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A STUDY TO ASSESS THE KNOWLEDGE, ATTITUDE AND PRACTICE REGARDING PREVENTION OF WATER-BORNE DISEASES AMONG MOTHERS OF TODDLER RESIDING AT SELECTED RURAL AREAS IN UJJAIN WITH VIEW TO DEVELOP AN INFORMATION BOOKLET

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Introduction

Water is nature's most generous gift to man. It is one of man's most important assets; water is an essential factor in economic, social and cultural development of a community. It is not only a refreshing drink and an effective cleansing agent but also a vital medicine.

Poor sanitation and unhygienic water consumption leads huge burden of waterborne illnesses such as diarrheal disease, cholera, typhoid etc. Approximately 88% of diarrheal diseases are attributed to unsafe water supply, inadequate sanitation and hygiene.

Adequate supply of fresh and clean drinking water is a basic need for all human beings on the earth, yet it has been observed that millions of people worldwide are deprived of this. Industrial growth, urbanization and the increasing use of synthetic organic substances have serious and adverse impacts on freshwater bodies. Many areas of groundwater and surface water are now contaminated with heavy metals, POPs (persistent organic pollutants), and nutrients that have an adverse effect on health. The children consist about 20% of our total population are prone to get infections from different sources like food, water, flies, fomites and polluted environment.

The most common and wide spread health risk associated with drinking water is its contamination, either directly or indirectly by human or animal excreta. Drinking contaminated water or using it in food preparation may cause infection. The pathogenic agents include bacteria, viruses and protozoa which may cause diseases that may in

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severity from mild gastro enteritis to severe and sometimes diarrhea, dysentery, hepatitis

or typhoid fever. Water-borne infections are among the most emerging and re-emerging

infectious diseases throughout the world. Waterborne diseases are an ever-present threat

to the health of nearly one billion people worldwide.

All aspects of child care are looked after by the mother only. So mother have prime role in

the prevention of water borne diseases. Poor health risk of infection is responsible for

high infant and child mortality rate. In our country 1/10 of infant does not reach his first

birthday. 15/100 children die before they complete their 5years of age.

Objective

• Assess the level of knowledge and attitude regarding prevention of water borne

disease among the mothers of toddlers residing at selected rural area at Ujjain.

• To find out the relation between knowledge and attitude regarding prevention of

water borne disease among the mothers of toddlers residing at selected rural area

at Ujjain.

• To find out the association between knowledge and attitude regarding prevention

of water borne disease among the mothers of toddlers residing at selected rural

area at Ujjain

Hypothesis

The hypothesis will have tested at 0.05 level of significance

H₁: There will be significant relationship between the level of knowledge and attitude

regarding prevention of water borne disease among mothers of toddlers residing in

selected rural area of Ujjain.

H₂: There will be significant association between the level of knowledge and attitude

regarding prevention of water borne disease among mothers of toddlers residing in

selected rural area of Ujjain.

Method

In this present study, by viewing the nature of the problem and objectives, the researcher

adopted a quantitative approach because it involves the generation of data in quantitative

form which can be subjected to rigorous quantitative analysis in a firm and rigid fashion.

The research design selected for the present study was one group pre-test and post-test

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pre-experimental design. The target population of the study comprises of mothers of toddlers residing at selected areas of Ujjain. The sample consisted of 60 mothers of toddlers. A structured knowledge questionnaire was selected to assess the knowledge of mothers of toddlers on prevention of water borne disease and an observational checklist to assess the mothers of toddler on level of practice and attitude regarding water borne diseases and prevention of water borne diseases. It was considered to be the most appropriate instrument to elicit the response from mothers of toddlers who are able to understand and read Hindi.

Results

It shows the comparison of pre-test and post-test aspects wise knowledge scores on prevention of water borne diseases. It is evident from the t-value computed for definition and causes of water borne diseases, purification of water, Diagnosis and Rx, which are respectively 9.41, 5.69, 0.91, 10.96, 4.51 they are higher than the table value 2.01 at p 0.05 level of significance. Hence there was a significant gain in the pre-test and post-test aspect wise knowledge scores regarding prevention of water borne diseases among mothers of toddlers. Hence the intervention i.e., the structured teaching programme regarding prevention of water borne diseases which was adopted by the researcher is found to be effective in increasing the aspects wise knowledge of mothers of toddlers on prevention of water borne diseases. Therefore the hypothesis 1 starting that there will be significant differences between the pre-test and posttest knowledge scores of mothers of toddlers exposed to structured teaching programme regarding prevention of water borne diseases is accepted.

Conclusion

The present study assessed the knowledge attitude and practice of mothers of toddlers on prevention of water borne diseases through structured teaching programme and found that majority (63.3%) of the mothers of toddlers had moderately adequate knowledge and (30%) had adequate knowledge in pretest. In posttest 95% of mothers of toddlers had adequate knowledge. It shows that there is a significant improvement in knowledge of mothers of toddlers after structured teaching programme (STP). Thus structured teaching programme is effective improving the knowledge of mothers of toddlers regarding prevention of water borne diseases. The structured teaching programme (STP) has enhanced the knowledge of mothers of toddlers, which is essential

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for appropriate care of her family and children. Hence the structured teaching programme is instructionally effective appropriate and feasible. It should be used in the different settings to improve their knowledge.

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