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Effectiveness of Video Assisted Teaching Program Related to Home Management of a Child with Diarrhoea on Knowledge among Mothers of Under Five Children Residing in Selected Rural Community.

Mr.Gaurav sambhaji shinde[1]*,Mr.Dhiraj salve[2]

1. *Specialty Community Health Nursing, Sinhgad college of nursing*
2. *Designation Lecturer, College of Sinhgad college of nursing*

Abstract: -

INTRODUCTION: This study investigates the effectiveness of video assisted teaching program related to home management of a child with diarrhoea on knowledge among mothers of under five children residing in selected rural community.

METHOD: - Research design adopted for the present study was Quasi experimental, non- randomized, control group design. Quasi experimental research design involves the manipulation of independent variable to observe the effect of dependent variable, but it lacks at least one of the two characteristics of the true experimental design: randomized or a control group. The non-randomized control group design was used to assess the effect of video assisted teaching program related to home management of a child with diarrhoea on knowledge among mothers of under five children residing in selected rural community. It provides best framework for the study.

RESULT: -

The study encompassed a total of 60 sample from selected rural community. With in detailed analysis of age of mother, education, number of children, occupation, types of family previous teaching program attendance regarding diaarroea and its home management. Significant improvement was observed in the experimental group, with a notable increase the knowledge of mother of under five children. Findings were recorded according to the tool. The data was gathered using descriptive and inferential statistics. The Fisher's exact test was used to find association between common associated risk factors with selected demographic variables.

CONCLUSION: -

The finding suggests that through the video assisted teaching program on home management of diarrahea that increase the knowledge of mother of under five children.

KEY WORDS: Diarrhoea, Video assisted teaching program, home management, mothers of under five children

Introduction: -

Diarrhoea is the condition of having at least three loose, liquid, or watery bowel movements each day. It frequently lasts a few days and can lead to dehydration from fluid loss. The decrease of the skin's usual stretchiness and irritability are frequent early indicators of dehydration. When it gets worse, this might lead to less urine, a change in skin color, a rapid heartbeat, and a decrease in responsiveness. In a while, among infants who are exclusively breastfed, loose but dry faeces are typical. The most typical cause of gastroenteritis is an infection of the intestines brought on by a virus, bacteria, or parasite. These illnesses are frequently caught from infected people or through contaminated food or water. They can also be transmitted directly from an infected person. There are three different types of diarrhoea: persistent diarrhoea, short-term bloody diarrhoea, and short-term watery diarrhoea

(lasting more than two weeks, which can be either watery or bloody). Cholera may be the cause of the short watery diarrhoea, though it's uncommon in modern countries.[1]

Dysentery is another name for it if blood is involved. Diarrhoea can have a number of non-infectious causes. They include bile acid diarrhoea, irritable bowel syndrome, celiac disease, non-celiac gluten sensitivity, hyperthyroidism, lactose intolerance, and a number of medicines. Stool cultures are typically not necessary to determine the precise etiology of an issue. Better sanitation, clean drinking water, and clean hand washing can all help to prevent diarrhoea. Furthermore, advised are six months of exclusive breastfeeding and rotavirus immunization. The preferred treatment is oral rehydration solution (ORS), which consists of clear water with trace levels of salt and sugar. Tablets containing zinc are also advised. Throughout the previous 25 years, these medicines are thought to have saved the lives of 50 million children. It is advised that those who are experiencing diarrhoea continue to consume a balanced diet and breastfeed their infants. [1]

In the absence of commercial ORS, homemade solutions may be used. There may be a need for intravenous fluids in people who are very dehydrated. Even so, the majority of cases can be successfully treated with oral fluids. Although they are rarely prescribed, antibiotics may be advised in a few situations, such as those with bloody diarrhoea with a high temperature, those who experience severe diarrhoea after travelling, and those whose stool contains particular bacteria or parasites.

While loperamide may help reduce bowel motions, it is not suggested for people with severe illness.[1]

NEED OF THE STUDY

Each year, there are around 1.7 to 5 billion cases of diarrhoea. Children under five get diarrhoea on average three times each year in underdeveloped nations, where it is most prevalent. An estimated 1.53 million people will die from diarrhoea worldwide in 2019, down from 2.9 million in 1990. In 2012, it was the second most common cause of fatalities in children younger than five (0.76 million or 11%). Malnutrition is also frequently brought on by recurrent bouts of diarrhoea, which is particularly prevalent in children under the age of five. Some potential long-term issues include inadequate intellectual progress and stunted growth.

AIM OF STUDY: -

The study aims to Effectiveness of video assisted teaching program related to home management of a child with diarrhoea on knowledge among mothers of under five children residing in selected rural community.

METHODOLOGY: -

Study Design: This research adopts a prospective, non-randomized control group design design to rigorously examine the Effectiveness of video assisted teaching program related to home management of a child with diarrhoea on knowledge among mothers of under five children residing in selected rural community.

The study encompasses mother of under five children in selected rural community.

Inclusion criteria: Mothers who are

1. residing in rural community
2. Available during data collection
3. Willing to participate in the study
4. Mothers of under five children
5. Mothers who are understand Marathi / English.

Exclusion criteria: Mothers who are

1. not willing to participate.
2. working mothers in medical system.

3. mothers having children more than 5 years of age.

Study instrument/ data collection tool:

Researcher will be using following tool

Section A: consent form

Section B: Demographic data collection

Section C: Structured questionnaire to assess the knowledge of mothers of under five children related to home management of child with diarrhoea.

Description of intervention:

Diarrhoea And Its Home Management:

Introduction: Diarrhoea is a second most common cause of death in children under five.

Diarrhoea is liquid stool lasts a few days and can lead to dehydration and fluid loss.

There are several ways to manage diarrhoea at home which may reduce the morbidity and mortality among under five children.

Diarrhoea is transmitted through feco-oral route.

Definition: Diarrhoea is defined as passage of three or more loose or liquid stool per day or more frequently than is normal for individual.

Acc. to WHO

Incidence: The magnitude of diarrhoea among under five children in the various parts of country ranges from 18-31%.

The diarrhoea most commonly occur in babies who starts crawling.

Risk Factor:

- Age
- Low immunity
- Bottle feeding
- Soiled hands
- Unsanitary food preparation
- Malnutrition

Causes:

- Contaminated food
- Infection-Bacterial
  - -Viral
  - -fungal
- Allergy
- Certain medication
- Contaminated water.

Sign And Symptom:

- Fever
- Diarrhoea more than 3 loose stool
- Abdominal pain
- Abdominal cramp
- Lethargy
- Thrusty of water
- Vomiting
- Dehydration
- Electrolyte imbalance
- Weight loss

Diagnostic evaluation:

Physical examination. Management:

1) Oral Rehydrate Solution:It is the cheap, simple and best method to trat dehydration caused by diarrhoea at home besis.

   ORS drinks should be given to a child every time a watery stool is passed.

2) Preparation of ORS:

1) Wash yours hand neatly.
2) Clean the container well
3) Boil 1 lit. of drinking water and let it cool down.
4) Later add 6 tea spoon of sugar .
5) And mixed it well until sugar dissolve.

   Prepared ORS can be stored up to 24 hrs. in room temperature.

   ORS restore fluid, glucose, and electrolyte which loses due to diarrhoea.

3) Nutrition:

   During diarrhoeal episode mother should continue breast feeding to her child. Breast milk is a good choice of food when child have diarrhoea.

   Zinc supplement with ORS prevent diarrhoea upto 2–3-month Zinc diet given for 10-14 days to manage diarrhoea

   Zinc rich diet include breast milk, potatos, legumes, dairy products, yogurt rice, and green vegetables.

4) Food Preparation:

   Food preparation plays important role in prevention and home management of diarrhoea.

   Mother should perform hand washing before preparing food and must use clean utensils for food preparation.

   While bottle feeding the article should be boiled for at least 5 min. Fresh and healthy food should be served feed to the child.

Milk used for infant should be prepared at the time of feeding.

5) Complication:

- Dehydration
- Electrolyte imbalance
- Metabolic acidosis
- Malnutrition
- Renal failure
- Convulsion
- Hypoglycemia

6) Prevention:

✓ Hand washing before preparing food and after defacation.

✓ Rotavirus and measles and vitamin A vaccine should be taken.

✓ Improve quality water supply.

✓ Promote early and exclusive breast feeding.

✓ Sanitation promotion.

✓ Add healthy diet to boost immunity include broath, juices, to prevent dehydration.

✓ Flies control.

Statistical Analysis:

In this study, descriptive statistics (mean, standard deviation, frequency distribution) summarized baseline characteristics. Inferential statistics (paired t-tests, two-samplet-tests, Fisher's exact test) were used to analyze within-group and between-group differences, assessing the significance of observed changes.

Ethical Considerations:

Institutional Review Board (IRB): Approval is sought from the relevant ethical review board. Participants are fully briefed on the study, and written consent is obtained, ensuring compliance with ethical standards.

RESULT:

In experimental group, 23.3% of the mothers of under five children had poor knowledge (score 0-8), 50% of them had average knowledge (score 9-16) and 26.7% of them had good knowledge (score 17-25) regarding home management of a child with diarrhoea. In posttest, 6.7% of the mothers of under five children had poor knowledge (score 0-8), 46.7% of them had average knowledge (score 9-16) and 46.7% of them had good knowledge (score 17-25) regarding home management of a child with diarrhoea. In control group, 36.7% of the mothers of under five children had poor knowledge (score 0-8), 56.7% of them had average knowledge (score 9-16) and 6.7% of them had good knowledge (score 17-25) regarding home management of a child with diarrhoea. In posttest, 40% of the mothers of under five children had poor knowledge (score 0-8), 50% of them had average knowledge (score 9-16) and 10% of them had good knowledge (score 17- 25) regarding home management of a child with diarrhoea. This indicates that the knowledge improved among mothers of under five children remarkably after the video assisted teaching program.

Table 3.1: Effectiveness of video assisted teaching program related to home management of a child with diarrhoea on knowledge among mothers under five children
N=30, 30

Knowledge	Experimental				Control			
	Pretest		Posttest		Pretest		Posttest	
	Freq	%	Freq	%	Freq	%	Freq	%
Poor	7	23.3%	2	6.7%	11	36.7%	12	40.0%
Average	15	50.0%	14	46.7%	17	56.7%	15	50.0%
Good	8	26.7%	14	46.7%	2	6.7%	3	10.0%

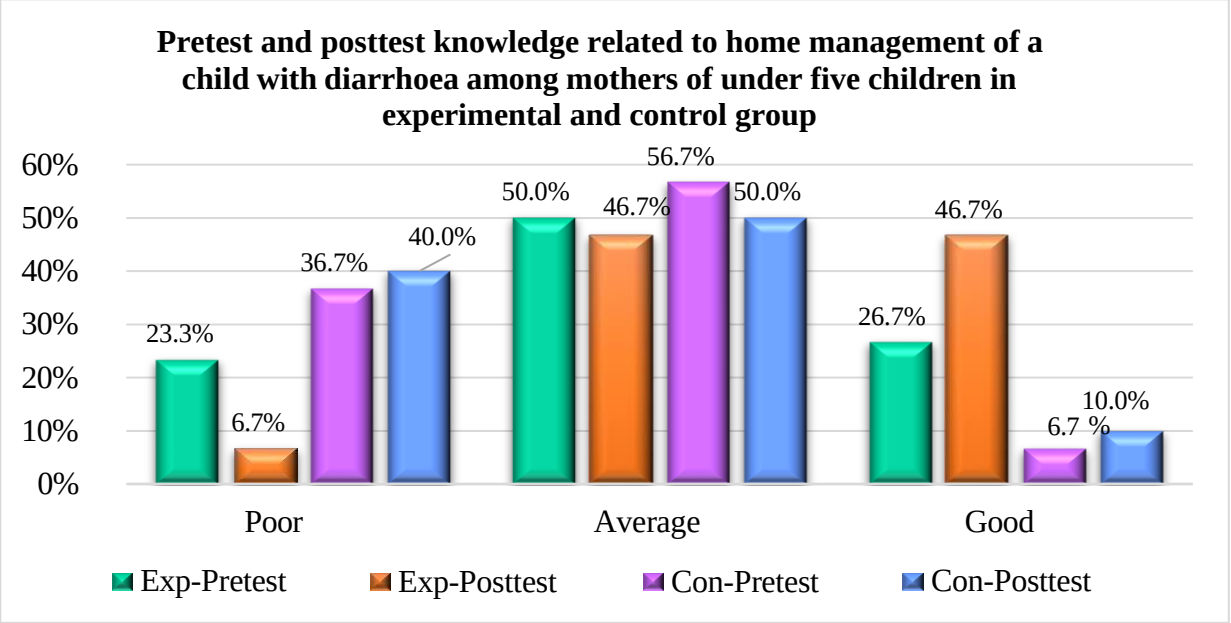

fig. 4.8 : bar diagram shows knowledge related to home management of a child with diarrhoea among mothers of under five children in experimental group and control group.

- Analysis of data related to association between knowledge among mother of under five children regarding home management of a child with diarrhoea with selected demographical variable.
Since p-values corresponding to education, occupation and previous teaching program attended regarding diarrhoea and its home management were small (less than 0.05), the demographic variables education, occupation and previous teaching program attended regarding diarrhoea and its home management were found to have significant association with the knowledge among mother of under five children regarding home management of a child with diarrhoea.

DISCUSSION:

The study aimed to investigate the Effectiveness of video assisted teaching program related to home management of a child with diarrhoea on knowledge among mothers of under five children residing in selected rural community.

Present study demonstrated Significant improvement was observed in the experimental group, with a notable increase the knowledge of mother of under five children.

The experimental group, had shown the video to the mother of under five children to increase their knowledge

about home management of child with diarrahoea. while the control group do not give the intervention. Comparison between the experimental and control groups revealed significant differences. This is consistent with the findings of a non-randomized control group on video assisted teaching program to increase knowledge of mother under five-year children.

Since p-values corresponding to education, occupation and previous teaching program attended regarding diarrhoea and its home management were small (less than 0.05), the demographic variables education, occupation and previous teaching program attended regarding diarrhoea and its home management were found to have significant association with the knowledge among mother of under five children regarding home management of a child with diarrhoea

CONCLUSION:

In conclusion, this study demonstrates the significant This research adopts a prospective, non-randomized control group design design to rigorously examine the Effectiveness of video assisted teaching program related to home management of a child with diarrhoea on knowledge among mothers of under five children residing in selected rural community.

The study encompasses mother of under five children in selected rural community.

The finding suggests that through the video assisted teaching program on home management of diarrhoea that increase the knowledge of mother of under five children.

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