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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Under the Guidance of

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RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, KARNATAKA,

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DECLARATION BY THE CANDIDATE

I hereby declare that this dissertation 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 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

 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.

H₂: 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 (H_1) 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 H_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.

LIST OF CONTENTS

SI. NO.	TITLE	PAGE NO.
1.	INTRODUCTION	17-20
2.	OBJECTIVES	26-30
3.	REVIEW OF LITERATURE	31-40
4.	METHODOLOGY	41-43
5.	RESULTS	51-69
6.	DISCUSSION	73-75
7.	CONCLUSION	76-79
8.	SUMMARY	80-82
9.	BIBLIOGRAPHY	83-90
10.	ANNEXURES	92-157

SI. NO.	TITLE OF THE TABLES	PAGE NO.
1.	Quasi experimental one group pre and post test research design.	43
2	Plan for data analysis	50
3	Distribution of mother 's of under five children accoriding to their socio demographic variable by frequency and percentage like age, religion, educational status, occupation, family income/month, types of family, number of children, sources of information.	54-55
4	Pre test level of knowledge Scores regarding prevention and management of measles among mother's of under five children.	61
5.	Post test level of knowledge Scores regarding prevention and management of measles among mother's of under five children.	63
6.	Comparison of pre &Post test level of knowledge Scores regarding prevention and management of measles area wise.	65
7.	Comparison of pre and post test knowledge overall score regarding prevention and management of measles among mother's of under five children.	66
8.	The frequency and percentage distribution of pre test level of knowledge on measles and its prevention and management.	67
9.	The frequency and percentage distribution of post test level of knowledge on measles and its prevention and management.	68
10.	Association between the selected socio demographic variable with	70

LIST OF TABLES

SI. NO.	TITLE OF THE TABLES	PAGE NO.
	the level of knowledge on measles and its management and prevention.	

LIST OF FIGURES

SI. NO.	FIGURES	PAGE NO.
1	Conceptual Frame Work	30
2	Schematic representation of Research methodology	44
3	Diagram representing percentage distribution of mother's of under five children by age of mother.	57
4.	Diagram representing distribution of mother's of under five children by Religion.	57
5.	Diagram representing percentage distribution of mother's of under five children by educational status.	58
6.	Diagram representing percentage distribution of mother's of under five children by occupation	58
7.	Diagram representing percentage distribution of mother's of under five children by family income/month.	59
8.	Diagram representing percentage distribution of mother's of under five children by types of family.	59
9.	Diagram representing percentage distribution of mother's of under five children by number of children.	60
10.	Diagram representing percentage distribution of subjects by source of information.	60
11.	Diagram representing Comparison of pre test level of knowledge Scores regarding prevention and management of measles among mother's of under five children.	62

	Diagram representing Post test level of knowledge Scores regarding	
12.	prevention and management of measles among mother's sof under five	64
	children.	
	Diagram representing Compariasion of pre and Post test level of	
13.	knowledge Scores regarding prevention and management of measles	69
	among mother's of under five children.	

LIST OF ANNEXURES

SI. NO	ANNEXURES	PAGE NO.
Ι	Requisition letter to conduct the study92	
II	Letter requesting for permission to conduct the pilot study. 93	
III	Letter requesting for permission to conduct the main 94 study 94	
IV	Consent form (requesting participation in the study)	95
V	Letter seeking expert guidance for content validation of the tool 96	
VI	List of expert consulted for content validity	97
VII	Content validation of constructed tool	100-102
VIII	Blue print of the tool	103
IX	Criteria rating scale for validating questionnaire	104-124
X	Certificate of tool validation	125
XI	Copy for consent form	126
XII	Certificate of Kanada editing	127
XIII	Certificate of English editing	128
XIV	Structured Teaching Programme – English	130-148
XV	Structured Teaching Programme – Kanada	153-157

LIST OF ABBREVATIONS USED

ABBREVATIONS	EXPANSION
χ ²	Chi Square
Df	Degree of Freedom
NS	Non significant
%	Percentage
РНС	Primary Health Centre
R	Reliability
*	Significant
SD	Standard Deviation
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 infected³.

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 145 700 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 2 013 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

It refers to evaluate or estimate the knowledge regarding prevention and management of measles.

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.

28

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 of 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 population¹¹.

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 (~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 place¹⁷.

The Govt. of India will endeavor to reduce measles mortality by ensuring strong routine immunization of at least 90% of target population⁴. 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 children²⁰.

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% 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 knowledge²².

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 disorder²³.

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 professionals²⁶.

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 vaccination²⁷.

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 safety²⁹.
A cross sectional study carried out on 96 mothers at Tehsil Nawabshah, District Shaheed Benazirabad, Sindh from February 15th to March 31st 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 practices³⁰.

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 parents³¹.

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 knowledge³².

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 messages³³.

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 socio-economic 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 policies³⁴.

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 (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 (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%) t (49) = 27.77 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 understanding⁴⁰.

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
O1	Х	O ₂

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

KEYS:

O1: Pre test -knowledge assessed by structured knowledge questionnaire.

X : Structure teaching programme.

O2: Post test knowledge assessed by structured knowledge questionnaire.



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 100%.

Reliability

Reliability of the tool was tested by Split half method and the reliability computed knowledge score was 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.

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

Plan for data analysis

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 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

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.

 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 1

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.

N=60

Socio Demographic Variables	Frequency	Percentage	
	(f)	(%)	
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 **Religio**n, 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.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.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





SECTION-II

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

			Me	ean
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.

N=60



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)

				Mean
Knowledge aspects	Range	Mean	SD	Percentage
General information about	0-3	2.7	0.6	90
Measles	0-3	2.5	0.9	83.3
Meaning, Definition & Incidence	0-6	5.2	1.01	86.6
Causes & Risk Factors & signs and	0-6	4.9	0.57	81.6
symptoms	0-8	6.7	1.2	83.8
Diagnosis & Complications	0-8	6.9	0.9	86.2.
Management				
Prevention				

N=60.

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 2.5and 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 6.7and 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

Various aspects	Pretest		Post test		Paired T test
v ar tous aspects	Mean	SD	Mean	SD	value
General information about Measles	2	0.8	2.7	0.6	5.1 P<
Meaning, Definition & Incidence	2	1.1	2.5	0.9	0.0 5 S
Causes & Risk Factors and signs and Symptoms	3.6	1.1	5.2	1.01	2.1P<
Diagnosis & Complications	3.1	0.6	4.9	0.57	0.00 5
Management	3.9	0.9	6.7	1.2	8.8 P<0
Prevention	4.3	1.2	6.9	0.9	.05 S
					11.84 p<0.0 5 S

N=60

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 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 H_1 is accepted.

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

N=60

	P	re tes	st	P	ost te	st	Paired t-	
	Mean	SD	Perce ntage	Mean	SD	Perce ntage	Taneu t- Test value	P- value
Knowledge	18.9	1.5	55.6	28.6	1.8	84.2	31.3 S***	P<0.001

* ** S-Significance P < 0.001

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 18.9with 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 p<0.001. Effectiveness in knowledge is 28.6%.

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 (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 H₁ is accepted in the study.

			11-00
Level of knowledge	Score	Frequency (f)	Percentage (%)
Adequate knowledge	26-34	0	0
Moderately Adequate	17-26	50	83.3
Inadequate knowledge	0-17	10	16.7

NI CO

 Table 8. shows the frequency and percentage of pre test level of knowledge on

 measles and its management and prevention

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 knowledgeon prevention and management of measles.

N	=60
- I	-00

Level of knowledge	Score	Frequency (f)	Percentage (%)
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

	Below	Above	Chi Square
Socio demographic			
Variables	Median	Median	Value(χ2)
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	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	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	p>0.05
d. post graduate.	7	5	NS
4. Occupation			
a. Govt. employee	1	2	1.5
b. Private employee	13	6	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	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	P>0.05
c. Extended family	1	1	NS
7. Number of children			
a four	6	2	2.4
b. One	20	11	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	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 H_2 was accepted.
CHAPTER-VI DISCUSSION

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 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 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 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.

 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.

H₂.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, 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.

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CHAPTER -9 BIBLIOGRAPHY

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CHAPTER-X ANNEXURE

CHAPTER-X ANNEXURE-I

Copy of Letter Seeking Permission to conduct the study

From Ms. Khundrakpam Sarita Devi 2nd 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 programme 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

> Yours faithfully (Ms .Kh. Sarita

Date:
Devi)
Place:



NOOR EDUCATIONAL TRUST (R) **NOOR COLLEGE OF NURSING**

Approved by Govt. of Karnataka, Ref. No. KNC : 1157-V-III : 2003-04 Approved by Rajiv Gandhi University of Health Science - Karnataka Ref. No. ACA/NS-202/0-178/2004-05 Approved by Indian Nursing Council of India, Ref. No. 18-15/1247-INC, 2004 No.5, Noor Building, Bhoopasandra Main Road, R.M.V. II Stage, Bangalore - 560 094.

Phone : 080-23414786, 65606465 • Fax : 080 23414786 • Mobile : 9448119320, 9845248791 Email : contact@nooreducationaltrust.com Website : www.nooreducationaltrust.com

Ref. No.: From,

Date :

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.

PRINCIPAL NOOR COLLEGE OF NURSING

BANGALORE

Thanking you,

Place: Dana Date:

Yours faithfully,

(KH. SARITA DEVI)

1. Adata - 560 084

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NOOR EDUCATIONAL TRUST (R) NOOR COLLEGE OF NURSING

Approved by Govt. of Karnataka, Ref. No. KNC : 1157-V-III : 2003-04 Approved by Rajiv Gandhi University of Health Science - Karnataka Ref. No. ACA/NS-202/0-178/2004-05 Approved by Indian Nursing Council of India, Ref. No. 18-15/1247-INC, 2004

No.5, Noor Building, Bhoopasandra Main Road, R.M.V. II Stage, Bangalore - 560 094. Phone: 080-23414786, 65606465 • Fax: 080 23414786 • Mobile : 9448119320, 9845248791 Email : contact@nooreducationaltrust.com Website : www.nooreducationaltrust.com

Ref. No. From,

Date :

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: Basgalo Date:

> NOOR COLLEGE OF NURSING BANGALORE

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'ಂಗಳೂರು ಮಹಾನಗರ ಪಾರಿಕ ೊಡಳೂರು - 560 004 Yours faithfully,

(KH. SARIT& DEVI) all

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.

x 7

	Yours
sincerery,	Ms. KH. Sarita
Devi	
2 nd year	Student MSc
	Noor college of
nursing	
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 THE TOOL.

From,

Ms KH Sarita Devi 2nd Year M.Sc Nursing Noor College Of Nursing Bangalore To,

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

Respected Madam/ Sir

I am 2nd 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.

THANKING YOU

Date: Place:

Yours faithfully Kh. Sarita Devi

ANNEXURE-VI

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

То

.....

.....

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

Respected Sir/Madam

I, Ms. Khundrakpam Sarita Devi, 2nd year M.sc(N) student of Noor College of Nursing, Bangalore. As a part of my partial fulfillment of M.Sc(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.

Date:	Yours faithfully
	(Ms. Kh. Sarita Devi)
Signature of the guide	Signature of the Principal
Mrs.Babita Yumnam	Ms. Swarna Soman M.Sc(N)
Asso.Professor	Principal Cum HOD
Dept. of Child Health Nursing.	Medical and surgical
Department	
Noor College of Nursing,	Noor College of Nursing
Bangalore.	Bangalore.

ANNEXURE:VIII

BLUE PRINT OF THE TOOL

SL.	CONTENT	ITEM	TOTAL	PERCENTA
NO				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	7,8,9,10,11 ,12,	6	17.6%
4	Diagnosis and complication	13,14,15,1 6,17,18	6	17.6%
5	Management of measles	19, 20,21 ,22,23,24 ,25,26	8	23.5%
6	Prevention of measles	27,28,29,3 0,31,32,33 ,34,	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 33 years

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) 5001to10000
- c) 1001to15000
- 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) 1-3 glasses of water
- b) 3-5 glasses 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^{nd} days before rash visible to 2^{nd} days after rash appear.
- d) Transmitted from 1st day before rash visible to 1st 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

ಮಾಹಿತಿ ಸಂಗ್ರಹ

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ಭಾಗವಹಿಸುವವರಿಗೆ ಶಿಕ್ಷಣ, ಸಂಶೋಧಕ ಸ್ವತಃ ಪರಿಚಯಿಸಲು ಮತ್ತು ಅವರು ಭಾಗವಹಿಸುವವರಿಗೆ
ಪ್ರಶ್ನಾಕಾರರು ವಿತರಿಸಲು ದಯೆಯಿಂದ ಪ್ರಶ್ನಾಕಾರರು ಮತ್ತು ಪುಟ್ ಟಿಕ್ ಮೂಲಕ ಹೋಗಿ ಅಧ್ಯಯನದ
ಉದ್ದೇಶ ವಿವರಿಸುತ್ತದೆ
ಸೂಕ್ತ ಉತ್ತರಗಳನ್ನು .ಪ್ರತಿ ಪ್ರಶ್ನೆ ಮಾರ್ಕ್ ಒಂದು ಗುರುತನ್ನು ಒಯ್ಯುತ್ತದೆ. ನಾನು ಮಾಹಿತಿ ಎಂದು ನೀವು
ಭರವಸೆ
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ನೀವು ನೀಡಿದ ಗೌಪ್ಯವಾಗಿ ಇಡಲಾಗುತ್ತದೆ.
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ವಿಭಾಗ ಒಂದು: ಸಾಮಾಜಿಕ ಜನಸಂಖ್ಯಾ ಡೇಟಾ
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- 1. ತಾಯಿಯ ವಯಸ್ಸು
- ಎ) 18 22 ವರ್ಷಗಳ
- ಬಿ) 23 27 ವರ್ಷಗಳ
- ಸಿ) 28 32 ವರ್ಷಗಳ
- ಡಿ) ಮೇಲೆ 33years
- 2. ಧರ್ಮ
- ಎ) ಹಿಂದೂ
- ಬಿ) ಕ್ರಿಶ್ಚಿಯನ್
- ಸಿ) ಮುಸ್ಲಿಂ
- යි) ಇತರೆ
- 3. ಶೈಕ್ಷಣಿಕ ಸ್ಥಿತಿ
- ಒಂದು) ಪ್ರಾಥಮಿಕ
- ಬಿ) ಪ್ರೌಢ ಶಿಕ್ಷಣ
- ಸಿ) ಗ್ರಾಜುಯೇಟ್
- ಡಿ) ಸ್ನಾತಕೋತ್ತರ
- 4. ಉದ್ಯೋಗ

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ಒಂದು) ಸರಕಾರ. ಉದ್ಯೋಗಿ
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ಬಿ) ಖಾಸಗಿ ಉದ್ಯೋಗಿ

ಸಿ) ಉದ್ಯಮ

ಡಿ) ಗೃಹಿಣಿ

- 5. ಕುಟುಂಬ ಆದಾಯ / ತಿಂಗಳ
- ಎ) 5000 ಕಡಿಮೆ
- ඪ) 5001to10000
- え) 1001to15000
- ಡಿ) 15000 ಹೆಚ್ಚು
- ಕುಟುಂಬದ 6. ವಿಧಗಳು
- ಒಂದು) ಅವಿಭಕ್ತ ಕುಟುಂಬ
- ಬಿ) ಪರಮಾಣು
- ಸಿ) ವಿಸ್ತೃತ
- ಡಿ) ಇತರ
- 7. ಮಕ್ಕಳ ಸಂಖ್ಯೆ
- ಒಂದು) ಒಂದು
- ಬಿ) ಎರಡು
- ಸಿ) ಮೂರು
- ಡಿ) ಮೇಲೆ ನಾಲ್ಕು
- ಮಾಹಿತಿಯನ್ನು
- 8. ಮೂಲಒಂದು) ಮುದ್ರಿಸಿದ ವಸ್ತುಗಳ
- ಬಿ) ಸಮೂಹ ಮಾಧ್ಯಮ
- ಸಿ) ಆರೋಗ್ಯ ವೃತ್ತಿಪರ
- යි) භාසාංಬ
- ಇ) ಇತರರು

ಊಏSಠೀಓಣ್ ಏಳಾಠೇಧ್ ಠೋ ಏಏಣ್ಠೀಓಣ್ ಆಣ್ಧ್ ಂಆಣಾGಎಂಏಣ್ಶ್ ಓಂಏಆSಳೇS

- 1)ಂಎಅಸ್ಲೆಸ್ ಇಸ್ ಅ ಸೆವೆರ್ ಡಿಸೆಅಸೆಸ್ ವ್ಲಿಚ್ cಔಸೆಸ್ ಅ
- ಅ) cಔಫ್
- ಬ್) ರಶ್
- c) ೞಿವೆರ್
- ಡ್) ಅಲ್ಲ್ ಒಟ್ ತೆ ಅಬೊವೆ

- 2) ಆ ಚಿಲ್ಡ್ ಗೊಟ್ ಮೆಅಸ್ಲೆಸ್ ತ್ರೊಉಫ್
- ಅ) cಒನ್ಗೆನಿಟಲ್
- ಬ್) ಡಿರೆಂಟ್ ಂಒನ್ನಂಟ್
- c) ಇಡಿಒಪತಿc
- ಡ್) ಅಲ್ಲ್ ಒಟ್ ತೆ ಅಬೊವೆ
- 3) ವ್ಜಿಚ್ ವಿಟಮಿನ್ ಇಸ್ ಗಿವೆನ್ ಇನ್ ಮೆಅಸ್ಲೆಸ್ ಟ್ರೆಅಟ್ಮೆನ್ನ?
- ಅ) ವಿಟಮಿನ್ ಆ
- ಬ್) ವಿಟಮಿನ್ಬ್
- c) ವಿಟಮಿನ್C
- ಡ್) ವಿಟಮಿನ್ಗ್
- 4) ವ್ಹಿಚ್ ಒನೆ ಇಸ್ ತೆ cಒಮ್ಕ್ಲಿ cಅಟಿಒನ್ ಒಟ್ ಮೆಅಸ್ಲೆಸ್
- ಅ) ವಸ್ಪಿನ್ಗ್ ಒಟ್ ಮುಸ್cಲೆ
- ಬ್) ಬ್ಲಿನ್ಡೈಸ್ಸ್
- c) ಹ್ಯೈರ್ಟೆನ್ಸಿಒನ್
- ಡ್) ಎಡೆಮ
- 5) ಛಿಲ್ಡ್ ಅರೆ ವccಇನಟೆಡ್ ಅಗೈನ್ಸ್ಸ್ ಮೆಅಸ್ಲೆ ಸ್ ಅಟ್
- ಅ) ಬಿರ್ತ್
- ಬ್) 9 ಮೊನ್ತ್ ಒಲ್ಡ್
- c) 1 ಯೆಅರ್ ಒಲ್ಡ್
- ಡ್) ಅಲ್ಲ್ ಒಚ್ ತೆ ಅಬೊವೆ
- 6) ಂಎಅಸ್ಲೆಸ್ ಇಸ್ ಅಲ್ಸೊ ಕ್ನೊವ್ನ್ ಅಸ್
- ಅ)ಂಒರ್ಬಿಲ್ಲಿ
- ಬ್)Rಉಬೆಒಲ
- c)Rಎಡ್ ಮೆಅಸ್ಲೆಸ್
- ಡ್)ಆಲ್ಲ್ ತೆ ಅಬೊವೆ
- 7) ಂಎಅಸ್ಲೆಸ್ ಇಸ್ ಅನ್
- ಅ)ಆಇರ್ ಬೊರ್ನ್ ಡಿಸೆಅಸೆಸ್
- ಬ್)ವಟೆರ್ ಬೊರ್ನ್ ಡಿಸೆಅಸಿಸ್
- c)ಅಲ್ಲ್ ತೆ ಅಬೊವೆ
- ಡ್)ನೊನೆ ಒಚ್ ತೆ ಅಬೊವೆ

116

ಬ್)ಸ್ಮಲ್ಲ್ ವ್ಹಿಟೆ ಸ್ಪೊಟ್

c)cಒಉಘ್

ಬ್)ಮುಸ್cಲೆಸ್ ಅಚೆ c)ಸೊರೆ ತ್ರೋಟ್ ಡ್)ಅಲ್ಲ್ ತೆ ಅಬೊವೆ 9)ಥೆ ಇನ್ ಉಬಟಿಒನ್ ಪೆರಿಒಡ್ ಒಟ್ ಮೆಅಸ್ಲೆಸ್ ಇಸ್ ಅಪ್ರೈx ಇಮೆಟೆಲ್ಯ್ ಅ)1-12ಯೆಅರ್ ಬ್)7-19ಡಯ್ಸ್ c)6-18ಡಯ್ಸ್ ಡ್)11 ಡಯ್ 10):ಒವ್ ಮನ್ಯ್ ಡೊಸೆಸ್ ಒಚ್ ವಿಟಮಿನ್ ಆ ಸುಪ್ಪ್ಲೆ ಮೆನ್ಚ್ ಬೆ ಗಿವೆನ್ ವಿತಿನ್ 24 ಹೊಉರ್ಸ್ ಅಪರ್ಟ್ ಟೊ ಚಿಲ್ಡೈನ್ ಸುಱ್ಟಿರಿನ್ಗ್ ಱ್ರಾಮ್ ಮೆಅಸ್ಲೆಸ್ ප)5 ಬ್)4 c)3 ය්)2 11):ಒವ್ ಮನ್ಯ್ ಗ್ಲಸ್ಸೆಸ್ ಒಚ್ ವಟೆರ್ ಅ ಡಯ್ ಬೆ ಗಿವೆನ್ ಟೊ ತೆ ಚೆಲ್ಡ್ ವಿತ್ ಮೆಅಸ್ಲೆಸ್ ಅ)1-3ಗ್ಲಸೈಸ್ ಒಟ್ ವಟೆರ್ ಬ್)3-5ಗ್ಲಸ್ಸ್ ಸ್ ಒಟ್ ವಟೆರ್ c)6-8ಗ್ಲಸ್ಸ್ ಸ್ ಒಲ್ ವಟೆರ್ ಡ್)9-11ಗ್ಲಸ್ಸ್ ಸ್ ಒಟ್ ವಚೆರ್ 12)Pಒಸ್ಸಿ ಬ್ಲೆ ಮೆಅಸ್ಲೆಸ್ ವಿರುಸ್ ಇನ್ಟೆಂಟಿಒನ್ ಇನ್ಂಲುಡೆ ಅ)ಬ್ರೊನ್ಚಿಟಿಸ್ ಬ್)ಹೆಅರಿನ್ಗ್ ಲೊಸ್ಸ್ c)ಅಲ್ಲ್ ತೆ ಅಬೊವೆ ಡ್)ನೊನೆ 13)ಥೆ ಸಿಗ್ನ್ ಅನ್ಡ್ ಸ್ಯ್ಕ್ಟ್ರೊಮ್ ಸೀನ್ ಇನ್ ಇನಿಟಿಅಲ್ ಸ್ಟಗೆ ಒಚ್ ಮೆಅಸ್ಲೆಸ್ ಅರೆ ಅ)ರುನ್ನ್ಯ್ ನೊಸೆ

8) ಹಿಚ್ ಒನೆ ಇಸ್ ನೊಟ್ ತೆ ಸ್ಯೋಟ್ಟ್ ಮ್ ಒಟ್ ಮೆಅಸ್ಲೇಸ್

ಅ)ಲಿಫ್ಟ್ ಸೆನ್ಸಿಟಿವಿಟ್ಸ್

ಡ್)ಅಲ್ಲ್ ತೆ ಅಬೊವೆ

14) :ಒವ್ ಲೊನ್ಗ್ ಇಸ್ ತೆ ಪೆರ್ಸೊನ್ ವಿತ್ ಮೆಅಸ್ಲ್ಸ್ ಒನ್ಡಗಿಒಉಸ್
ಅ)ಠ್ರನ್ಸ್ಮಿಟ್ಟೆಡ್ ಟ್ರೊಮ್ 4 ಡಯ್ಸ್ ಬೆಟೊರೆ ರಶ್ ವಿಸಿಬ್ಲೆ ಟೊ 4ಡಯ್ಸ್ ಅಟ್ಟಿರ್ ರಶ್ ಅಪ್ಪೆಅರ್.
ಬ್)ಠ್ರನ್ಸ್ಮಿಟ್ಟೆಡ್ ಟ್ರೊಮ್ 3 ಡಯ್ಸ್ ಬೆಟೊರೆ ರಶ್ ವಿಸಿಬ್ಲೆ ಟೊ 3 ಡಯ್ಸ್ ಅಟ್ಟಿರ್ ರಶ್ ಅಪ್ಪೆಅರ್.
c)ಠ್ರನ್ಸ್ಮಿಟ್ಟೆಡ್ ಟ್ರೊಮ್ 2ನ್ಡ್ ಡಯ್ಸ್ ಬೆಟೊರೆ ರಶ್ ವಿಸಿಬ್ಲೆ ಟೊ 2ನ್ಡ್ ಡಯ್ಸ್ ಅಟ್ಟಿರ್ ರಶ್ ಅಪ್ಪೆಅರ್.
ಡ್)ಠ್ರನ್ಸ್ಮಿಟ್ಟೆಡ್ ಟ್ರೊಮ್ 1ಸ್ಟ್ ಡಯ್ ಬೆಟೊರೆ ರಶ್ ವಿಸಿಬ್ಲೆ ಟೊ 1ಸ್ಟ್ ಡಯ್ ಅಟ್ಟಿರ್ ರಶ್ ಅಪ್ಪೆಅರ್.
ಡ)ಠ್ರನ್ಸ್ಮಿಟ್ಟೆಡ್ ಟ್ರೊಮ್ 1ಸ್ಟ್ ಡಯ್ ಬೆಟೊರೆ ರಶ್ ವಿಸಿಬ್ಲೆ ಟೊ 1ಸ್ಟ್ ಡಯ್ ಅಟ್ಟಿರ್ ರಶ್ ಅಪ್ಪೆಅರ್.
ಡ)ಠ್ರನ್ಸ್ಮಿಟ್ಟೆಡ್ ಟ್ರೊಮ್ 1ಸ್ಟ್ ಡಯ್ ಬೆಟೊರೆ ರಶ್ ವಿಸಿಬ್ಲೆ ಟೊ 1ಸ್ಟ್ ಡಯ್ ಅಟ್ಟಿರ್ ರಶ್ ಅಪ್ಪೆಅರ್.

ಅ) 30 ಮಿನುಟೆಸ್

ಬ್)1ಹೊಉರ್ಸ್

c)2 ಹೊಉರ್ಸ್

ಡ್)ಸೆವೆರಲ್ ಹೊಉರ್ಸ್

16)ಹಿಚ್ ಒನೆ ಇಸ್ ತೆ ನಟುರಲ್ ಹೊಸ್ಟ್ ಒಟ್ ತೆ ಮೆಅಸ್ಲೆಸ್ ವಿರುಸ್

ಅ)ಪ್ಲನ್ಟ್ಸ್

ಬ್)ಹುಮನ್ಸ್

c)ಅನಿಮಲ್ಸ್

ಡ್)ನೊನೆ

17)ಇಸ್ಕ್ ಟಂಟೊರ್ಸ್ ಟೊರ್ ಮೆಅಸ್ಲೆಸ್ ವಿರುಸ್ ಇನ್ಟೆಂಟಿಒನ್ ಇನ್ಂಲುಡೆಸ್

ಅ)ಃಈ/ಆಈಧ್S

ಬ್)ಸ್ಟೆಮ್ cಎಲ್ಲ್ ಟ್ರನ್ಸ್ಷನ್ಚ್

c)ಟ್ರವೆಲ್ ಟೊ ಅರೆಅ ವ್ಹೆರೆ ಮೆಅಸ್ಲೆಸ್ ಇಸ್ ಎನ್ಡೆಮಿc

ಡ್)ಆಲ್ಲ್ ತೆ ಅಬೊವೆ

18)ಹಿಚ್ ಒನೆ ಇಸ್ ತೆ ಚಿರ್ಸ್ಟ್ ಸಿಗ್ನ್ ಒಟ್ ಮೆಅಸ್ಲೆಸ್

ಅ)cಒಉಘ್

ಬ್)ಹಿಫ್ ಟಿವೆರ್

c)ವಟೆರ್ಯ್ ಎಯೆಸ್

ಡ್)ನೊನೆ

19):ಒವ್ ಮನ್ಸ್ ಡಯ್ಸ್ ತೆ ಟಿವೆರ್ ಬೆಗಿನ್ಸ್ ಅಟ್ಟಿರ್ ಎxಪೊಸುರೆ ಟೊ ತೆ ವಿರುಸ್

ಅ)4-6 ಡಯ್ಸ್

ಬ್)6-8ಡಯ್ಸ್

```
c)8-10ಡಯ್ಸ್
ಡ್)10-12ಡಯ್ಸ್
20)ಇಗ್ನ್ಸ್ ಒಚ್ ಅ ಮೆಅಸ್ಲೆಸ್ ರಶ್ ಇನ್cಲುಡೆ
ಅ)ರೆಡ್
ಬ್)ಇಟ್ಕ್ಯ್ ಬುಮ್ಪ್ಸ್
c)ಅಲ್ಲ್ ತೆ ಅಬೊವೆ
ಡ್)ನೊನೆ
21)ಂಎಅಸ್ಲೆಸ್ ಇಸ್ cಔಸೆಡ್ ಬ್ಯ್
ಅ)ವಿರುಸ್
ಬ್)ಬಂಚೆರಿಅ
c)ലാപ്പ
ಡ್)ಅಲ್ಲ್ ತೆ ಅಬೊವೆ
22)ಅನ್ ಸೊಮೆಒನೆ ಗೆಟ್ ಮೆಅಸ್ಲೆಸ್ ಮೊರೆ ತನ್ ಒನೆ ಟಿಮೆ
ಅ)ಎಸ್
ಬ್)ಣೊ
c)ರೈ ಟಿಮೆಸ್
ಡ್)ಂಅನ್ಯ್ ಟಿಮೆಸ್
23)ಹೆನ್ ಶೊಉಲ್ಡ್ ಚಿಲ್ದೈನ್ ಗೆಟ್ ಸೆಂಒನ್ಡ್ ಂಂR ಶೊಟ್
ಅ)1-3ಯೆಅರ್ಸ್ ಒಲ್ಡ್
ಬ್)4-6 ಯೆಅರ್ಸ್ ಒಲ್ಡ್
c)7-9 ಯೆಅರ್ಸ್ ಒಲ್ಡ್
ಡ್)ಣೊನೆ
24)ಹಿಚ್ ಅಡೊಲೆಸ್cಎನ್ಟ್ಸ್ ಅನ್ಡ್ ಅಡುಲ್ಟ್ಸ್ ಶೊಉಲ್ಡ್ ರೇಎಇವೆಡ್ ತೆ ಂಂR ವccಇನೆ?
ಅ)ಆಲ್ಲ್ ಉನ್ವccಇನಟೆಡ್ ಅಡೊಲೆಸ್cಎನ್ಟ್ಸ್
ಬ್)ಆಲ್ಲ್ ಅಡುಲ್ಟ್ಸ್ ಬೊರ್ನ್ ಇನ್ 1957
c)ಆಲ್ಲ್ ಅಡುಲ್ಟ್ಸ್ ಬೊರ್ನ್ ಅೞ್ಚೆರ್ 1957
ಡ್)ಆಲ್ಲ್ ತೆ ಅಬೊವೆ
25)ಹಟ್ ಸಿಡೆ ಎಱ್ಜೆಂಟ್ಸ್ ಹವೆ ಬೀನ್ ರೆಪೊರ್ಟೆಡ್ ವಿತ್ ತಿಸ್ ವಂಂಇನೆ?
ಅ)Fಎವೆರ್
```

ಬ್)ಝೊಇನ್ಸ್ ಪೈನ್ c)ರಶ್ ಡ್)ಆಲ್ಲ್ ತೆ ಅಬೊವೆ 26)ಈಟ್ ಅ ಚಿಲ್ಡ್ ಡೆವೆಲೊಪ್ಸ್ ಅ ರಶ್ ಅಚ್ಚಿರ್ ಗೆಟ್ಟಿನ್ಗ್ ತೆ ಂಂR ವccಇನೆ ,ಇಸ್ ತೆ ಬಬ್ಯ್ cಒನ್ನಗಿಒಉಸ್? ಅ)ಎಸ್ ಬ್)ಣೊ c)ಳೆಸ್ಸ್ cಒನ್ನಗಿಒಉಸ್ ಡ್)ಂಒರೆ ಒನ್ನಗಿಒಉಸ್ 27)ಹೊ ಶೊಉಲ್ಡ್ ನೊಟ್ ರೇಎಇವೆ ಂಂR ವಂcಇನೆ ಅ)ವ್ಹೊ ಹಡ್ ಸೆವೆರೆ ಅಲ್ಲೆರ್ಗಿಂ ರೆಅಂಟಿಒನ್ ಬ್)ವೊಮೆನ್ ಕ್ನೊವ್ನ್ ಟೊ ಬೆ ಪ್ರಗ್ನನ್ಟ್ c)ಸೆವೆರೆ ಆಈಧ್S ಪಟಿಎನ್ಟ್ಸ್ ಡ್)ಆಲ್ಲ್ ತೆ ಅಬೊವೆ 28):ಒವ್ ಇಸ್ ಮೆಅಸ್ಲೆಸ್ ಡಿಅಗ್ಗೊ ಸೆಡ್? ಅ)ಉರ್ಗೆರ್ಯ್ ಅನ್ಗ್ ಬೆಡ್ ರೆಸ್ಟ್ ಬ್)ಯ್ಮೈ ಮಟಿಂ ಟ್ರೆಅಟ್ಮೆನ್ನ್ ಅನ್ಡ್ ಲಬೊರಟೊರ್ಯ್ ಟೆಸ್ಟ್ c)ಅಡಿಅಟಿಒನ್ ತೆರಪ್ಸ್ ಡ್)ಸ್ಯೊಡಿಅಗ್ನೊಸ್ಚಿಂ 29) ಂಎಅಸ್ಲೆಸ್ ಇಸ್ ಅ ವಿರಲ್ ಇನ್ಟೇಟಿಒನ್ ಒಟ್ ವ್ಹಿಚ್ ಸ್ಯ್ನೈಮ್ ಒಟ್ ಒಉರ್ ಬೊಡ್ಯ್ ಅ)ಈನ್ವಿಗುಮೆಟರ್ಯ್ ಸ್ಯೈಮ್ ಬ್)cಅರ್ಡಿಅc ಸ್ಯ್ನೈಮ್ಸ್ c)ಗಸ್ಕ್ರೀ ಸ್ಯೈಮ್ ಡ್)ರೆಸ್ಪಿರಟೊರ್ಯ್ ಸ್ಯ್ಸೈಮ್ 30)ಹಟ್ ಶೊಉಲ್ಡ್ ಬೆ ಡೊನೆ ಇಟ್ ಸೊಮೆಒನೆ ಇಸ್ ಎxಪೊಸೆಡ್ ಟೊ ಮೆಅಸ್ಲೆಸ್? ಅ) ಂಎಅಸ್ಲೆಸ್ ವccಇನೆ ಇಸ್ ಗಿವೆನ್ ವಿತೆನ್ 52 ಹೊಉರ್ಸ್ ಒಟ್ ಎxಪೊಸುರೆ. ಬ್) ಂಎಅಸ್ಲೆಸ್ ವccಇನೆ ಇಸ್ ಗಿವೆನ್ ವಿತಿನ್ 62 ಹೊಉರ್ಸ್ ಒಟ್ ಎxಪೊಸುರೆ. c) ಂಎಅಸ್ಲೆಸ್ ವccಇನೆ ಇಸ್ ಗಿವೆನ್ ವಿತಿನ್ 72 ಹೊಉರ್ಸ್ ಒಟ್ ಎxಪೊಸುರೆ. ಡ್) ಂಎಅಸ್ಲೆಸ್ ವccಇನೆ ಇಸ್ ಗಿವೆನ್ ವಿತಿನ್ 82 ಹೊಉರ್ಸ್ ಒಟ್ ಎxಪೊಸುರೆ.

- 31)ಈನ್ ವ್ಹಿಚ್ ಸೆಅಸೊನ್ ಮೆಅಸ್ಲೆಸ್ ಅರೆ ಮೊರೆ cಒಮ್ಮೊನ್ ಇನ್
- ಅ) ಉಮೆರ್ ಸೆಅಸೊನ್
- ಬ್) ವಿನೈರ್ ಸೆಅಸೊನ್
- c)ರೈನ್ಸ್ ಸೆಅಸೊನ್
- ಡ್)ಣೊನೆ
- 32) Wಹಿಚ್ ಅಡುಲ್ಟ್ಸ್ ನೀಡ್ ಟ್ವೊ ಡೊಸೆಸ್ ಒಚ್ ಂಂಂ ವಂಂಇನೆ?
- ಅ) ::ಎಅಲ್ತ್ cಅರೆ ಪೆರ್ಸೊನಲ್ ಟೊರ್ ಮೆಅಸ್ಲೆಸ್
- ಬ್) ಎಒಪ್ಲೆ ವ್ಹೊ ರೇಎಇವೆಡ್ ಇನಂಟಿವೆ ಒರ್ ಕಿಲ್ಲೆಡ್ ಮೆಅಸ್ಲೆಸ್ ವಂಂಇನೆ
- c) ಭೊತ್
- ಡ್) ಣೊನೆ
- 33) ಹಟ್ ಕಿನ್ಡ್ ಒಟ್ ವಂದಇನೆ ಇಸ್ ಂಂಂ ?
- ಅ) ಳಿವೆ ಅಟ್ಟೆನುಅಟೆಡ್ ವccಇನೆ
- ಬ್) ಕಿಲ್ಲೆಡ್ ಉನಟ್ಟೆನುಅಟೆಡ್ ವಂcಇನೆ
- c) ಭೊತ್
- ಡ್) ಣೊನೆ
- 34)ಧೊಎಸ್ ಮೆಅಸ್ಲೆಸ್ cಔಸೆ ಆಉಟಿಸ್ಮ್
- ಅ)ಂಇಲ್ಡ್ ಔಟಿಸ್ಮ್ ವಿಲ್ಲ್ cಔಸೆ
- ಬ್)ಎವೆರೆ ಔಟಿಸ್ಮ್ ವಿಲ್ಲ್ cಔಸೆ
- c)ಣೊ ಔಟಿಸ್ಮ್ ವಿಲ್ಲ್ cಔಸೆ

ಡ್)ಣೊನೆ

KEY ANSWERS TO THE KNOWLEDGE QUESTIONNAIRE

Items	KEY
	ANSWERS
18	d
19	с
20	d
21	d
22	d
23	b
24	b
25	с
26	с
27	b
28	a
29	b
30	b
31	b
32	b
33	a
34	b

Items	KEY
	ANSWERS
1	а
2	b
3	d
4	d
5	d
6	a
7	d
8	с
9	b
10	b
11	b
12	d
13	d
14	d
15	b
16	с
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.

SL.N	ITEM	RELEVANT	NEED	NOT	REMARK
0	NO.		MODIFICATION	RELEVANT	
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					

SECTION – A DEMOGRAPHIC DATA

SECTION -B

STRUCTURE QUESTIONNAIRE SCHEDULE.

SL.	ITEM	RELEVANT	NEED	NOT	REMARK
NO	NO.		MODIFICATION	RELEVANT	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
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33.			
34.			

Suggestions:-....

Signature of the experts.

Designation

ANNEXURE- X

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 2nd 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.

Signature of the participate

ANNEXURE-XII

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 ,2nd 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 2nd 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	SPECIFIC OBJECTIVE	CONTENT	TEACHERS AND LEARNERS	AV AIDS	EVALUATION
2min.	INTRODUCTION	INTRODUCTION 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

		DEFINITION			Define measles
2MINS.	DEFINITION		Teacher is explaining		
		• 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	L E A F L E T	
		• The disease may complicated with branch- pneumonia, encepholitis, hepatitis.			
		• The lived attenuated measles virus			
		• vaccine has been utilized wildly since 1965 ,the incidence of the disease has declined in china.	Teacher explaining		What are the incidence rate of measles
2min	INCIDENCE	INCIDENCE RATE:			
211111.		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 114 900 measles deaths globally – about 314 deaths every day or 13 deaths every hour. Measles vaccination resulted in a 79% drop in measles deaths between	Mother is listening	M P L A T E	

		2000 and 2014 worldwide.			
		2000 and 2014 worldwide. 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. During 2000-2014, measles vaccination prevented an estimated 17.1	Teacher explaining		What are the course of
		million deaths making measles vaccine	Mother is Listening		What are the causes of measles
		one of the best buys in public health.		L	
				E A	
3min.	ETIOLOGY	ETIOLOGICAL FACTORS:		F L	
		1) Pathogen is measles virus. it has been classed as a paramy-		E T	
		xovirus. it is spherical in appearance			
		,measuring about 100~150nm in			
		diameter. It has an outer envelope			
		composed of M-protein, H-protein, F-			

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

		a) All age person is susceptible:			
		 90% of contact people acquire the disease. b) The permanent immunity acquire after disease. Epidemic features season: winter and spring age:6 months to 5 years old 	Teacher is teaching Mother is listening	B L A C K B O A R D	What is the pathophysiology of measles
2min.	PATHOPHYSIOL OGY	PATHOPHYSIOLOGY measles virus ↓respiratory tract epithelial cells(multiply) ↓lymphoid tissue blood(firstvirusemia) ↓ MPS(multiply) ↓ blood(secondvirusemia) ↓ toxic symptoms		O H P	What are the clinical manifestation of measles

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

		1. mild measles;			
		2 . severe measles (toxic and shock	Teacher is teaching		
		type measles);3. hemorrhagic measles;	Mother is listening		
		4 . variant measles.			
2min.	COMPLICATION	COMPLICATION			
		 Bronchopneumonia; Myocarditis; Laryngitis; Neurologic complications: Encephalitis and SSPE. 0.1-0.2% 1-4/m 2-6days 2-17ys viral encephalitis retrograde change early-viral mutation late crossed immune 	Teacher is teaching Mother is explaining	B L A C K B O A R D	What are the diagnosis of measles

2min.	DIAGNOSTIC EVALUATION	 DIAGNOSTIC EVALUATION: History of illness: past illness, immunizations and when the parents noted their child was ill. Physical examination: vitals should be checked, widespread of skin rash on any parts of the body should be identified Laboratory testing Blood routine Serum Ab measurement complement combining antibody; hemagglutinin inhibiting antibody; neutralizing antibody IgM. Other Ag and multinucleated giant cells The separation of virus 	B L A C K B O A R D	What are the medical management of measles
5min.	MEDICAL MANAGEMENT	• General therapy: rest, nursing		

 Symptomatic therapy: fever and cough, Support threapy:r-globulin traditional chinese herbs may be used; complications of treatment There is no specific treatment for measles. Most people with uncomplicated measles will recover with rest and supportive treatment. Patients who become sicker may be developing medical complications. Other complications include ea infections, bronchitis (either vira bronchitis or secondary bacteria bronchitis), and brain inflammation. While there is no specific treatment for measing infeatment for secondary bacteria brain inflammation from the second seco	Teacher is teaching Mother is listening	
--	--	--

	measles, antibiotics are required		
	for bacterial pneumonia, sinusitis,		
	and bronchitis that can follow measles.		
	All other treatment addresses		What are the nursing
	symptoms, with ibuprofen or paracetamol	B	management of measies
	to reduce fever and pain and, if required,	A C	
	a fast-acting medication to dilate the	K B	
	airways for cough. The use of vitamin	O A	
	A during treatment is recommended by	R D	
	the World Health Organization to		
	decrease the risk of blindness.		
	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.		

5min.	NURSING MANAGEMENT	NURSING MANAGEMENT: The goals of nursing management include:		
		 Providing care during hospitalization Daily weight checking and all sources of intake and output are accurately documented. Providing Nutritious Diet: Small frequent feedings that are nutritionally balanced should be encouraged. Daily fluid intake should intake should be at maximized . Supplementary vitaminsA are given as prescribed. Nutritional assessment and ancouraging the family to bring in 		
		encouraging the family to bring in favorite foods may encourage intake.	Teacher is teaching	
		Preventing Skin Breakdown:		
		 Skincare is given, particularly to areas that are rash. Opposing skin surfaces should be kept clean, separated with soft cotton, and powdered to avoid 	Mother is listening	

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

1 1		should teach and make certain			
		that the parents understand the			
		importance of administration of			
		medications, procedure of blood			
		test, prevention of infection.			
		- the nurse should inform about the			
		follow up care and prompt	Teacher is explaining		
		treatment of infection are			
		stressed.	Mother is listening		
		- This condition creates anxiety in	U		
		both patient and family.			
		- The nurse should assist the			
		mother with problem solving and			
		provide positive feedback as			
		appropriate.			
		- The child and family should be			
		given explainations about the			
		various therapies used and			
		support family members			
		support fulling memoers.			
5min	NUPSING	LIST OF POSSIBLE NURSING	Teacher is teaching		
Jiiiii.	DIAGNOSIS	DIAGNOSIS AND INTERVENTION:	reacher is teaching		
	DINGROSIS				
		1) Impaired nutritional intake less than	Mother is listening		
		body requirement related to malnutrition	0		
		• Provide small frequent feeding			
		with considering dietary			
		restriction and child's likes and			
		dislikes			
		• Provide nutritional supplements			what are the prevention of
		as needed.		C	measies
		• Provide adequate food at proper		н	
1				11	
5min.	NURSING DIAGNOSIS	 provide positive feedback as appropriate. The child and family should be given explainations about the various therapies used and support family members. LIST OF POSSIBLE NURSING DIAGNOSIS AND INTERVENTION: 1) Impaired nutritional intake less than body requirement related to malnutrition Provide small frequent feeding with , considering dietary restriction and child's likes and dislikes. Provide nutritional supplements as needed. Provide adequate food at proper 	Teacher is teaching Mother is listening	СН	What are the prevention of measles

		D		
 2) Fluid volume deficiet related to diarrhoea • Allow diet with high vitaminA(ripe mango ,papaya) 		R T		
• Administer prescribed	l eacher is explaining			
medications(ORS,antiemetic,,ibr				
poren, paracetamol)	Mother is listening			
 Allow more fluid intake. Maintain intake and output and body weight to be checked 				
			What are the prognosis of	
3) Knowledge deficit related to		В	lifeastes	
Discuss about the care after		L		
o Discuss about the care after discharge from the hospital		А		
regarding rest diet hygiene		С		
continuation of medication need		K		
for medical help and follow up		В		
\circ Provide psychological support to				
the parents and the child.		R		
\circ Answer to all the queries of the		D		
parents.				
• Teach about the features of	Teacher is explaining			
infections, signs of relapse and				
precautions to prevent	Mother is listening			
complications.				
4) Impaired family process support				
related to prolong nospitalization.				
• Allow parental involvement in				
providing care to the child				
		 Allow play and selfcare as tolerated by child. Encouraging interaction with other child having chronic illness. Answering the questions asked by the parents and allowing to express frustration. 		
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5min.	PREVENTION	PREVENTION	Teacher is teaching	
		 1.Control source of infection; 2.Interruption of transmissions 3.Protection of the susceptible person: a) Active immunization Lived attenuated measles vaccine. plan immune:8m,7j epidemic stage:before 2 m contactor:with in 2 days Contraindications:pregnancy et al b) Passive immunization placenta globulin or gamma globulin. <5 days prevent onset >5 days relieve symptoms 	Mother is listening	
1min.	PROGNOSIS	PROGNOSIS:		
		The majority of people survive measles, though in some cases,		

		complications may occur.		
		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 <u>rash</u> and begins		
		with very high fever, severe headache,		
		convulsions and altered mentation.		
1min	OUTLOOK	Measles Outlook		
		Measles has a low death rate in		
		healthy children and adults, and most		
		people who contract the measles virus		
		recover fully. The risk of complications		
		is higher in children and adults with a		
		weak immune system.		

		You cannot get measles more than		
		once After you've had the virus you are		
		once. After you ve had the virus, you are		
		immune for life.		
1min	SUMMARY	SUMMARY:		
		Mostly Measles is a severe disease		
		which causes a rash, cough and fever and		
		can kill. It affects childen, but also		
		young adult.		
		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.		
1min	CONCLUSION			
		CONCLUSION:		
		Measles is a very		
		contagious disease that can spread		

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

Lesson plan

ళోఓణో	ಳಾಣ್
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ಠೋಈ: ಂಎಅಸ್ಲೆಸ್

ಳಾಏ :ಭನ್ಗಲೊರೆ

ಧಾಠೇ & ಠೀಂಏ:

ಧೂRಆಠೀಓಣ್: 45 ಮಿನುಟೆಸ್

ಏಈಓಉS ಕ್ಲೋಳೇಧ್ ಓರಃಏ Sರೂಧೇಣ್ಶ್ S: ಂಒತೆರ್ಸ್ ಉನ್ಡೆರ್ ಆಿವೆ ಹವೆ ಕ್ನೊವ್ಲೆಡ್ಗೆ ಒನ್ ಅನಟೊಮ್ಯ್ ಫ್ರೈ ಒಲೊಗ್ಯ್ ಒಟ್ ಮೆಅಸ್ಲೆಸ್

ಂಏಠೇಓಧ್ ಓ ಠೇಆ ::ಈಣೆ: cಒನ್cಎಪ್ಟ್ ಮಪ್ಪಿನ್ಗ್

ರೇಆCःಈಣ್G ಆಈಧ್S: ಓಃ ಬ್ಲಂಕ್ಬೋರ್ಡ್, ಚರ್ಟ್ಸ್, ಪಮ್ಫ್ಲೆಟ್ಸ್

ಠೇಆಃಏ'ಣಾಂಏ: ಂಸ್. ಖುನ್ಮಕ್ಷಮ್ Sಅರಿಟ ಧೆವಿ

ಎನೆರಲ್ ಒಬ್ಬೇಟಿವೆ:

ಆಟ್ ತೆ ಎನ್ಡ್ ಒಟ್ ತೆ cಲಸ್ಸ್, ಮೊತೆರ್ ಉನ್ಡೆರ್ ಜಿವೆ ವಿಲ್ಲ್ ಗೈನ್ ಅಡೆqಉಅಟೆ ಕ್ನೊವ್ಲೆಡ್ಗೆ ರೆಗರ್ಡಿನ್ಗ್ ಮೆಅಸ್ಲೆಸ್, ಅನ್ಡ್ ಡೆವೆಲೊಪ್ ಪೊಸಿಟಿವೆ ಅಟ್ಟಿಟುಡೆ ಅನ್ಡ್ ಟೊಲ್ಲೊವ್ ತೆ ಸ್ಕಿಲ್ಲ್ಸ್ ಇನ್ ಪ್ರೊವಿಡಿನ್ಗ್ ಎಚ್ಚೇಟಿವೆ ನುರ್ಸಿನ್ಗ್ cಅರೆ ಟೊ ತೆ ಚಿಲ್ಡೈನ್ ಸುಚ್ಚಿರಿನ್ಗ್ ಟ್ರೊಮ್ ಮೆಅಸ್ಲೆಸ್.

Sಪೆcಇಆಿc ಒಬ್ಜೆcಟಿವೆ:

ಥೆ ಮೊತೆರ್ ಉನ್ಡೆರ್ ಆಿವೆ ವಿಲ್ಲ್ ಬೆ ಅಬ್ಲೆ ಟೊ:

- ಧೆೞಿನೆ ಮೆಅಸ್ಲೆಸ್
- ಳಿಸ್ಟ್ ಒಉಟ್ ತೆ cಔಸೆಸ್ ಮೆಅಸ್ಲೆಸ್
- ಏಪಿಡೆಮಿಒಲೊಗ್ಸ್ ಒಟ್ ಮೆಅಸ್ಲೆಸ್
- ಅತೊಫ್ಸ್ಪಿಒಲೊಗ್ಸ್ ಒಟ್ ಮೆಅಸ್ಲೆಸ್
- ಏನ್ಲಿಸ್ಟ್ ತೆ cಲಿನಿಂಅಲ್ ಮನಿಚಿಸ್ಪಟಿಒನ್ ಒಚ್ ಮೆಅಸ್ಲೆಸ್.
- ಓಬ್ಬೈನ್ ತೆ ಡಿಅಗ್ನೊಸ್ಟಿಂ ಎವಲುಅಟಿಒನ್ ಒಟ್ ಮೆಅಸ್ಲೆಸ್
- ಧೆಸ್ಂರಿಬೆ ತೆ ಮೆಡಿಂಅಲ್ ಮನಗೆಮೆನ್ನ್ ಒಟ್ ಮೆಅಸ್ಲೆಸ್

- ಏxಪ್ಲೈನ್ ತೆ ನುರ್ಸಿನ್ಗ್ ಮನಗೆಮೆನ್ಚ್ ಒಚ್ ಮೆಅಸ್ಲೆಸ್
- ರೆಡಿಂಟ್ ತೆ ಪ್ರೊಗ್ನೊ ಸಿಸ್ ಅನ್ಡ್ ತೆ ಒಉರ್ಟೆಒಮೆ ಒಚ್ ಮೆಅಸ್ಲೆಸ್

రిఁంచ	ఎఈఈCఓ	ಓಣ್ಠೇಣ್ಠ್	ಠೇ:ಏ ಆಣ್ಧ್	පCවೀಈರ್ ප	ಏVಆಳೂಆರಿ€ಓಣ್
	ಭ್ಷೇCಠೀಏ		v ೇಆRส์เ	ಆಈಧ್S	
2ಮಿನ್	ಈಣೃಓಧೂ	<u>ಈಣ್ಮ ಓಧೂCರೀಓಣ್</u>	ಠೆಅಚೆರ್	ಭ್	ಧೆಱಿನೆ
	Cම්¢ಓಣ್	ಂಎಅಸ್ಲೆಸ್, ಅಲ್ಸೊ ಕ್ನೊವ್ನ್ ಅಸ್ ಮೊರ್ಬಿಲ್ಲಿ, ರುಬೆಒಲ, ಒರ್	ಎxಪ್ಟೈನಿನ್ಗ್	ಳ್	ಂಎಅಸ್ಲೆಸ್
		ರೆಡ್ ಮೆಅಸ್ಲೆಸ್, ಇಸ್ ಅ ಹಿಫ್ಲ್ಯ್	ಂಒತೆರ್	લ	
		cಔಸೆಡ್ ಬ್ಯ್ ತೆ ಮೆಅಸ್ಲೆಸ್ ವಿರುಸ್ . ಂಎಅಸ್ಲೆಸ್ ಇಸ್ ಅನ್	ಳಿಸ್ಟೆನಿನ್ಗ್		
		ಐರ್ಬೊರ್ನೆ ಡಿಸೆಅಸೆ ವ್ಹಿಚ್ ಸ್ಪ್ರೆಅಡ್ಸ್ ಎಅಸಿಲ್ಯ್ ತ್ರೊಉಫ್ ತೆ		5	
		cಒಉಫ್ಸ್ ಅನ್ಡ್ ಸ್ನೀzಎಸ್ ಒಟ್ ತೊಸೆ ಇನ್ಟೆcಟೆಡ್. ಈಟ್		्रग	

 ರೇಕಿ ಕೇಕೆ ಇಸ್ ಇನ್ ಆರ ರೇಕಿ ಕೇಕೆ ಇಸ್ ಆರ ರೇಕಿ ಕೇಕೆ ಇಸ್ ಆರ ರೇಕಿ ಕೇಕೆ ಇಸ್ ಆರ ಲೆ ಕೆಕೆ ಕೇಕೆ ಇಸ್ ಆರೆ ಕೇಕೆ ಇಸ್ ಆರ್ ಆರೆ ಕೇಕೆ ಇಸ್ ಆರ್ ಆರೆ ಕೇಕೆ ಇಸ್ ಆರ್ ಆರೆ ಕೇಕೆ ಇಸ್ ಆರೆ ಆರೆ ಕೇಕೆ ಇಸ್ ಆರ್ ಆರೆ ಆರೆ ಕೇಕೆ ಇಸ್ ಆರ್ ಆರೆ ಕೇಕೆ ಇಸ್ ಆರೆ ಕೇಕೆ ಇಸ್ ಆರ್ ಆರೆ ಕೇಕೆ ಇಸ್ ಆರ್ ಆರೆ ಕೇಕೆ ಇಸ್ ಆರ್ ಆರೆ ಕೇಕೆ ಇಸ್ ಆರ್ ಆರ್ ಆರ್ ಆರ್ ಕೇಕೆ ಕೇಕೆ ಇಸ್ ಆರ್ ಆರ್ ಆರ್ ಕೇಕೆ ಇಸ್ ಆರ್ ಆರ್ ಆರ್ ಕೇಕೆ ಇಸ್ ಆರ್ ಆರ್ ಆರ್ ಆರ್ ಆರ್ ಆರ್ ಆರ್ ಆರ್ ಆರ್ ಆರ			ಮಯ್ ಅಲ್ಸೊ ಬೆ ಸ್ಪ್ರೈಅಡ್ ತ್ರೊಉಫ್ cಒನ್ವcಟ್ ವಿತ್ ಸಲಿವ		ఓ	
ಲಿ ನೊಚ್ ಇಮ್ಮುನೆ ಅನ್ಡ್ ಶರೆ ಲಿವಿನ್ಗ್ ಸ್ಪಂಎ ವಿತ್ ಅನ್ ಇನ್ಟೇಟೆಡ್ ಪೆರ್ಸೊನ್ ವಿಲ್ಡ್ ಂಅರ್ಚ್ನ ಇಚ್. ಎಒಪ್ಲೆ ಉಸುಅಲ್ಲ್ಯ್ ಡೊ ನೊಚ್ ಗೆಟ್ ತೆ ಡಿಸೆಅಸೆ ಮೊರೆ ತನ್ ಒನ್ಎಎ. ಂಒಸ್ಟ್ ಒಟ್ ತೊಸೆ ವ್ಹೊ ಅರೆ ಇನ್ಡೇಟೆಡ್ ಅನ್ಡ್ ವ್ಹೊ ಡಿಎ ಅರೆ ಲೆಸ್ಸ್ ತನ್ ಟಿವೆ ಯೆಅರ್ಸ್ ಒಲ್ಡ್. <u>ರ್ಲೆಈಣಿರಿಡಿಓಣ್</u> ಎಅಸ್ಲೆಸ್ ಇಸ್ ಅನ್ ಅಂಉಟೆ ಹಿಫ್ಸ್ಟ್ ಎರಿಸ್ಸ್ ಇಸ್ ಅನ್ ಅಂಉಟೆ ಹಿಫ್ಸ್ಟ್ ಎರಿಸ್ಸ್ ಇಸ್ ಅನ್ ಅಂಉಟೆ ಹಿಫ್ಸ್ಟ್ ಎರುಸ್ಸ್ ಬೆರೆಂಟೆರಿಸಿಎಡ್ ಬ್ಯ್ ಬೆಲೆರ್,ಊಡರ್ ಎರುಸ್ಸ್ ಬೆರೆಂಟೆರಿಸಿಎಡ್ ಬ್ಯ್ ಬೆಲೆರ್,ಊಡರ್ ಎಂಒತೆರ್ ಇಸ್ ಬ್ ಎಲ್ಸ್ ಸ್			ಒರ್ ನಸಲ್ ಸೇರೆಟಿಒನ್ಸ್. ಣಿನೆ ಒಉಟ್ ಒಟ್ ಟೆನ್ ಪೆಒಪ್ಲೆ ವ್ಹೊ		ಆ	
್ ಇನ್ವೇಟೆಡ್ ಪೆಸೋನ್ ವಿಲ್ಲ್ ಅಟ್ಟ್ ಇಚ್. ಎಒಪ್ಲೆ ಉಸುಅಲ್ಲ್ಯ್ ಡೂ ನೊಚ್ ಗೆಟ್ ತೆ ಡಿಸೆಅಸೆ ಮೊರೆ ತನ್ ಒನ್ಲೇಎ. ಂಒಸ್ಟ್ ಒಚ್ ತೊಸೆ ಫ್ಹು ಅರೆ ಇನ್ವೇಟೆಡ್ ಅನ್ಡ್ ಫ್ಹು ಡಿಎ ಅರೆ ಲೆಸ್ಸ್ ತನನ ಜಿವೆ ಯಿಅರ್ಸ್ ಒಲ್ಡ್. ಬ್ <u>ರೇಈಡೇಠಿಕೇಓಣ್</u> ರೆಅಚೆರ್ ಇಸ್ ಳ್ • ಎಅಸ್ಲೆಸ್ ಇಸ್ ಅನ್ ಅಂದಉಟೆ ಹಿಫ್ಸ್ ಬಿಸ್ಸ್ ಖ್ರೆ ನ್ ಎಲಸ್ಲೆಸ್ ಇಸ್ ಅನ್ ಅಂದ ಉಟೆ ಹಿಫ್ಸ್ ಬಿಸ್ಸ್ ಖ್ರೆ ನ್ ಫ್ ಎಲಸ್ಲೆಗೆಒಉಸ್ ವಿರಲ್ ಡಿಸೆಅಸೆ ೇಔಸೆಡ್ ಬ್ಯ್ ಮೆಅಸ್ಲೆಸ್ ವಿರುಸ್.ಈಟ್ ಇಸ್ ಚರೆಂಟೆರಿಶಎಡ್ ಬ್ಯ್ ಟಿವೆರ್,ಉಡಿರ್ ಂಒತೆರ್ ಇಸ್ ಭ್			ಅರೆ ನೊಟ್ ಇಮ್ಮುನೆ ಅನ್ಡ್ ಶರೆ ಲಿವಿನ್ಗ್ ಸ್ಪcಎ ವಿತ್ ಅನ್			
ದೇ ನೊರ್ಟ್ ಗೆಟ್ ತೆ ಡಿಸೆಅಸೆ ಮೊರೆ ತನ್ ಒನ್ಎ. ಂಒಸ್ಟ್ ಒಟ್ ತೊಸೆ ವ್ಹೊ ಅರೆ ಇನ್ನೇಂಚಿಡ್ ಅನ್ಡ್ ವ್ಹೊ ಡಿಎ ಅರೆ ಲೆಸ್ಸ್ ತನ್ ಜಿವೆ ಯೆಅರ್ಸ್ ಒಲ್ಡ್. <u>ರೇಈಣೇರಿಟರ್</u> ಂ ಎಅಸ್ಲೆಸ್ ಇಸ್ ಅನ್ ಅಂಉಟೆ ಹಿಫ್ಸ್ಟ್ ಂ ಎಲಸ್ಲೆಸ್ ಇಸ್ ಅನ್ ಅಂಉಟೆ ಹಿಫ್ಸ್ಟ್ ಬಿರುಸ್.ಈಟ್ ಇಸ್ ಚಿರುದ್ ಡಿಸೆಅಸೆ ಂಔಸೆಡ್ ಬ್ಯ್ ಮೆಅಸ್ಲೆಸ್ ವಿರುಸ್.ಈಟ್ ಇಸ್ ಚಿರುದ್ ಡಿಸೆಅಸೆ ಂಔಸೆಡ್ ಬ್ಯ್ ಮೆಅಸ್ಲೆಸ್ ವಿರುಸ್.ಈಟ್ ಇಸ್ ಚಿರುದ್ ಡಿಸೆಅಸೆ ಂಔಸೆಡ್ ಬ್ಯ್ ಮೆಲಸ್ಲೆಸ್ ಬಿರುಸ್.ಈಟ್ ಇಸ್ ಚಿರುದ್ ಡಿಸ್ಲೊಸ್ ಬ್ಯೆ ಮೆಲಸ್ಲೆಸ್ ಬಿರುಸ್.ಈಟ್ ಇಸ್ ಚಿರುದ್ ಬ್ಯ್ ಟಿವೆರ್,ಊRರ್ ಂಬತರ್ ಇಸ್ ಬಿರುವ್.			ಇನ್ಟೆಂಟೆಡ್ ಪೆರ್ಸೊನ್ ವಿಲ್ಲ್ ಂಅಟ್ಜ್ ಇಟ್. ಎಒಪ್ಲೆ ಉಸುಅಲ್ಲ್ಯ್		, Ф	
ಿ ಬೆಲ್ ತೊಸೆ ವ್ಹೊ ಲರೆ ಇನ್ಟೇಟೆಡ್ ಅನ್ಡ್ ವ್ಹೊ ಡಿಎ ಅರೆ ಲೆಸ್ಸ್ ತನ್ ಜಿವೆ ಯೆಅರ್ಸ್ ಒಲ್ಡ್. ಬ್ ರ್ಟೆಈಗೆಟೇಡಿಕೇಟ್ಡ್ ರೆಕೆ ಎಲಸ್ಲೆಸ್ ಇಸ್ ಅನ್ ಅಂಉಟೆ ಹಿಫ್ಲ್ಸ್ ರೆಅಚೆರ್ ಇಸ್ ಳ್ ಎಲಸ್ಲೆಸ್ ಇಸ್ ಅನ್ ಅಂಉಟೆ ಹಿಫ್ಲ್ಸ್ ಎಸ್ಲ್ವೆ ಮೆಲಸ್ಲೆಸ್ ಎಲಸ್ಲೈ ನಿನ್ಗ್ ಆ ಹೆಚ್ ಅರೆ ತ ಸರ್ ಎಲಸ್ಲೆಗೆಒಉಸ್ ವಿರಲ್ ಡಿಸೆಅಸೆ cಔಸೆಡ್ ಬ್ಯ್ ಮೆಲಸ್ಲೆಸ್ ಎರಸ್ಲ್ ಸ್ ಹಿಕೆಸ್ ಇಸ್ ಅನ್ ಅಂಉಟೆ ಹಿಫ್ಲ್ಸ್ ಮೆಲಸ್ಲೆಸ್ ಎರುಸ್.ಈಟ್ ಇಸ್ ಚರಂಟೆರ್ರಿಎಡ್ ಬ್ಯ್ ಟಿವೆರ್,ಊಡರ್ ಂಒಡ್ರೆಗೆ ಇಸ್ ಆರ್ ಇನ್ನ ಮೆಟಿಎಸ್, ಕೊಚ್ಚಿಕ್ 'ಸ್ ಲಿವೆರ್,ಊಡರ್ ಎಂಒತೆರ್ ಇಸ್ ಲಿಸ್ ಬ್			ಡೊ ನೊಟ್ ಗೆಟ್ ತೆ ಡಿಸೆಅಸೆ ಮೊರೆ ತನ್ ಒನ್ cಎ. ಂಒಸ್ಟ್			
ಟ್ ರೆಲ್ ಇಸ್ಟ್ ಕೆಲ್ ಇಸ್ಟ್ ಮೆರೆ ಬೆಲ್ ಸ್ಟ್ ಕೆಲ್ ಇಸ್ಟ್ ಮೆರೆ ಸ್ಟ್ ಕ್ರಿ ಕೆಲ್ ಇಸ್ಟ್ ಹೆದೆ ಸ್ಟ್ ಸ್ ಕ್ರಿ ಕ್ರಿ ಕ್ರಿ ಕ್ರಿ ಕ್ರಿ ಕ್ರಿ ಕ್ರಿ ಕ್ರ			ಒಚ್ ತೊಸೆ ವ್ಹೊ ಅರೆ ಇನ್ಚೇಟೆಡ್ ಅನ್ಡ್ ವ್ಹೊ ಡಿಎ ಅರೆ ಲೆಸ್ಸ್ ತನ್			
			ಟಿವೆ ಯೆಅರ್ಸ್ ಒಲ್ಡ್.			
ದೇಕಣೇಲೇಓಣ್					ಭ್	
• ಎಅಸ್ಲೆಸ್ ಇಸ್ ಅನ್ ಅಂಉಟೆ ಹಿಫ್ಲ್ಸ್ ಎುಸ್ಲು ನಿನ್ಸ್ ಆ ಹರ್ಟ್ ಅರೆ ತ ಂಒನ್ನಗಿಒಉಸ್ ವಿರಲ್ ಡಿಸೆಅಸೆ ಂಔಸೆಡ್ ಬ್ಯ್ ಮೆಅಸ್ಲೆಸ್ ಎರೆಸ್, ಕ್ರಾಮ್ ಎಂಸ್ಲು ವಿರುಸ್.ಈಟ್ ಇಸ್ ಚರಂಚಿರಿ2ಎಡ್ ಬ್ಯ್ ಟಿವೆರ್,ಊRರ್ ಎರೆರುಸ್.ಈಟ್ ಇಸ್ ಚರಂಚಿರಿ2ಎಡ್ ಬ್ಯ್ ಟಿವೆರ್,ಊRರ್ ರ್ ಎಂಒತೆರ್ ಇಸ್ ಭ್			<u> </u>	ಠೆಅಚೆರ್ ಇಸ್	ಳ್	
ಂಒಪ್ಪೆಗೆ ಬಲುಸ್ ವಿರಲ್ ಡಿಸೆಅಸೆ cಔಸೆಡ್ ಬ್ಯ್ ಮೆಅಸ್ಲೆಸ್ ವಿರುಸ್.ಈಟ್ ಇಸ್ ಚರಂಚೆರಿzಎಡ್ ಬ್ಯ್ ಟಿವೆರ್,ಉRಠ್ ರೇFಈಣೀ ರಲಟರ್ರ್ಮಲ್ ಇನ್ಜ್ಲ ಮಟಿಒನ್, ಕೊಪ್ಲಿಕ್'ಸ್ ಲಿಸ್ಕೆನಿನ್ ಬ್			• ಎಅಸ್ಲೆಸ್ ಇಸ್ ಅನ್ ಅಂಉಟೆ ಹಿಫ್ಲ್	ಎxಪ್ಲೈನಿನ್ಗ್	હ	ಹಟ್ ಅರೆ ತೆ
ದೇFಈಣೀ ಆಟರ್ರ್ಜಲ್ ಇನ್ಜ ಮೆಟಿಒನ್, ಕೊಪ್ಲಿಕ್'ಸ್ ಲಿವೆರ್,ಊRಠ್ ರ್ ದೇFಈಣೀ ಆಟರ್ರ್ಜಲ್ ಇನ್ಜ ಮೆಟಿಒನ್, ಕೊಪ್ಲಿಕ್'ಸ್ ಲಿಸ್ಸೆನಿನ್			ಂಜನ್ನೆಗಿಒಉಸ್ ವಿರಲ್ ಡಿಸೆಅಸೆ cಔಸೆಡ್ ಬ್ಯ್ ಮೆಅಸ್ಲೆಸ್			ಇನ್cಇಡೆನ್cಎ ರಟೆ ಒಚ್
ಧೇFಈಣೀ ಂಅಟರ್ರ್ಜಲ್ ಇನ್ಟ್ಲಮಟಿಒನ್, ಕೊಪ್ಲಿಕ್'ಸ್ ಲಿಸ್ಪೆನಿನ್ ^{ಭ್}			ವಿರುಸ್.ಈಟ್ ಇಸ್ ಚರಂಚೆರಿzಎಡ್ ಬ್ಯ್ ಟಿವೆರ್,ಉRಠ್	ಂಒತೆರ್ ಇಸ್	ਠਾ	ಮೆಅಸ್ತೆಸ್
	2 95-56	ಧೇFಈಣೀ	ಂಅಟರ್ರ್ಹಲ್ ಇನ್ಚ್ಲ ಮಟಿಒನ್, ಕೊಪ್ಲಿಕ್'ಸ್	ಲಿಸ್ಸೆನಿನ್	25	m I
ి ^{యన} ి రిఁఓణో	3000	రిఁఓణో		<u>с</u> п	ఓ	
ಠೆಅಚೆರ್ ಎಸಪ್ಲೈನಿನ್ಸ್ ಆ				ಠೆಅಚೆರ್ ಎxಪ್ಲೈನಿನ್ಗ್	ଞ ଅ	
					К ГГ	
					Ψ	
ಸ್ಪೊಟ್ಸ್ ಅನ್ಡ್ ಮಂಉಲೊಪಪುಲೆಸ್. ಆ			ಸ್ಪೊಟ್ಸ್ ಅನ್ಡ್ ಮಂಉಲೊಪಪುಲೆಸ್.		ಆ	
• ಥೆ ಡಿಸೆಅಸೆ ಮಯ್ cಒಮ್ಫ್ಲಿ cಅಚೆಡ್ ವಿತ್ ಬ್ರನ್ಜ್- ಂ			• ಥೆ ಡಿಸೆಅಸೆ ಮಯ್ cಒಮ್ಫ್ಲಿ cಅಟೆಡ್ ವಿತ್ ಬ್ರನ್ಜ್-		ಂ	
ಪ್ನೆಉಮೊನಿಅ, ಎನ್cಎಫೊಲಿಟಿಸ್, ಹೆಪಟಿಟಿಸ್. ಂಒತೆರ್ ಇಸ್			ಪ್ನೆ ಉಮೊನಿಅ, ಎನ್cಎಫೊಲಿಟಿಸ್, ಹೆಪಟಿಟಿಸ್.	ಂಒತೆರ್ ಇಸ್		
ಎರೀಓಳೋ • ಥೆ ಲಿವೆಡ್ ಅಚ್ಚೆ ನುಅಚೆಡ್ ಮೆಅಸ್ಲೆ ಸ್ ವಿರುಸ್ ಲಿಸ್ಚೆ ನಿನ್ಗ್	1.0.0	ාණ්යාරිය	• ಥೆ ಲಿವೆಡ್ ಅಚ್ಚೆನುಅಚೆಡ್ ಮೆಅಸ್ಲೆಸ್ ವಿರುಸ್	ಲಿಸೈನಿನ್ಗ್		ಹಟ್ ಅರೆ ಡೆ ಜೌಸೆಸ್ ಒಳ್
4ಮನ್ • ವರ್ಗಣನೆ ಹಸ್ ಬೀನ್ ಉಟಿಲಿzಎಡ್ ವಿಲ್ಡ್ಸ್ ಸಿನ್cಎ	4మినా		•			ಮೆಲನನ್
1965 ,ອ້ ಇನ್cಇಡೆನ್cಎ ಒಚ್ ತೆ ಡಿಸೆಅಸೆ ಹಸ್ ಡೇಲಿನೆಡ್ ^೪			1965 ,ತೆ ಇನ್cಇಡೆನ್cಎ ಒಚ್ ತೆ ಡಿಸೆಅಸೆ ಹಸ್ ಡೆಂಲಿನೆಡ್		ಳ್	
ಇನ್ ಚಿನ. ಆ			ಇನ್ ಚಿನ.		ප	

		ಈಣ್Cಈಧೇಣ್Cಏ Rಆಠೇ:		ଙ	
		ಂಎಅಸ್ಲೆಸ್ ಇಸ್ ಒನೆ ಒಟ್ ತೆ ಲೆಅಡಿನ್ಗ್ cಔಸೆಸ್ ಒಟ್		చ	
		ಡೆಅತ್ ಅಮೊನ್ಗ್ ಯೊಉನ್ಗ್ ಚಿಲ್ಡೈನ್ ಎವೆನ್ ತೊಉಫ್ ಅ ಸಚಿ			
		ಅನ್ಡ್ cಒಸ್ಟ್-ಎಚ್ಚೇಟಿವೆ ವccಇನೆ ಇಸ್ ಅವೈಲಬ್ಲೆ. ಈನ್ 2014,			
		ತೆರೆ ವೆರೆ 114 900 ಮೆಅಸ್ಲೆಸ್ ಡೆಅತ್ಸ್ ಗ್ಲೊಬಲ್ಲ್ಯ್ – ಅಬೊಉಟ್			
		314 ಡೆಅತ್ಸ್ ಎವೆರ್ಯ್ ಡಯ್ ಒರ್ 13 ಡೆಅತ್ಸ್ ಎವೆರ್ಯ್			
		ಹೊಉರ್.ಂಎಅಸ್ಲೆಸ್ ವccಇನಟಿಒನ್ ರೆಸುಲ್ವೆಡ್ ಇನ್ ಅ			
3ಮಿನ್		79% ಡ್ರೊಪ್ ಇನ್ ಮೆಅಸ್ಲೆಸ್ ಡೆಅತ್ಸ್ ಬೆಟ್ವೀನ್ 2000 ಅನ್ಡ್			
	ಸ್ಪೊಟ್ಸ್ ಅನ್ಡ್	2014 ವೊಲ್ಡ್ವೀಡೆ.			
	ಮೕಉಲೊಪ	ಈನ್ 2014, ಅಬೊಉಟ್ 85% ಒಚ್ ತೆ ವೊರ್ಲ್ಡ್'ಸ್			
	ಪುಲೆಸ್	ಚಿಲ್ಪೈನ್ ರೆಂಎಇವೆಡ್ ಒನೆ ಡೊಸೆ ಒಟ್ ಮೆಅಸ್ಲೆಸ್ ವಂಂಇನೆ ಬ್ಯ್	ಠೆಅಚೆರ್ ಎxಪ್ಲೈನಿನ್ಗ್		
		ತೆಇರ್ ಆೆರ್ಸ್ಬ್ ಬಿರ್ತ್ಧಯ್ ತ್ರೊಉಫ್ ರೊಉಟಿನೆ ಹೆಅಲ್ತ್			ಹಟ್ ಅರೆ ತೆ cಔಸೆಸ್ ಒಟ್
		ಸೆರ್ವಿಂಎಸ್ – ಉಪ್ ಟ್ರೊಮ್ 73% ಇನ್ 2000.	ಂಒತೆರ್ ಇಸ್		ಮೆಅಸ್ಲೆಸ್
		ಧುರಿನ್ಗ್ 2000-2014, ಮೆಅಸ್ಲೆಸ್ ವccಇನಟಿಒನ್ ಪ್ರೆವೆನ್ಚೆಡ್	ಳಿಸ್ಟೆನಿನ್ಗ್		
		ಅನ್ ಎಸ್ವಿಮಟೆಡ್ 17.1			
		ಮಿಲ್ಲಿಒನ್ ಡೆಅತ್ಸ್ ಮಕಿನ್ಗ್ ಮೆಅಸ್ಲೆಸ್			
				:	
		ವಿಠೀಓಳೋಈCಆಳ್ ಆರೋ:		명	
		1)ಅತೊಗೆನ್ ಇಸ್ ಮೆಅಸೆಸ್ ವಿರುಸ್.		ଦ୍	
		್ಲ ಇಟ್ ಹಸ್ ಬೀನ್ cಲಸೆ ಡ್ ಅಸ್ ಅ ವರಮ್,- xಒವಿರುಸ್.			
		್ಗೆ ಇಟ್ ಇಸ್ ಸೈರಿಂಅಲ್ ಇನ್ ಅಪ್ಪೆ ಅರನ್ಎಂ ,ಮೆಅಸುರಿನ್			
		ಲ್ಲೆ ಅಬೊಉಟ್ 100~150ನ್ಮ್ ಇನ್ ಡಿಅಮೆಟೆರ್.ಈಟ್ ಹಸ್ ಅನ್			

3చినా		ಪ್ರೊಟೆಇನ್, -ಪ್ರೊಟೆಇನ್, ಅನ್ಡ್ ಇನ್ವೆರ್ನಲ್ cಒರೆ ಇಸ್ Rಣಾ. 2)ಇಟೆ ಒಟ್ ತೆ ಮೆಅಸ್ಲೆಸ್ ವಿರುಸ್ ಎx ಇಸ್ಟ್ಸ್ ಮೆಅಸ್ಲೆಸ್ cಅನ್ ಬೆ ಡೆಟೆಂಟೆಡ್ ಟ್ರೊಮ್ ಬ್ಲೂಡ್ ಅನ್ಡ್ ನಸಲ್, ಫಯ್ನ್ಲೇ ಅಲ್ ಸೆಂರೆಟಿಒನ್ಸ್. 3)ಥ್ರೀ ಕಿನ್ಡ್ಸ್ ಒಟ್ ಅನ್ವಿಬೊಡಿಎಸ್ ಅರೆ ಪ್ರೊಡುಂಎಡ್ ಅಟ್ಟಿರ್ ಇನ್ಟೆಂಟಿಒನ್,ತೆಟ್ ಇಸ್ ಅ) cಒಮ್ಪ್ಲೆ ಮೆನ್ಟ್ cಒಮ್ಬಿನಿನ್ಗ್ ಅನ್ವಿಬೊಡ್ಯ್; ಬ್) ಹೆಮಗು ಟಿನಿನ್ ಇನಿಬಿಟಿನ್ ಅನ್ನಿಬೊಡ್ಸ್.	ಠೆಅಚೆರ್ ಇಸ್ ಎಸಪ್ಲೈನಿನ್ಗ್ ಂಒತೆರ್ ಇಸ್ ಎಸಪ್ಲೈನಿನ್ಗ್	ଞ ୦୦ ଙ୍ ଅ	
	1)ಅತೊಗೆನ್ ಇಸ್ ಮೆಅಸ್ಲೆಸ್ ವಿರುಸ್.	c) ನೆಉಟ್ರಲಿzಇನ್ಗ್ ಅನ್ವಿಬೊಡ್ಯ್ 4) ಓನ್ಲ್ಯ್ ಒನೆ ಅನ್ವಿಗೆನಿc ಡ್ಯೈ ಒಟ್ ಮೆಅಸ್ಲೆಸ್ ವಿರುಸ್ ಇಸ್ ಕ್ನೊವ್ನ್. 5)ಎಸಿಸ್ಟರ್ನೆಂಎ:ಮೆಅಸ್ಲೆಸ್ ವಿರುಸ್ ಇಸ್ ಸೆನ್ಸಿಟಿವೆ ಟೊ ಹೆಅಟ್ ಒರ್ ಡಿಸಿನ್ಟೆಂಟನ್ನ್ , ಇಟ್ ಇಸ್ ಅಲ್ಸೊ ಇನಂಟಿವಟೆಡ್ ಬ್ಯ್ ಉಲ್ಟ್ರವಿಒಲೆಟ್ ಲಿಫ್ಟ್ ಎಅಸಿಲ್ಯ್.ನೊಟ್ ಸ್ಪ್ರೊನ್ಗ ಏಈಧೇಂಈಓಳೋ		చ	
4మినో		 ఒಉರ್ ಎ ಒಟ್ ಇನ್ಟೇಟಿಒನ್ ಥೆ ಪಟಿಎನ್ಟ್ಸ್ ಅರೆ ತೆ ಒನ್ಲ್ಯ್ ಸೊಉರ್ ಎ ಒಟ್ ಇನ್ಟೇಟಿಒನ್. ಒಉಟೆಸ್ ಒಟ್ ಟ್ರನ್ಸ್ಮಿಸ್ಸಿ ಒನ್ ಐರ್-ಬೊರ್ನೆ ಉಸ್ ಎಷ್ಟಿಬಿಲಿಟ್ಯ್ ಒಟ್ ಪೊಪುಲಟಿಒನ್ ಅ) ಆಲ್ಲ್ ಅಗೆ ಪೆರ್ಸೊನ್ ಇಸ್ ಸುಸ್ ಎಷ್ಟಿಬ್ಲೆ; 90% ಒಟ್ ಒನ್ನಂಟ್ ಪೆಒಪ್ಲೆ ಅಂ ಇಲೆ ತೆ ಡಿಸೆ ಅಸೆ. 	ಠೆಅಚೆರ್ ಇಸ್ ಎxಪ್ಲೈನಿನ್ಗ್ ಂಒತೆರ್ ಇಸ್ ಲಿಸ್ಟೆನಿನ್ಗ್ ರೆಅಚೆರ್ ಇಸ್	ః ఆ రో	

	ಬ್) ಥೆ ಪೆರ್ಮನೆನ್ಡ್ ಇಮ್ಮುನಿಚ್ಯ್ ಅcqಉಇರೆ ಅಚ್ಚಿರ್	ಟೆಲಚಿನ್ಗ್		
	ಡಿಸೆಲಸೆ.			
3చినా	ಡಿಸೆಅಸೆ. • ಏಪಿಡೆಮಿಂ ಚೆಅಟುರೆಸ್ ಸೆಅಸೊನ್:ವಿನ್ಸೆರ್ ಅನ್ಡ ಸ್ಪಿರಿನ್ಗ್ ಅಗೆ:6 ಮೊಸ್ತ್ಸ್ ಟೊ 5 ಯೆಅರ್ಸ್ ಒಲ್ಡ್ ಆರಃಓSಈಓಳೋ ಮೆಅಸ್ಲೆಸ್ ವಿರುಸ್ ↓ ರೆಸ್ಪಿರಟೊರ್ಯ್ ಟ್ರಂಟ್ ಎಪಿತೆಲಿಅಲ್ ಎಲ್ಕ್ಸ್ (ಮುಲ್ಟಿಪ್ಲ್ಸ್) ↓ ಲ್ಯೊ ಇಡ್ ಟಿಸ್ಸುಎ ಬ್ಲೂಡ್(ಜಿಸ್ಟ್ವೀರುಸಮಿಅ) ↓ ಟೋಇಂ ಸ್ಯೋ ್ನ್ ಮ್ಸ್ ೪ೇಣೀCಆಳ್ ಂಆಣೇಏ ರಾಠೀಓಣ್:	రేఅజేరా ఇಸ್ ಎxజ్హ్మేనిన్గ ంఒతేరా ఇಸ್ ಎxజ్హ్మేనిన్గ రేఅజేరా ఇಸ್ ಎxజ్హ్మేనిన్గ ంఒతేరా ఇಸ್ లిಸ్మేనిన్గ	ఓ ః ఆ ం ళ్ ఆ ర్	
	• ರ್ರ್ಯಿಂಅಲ್ ಟ್ಯೈ			

		1) ಈನ್.ಉಬಟಿಒನ್ ಪೆರಿಒಡ್ ಇಸ್ ಅಪ್ರೈ.xಇಮಟೆಲ್ಯ್	ः	
3మినో		6~18ಡಯ್ಸ್,10ಡಯ್ಸ್ ಇಸ್ ತೆ ಮೊಸ್ಟ್ ಂಒಮ್ಮೊನ್.	ಆ	
			R	
		၈၈၀၀မ.	ଙ	
	લರઃಓSಈಓ જૌ€	ಂಒಸ್ಟ್ಸ್ ಂಎಅಸ್ಲೆಸ್ ಇಸ್ ಅ ಸೆವೆರೆ ಡಿಸೆಅಸೆ ವ್ಹಿಚ್ cಔಸೆಸ್ ಅ ರಶ್, cಒಉಫ್ ಅನ್ಡ್ ಚಿವೆರ್ ಅನ್ಡ್ cಅನ್ ಕಿಲ್ಲ್. ಈಟ್ ಅಚ್ಚಿಂಟ್ಸ್ ಚಿಲ್ಡೆನ್, ಬುಟ್ ಅಲ್ಸೊ ಯೊಉನ್ಗ್ ಅಡುಲ್ಡ್. ಈಟ್ ಇಸ್ ಒನೆ ಒಟ್ ತೆ ಮೊಸ್ಟ್ cಒಮ್ಮೊನ್ cಔಸೆ ಒಟ್ ಹೊಸ್ಪಿ ಟಲಿಅzಅಟಿಒನ್ ಅಮೊನ್ಗ್ ಚಿಲ್ಡೈನ್. ಈಟ್ ಇಸ್ ಡಿಅಗ್ನೊ ಸೆಡ್ ಬ್ಯ್ ಲಬ್ ಇನ್ವೆಸ್ಟಿಗಟಿಒನ್ ಅನ್ಡ್ ಅಪ್ರ್ಯೊಪ್ರಿಅಟೆ ನುರ್ಸಿನ್ಗ್ ಮನಗೆಮೆನ್ಚ್ ಇಸ್ ರೆqಉಇರೆಡ್ ಟೊರ್ ಬೆಟ್ಟೆರ್ ಪ್ರೊಗ್ನೊ ಸಿಸ್ ಒಟ್ ಡಿಸೆಅಸೆ.	۵.	
		ఓణ్ళ ఈఓణ్:	ः	
		• ಂಎಅಸ್ಲೆಸ್ ಇಸ್ ಅ ವೆರ್ಯ್ ಒನ್ನೆಗಿಒಉಸ್ ಡಿಸೆಅಸೆ ತಟ್ cಅನ್ ಸ್ಪ್ರೆಅಡ್ ತ್ರೊಉಫ್ ಒನ್ನೆಂಟ್ ವಿತ್ ಇನ್ಟೆಂಟೆಡ್ ಮುcಉಸ್ ಅನ್ಡ್ ಸಲಿವ. ಆಪ್ಟ್ರೊಪ್ರಿಅಟೆ ಮೆಡಿಂಅಲ್ ಅನ್ಡ್ ನುರ್ಸಿನ್ಗ್ ಮನಗೆಮೆನ್ಡ್ ಅನ್ಡ್ ಪ್ರೆವೆನ್ಷಿಒನ್ ಇನ್ ಚಿಲ್ಡೈನ್ ಲೆಅಡ್ಸ್ ಟೊ ಗೂಡ್ ಪ್ರೊಗ್ನೊಸಿಸ್ ಒಟ್ ತೆ cಒನ್ಡಿಟಿಒನ್ ಚಿಲ್ಡೆ'ಸ್ ಅನ್ಡ್ ಪರೆನ್ವೆಲ್ ಅನ್xಇಎಟ್ಯ್ ಶೊಉಲ್ಡ್ ಬೆ ಮಿನಿಮಿzಎಡ್ ಬ್ಯ್ ಅಡೆqಉಅಟೆ ಸುಪ್ಪೊರ್ಟ್ ಅನ್ಡ್ ಹೆಅಲ್ತ್ ಎಡುಂಅಟಿಒನ್.		

نموجيت بتمريمه بترجم ومعرفته والمعرفة والمعرفة والمعرفة والمعرفة والمعرفة والمعرفة والمعرفة والمعرفة والمعرفة		
ಂಔಸೆಸ್ ಅ ರಶ್, ಂಒಉಫ್ ಅನ್ಡ್ ಚಿವೆರ್ ಅನ್ಡ್ ಂಅನ್ ಕಿಲ್ಲ್.		
ಈಟ್ ಅಚ್ಬೇಟ್ಸ್ ಚಿಲ್ಡೆನ್, ಬುಟ್ ಅಲ್ಸೊ ಯೊಉನ್ಗ್ ಅಡುಲ್ಚ್.		
ಈಟ್ ಇಸ್ ಒನೆ ಒಟ್ ತೆ ಮೊಸ್ಟ್ ಂಒಮ್ಮೊನ್ ಂಔಸೆ ಒಟ್		
ಹೊಸ್ಪಿ ಟಲಿಅzಅಟಿಒನ್ ಅಮೊನ್ಗ್ ಚಿಲ್ಡ್ರೆನ್. ಈಟ್ ಇಸ್		
ಡಿಅಗ್ನೊ ಸೆಡ್ ಬ್ಯ್ ಲಬ್ ಇನ್ವೆಸ್ತಿಗಟಿಒನ್ ಅನ್ಡ್ ಅಪ್ರ್ರೊಪ್ರಿಅಟೆ		
ನುರ್ಸಿನ್ಗ್ ಮನಗೆಮೆನ್ಚ್ ಇಸ್ ರೆಉಇರೆಡ್ ಚೊರ್ ಬೆಟ್ಚೆರ್		
ಪ್ರೊಗ್ನೊಸಿಸ್ ಒಚ್ ಡಿಸೆಅಸೆ.		
ఓణ్యుఈఓణో:		
ಂಒಸ್ಕ್ಲ್ಯ್ ಂಎಅಸ್ಲೆಸ್ ಇಸ್ ಅ ಸೆವೆರೆ ಡಿಸೆಅಸೆ ವ್ಹಿಚ್ cಔಸೆಸ್		
ಅ ರಶ್, cಒಉಫ್ ಅನ್ಡ್ ಚಿವೆರ್ ಅನ್ಡ್ cಅನ್ ಕಿಲ್ಲ್. ಈಚ್		
ಅಚ್ಚಿಂಟ್ಸ್ ಚಿಲ್ಡೆನ್, ಬುಟ್ ಅಲ್ಸೊ ಯೊಉನ್ಗ್ ಅಡುಲ್ಚ್		