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A study to assess the effect of structured teaching programme on prevention and first-aid for burns among mother's of underfives in selected area at Trivandrum district

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ABSTRACT

INTRODUCTION

Burns injury is the second leading cause of accidental death in children. According to the WHO global burden of disease estimates for 2013, just over 3,10,000 people died as a result of five related burns, of which 30% were under the age of 20 years. Five related burs are the 11th leading cause of death from bums, with a global rate of 3.9 death per 1, 00,000 populations, Among all people globally nearly 96,000 children under the age of 20 years were estimated to have been fatally injured as a result of a five related burn in 2013.

OBJECTIVES OF THE STUDY ;

1. A study to assess the effect of structured teaching programme on prevention and first-aid for burns among mother's of underfives in selected area at Trivandrum dístrict.
2. To found out the association between the level of knowledge on prevention and first aid for burns and selected demographic variables such as education, type of family, method of cooking and housing condition.

RESEARCH METHODOLOGY

The study was conducted at selected community area, Vellarada Trivandrum district one group pre test post test design was adopted and the non probability convenience sampling technique was followed to obtain 30 samples. Data were collected by using structured questionnaire. Pre test was administered on the first day and the structured teaching programme on first aid for burns and its prevention. Post test was done on the 7 day by using the same questionnaire.

STUDY FINDING

The data collected were analyzed by using descriptive and inferential statistics. The post test mean score on the 7th day was much higher than the pre test, t=, P<0.005. Thus the structured teaching programme on firstaid for burns and its prevention found to be effective.

CONCLUSION

A structured teaching programme on firstaid for burns and its prevention was found to be effective among mothers of under fives. Similar studies can be conducted in large samples,so that it could be generalized.

INTRODUCTION

“Cool the burns”

Children are the future of every country and all societies strive to ensure their health and safety. Since India's independence, continuous efforts have been made to improve the status of children. The large burden of communicable, infectious and nutritional disorders is gradually on the decline due to massive efforts and investments by successive Indian government, even though it is an unfinished agenda. Parallel to these changes, it is also becoming apparent that children saved from disease of yesterday are becoming victims of injury on road, at home and in public, recreational places. Children are naturally curious. As soon as they are mobile, begin to explore their surroundings and play with new objects, and at the same time though, they come into contact with objects that can cause severe injuries. Playing with fire or touching hot objects can result in burns.

Burns are defined as an injury to the skin or other organic tissue caused by thermal trauma, it occurs when some or all the cells in the skin or other tissues are destroyed by hot liquids (scalds), hot solids (contact burns), or flames (flame burns). Injuries to the skin or other organic tissue due to radiation, radio activity, electricity, friction or contact with chemicals are also considered as burns. Burns may be distinguished and classified as thermal burns, inhalational burns, first degree or superficial burns, second degree or partial-thickness burns, third-degree or full-thickness burns. Chemical burns, electrical burns and radiation burns.

The death rate in low income and middle income countries was eleven times higher than that in high income countries, 4.3 per 1,00,000 or against 0.4 per 1,00,000. Burns related deaths show great regional variability. Most of the death occurs in poorer regions of the world among the WHO region of Africa and South East Asia and low income and middle income countries of the eastern Mediterranean region.

It is very important to look into safety and security of children. This will promote sound psycho-social development of children. Safety and security can be ensured by providing clean, safe and comfortable physical environment. [Gulani K K, 2007]

According to WHO data approximately 10% of all unintentional injury deaths are due to fire related burns. Studies from high income countries suggest that smoke inhalation is the strongest determinant of mortality from burns, mostly from house fires or other conflagrations. For children over three years of age, smoke inhalation is associated with mortality. [Margie Peden Kayadi, Ogeble, 2008]

Background of the study

A study in four low income states found that 65% of childhood burns had occurred in and around the home. The kitchen is usually the most common part of the house. In this room, children may upset receptacles with hot liquids by exploding stores, stand on hot coals or be splashed with hot cooking oil. Studies have also found that the children of parents who smoke while in bed are at higher risk of burns than those who do not have been reported for incidents involving burns.

A survey in India found that only 22.8% of patients had received appropriate first aid for their burns. The remainder had either received no first aid or else inappropriate treatment such as raw eggs, toothpaste, mashed potato or oil being rubbed into the burn. Education on the effect of immediate application of cool water to burns should be promoted widely as an effective first aid treatment.

In much of rural Southeast Asia, kerosene stoves and oil lamps are still in regular use. The combination of “open flames” in overcrowded dwellings, poorly serviced equipment and the wearing of highly flammable sari result in many more flame burns. Asian children are at increased risk of burns due to the use of several unique cooking methods such as the heating of food on the floor. Sadly, the usual fate of a child with an extensive third degree burn in a low income country is death. The risk of mortality from burns covering over 30% of total body surface area is roughly 50%. The risk of burns covering more than 50% of total body surface area is nearly 100%.

Educational programmes convey knowledge to parents for prevention. Educational programmes are often combined with programmes involving legislation and standards, education and counseling on their own, though whether at the individual level or within schools, appear to be effective in reducing the incidence of burns. Educating parents about the use of safety equipments has been shown to be very effective. Educational programmes appear more successful when coupled with increasing access to safety products. Community programmes to ensure good supervision of children, and to educate parents about burns and to advise against the storage of flammable substances in the home, have all been proposed as primary prevention strategies for burns. This became an inspiration for the researcher to start this study to find out the effect of structured, teaching programme on prevention and first aid for burns among mothers of under fives.

STATEMENT OF THE PROBLEM

“A study to assess the effect of structured teaching programme on prevention and first aid for burns among mothers of under fives in selected community area at Trivandrum District”.

OBJECTIVES OF THE STUDY

- To assess the effect of structured teaching programme on prevention and first aid for burns among mothers of under fives.

- To find out the association between the level of knowledge on prevention and first aid for burns and selected demographic variables such as education, type of family, method of cooking and housing condition.

RESEARCH METHODOLOGY

The research methodology adopted for the study which includes, research design, research variables, settings, population, sampling techniques, and tool for data collection, procedure and plan for data analysis

Research Approach

Quantitative research approach was used.

Research Design

The design used for the study was one group pre test post test non experimental research design.

<u>Group</u>	<u>Pre test</u>	<u>Intervention</u>	<u>Post test</u>
Mothers of under fives	O1	X	O2

Schematic representation of research design

Keys

O1 = Pretest in experimental group

O 2 = Posttest in the experimental group

X = Intervention

Variables

1. Independent variable structured teaching programme.
2. Dependent variable Knowledge level.

Settings of The Study

The study was conducted at Vellarada community in Trivandrum district.

Population

Population for this study includes all the mothers of under fives living in Vellarada community.

Sample And Sampling Technique

Sample: Samples consist of 30 mothers of under fives who satisfied the criteria for sample selection.

Sample technique: Non probability convenient sampling technique was adopted for the study.

❖ **SAMPLE SIZE**

The total number of sample selected was 30 mothers of underfives from selected areas of Vellarada Community.

CRITERIA FOR SELECTION OF SAMPLE

Inclusion criteria

Mothers

having children between the age group of 0-5 years

- ❖ who are living in selected rural community area (Vellarada)
- ❖ who knows Malayalam
- ❖ who are willing to participate in the study.

Exclusion criteria

Mothers

- ❖ who are deaf
- ❖ who are mentally challenged.

DEVELOPMENT AND DESCRIPTION OF TOOL

The knowledge was assessed by using structured questionnaire. The tool consists of two sections, Section A and Section B.

Section A:

Socio demographic data deals with demographic variables such as education, occupation, type of family, method of cooking, housing condition.

Section B:

It consists of 25 questions to identify the knowledge on, prevention and first aid for burns among mothers of under fives.

SCORING KEY

Each correct response was awarded score 1.

Percentage	Level of knowledge
Less than 50%	Inadequate knowledge
Between 50-75%	Moderate knowledge
Greater than 75%	Adequate knowledge

DATA COLLECTION TECHNIQUE

The data was collected after getting the written permission from the concerned authorities and mothers of under fives in selected community, Vellarada at Trivandrum district. The data collection period was one week. 30 mothers were Selected for the study. Assessment of knowledge was done by using structured questionnaire, and then Structured Teaching Programme on prevention and first aid for burns were given to the mothers of under fives with the help of flash cards for 30 minutes. On the 7th day post test were conducted with the same questionnaire.

PILOT STUDY

The pilot study were conducted to identify the feasibility in conducting the main study. Six mothers were selected as study sample. Pre test was done and structured teaching programme were provided to them. On the seventh day post test were conducted with same questionnaire.

PLAN FOR DATA ANALYSIS

Descriptive statistics

- > Frequency and percentage distribution of demographic variables.
- > Pretest and post test difference in level of knowledge on prevention and first aid for burns using paired t test.

Inferential statistics

Chisquare test was used to find out the association between selected demographic variables and level of knowledge regarding prevention and first aid for burns on mothers of under fives.

The study was conducted to determine the effectiveness of structured teaching program on prevention and first aid for burns among mothers of under fives at Vellarada community area, in Trivandrum district. The quantitative approach was used for the study one group pre test, post test was adopted. The analysis was done by descriptive and inferential statistics at 5% level of significance ($P= 0.05$). The results were discussed based on the objectives set for the study.

CHARACTERISTICS OF SAMPLE

The first objective of the study was to evaluate the effect of structured teaching programme on prevention and first aid for burns among mothers of under fives.

The frequency and percentage distribution of samples according to their level of knowledge in experimental group reveals that out of 30 samples 23 have inadequate knowledge and 7 had moderate knowledge.

The level of knowledge on mothers of under fives regarding prevention and first aid for burns. The pre test and post test level of knowledge were compared and found that the knowledge level in post test had increased from pretest as 2.27 to 3.18 respectively with a mean difference score of 5.7.

Thus the research hypothesis (H1) was accepted. Thus the structured teaching programme on prevention and first aid for burns found to be very effective in improving knowledge level .

The pre test and Post test difference of knowledge in experimental group. The calculated 't' value is 7.992. This indicated that there was significant improvement after structured teaching programme on prevention and first aid for burns.

The second objective of the study was to found out the association between the level of knowledge on prevention and first aid for burns and selected demographic variables such as education, type of family, and method of cooking and housing condition.

In this study there was no significant association observed between the knowledge and selected demographic variables. Thus research hypothesis H2 is rejected.

NURSING IMPLICATIONS

- Making awareness for prevention and first aid for burns among mothers of under fives.
- Teach the mothers about the importance of prevention and first aid for burns.

NURSING ADMINISTRATION

In nursing service education camping conducted to disseminate the research findings through continuing education to all mothers of under fives.

NURSING EDUCATION

- ✓ The student nurses should have greater involvement in conducting workshop, seminar and symposium related to prevention and first aid for burns being organized by same or any other institution.
- ✓ Articles on prevention and first aid for burns should be made available in journals.

NURSING RESEARCH

- ✓ Nurse researcher can conduct more research on prevention and first aid for burns
- ✓ Disseminate the findings through conferences, seminar, publications in professional's national and international journals and World Wide Web.

LIMITATIONS

The study was limited to

- 30 samples
- conducted in only one setting.
- conducted in mothers of under fives

RECOMMENTATIONS

- The study can be replicated in large and similar studies can be conducted in other communities.
- The similar study can be conducted by true experimental research design
- Role play can be conducted among mothers at the community level in order to make them aware about the dreadful consequences of burns.

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