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“A STUDY TO ASSESS THE EFFECTIVENESS OF INFORMATIONAL BOOKLET ON KNOWLEDGE REGARDING WORM INFESTATION AND ITS PREVENTION AMONG MOTHERS OF UNDER FIVE CHILDREN IN SELECTED AREAS OF MACHOHALLI”

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ABSTRACT

PROBLEM STATEMENT

A study to assess the effectiveness of informational booklet on knowledge regarding worm infestation and its prevention among mothers of under of under five children in selected areas of Machohalli.

OBJECTIVES

- 1.To assess the pre – test and post-test level of knowledge regarding prevention of worm infestation among mothers of under five children.
2. To evaluate the effectiveness of informational booklet on knowledge regarding prevention of worm infestations among mothers of under five children.
3. To associate the pre-test knowledge regarding worm infestation and its prevention with the selected socio demographic variables among mothers of under five children

HYPOTHESIS

H₁: There will be a significant difference between the pre-test and post-test knowledge regarding worm infestation and its prevention among mothers of under five children.

H₂: There will be a significant association between knowledge regarding worm infestation and its prevention with the selected demographic variables among mothers of under five children.

RESEARCH APPROACH

Quantitative research approach is used in the present study – “A study to assess the effectiveness of informational booklet on knowledge regarding worm infestation and its prevention among mothers of under of under five children in selected areas of Machohalli, Bangalore.

RESEARCH DESIGN

In this study is adopted to one group Pre and Post test design.

RESEARCH SETTING

The study is conducted at Machohalli rural area, Bangalore.

POPULATION

The target population of the study will be the mothers of under-five children's who all are present in the Machohalli rural area, Bangalore.

SAMPLING AND SAMPLING TECHNIQUE

The sample of the study is Mothers of under five children under the age of above 20-30 years of age.

In this study, mothers are selected by using non-probability purposive sampling technique are used

CRITERIA FOR SAMPLE SELECTION

The sample for the study will be selected based on the following criteria.

Inclusion criteria:

- The study includes the mothers in the age group of 20-30 years.
- Mothers who are willing to participate in the study.
- Mothers who are available at the time of data collection.
- Mothers who can read and write Kannada and English.

Exclusion criteria:

The study excludes the mother of under-five who are:

- Not willing to participate in the study
- Mothers who are having previous knowledge regarding worm infestation

TOOLS FOR DATA COLLECTION

Self- administered structured knowledge questionnaire is used to collect the data regarding prevention of worm infestation among under five children. This tool consists of two sections.

SECTION A

It consists of demographic variables such as age, educational status, religion, family history, previous knowledge.

SECTION B

It consists of a self-administered structural knowledge questionnaire regarding prevention of worm infestation among under five children.

DATA ANALYSIS

The data was analysed based on objective and hypothesis of the study. The obtained data was analysed by descriptive and inferential statistics and interpreted in terms of objectives and hypothesis of the study. The level of significance was set at of significance.

MAJOR FINDING OF STUDY

SECTION-A

Distribution of participate according to their demographic variables

majority (53.33%) of mothers of under-five children were in the age group of 26-30 years

AGE

Whereas the study conducted by Machohalli had (53.33%) under-five mothers where in the Age group of above 26 years.

RELIGION

Majority (93.33%) of mothers of under-five children were in the religion group of Hindu and (6.66%) mothers of under-five children were in the religion group of Christian.

MARITAL STATUS

Mostly (100%) of mothers of under-five children were in a married.

SOCIOECONOMIC STATUS

Majority (90%) of mothers of under-five children were in the socio-economic status was middle class.

EDUCATIONAL STATUS

With regards to educational status (40%) have primary and secondary level of education among mothers of under- five children.

WORK

Mostly (36.66%) of mothers of under-five children were in the group of unemployed.

FAMILY INCOME

Majority (53.33%) of mothers of under-five children were in the family income of 15001-25000.

NUMBER OF CHILDREN

Mostly (66.66%) of mothers of under-five children were in the number of children of 2.

AGE OF THE CHILDREN

Mostly (86.66%) of mothers of under-five children were in the age of child was 1-4 years.

PREVIOUS HISTORY OF WORM INFESTATION IN CHILD

Majority (100%) of mothers of under-five children were our previous history of worm infestation in the child.

SECTION: B

The mean knowledge score obtained by mothers of under-five children are (21.83) mean percentage (72.76%) median score (22) with standard deviations (3.86).

SECTION: C

(ASSOCIATION BETWEEN KNOWLEDGE AND DEMOGRAPHIC VARIABLES)

The Chi-square test was used to determine the association between selected demographic variables and the level of knowledge regarding worm infestation and its prevention among mothers of under-five children. The findings revealed that there was **no statistically significant association ($p > 0.05$)** between the level of knowledge and any of the selected demographic variables, including **age of the mother ($\chi^2 = 0.041$)**, **religion ($\chi^2 = 0.41$)**, **marital status ($\chi^2 = 0.00$)**, **socioeconomic status ($\chi^2 = 2.41$)**, **educational status ($\chi^2 = 1.19$)**, **occupation ($\chi^2 = 0.00$)**, **family income ($\chi^2 = 1.37$)**, **number of children ($\chi^2 = 2.54$)**, **age of the child ($\chi^2 = 2.22$)**, and **previous history of worm infestation ($\chi^2 = 0.00$)**.

CONCLUSION

The study finding reveal that the informational booklet will be effective, to bring out changes in the knowledge regarding worm infestation among mothers of under-five children's.

KEY WORDS

Knowledge, worm infestation, informational booklet, under-five children of mothers.

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CHAPTER I

INTRODUCTION

Children are a precious gift from God, and every child has the right to grow up in a healthy home, school, and community. The future progress of children and the world they will shape depends greatly on their health and well-being. India, as a developing country, faces several public health challenges. Among these, worm infestation remains a significant concern. In many developing nations, including India, worm infections are a major cause of ill health. In rural areas especially, the practice of open defecation

contributes to the spread of these infections, leading to malnutrition among children. Helminths, or parasitic worms, live in the human body and are a fundamental cause of various diseases, affecting not only the gastrointestinal system but also overall health and nutrition.¹

The early years of life carry a higher risk of illness and death. Many childhood health problems are interconnected and significantly influence a child's growth and development. Among the most common concerns are infections, parasitic infestations, and malnutrition. Parasitic infestations, in particular, represent a major public health issue in several parts of the world. In India, the burden is especially high in regions characterized by warm, humid climates and heavy rainfall, such as the western coastal areas. Worm infestation is a widespread health problem globally, particularly among children. The World Health Organization estimates that approximately 1.4 billion people worldwide are infected with at least one type of intestinal worm. In India, the most commonly reported helminth includes roundworm, hookworm, pinworm, and tapeworm, which are typically transmitted through oral ingestion, skin penetration, or both.²

Worm infestation remains a serious public health problem in developing countries, especially among children, largely due to poor living conditions and inadequate hygiene practices. In these regions, helminthic infections significantly contribute to the global burden of disease, causing malnutrition, impaired growth and development, and iron deficiency anaemia in young children. Low socioeconomic status and insufficient sanitation facilities further increase the prevalence of worm infestations, negatively affecting children's health and overall development. Intestinal parasitic infections continue to threaten the nutritional status, physical growth, and general well-being of children in developing nations, placing a large proportion of them at risk. In areas such as Assam, the high rate of intestinal worm infestation among children aged 1–4 years highlights the urgent need for focused and effective public health interventions. The aim of the study was to evaluate mothers' knowledge regarding the prevention of worm infestation among children under five years of age and to determine the association between their knowledge and selected demographic variables.³

NEED FOR STUDY

Approximately 1.5 billion people worldwide are infected with soil-transmitted helminth (STHs), including more than 568 million school-aged children and 270 million preschool-aged children. All affected individuals require treatment and preventive interventions. While heavy infections often result in significant morbidity, light infections are generally asymptomatic. Severe cases can lead to intestinal obstruction, anaemia, and various specific and non-specific complications, such as cognitive impairment in children and impaired physical growth. Current estimates indicate that four major STHs infect hundreds of millions of people globally: *Ascaris lumbricoides*, *Trichuris Trichuri*, and hookworms (*Nicator Americans* and *Ancylostoma duodenale*), affecting approximately 480 million, 508 million, and 700 million individuals, respectively. The highest prevalence occurs in tropical countries, where STH infections are responsible for an estimated 135,000 deaths annually. Infections are more commonly clustered in overcrowded households. Transmission is primarily driven by faecal contamination of soil, environmental conditions that support egg and larval survival, direct ingestion through contaminated food or water, and skin contact with contaminated soil. Pregnant women and school-aged children (5–15 years) are the most vulnerable groups. STH infections are particularly widespread in endemic regions with limited healthcare services, lack of safe drinking water, and poor sanitation.⁴

Worm infestation significantly increases the morbidity rate among children and can lead to various complications such as anaemia, growth retardation, and malnutrition. Mothers, being the primary

caregivers, play a crucial role in maintaining their children's health. Therefore, improving mothers' knowledge about the prevention of worm infestation can help reduce its occurrence and associated complications among children.⁵

India is a vast country characterised by diverse cultures, languages, and traditions. Its current population stands at approximately 1.25 billion, with children constituting about 25% of the total population. Insufficient awareness regarding hygiene and widespread malnutrition among the public has significantly hindered the achievement of the goal of "Health for All by 2000 A.D." Although the under-five mortality rate has declined to 93, morbidity is increasing, primarily due to malnutrition, which remains the leading cause of deaths among children under five years of age.⁶

OBJECTIVES

1. To assess the pre – test and post-test level of knowledge regarding prevention of worm infestation among mothers of under five children.
2. To evaluate the effectiveness of informational booklet on knowledge regarding prevention of worm infestations among mothers of under five children.
3. To associate the pre-test knowledge regarding worm infestation and its prevention with the selected socio demographic variables among mothers of under five children.

HYPOTHESIS

H₁: There will be a significant difference between the pre-test and post-test knowledge regarding worm infestation and its prevention among mothers of under five children.

H₂: There will be a significant association between knowledge regarding worm infestation and its prevention with the selected demographic variables among mothers of under five children.

ASSUMPTIONS

1. Majority of the rural community area mothers of under five children will have inadequate level of knowledge regarding prevention of worm infestation.
2. Information booklet may help the mothers of under five children enhance knowledge regarding the prevention of worm infestation

OPERATIONAL DEFINITION

1. Knowledge: -

It refers to the level of understanding and response to the items regarding the prevention of worm infestation elicited through structured knowledge questionnaire.

1)Prevention: -

It refers to the deliberate or systematic actions taken to avoid the incidents of worm infestation in children.

2)Worm Infestation: -

Worm infestation is a condition in which parasitic worms invade and live inside the body of a human or animal, feeding on nutrients and sometimes causing disease.

1) Mothers: -

It refers to the term to address a female parent of under five children.

CHAPTER II

REVIEW OF LITERATURE

1. Intestinal infestations are of considerable public health importance in Zambia and elsewhere in Africa. Children aged less than 5 years are at the highest risk of infection. This study investigates the determinants of intestinal infestations in children below 5 years of age admitted to a children's hospital and assesses the most prevalent of the Helminths. This was a hospital based cross-sectional study conducted at Arthur Davidson Children's Hospital, Ndola, Zambia. Sociodemographic data of study participants and possible determinants for occurrence of intestinal infestations were collected using structured questionnaires. Stool samples were collected and examined for presence of parasites using direct techniques. Present study had 148 participants out of the expected 165, making a respondent rate of 89.7%. Over half of the participants were male (50.6%), and 68.9% were above the age of 2 years. Prevalence of intestinal infestations was 19.6%, and the most prevalent parasite was *Ascaris lumbricoides*.⁷

2. A cross-sectional parasitological survey was conducted in under-five children living in Wonji Shoa Sugar Estate Ethiopia, April 2013. Stool samples were collected and examined for intestinal parasites using single Kato-Katz and single Sodium acetate-acetic acid-formalin (SAF) solution concentration methods. Out of 374 children examined using single Kato-Katz and single SAF-concentration methods, 24.3% were infected with at least one intestinal parasite species. About 10.4%, 8.8%, 4.6%, 2.9%, 1.6% and 0.8% of the children were infected with *Hymenologes nana*, *Schistosoma mansoni*, *Ascaris lumbricoides*, *Trichuris trichiura*, *Enterobius vermicularis* and hookworm, respectively. Prevalence of double, triple and quadruple intestinal helminthic infection was 6.4%, 0.54% and 1.1%, respectively.⁸

3. Worm infestation is a major public health problem. It has been estimated that more than 25% of the world's population are infected with worms, with the major incidence occurring in developing countries. A pre-experimental one group pretest post-test research design through non-probability convenient sampling 100 sample were selected from selected rural area of Dadra Nagar Haveli. Demographic variables based on baseline Performa was used to collect demographic data and knowledge questionnaire was used to assess the level of knowledge among mothers of under five children regarding worm infestation and prevention of worm infestation. The data was analysed and interpreted based on descriptive and inferential statistics.⁹

4.To assess the knowledge and practice regarding worm infestation among the mothers of under five children. To find out the association between the mother's knowledge on worm infestation and demographic variables. The data was generated by using investigator development informational booklets with assessing mother knowledge. Data analysis is done by descriptive and inferential statistics, and the p value is set at 0.05 level. The maximum number of mothers 26.67% was in the age group of the age group of 32-39 years. 16.67% of mothers had completed high school education. Out of 30 mothers 63% were housewives.

44% of the mother's monthly income of the family is between Rs. 10001-15000.

46% of mothers had two under five children 67% were consuming non-vegetarian. The maximum number 70% of families were practicing common toilet for defecation in buildings. 43% of the families do not have pet animals. Maximum number of mothers 52% acquired information about worm infestation from mass media. The result revealed that majority

43.33% of the mothers moderately adequate knowledge regarding worm infestation and

16.67% of them had fair practices towards prevention of worm infestations.¹⁰

5.To assess the efficacy of a structured teaching program in enhancing the comprehension of worm infestation and its prevention among mothers of children under five within a designated rural locale near Kuppam. Prior to the intervention, knowledge levels regarding worm infestation among participants were largely insufficient. Indeed, only a limited number, 28.8% (36 individuals), possessed moderately adequate understanding, while a substantial majority, 71.2% (89 individuals), exhibited poor knowledge. However, a striking transformation occurred after the five-day educational program provided to mothers of under-five children. The post-test results revealed a dramatic improvement, with 76.0% (95 individuals) demonstrating adequate knowledge, 6.4% (8) reaching a moderately adequate level, and only 17.6% (22) still showing poor knowledge. This significant disparity between pre- and post- education knowledge underscores the program's effectiveness. The mean knowledge score rose considerably, from a baseline of 8.70 (SD ± 2.795) to 24.03 (SD ± 8.309) post-intervention, confirming the highly positive impact of the education on mothers of young children.¹¹

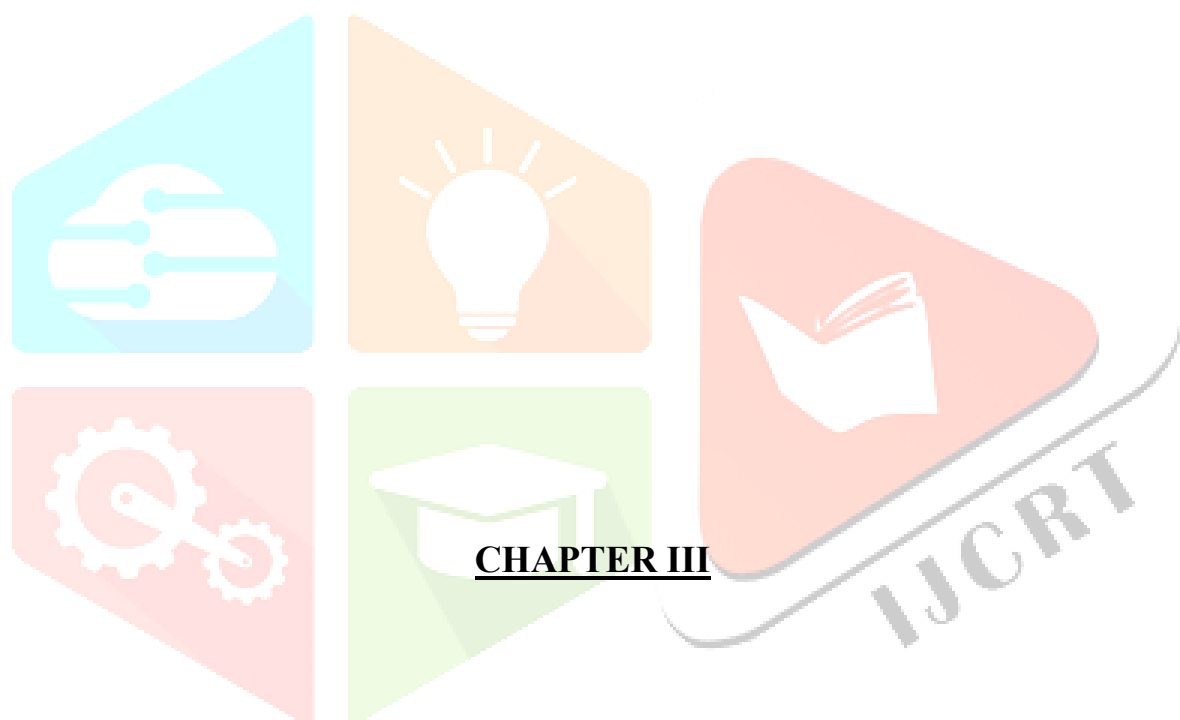
6.Knowledge of worm infestation among mothers can reduce the incidence of worm infestation and its complications in the family. Descriptive research design used. After obtaining permission, 40 samples were selected by continece sampling technique. The purposes of the study were explained, obtained written informed consent and collected the data using the tools for demographic variables, knowledge and self-reported practice about the prevention of worm infestation. Descriptive and inferential statistics were used for data analysis. The result showed that 12 (30%) of mothers had inadequate, 8 (20%) had moderately adequate and 20 (50%) had adequate knowledge of worm infestation. Regarding the self-reported practice, 14 (35%) had poor, 12 (30%) had moderate and 14 (35%) had good practice for prevention of worm infestation.¹²

7.The ABIS-study is a prospective population-based cohort study of children born in southeast Sweden 1997/99. 17,055 children participated. As of June 2014 116, individuals had developed Type 1 diabetes, 181 celiac disease, and 53 Juvenile Rheumatoid Arthritis. The parents answered questions on worm infestations when the children were 1, 5 and 8 years of age. The ABIS registry was connected to the National Registry of Drug Prescriptions, and national registries for diagnosis of the studied diseases. At 8 years in total 20.0% of the general child population had experienced a worm infestation; children who developed Type 1 diabetes, 21.3%, celiac disease 19.5% and JRA 18.8%. There was no difference in prescriptions of drugs for treatment of worm infestations between those who had and who had not developed Type 1 diabetes, celiac disease, Juvenile Rheumatoid Arthritis. We found no associations indicating that worm infestations in childhood does not play a role in the development of autoimmune diseases in Sweden.¹³

8.A Study to Assess the Effectiveness of Health Educational Package on Knowledge Regarding Prevention of Worm Infestation among School Going Children Studying at Selected Schools of Punjab. Knowledge of the worm infestation can assist in early detection of the diseases and reduce the incidence of complications. The present study was carried out to assess the effectiveness of health educational package on knowledge regarding prevention of worm infestation among school going children studying at selected schools of Punjab. A pre-experimental study with one group-pretest and post-test design by using simple random sampling. 250 school going children were selected. Health educational program was used to establish the pre-test knowledge score and health educational program was administered for selected school going children and post-test was conducted to establish the effectiveness of health educational package on knowledge regarding prevention.¹⁴

9.A research work was undertaken to analyse the knowledge and practice regarding prevention of worm infestation among the mothers having children between 2-12 years of age. The objective of the study was to assess the level of knowledge and practices of mothers regarding prevention of worm infestation as measured by structured interview schedule. The conceptual framework adopted for the study was based on "Health Belief Model". Data was collected from 100 mothers using convenient sampling technique. Validity of the tool was evaluated by 10 experts. Reliability of the tool was established by Karl Pearson's product moment correlation of A cient formula. The study result revealed that 13 percent of mothers have excellent knowledge, 59 percent good, 27 percent average and 1 percent below average knowledge regarding prevention of worm infestation, 37 percent of the mothers had poor practice. Association was found out between knowledge of mothers and selected demographic variables. The study has various implications in nursing services, nursing education, nursing administration and research. This study can be replicated on large sample, so that A ndings can be generalised to a large population.¹⁵

10A Study to Assess the Effectiveness Of Planned Teaching Program on Knowledge of Mothers Regarding Prevention & Management of Diarrhoea among Under five Children in Selected Rural Area of Aurangabad. This study was to evaluate the effectiveness of the Planned Teaching Program (PTP) regarding prevention and management of Diarrhoea among under five years children in selected rural area of Aurangabad". Methodology: Data was collected from the mothers having children below five years of age using a structured knowledge questionnaire followed by a planned teaching program on the same day. The post-test will be conducted on the 8th day by using same structured knowledge questionnaire to find the effectiveness of the planned teaching program. The sample was mothers of under five children at rural area of Aurangabad. Sample size consists of 60 others results. The pre-test mean score was 11.36. There was marked gain in knowledge score after intervention of PTP was 23.43. There difference in mean knowledge score was statistically significant at 0.0001 level 't' = 24.92. There was no significant association between pre-test knowledge score on prevention and management of Diarrhoea and selected demographic variables such as age ($\chi^2 = 1.76$; $p=0.576$), occupation ($\chi^2 (2) =4.746$, $p= 0.138$), and religion ($\chi^2 = 1.94$; $p=0.4576$), education level.¹⁶



CHAPTER III

METHODOLOGY

Research approach and design:

Quantitative research approach is used in the present study to assess the knowledge regarding prevention of worm infestation among mothers of under five children in the community area, Bangalore.

Research design:

Research design can be designed as a blue print to conduct a research study, which involves the description of research approach, study settings, sampling size, sampling technique, tools and method of data collection and analysis to answer specific research questions or for setting research hypothesis.

Figure Schematic Representation of Research Design

The study adopted was Pre-test – Intervention – Post-test

01**02**

PRE TEST O1	INTERVENTION X	POST TEST O2
O₁ = pre-test assessment of knowledge regarding worm infestation and its prevention among mothers of under-five children.	X = Administration of the informational booklet prevention and management of worm infestation	O₂ = post-test assessment of knowledge after the intervention regarding worm infestation and its prevention among mothers of under-five children.

Research setting:

The study will be conducted in Machohalli, rural area, Bangalore.

Population:

The target population of the present study are mothers of under five children who all are present in Machohalli rural area, Bangalore.

Sample:

The sample of the study mothers of under five children age group of 20-30 years of age.

Sample size:

In this study, sample size is 30 mothers of under five children in Machohalli rural area, Bangalore.

Sampling technique:

In this research study, mothers are selected by using non-probability purposive sampling technique.

CRITERIA FOR SAMPLE SELECTION

The sample for the study will be selected based on the following criteria.

Inclusion criteria:

- The study includes the mothers in the age group of 20-30 years.
- Mothers who are willing to participate in the study.
- Mothers who are available at the time of data collection.
- Mothers who can read and write Kannada and English.

Exclusion criteria:

The study excludes the mother of under-five who are:

- Not willing to participate in the study
- Mothers who are having previous knowledge regarding worm infestation

RESEARCH VARIABLE:

Dependent variable:

Knowledge level of mothers regarding worm infestation.

Demographic variables:

Age, socio economic status, religion, marital status, educational status, work, family income, number of children, age of children.

TOOLS FOR DATA COLLECTION:

Self-administered structured knowledge questionnaires is used to collect the data regarding worm infestation. The tool consists of two sections.

Section: A

It consists of demographic variable such as age, religion, marital status, socio economic status, educational status, work, family income, number of children, age of children.

Section: B

It consists of self-administered structural knowledge questionnaire regarding worm infestation.

PROCEDURE OF DATA COLLECTION

This study is conducted after the formal permission taken from the medical officer of PHC Machohalli rural area, Bangalore. Participates are explained about the study and written consent from them. 30 mothers of under five children from Machohalli rural area are selected by non-probability purposive sampling technique. Knowledge is assessed by giving self- administered structured knowledge questionnaire on worm infestation. One week of time is utilized for conducting the study. Informational booklets are provided after analysing of the self-structured knowledge questionnaire.

PLAN OF DATA ANALYSIS

The data analysis of the study is done using descriptive and inferential statistics.

DESCRIPTIVE STATISTICS

Mean, Median, standard deviation is used assess the level of knowledge regarding worm infestation.

INFERENTIAL STATISTICS

- Chi square is used to associate the level of knowledge of mothers under- five regarding worm infestation with that of their selected demographic variables.
- Paired test is using to determine the effectiveness of interventional package on knowledge regarding prevention of worm infestation

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

The collected data were organized, analysed, and interpreted according to the objectives of the study using appropriate descriptive and inferential statistics. The findings are presented in the form of tables and are interpreted systematically to evaluate the effectiveness of the informational booklet on mothers' knowledge regarding the prevention of worm infestation among under-five children.

The findings were presented in sections as follows :

SECTION A: frequency and percentage distribution of demographic variables of mother and children

SECTION B : Frequency And Percentage distribution of assessment of pre test level of knowledge regarding prevention of worm infestation among mothers of under-five children

SECTION C : Effectiveness of interventional package on knowledge regarding prevention of worm infestation among mothers of under-five children

SECTION A

TABLE-1

Distribution of mothers by age

AGE	FREQUENCY	PERCENTAGE
20-25	6	20%
26-30	16	53.33%
31-35	8	26.66%

RELIGION	FREQUENCY	PERCENTAGE
HINDU	28	93.33%
MUSLIM	0	0
CHRISTIAN	2	6.66%

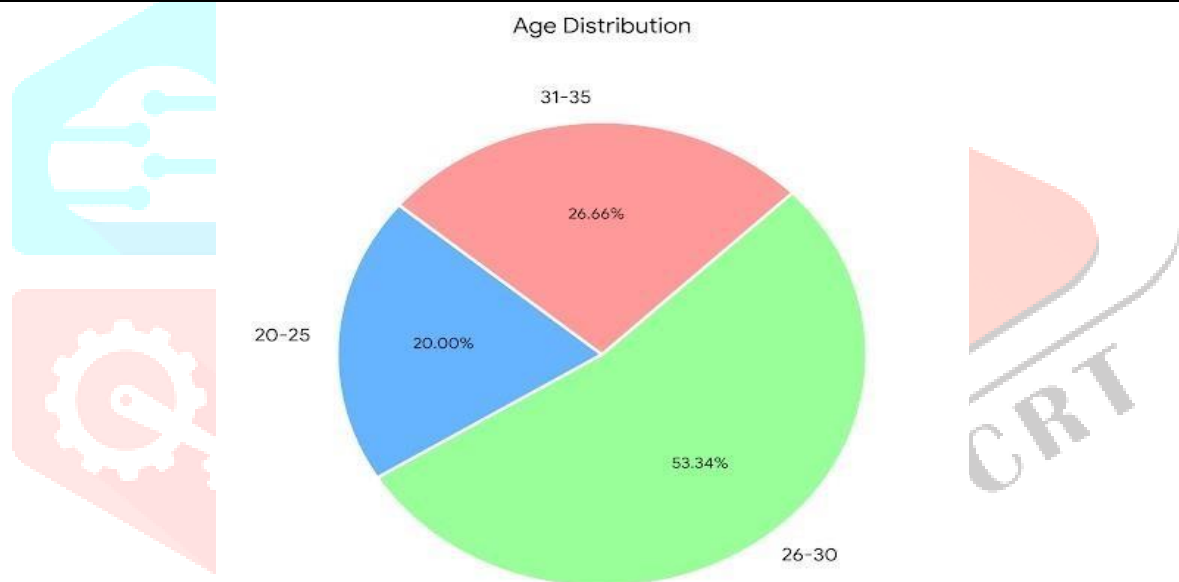


FIG:1 pie chart representing distribution on participants by age

The above figure shows that 20% participants are 2025, 53.33% are 26-30 and 26.66% are 3135 years of age.

TABLE:2

Distribution of mothers by religion

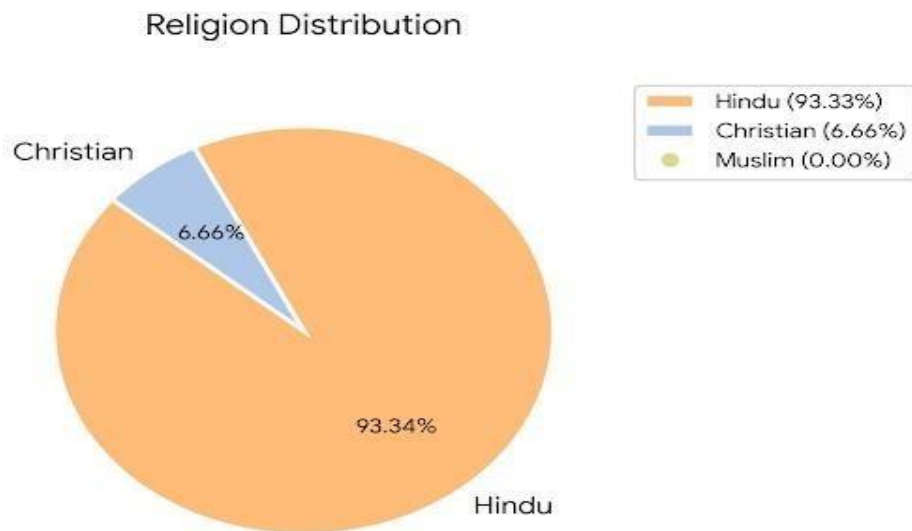


FIG:-2 Pie chart representing distribution on participants by religion

The above figure shows that 93.33% participants are Hindu, 6.66% Christian and Muslim 0.00%.

TABLE:3

Distribution of mothers by marital status

MARITAL STATUS	FREQUENCY	PERCENTAGE
MARRIED	30	100%
UNMARRIED	0	0

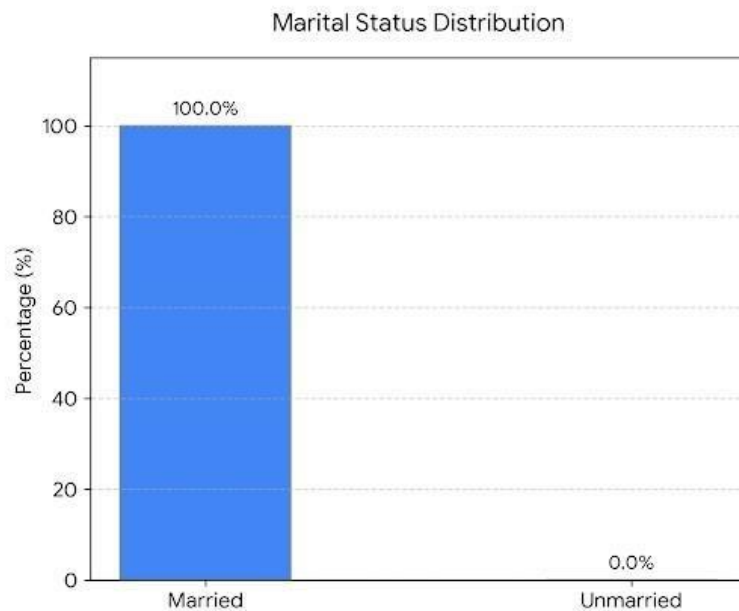


FIG:-3 Bar graph representing distribution of participant by marital status.

The above figure shows that 100% participants are married and 0% participants are unmarried.

TABLE:4

Distribution of mothers by socioeconomic status

SOCIOECONOMIC	FREQUENCY	PERCENTAGE
LOW CLASS	1	3.33%
MIDDLE CLASS	27	90%
HIGH CLASS	2	6.66%

EDUCATIONAL STATUS	FREQUENCY	PERCENTAGE
PRIMARY	12	40%
SECONDARY	12	40%
UNDERGRADUATE	6	20%

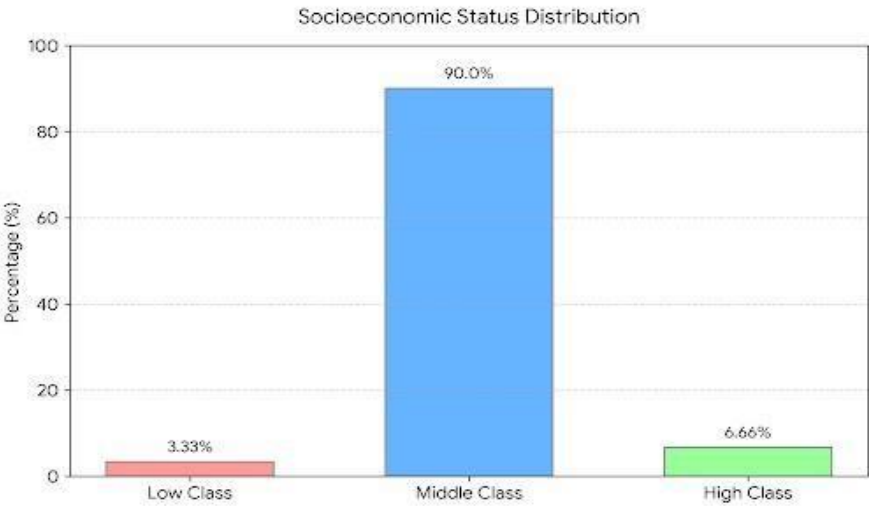


FIG:4 Bar graph representing distribution of participant by socio-economic status.

The above figure shows that 3.33% participants are low class, 53.33% are middle class and 6.66% high class

TABLE:5

Distribution of mothers by educational status

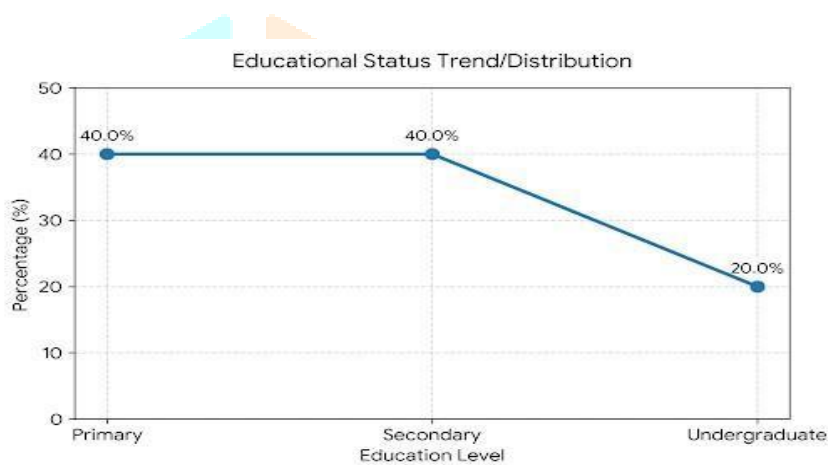


FIG:-5 Graph representing distribution of participants by mother 'education'.

The above figure shows that 40% participants are primary and secondary, and 20% are undergraduate

TABLE:6

Distribution of mothers by work

WORK	FREQUENCY	PERCENTAGE
PRIVATE	9	30%
GOVERNMENT	10	33.33%

UNEMPLOYED	11	36.66%
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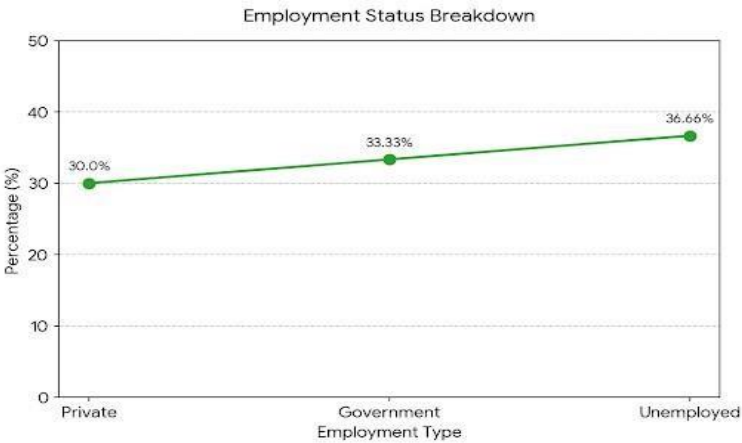


FIG: 6-line chart representing distribution of participant by works

The above figure shows that 30% participants are private, 33.33% government and 36.66% unemployed.

TABLE:7

Distribution of mothers by family income

FAMILY INCOME	FREQUENCY	PERCENTAGE
5001-15000	13	43.33%
15001-25000	16	53.33%
25000 above	1	3.33%

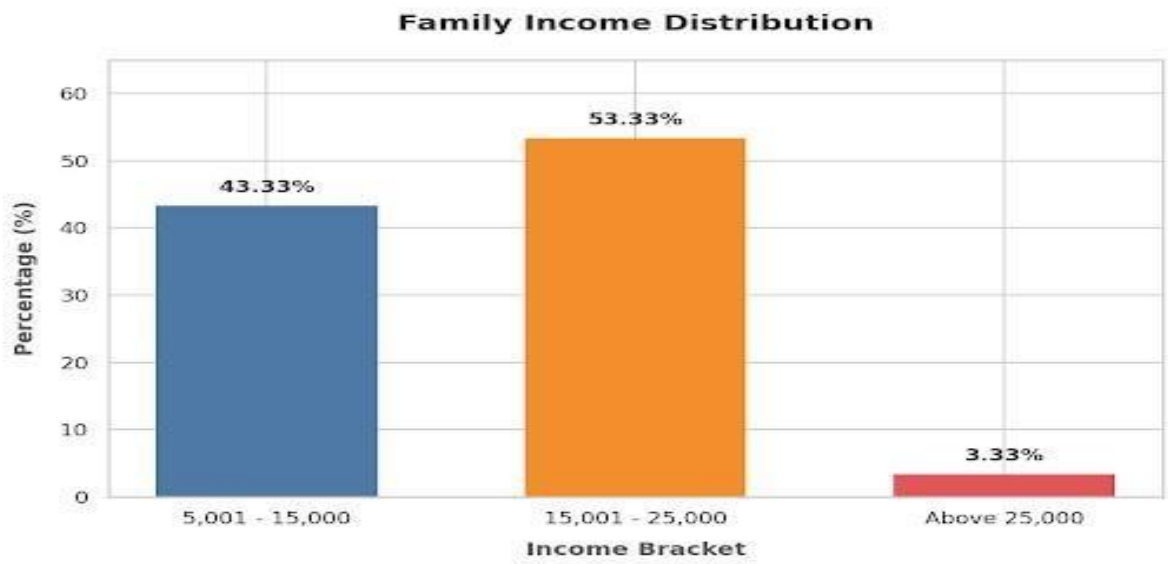


FIG: -7 Bar graph representing distribution of participant by family income.

The above figure shows that 43.33% are 5001-15000, 53.33% are 15001-25000 and 3.33% above 25000.

TABLE:8

Distribution of mothers by number of children

NUMBER CHILDREN	OF FREQUENCY	PERCENTAGE
1	8	26.66%
2	20	66.66%
3	2	6.66%
More than 3	0	0%

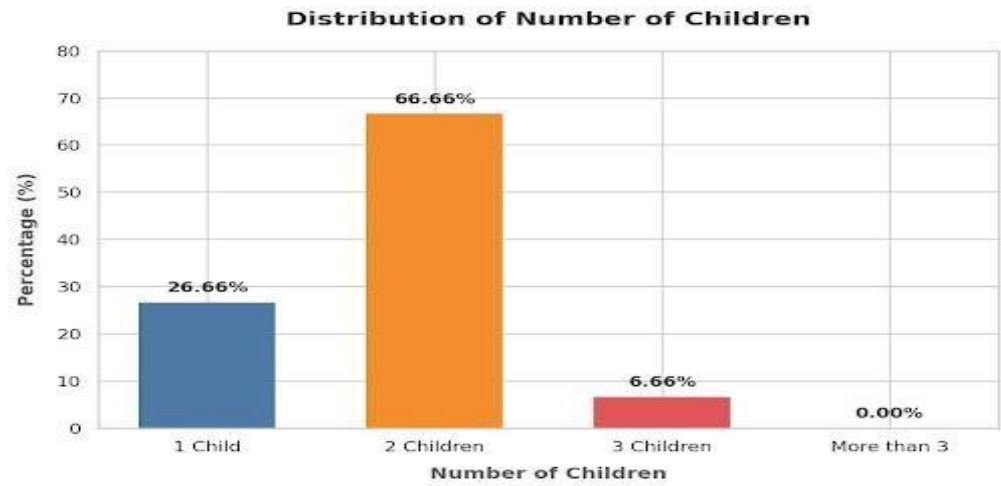


FIG: -8 Bar graph representing distribution of participant by number of children.

The above figure shows that 26.66% participants are 1 child, 66.66% participants are 2 children, 6.66% participants are 3 children and 0% participants are more than 3.

TABLE:9

Distribution of mothers by age of children

AGE OF THE CHILDREN	FREQUENCY	PERCENTAGE
0-12 month	2	6.66%
1-4 year	26	86.66%
5 year	2	6.66%

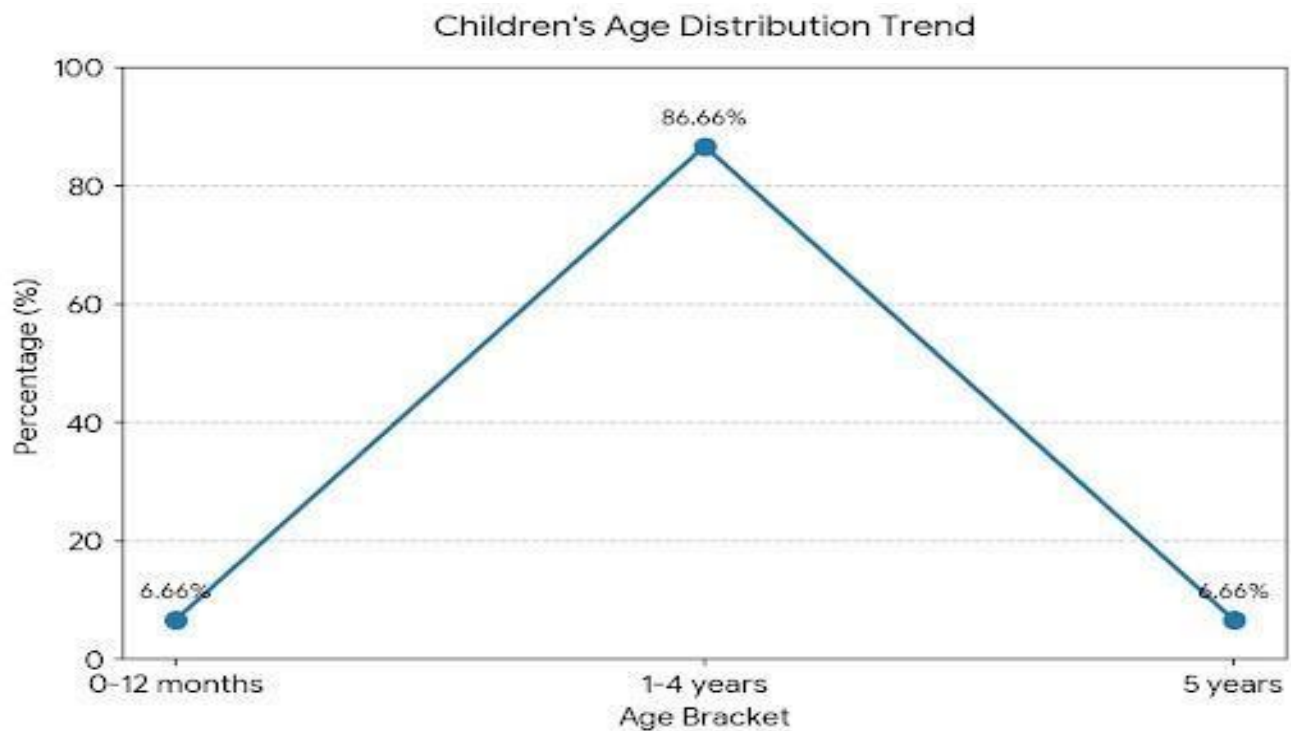


FIG: -9-line graph representing distribution of participants by age of children.

The above figure shows that 6.66% participants are 012 month, 86.66% are 1-4 years and 6.66% are 5 years.

TABLE: 10

Distribution of previous history of worm infestation in child

PREVIOUS HISTORY	FREQUENCY	PERCENTAGE
YES	0	0%
NO	30	100%



FIG: -10 Bar graph representing distribution of participants by previous history of worm infestation in child.

The above figures shows that 100% are No and 0% are yes.

SECTION B

TABLE:11

Distribution of mothers by overall mean knowledge

SL. No	NO. OF ITEMS	MAX SCORE	MEAN	MEAN PERCENT AGE	MEDI AN	SD
1.	LEVEL OF KNOWLE DGE	30	21.83	72.76%	22	3.86

TABLE- 12
ASSOCIATION BETWEEN AGE AND LEVEL OF KNOWLEDGE

AGE	MODERATE	ADEQUATE	TOTAL	X ²	DF	NS/S
20-25	2	4	6	0.041	2	Not Significant
26-30	5	12	17			
31-35	2	5	7			
TOTAL	9	21	30			

P (0.01, df=2) = 9.21

The above table-12 shows that the obtained x² value (0.041) is less than table p- value (9.21).

Hence H₁ is rejected

TABLE-13**ASSOCIATION BETWEEN RELIGION AND LEVEL OF KNOWLEDGE**

RELIGION	MODERATE	ADEQUATE	TOTAL	X ²	df	NS/S
HINDU	8	20	28	0.41	1	Not significant
CHRISTIAN	1	1	2			
MUSLIM	0	0	0			
TOTAL	9	21	30			

P (0.01, df = 1) = 6.63

The above table-13 shows that the obtained x² value (0.41) is less than table p-value(6.63).

Hence H₁ is rejected.

TABLE-14**ASSOCIATION BETWEEN MARITAL STATUS AND LEVEL OF KNOWLEDGE**

MARITAL STATUS	MODERATE	ADEQUATE	TOTAL	X ²	df	NS/S
MARRIED	9	21	30	0	1	Not significant
UNMARRIED	0	0	0			
TOTAL	9	21	30			

P (0.01, df = 1) = 6.63

The above table-14 shows that the obtained x^2 value (0) is less than the table p- value (6.63).

Hence H_1 is rejected.

TABLE-15**ASSOCIATION BETWEEN SOCIOECONOMIC STATUS AND LEVEL OF KNOWLEDGE**

SOCIOECONOMIC STATUS	MODERATE	ADEQUATE	TOTAL	X ²	df	NS/S
LOW CLASS	1	0	1	2.41	2	Not significant
MIDDLE CLASS	7	14	27			
HIGH CLASS	1	1	2			
TOTAL	9	21	30			

P (0.01, df= 2) = 9.21

The above table- 15 shows that the obtained x² value (2.41) is less than the table p-value (9.21).

Hence H₁ is rejected.

TABLE-16**ASSOCIATION BETWEEN EDUCATIONAL STATUS AND LEVEL OF KNOWLEDGE**

EDUCATIONAL STATUS	MODERATE	ADEQUATE	TOTAL	X ²	df	NS/S
PRIMARY	5	7	12	1.19	2	Not significant
SECONDARY	2	10	12			
UNDERGRADUATE	2	4	6			
TOTAL	9	21	30			

P (0.01, df = 2) = 9.21

The above table-16 shows that the obtained x² value (1.19) is less than table p-value (9.21).

Hence H₁ is rejected.

TABLE-17
ASSOCIATION BETWEEN WORK AND LEVEL OF KNOWLEDGE

WORK	MODERATE	ADEQUATE	TOTAL	X ²	df	NS/S
PRIVATE	3	6	9	0.00	2	Not significant
GOVERNMENT	3	6	9			
UNEMPLOYED	3	9	12			
TOTAL	9	21	30			

P (0.01, df = 2) = 9.21

The above table- 17 shows that the obtained x² value (0.00) is less than the table p-value (9.21).

Hence H₁ is rejected.

TABLE-18
ASSOCIATION BETWEEN FAMILY INCOME AND LEVEL OF KNOWLEDGE

WORK	MODERATE	ADEQUATE	TOTAL	X^2	df	NS/S
5001-15000	6	8	14	1.37	2	Not significant
15001-25000	4	11	15			
Above 25000	0	1	1			
TOTAL	10	20	30			

$P(0.01, df=2) = 9.21$

The above table-18 shows that the obtained x^2 value (1.37) is less than the table p-value (9.21).

Hence H_1 is rejected.

TABLE- 19**ASSOCIATION BETWEEN NUMBER OF CHILDREN AND LEVEL OF KNOWLEDGE**

NUMBER OF CHILDREN	MODERATE	ADEQUATE	TOTAL	χ^2	df	NS/S
1	1	7	8	2.54	2	Not significant
2	8	12	20			
3	0	2	2			
MORE THAN 3	0	0	0			
TOTAL	9	21	30			

$P(0.01, df=2) = 9.21$

The above table-19 shows that obtained χ^2 value (2.54) is less than the table p-value (9.21).

Hence H_1 is rejected.

TABLE-20**ASSOCIATION BETWEEN AGE OF CHILDREN AND LEVEL OF KNOWLEDGE**

AGE OF CHILDREN	MODERATE	ADEQUATE	TOTAL	X^2	df	NS/S
0-12 MONTH	0	2	2	2.22	2	Not significant
1-4 YEARS	9	17	26			
5 YEARS	0	2	2			
TOTAL	9	21	30			

$P(0.01, df=2) = 9.21$

The above table-20 shows that the obtained x^2 value (2.22) is less than the table p- value (9.21).

Hence H_1 is rejected.

TABLE-21**ASSOCIATION BETWEEN PREVIOUS HISTORY OF WORM INFESTATION AND LEVEL OF KNOWLEDGE**

PREVIOUS HISTORY OF WORM INFESTATION	MODERATE	ADEQUATE	<u>TOTAL</u>	X ²	df	NS/S
YES	0	0	0	0	1	Not significant
NO	9	21	30			
TOTAL	9	21	30			

P (0.01, df=1) =6.63

The above table-21 shows that the obtained x² value (0) is less than the table p-value (6.63).

Hence H₁ is rejected.

Assessment of knowledge regarding prevention of worm infestation Pre and post-test level of knowledge

Table22: frequency and percentage distribution of assessment of knowledge regarding prevention of worm infestation Pre-test

Level of Knowledge	Score	Frequency (n = 30)	Percentage
Adequate	21–30	0	0%
Moderate	11–20	7	23.3%
Inadequate	0–10	23	76.7%
Total		30	100%

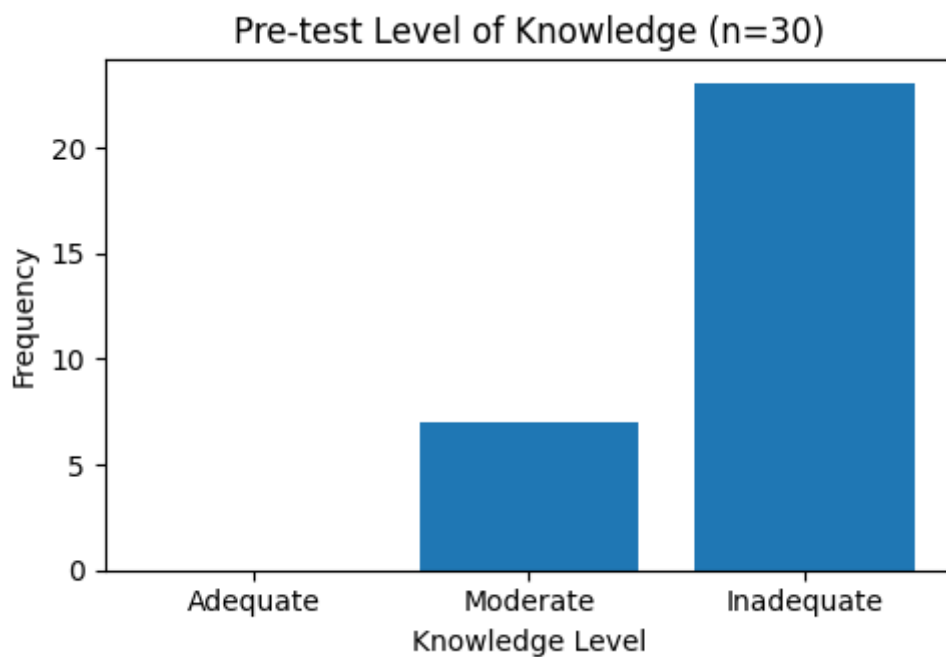
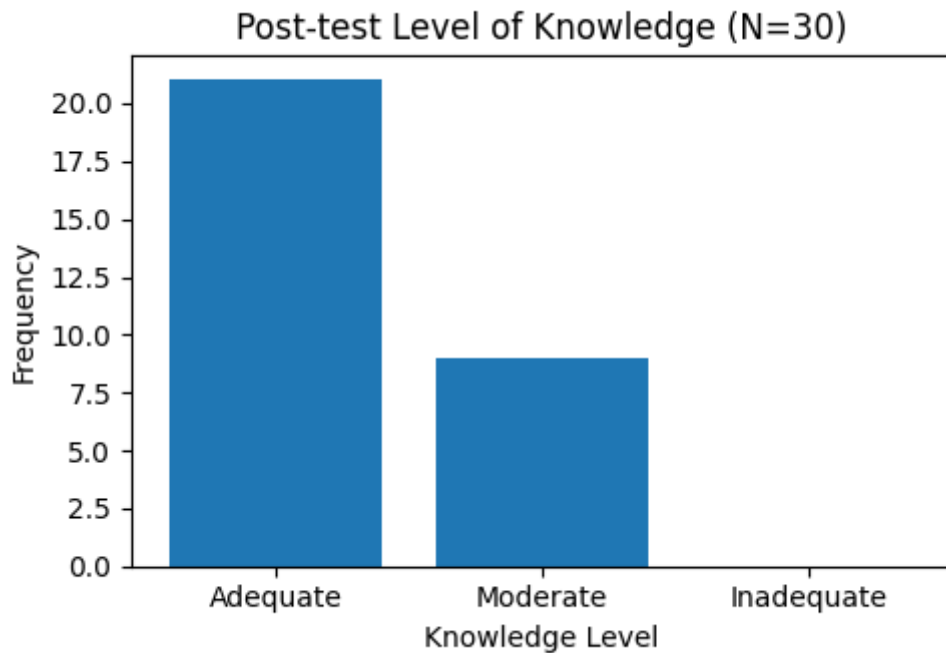


Table23: frequency and percentage distribution of assessment of knowledge regarding prevention of worm infestation Post-test

N=30

Level of Knowledge	Frequency (n = 30)	Percentage
Adequate Knowledge (21–30)	21	70.0%
Moderate Knowledge (11–20)	9	30.0%
Inadequate Knowledge (0–10)	0	0%



SECTION C

Effectiveness of interventional package on knowledge regarding prevention of worm infestation among mothers of under five children with level of knowledge

Table distribution of pre and post test on knowledge regarding prevention of worm infestation outcome among mothers of under five children with level of knowledge

Table24: Comparison of Pre-test and Post-test Knowledge Scores of Mothers Regarding Prevention of Worm Infestation (N = 30)

Knowledge Test	Mean	Standard Deviation (SD)	Standard Error (SE)	Paired t-test	P-value	Interpretation
Pre-test	9.30	2.22	0.41			
Post-test	21.83	3.86	0.71	16.25	< 0.001	Highly Significant

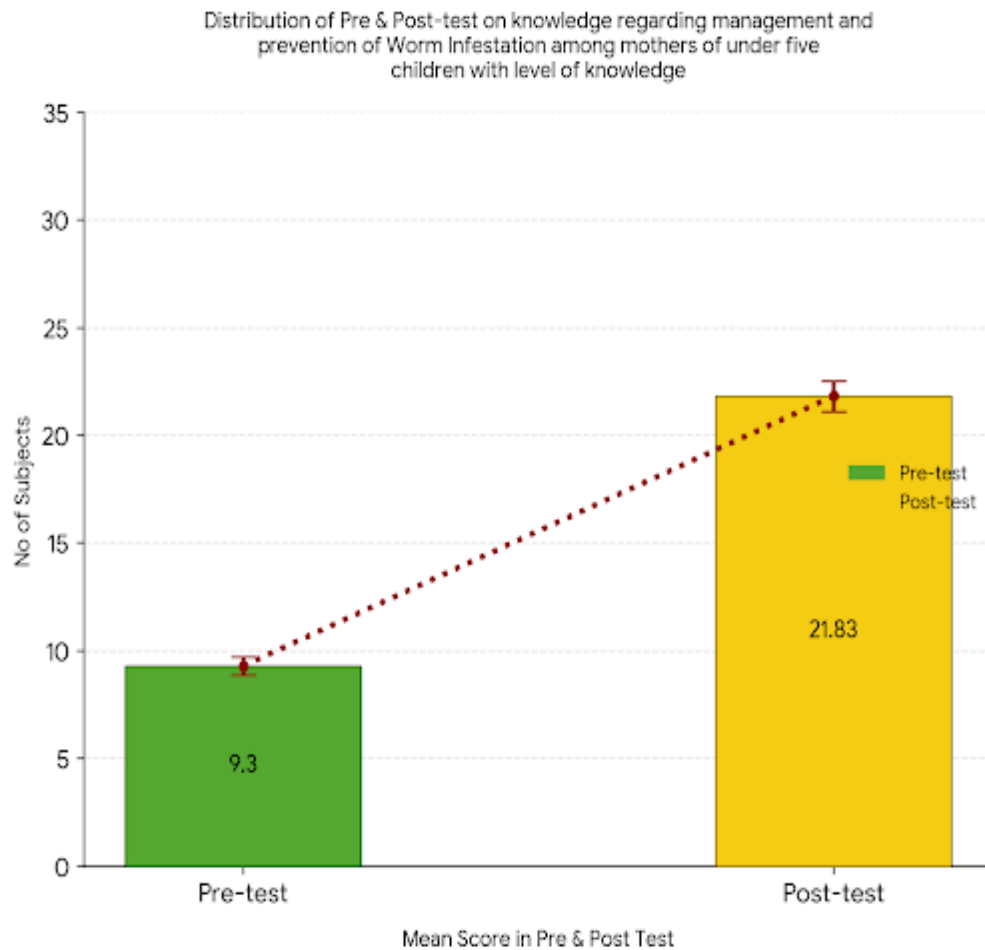


Diagram11: distribution of pre and post test on knowledge regarding prevention of worm infestation among mothers of under-five children .

TABLE-25

ASSOCIATION BETWEEN DEMOGRAPHIC VARIABLES AND LEVEL OF KNOWLEDGE

VARIABLES	OPTIONS	BELOW MEDIAN	ABOVE MEDIAN	X ²	P VALUE	df	RESULT
AGE	20-25	2	4	0.041	9.21	2	Not significant
	25-30	5	12				
	30-35	2	5				
RELIGION	HINDU	8	20	0.41	6.63	1	Not significant
	CHRISTIAN	1	1				
	MUSLIM	0	0				
MARTIAL STATUS	MARRIED	9	21	0	6.63	1	Not significant
	UNMARRIED	0	0				
	LOW CLASS	1	0				

SOCIOECONOMIC STATUS	MIDDLE CLASS	7	20	2.41	9.21	2	Not significant
	HIGH CLASS	1	1				
EDUCATIONAL STATUS	PRIMARY	5	7	1.19	9.21	2	Not significant
	SECONDARY	2	10				
	UNDERGRADUATE	2	4				
WORK	PRIVATE	3	6	0.00	9.21	2	Not significant
	GOVERNMENT	3	6				
	UNEMPLOYED	3	9				
FAMILY INCOME	5000-15000	6	8	1.37	9.21	2	Not significant
	15001-25000	4	11				
	Above 25000	0	1				
NUMBER OF CHILDREN	1	1	7	2.54	9.21	2	Not significant
	2	8	12				
	3	0	2				
	More than 3	0	0				
AGE OF CHILDREN	0-12 months	0	2	2.22	9.21	2	Not significant
	1-4 years	9	17				
	5 years	0	2				
PREVIOUS HISTORY OF WORM INFESTATION	YES	0	0	0	6.63	1	Not significant
	NO	9	21				

The above table shows that there is a no significant association between age (χ^2 -0.041) and level of knowledge, religion (χ^2 - 0.41), marital status (χ^2 - 0), socioeconomic status (χ^2 - 2.41), work (χ^2 - 0.00), family income(χ^2 -1.37), number of children (χ^2 - 2.54), age of children (χ^2 - 2.22), previous history of worm infestation (χ^2 - 0). There is no significant association between demographic variables and level of knowledge.

CHAPTER V

DISCUSSION: -

The present study has been undertaken to assess the knowledge of mother of under five children. The findings of the study are discussed as follow,

1. Demographic variables
2. Knowledge score

DEMOGRAPHIC CHARACTERISTICS

AGE:

Age of the mother 20- 25 years between 20%, 26-30 years between 53.33%, 31-35years between 26.66%,

RELIGION:

Religion status of mother 93.33% is Hindu, 6.66% is Christian

MARITAL STATUS:

Marital status of mother who are married is 100% and who are unmarried is 0%.

SOCIOECONOMIC STATUS:

The socioeconomic status of mothers of low class is 3.33%, middle class is 90% and high class is 6.66%.

EDUCATIONAL STATUS:

Educational status of mother is 40% of primary education, 40% of secondary education and 20% of undergraduate.

WORK:

Occupational status of mother is 30% of private, 33.33% of government and 36.66% of unemployed.

FAMILY INCOME:

The family income of mother with 5001-15000 is 43.33%, mother with 15001-25000 is 53.33% and mother with 25000 above is 3.33%.

NUMBER OF CHILDREN:

The number of children 26.66% is 1, 66.66% is 2, 6.66% is 3 and more than 3 is 0%.

AGE OF THE CHILDREN:

The age of children from 0-12 months is 6.66%, 1-4 years is 86.66% and 5years is 6.66%.

PREVIOUS HISTORY OF WORM INFESTATION IN CHILD:

There is no previous history of worm infestation in child.

DISCUSSION

This chapter deals with the discussion, based on the objectives of the study and hypothesis. The study designed A study to assess the effectiveness of informational booklet on knowledge regarding worm infestation and its prevention among mothers of under of under five children in selected areas of Machohalli, Bangalore.

Demographic Characteristics of the Mothers (N = 30)

The findings revealed that **56.7%** of the mothers were in the age group of 25–30 years, **36.7%** were in the age group of 30–35 years, and **6.7%** were in the age group of 20–25 years.

With regard to religion, **93.3%** of the mothers were Hindus and **6.7%** were Christians.

Regarding marital status, **100%** of the mothers were married.

In terms of socioeconomic status, **90.0%** of the mothers belonged to the middle socioeconomic class, **6.7%** belonged to the high socioeconomic class, and **3.3%** belonged to the low socioeconomic class.

With respect to educational status, **40.0%** of the mothers had primary education, **40.0%** had secondary education, and **20.0%** were undergraduates.

Regarding occupation, **40.0%** of the mothers were unemployed, while **30.0%** were employed in private jobs and **30.0%** were employed in government jobs.

With regard to family income, **50.0%** of the mothers had a monthly family income of ₹15,001–25,000, **46.7%** had a monthly family income of ₹5,000–15,000, and **3.3%** had a monthly family income above ₹25,000.

Regarding the number of children, **66.7%** of the mothers had two children, **26.7%** had one child, and **6.7%** had three children.

With respect to the age of the children, **86.7%** were between 1 and 4 years of age, while **6.7%** were aged 0–12 months and **6.7%** were 5 years old.

Regarding the previous history of worm infestation, **100%** of the mothers reported that their children had no previous history of worm infestation.

The findings of study based on objectives was discussed under following headings

1. To assess the pre – test and post-test level of knowledge regarding prevention of worm infestation among mothers of under five children.
2. To evaluate the effectiveness of informational booklet on knowledge regarding prevention of worm infestations among mothers of under five children.
3. To associate the pre-test knowledge regarding worm infestation and its prevention with the selected socio demographic variables among mothers of under five children

Objective 1:

1.To assess the pre – test and post-test level of knowledge regarding prevention of worm infestation among mothers of under five children.

KNOWLEDGE SCORE OF PARTICIPANTS

According to the present study finding reveals that (3.3%) of participants are having adequate knowledge, (12.3%) are having moderate knowledge and (85.4%) are having inadequate knowledge about worm infestation.

After the intervention, 70.0% of the mothers had adequate knowledge, 30.0% had moderate knowledge, and none (0%) had inadequate knowledge regarding the prevention of worm infestation among under-five children. This indicates that the informational booklet was effective in improving the mothers' knowledge in Machohalli.

Objective 2:

To evaluate the effectiveness of informational booklet on knowledge regarding prevention of worm infestations among mothers of under five children.

The findings revealed that, in the pre-test, the majority of mothers had **moderate knowledge (70%)**, while **30%** had **adequate knowledge**. After the administration of the informational booklet, the post-test findings showed a marked improvement, with **70%** of mothers attaining **adequate knowledge** and **30%** having **moderate knowledge**. No mother had inadequate knowledge in either the pre-test or post-test. The paired *t*-test demonstrated a statistically significant increase in the post-test knowledge scores compared with the pre-test scores ($p < 0.05$). These findings indicate that the informational booklet was effective in improving the knowledge of mothers regarding the prevention of worm infestation among under-five children.

Objective 3:

To associate the pre-test knowledge regarding worm infestation and its prevention with the selected socio demographic variables among mothers of under five children

The findings revealed that there was no statistically significant association between the pre-test knowledge scores and the selected socio-demographic variables ($p > 0.05$). Therefore, all the selected demographic variables were found to be not significant. Hence, the research hypothesis was rejected, and the null hypothesis was accepted.

CHAPTER VI**CONCLUSION**

The findings of the study indicate that the informational booklet was an effective educational intervention in improving the knowledge of mothers regarding worm infestation and its prevention. Before the administration of the booklet, many mothers had inadequate or only moderately adequate knowledge about

intestinal worm infestation, including its mode of transmission, risk factors, preventive measures, personal hygiene practices, environmental sanitation, and the importance of periodic deworming. Misconceptions regarding the disease and its prevention were also observed among several participants.

IMPLICATIONS OF THE STUDY

Nursing Practice

The findings of the study indicate that informational booklets are effective in improving mothers' knowledge regarding the prevention of worm infestation among under-five children. Community health nurses can utilize informational booklets during home visits, immunization clinics, Anganwadi centres, and maternal and child health programmes to educate mothers. Nurses should emphasize personal hygiene, environmental sanitation, safe drinking water, proper food hygiene, and regular deworming practices to reduce the incidence of worm infestation among children.

Nursing Education

The findings highlight the importance of incorporating health education strategies into nursing education. Nursing students should be trained to prepare and use informational booklets and other teaching aids while providing health education to mothers in community and clinical settings. Educational programmes should emphasize the prevention of worm infestation as an essential component of child health nursing.

Nursing Administration

Nursing administrators should encourage the implementation of regular health education programmes on worm infestation prevention in hospitals, primary health centres, schools, and community settings. Adequate educational materials such as informational booklets should be made available for nurses to use during health education activities. Administrators should also organize continuing education programmes to improve nurses' teaching skills.

Nursing Research

The study provides evidence that informational booklets are effective in improving mothers' knowledge regarding the prevention of worm infestation. Similar studies can be conducted with larger sample sizes and in different settings to validate the findings. Further research can compare different educational interventions such as video-assisted teaching, structured teaching programmes, and mobile-based education to determine the most effective method of health education.

RECOMMENDATIONS

1. Similar studies may be conducted on a larger sample to improve the generalizability of the findings.
2. Comparative studies can be undertaken to evaluate the effectiveness of different teaching methods such as video-assisted teaching, structured teaching programmes, and informational booklets.
3. Similar studies can be conducted in rural and urban communities to compare mothers' knowledge regarding the prevention of worm infestation.
4. Long-term follow-up studies may be conducted to assess the retention of knowledge and changes in preventive practices among mothers.
5. Health education programmes on worm infestation prevention should be organized regularly in community settings, Anganwadi centres, schools, and primary health centres.
6. Similar studies may be conducted among other groups such as school teachers, Anganwadi workers, and caregivers of children.



CHAPTER VIII

SUMMARY

The present study was done to assess “A study to assess the effectiveness of informational booklet on knowledge regarding worm infestation and its prevention among mothers of under-five children in selected areas of Machohalli”. The study informational booklet is a highly effective, low cost, and practical tool for health education. Giving mothers accessible, structured reading materials successfully bridges the knowledge gap, empowering them to adopt better sanitation and periodic deworming practices to protect their children.

PROBLEM STATEMENT

A study to assess the effectiveness of informational booklet on knowledge regarding worm infestation and its prevention among mothers of under of under five children in selected areas of Machohalli,

OBJECTIVES

- 1.To assess the pre – test and post-test level of knowledge regarding prevention of worm infestation among mothers of under five children.
2. To evaluate the effectiveness of informational booklet on knowledge regarding prevention of worm infestations among mothers of under five children.
3. To associate the pre-test knowledge regarding worm infestation and its prevention with the selected socio demographic variables among mothers of under five children

HYPOTHESIS

H₁: There will be a significant difference between the pre-test and post-test knowledge regarding worm infestation and its prevention among mothers of under five children.

H₂: There will be a significant association between knowledge regarding worm infestation and its prevention with the selected demographic variables among mothers of under five children.

RESEARCH METHODOLOGY

Quantitative research approach is used in the present study to assess the knowledge regarding prevention of worm infestation among mothers of under five children in the community area, Bangalore and Research design adopted was one group Pre and Post test design.

TOOLS USED FOR DATA COLLECTION

Self- administered structured knowledge questionnaire is used to collect the data regarding prevention of worm infestation among under five children. This tool consists of two sections.

SECTION A

It consists of demographic variables such as age, educational status, religion, family history, previous knowledge.

SECTION B

It consists of a self-administered structural knowledge questionnaire regarding prevention of worm infestation among under five children.

MAJOR FINDINGS : The above table shows that there is a no significant association between age (χ^2 - 0.041) and level of knowledge, religion (χ^2 - 0.41), marital status (χ^2 - 0), socioeconomic status (χ^2 - 2.41), work (χ^2 - 0.00), family income(χ^2 -1.37), number of children (χ^2 - 2.54), age of children (χ^2 - 2.22), previous history of worm infestation (χ^2 - 0). There is no significant association between demographic variables and level of knowledge.



CHAPTER IX

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11. Assessing the Effectiveness of a Structured Teaching Programme on Knowledge of Worm Infestation and Prevention Among Mothers of Under-Five Children within a Selected Rural

Area of Kuppam, Chittoor District, AP <https://share.google/jxP9ifuVg50rXcKOG>

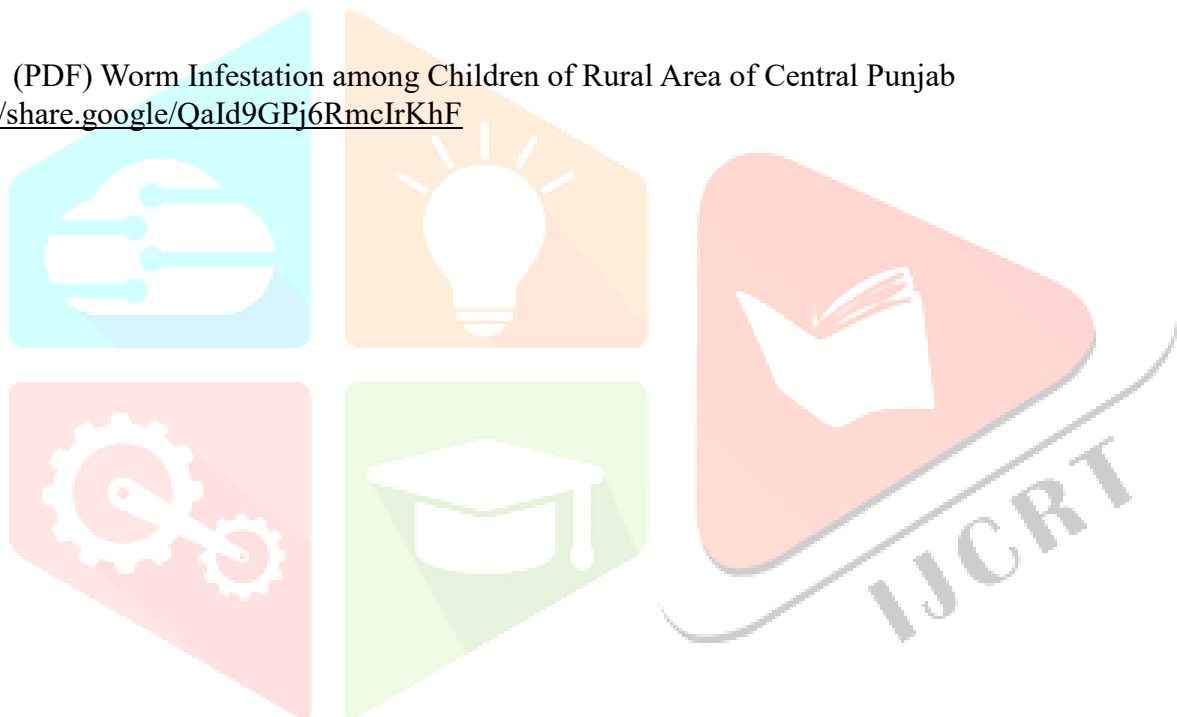
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<https://share.google/QaId9GPj6RmcIrKhF>





JUBILEE MISSION COLLEGE OF NURSING

Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka
Approved by Government of Karnataka
RECOGNISED BY INC & KNC

Ref No.:

Date :

LETTER SEEKING PERMISSION TO CONDUCT THE STUDY

From:

7th Semester B.Sc. Nursing Students
Jubilee Mission College of Nursing
Bangalore

To:

The Medical Officer
Machohalli
Bangalore – 560091

Respected Sir,

Subject: Request for Permission to Conduct a Research Study

With reference to the above-mentioned subject, we, the 7th Semester B.Sc. Nursing students of Jubilee Mission College of Nursing, Bangalore, have selected the following topic for research as a part of our academic curriculum.

Title of the Study:

“A Study to Assess the Effectiveness of an Informational Booklet on Knowledge Regarding Worm Infestation and Its Prevention Among Mothers of Under-Five Children in Selected Areas of Machohalli.”

In this regard, we kindly request you to grant us permission to conduct the above study in your area. We assure you that the study will be conducted ethically and that all information collected will be kept confidential and used only for academic purposes.

We shall be grateful for your kind consideration and approval.

Thanking you in anticipation.

Yours Faithfully,

7th Semester B.Sc. Nursing Students
Jubilee Mission College of Nursing
Bangalore

ಪ್ರಾ.ಉ. ಕುಲಕರ್ಣಿ - ಮಾಚೋಹಳ್ಳಿ
ಬೆಂಗಳೂರು ನಗರ ಜಿಲ್ಲೆ.

(Forwarded to Medical officer)
PRINCIPAL
Jubilee Mission College of Nursing
Bangalore-560 0

LETTER SEEKING CONSENT FROM PARTICIPANTS

STUDY TITLE: " A STUDY TO ASSESS THE EFFECTIVENESS OF INFORMATIONAL BOOKLET ON KNOWLEDGE REGARDING WORM INFESTATION AND ITS PREVENTION AMONG MOTHERS OF UNDER FIVE CHILDREN IN SELECTED AREAS OF MACHOHALLI"

Investigators: Ashna. A, Asin AB, Binitta Susan Ninu, Biyona Saji, Chriss Mon TR, Dawn Dennise, Elizabeth Merlin, Farsana Asharaf, Francis Joyson, Hannah Mariyam Stanley

Dear participant,

In signing the document, you are giving consent to be assessed by investigators (mentioned above) students of Jubilee Mission College of Nursing. You will be a part of the research study that will focus on the knowledge regarding worm infestation. You will be given a structured questionnaire for pre-test.

This programme is entirely voluntary and even during any part of the programme you can refuse to answer any specific question or decide to terminate at any point. Your answers to questions will not be given to anyone else and no report of the study will ever identify you in anyway.

I have been explained and made understood the need and importance of this consent forms and voluntarily consents to participate in this study.

Subject's signature

I have explained this study to the above and have sought her understanding for informed consent.

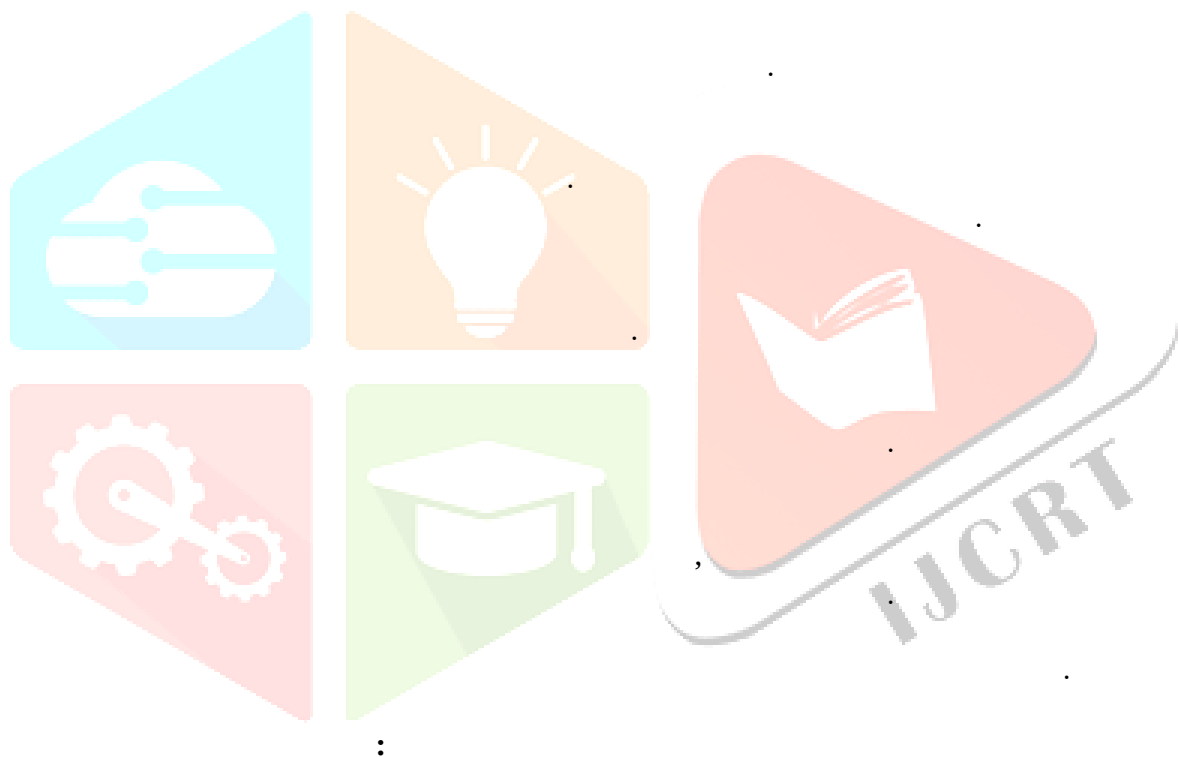
Investigator's signature

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Ashna A., Asin A.B., Binitta Susan Ninu, Biyona Saji, Chriss Mon T.R., Dawn Dennise, Elizabeth Merlin, Farsana Asharaf, Francis Joyson, Hannah Mariyam Stanley

(Pre-test)
(Structured Questionnaire)



TOOLS:

SECTION A:- (DEMOGRAPHIC VARIABLE)

INSTRUCTIONS:

Dear participants, you are requested to answer all the items. Kindly fill the demographic information in the space allotted and put a tick mark for the most relevant options.

According to you don't miss any item.

DEMOGRAPHIC VARIABLES:

1.Age of the mother_____

2.Religion

- Hindu
- Christian
- Muslim

3.Marital Status

- Married
- Unmarried

4.Socioeconomic status

- Low class
- Middle class
- High class

5.Educational Status

- Primary
- Secondary
- Undergraduate

6.Work

- Private
- Government
- Unemployed

7.Family Income

- 5-15000
- 15001-25000
- Above 25000

8.Number of Children

- 1
- 2
- 3
- More than 3

9.Age of the Children

- 0- 12 months
- 1-4 years
- 5 years

10. Previous history of work infestation in child?

- Yes
- No





SECTION B: (SELF ADMINISTERED STRUCTURED KNOWLEDGE QUESTION)**INSTRUCTION:**

Dear participants you are requested to answer all the items. Kindly put a tick against the appropriate option according to you in below mentioned options of the item.

SELF ADMINISTERED STRUCTURED KNOWLEDGE QUESTION:

1. What commonly causes worm infestation?

A) Fungi

B) Parasites

C) Viruses

D) Protozoa only

2. Which body part is mainly affected by worms?

A) Lungs

B) Intestine

C) Heart

D) Brain

3. What mainly helps in preventing worm infestation?

A) Medicines only

B) Surgery

C) Hygiene and sanitation

D) Injections

4. What does breastfeeding protect a child from?

A) All worms permanently

B) Some infections

C) No benefit

D) Diabetes

5. What aspects can worm infestation affect in children?

A) Physical growth

B) Mental development

C) School performance

D) All of the above

6. What are the benefits of deworming?

A) Improve growth

B) Improve appetite

C) Prevent anemia

D) All of the above

7. Where is worm infestation commonly seen?

A) Clean areas only

B) Areas with poor sanitation

C) Cold regions only

D) Rich families only

8. What may a swollen abdomen in a child indicate?

A) Healthy growth

B) Worm infestation

C) Cold

D) Ear infection

9. Why does malnutrition occur in worm infestation?

A) Worms consume nutrients

B) Child eats more

C) Fever

D) Cough

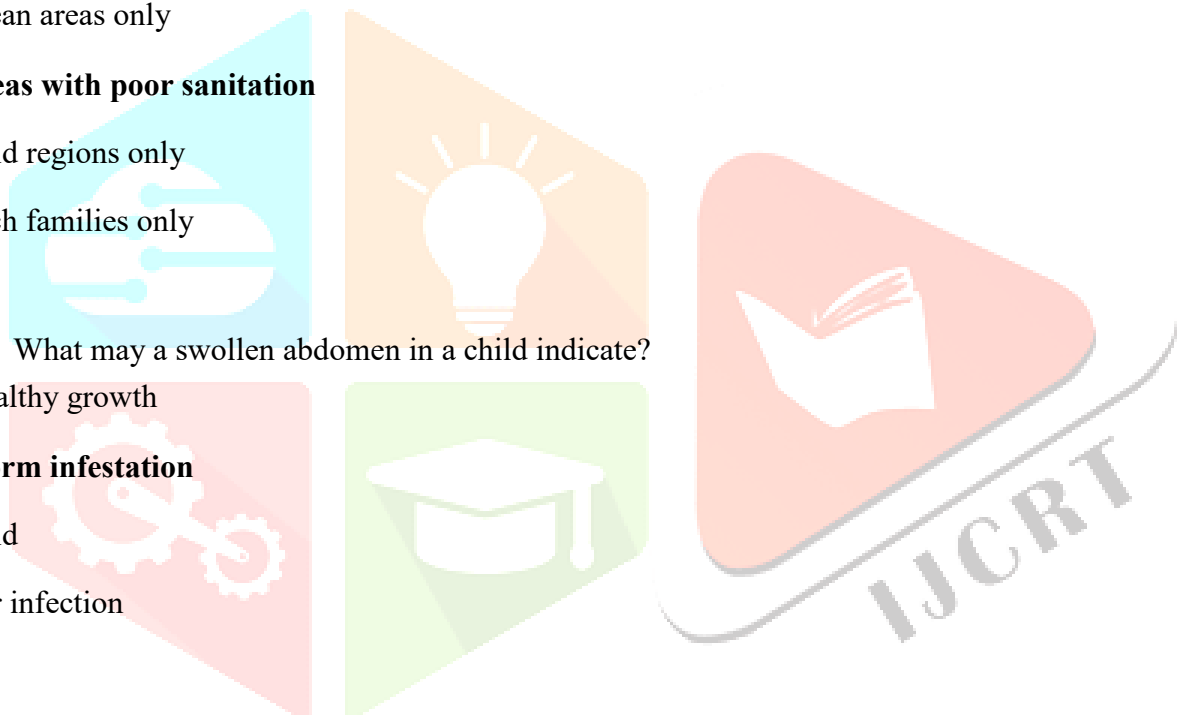
10. What does washing vegetables help prevent?

A) Asthma

B) Worm infection

C) Cold

D) Headache



11. How is worm infestation diagnosed?

A) Blood pressure check

B) Stool examination

C) X-ray only

D) ECG

12. Which type of worm infestation can be prevented by wearing footwear?

A) Tapeworm

B) Hookworm

C) Cold

D) Fever

13. Which nutrient deficiency is commonly seen in worm infestation?

A) Vitamin C

B) Iron

C) Calcium

D) Iodine

14. What do long nails in children do?

A) Protect from worms

B) Store dirt and eggs

C) Improve digestion

D) None

15. What is the benefit of drinking boiled water?

A) Increase appetite

B) Prevent worm infestation

C) Cause infection

D) None

16. Which habit helps prevent worm infestation?

A) Nail biting

B) Eating uncovered food

C) Hand washing

D) Walking barefoot

17. How often should children be dewormed?

A) Every month

B) Once in 5 years

C) Every 6 months

D) Never

18. Which worm infestation commonly causes night itching around the anus?

A) Roundworm

B) Tapeworm

C) Pinworm

D) Hookworm

19. What is a common symptom of worm infestation?

A) Severe cough

B) Abdominal pain

C) Ear pain

D) Chest pain

20. Why are children more prone to worm infestation?

A) Weak immunity

B) Play in soil

C) Poor hygiene

D) All of the above

21. When should hand washing be done?

A) Before eating

B) After toilet use

C) After playing

D) All of the above

22. What serious complication may occur in severe worm infestation?

A) Intestinal obstruction

B) Tooth decay

C) Fever only

D) Cold

23. Where are deworming tablets usually given?

A) Schools and health centers

B) Shops

C) Hotels

D) Temples

24. Why does open defecation increase the risk of worm infestation?

A) Spreads eggs in soil

B) Improves immunity

C) Kills worms

D) None

25. How does hookworm enter the body?

A) Skin of bare feet

B) Nose

C) Eyes

D) Hair

26. What condition can result from worm infestation?

A) Malnutrition

B) Overweight

C) Asthma

D) Blindness

27. How does worm infestation mainly spread?

A) Air

B) Mosquito bite

C) Contaminated food and water

D) Sweat

28. Where are worm eggs commonly found?

A) Clean water

B) Soil contaminated with feces

C) Air only

D) Clothes

29. What is National Deworming Day?

A) Unsafe activity

B) Harmful activity

C) Government health program

D) Private activity

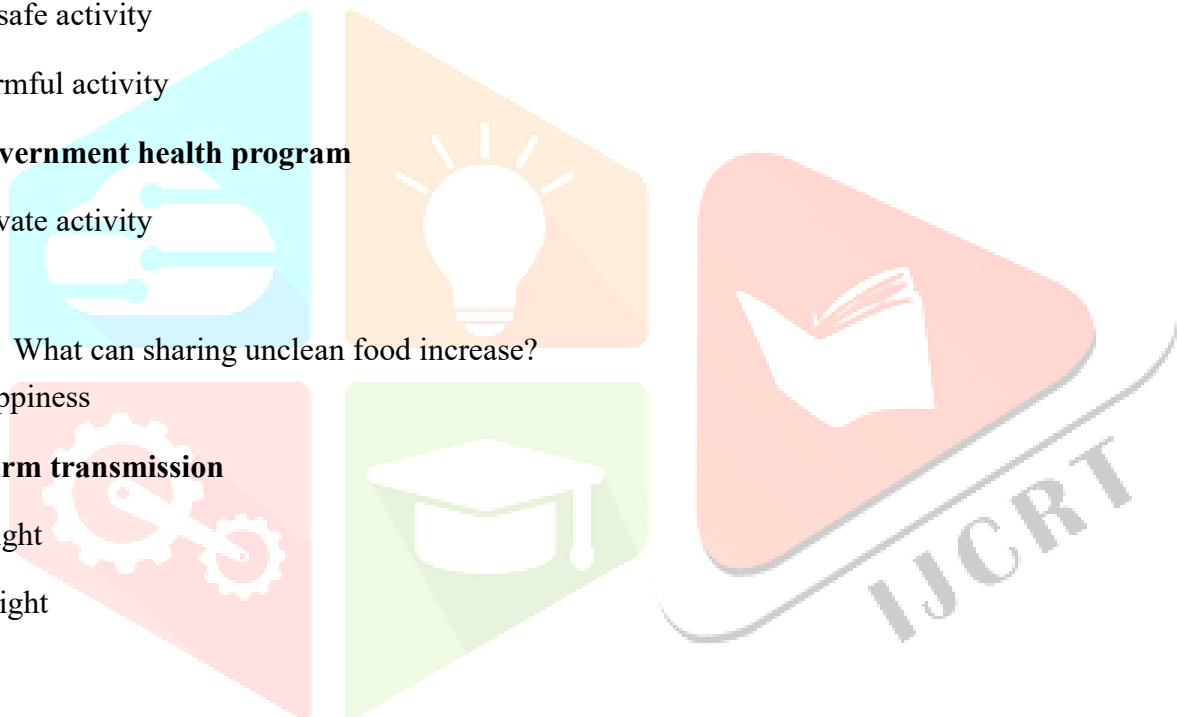
30. What can sharing unclean food increase?

A) Happiness

B) Worm transmission

C) Height

D) Weight



(Demographic Variables)

1. : _____

2.

- ☐
- ☐
- ☐

3.

- ☐
- ☐

4. -

- ☐
- ☐
- ☐

5.

- ☐
- ☐
- ☐

6.

- ☐
- ☐
- ☐

7.

- ☐ ₹5,000 – ₹15,000
- ☐ ₹15,001 – ₹25,000
- ☐ ₹25,000

8.

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 3

9.

- ☐ 0–12
- ☐ 1–4
- ☐ 5

10.

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- ☐
- ☐



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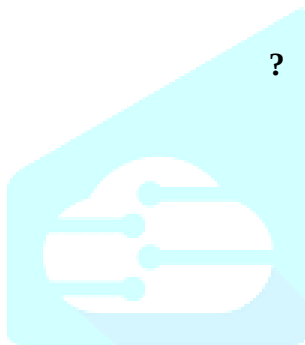
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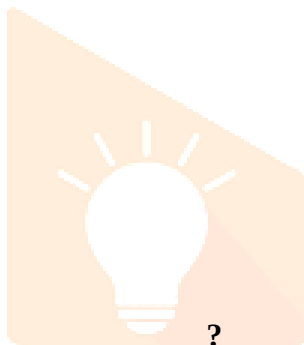
- A) (Fungi)
- B) (Parasites)
- C) (Viruses)
- D)

2.

- A)
- B)
- C)
- D)



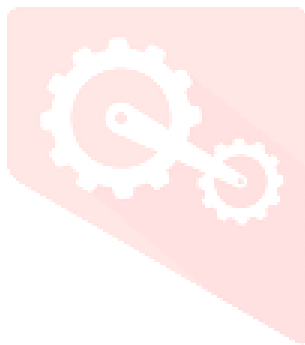
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3.

- A)
- B)
- C)
- D)



4.

- A)
- B)
- C)
- D)

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5.

- A)
- B)
- C)
- D)

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6.

- A)
- B)
- C)
- D)

(Deworming)

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7.

- A)
- B)

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C)
D)

8.

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A)
B)
C)
D)

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A)
B)
C)
D)

10.

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A)
B)
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D)

11.

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A)
B)
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12.

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A)
B)
C)
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13.

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A)
B)
C)
D)

C
(Iron)

14.

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A)
B)

C)
D)

15.

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- A)
B)
C)
D)

16.

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- A)
B)
C)
D)

17.

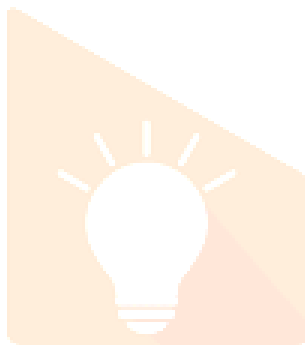
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- A)
B) 5
C)
D)

6

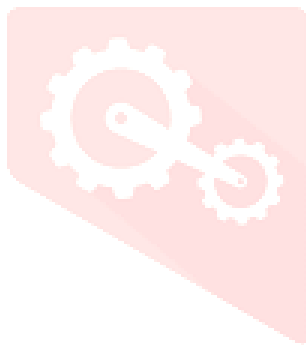
18.

- A)
B)
C)
D)



19.

- A)
B)
C)
D)



20.

- A)
B)
C)
D)

?

21.

- A)
B)
C)
D)

?

22.

- A)
B)
C)
D)

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23.

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- A)
- B)
- C)
- D)

24.

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- A)
- B)
- C)
- D)

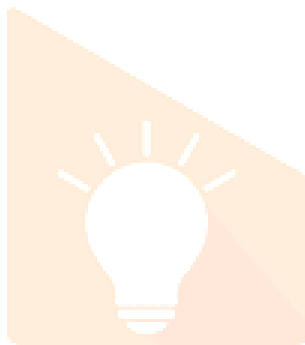
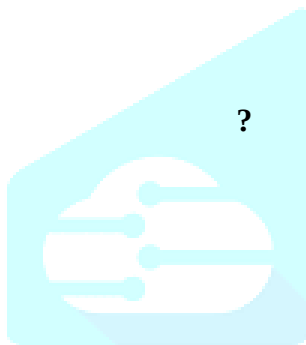
25.

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- A)
- B)
- C)
- D)

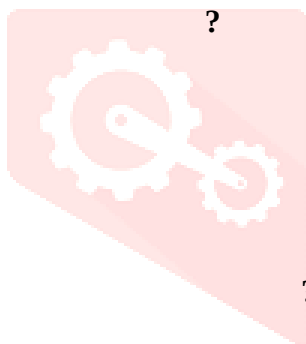
26.

- A)
- B)
- C)
- D)



27.

- A)
- B)
- C)
- D)



28.

- A)
- B)
- C)
- D)

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29.

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(National Deworming Day)

- A)
- B)
- C)
- D)

30.

?

- A)
- B)
- C)
- D)

ANSWER KEY

Q. No.	Correct Answer	Q. No.	Correct Answer	Q. No.	Correct Answer
1	B	11	B	21	D
2	B	12	B	22	A
3	C	13	B	23	A
4	B	14	B	24	A
5	D	15	B	25	A
6	D	16	C	26	A
7	B	17	C	27	C
8	B	18	C	28	B
9	A	19	B	29	C
10	B	20	D	30	B

