|| Print ISSN: 2589-7837 || Online ISSN: 2581-3935 ||
International Journal of Medical Science and Diagnosis Research (IJMSDR)
Available Online at www.ijmsdr.com
NLM (National Library of Medicine ID: 101738825)
Original Research Article
Volume 4, Issue 6; June: 2020; Page No. 75-77

A STUDY TO ASSESS THE EFFECTIVENESS OF HANDS ON SKILL TRAINING PROGRAMME ON KNOWLEDGE OF FIRST AID FOR CHOKING AMONG THE MOTHERS OF UNDER FIVE CHILDREN IN SELECTED AREAS OF JODHPUR.

Sarita Chaudhary[1], Parvej Khan[2]
M.sc. Nursing, Department, Child Health Nursing, Lecturer, Department of Medical Surgical Nursing
Conflicts of Interest: Nil
Corresponding author: Sarita Chaudhary

Abstract:

Introduction: Any large or small substance that enters the body can be a wound on the skin or on one of the body organs such as the nose, eye, ears, genitals or rectum is called "external body". pharynx, hypopharynx and trachea. Air blockage can be fatal if it results in high air speeds and ventilation. Smoking is a leading cause of humidity and mortality, especially in those aged 3 and under. This is due to the increased risk of cooling the toddler's air and a low increase in the ability to chew and swallow food. Young children also often put things in their mouths as they explore their surroundings. The most common items for children are food, coins, balloons and other toys. Certain factors, including the composition, size, and similarity, of certain toys and foods increase their ability to cause heat in children.

Material and Methods: Quantitative pre-experimental study approach and research design was used. total 40 mothers of under five children was selected using non-probability convenient sampling technique. Data collection by structured knowledge questionnaire and analysed by using descriptive and inferential statistics.

Result: The Finding of the study indicated that the mothers of under five year children of the overall Mean±SD of pretest knowledge score was 13.65± 6.070 and mean percentage of 45.50%. The overall Mean±SD of Post test knowledge score was 21.38± 5.246 and mean percentage of 71.25%.

Conclsion: Significant statistical correlations between the level of knowledge of mothers of children under five about the first aid to population density and variability. Age variables, education and family type were significant at 0.05 and religion, residence and family income (monthly) were not significant at the 0.05 level and therefore the view that there would be significant relationships between mothers' knowledge of children under five with regard to early help and flexibility of ownership. they were accepted.

Key word: Assess, Effectiveness, hands on skill training programme, Knowledge, Choking, under five year Children, Mothers

Introduction

Young children explore things with their mouth and tend to crave external bodies in the airways.7 Weight loss can occur in any age but is more common in older infants and infants aged 1-3 years. Children under 4 years of age account for 20% of all deaths caused by foreign objects (Blumer1991). Stiffness is obtained by location, type of material and size of blockage.A sharp or irritating factor produces irritation and edema. Circular spherical objects are not easily distinguished they may have just worked in the wind tunnel instead of objects with different shapes. A small substance can be a little debilitating if there is any pathogenic change and something large enough to block a role can produce many changes including atelectasis, emphysema, inflammation and abscess. live inside or parts of removable items that may appear at the beginning of security. Horns, for example, have small beads in them to produce sound. A broken or broken rattle can be dangerous because the beads can be easily aspirated while infants have toys in the mouth. Featured animals are another toy that can be dangerous if there are other parts, such as eyes or nose, removable buttons or plastic pieces. A working baby can hold the cellphone down and quickly chew a toddler. As soon as babies or toys slip down they should be kept free of small items that can be found and swallowed as coins.Doods are the second most common cause of cravings and are the most common offenders of nuts, grapes, and bars, large amounts of nuts, butter or pot or cereal. may be attracted when a small amount of nipple or nipple and shield can be disrupted in the handle and inserted into the pharynx. Open air spaces such as those commonly performed in hospitals from the arms are also dangerous.

Material and Methods

For the study, a pre-experimental design was adopted as it studies event can occur between the pre-test and post-test that alters response to the post-test. These events then serve as alternative hypothesis to the proposal that the change in post-test scores is due to the treatment. The population consisted of Medhuwan housing board, Jodhpur. A sample size of 40 mothers of under five children was selected using Non-probability convenient sampling technique.. A structure questionnaire was adopted by the investigator for data collection. The tool structured knowledge questionnaire is validated by experts. Reliability

of the tool was done using Karl Pearson (Co-relation, co-efficient) formula.

The pre-experimental design chosen for the study is describe below-

O^1 ——— X ———→ O^2

O^1: Assessment of pre-test knowledge of first aid for choking among the Mothers of under five children on day 1.

X: Administration of hands on skill training programme on first aid for Choking.

O^2: Assessment of the Post-test knowledge after 7 days by hand on skill training programme to assess the effectiveness.

Result

Table-1. indicates that the highest percentage achieved by Mothers of children under five is found in the Clinical Features and Diagnostic Score (49.10%), followed by 47.50% in the Risk Factors of Choking category, 44.72% in the General Charging Features and at least 6% found in the Chat and Prevention feature (43.75%). The Def ± SD of the most surprising data mark was 13.65 ± 6.070 and the mean percentage was 45.50%.

Table 1: Mean, Mean percentage and standard deviation for the pre test knowledge of Mothers of under five children **N= 40**

Sl. No.	Knowledge aspects	No. of Items	Max Score	Mean	Mean%	Median	SD
1	General Aspects Of Choking	9	9	4.03	44.72	3.5	2.166
2	Risk Factors Of Choking	3	3	1.43	47.5	1	0.873
3	Clinical Features And Diagnostic Measures of Choking	6	6	2.95	49.17	3	1.319
4	Management and prevention of Choking	12	12	5.25	43.75	5	2.743
Overall		30	30	13.65	45.50	11	6.070

Table-2. indicates that the highest percentage achieved by Mothers of children under five is found in General Aspects of Choking, (73.89%), followed by 72.08% in the Clinical Symptoms and Smoking Diagnostic categories, 70,00% Smoking Risk and at least means percent derived for the Management and Prevention of Holdings (69.17%). The Def Mean SD Post test for total information was 21.38 ± 5.246 and a mean of 71.25%.

Table 2: Mean, Mean percentage and standard deviation for the post test knowledge of Mothers of under five children **N= 40**

Sl. No.	Knowledge aspects	No. of Items	Max Score	Mean	Mean%	Median	SD
1	General Aspects Of Choking	9	9	6.65	73.89	7	1.861
2	Risk Factors Of Choking	3	3	2.1	70.00	2	0.841
3	Clinical Features And Diagnostic Measures Of Choking	6	6	4.33	72.08	5	1.308
4	Management and prevention Of Choking	12	12	8.3	69.17	9	2.388
Overall		30	30	21.38	71.25	22.5	5.246

From table-3.it it is clear that the obtained value of "t" 6.089 is greater than the value of the table at the 0.05 level of significance. Therefore, the value of "t" is found to be significant. It means that there is a benefit to mothers' levels of children under five with regard to early help. This supports that hands-on first-aid skills training programs are effective at increasing the knowledge level of mothers of children under five.

Table 3: comparison of pretest and post test knowledge scores of Mothers of under five children regarding first aid for choking **N= 40**

Sl. No.	Knowledge aspects	Pre test		Post test		Mean difference	t Value	Df	Inference
		Mean	S D	Mean	S D				
1	General Aspects of Choking	4.03	2.166	6.65	1.861	2.625	5.813	39	S
2	Risk Factors of Choking	1.43	0.873	2.1	0.841	0.675	3.521	39	S
3	Clinical Features And Diagnostic Measures of Choking	2.95	1.319	4.33	1.308	1.375	4.68	39	S
4	Management and prevention of Choking	5.25	2.743	8.3	2.388	3.05	5.304	39	S
Overall		13.65	6.070	21.38	5.246	7.725	6.089	39	S

Table 4. shows a $\chi 2$ value computed between the level of knowledge of mothers of children under five with regard to first aid cheating and demographic variables. Age variables, education and family type were significant at the level of 0.05 and Religion, Settlement and household income (monthly) were not significant at the 0.05 level. Thus the hypothesis that there will be an important relationship between the knowledge of mothers of children under five regarding the First Aid of Choking and the formation of diversity is accepted.

Table 4: Association of post test knowledge scores of Mothers of under five children with selected demographic variables N= 40

Variables	Inadequate Knowledge	Moderate Knowledge	Adequate Knowledge	Chi square $\chi 2$	Df	Table value (0.05)	Inference
1. Age (in years).							
Below 30 years.	1	10	8	10.263	4	9.49	S
31 – 45 years.	4	3	3				
Above 45 years.	1	2	8				
2. Education.							
Illiterate	1	2	4	14.921	6	12.59	S
Primary education	2	6	3				
Sr. sec. education	3	5	9				
Graduation	0	2	3				
3. Religion.							
Hindu.	1	8	7	9.115	6	12.59	NS
Christian.	3	1	2				
Muslim.	2	3	6				
Sikh	0	3	4				
4.Type of family							
Nuclear	5	8	5	6.663	2	5.99	S
Joint	1	7	14				
5.Place of residence							
Rural	4	13	12	6.430	4	9.49	NS
Urban	2	2	7				
Semi urban	0	0	0				
6.Monthly Income of family							
Below Rs10000	0	5	1	11.902	6	12.59	NS
Rs 10000-20000	1	3	1				
Rs 20000-30000	4	2	11				
Above Rs 30000	1	5	6				

Conclusion

The following conclusions are drawn on the basis of the present study to evaluate the effectiveness of the skills training program regarding first aid for evacuating mothers of children under five at the Medhuwan housing board, Jodhpur.

Mothers assessment of children under five level of information about first aid for strokes. Target distribution of samples indicates that most of the 65% of mothers of children under five had enough information, followed by 25% with moderate information and 10% had enough information about first aid for compression in the first test. After hands-on training program 47.50% of mothers of children under five had adequate information, followed by 37.50% had moderate information and 15% of them had enough information about first aid..

References

1. American Center for Higher Education for Pediatric, Child Abuse Prevention, Committee on Injury, Violence, and Prevention of Poison, Pediatrics 2010;
2. DONNA.L.WONG, "Nursing Care of Infants and Children" Edition-6th, page no 889.
3. Dr. Ajay Singh. "First aid and emergency care", N.R Brothers, 4th edition, 1994.
4. Jayalakshmi LS. Awareness of the dangers among young lads. Nursing Journal of India 2004 2004; 25 (12): 276-8.
5. Khan NU, Nabi IU, Yousaf S. Foreign bodies in the larynx and tracheo-bronchial tree. Pak Armed Forces Med J 2000; 50 (2): 68-70.
6. Tinh Ngugen, Bad for not giving kids toys, easy publication 20, may 2009 pg no.625 URL: http / www.google.com
7. Gilbert and Hanik, Karnwatt home, safe kids, toy nail lawyer, Colorad 80002 URL: http / www.google.com.
8. Toy and Play Guide, Kids Source online, America toy manufacturers 2001 URL: http / www.google.com.
9. Anderson F B, Toy Choices, Local Children Quarterly, Volume 1, Issue 2, page 39-44 2012. URL: http / www.article trad.com
10. IPA, American Association for the Rights of the Child to Play. Child IPA Declaration.5May.2007. Available at: http: //www.ipausa.org/declare.htm
11. Dwivedi RC, Samanta N, Chakrabarti S, Agarwal SP. Case for false diagnosis: External body on the airway treated with anti-tuberculosis treatment. Internet Journal of 2008; 8 (1). Pediatrics and Neonatology.
12. Mohan .D, Anderson R. Prevention and control of harm: An international course on injury prevention and control. TRIPP, New Delhi; 2000.
13. Miller TR, Spicer RS. How safe are our schools? I am J J Health. 1998; 88: 413
14. Clark. BS, Rapkin. K, Busen NH, Vasquez .E. Nurses and nurses and parent education: health partnerships. American Journal of Nursing Center. Jul 2001; 13 (7): 310-316.Aggrawal JC. Development and modernization of modern education system 4. New Delhi: Vikas printing house Pvt .Ltd; 1993.