various steps adopted to collect and organise data for study. It include the research approach, research design, setting of the study variables under study, population, sample and sample size, sampling technique, development of the tool, development of structural teaching program, method of data collection and plan for data analysis.

## Research approach

Research approach indicates the basic procedure for conducting the research study. Research approach helps the researcher to determine what data to be collected and how to analyze it. It also suggests possible conclusions to be drawn from the data. The selection of research approach depends upon the purpose of study.

In view of the nature of the problem selected for the study, as evaluative research approach was used.

Evaluative research is an applied form of research that involves finding out how well a programme, procedure or policy is working. Its goal is to assess or evaluate the success of a programme.

## Research design

The research design is the plan, structure and strategy of investigation for answering the research question. It provides an overall or blue print to carry out the study. The term research design refers to the plan or organization of a scientific investigation. Research design helps the researcher in selection of subject, manipulation
of experimental variables, control of extraneous variables, procedure of data collection and the type of statistical analysis to be used to interpret the data.

The research design used in this study is quasi experimental one group pre and post test research design and to assess the level of effectiveness of structured teaching programme on knowledge regarding prevention and management of measles among mother's of under five children in selected community at Bangalore.

| PRETEST | TREATMENT | POSTTEST |
| :---: | :---: | :---: |
| $\mathrm{O}_{1}$ | X | $\mathrm{O}_{2}$ |
|  |  |  |

Fig.1.Quasi experimental one group pre and post test research design

## KEYS:

$\mathbf{O}_{1}$ : Pre test-knowledge assessed by structured knowledge questionnaire.

X : Structure teaching programme.
$\mathbf{O}_{2}$ : Post test knowledge assessed by structured knowledge questionnaire.

Research Design: Quasi experimental one group pre test and post test design

Purpose: Assess the level of effectiveness of structured teaching programme regarding prevention and management of measles among mother's of under five children.


Data collection: Structured knowledge questionnaires about prevention and management of measles among mother's of under five children.

Methods of data collection : Pre \& post test knowledge regarding administration of STP about prevention and management of measles among mother's of under five children who are residing in Sanjay Nagar, Bangalore


## Data analysis

Fig2.: SCHEMATIC REPRESENTATION OF RESEARCH PROCESS
METHODOLOGY

# SCHETEMATIC REPRESENTATION OF STUDY DESIGN 

## VARIABLE OF THE STUDY

## Dependent variable

Knowledge of mother's of under five children regarding prevention and management of measles will be the dependent variable of the study.

## Independent variables

Structured teaching programmed regarding prevention of measles will be independent variables of the study.

## Extraneous variable

Age of mother, religion, educational status, occupation of mother, family income/month, types of family, number of children, sources of information.

## Setting of the study

Setting refers to the physical location and condition in which data collection takes place in a study.

The study was conducted at Sanjay Nagar PHC at Bangalore.

## Population

The population referred to as the target population, which represent the entire group on the entire element like individual or object that meet certain criteria for inclusion in the study. The study population consists of mother's of under five children in selected area of Sanjay Nagar, PHC at Bangalore.

## Sample

In this study the sample is mother's of under five children from selected area of Sanjay Nagar, PHC at Bangalore.

## Sample technique

The sample technique used in this study is Non probability convenient sampling technique.

## Sample size

The sample size in the study consists of 60 mother's of under five children.

## CRITERIA FOR SELECTION OF SAMPLES Inclusion criteria

The study includes
> Mother's of under five children, from selected area of Sanjay Nagar at Bangalore.
> Those who are willing to participate in the study.
$>$ Those who are available at the time of data collection.
$>$ Those who can able to communicate and understand Kannada or English.

## Exclusion criteria

The study excludes,
> Mother's of under five children with associated congenital anomalies.
$>$ Mother's of under five children who are critically ill.
$>$ Mother's who are suffering from any chronic or acute disorders.

## Development and description of the tool

The tools use for gathering relevant data about assisting the knowledge regarding prevention and management of measles among mother's of under five children was structured knowledge questionnaire. The following steps were carried out in preparing the tool.

## Description of the tool

On modifying the tool as per the expert's suggestions, the final tool consists of three sections.

Section I: Socio-demographic variables of respondents, consisting of 8 items.
Section II: Structured knowledge questionnaire consist of 34 items, with maximum score of 34 .

Section III: Development of Structured Teaching Programmed of regarding prevention and management of measles among mother's of under five children.

## Development of structured teaching programmed regarding Assisted knowledge regarding prevention and management of measles among mother's of under five children.

Lesson plan is the title given to a statement of the achievement to be realized and the specific means, by which these are to be attained, as a result of the activities engaged during the period of 45 minutes to 1 hour .

A lesson plan is the mother's mental and emotional visualization of the classroom experience, she plan to implement.

Hence in order to educate the mother's of under five children about prevention and management of measles, the lesson plan was designed after reviewing material from books, journals, magazines, bulletins and the electronic media.

Expert opinion from the validators, aided to refine the structured teaching programmed to be comprehensive, focused and objective-oriented.

The area of education regarding prevention and management of measles among mother's of under five children include the following:-

- Definition of measles.
- The incidence rate of measles .
- List out the causes of measles.
- Epidemiology of measles.
- Pathophysiology of measles.
- Enlist the clinical manifestation of measles.
- Obtain the diagnostic evaluation of measles.
- Describe the medical and nursing management of measles.
- Explain the prevention of measles.
- Predict the prognosis and the outcome of measles.


## Validity of the tool

The tool, blue print and the lesson plan for the structured teaching programme where submitted to 8 experts, in the area of Nursing and pediatric nursing. They first draft of the tool consist to 8 items on socio-demographic variables and 34 Structured knowledge questionnaire, regarding prevention and management of measles among mother's of under five children. In demographic items it was suggested to modified the qualification and sources of information variables. For knowledge items it was suggested to rearranged and modify item numbers. The rest of the items were agreed to $100 \%$.

## Reliability

Reliability of the tool was tested by Split half method and the reliability computed knowledge score was $\mathrm{r}=0.92$

## Pilot study

The pilot study is a crucial element of a good study design and it fulfills a range of important functions, by providing insight to researchers.

The pilot study was conducted in Sanjay Nagar at Bangalore. Pilot study was done among 6 mother's of under five children. Pilot study was conducted, they were given pre test on $9 / 11 / 15$ to $14 / 11 / 15$ and on the same day STP was given, and post test was conducted on 14/11/15 .

The finding of pilot study revealed that,

- Pre test knowledge of mother's of under five children was inadequate.
- After administering STP about prevention and management of measles among mother's under five children, the post test mean knowledge score was adequate.
- The pilot study finding proved that the STP was effective on knowledge regarding prevention and management of measles among mother's of under five children, and the tool designed to measure the gain in knowledge was reliable and consistent


## Data collection procedure

The investigator will develop structured interview schedule to assess the effectiveness STP on knowledge among mother's of under five children regarding management and prevention of measles. The investigator will develop and conduct structured teaching program for mothers of under five children to assess the knowledge gained regarding measles management and its prevention. Content
validity of the tool will be established in consultation with the guide and experts from nursing and medicine field . Reliability of the tool will be established by split half method.

## Plan for data analysis

| Sl.no | Statistics | Methods | Description |
| :--- | :--- | :--- | :--- |
| 1 | Descriptive <br> statistics | Frequency, percentage, mean, <br> median, mode <br> Percentage and standard <br> deviation | To assess the level of <br> knowledge among mother's <br> of under five children. |
| 2 | Inferential <br> Statistics | Chi Square | To find out the association <br> between the level of <br> knowledge score regarding <br> measles in selected <br> demographic variables |

Fig2. Plan for data analysis.

## SUMMARY

This chapter has dealt with the research methodology used in the present study. It include research approach, research design, variable under study, setting of the study, population, sample, sample technique, sampling criteria, development description of the tool content validity and reliability of the tool, pilot study, data collection procedure plan for data analysis. This chapter gives direction for the analysis and interpretation of the data.

# CHAPTER-V RESULTS 

## CHAPTER-V <br> RESULTS AND ANALYSIS

Result is the process of categorizing, ordering, manipulating and summarizing the data to obtain answers to research questions. The purpose of analysis is to reduce data to intelligible and interpretable form. The relation of research problems can be studied and tested.

The analysis is a "process of organizing and synthesizing data in such a way that research questions can be answered and hypothesis tested " (Polit and Hunger 1999).

The chapter deals with the analysis and interpretation of the data collected from 60 samples from mother's of under five children of selected community area, Sanjay Nagar PHC, Bangalore. The present study is to assess the effectiveness of structured teaching programme regarding prevention and management of measles among mother's of under five children. The collected data has been tabulated, organized, analyzed, interpretation using descriptive and inferential statistics.

The analysis and interpretation of the study are based on the data collected through pretest and posttest on the level of knowledge of measles management and prevention of 60 mother's of under five children.

The results were computed using descriptive and inferential statistics based on the following objectives and hypothesis of the study.

## OBJECTIVES OF THE STUDY

- To assess the level of knowledge regarding prevention and management of measles among mother's of under five children.
- To evaluate the effectiveness of Structured Teaching Programmed on knowledge regarding prevention and management of measles among mother's of under five children.
- To find out the association between knowledge score and selected demographic variables of mother's of under five children.


## HYPOTHESIS

These hypothesis are stated at 0.05 level of significance
$\mathbf{H}_{1}$ :There will be a significant difference between the mean pre -test and post- test knowledge scores of mother's of under five children regarding measles management and its prevention.
$\mathbf{H}_{2}$ : There will be a significant association between the mean post-test knowledge scores of mother's of under five children regarding measles management and its prevention with their selected demographic variables .

## PRESENTATION OF DATA

Section 1: distribution of demographic variables of mother's of under five children.

Section 2: The knowledge of mother's of under five children regarding prevention and management of measles.

Section 3: Effectiveness of STP regarding prevention and management of measles comparing pretest and posttest knowledge scores.

Section 4 : Association of knowledge level with selected demographic variables.

## SECTION

Table. 3- Distribution of Mother's of under five children according to their socio demographic variables by frequency and percentage like age, religion, educational status, occupation, family income/month, types of family, number of children, sources of information.

| $\mathrm{N}=60$ |  |  |
| :---: | :---: | :---: |
| Socio Demographic Variables | Frequency (f) | $\begin{aligned} & \text { Percentage } \\ & (\%) \end{aligned}$ |
| 1.Age of mother |  |  |
| a. 18 to 22 years | 20 | 33.3 |
| b. 23 to 27 year | 15 | 25 |
| c. 28 to 32 year | 7 | 11.7 |
| d. above 33 years | 18 | 30 |
| 2. Religion |  |  |
| a. Hindu | 13 | 21.7 |
| b, Christian | 27 | 45 |
| c. Muslim | 16 | 26.6 |
| d. Others | 4 | 6.7 |
| 3. Educational status |  |  |
| a, primary | 9 | 15 |
| b. Secondary education | 25 | 41.7 |
| c. Graduate | 14 | 23.3 |
| d.post graduate. | 12 | 20 |
| 4. Occupation |  |  |
| a. Govt. employee | 3 | 5 |
| b. Private employee | 19 | 31.6 |
| c. Business | 13 | 21.7 |
| d. house wife | 25 | 41.7 |
| 5. Family income/month |  |  |
| a. Less than 5000 | 29 | 48.3 |
| b. 5001 to 10000 | 11 | 18.4 |
| c. 10001 to 15000 | 12 | 20 |
| d. More than 15000 | 8 | 13.3 |
| 6. Type of family |  |  |
| a. Joint family | 22 | 36.7 |
| b. Nuclear family | 36 | 60 |
| c. Extended family | 2 | 3.3 |


| 7. Number of children |  |  |
| :--- | :---: | :---: |
| a. One | 31 | 51.7 |
| b. Two | 16 | 26.7 |
| c. Three | 5 | 8.3 |
| d. Above four | 8 | 13.3 |
| 8. Source of information about Measles |  |  |
| a. Printed material | 2 | 3.3 |
| b. Mass media | 2 | 3.3 |
| c. Health professional | 14 | 23.4 |
| d. Family | 42 | 70 |
| e. Others | 0 | 0 |

## Findings related to sample characteristics

According to the age of the mother, majority of the sample 20 (33.3\%) were at the age of between $18-22$ years, $18(30 \%)$ belongs to above 33 years, $15(25 \%)$ of mothers belong to age between 23-27 years, and 7 (11.7\%) were at the age group between 28-32 years.

Based on Religion, majority of sample 27(45\%) were Christian, 16(26.6\%)were muslims, 13(21.7\%)were Hindus and4(6.7\%)were of others religion.

With respect to qualification of mothers of under five children the majority of samples 25 ( $41.7 \%$ ) possessed secondary level of education, 14 ( $23.3 \%$ ) were graduate, 12 (20\%) completed Post graduate and 9 (15\%) had primary level of education.

With regard to occupation of mothers under five children , majority of 25 ( $41.7 \%$ ) were house wife, 19 ( $31.6 \%$ ) private employee 13 ( $21.7 \%$ ) were doing business and 3 (5\%)were government employe.

In case of type of family the majority of mother's of under five children were belong to nuclear family $36(60 \%)$ were from joint family 22 ( $36.7 \%$ ) and in extended family 2 (3.3\%)

With respect to family income nearly half of the group 29 (48.3\%) yearning < $5000 /$ month and $12(20 \%)$ of the group have the monthly income 10001$1500,11(18.4 \%)$ and $8(13.3 \%)$ were having, family income 5001-10000, more than 15000 respectively.

In regard of numbers of children shows that of samples 31(5.7\%) were having one child, $16(26.7 \%)$ were having two children, $8(13.3 \%)$ were having four children and $5(8.3 \%)$ were having three and above children.

In regard to source of information, they information regarding measles 42(70\%) family, $14(23.4 \%)$ health professional,2(3.3\%) from printed media and 2(3.3\%) from other.


Fig. 3 Diagram showing the distribution of the age among mother's of under five children


Fig. 4 Diagram showing the distribution of mother's of under five children based on the religion


Fig. 5 Diagram showing the distribution mother's of under five children based on educational status


Fig. 6 Diagram showing the distribution of mother's of under five children based on occuipation.


Fig. 7 Diagram showing the distribution of mother's of under five children based on monthly income.


Fig. 8 Diagram showing the distribution of mother's of under five children based type of family


Fig 9 Pie Diagram showing the distribution of mother's of under five children based on number of children


Fig. 10 Diagram showing the distribution of mothers of under five children based source information.

## SECTION-II

Table 4. Mean and mean percentage of pre test knowledge on measles (Pre test)

| N=60 |  |  |  |  |  |  |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
| Knowledge aspects | Range | Mean | SD | Percentage |  |  |
| General information about | $0-3$ | 2 | 0.8 | 66 |  |  |
| Measles | $0-3$ | 2 | 1.1 | 66 |  |  |
| Meaning, Definition \& | $0-6$ | 3.6 | 1.1 | 60 |  |  |
| Incidence | $0-6$ | 3.1 | 0.6 | 51.7 |  |  |
| Causes \& Risk Factors \& signs | $0-8$ | 3.9 | 0.9 | 48.8 |  |  |
| and symptoms | $0-8$ | 4.3 | 1.2 | 53.8 |  |  |
| Diagnosis \& Complications |  |  |  |  |  |  |
| Management |  |  |  |  |  |  |

The Diagram shows the area wise distribution of knowledge ( pretest) regarding measles and its management and prevention among mother's of under five children .On general information about measles the mean is 2 and mean percentage $66 \%$.Causes, Risk factors and signs and symptoms the mean is 3.6and the mean percentage was $60 \%$ diagnosis and complications 3.1 and 51.7 was the mean and mean percentage respectively .The management and the prevention shows the mean 3.9and 48.8 and the mean percentage 4.3 and 53.8 respectively.


Fig. 11 Area wise knowledge(pre-test)

Table5. Mean and mean percentage of pre test knowledge on measles and its prevention and management (Post- test)
$\mathrm{N}=60$.

| Knowledge aspects |  |  |  | Mean |
| :--- | :---: | :---: | :---: | :---: |
| General information about | Range | Mean | SD | Percentage |
| Measles | $0-3$ | 2.7 | 0.6 | 90 |
| Meaning, Definition \& Incidence | $0-6$ | 2.5 | 0.9 | 83.3 |
| Causes \& Risk Factors \&signs and | $0-6$ | 5.2 | 1.01 | 86.6 |
| symptoms | $0-8$ | 6.7 | 1.2 | 83.8 |
| Diagnosis \& Complications | $0-8$ | 6.9 | 0.9 | 86.2. |
| Management |  |  | 81.6 |  |
| Prevention |  |  |  |  |

The Diagram shows the area wise distribution of knowledge (Post - test) regarding measles and its management and prevention among mother's of under five children. On general information about measles the mean the mean 2.7 and mean percentage $90 \%$ and Meaning Definition \&Incidence the mean is 2.5 and the mean percentage is 83.3. Causes, Risk factors and signs and symptoms the mean is 5.2 and the mean percentage was 86.6 \%.diagnosis and complications 4.9 and 81.6 was the mean and mean percentage respectively.The management and the prevention shows the mean 6.7 and 6.9 and the mean percentage 83.8 and 86.2 respectively.


Fig12.Area wise post test knowledge

Table- 6 Mean, SD and Percentage comparing the pre test and post test knowledge by area wise

|  |  |  |  |  | $\mathrm{N}=60$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Various aspects | Pretest |  | Post test |  | Paired T test value |
|  | Mean | SD | Mean | SD |  |
| General information about Measles | 2 | 0.8 | 2.7 | 0.6 | 5.1 |
|  | 2 |  |  |  |  |
| Meaning, Definition \& Incidence | 2 | 1.1 | 2.5 | 0.9 | $\begin{gathered} 0.0 \\ 5 \mathrm{~S} \end{gathered}$ |
| Causes \& Risk Factors and signs and Symptoms | 3.6 | 1.1 | 5.2 | 1.01 | $\begin{aligned} & 2.1 \mathrm{P}< \\ & 0.05 \mathrm{~S} \end{aligned}$ |
| Diagnosis \& Complications | 3.1 | 0.6 | 4.9 | 0.57 |  |
| Management | 3.9 | 0.9 | 6.7 | 1.2 | $\begin{gathered} 8.8 \\ \mathrm{P}<0 \end{gathered}$ |
| Prevention | 4.3 | 1.2 | 6.9 | 0.9 | $\begin{gathered} .05 \\ \mathrm{~S} \end{gathered}$ |
|  |  |  |  |  | $\begin{gathered} 11.84 \\ \mathrm{p}<0.0 \\ 5 \mathrm{~S} \end{gathered}$ |

## S-Significance

P $<0.05$
Table- 6 shows that comparing the knowledge mean between the pre test and post test knowledge area wise. In the pre-test, knowledge related to the general information, Meaning and definition\& incidence, ,Causes and risk factor \&signs and symptoms ,Diagnosis and complications ,Management and Prevention the mean $2,2,3.6,3.1,3.9,4.3$ and $\operatorname{SD} 0.8,1.1,1.1,0.6,0.9,1.2$ respectively
> In the post-test, knowledge related to the general information, Meaning and definition\& incidence ,Causes and risk factor \&signs and symptoms, Diagnosis and complications ,Management and Prevention the mean is 2.7,2.5,5.2,4.9,6.7,6.9 and SD is $0.6,0.9,1.01,0.57,1.2,0.9$ respectively

The paired " t " test shows significant difference /improvements in all the areas so the hypothesis $\mathrm{H}_{1}$ is accepted.

Table- 7. mean SD and percentage comparing over all pre test and post test knowledge.

|  | Pre test |  |  | Post test |  |  | Paired t- <br> Test <br> value | $\begin{gathered} \mathbf{P -} \\ \text { value } \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Mean | SD | Perce ntage | Mean | SD | Perce ntage |  |  |
| Knowledge | 18.9 | 1.5 | 55.6 | 28.6 | 1.8 | 84.2 | $\begin{gathered} 31.3 \\ S^{* * *} \end{gathered}$ | $\mathrm{P}<0.001$ |

* ** S-Significance $\mathbf{P}<\mathbf{0 . 0 0 1}$

Table- 7 shows that the paired $t$ test analysis of pre test and post test score of Knowledge on measles and its management and prevention. Over all knowledge
mean of the pretest score is 18.9 with SD of 1.5 and mean percentage $55.6 \%$ .After the intervention the overall post test mean Score is 28.6 and SD is 1.8 and mean percentage is $84.2 \%$. The paired $t$ test value is 31.3.It shows that there is significant increase in the knowledge after the Structured Teaching Program at the level of $\mathrm{p}<0.001$. Effectiveness in knowledge is $28.6 \%$.
$>\quad$ From the above results according to the second objectives, the Pre test and post test mean of knowledge is compared. The paired''t" value obtained is 31.3 ( $\mathrm{P}<0.001$ ) . It is clearly states that the Structured Teaching Program is effective to increase the knowledge on measles and its management and prevention among the Mothers of under five children and the hypothesis $\mathrm{H}_{1}$ is accepted in the study.

Table 8. shows the frequency and percentage of pre test level of knowledge on measles and its management and prevention

| Level of knowledge | Score | Frequency <br> $(\mathbf{f})$ | Percentage <br> $(\%)$ |
| :--- | :---: | :---: | :---: |
| Adequate knowledge | $26-34$ | 0 | 0 |
| Moderately Adequate | $17-26$ | 50 | 83.3 |
| Inadequate knowledge | $0-17$ | 10 | 16.7 |

Table 8 shows that in the pre test, $83.3 \%$ of Mothers were in the moderately adequate knowledge on measles and its management and prevention and $16.7 \%$ were possessed in the inadequate knowledge on measles and its management and prevention and none of them were distributed in the adequate knowledge.

Table 9 shows the frequency and percentage of post test level of knowledge on prevention and management of measles.

|  |  | N=60 |  |
| :--- | :---: | :---: | :---: |
| Level of knowledge | Score | Frequency <br> $(\mathbf{f})$ | Percentage <br> $(\%)$ |
| Adequate knowledge | $26-34$ | 56 | 93.3 |
| Moderately Adequate | $17-26$ | 4 | 6.7 |
| Inadequate knowledge | $0-17$ | 0 | 0 |

Table 9 Shows that in the post test, 93.3 \% of Mother' of under five children were in the adequate knowledge on measles and its management and prevention, $6.7 \%$ were distributed in the moderately adequate knowledge on measles and its management and prevention and none of them were distributed in the inadequate knowledge.


Figure 13.Shows that the distribution of mother's of under five children in the level of knowledge in pre and post test.

## SECTION 3

Table- 10. chi square test associate the selected Socio demographic Variables with the level of knowledge on measles and its management and prevention

$$
\mathrm{N}=60
$$

|  | Below | Above | Chi Square |
| :---: | :---: | :---: | :---: |
| Socio demographic Variables | Median | Median | Value ( $\chi^{2}$ ) |
| 1.Age of mother |  |  |  |
| a. 18 to 22 years | 15 | 5 |  |
| b. 23 to 27 year | 11 | 4 | 3.2 |
| c. 28 to 32 year | 5 | 2 | $\mathrm{p}>0.05$ |
| d. above 33 years | 9 | 9 | NS |
| 2. Religion |  |  |  |
| a. Hindu | 6 | 7 |  |
| b, Christian | 16 | 11 | 9.2 |
| c. Muslim | 14 | 2 | $\mathrm{p}>0.05$ |
| d.others | 4 | 0 | S |
| 3. Educational status |  |  |  |
| a, primary education | 8 | 1 |  |
| b. Secondary education | 16 | 9 | 2.4 |
| c.Graduate | 9 | 5 | $\mathrm{p}>0.05$ |
| d. post graduate. | 7 | 5 | NS |
| 4. Occupation |  |  |  |
| a. Govt. employee | 1 | 2 | 1.5 |
| b. Private employee | 13 | 6 | $\mathrm{p}>0.05$ |
| c. Business | 9 | 4 | NS |
| d. house wife | 17 | 8 |  |


| 5. Family income /month |  |  |  |
| :---: | :---: | :---: | :---: |
| a. Less than 5000 | 20 | 9 | 0.17 |
| b. 5001 to 10000 | 7 | 4 | $\mathrm{p}>0.05$ |
| c. 10001 to 15000 | 8 | 4 | NS |
| d. More than 15000 | 5 | 3 |  |
| 6. Type of family |  |  |  |
| a. Joint family | 15 | 7 | 0.27 |
| b. Nuclear family | 24 | 12 | $\mathrm{P}>0.05$ |
| c. Extended family | 1 | 1 | NS |
| 7. Number of children |  |  |  |
| a four | 6 | 2 | 2.4 |
| b. One | 20 | 11 | $\mathrm{P}>0.05$ |
| c. Two | 12 | 4 | NS |
| d. Three and above | 2 | 3 |  |
| 8. Source of information |  |  |  |
| a. Printed material | 2 | 0 |  |
| b. Mass media | 1 | 1 | 1.5 |
| c. Health professional | 10 | 4 | $\mathrm{p}>0.05$ |
| d. Family | 27 | 15 | NS |
| e. Others | 0 | 0 |  |

*S -Significance $P<0.05$ NS - No Significance
shows that the association between the level of knowledge and socio demographic variable

Table 10. Shows the chi square analysis between the post test level of knowledge and selected socio demographic variables such as age of Mothers, religion ,educational status, types of family, occupation, monthly income, number of children and source of information about the measles and its management and prevention.

The result shows that, there was a significant association the mean post -test level of knowledge with selected demographic variables such as religion. But none of other selected demographic variables such as age of the mother, education type of family, family income, occupation, numbers of children, and source of information. There was no significant association with pos-test level of knowledge. Hence Hypothesis $\mathrm{H}_{2}$ was accepted.

$$
\begin{aligned}
& \text { CHAPTER-VI } \\
& \text { DISCUSSION }
\end{aligned}
$$

## CHAPTER-VI

## DISCUSSION

The present study was conducted to assess the effectiveness of knowledge regarding prevention and management of measles among the mother's of under five children in selected community area at Bangalore. A non- probability convenient sampling technique was used to select the samples. The data was collected from 60 mother's of under five children. A structured knowledge questionnaire were use to assess the knowledge on the prevention and management of measles among mother's of under five children was used for collection of data. The finding of the data has been discussed with reference to the objectives and with the findings of other studies.

## The objectives of the study are

1) To assess the level of knowledge regarding prevention and management of measles among mother's of under five children.
2) To evaluate the effectiveness of structured teaching programmed on knowledge regarding prevention and management of measles among mother's of under five children.
3) To find the association between knowledge scores and selected demographic variables.

## Objective I: The knowledge of mother under five regarding prevention and management of measles

Based on the objective the pretest knowledge is assess by administering structured knowledge questionnaire. On pretest $83.3 \%$ of mother's of under five children were in the moderately adequate knowledge on measles and its management and prevention, $16.7 \%$ were possessed in the inadequate knowledge on measles and its management and prevention and none of them were distributed in the adequate knowledge.

## Objective II: Effectiveness of STP regarding prevention and management of measles comparing pre test and post test knowledge scores.

Based on above objective structured teaching programmed was administer among mother's of under five children and the posttest was assess by using structured knowledge questionnaire.

The posttest finding shows that the overall mean of post test knowledge score $93.3 \%$ is higher than the mean of pretest score $83.3 \%$ at $\mathrm{p}<0.05$ level of significant. Finding of the study supported by the study conducted to find out the effectiveness of structured teaching programmed on knowledge regarding prevention and management of measles among mother's of under five children in selected community area, Bangalore.

The samples are selected and quasi experimental research designed was used. A structured teaching programme improve the knowledge of children regarding prevention and management of measles among mother's under five children.

## Objective III: The association between the pretest level of knowledge score and selected demographic variables

Based on above objective the chi square was done to find out the association between the knowledge score of mother's of under five children with selected demographic variables. Calculated square values is higher than the table value at $\mathrm{p}<0.05$. Hence there is no significant association between the posttest level of knowledge .

CHAPTER-VII
CONCLUSION

## CHAPTER-VII

## CONCLUSION

Measles is a highly contagious respiratory disease cause by direct contact to infected person outbreaks are common in winter season. It is air born disease.

Keeping in view of the above emphases has been made to find out the effectiveness of STP in providing the knowledge of mother's of under five children regarding prevention and management of measles.

Conclusion were derived from findings and are the synthesis of findings. To form the reasoning, creative formation of meaningful whole from pieces of information obtain through data analysis and findings from previous studies respectively to subtle causes in the data and the used of and open context in considering alternate explanations of the data.

## Base on the findings of the study, the following conclusion were drawn.

The paired ' $t$ ' test computed between mean posttest knowledge and with mean pretest knowledge score indicated that there is a significant gain in knowledge. Thus it is concluded that the STP on prevention and management of measles among mother's of under five children was effective.

## Implication

Health education's is a primary responsible of the nurse who is called to be caregiver with knowledge expertise. The nursing personal are challenged to provide standard and quality nursing care. There is a need for the nurses to active part to restore the life of clients who are sick and well, young and old, to maximum functioning capacity. More and more nurses are taking up pediatric specialty, gradually the role the pediatric nurses is expanding into liaison nursing. The assessment the communicable disease mother under will help nurses to plan and organize health education.

The finding of this study has implication in various areas of nursing namely nursing practice nursing education, nursing administration and nursing research.

## Nursing practice

* Good supervisor and appreciation need to be encouraged by senior nurses in the hospital and community area to promote prevention and management of measles awareness.

Nurses can play an important part in identifying and teaching the mother's of under five children about measles prevention and management. So that the incidence of undue anxiety, and fear can be avoided and morbidity can be reduced.

The children who infected should be help to come out of their problem by guiding them to take treatment.

## Nursing education

Nursing educators should emphasize more on preparing students nurses to impart health education to the mother's of under five children regarding prevention and management of measles .

Nursing Curriculum should be updated and topics related to prevention and management of measles should be integrated at different level to impart adequate knowledge to the future nurses.

## Nursing administration

Nurse administrators should take initiative in organizing in-service and continuing education programs for students and staff nurses for upgrading the knowledge regarding prevention and management of measles among mother's of under five children .

Clear policies and protocols regarding prevention and management of measles among mother's of under five children should be developed by higher authorities

## Nursing research

* There a need for extensive and intensive research in this area. This type of study should be done in all the mother's under five children from time to time. This will help to identify the various problem face by the mother under five. Based on the problems, action can be plan to help them to life situation. More research is needed to find out the causes and factors predisposing to measles.


## Limitation of the study

* Generalization of the study could not be made due to small size of the sample.
* The study was limited area of setting.
* Randomization could not be done.
* The study was limited only to the mother's of under five children.


## Recommendation

The following recommendation are offer for further studies

- The study can be replicated on a large sample to validate the finding of the present study.
* Randomize control trial can be carried out to evaluate effectiveness of the STP regarding prevention and management of measles among mother's of under five children in a more precise way.
* In-service education for nurses in counseling, guidance should be provided.

Mother's of under five children should be adequately educated and exposed about various measures to prevent the measles.

* A similar study can be undertaken in different settings.

CHAPTER-VIII
SUMMARY

## CHAPTER-VIII <br> SUMMARY

The primary aim of the study was to assess the effectiveness of Structured Teaching Programmed regarding prevention and management of measles among mother's of under five children in selected community area in Bangalore.

## OBJECTIVES

1. To assess the level of knowledge regarding prevention and management of measles among mother's of under five children.
2. To evaluate the effectiveness of Structured Teaching Programme on knowledge regarding prevention and management of measles among mother's of under five children.
3. To find out the association between knowledge score and selected demographic variables of mother's of under five children.

## HYPOTHESIS :

These hypothesis are stated at 0.05 level of significance.
$\mathbf{H}_{1}$.There will be a significant difference between the mean pre-test and post-test knowledge scores of mother's of under five children regarding measles management and its prevention.
$\mathbf{H}_{2}$. There will be a significant association between the post-test knowledge scores of mothers of under five children regarding measles management and its prevention with their selected demographic variables.

The conceptual framework for the present study was based on Ludwig von Bertalonffy's General system theory.

Pre experimental, pre test and post test, with and evaluative approach was used to test the propose hypothesis. The study sample ( $n=60$ ) selected for study was mother's under five children in selected community at Bangalore. Purposive sampling technique was utilized for the selection of the study samples. In order to collect the data, a structured knowledge questionnaire was used descriptive and inferential statistic.

The research design used in the study was quasi experimental one group pretest and post test research. The study was conducted in PHC, Sanjay Nagar at Bangalore. A structured knowledge questionnaire was developed related literature after consulting with the experts and consists of sample characteristics and 34 multiple choice questions on knowledge regarding prevention and management of measles . Reliability of the tool was done by split half methods, $\mathrm{r}=0.7$ it indicated that the tool was highly reliable.

The pilot study was conducted among 6 samples. It shows that the tool was feasible. For main study the data related to knowledge was collected from 60 mother's of under five children.

The data collected was analyzed and interpreted by using descriptive and inferential statistics. Frequency and percentage were computed to summarized the sample characteristics and mean and standard deviation was used to analyze the level of knowledge paired $t$ ' test and shows that there is no significant difference between the pretest and posttest level of knowledge and chi square was computed to find out the association between the level of knowledge with the selected demographic variables.

## CHAPTER-IX

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# CHAPTER -9 <br> BIBLIOGRAPHY 

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$$
\begin{aligned}
& \text { CHAPTER-X } \\
& \text { ANNEXURE }
\end{aligned}
$$

## CHAPTER-X <br> ANNEXURE-I

## Copy of Letter Seeking Permission to conduct the study

From
Ms. Khundrakpam Sarita Devi
$2^{\text {nd }}$ year M.Sc Nursing.
Noor college of nursing, Bangalore -5
To ,
The principal
Noor college of nursing, Bangalore
Sub :- Permission to conduct research study in your institution.

Respected sir/madam
I Ms Kh. Sarita Devi nursing student of Noor college of nursing, Bangalore, as part of masters in nursing degree progrmme to work on chosen subject ""A study to assess the effectiveness of Structured Teaching Programme regarding prevention and management of measles among mother's of under five children at Selected, Sanjay Nagar village in Bangalore"

So, I request you to kindly grant permission to conduct the study in your urban area. Hope you will consider my request and will do the needful.

Thanking you

## Date:

Yours faithfully
(Ms .Kh. Sarita

Devi)
Place:

From,
KH. SARITA DEVI,
II year, M. Sc. (N),
Noor College of Nursing,
Bangalore.
To,

## Through The Proper channel

The Principal,
Noor College of Nursing,
Bangalore.
Sub: Letter requesting permission to conduct the Pilot Study.

## Respected Sir,

I KH.SARITA DEVI, bonafide Post Graduate Nursing student of Noor College of Nursing affiliated to Rajiv Gandhi university of Health Sciences, Bangalore with a specialization in Child Health Nursing.

I have to conduct a Pilot Study as a part of my main research for the purpose of partial fulfillment of my course. The problem statement is "A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME RAGARDING PREVENTION AND MANAGEMENT OF MEASLES AMONG MOTHER OF UNDER FIVE IN SELECTED COMMUNITY, BANGALORE".

I request you to kindly permit me to conduct the study in your primary health centre.

I assure you that there will not be any procedure done through out of my study.
Thanking you,
Place: Bangalore
Date:


Ref．No．From，
KH．SARITA DEVI，
II year，M．Sc．（N），
Noor College of Nursing，
Bangalore．
To，

## Through The Proper channel

The Principal，
Noor College of Nursing， Bangalore．

Sub：Letter requesting permission to conduct the Main Study．

## Respected Sir，

I KH．SARITA DEVI，bonafide Post Graduate Nursing student of Noor College of Nursing affiliated to Rajiv Gandhi university of Health Sciences，Bangalore with a specialization in Child Health Nursing．

I have to conduct a Main Study as a part of my main research for the purpose of partial fulfillment of my course．The problem statement is＂A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME RAGARDING PREVENTION AND MANAGEMENT OF MEASLES AMONG MOTHER OF UNDER FIVE IN SELECTED COMMUNITY，BANGALORE＂．

I request you to kindly permit me to conduct the study in your primary health centre．

I assure you that there will not be any procedure done through out of my study．
Thanking you，
Place：Dasgalore
Date：
PRINCIPAL
NOOR COLLEGE OF NURSING BANGALORE

$$
\begin{aligned}
& \text { \& } \\
& \text { ムowయ इగて }
\end{aligned}
$$

## ANNEXURE- IV

## CONCENT FORM

## Letter requesting participation in the study

Dear participant,

I am M.Sc Nursing student of Noor College of nursing, Bangalore, doing a research study entitled "A study to assess the effectiveness of Structured Teaching Programmed regarding prevention and management of measles among mother's of under five children at Selected, Sanjay Nagar village in Bangalore" I request you to fill the questionnaire given and extend your cooperation which will help us to provide information regarding prevention and management of measles. I assure you that the information obtained from you will be kept strictly confidentially and will be used only for study purpose.

## Yours

sincerely,
Ms. KH. Sarita
Devi

| $2^{\text {nd }}$ year | Student MSc |
| :--- | :---: |
| nursing | Noor college of |

Consent

I have been informed of the purpose of the study and agree to participate in the same.

Date:
Signature of the participant

Place: Bangalo

## ANNEXURE-V

## LETTER SEEKING EXPERTS GUIDANCE FOR CONTENT VALIDATION OF <br> THE TOOL.

From,
Ms KH Sarita Devi
$2^{\text {nd }}$ Year M.Sc Nursing
Noor College Of Nursing
Bangalore
To,
$\qquad$
$\qquad$

Subject: Requesting opinion and suggestion of experts to establish content of the research tool.

## Respected Madam/ Sir

I am $2^{\text {nd }}$ year M.Sc nursing student in Noor college of Nursing. I have undertaken a research namely "A study to assess the effectiveness of Structured Teaching Programme regarding prevention and management of measles among mother's of under five children at Sanjay Nagar area of Bangalore" submitted to the RGUHS, Bangalore as partial fulfillment of M.Sc nursing programme.

I request you to kindly go through the tools and give your valuable suggestion. Anticipating a favorable reply at the earliest.

Date:
Place:
Kh. Sarita Devi

## ANNEXURE-VI <br> LIST OF EXPERT CONSULTED FOR CONTENT

## VALIDITY

## 1)Mrs Babita Yumnam

Asso. Prof. of child health nursing
Noor college of nursing
Bangalore, Karnataka
2) Mrs Jinslin Oliver

Asst Prof, Dept
Child Health Nursing
Noor college of nursing
Bangalore

## 3)Mr Bhagawan Sahay Mangal

Asst Prof, HOD
Child Health Nursing
Noor college of nursing
Bangalore

## 4)Mrs Christina Praveen

Asst. Prof, HOD

Community health nursing
SM. college of nursing
Bangalore

## 5)Mr Ummed Ram

## Asst. Prof.HOD

Community health nursing
Noor college of nursing
Bangalore

## 6)Mrs Grace Mellani

Lecturer of community health nursing
Noor college of nursing
Bangalore.

## 7)Mrs Rojina thokchom

Asst.Prof Dept of Community health nursing
Sri kalabyraveshwara swamy collage of nursing Karnataka, Bangalore.

## 8) Mr Iranna Shiralashetti

Lecturer
Dept of child health nursing
Bangalore

## 9) Dr Krishnappa

Dept of paediatrics

Sri Devaraj Urs Hospital
Tamaka, Kolar, Karnataka
10) Dr. Ravishankar

Asst Prof of biostatics
Sri Devaraj Urs Medical college
Tamaka, Kolar, Karnataka

## ANNEXTURE-VII

## CONTENT VALIDATION OF CONSTRUCTED TOOL.

From:
Ms. Kh. Sarita Devi
2 nd Year M.Sc. (N) Student
Noor College of Nursing
Bangalore.
Through The Principal, Noor College of Nursing
To

Subject: Requisition for expert's opinion and suggestions for content validity of research tool.

Respected Sir/Madam
I, Ms. Khundrakpam Sarita Devi, $2^{\text {nd }}$ year M.sc(N) student of Noor College of Nursing, Bangalore. As a part of my partial fulfillment of $\mathrm{M} . \mathrm{Sc}(\mathrm{N})$ programme, I need to construct tool and send it for valuation and suggestions about my tools which I have enclosed. I humbly request you to certify regarding yours validation in the enclosed format. I will be grateful to yours honorable work.

Thanking you

## STATEMENT OF THE PROBLEM.

"A study to assess the effectiveness of Structured Teaching Programme regarding prevention and management of measles among mother's of under five children at Sanjay Nagar area at Bangalore,"

## OBJECTIVES OF THE STUDY

1. To assess the level of knowledge regarding prevention of measles among mothers of under five children.
2. To evaluate the effectiveness of structured teaching programme on knowledge regarding prevention and management of measles among mother's of under five children.
3. To find the association between knowledge scores with selected demographic variables.

## Enclosure:

A. Statement of the Problem
B. Description of tool as below

Section A: Demographic Data.
Section B: Structured knowledge questionnaire on knowledge of mother's of under five children regarding prevention and management of measles.
A. Score Key.
B. Structured teaching programme.
C. Content Validity certificate.

Signature of the guide
Mrs.Babita Yumnam

Asso.Professor
Dept. of Child Health Nursing.
Department
Noor College of Nursing,
Bangalore.

Signature of the Principal
Ms. Swarna Soman M.Sc(N)

Principal Cum HOD
Medical and surgical

Noor College of Nursing
Bangalore.

## ANNEXURE:VIII

## BLUE PRINT OF THE TOOL

| $\begin{array}{\|l} \hline \text { SL. } \\ \text { NO } \end{array}$ | CONTENT | ITEM | TOTAL | PERCENTA GE |
| :---: | :---: | :---: | :---: | :---: |
| 1 | General information about measles | 1,2,3 | 3 | 8.8\% |
| 2 | Meaning, Definition and Incidence | 4,5,6, | 3 | 8.8\% |
| 3 | Causes, risk factors, sign and symptom | $\begin{aligned} & 7,8,9,10,11 \\ & , 12, \end{aligned}$ | 6 | 17.6\% |
| 4 | Diagnosis and complication | $\begin{array}{\|l\|} \hline 13,14,15,1 \\ 6,17,18 \end{array}$ | 6 | 17.6\% |
| 5 | Management of measles | $\begin{aligned} & 19,20,21 \\ & , 22,23,24 \\ & , 25,26 \end{aligned}$ | 8 | 23.5\% |
| 6 | Prevention of measles |  |  |  |
|  |  | $\begin{aligned} & 27,28,29,3 \\ & 0,31,32,33 \\ & , 34, \end{aligned}$ | 8 | 23.5\% |
| 7 | Total |  |  |  |
|  |  | 34 | 34 | 100\% |

## DATA COLLECTION

Instruction to the participants, the researcher will introduce herself and explain the purpose of the study she will distribute the questioners to the participants .Kindly go through the questioners and put tick Mark in the appropriate answers .Each question carries one mark. I assure you that the information Given by you will be kept confidential.

## SECTION A: SOCIO DEMOGRAPHIC DATA

## 1. Age of mother

a) 18 to 22 years
b) 23 to 27 years
c) 28 to 32 years
d) Above 33years

## 2. Religion

a) Hindu
b) Christian
c) Muslim
d) Others
3. Educational status
a) Primary
b) Secondary education
c) Graduate
d) Post graduate
4. Occupation
a) Govt. employee
b) Private employee
c) Business
d) Housewife
5. Family income/month
a) Less than 5000
b) 5001 to 10000
c) 1001 to 15000
d) More than 15000

## 6. Types of family

a) Joint family
b) nuclear
c) Extended
d) other

## 7. Number of children

a) One
b) Two
c) Three
d) Above four
8. Source of information
a) Printed material
b) Mass media
c) Health professional
d) Family
e) others

# SECTION-B STRUCTURE KNOWLEDGE QUESTIONNAIRE REGARDING PREVENTION AND MANAGEMENT OF MEASLES AMONG MOTHER'S OF UNDER FIVE CHILDREN. 

Each question consists of four options out of which one is the response. Select the most appropriate answer and indicate your choice by marking in the correspondent.

## SECTION-B

## General information about measles

1) Measles is an
a) Air born diseases
b) Water born diseases
c) All the above
d) None of the above
2) A child got measles through
a) Congenital
b) Direct contact
c) Idiopathic
d) All of the above
3) How does measles spread?
a) Coughing
b) Sneezing
c) Direct contact
d) All the above

Meaning ,definition, and incidence of measles
4) Measles is infected of which system of our body
a) Nervous system
b) Cardiac system
c) Gastric system
d) Respiratory system
5) Who should not receive MMR vaccine
a) Who had severe allergic reaction
b) Women known to be pregnant
c) Severe AIDS patients
d) All the above
6) What kind of vaccine is MMR ?
a) Live attenuated vaccine
b) Killed un attenuated vaccine
c) Both
d) None

## Causes, risk factors and signs and symptoms

7) What side effects have been reported with this vaccine?
a) Fever
b) Joint pain
c) Rash
d) All the above
8) Which adults need two doses of MMR vaccine?
a) Health care personal for measles
b) People who received inactive or killed measles vaccine
c) Both
d) None
9) Can someone get measles more than one time?
a) Yes
b) No
c) Two times
d) Many times
10) When should children get second MMR shot?
a) 1-3years old
b) 4-6 years old
c) 7-9 years old
11) Measles is a disease infected to
a) Plants
b) Humans
c) Animals
d) None
12) Risk factors of measles is
a) HIV/AIDS
b) Stem cell transplant
c) Travel to area where measles is endemic
d) All the above

## Diagnosis and complication

13) Measles is also known as
a) Morbilli
b) Rubeola
c) Red measles
d) All the above
14) How long the virus can live on the surface?
a) 30 minutes
b) 1hours
c) 2 hours
d) Several hours
15) In which season measles are more commonly occurred?
a) Sumer season
b) Winter season
c) Rainy season
d) None
16) The incubation period of measles is approximately
a) 1-12year
b) 7-19days
c) 6-18days
d) 11 day
17) How many days the fever begins after exposure to the virus?
a) 4-6 days
b) 6-8days
c) 8-10days
d) 10-12days
18) Which one is not the symptom of measles?
a) Light sensitivity
b) Muscles ache
c) Sore throat
d) All the above

## Management of measles

19) Signs of a measles rash include
a) Red
b) Itchy bumps
c) All the above
d) None
20) Measles is a sever diseases which causes a
a) Cough
b) Rash
c) Fever
d) All of the above
21) Measles is caused by
a) Virus
b) Bacteria
c) Fungi
d) All the above
22) The sign and symptom seen in initial stage of measles are
a) Runny nose
b) Small white spot
c) Cough
d) All the above
23) Which one is the first sign of measles?
a) Cough
b) High fever
c) Watery eyes
d) None
24) which one is the complication of measles?
a) Wasting of muscle
b) Blindness
c) Hypertension
d) Edema
25) How many glasses of water a day be given to the child with measles?
a) 1-3glasses of water
b) 3-5glasses of water
c) 6-8glasses of water
d) 9-11 glasses of water
26) What should be done if someone is exposed to measles?
a) Measles vaccine is given within 52 hours of exposure.
b) Measles vaccine is given within 62 hours of exposure.
c) Measles vaccine is given within 72 hours of exposure.
d) Measles vaccine is given within 82 hours of exposure.

## Prevention of measles

27) How is measles diagnosed?
a) Surgery and bed rest
b) Symptomatic treatment and laboratory test
c) Radiation therapy
d) Psycho diagnostic
28) How long is the person with measles contagious?
a) Transmitted from 4 days before rash visible to 4 days after rash appear.
b) Transmitted from 3 days before rash visible to 3 days after rash appear.
c) Transmitted from $2^{\text {nd }}$ days before rash visible to $2^{\text {nd }}$ days after rash appear.
d) Transmitted from $1^{\text {st }}$ day before rash visible to $1^{\text {st }}$ day after rash appear.
29) Child are vaccinated against measles at
a) Birth
b) 9 month old
c) 1 year old
d) All of the above
30) If a child develops a rash after getting the MMR vaccine, is the baby contagious?
a) Yes
b) No
c) Less contagious
d) More contagious
31) Can a cancer patient take the measles vaccination?
a) Can take
b) Can't take
c) Only first dose can take
d) Only second dose can take
32) Does measles causes Autism?
a) Yes
b) No
c) Mild autism will cause
d) Sever autism will cause
33) Which Vitamins be given to the measles infected person?
a) Vitamin $A$
b) Vitamin B
c) Vitamin C
d) Vitamin D
34) How many doses of vitamin $A$ be given to the measles infected person?
a) 1 dose within 24 hours
b) 2 doses within 24 hours
c) 3 doses within 24 hours
d) 4 doses within 24 hours

దూळితి స்ంగ్ృळ

 లుద్దొలర పిదరిసుత్తది
 భభరెదెలె

నిeదు నిలదిదె గౌత్యృదాగి ఇడెలాగుత్తెది.

పిభాగె ఒందు: సౌదోృజిక జనెసెం2్యా డెలణా

1. उอయియు దేయుస్సు

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బి) 2327 దెఱఁగగఆళ
స)) 2832 దबజ్జగగళ
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ద) ఇతరరా
3. రెృెష్షేణిక స్థితి

ఒందు) ఱృథ్మిక
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సి) กృజుయిలణో
డి) న్న్నుతేశలత్తర
4. evద్ల్యూగ

ఒందు) సెరెరృరె. లుద్యృ గి
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సి) లుద్యదు

ฉ) గృळిణి
5. చుణుంబ ఆదాయె / తింగెళ

ఎ) 5000 శాడిది
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స) 1001 to 15000
డ) 15000 ळశబ్బు
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డి) ఇతరర

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8. మొలలఒందు) ஹొదิసిదె దేస్తుగెళ

బి) సెదొూळ దూధధ్యదు
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1)ందఅస్లెసో ఇసో అ గెదిరో దినెఅసెసో ప్లిహో cఔసెసో అ

అ) $c$ ఔ ${ }^{6}{ }^{6}$
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2) ఆ ఒిల్దో గొอほో దిఅస్లెసో తైృలుఘో

అ) cఒన్గినిఱలో
బో) డిరిఁటో cఒన్ష్ $\mathrm{c} \xi^{ో}$
c) ఇదిఒఱెతిఁ

డో) అల్లో ఒటో తం అబిอదా

అ) పిణషినా ఆ
బో) పిछపిన్భో
c) ఐిణమినాC

డో) పిణషిన్ధో
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అ) దస్డిన్గో ఒటో మొసోఁల
బో) బ్లిన్ద్వె ${ }_{\sim}^{6}$
c) ${\underset{య}{\omega}}^{\omega}$ ఆRદన్సిఒనో

డో) $డ ే ద ు ~$
5) భిల్దో అరి దుccఇనెటేడో అగెృన్స్వో దిఅస్లెసో అణో

అ) బితోદ
బో) 9 దింన్తో ఒల్దా
c) 1 యిఅరో ఒల్డో

డో) అల్లో ఒటో తో అబึఃదే
6) ంఎఅస్లెసో ఇసే అలో

అ) ంఒబిદల్లి
బా)Rలుబిఒల
c) Rఎడో దెఅస్లెసో

డో)ఆల్లో తె అబొంది
7) ందఅస్లెసో ఇసో అనో

అ)ఆఇరో బึఃనాદ డిసెఅసెసో
బో)దెటేరా బొอనాદ డిసెఅసిసే
c) $అ ల_{ల}^{6}$ తె అబొอదొ

డో)నిఠని ఒబో తా అబొอదా
8) రింబో ఒని ఇనో నొలణో తె నైల్య $\omega_{\omega \alpha}$ దో ఒటో దిఅస్లెసో

బో)దొసో ${ }^{\text {N }}$ సో అ३
c)

డో)అల్లా తె అబึఃది

అ) 1-12యిఅరో
బో)7-19డయ్యో
c)6-18డయ్సో

డో) 11 డయో


$\oplus) 5$
బో) 4
c) 3

డో) 2

అ) 1-3గ్లెస్సైో ఒటో దేణెరా
బో)3-5గ్లెస్సైో ఒటో దేటిరా
c)6-8గ్లసెస్లెనో ఒటో దణణెరా

12)Pఒస్సిబ్లి దిఅస్లేసో పిరుసో ఇన్టొcॄిఒనో ఇనోcలుడి

అ)బిอృన్జిణిసో
బో)ळீఅరిన్గో లిలన్స్
c) అల్లో తో అబిందొ

డో)నొంనొ

అ)రున్న్యో నొอసె

c) c 厄ల $\varlimsup^{6}$

డో)అల్లో తె అబึ॰దే






అ) 30 పినుటేసో
బో) 1 ఉేలలున్ల
c) 2 ळึอలునో $\varepsilon$

డో)సేదేరలో డేలలుసా $\varepsilon$


బాడుదున్సా
c)అనిపుల్ల

డో)నెంనా

అ) 』ఈ/ఆఈధో


డోఆల్లా తె అబึందే

అ)Сఒలుศో
బొ)ియో ${ }^{6}$ ెర
c) $ణ ణ ి య ో ణ ~ \omega య ె న ో ~ శ$

డోనేคనే

అ)4-6 డెయ్సో
బొ)6-8డయ్సో
c) $8-10$ డయయ్సో

డో)10-12డయ్సో
20) $2 గ_{\alpha}^{6}$ ఒఱో అ దెఅస్లెసో రరలో ఇనాcలుడె

అ)రేడో
బో) $ఇ చ ్ బ ్ య_{6}$ బుద్ట్స
c) అల్లో తె అబొోదొ

డో)నొంనొ
21)ందఅస్లెసో ఇసో cఔైెడో బ్యో

అ)దిరుసో
బో)బఁఙెరిఅ
c)టున్గి

డో)అల్లా తం అబిందా

అ) ヘో
బో)ణెం

డో)ంఅన్యో छిదినో

అ) 1-3యిఅసో ఒల్దో
బా)4-6 యిఅనో $\varepsilon ల^{6}$
c) 7-9 యిఅసో $ఒ ల_{6}^{6}$

డో)ణึอనొ


బో)ఆల్లో అడుల్ట్ర్సో $బ$ బొంనోદ ఇనో 1957
c)ఆల్లో అడుల్డ్స్N $బ$ బింనాఁ అట్తిరా 1957

డో)ఆల్లో తె అబొอదా

అ)Fదదేరా

c) $ర$ రో

డో)ఆల్లో తా అబొంది
 cఒన్తిగిఒలునో?

అ) $\omega$ సో
బో)ణొం

డో)ంఒరే cఒన్డెగిఒలునో

అ)ద్లిల Шడో గెదేరె అల్లెగిఁc రెఅcॄిఒనో

c)సైిరె ఆఈధోS ఱెణిదన్డ్సా

డో)ఆల్లో తా అబొంది
28)ఃఒదా ఇసో దిఅస్లెసో డిఅగిᄋ్నంసెడో?

అ)లుగిఁయోદ అన్దో బిడో రిస్డో

c)అడిఅ६ిఒనా తెరెడ్యో



బూ)cఅదిદఅc $\vec{\sim}_{\hat{N}_{N s}}$ ద్N $^{6}$







31)ఈనో ప్లిజో సెఅసెలనో దిఅన్లెసో అరె దొలరి cఒదిం్మనా ఇనో

అ) లుదిరో సెఅలేంనో
బా) పిన్కిరా సెఅనెలనో
c)ర్పెన్యో లెఅనైనో

డో)ణొంనె
32) W 亿oబో అడుల్ట్రు


c) $భ \bigcirc \bigcirc త^{6}$

డో) ణొอనా
33) ळణో రిన్దో ఒeో దెccఇనా ఇనో ంం ?

అ) ళిది అఙ్టెనులణేడో దఁccఇనె
బో) రిల్లిడో లునెట్టెనుఅటేడో దిccఇనె
c) భٌっతో

డో) ణొంనొ




డో)ణొంనొ

KEY ANSWERS TO THE KNOWLEDGE QUESTIONNAIRE

| Items | KEY <br> ANSWERS |
| :---: | :---: |
| 18 | d |
| 19 | c |
| 20 | d |
| 21 | d |
| 22 | d |
| 23 | b |
| 24 | b |
| 25 | c |
| 26 | c |
| 27 | b |
| 28 | a |
| 29 | b |
| 30 | b |
| 31 | b |
| 32 | b |
| 33 | a |
| 34 | b |


| Items | KEY <br> ANSWERS |
| :---: | :---: |
| 1 | a |
| 2 | b |
| 3 | d |
| 4 | d |
| 5 | d |
| 6 | a |
| 7 | d |
| 8 | c |
| 9 | b |
| 10 | b |
| 11 | b |
| 12 | d |
| 13 | d |
| 14 | d |
| 15 | b |
| 16 | c |
| 17 | d |

## ANNEXURE-IX

## Criteria Rating Scale for Validating Questionnaire.

Respected sir/Madam,
I request you to kindly validate the tool and place the right mark $(\sqrt{ })$ against the column, which is provided below that ranking from very relevant to not relevant.And please write your valuable suggestion in remarks column.

## SECTION -A DEMOGRAPHIC DATA

| SL.N <br> O | ITEM <br> NO. | RELEVANT | NEED <br> MODIFICATION | NOT <br> RELEVANT | REMARK |
| ---: | :--- | :--- | :--- | :--- | :--- |
| 1$)$ |  |  |  |  |  |
| 2$)$ |  |  |  |  |  |
| 3$)$ |  |  |  |  |  |
| 4$)$ |  |  |  |  |  |
| 5$)$ |  |  |  |  |  |
| 6$)$ |  |  |  |  |  |
| 7) |  |  |  |  |  |
| 8$)$ |  |  |  |  |  |

SECTION -B
STRUCTURE QUESTIONNAIRE SCHEDULE.

| $\begin{aligned} & \hline \text { SL. } \\ & \text { NO } \end{aligned}$ | $\begin{aligned} & \text { ITEM } \\ & \text { NO. } \end{aligned}$ | RELEVANT | NEED <br> MODIFICATION | NOT <br> RELEVANT | REMARK |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1. |  |  |  |  |  |
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| 17. |  |  |  |  |  |



Suggestions:-.........................................................................................

Signature of the experts.
Designation

## ANNEXURE- $\mathbf{X}$ <br> CERTIFICATE OF TOOL VALIDATION

This is to certify that the tool developed by Ms .Khundrakpam Sarita Devi, 2nd year MSC Nursing student of Noor College of Nursing, Bangalore to be used in her study entitled"A study to assess the effectiveness of Structured Teaching Programme regarding prevention and management of measles among mother's of under five children in selected Sanjay Nagar PHC, Bangalore" Affiliated to Rajiv Gandhi University of Health Science). Has been validated by undersigned. The suggestions and the modification given by me will be incorporated by the investigator in concern with the respective guide. Then she can proceed with this tool and conduct the main study for dissertation.

COMMENTS:

## SIGNATURE WITH SEAL

Name:

## Designation:

## Institution:

Place:

Date:

## ANNEXURE-XI COPY FOR CONSENT FORM

## Dear participant

I Khundrakpam Sarita Devi $2^{\text {nd }}$ year M.Sc Nursing ( child Health Nursing ) student of Noor college of Nursing,Bangalore,As a part of participant fulfillment of the course, and the problem selected "A study to assess the effectiveness of Structured Teaching Programmed regarding prevention and management of measles among mother's of under five children in selected community area at Bangalore", I would like to get some information regarding your knowledge. The information will be kept confidential and will be only used purpose. This is for you information and kind participation.

## Signature of the investigator

I am willing to participate in the study aware that the information provided will be kept confidential and used only for the study purpose.

# CERTIFICATE OF KANNADA EDITING 

## TO WHOM IT MAY CONCERN

This is to certify that the dissertation work entitled "A study to assess the effectiveness of Structured Teaching Programmed regarding prevention and management of measles among mother 's of under five children at selected community area, Bangalore" Done by Ms. Khundrakpam Sarita Devi , $2^{\text {nd }}$ year M.sc Nursing in Noor college of Nursing, Bangalore has been edited for Kannada language appropriateness.

## SIGNATURE WITH SEAL

Name :

## Designation :

Institution :

Place :
Date

## ANNEXURE-XIII

## CERTIFICATE OF ENGLISH EDITING

## TO WHOM IT MAY CONCERN

This is to certify that the dissertation work "A study to assess the effectiveness of Structured Teaching Programmed regarding prevention and management of measles among mother's of under five children at selected community area in Bangalore" Done by Ms Khundrakpam Sarita Devi $2^{\text {nd }}$ year M.S C Nursing, in Noor college of Nursing, Bangalore, has been edited for English language appropriateness.

## SIGNATURE WITH SEAL

| Name | $:$ |
| :--- | :--- |
| Designation | $:$ |
| Institution | $:$ |
| Place | $:$ |
| Date | $:$ |

## LESSON PLAN

TOPIC: Prevention and management of measles
PLACE :Bangalore
DATE \& TIME:
DURATION: 45 minutes
PREVIOUS KNOWLEDGE OF THE STUDENTS: Mothers under five children have knowledge on anatomy
physiology of measles
METHOD OF TEACHING: concept mapping
TEACHING AIDS: OHP, blackboard, charts, pamphlets, leaflets.
TEACHER'S NAME: Ms. Khundrakpam Sarita Devi

## General objective:

At the end of the class, mother under five will gain adequate knowledge regarding measles, and develop positive attitude and follow the skills in providing effective nursing care to the children suffering from measles.

## Specific objective:

The mother under five children will be able to:

- Define measles
- Note down the incidence rate of measles
- List out the causes measles
- Epidemiology of measles
- Patho physiology of measles
- Enlist the clinical manifestation of measles.
- Obtain the diagnostic evaluation of measles
- Describe the medical and nursing management of measles
- Explain the prevention of measles
- Predict the prognosis and the outcome of measles

| TIME | $\begin{aligned} & \hline \text { SPECIFIC } \\ & \text { OBJECTIVE } \end{aligned}$ | CONTENT | TEACHERS AND LEARNERS ACTIVITY | $\begin{aligned} & \hline \text { AV } \\ & \text { AIDS } \end{aligned}$ | EVALUATION |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 2 min . | INTRODUCTION | INTRODUCTION <br> Measles, also known as morbilli, rubeola, or red measles, is a highly contagious infection caused by the measles virus . Measles is an airborne disease which spreads easily through the coughs and sneezes of those infected. It may also be spread through contact with saliva or nasal secretions. Nine out of ten people who are not immune and share living space with an infected person will catch it. People usually do not get the disease more than once. | Teacher explaining Mother Listening | B L A C K B O A R D | What is measles |


| 2MINS. | DEFINITION | DEFINITION |  |  | Define measles |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Measles is an acute highly contagious viral disease caused by measles virus.It is characterized by fever,URT catarrhal inflamation, koplik's spots and maculopapules. | Mother is listening | $\begin{array}{\|l} \mathrm{L} \\ \mathrm{E} \\ \mathrm{~A} \\ \mathrm{~F} \\ \mathrm{~L} \\ \mathrm{E} \\ \mathrm{~T} \end{array}$ |  |
|  |  | - The disease may complicated with branch- pneumonia, encepholitis, hepatitis. |  |  |  |
| 2 min . | INCIDENCE | - The lived attenuated measles virus |  |  |  |
|  |  | - vaccine has been utilized wildly since 1965 ,the incidence of the disease has declined in china. | Teacher explaining | P | What are the incidence rate of measles |
|  |  | INCIDENCE RATE: | Mother is listening | $\begin{aligned} & \mathrm{A} \\ & \mathrm{M} \end{aligned}$ |  |
|  |  | Measles is one of the leading causes of death among young children even though a safe and cost-effective vaccine is available. In 2014, there were 114900 measles deaths globally - about 314 deaths every day or 13 deaths every hour. Measles vaccination resulted in a $79 \%$ drop in measles deaths between |  | $\begin{aligned} & \mathrm{P} \\ & \mathrm{~L} \\ & \mathrm{~A} \\ & \mathrm{~T} \\ & \mathrm{E} \end{aligned}$ |  |


| 3 min . | ETIOLOGY | 2000 and 2014 worldwide. <br> In 2014, about $85 \%$ of the world's children received one dose of measles vaccine by their first birthday through routine health services - up from $73 \%$ in 2000. <br> During 2000-2014, measles vaccination prevented an estimated 17.1 million deaths making measles vaccine one of the best buys in public health. <br> ETIOLOGICAL FACTORS: <br> 1) Pathogen is measles virus. it has been classed as a paramyxovirus. it is spherical in appearance ,measuring about $100 \sim 150 \mathrm{~nm}$ in diameter. It has an outer envelope composed of M-protein, H-protein, F- | Teacher explaining <br> Mother is Listening | $\begin{aligned} & \mathrm{L} \\ & \mathrm{E} \\ & \mathrm{~A} \\ & \mathrm{~F} \\ & \mathrm{~L} \\ & \mathrm{E} \\ & \mathrm{~T} \end{aligned}$ | What are the causes of measles |
| :---: | :---: | :---: | :---: | :---: | :---: |


| 2 min . | EPIDEMIOLOGY | protein, and internal core is RNA. <br> 2) Site of the measles virus exists measles can be detected from blood and nasal, pharyngeal secretions. <br> 3) Three kinds of antibodies are produced after infection ,that is <br> a) Complement combining antibody; <br> b) Hemagglutinin inhibiting antibody <br> c) Neutralizing antibody <br> 4) Only one antigenic type of measles virus is known. <br> 5) Resistance: measles virus is sensitive to heat or disinfectant , it is also inactivated by ultraviolet light easily not strong <br> EPIDEMIOLOGY <br> - Source of infection <br> The patients are the only source of infection. <br> - Routes of transmission air-borne <br> - Susceptibility of population | Teacher is explaining Mother is explaining <br> Teacher is explaining Mother is listening | $\begin{array}{\|l} \hline \mathrm{B} \\ \mathrm{~L} \\ \mathrm{~A} \\ \mathrm{C} \\ \mathrm{C} \\ \mathrm{~K} \\ \mathrm{~B} \\ \mathrm{O} \\ \mathrm{~A} \\ \mathrm{R} \\ \mathrm{D} \end{array}$ | What are the epidemiology of measles |
| :---: | :---: | :---: | :---: | :---: | :---: |


| 2 min . | PATHOPHYSIOL OGY | a) All age person is susceptible; $90 \%$ of contact people acquire the disease. <br> b) The permanent immunity acquire after disease. <br> - Epidemic features season: winter and spring <br> age: 6 months to 5 years old <br> PATHOPHYSIOLOGY <br> measles virus $\downarrow$ respiratory tract epithelial cells(multiply) $\downarrow$ lymphoid tissue blood(firstvirusemia) $\downarrow$ MPS(multiply) $\downarrow$ <br> blood(secondvirusemia) $\downarrow$ <br> toxic symptoms | Teacher is teaching <br> Mother is listening |  | What is the pathophysiology of measles <br> What are the clinical manifestation of measles |
| :---: | :---: | :---: | :---: | :---: | :---: |


| 4 min . | CLINICAL <br> MANIFESTATIO N | CLINICAL MANIFESTATION: <br> - Typical type <br> 1) Incubation period is approximately 6~18days,10days is the most common. <br> (3-4weeks) <br> 2 .predromal phase 3~4 days. <br> a) Fever; <br> b) Catarrhal inflammation of <br> URT; <br> c) Koplik's spots; <br> d) Transient prodromal rashes. <br> 3. Eruption stage <br> a) Time: the3~5 days after fever;but the 4th day is most common; <br> b) Shape:maculopapular <br> c) Seuence:behind the ear $\rightarrow$ along <br> the <br> hairline $\rightarrow$ face $\rightarrow$ neck $\rightarrow$ chest $\rightarrow$ back $\rightarrow$ ab domen $\rightarrow$ limbs $\rightarrow$ hand and feet(palm,sole) <br> d) The temperature rise continously and companied with the toxic symptoms exaggerate <br> 4. Convalescent stage brown staining. <br> fine branny desquamation. course:10-14 days <br> - Atypical measles | Teacher is teaching <br> Mother is listening | C H A R T | What are the complication of measles |
| :---: | :---: | :---: | :---: | :---: | :---: |


| 2 min . | COMPLICATION | 1 . mild measles; <br> 2 . severe measles (toxic and shock type measles); <br> 3. hemorrhagic measles; <br> 4 . variant measles. <br> COMPLICATION <br> - Bronchopneumonia; <br> - Myocarditis; <br> - Laryngitis; <br> - Neurologic complications: Encephalitis and SSPE . <br> viral encephalitis retrograde change early-viral mutation <br> late crossed immune | Teacher is teaching <br> Mother is listening <br> Teacher is teaching <br> Mother is explaining | B L A C K B O A R D | What are the diagnosis of measles |
| :---: | :---: | :---: | :---: | :---: | :---: |




|  |  | measles, antibiotics are for bacterial pneumonia, sinusitis, and bronchitis that can follow measles. <br> All other treatment addresses symptoms, with ibuprofen or paracetamol to reduce fever and pain and, if required, a fast-acting medication to dilate the airways for cough. The use of vitamin A during treatment is recommended by the World Health Organization to decrease the risk of blindness. <br> A systematic review of trials into its use found no significant reduction in overall mortality, but it did reduce mortality in children aged under two years. |  | $\begin{aligned} & \mathrm{B} \\ & \mathrm{~L} \\ & \mathrm{~A} \\ & \mathrm{C} \\ & \mathrm{~K} \\ & \mathrm{~B} \\ & \mathrm{O} \\ & \mathrm{~A} \\ & \mathrm{R} \\ & \mathrm{D} \end{aligned}$ | What are the nursing management of measles |
| :---: | :---: | :---: | :---: | :---: | :---: |



|  |  | breakdown through friction. <br> - Infected eyelids are cleansed with warm saline compresses. <br> - Avoid exposure to heat or cold, provide loose clothing to avoid scratching and excoriation may prevent skin injury due to mechanical trauma. <br> Preventing Infection: <br> - The child should be kept dry and warm. <br> - The nurse should monitor the vital signs and assess the child for early signs of infection. <br> - Antibiotics are administered as prescribed if infection does occur. <br> Promoting Optimal Psychosocial Growth: <br> - The nurse should encourage the mother to express their emotions as the mother may feel helpless due to frequent hospitalization. <br> - Allow the mother to express the feelings of the way they view themselves, improvement should be clearly demonstrated to these baby mother. <br> Providing Emotional Support And Education For All Family Members: <br> - Prior to discharge the nurse |  | $\begin{aligned} & \mathrm{B} \\ & \mathrm{~L} \\ & \mathrm{~A} \\ & \mathrm{C} \\ & \mathrm{C} \\ & \mathrm{~K} \\ & \mathrm{~B} \\ & \mathrm{O} \\ & \mathrm{~A} \\ & \mathrm{R} \\ & \mathrm{D} \end{aligned}$ | What are the possible diagnostic evaluation of measles |
| :---: | :---: | :---: | :---: | :---: | :---: |


| 5 min . | NURSING DIAGNOSIS | should teach and make certain that the parents understand the importance of administration of medications, procedure of blood test, prevention of infection. <br> - the nurse should inform about the follow up care and prompt treatment of infection are stressed. <br> - This condition creates anxiety in both patient and family. <br> - The nurse should assist the mother with problem solving and provide positive feedback as appropriate. <br> - The child and family should be given explainations about the various therapies used and support family members. <br> LIST OF POSSIBLE NURSING DIAGNOSIS AND INTERVENTION: <br> 1) Impaired nutritional intake less than body requirement related to malnutrition <br> - Provide small frequent feeding with, considering dietary restriction and child's likes and dislikes. <br> - Provide nutritional supplements as needed. <br> - Provide adequate food at proper intervals of time without missing. | Teacher is explaining Mother is listening <br> Teacher is teaching <br> Mother is listening | C H A | What are the prevention of measles |
| :---: | :---: | :---: | :---: | :---: | :---: |


|  |  | 2) Fluid volume deficiet related to diarrhoea <br> - Allow diet with high vitaminA(ripe mango ,papaya) <br> - Administer prescribed medications(ORS,antiemetic,,ibru pofen,paracetamol) <br> Allow more fluid intake. <br> - Maintain intake and output and body weight to be checked <br> 3) Knowledge deficit related to treatment and procedures. <br> - Discuss about the care after discharge from the hospital, regarding rest, diet, hygiene, continuation of medication need for medical help and follow up. <br> - Provide psychological support to the parents and the child. <br> - Answer to all the queries of the parents. <br> - Teach about the features of infections, signs of relapse and precautions to prevent complications. <br> 4) Impaired family process support related to prolong hospitalization. <br> - Allow parental involvement in providing care to the child | Teacher is explaining Mother is listening <br> Teacher is explaining Mother is listening |  | What are the prognosis of measles |
| :---: | :---: | :---: | :---: | :---: | :---: |


| 5 min . | PREVENTION <br> PROGNOSIS | - Allow play and selfcare as tolerated by child. <br> - Encouraging interaction with other child having chronic illness. <br> - Answering the questions asked by the parents and allowing to express frustration. <br> PREVENTION <br> - 1.Control source of infection; <br> - 2 .Interruption of transmissions <br> - 3 .Protection of the susceptible person: <br> a) Active immunization <br> $>$ Lived attenuated measles vaccine. <br> $>$ plan immune: $8 \mathrm{~m}, 7 \mathrm{j}$ <br> $>$ epidemic stage:before 2 m <br> $>$ contactor:with in 2 days <br> $>$ Contraindications:pregnancy et al <br> b) Passive immunization placenta globulin or gamma globulin. <br> $<5$ days prevent onset $>5$ days relieve symptoms <br> PROGNOSIS: <br> The majority of people survive measles, though in some cases, | Teacher is teaching <br> Mother is listening |  |
| :---: | :---: | :---: | :---: | :---: |



| 1 min | SUMMARY <br> CONCLUSION | You cannot get measles more than once. After you've had the virus, you are immune for life. <br> SUMMARY: <br> Mostly Measles is a severe disease which causes a rash, cough and fever and can kill. It affects childen, but also young adult. <br> It is one of the most common cause of hospitaliazation among children. It is diagnosed by lab investigation and appropriate nursing management is required for better prognosis of disease. <br> CONCLUSION: <br> Measles is a very contagious disease that can spread |
| :---: | :---: | :---: |


|  | through contact with infected mucus and <br> saliva. Appropriate medical and nursing <br> management and prevention in children <br> leads to good prognosis of the condition <br> child's and parental anxiety should be <br> minimized by adequate support and <br> health education. |  |  |
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## Lesson plan

## ళెలఓణో ళวణో

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ళాట :భెన్గాలింరర

ధాఠెల \& ఠిలంట:

फోคRఆఠిలఓణో: 45 పినుణెసో


ంటఠెఃఓధో ఓ ఠలeఆ ఃఃఈణో: cఒనోcదఱ్డో దుడ్టిన్గో


దనేరెలా ఒబ్జిఁఁిది:



థి దిภతెరా లున్డిరా అిపి పిల్లో బి అబ్లి દెం:

- ధアఱిని దిఅస్లెలో

- ళిస్టో ఒలుణో తొ cఔసెసో దిఅస్లేసో

- అతృష్య్Nి ఒeion్యో ఒeో దిఅస్లైో
- $\quad$ న్లిస్కో తి cలినిcఅలో దునిఱిస్డెడిఒనా ఒef దిఅస్లెసే.


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| 3aినా | సio్టణ్స అన్దో దుcereisゃ థులోసో |  <br> ందఅస్లెసో ఇనే ఒNొ ఒeో తో లఆఅదిన్గో cఔౌైనో ఒeీ <br>  అన్దో cఒన్ట్రో－ఎఱ్ట్రెcદిది దఁccఇని ఇనో అద్ృెలబ్లి．ఈనా 2014， తెరి దిరి 114900 దిఅస్లెసో డెఅత్సో గిల్లబల్ల్యో－అబొలలుణో 314 డిఅత్సో $\omega ద ొ య ో ఁ ~ డ య య ో ~ ఒ ర ా ~ 13 ~ డ ి అ త ్ స ో ~ \omega ద ొ య ో ఁ ~$ <br>  $79 \%$ డిలృటో ఇనా దిఅస్లెసో డిఅత్సో బిళ్టిలనా 2000 అన్డా 2014 దిల్డ్డ్రి દడి． <br> ஆనో 2014，అబீゝలుణో 85\％ఒటో తం విలల్దా₹＇సో <br>  <br>  तెపిళcదసో－లుడో ఱెంృదో $73 \%$ ఇనో 2000. ధురిన్గో 2000－2014，దిఅస్లెనో దిccఇనళిఒనో ఱ్లెదిన్కిడో అనా ఎస్టిదుఙెడో 17.1 <br> దిల్లిఒనా డిఅత్సో దురిన్గో దిఅస్లెసో <br> ఎఠిలఓళ゚อలఈCఆళో ఆతోอల： <br> 1）అతృగగనో ఇసో దిఅస్లెసో పిరునో． <br> ఇణో ळసో బిలనా cలన్సెడో అసో అ ఱరెద్యో－xఒదిరుసో． <br>  అబீూలుஙో 100～150న్మో ఇనో డిఅదిణెరా．ఈటో దసో అనో ఒలుஙిరా ఎన్టిలిలడె cఒదిల్టలెడో ఒటా ం－డైృటెఇనా，ః－ | ఠెఅభేరా ఎx ్ల్లైనిన్గా <br> ంఒతరరా ఇసే ళిస్డైనిన్గా | ¢f <br> ¢ <br>  | あటో అరె తె cఔసెసో ఒeీ దిఅస్లెసో |
| :---: | :---: | :---: | :---: | :---: | :---: |

\begin{tabular}{|c|c|c|c|c|c|}
\hline 3దినో

4దినో \& \begin{tabular}{l}
1)అతేอగึనో <br>
ఇल゙ <br>
దుఅస్లెసో <br>
పిరుసో.

 \& 

 <br>
2) $2 ణ ె ~ ఒ ట ో ~ త ె ~ ద ి అ స ్ ల ె స ో ~ ప ి ర ు స ో ~ \omega x ~ ఇ స ్ \omega_{N}$ <br>
 నసైలా, ఘయ్న్సి <br>
 ఇన్టిఁణిఒనో,తణో ఇసే <br>
అ) cఒద్ట్లి దేన్డో cఒప్బినిన్గా అన్తిబెอడ్యో; <br>
 <br>
c) నేలుణ్లలిzఇన్గా అన్తిబొอడ్యో <br>
 పొం్నిద్నో. <br>
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- ఒలురో C ఒeో ఇన్టొcడిఒనో <br>
 ఇన్టొcడిఒనో. <br>
- ఒలుణెసో ఒటో छున్స్టిస్సిఒనా ఐరో-బึอనేร <br>
 <br>
అ) ఆల్లా అగె ఱెసైఁనా ఇనో సునోఁదడ్టిబ్లా; $90 \%$ <br>
ఒผో cఒన్ము $\mathrm{c} \mathrm{E}^{6}$ ఱేఒడ్లె అcqలుఇరె త డిసేఅసె.

 \& 

ఠెఅబేరా ఇనే ఎxడ్ల్ల్మిన్గా <br>
ంఒతేరా ఇసో ఎxడ్ల్ల్మిన్గో <br>
ఠేఅభ゙రా ఇనే ఎxడ్ల్లైనిన్గో <br>
ంఒతేరా ఇసో లిస్టైనిన్గా <br>
ఠెఅబేరా ఇసే

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ఆ <br>
o <br>
${ }^{6}$ <br>
ఆ <br>
ఠో <br>
$\omega$ <br>
\% <br>
ఆ <br>
R <br>
ఠో
\end{tabular} \& <br>

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\end{tabular}

| 3మినో | బో) థి ఱెదుఁనెన్షో ఇమ్కునిట్యో అcqలుఇరా అఱ్తిరో దిసేఅసె. <br> ఉపిడెదిc డెలణురెసో <br> సెఅసేలనో:దిన్షిరా అన్దా స్టిరిన్గా <br> అగి:6 దొంన్త్సో ణ̉ల 5 యిఅనో ఒ ఒల్డా <br> ఆఠఃఓSఈఓఓః゚ロ <br> దిఅస్లెసో పిరుసో <br> $\downarrow$ <br> రెస్టి రెటొలయోఁ ణృఁటో <br>  <br> $\downarrow$ <br>  <br>  <br> $\downarrow$ <br> (Шుల్టియ్ల్య <br> $\downarrow$ <br> బల్లడా(సైఒన్ద్ద్రి <br> $\downarrow$ <br>  <br> ళిలణిలఆళా ంఆణిలట ఠాఠిలఓణా: <br>  | ఆెఅబిన్గో <br> ఠెఅబెరా ఇనో ఎx <br> ంఒతేరా ఇన్లో ఎx.్ల్లైనిన్గో <br> ఠెఅబెరా ఇనే ఎx.్ల్లైనిన్గో <br> ంఒతెరో ఇస్ల లిస్టైనిన్గా |  |  |
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| 3మినా | ఆఠఃఓSఈఓ sioe |  <br>  <br> ernoos: <br> ంఒत్స్తre cఔసెసో అ రెరో, cఒలుఢో అన్దా బిదెరా అన్దా cఅనా రిల్లో. <br>  <br>  <br>  <br>  <br>  <br>  <br> ఓణొృ ఈఓణా: <br> ందఅస్లెసో ఇనో అ దొయోદ <br>  ఁఒన్ట్ర ckో చితో ఇన్టిcణిడో దొcలుసో అన్దో సెలిద. <br>  <br>  ఒడో తే cఒన్దిణిఒనో ఒిల్దో'సో అన్దో Шరెన్మలో అనోxఇదణ్యో <br>  ळేఅల్తో ఎడుఁఅణిఒనో. | \% <br> ఆ <br> R <br> ఠో <br> ఓ \% |  |
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