



**EFFECTIVENESS ON EDUCATIONAL INTERVENTION ON PREVENTION OF
PRIMARY COMPLEX AMONG MOTHERS OF MALNOURISHED CHILDREN**

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Child is the heritage of family and children's health is India's health. Every year respiratory infection in young children would be responsible for an estimated 4.1 million deaths worldwide. India and Nepal together account for 40% of the global respiratory infection mortality. Among respiratory infections primary complex is a ubiquitous disease known to have been existing from ancient period. The disease has been perpetuated and maintained in the human population. It represents a dynamic balance to man and mycobacterium tuberculosis action.

OBJECTIVES

1. To assess the level of knowledge on prevention of primary complex among mothers of malnourished children.
2. To evaluate the effectiveness of educational intervention on prevention of primary complex among mothers of malnourished children.
3. To associate between the level of knowledge on prevention of primary complex among mothers of malnourished children with selected demographic variable.

Need for the Study

The health status of today's children reflects the health consciousness of the parents especially the mothers. The state of children's health at present everywhere challenges the national and international organizations. The promotive, preventive, curative services will be effectively utilized by the under five, when the maternal awareness towards the health of the children improves. The immune system of the children has not been developed completely and also the growth would be very fats in the children's individual life. So they have more susceptible for many infectious diseases, of which the commonest of respiratory, gastro intestinal tract and skin infections. The respiratory tract constantly grows and changes until about twelve years of age. The young children's neck is short than adult, resulting airway structures that are closer together, which makes them more prone for infection mortality of lower respiratory infections cause 20-25% of deaths in children . In India 10-50 children die out of 1000/year because of lower respiratory tract infection.

Global hunger index (2011) ranked India is in fifteenth, amongst leading countries with hunger situation. It also places India among the three countries where the global

hunger index between 1996 & 2011 went up from 22.9 to 23.7. The world bank estimates that India is ranked second in the world of children suffering from malnutrition, where 47% of the children exhibit a degree of malnutrition. The prevalence of underweight children in India is among the highest in the world.

Soumya S. (2011) reported that tuberculosis is among the top ten causes of death among children worldwide; however, children with tuberculosis are given low priority in most national health programme and are neglected in this epidemic. Recent technological advancements in diagnosis of tuberculosis of tuberculosis in adults have not been validated in children. Similarly, trials of new drugs and development of pediatric formulations of standard first and second line drugs lagging behind. Although bacilli calmette Guerin vaccine the only vaccine available for tuberculosis protects against disseminated and severe forms of the disease in young children, multicentric trials are urgently required to develop improved are urgently required to develop improved diagnostic strategies and formulate shorter, more effective, safe, evidence based regimens for treatment and prevention of drug susceptible and drug resistant tuberculosis.

Conceptual Framework

The conceptual framework used for the study was developed on the basis of general system theory by von bertalanffy, according to this theory a system consisting of a set of interacting components with a boundary that filters the type and rate of exchange with there is a continual exchange of matter, energy and information.

METHODOLOGY

One group pre test – post test design was adopted for this study. Convenient sampling technique guided by

inclusion criteria was used to select 60 mothers of malnourished children from urban health center.

Data collection tool includes

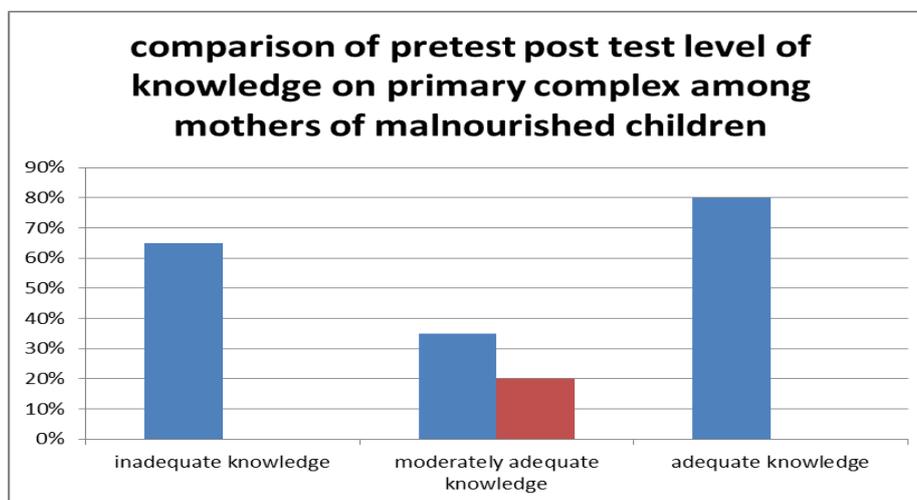
Section 1: demographic variables

Section 2: questionnaire method

Data collection method

Data collection was done for 6 weeks by using prepared tools. The tools had been developed on the basis of objectives of the study and thorough review of literature.

The investigator introduced her to the mothers of malnourished children and developed a good rapport and made the mothers to cooperate and accept the study. After getting the demographic data from the mothers pretest was done with the help of the prepared tools. Prevention of primary complex was shown to the mothers by using charts and flash cards. After seven days post test was done to evaluate the effectiveness of educational intervention programme by using the prepared tools.



Findings of the study

In pretest out of 60 mothers 38(63%) mothers had inadequate knowledge, 22(37%) mothers had moderately adequate knowledge and none of them was in adequate knowledge. In posttest, 48(80%) mothers had adequate knowledge, 12(20%) mothers had moderately adequate knowledge and none of them was in inadequate knowledge. It shows that the overall mean of knowledge on prevention of primary complex among mothers of malnourished children was 14.4 with the standard deviation of 3.03 in pre test and the confidence interval ranges between 13.74-15.65. In post test 24.4 with the standard deviation of 1.87 and the confidence interval ranges between 23.09-24.80. The 'k' value 21.09 was compared with tabulated table value at the level of $P < 0.05$ was significant.

Recommendation

Based on the research findings the following recommendations can be made

- This study can be done on the basis to assess the knowledge, attitude and practices
- Routine examination can be conducted in children with family history of tuberculosis
- Educate all parents regarding mantoux skin test
- A study can be done to assess the magnitude of prevention of primary complex
- Tuberculosis awareness campaign can be conducted to create awareness among public
- Ongoing education programme with periodic monitoring should be done

- Comparative study can be done in rural and urban areas
- In service education to community health workers regarding the importance of preventing tuberculosis in their community area.

CONCLUSION

The above educational intervention highlighted that there is an improvement on knowledge among mothers of malnourished children in prevention of primary complex.

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