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THE EFFECTIVENESS OF COMMUNITY EDUCATION PROGRAMME ON KNOWLEDGE & ATTITUDE REGARDING WEANING AMONG PARENTS OF INFANTS IN JHANSI U.P.

Mrs. Subani Bara, Dr. M.E. Patlia

Abstract:

In this experimental design, sample consisted of 60 Parents, selected by Non probability convenient sampling technique. Self structure knowledge questionnaire tools were used for assessing the knowledge of parents regarding weaning. Pre test was conducted by using the same structured questionnaire and after 10 days post test was conducted using the same structured knowledge questionnaire for assessing the effectiveness of community education programme regarding weaning Mean percentage of the knowledge score of post test 30.12 was higher than pre test 25.4. and Attitude score of post test 35.36 was higher than pre test 27.9. The 't' value for total pre test and post test was 13.89. correlation between knowledge & attitude score was 0.92 The 't' value for total pre test and post test was 13.89. The data was analyzed in terms of descriptive and inferential statistics.

MRS. SUBANI BARA

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INTRODUCTION:

Weaning is the process of steadily introducing an infant on another mammal to what will be its adult diet while withdrawing the contribution of its mother's milk. The progression takes place only in mammals, as only mammals produce milk.

Weaning is the process of switching an infant's diet from breast milk to other foods and fluids. When to start weaning is an ones decision. It might be influenced by a return to work, the mother's or infant's health, or just a feeling that the time is right.

Weaning an infant is a gradual process. The American Academy of Paediatrics recommends feeding infants solitary breast milk for the first six months after birth. After 6 months, the AAP recommends a combination of solid foods and breast milk until the infant is at least 1 year old. The Academy advises against giving cow's milk to children younger than 1 year old

- At 6 months of age, an infant needs to drink 28 to 45 ounces of breast milk per day and often is ready to start being introduced to solid food.
- Starting solid foods too soon can be hazardous, so an infant should not be fed solid food until he or she is physically ready.
- Start solid feedings (1 or 2 tablespoons) of iron-fortified infant rice cereal mixed with breast milk or formula, stirred to a thin consistency.
- Once the infant is eating rice cereal regularly, you may introduce other ironfortified instant cereals.
- Only introduce one new cereal per week so that intolerance or possible allergies can be monitored.

OBJECTIVES

- 1. To assess pre test & post test knowledge of parents regarding weaning
- 2. To assess pre test & post test attitude score of parents regarding weaning
- 3. To assess the effectiveness of community health programme regarding weaning among parents of infants
- 4. To find correlation between knowledge & attitude regarding weaning

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METHODS AND MATERIAL

An extensive review of literature was undertaken. The conceptual framework based on Roy's adaptation theory. An experimental research approach was used to assess the knowledge & attitude regarding weaning among parents of infants. A pre experimental research design was considered appropriate for the study "to assess the effectiveness of community health programme regarding weaning among parents of infants One group pre test and post test design was used. In order to measure the content validity of the tool, the questionnaire schedule was given to the 7 experts from the field of Obstetrics and Gynecological & Pediatrics Nursing. The experts were chosen on the basis of their clinical expertise, experience, qualification and interest in the problem area. The tool was found reliability of tool was calculated with split half method and found 0.91 or knowledge which is statically reliable for the present study.

RESULT

The data for main study was calculated in the month of July Data collection was analyzed by using descriptive & inferential statistics. The analysis depicted that majority of parents 25 (42%) belonged to the age group of 25-29 years Regarding the Educational status of parents , majority of respondent (71%) had their primary education Majority of the respondent (84%) were Hindu, Majority respondent monthly income 20 (34%) Regarding the Nutritional status of parents , majority of the respondent 40 (66%) were non vegetarian, knowledge score of post test 30.12 was higher than pre test 25.4. and Attitude score of post test 35.36 was higher than pre test 27.9. The 't' value for total pre test and post test was 13.89. Correlation between knowledge & attitude score was 0.92 The 't' value for total pre test and post test 35.36.

CONCLUSION

The community education programme was found to be an effective for parents that increasing the knowledge regarding weaning that is help full in reducing Neonatal mortality & morbidity rate, it is important for good growth & development of infant.

REFERENCE

 Ghai OP, Paul V, Bagga A. Ghai Essential Pediatric, ed 7th. New Delhi: CBS Publishers & distributors; 2010. P. 99.

International Journal of Nursing and Medical Science 2018: 7(3), 46–49 IJNMS ISSN: 2454–6674

- 2. Sachadeva HPS, Chowdhary P. Nutrition in Children Developing country concerns, Reprint ed. Delhi: BI Publications, 1994. p. 108.
- 3. Sachadeva HPS, Chowdhary P. Nutrition in Children Developing country concerns, Reprint.ed. Delhi:BI Publications, 1994. p. 112.
- 4. Sachadeva HPS,Chowdhary P. Nutrition in Children Developing country concerns, Reprint.ed. Delhi:BI Publications, 1994. p.109.
- 5. Tewari P.V. Kashyapa Samhita ,Reprint.ed. Varanasi: Chowkhamba Vishwabharti Oriental Publications; 2008. P. 599.
- 6. Kumar A. Child Healthcare in Ayurveda , Reprint.ed . Delhi: Sri Satguru Publication; 1994. P 32-33.
- 7. Nene GS. Manusmriti, Reprint.ed. Varanasi: Chauhkamba Sanskrit SansthanPrakashan; 1999. p. 44-46.
- 8. Sharma PV. Sushruta Samhitha, Reprint .ed.Varanasi:Chaukhamba Vishwabharti Oriental Publishers; 2005. p. 235-36
- 9. Murthy S., Ashtanga Samgraha, Reprint.ed. Varanasi: Chowkhamba Orientalia publishers; 1999. P.9, 11.
- 10. Ashtavaidyan VC. Ashtanga Hridaya Indu Tik,, Reprint.ed. Varanasi: Chowkhamba Krishnadas Academy prakashan; 2007 .p. 457.
- 11. Tewari P.V. Kashyapa Samhita , Reprint.ed. Varanasi: Chowkhamba Vishwabharti Oriental Publications; 2008. P. 599.
- 12. Mishra B. Bhavaprakasha of Sri Bhavamishra. Reprint. ed. Varanasi: chowhkhamba Sanskrit Sansthan;2004. p.100.
- 13. Dwevedi L, Charaka Samhita, Reprint.ed. Varanasi: Chowkhamba Vishwabhrathi Oriental Publications; 2007. 211.