“A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAM ON KNOWLEDGE ON MANAGEMENT OF FECO-ORAL (5F’S – FOOD, FINGERS, FIELDS, FECES, FLIES) DISEASE TRANSMISSION AMONG ANGANAWADI WORKERS AND HELPERS IN SELECTED COMMUNITY AREA”

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PROJECT REPORT SUBMITTED TO,

Sri Devaraj urs College of Nursing Tamaka, kolar.

As a Part of Curriculum Requirement for

The Degree of Basic B Sc. (N)

UNDER THE GUIDANCE OF

DR.MALATHI K.V

ASSOCIATE PROFESSOR

DEPARTMENT OF COMMUNITY HEALTH NURSING

SRI DEVARAJ URS COLLEGE OF NUSRING,

TAMAKA, KOLAR.

2021-22

DECLARATION BY THE CANDIDATES

We hereby state that project entitled**"A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAM ON KNOWLEDGE ON MANAGEMENT OF FECO-ORAL (5F'S – FOOD, FINGERS, FIELDS, FECES, FLIES) DISEASE TRANSMISSION AMONG ANGANAWADI WORKERS AND HELPERS IN SELECTED COMMUNITY AREA"** a view to conduct planned teaching program", is a bonafide and genuine research work carried by the students of 4th year BSc (N) students under the guidance of **Dr. Malathi K.V**, Associate professor, Department of Community Health Nursing Sri Devaraj Urs College of Nursing, Tamaka, Kolar.

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Place:

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CERTIFICATION BY THE GUIDE

This is to certify that the project entitled**"A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE ON MANAGEMENT OF FECO-ORAL (5FS – FOOD, FINGERS, FIELDS, FECES, FLIES) DISEASE TRANSMISSION AMONG ANGANWADI WORKERS AND HELPERS IN SELECTED COMMUNITY AREA"** is a Bonafide research work done by **MS CHRISTEENA E B, MS ESTHER MERIN SAM, MS ELSA JRNITTA RODRIGUES, MS JAYASHREE RAJU A R, MS JAIMY MARTIN , MS KAVITHA R , MS MEREENA MATHEW , MS .MEGHA RAJ , MS GREESHMA A** as a part of curriculum requirement for the degree of Basic B Sc.(N) Program**.**

Signature of the Guide

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Associate Professor,
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ENDORSEMENT BY THE HOD AND PRINCIPAL

This is certify that the research project entitled**"A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAM ON KNOWLEDGE ON MANAGEMENT OF FECO-ORAL (5FS – FOOD ,FINGERS ,FIELDS,FECES ,FLIES)DISEASE TRANSMISSION AMONG ANGANAWADI WORKERS AND HELPERS IN SELECTED COMMUNITY AREA"**is a bonafide research work **MS CHRISTEENA E B, MS ESTHER MERIN SAM, MS ELSA JENITTA RODRIGUES, MS JAYASHREE RAJU A R, MS JAIMY MARTIN, MS KAVITHA R, MS MEREENA MATHEW, MS MEGHA RAJ, MS GREESHMA A,** under the guidance of **DR. MALATHI K.V,** Associate Professor, Department of Community Health Nursing Sri Devaraj urs college of Nursing, Tamaka, Kolar in partial fulfilment of the requirement for the Degree Basic BSc Nursing.

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ACKNOWLEDGEMENT

"I would maintain that thanks are the highest form of thought, and gratitude is happiness doubled by wonder"

(GilbertK. chestertion)

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Thank you very much from all of us!

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ABSTRACT

BACKGROUND

Feco-oral route is the commonest root of transmission of communicable diseases, its of major concern to give them knowledge Regarding the prevention and transmission of 5F's(5F's-Food,Fingers,Flies,Field,Feces) diseases Among Anganawadi workers and helpers since, they come in close contact with under five childrens in Anganawadi's in the community area.

STATEMENT OF THE PROBLEM

"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON KNOWLEDGE ON MANAGEMENT OF FECO-ORAL(5F'S-FOOD, FINGERS, FIELDS, FECES, FLIES) DISEASE TRANSMISSION AMONG ANGANAWADI WORKERS AND HELPERS IN SELECTED COMMUNITY AREA."

OBJECTIVES OF THE STUDY

1) To assess the level of knowledge on management of feco oral disease transmission among anganwadi workers and helpers at community area.

2) To evaluate the effectiveness of planned teaching program on management of feco-oral disease transmission among anganwadi workers and helpers in selected community area .

3) To determine the association between socio demographic variables and knowledge score of anganawadi workers and helpers

HYPOTHESIS

H01: There is no significant difference between the pre-test and post-test knowledge score on management of feco-oral (5F's) disease transmission among Anganawadi Workers and Helpers" at selected community area

H02: There is no significant association between knowledge scores with selected socio demographic variables**.**

METHODOLOGY

A total of 68 samples of anganawadi workers and helpers Was Obtained by using convenient sampling technique ,the study was conducted in devarayasamudhra and mulbagal, The evaluation approach with a series of one group pre-test post-test design , Structured knowledge questionaire was used to conduct pre test, followed by planned teching program was conducted on the same day later seven days after post test was conducted using same questionnaires.

RESULTS

the mean pre-test knowledge score was10.72 with SD 3.36 whereas in the mean post-test knowledge scores was 19.57with SD2.47 and "t" value is 16.0.

for management & prevention of five F's diseases the mean pre-test knowledge score is 2.66 with SD 1.18, whereas in the mean post-test scores was 4.99with SD 0.93 and calculated "t "value is 13.40. The overall mean pre-test knowledge scores is 13.38 with SD3.58 whereas mean post-test knowledge score is 20.50 with SD 2.05 with calculated "t" value is 22.55 which less than table value (1.960) hence accepting null hypothesis.

INTERPRETATION AND CONCLUSION

The overall pre test knowledge scores reveals the majority44(64.7) of participants had inadequate knowledge 24(35.29) has MODERATELY adequate level of knowledge and none of them had adequate knowledge. whereas in post test majority 62(91.18) of participants had adequate knowledge and only 6(8.82%) having inadequate knowledge. The calculated chi-square value for age is (0.09),for experience it is(0.39)and for qualification it is(2.11) which was less than table value of 3.84 indicating no significant association between knowledge score and age, Experience and qualification hence accepting the null hypothesis

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CHAPTER-I

"An introduction **introduces readers to the main topics of the manuscript and prepares readers for what they can expect**."

INTRODUCTION

The diseases that spread from one person to another person in any mode is called a communicable disease, aerial viruses, and bites from. Common infectious diseases include common colds, diarrhoea, malaria, flu, sycamore, mumps, taenia, and scarlet fever. The main route of infectious disease is transmission of feco oral route. A feco-oral route can be defined as a the transmission of disease in a particular route in which the living micro organisms in those particles spread from one to another. Poor hygiene is the main causes of feco-oral infections, soil or water areas are contaminated with feces, and people are water-borne or food-borne illnesses or soil-borne. You can get sick. Common causes of fecal-oral infections are 1) fingers, 2) faces, 3) fields, 4) Fluids 5) food. The main illnesses caused by 5F are diarrhoea, typhoid fever, cholera and polio[1].

According to the WHO, diarrhoea is defined as passing of very loose stools more than three times in a day, or more often than usual. This is the second most common illness that causes death in children under the age of five. According to WHO, 1.7 million diarrhoea, including 526, children, are reported internationally each year. In India, the total number of diarrhoea deaths in a 6-year-old child is estimated to be 158.29 Yearly, with a diarrhoea group mortality rate of 9.1% [2].

According to WHO, cholera is an acute diarrhoea infection caused by ingesting food and water contaminated with bacteria. According to a WHO report, as of April 217, 815,314 cases were reported worldwide, of which 25% were children under the age of five. 4WHO states that polio is a spreading infection that which infects the under 5 children. In 218, 55, cases were reported worldwide. Statistically, 2.3 million under 5 children die each year worldwide. In India, 117,285 children under the age of 5 have died of 5F disease. In Karnataka, 26.6% of deaths occurred in 215. Latest update on global mortality rate Diarrhoea kills 2,195 children daily, and the prevalence of 5F is about 1.7 billion cases of diarrhoea in children worldwide each year. According to some research studies, the high prevalence of oral transmission of

5F's illness is caused by poor hygiene and hygiene. In addition to contaminated food and beverages, hygiene measures for food handlers, and water-borne diseases. According to the ICDS, prevention and management of 5F's diseases includes safe drinking water, use of improved hygiene, hand washing with soap, vaccination and health education[3].

NEED FOR STUDY

The disease that gets transmitted from one to the other in any of the mode . Common infectious diseases include common colds, diarrhoea, malaria, flu, sycamore, mumps, taenia, and scarlet fever[4].

A study was conducted on Diarrheal diseases among children in India: Current scenario and future perspectives was poised, encapsulated and examined. facts regarding research design, magnitude of sample, locality, inhabitants of the research and impact strategies were summarized separately by both authors and tabulated. Information is provided in terms of burden of the problem, causation, stewardship and arbitration tactics, prevention tactics, part of communal well-being, and future intervention options of controlling loose stools illness of under 5 childrens in India , There is an estimation that 4 billion population world wide suffer annualy , more than 90% of which occur in evolving nations. Diarrhoea is a vital communal illness for under 5 children in evolving nations. Her total number of diarrheal deaths among children aged 0-6 years in India was roughly calculated as 1,58,209, with a diarrheal ephemerality rate of 9.1% in this population. The mean estimated incidence of diarrhoea in children aged 0-6 years was 1.71 and 1.09 episodes/person/year in rural and urban areas. The National Family Health Survey-3 (NFHS-3) reported that 9% of all children under the age of five had had diarrhoea in the past two weeks. The

department had an incidence of acute diarrhoea as low as one per child per year. acounting for 13% of annual deaths among children under the age of five.. This study reviewed the literature on the control of diarrheal diseases in children under 5 years of age in India from literature published in PubMed, the Google search engine and other databases on the Internet. A comprehensive strategy for With nearly a year to go before reaching the 2015 Millennium Development Goals (to reduce child mortality), we need to accelerate our efforts to tackle diarrheal diseases[5].

CHAPTER II

OBJECTIVES

This chapter deals with the statement of the problem, objectives of the study, hypothesis, operational definitions, limitation of the study and conceptual frame work, which provides a frame of reference. The statement of the problem and objectives of this study are as follows.

STATEMENT OF THE PROBLEM

"A study to assess the effectiveness of structured teaching program on knowledge on management of Feco-oral (5F's-Food, Fingers, Fields, Feces, Flies) disease transmission among anganawadi workers and helpers in selected community area."

OBJECTIVES OF THE STUDIES

1) To assess the level of knowledge on management of feco oral disease transmission among anganawadi workers and helpers at community area.

2) To evaluate the effectiveness of planned teaching program on management of feco oral diseas transmission among anganawadi workers and helpers in selected community area .

3) To determine the association between socio demographic variables and knowledge score of anganawadi workers and helpers.

HYPOTHESIS:

H01: There is no significant difference between the pre-test and post-test knowledge score on management of feco-oral (5F's) disease transmission among Anganawadi

Workers and Helpers" at selected community area

H02: There is no significant association between knowledge scores with selected socio demographic variables**.**

OPERATIONAL DEFINITIONS

Assess: Determine the knowledge of Anganwadi Workers and Helpers , By comparing variables with knowledge scores.

Effectiveness: It refers to the extent to which the planned teaching program has achieved the desired effect as measured by Anganawadi Workers and Helpers knowledge on management of feco-oral disease transmission.

Planned teaching program: It refers to a systematic way of giving information to Anganawadi Workers and Helpers regarding knowledge on management of feco-oral disease transmission by using charts and slides in planned teaching program**.**

Knowledge: It refers to correct response of Anganawadi Workers and Helpers to the structured questionnaire**.**

Disease transmission: The 5F's mode of transmission of diseases can be observed in the group of anganawadi workers and helpers

Five Fs: fingers, flies, fields, fluids, and food

Anganawadi workers: The Anganwadi worker is a community based front line worker of the ICDS Programme. She plays a crucial role in promoting child growth and development.

Community area: village coming under Devarayasamudhra PHC.

CHAPTER - III

REVIEW OF LITREATURE

REVIEW OF LITREATURE

A literature review is defined as an overview of the published works on a topic previously, it is also referred as selection of a full research paper published by sscholars.

Review of literature Related to communicable diseases.

A quasi-experimental research study was conducted to assess the effectiveness of structured tutorial on hand washing techniques to prevent gastrointestinal infections among school children in selected school Ludhiana, Punjab. The samples for the study were selected by using convenient sampling technique; The total sample size for the study was 100. The results show that posttest scores in the experimental and control groups were 25.72 and 13.71 with a standard deviation of 2.170 in the experimental group, while 9.131 for the control group. Average difference score it was 12.01. The't' value was 59.524 which was actually statistically significant at a 'P' value of 0.000. Finally, the study concluded that an appropriate health education intervention is important the right structure for school children, to improve hand hygiene between them, and also throughout the country.[6]

A quasi-experimental study was conducted by then evaluate the effectiveness of structured teaching program on the knowledge and practice in the field of prevention of selected water- borne diseases among school children in selected schools in Dharapuram. The samples were selected using stratified random sampling technique. The total sample size for the study was 200 school children. The results show it. The highest ratio of school children 136 (68%) were having adequately gained knowledge after a structured learning program. • perhaps the pre-test most of the school 100 (50%) children had comparably inadequate practice. The greatest number of school

children 144 (72%) had good practice after a structured learning program. • Significant a difference was found out to be between pre- and post-test knowledge levels and scores of practice ($P<0.05$). Ultimately, the study concluded that there was comparably good improvement in knowledge (Z value 25.31) and practice (Z value 16.2) of these children follows structured learning program.[7]

A cross-sectional survey was conducted on knowledge about typhoid fever among mothers of under 5 childrens in a selected community of Bhaktapur, 2019, samples 58 mothers were selected using a non-probability purposive sampling technique included in the revealed findings of the study is, that 75% of these participants reported with typhoid fever that is caused by drinking of contaminated water, 38.46% of all participants were told that animals can also spread typhoid, 51.92% (27) reported that the most significant symptom of typhoid was high fever and rosy spots on skin, 67.30% (35) of the participants reported that it can be diagnosed by sampling stool and blood , 80.75% (42) of all participants knew that it's a curable disease, 53.86%, the survey concluded that participants need health teaching about typhoid fever because their knowledge regarding this was minimal.[8]

A cross-sectional research study was conducted on the effectiveness of a rural sanitation program on diarrhoea, soil-transmitted helminth infection and child malnutrition in Odisha, India. Samples were selected using cluster randomized control trial method,A Total of 100 villages were included in Odisha, India. The results of this study revealed, The intervention increased average latrine coverage at the village level ranging from 9% to 63% of households, compared to an increase ranging from 8% to 12% in control villages. data was obtained about health survillance from 1,437 houses with under 5 children in the intervention group (1,919 under 5 children) and from 1,465 households (1916 under 5 children) in the control group. After 7-days the

was reported to be 8.8% in the intervention group and 9.1% in the control group (prevalence ratio 0·97, 95% CI 0·83–1·12). In the intervention group, 162 participants died (11 children under 5) and 151 died in the control group (13 children under 5). The study concluded that increased latrine coverage is believed as effective in reducing exposure to prevent occurance of disease.[9]

A true experimental design study was conducted on the Effectiveness of Planned Instruction Program of knowledge of mothers of school-age children on typhoid prevention in selected hospitals of Hassan, Karnataka. Probability sampling in which simple random technique was used to select the sample. Sample size for the study there were 100 mothers, of which 50 was experimental and 50 was for control group by using random sampling method . The result showed that the pre-test findings were 34.6% and 33.4% in both the groups. While the post-test score was 80.9% and 35.3% in both the groups. Therefore, the post-test knowledge scores of the experimental group were significantly higher than control group. The paired student t test value was 53.52 which is highly significant at p=0.001 level. this study concluded that mother's level of knowledge about prevention typhoid fever is higher in experimental than control group.[10]

Review of literature related to 5F's Disease transmission.

A cross-sectional study was conducted on the effectiveness of a video-assisted learning program knowledge of the 5 Fs of disease transmission among children from selected schools, Tirupati. 60 samples were selected to carry out Pre-experimental design of one group pre-test and post-test convenient sampling technique. The results revealed in the preliminary test were inadequate for 35 (58.30%) of 60 children

knowledge, 25 (41.70%) had intermediate information and nobody among had it's adequate information. In follow-up tests, 48 (80%) had sufficient information, 12 (20%) did they have medium information and none of them had insufficient information. In the pre-test the mean score is 30.53 and the value of the standard deviation is 9.40 and in the post-test the mean information is 55.20 and the SD value is 3.64. The t-value is 21.783 and the p-value is 0.000. Therefore, hypothesis H01 was rejected. It proved that the video-assisted program was significantly effective in increasing information about The Five F's of Disease Transmission. The researcher found that there was a significant relationship between the pre test information and socio-demographic variables are mother's qualification, Mother's occupational status, father's employment status and monthly family income significant at the $p<0.05$ level. Therefore hypothesis H02 was rejected.[11]

A study was conducted for evaluating the effectiveness of structured education program on information of the prevention of the five F's, spreading of disease among mothers of under-five children in selected rural areas in Bangalore. In the pre-experimental design, one group was used and the post-test, 60 samples were selected. The data was analyzed using descriptive and inferential statistics and interpreted in terms of aim and hypothesis . The level of significance was set at $p\leq0.05$. The results revealed in a preliminary test among 60 mothers, 38 (63.33%) of them had an insufficient level information and 22 (36.67%) had an intermediate level of information about prevention of Five F's diseases in children while in the post test 35 (58.88%) of them had an adequate level of information and 25 (41.67%) of them had a medium level of information about Five F's prevention inj children. It was observed that in the preliminary test, mean score was 15.46±2.38, while the mean post-test score was 24.4±2.89. The mean improvement score is 8.94±0.51. The 't'

value obtained is 18.63 which is higher than the table value of 2.6, and is highly significant at P≤0.05 level. The chi square value obtained for qualification status and occupational status, the values were high (8.63 and 27.95, respectively). compared with the table value at the significance level of P≤0.05. This indicates there is no association between mothers' pretest knowledge and selected socio demographics . The findings found that STP is effective in increasing mothers' knowledge on Five F's diseases.[12]

A Research study was conducted to assess the effectiveness of a planned learning program . on awareness of food-borne diseases and its safety among children in selected schools in Salem used a quantitative research approach with a quasi-experimental pre-test and post-test with a control group design, for 68 children aged 11, 12, 13 age groups, selected by random sampling technique from Sri Ramalinga Higher Secondary School for experimental group , Sri Gayathri Higher High School for the control group. The data was collected by using closed questionnaire for children. The investigator taught them about foodborne illness and safety using lightning card and logic game. After program, there was a follow-up test, later it was analyzed using descriptive and inferential statistics. Pre-test knowledge was 15 (44%) in children and had insufficient knowledge, 19 (56%) had moderately knowledge and no one had adequate knowledge. The post test scores are 9 (33%) had adequate knowledge, 25 (66%) had moderately adequate knowledge and no one had insufficient knowledge. The overall mean pre-test score is 12.71 or 8.7, which is 45.3 and the mean post-test score of 17.68 or 10.39 which is 66.3 revealing a difference of 21.45%. A highly remarkable difference found between the pre-test and post-test scores of the level knowledge in all areas and in the overall knowledge was Pd 0.001 (t=17.53). There was no remarkable association between Results with

demographic variables (P>0.05). This study revealed that a planned educational program on foodborne disease awareness and food safety is effecacious intervention to increase children's understanding.[13]

A study was conducted to assess the erudition regarding the prevention of 5f's (finger, food, fluid, flies and faces) disease transmission among mothers of under five children at selected Hospitals of Raipur, using quantitative research approach and descriptive research design. 50 samples were selected, by non probability convenient sampling technique. Data was analyzed by descriptive and inferential statistics, findings reveal that in the study out of 50 samples, inadequate erudition was 10% of the total. moderate erudition is 22% of total , adequate erudition is more than 68% of total. The analysis reveals that there is a mean of 24.58 in the score of tests with the SD 2.99. .[14]

Review of Literature related to common communicable diseases.

A Cross-sectional study was conducted on Effectiveness of a rural sanitation program about diarrhoea, soil-transmitted helminth infection, and child malnutrition in Odisha, India. cluster-randomized control trial method to collect 100 samples of rural villages in Odisha , India. Study findings revealed intervention increased mean latrine coverage from 9% to 63%, compared with an increase from 8% to 12% in control villages. Health surveillance data were obtained from 1437 houses with under 5 childrens intervention group, (1919 under 5 childrens), and from 1465 houses (1916 under 5 children) in control group. 7-day prevalence of reported diarrhoea was 8·8% in the intervention group and 9·1% in the control group (period prevalence ratio 0·97, 95% CI 0·83–1·12). Study concluded that Increased latrine coverage is

generally believed to be effective for reducing exposure to micro organisms and preventing disease[15]

A Quasi- Experimental Study was conducted to Asess the Efficacious of Structured education Program on understanding Regarding Diarrhoea among mothers of under 5 children in Selected Areas of Ludhiana, Punjab. A total 60 samples were selected by convenient sampling technique and divided 30 each in Control and Experimental groups. A structured questionnaire was used to assess understanding. Pilot study was conducted on 6 samples to compute feasibility. Data was analyzed by descriptive and inferential statistics. study reveals that the post test mean understanding score was higher (35.00) than post test mean understanding score of control group (21.93). It was thus concluded that the structured education program was productive bringing education programs in Community area, about diarrhoea diseases.[16]

A study was conducted on enteric pathogen profile and knowledge, attitude and behavior about food hygiene among food handlers in a tertiary health care center in puducherry, kerala,india123 food handlers were included in study , by non-random sampling. standardized questionnaire was used to assess the knowledge, attitude and behaviour regarding food hygiene among the food handlers.they collected stool specimens were collected for laboratory microscopic examination of saline-iodine mount, the result of prevalence of pathogens in the hospital kitchen staff was about 3.24%. and they had moderate level of knowledge (76.4%) and favorable attitude of(87%) and satisfactory self reported behaviour of (92.7%) about food hygiene was observed. a significant positive correlation established between attitude and self-reported behavior of these food handlers ($p<0.05$). there was an overall prevalence of 5.12% of enteric pathogens was identified among them. positive

correlation between attitude and self-reported behaviour about food hygiene was observed among these food handlers. food hygiene behaviour was influenced by the work experience of these food handler[17].

The study approach was qualitative and study design was experimental.This study was conducted on ; The Impact of Water, Sanitation and Hygiene Interventions to Control Cholera This paper presents a systematic literature review examining the function, use, and efficacy of his WASH interventions to control cholera. Findings Of the 18 studies identified in this review and 5 that reported health effects, 4 reported .results was related to point-of-use water treatment and 1 improved. reported findings related to the provision of water and sanitation infrastructure. The majority of articles (>60%) described interventions on water quality, with articles at the source focusing on ineffective well chlorination, and the remainder applied at. coping strategies, 22% of studies attempted to assess them and focused primarily on improving knowledge and message uptake This review focuses on specific transmission routes and the limited number of interventions tested during outbreaks. There are clear gaps in knowledge about which interventions are most appropriate for particular situations and therefore broader WASH interventions are needed to ensure effective cholera control and best use of limited resources. There is clearly a need for more robust impact studies to assess[18].

A cross-sectional study was conducted among 483 randomly selected students attending a college sports festival. It was a study conducted on the current issues on the food borne diseases in india, A self-administered questionnaire was used to collect the data. Fecal samples were analyzed using direct wet-mount and formol-ether enrichment techniques, with introduction: An estimated 60% of the world's population is infected with some form of intestinal parasite.this study assess the

prevalence and associated factors, The overall prevalence of intestinal protozoal infections was 140 (28.9%), with the prevalence of E. histolytica /E. Difference 95(19.7%). Female respondents outperformed male respondents (AOR = 0.48, 95% CI: 0.22, 0.97), participants with educated fathers (AOR = 0.62, 95% CI: 0.12, 0.86), and more money They had a lower risk of infection than those who received the bags. >347 Ethiopian birr (~$14)/month (AOR = 0.20, 95% CI: 0.12, 0 74) had a low risk of infection. Married (AOR = 1.42, 95% CI: 1.10, 2.23), Rural (AOR = 1.82, 95% CI: 1.21, 3.32), 2+ years of college enrollment (AOR = 2.21, 95% CI: 1.48, 3.87) Protozoa infection[19].

CHAPTER-IV

REASERACH METHODOLOGY

REASERACH METHODOLOGY

INTRODUCTION:

Research methodology is a systematic approach to solving problems .in this chapter describes the methodology developed for the selected problem "A study to assess the effectiveness of planned teaching program on knowledge on management of feco-oral(5F's food, fingers, fields, feces, flies)disease transmission among anganawadi workers and helpers in selected community area".

The methodology in this research includes descriptions of research design settings , replication ,sampling , sampling methods , developing and testing instruments , data collection methods and data analysis plans.

RESEARCH APPROACH:

Research approach is the fundamental part of the research study to interpret the process of data collection and analysis presently the study focuses on the assessment of the effectiveness of planned teaching program on knowledge on management of feco-oral(5F's – food, fingers ,fields,feces,flies) among anganawadi workers and helpers in selected community area.

RESEARCH DESIGN:

Research design refers to overall strategy utilized to carry out research that defines a succinct and logical plan to tackle established research questions through the collection , interpretation, analysis and discussion of data

The evaluation approach with a series of one group pre-test post-test design was used for

Choosing a research approach is a basic research procedure . The research approach helps the researcher to identify the data to collect and analyse the data .It also suggests conclusion from the data. Given the nature of the chosen problem, the present study was to evaluate the effectiveness of the planned training program on knowledge transmission of 5fs among anganwadi workers and helpers in the selected community .The evaluation approach is considered appropriate to achieve the goal.

this study. To evaluate the effectiveness of planned education on 5fs disease among anganwadi workers and helpers in selected communities.

VARIABLES:

INDEPENDENT VARIABLES: Structured Knowledge questionnaire on management of 5F's disease.

DEPENDENT VARIABLES: knowledge of anganawadi workers on management of 5F's diseas

ATTRIBUTE VARIABLES: characteristics such as age, experience, and qualification.

SETTING OF THE STUDY:

This study will be conducted at selected anganwadi's of kolar taluk

POPULATION:

Anganawadi workers and helpers in selected community area

SAMPLING TECHNIQUE:

Convenience sampling technique will be used for research.

SAMPLE AND SAMPLE SIZE:

34 anganawadi workers and 34 helpers.

SOURCE OF DATA:

Anganawadi workers and helpers.

SAMPLING CRITERIA:

INCLUSION CRITERIA: 1.Those who are willing to participate in the study.

2 .those who can write and understand kannada.

EXCLUSION CRITERIA: 1.Those who have undergone training program on management of communicable disease.

DATA COLLECTION TOOL: the tool consisting of two sections

Section a): socio-demographic variables

Section b): knowledge questionnaire on management of 5F's disease transmission

METHODS OF DATA COLLECTION:

Data collection procedure:

- **First phase: preparation phase**

  - A Formal approval has been obtained from the head of the institution and from the medical officer of DRS PHC.

- By using convenient sampling technique 68 anganawadi workers and helpers are included in the study
- On the day of data collection, the purpose of the study was explained to the participants and a written informed consent was obtained from them.

Second phase: Intervention phase:

- Participants were given a tool introduction and data collected was classified .
- A structured knowledge questionnaire was conducted on all study participants to evaluate their pre test knowledge . followed by, a planned educational program was conducted for about 45 minutes on the same day , and 7 days later , a post test was conducted using the same tool.
- Pre test was conducted prior to the implementation of the planned curriculum.

Plan for data analysis

Data analysis was performed using the following statistical techniques :

- Assess the knowledge level of anaganawadi workers and helpers using descriptive statistical methods such as frequency , percentage ,mean ,and standard deviation.
- We compared the results before and after the test using the paired “t” test .
- Inferencial statistics such as chi-square was used to find the association between post-test knowledge scores and socio demographic variables .

CHAPTER-V

RESULTS

DATA ANALYSIS AND INTERPRETATION

Systematic organization and synthesis of data and research and the outcome of the research using those data is called data analysis.

this is the chapter that will discuss the results of the study conducted on anganawadi workers and helpers regarding their knowledge on 5F's mode of disease transmission in a selected community area.

68 samples of anganawadi workers and helpers were selected and age ,experience and qualification was selected as socio demographic variables and the analysis was made by using discriptive and inferential statistics the interpretation ,analysis as well was based on the Hypothesis and Objectives of the study.

OBJECTIVES OF THE STUDY

1)To assess the level of knowledge on management of feco oral disease transmission among anganawadi workers and helpers at community area.

2) To evaluate the effectiveness of planned teaching program on management of feco oral diseas transmission among anganawadi workers and helpers in selected community area .

3) To determine the association between selected socio demographic variables and knowledge score of anganwadi workers and helpers.

Results are discussed under the following headings

DETAILS OF SOCIODEMOGRAPHIC DATA

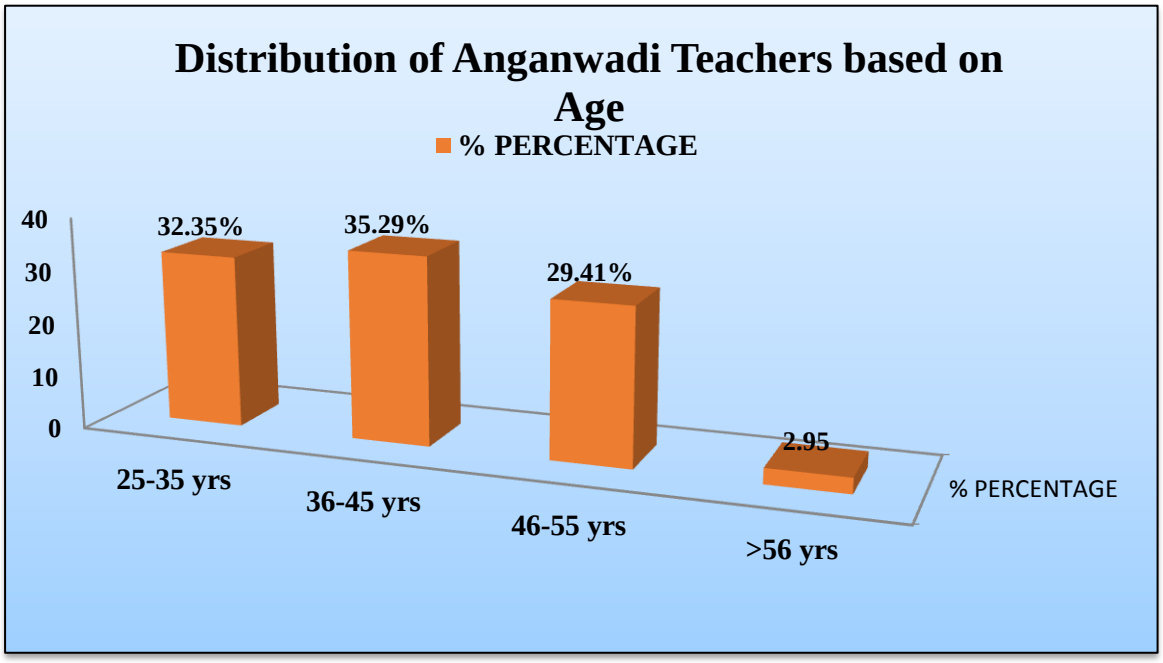
SECTION A

TABLE 1

Distribution of Anaganwadi Teachers based on Age

N=68

SL.NO	AGE	FREQUENCY	% PERCENTAGE
1	25-35 yrs	22	32.35
2	36-45 yrs	24	35.29
3	46-55 yrs	20	29.41
4	>56 yrs	2	2.95
	TOTAL	68	100



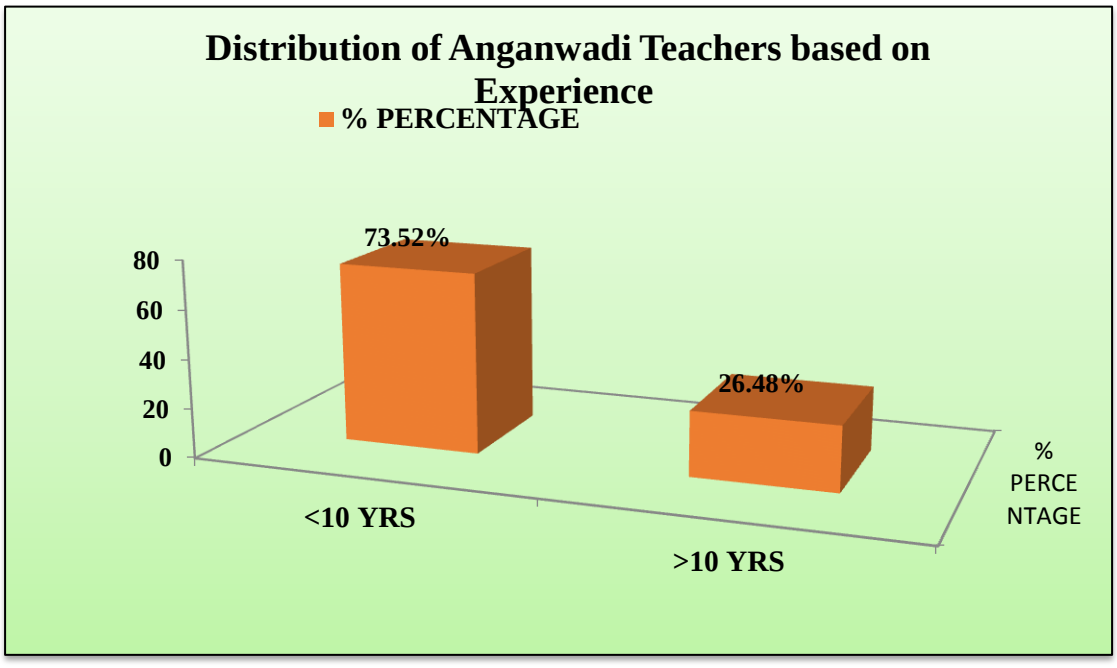
The above table-1 and graph -1 reveals that majority 24(35.29%) of the participants are 36-45years old, 23(32.35%) are 25-35 years old , 20(29.41%) are in 46-55 years old, whereas only 2(2.95%) are above 56years old.

TABLE -2

Distribution of Anganawadi Teachers based on experience

N=68

SL.NO	EXPERIENCE	FREQUENCY	% PERCENTAGE
1	<10yrs	50	73.52
2	>10yrs	18	26.48
	TOTAL	68	100



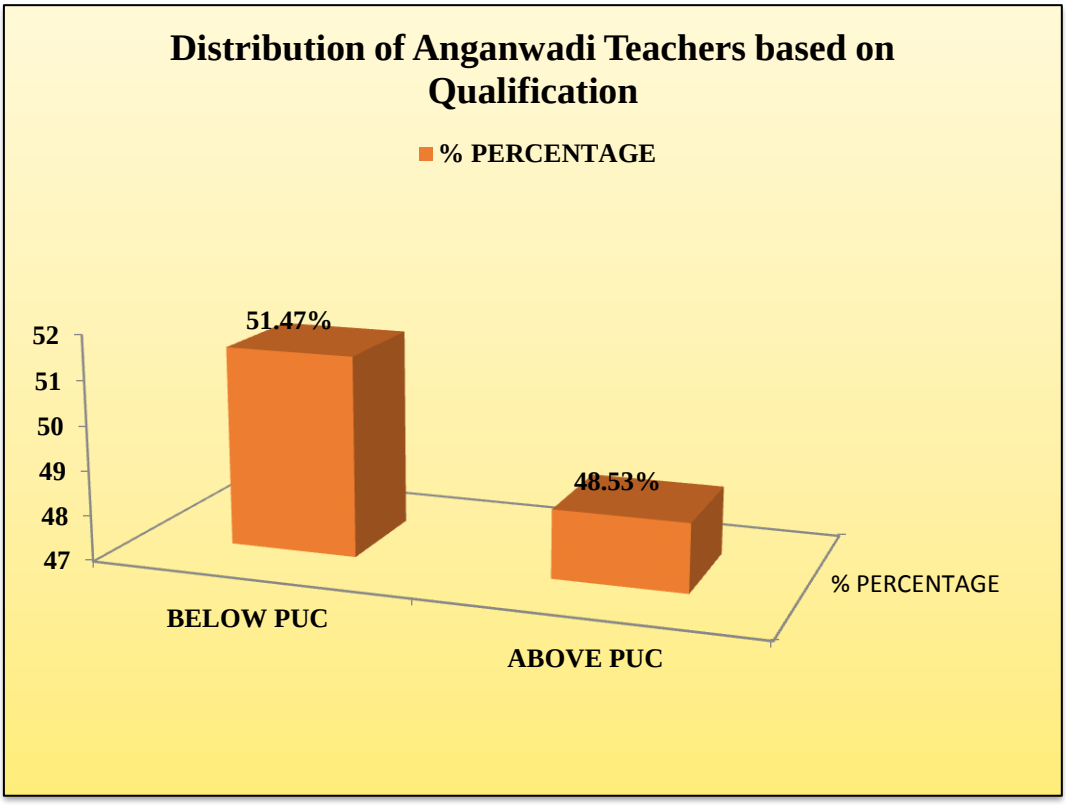
The above table -2 and graph -2 reveals that majority 50(73.52%) participants had less than 10 years of working experience , where as 18(26.48%) had more than 10 years of experience.

TABLE -3

Distribution of anganwadi teachers based on qualification

N=68

SL.NO	QUALIFICATION	FREQUENCY	% PERCENTAGE
1	Below PUC	35	51.47
2	Above PUC	33	48.53
	TOTAL	68	100



The above table -3 and graph-3 reveals that majority 35(51.47%) participants were qualified with SSLC , whereas 33(48.53%) have completed puc and above.

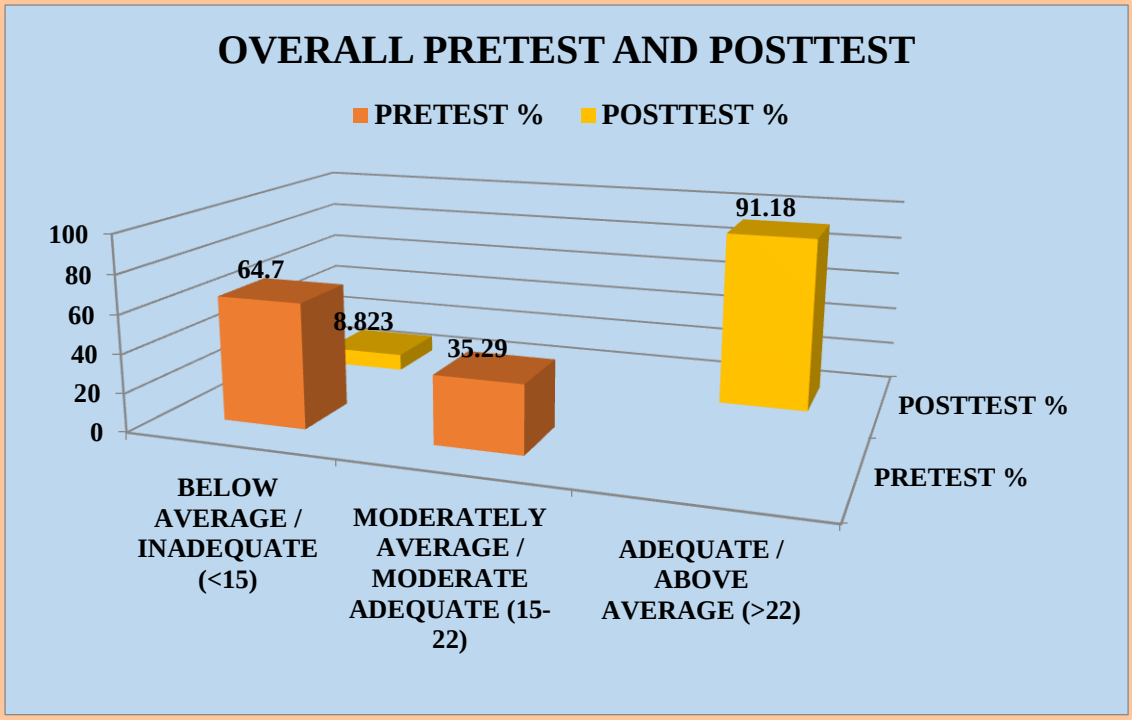
SECTION B

TABLE -4

OVERALL PRETEST AND POSTTEST

N=68

		Pre test		Post test	
SL.NO	**Overall knowledge scores**	**FREQUENCY**	**%**	**FREQUENCY**	**%**
1	**BELOW AVERAGE (<15)**	**44**	**64.7**	**6**	**8.823**
2	**MODERATELY AVERAGE (15-22)**	**24**	**35.29**	**-**	**-**
3	**ABOVE AVERAGE (>22)**	**-**	**-**	**62**	**91.18**
TOTAL		**68**	**99.9**	**68**	**100**



The above table – 4 and graph – 4 reveals that the overall pre test knowledge scores reveals that,majority44(64.7) of participants had inadequate knowledge 24(35.29) had MODERATELY adequate level of knowledge and none of them had adequate knowledge AVERAGE (15-22) .whereas in post test majority 62(91.18) of participants had adequate knowledge and only 6(8.82%) having inadequate knowledge.

TABLE – 5

ASPECTS FOR PRETEST

N=68

SL NO	ASPECTS FOR PRE TEST	ITEM	RANGE	MEAN	MEAN %	SD
1	General questions related to communicable disease	24	3-20	10.72	44.66	3.36
2	Questions related to management and prevention of 5fs	6	0-6	2.66	44.33	1.18
	Overall	30	5-21	13.3	88.9	3.58

The above table – 5 describes that, the mean pre test knowledge cores in general aspects of communicable diseases is 10.72(44.66%) with SD 3.36, in management and prevention of 5fs diseases the mean pretest knowledge scores is2.66 with SD(44.33) and overall pretest mean score is 13.3 with SD 3.58.

TABLE – 6

ASPECTS FOR POST TEST

N=68

SL NO	ASPECTS	ITEM	RANGE	MEAN	MEAN %	SD
1	General questions related to communicable disease	24	3-20	19.57	81.54	2.47
2	Questions related to management and prevention for 5fs	6	0-6	4.99	83.16	.938
	Overall	30	5-21	24.5	164.7	2.05

The above table – 5 describes that, the mean posttest knowledge cores in general aspects of communicable diseases is 19.57with SD ±2.47, in management and prevention of 5fs diseases the mean posttest knowledge scores is4.99 with SD ±0.93 and overall posttest mean score is 24.5 with SD± 2.05.

TABLE -7

EFFECTIVENESS OF PTP

N=68

SL NO	ASPECTS	PRE TEST MEAN	SD	POST TEST MEAN	SD	t-VALUE
1	General questions related to communicable disease	10.72	3.36	19.57	2.47	-16.002
2	Questions related to management and prevention for 5fs	2.66	1.18	4.99	.938	-13.405
	Total	13.38	3.586	20.508	2.055	-22.55

The above table – 7 shows that, the aspect wise knowledge scores in first aspect i.e General questions related to communicable disease the mean pre test knowledge score was10.72 with SD 3.36 whereas in the mean post test knowledge scores was 19.57with SD2.47 and "t" value is 16.0.

in second aspect management & prevention of five F's diseases the mean pre test knowledge score is 2.66 with SD 1.18, whereas in the mean post test scores was 4.99with SD 0.93 and calculated "t "value is 13.40. The overall mean pre test knowledge scores was 13.38 with SD3.58 whereas mean post test knowledge score is 20.50 with SD 2.05 with calculated "t" value is 22.55 which more than table value(1.960) hence accepting null hypothesis.

TABLE-8

ASSOCIATION BETWEEN KNOWLEDGE SCORES WITH SELECTED SOCIAL DEMOGRAPHIC VARIABLES

Table -8 above shows the association between selected sociodemographic variables and post test knowledge scores on 5F's disease transmission among anganawadi workers and helpers .

Sl .NO.	Variables	Posttest Knowledge		χ^2	Df With TableValue	P value
		Below Median(25)	Above Median(=<25)			
1	**Age in years**					
	<35years	15	31	0.09	(3.84) 1	0.75 NS
	>35years	08	14			
2	**Experience**					
	<10years	18	32	0.39	(3.84) 1	0.52 NS
	>10years	05	13			
3	**Qualification**					
	Below PUC	09	26	2.11	(3.84) 1	0.14 NS
	Above PUC	14	19			
	NO	23	30			

The calculated chi-square value for age is (0.09),for experience it is(0.39)and for qualification it is(2.11) which was less than table value of 3.84 indicating no significant association between knowledge score and age, Experience and qualification hence accepting the null hypothesis .

CONCLUSION

The results chapter deals with the overall aspects that the anganawadi workers and helpers pr knowledge on 5F's disease transmission ,our table value is less than the p value ,hence we concluded that there is no significant difference between the pre test and post knowledge score score on management of feco oral (5F,s) disease transmission among anganawadi workers and helpers at selected community area , there is no significant association between knowledge scores with selected socio demographic variables and accepting the null Hypothesis.

CHAPTER --VI

DISCUSSION

DISCUSSION

1. To assess the level of knowledge on management of feco oral disease transmission among anganwadi workers and helpers at community area.

The overall pre test knowledge scores reveals that,majority44(64.7) of participants had inadequate knowldege 24(35.29) had moderately adequate level of knowledge and none of them had adequate knowledge average (15-22) .whereas in post test majority 62(91.18) of participants had adequate knowledge and only 6(8.82%) having inadequate knowledge.

M. Sreelatha, G.H. Sri Vani, P.Sudha Rani conducted a cross-sectional study on the effectiveness of a video-assisted learning program knowledge of the 5F's of disease transmission among children from selected schools, out of 60 samples, The findings revealed that in the preliminary test were inadequate for 35 (58.30%) of 60 children knowledge, 25 (41.70%) had intermediate knowledge and none of them had it adequate knowledge. In the follow-up test, 48 (80%) had sufficient knowledge, 12 (20%) did they have medium knowledge and none of them had insufficient knowledge. In the pretest the mean score was 30.53 and the value of the standard deviation was 9.40 and in the posttest the mean knowledge was 55.20 and the standard deviation value was 3.64.[6]

2. To evaluate the effectiveness of planned teaching program on management of feco oral disease transmission among anganawadi workers and helpers in selected community area .

the aspect wise knowledge scores in first aspect i.e General questions related to communicable disease the mean pre test knowledge score was10.72 with SD 3.36 whereas in the mean post test knowledge scores was 19.57with SD2.47 and "t" value is 16.0. in second aspect management & prevention of five F's diseases the mean pre test knowledge score is 2.66 with SD 1.18, whereas in the mean post test scores was 4.99with SD 0.93 and calculated "t "value is 13.40. The overall mean pre test knowledge scores was 13.38 with SD3.58 whereas mean post test knowledge score is 20.50 with SD 2.05 with calculated "t" value is 22.55 which more than table value(1.960) hence accepting null hypothesis. the mean post test knowledge cores in general aspects of communicable diseases is 19.57with SD ±2.47, in management and prevention of 5fs diseases the mean post test knowledge scores is4.99 with SD ±0.93 and overall post test mean score is 24.5 with SD± 2.05.

Ms. Ragni Singh conducted a Study to Evaluate The Effectiveness of Structured Teaching Programme on Knowledge Regarding Prevention of Five F's (Food, Finger, Fluids, Files and Faeces) This is Transmission among Mothers of Under Five Children at Rural Selected Areas, Bangalore. The study revelaled that the pre-experimental design, one group was used for the post-test, 60 samples were selected. The data was analyzed using descriptive and inferential statistics and interpreted in terms of aim and hypothesis of the study. The level of significance was set at $p \leq 0.05$. In the post test 35 (58.88%) of them had an adequate level of knowledge and 25 (41.67%) of them had a medium level of knowledge about 5F's prevention (food, fingers, fluids, flies and feces) of disease transmission in children. It was observed

that in the preliminary test, the total mean score was 15.46±2.38, while the mean post-test score was 24.4±2.89. The mean improvement score was 8.94±0.51. The 'T' value obtained was 18.63 which was a higher value than the table value of 2.6, is highly significant at the P≤0.05 level.[7]

3. **To determine the association between socio demographic variables and knowledge score of anganwadi workers and helpers.**

The association between socio demographic variables and post test knowledge score of 5F's disease transmission among anganawadi workers and helpers .

The calculated chi-square value for age is (0.09),for experience it is(0.39)and for qualification it is(2.11) which was less than table value of 3.84, indicating no significant association between knowledge score and age, Experience and qualification hence accepting the null hypothesis.

Ms Jessi V, conducted a study to assess the Effectiveness of Planned Teaching Programme (PTP) On Knowledge Regarding Food Borne Diseases and Food Safety Among Children. knowledge of food-borne diseases and food safety among children in selected schools, Salem uses a quantitative research approach with a quasi-experimental pre-test and post-test with a control group design. The study was conducted among 68 children aged 11, 12, 13 age groups who were selected by systematic random sampling technique from Sri Ramalinga Vallalar Higher Secondary School, Salem for experimental group and Sri Gayathri Higher High School, Salem for the control group. statistics. The overall mean pre-test score was 12.71 r 8.7, which was 45.3 and the mean post-test score was 17.68 r 10.39 which was 66.3 revealing a difference 21.45%. A highly significant difference found between the pre-test and post-test scores of the level knowledge in all areas and in the overall level

of knowledge at the level of PD 0.001 (t=17.53). There was no significant association between findings on foodborne illness and food safety in children and with their demographic variables (P>0.05). This study revealed that a planned educational program on foodborne disease knowledge and food safety was an effective intervention to increase children's knowledge.

CHAPTER --VII

"Conclusion is **intended to help the reader understand why your research should matter to them after they have finished reading the paper."**

CONCLUSION

Evaluating the impact of the planned curriculum 5F's disease transmission among anganawadi workers and helpers in selected community area kolar , study design with one group per test and post test design was used by the convenient sampling technique 68 Anganawadi Workers and helpers were selected using induction criteria and existing knowledge On the management of the feco-oral route of disease transmission , through using a structured knowledge questionnaire followed by a lesson plan 7 days later post test was conducted to Anganawadi workers and helpers using the same questionnaires to assess the results of the study Pre-test knowledge was 99.9 and post-test knowledge the score was 100 , so the resulting paired t-value was -22.55 . total p value is 1.41 in the table indicates that there was no significant difference between the pre test and post test. Post test Knowledge Score This planned health education was conducted in this study. Effective was to enhance knowledge of workers in Anganawadi health . Hence null hypothesis are accepted.

EFFECTIVENESS OF TEACHING PROGRAM

Our hypothesis before planning for stuructured teaching program was null hypothesis it states **,** There is no significant difference between the pre-test and post-test knowledge score on management of feco-oral (5F's) disease transmission among Anganawadi Workers and Helpers" at selected community area**,** There is no significant association between knowledge scores with selected socio demographic variables**.**

Hence, it concludes that the respondent knowledge score has no significant association with demographic variables .

IMPLICATION OF THE STUDY

The implication of this study can be visualized in community area that is specifically in anganawadi's by the workers and helpers working in anganwadi's who act as grass route level workers .it is crucial to make them understand about 5F's diseases transmission .

NURSING PRACTICE

The anganawadi workers and helpers would previously have general knowledge regarding communicable diseases here the nurses role is to implement specificity for their previous knowledge about transmission ,control ,management and prevention of all 5F's diseases that are typhoid ,cholera ,diarrhoea and common cold at community level.

NURSING EDUCATION

In india there are a very few research studies that is conducted on anganawadi workers and helpers knowledge regarding 5F's diseases transmission ,our study reveals there is a need for continuing education program for them in order to increase there knowledge and skills in control ,management and prevention .

NURSING ADMINISTRATION

Our study provides health teaching for anganawadi workers and helpers to improve their knowledge ,skills to manage and prevent 5F's diseases .

As a community health nurse and part of health team member we recommend the PHC staffs for organizing the structured teaching program on 5F's disease

transmission ,as they are also involved in general health monitoring ,growth and development of the under five childrens in anganawadi's .

NURSING RESEARCH

Nursing research is mandatory for the effective delivery of health related services and it is the standard of the nursing profession and can be carried out in hospital and the community sector as well .The need for the research study among anganawadi workers and helpers about 5F's diseases transmission will provide nurses the credibility to implement a structured teaching program .The community health nurse has a role of providing health teaching for anaganawadi workers and helpers in the community area ,this influence a broad horizon and facilitate effective delivery of health care teaching .

LIMITATION OF THE STUDY

- Those who are undergone training program on management of communicable disease.
- In this study we did not use control group
- The study includes those who are willing to participate in study
- The study includes those who can write and understand kannada

RECOMMENDATIONS

Based on the findings of the study the recommendations are made :

A similar study can be conducted on large number of samples of other community area without language barrier .

CHAPTER --VIII

"Summary is **a piece of writing that summarizes your research on a specific topic."**

Summary

The main objective of the study was to evaluate the effectiveness of "planned education program on knowledge of management of faecal-oral disease transmission (5F feed, finger, field, faeces, flies) between agricultural workers and domestic workers in a selected group of communities". knowledge level on management of faecal transmission among anganawadi workers and helpers in a selected community area. To evaluate the effectiveness of a planned educational program on knowledge of the management of feco-oral disease transmission among anganawadi workers and helpers in a selected community area. To determine the association between selected socio demographic variables and knowledge scores of aganawadi workers and helpers. Data were collected from 68 Anganawadi workers from different Anganawadi's , using knowledge questionnaire tool validated by nursing professionals. It is considered feasible for a Part A study: referring to the socio demographic variables of anganawadi workers and helpers including three factors of age, qualification and experience. majority 24(35.29%) of the participants are 36-45years old, 23(32.35%) are 25-35 years old , 20(29.41%) are in 46-55 years old, whereas only 2(2.95%) are above 56years old .majority 50(73.52%) participants had less than 10 years of working experience , where as 18(26.48%) had more than 10 years of experience. that majority 35(51.47%) participants were qualified with SSLC , whereas 33(48.53%) have completed PUC and above. that the overall pre test knowledge scores reveals that,majority44(64.7) of participants had inadequate knowledge 24(35.29) had Moderately adequate level of knowledge and none of them had adequate knowledge Average (15-22) .whereas in post test majority 62(91.18) of participants had adequate knowledge and only 6(8.82%)

having inadequate knowledge, the mean pre test knowledge cores in general aspects of communicable diseases is 10.72(44.66%) with SD 3.36, in management and prevention of 5fs diseases the mean pre test knowledge scores is2.66 with SD(44.33) and overall pre test mean score is 13.3 with SD 3.58. , the mean post test knowledge cores in general aspects of communicable diseases is 19.57with SD ±2.47, in management and prevention of 5fs diseases the mean post test knowledge scores is4.99 with SD ±0.93 and overall post test mean score is 24.5 with SD± 2.05. the aspect wise knowledge scores in first aspect i. e ,General questions related to communicable diseases the mean pre test knowledge score was10.72 with SD 3.36 whereas in the mean post test knowledge scores was 19.57with SD2.47 and "t" value is 16.0.in second aspect management & prevention of five F's diseases the mean pre test knowledge score is 2.66 with SD 1.18, whereas in the mean post test scores was 4.99with SD 0.93 and calculated "t "value is 13.40. The overall mean pre test knowledge scores was 13.38 with SD3.58 whereas mean post test knowledge score is 20.50 with SD 2.05 with calculated "t" value is 22.55 which more than table value(1.960) hence accepting null hypothesis. the association between selected socio demographic variables and post test knowledge scores on 5F's disease transmission among anganawadi workers and helpers .The calculated chi-square value for age is (0.09),for experience it is(0.39)and for qualification it is(2.11) which was less than table value of 3.84 indicating no significant association between knowledge score and age, Experience and qualification hence accepting the null hypothesis .

OBJECTIVES OF THE STUDIES

1)To assess the level of knowledge on management of feco-oral disease transmission among anganawadi workers and helpers at community area.

2) To evaluate the effectiveness of planned teaching program on management of feco-oral disease transmission among anganawadi workers and helpers in selected community area .

3) To determine the association between socio demographic variables and knowledge score of anganawadi workers and helpers.

SECTION A – It deals with socio demographic variables of the study, it includes three variables . Age , experience and qualification .

SECTION B

i.It contains overall pre test and post test knowledge scores

ii. It contains aspects for pre test

iii. It contains aspects for post test

iv. It contains the aspect wise knowledge score and effectiveness of PTP

v. It contains association between knowledge score with selected socio demographic variables

CHAPTER-IX

BIBLIOGRAPHY

A bibliography is **a list of works on a subject or by an author that were used or consulted to write a research paper, book or article.**

BIBLIOGRAPHY

1. Mukt Shabd Journal,Sony Joshi, Mr. Mahantesh Dashya2, knowledge regarding disease transmission by five f's (food, finger, fluid, flies, feces), volume ix, issue vi, june-2020: pg no:509,

cited on: 5-03-2021

Web link: http://shabdbooks.com/gallery/52-june2020.pdf

2.)Emmanuel, Ummi Abdul, Situ mhunzi, Disease transmitted by feco-oral route, 17 Jan 2017:pg: 3 -5.Sited on:13-06-2021.

cited on: 06-03-2021

web link: -https://www.slideshare.net/Emtui/diseases-transmitted-through-fecal-oral-route

3. WHO Diarrhoeal disease;2 May 2017:

cited on:15-06-2021.

Weblink:https://www.who.int/news-room/fact-sheets/detail/diarrhoeal-disease#:~:text=Diarrhoea%20is%20defined%20as%20the,pasty%22%20stools%20by%20breastfed%20babies.

4.sorryakantha A H. community medicine with recent advances 2nd edition, new delhi; jaypee medical publishers:2008.

5) Subitha Lakshminarayanan and Ramakrishnan Jayalakshmy, Diarrheal diseases among children in India: Current scenario and future perspectives, Journal of Natural Science, Biology, and Medicine Wolters Kluwer -- Medknow Publications,

Cited on: 7-03-2021.

web link: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4367049/

6) Meena Rani, Sathish Rajamani, Renu Rani, A Quassy-experimental study to assess the effectiveness of structured teaching programme on hand washing technique to prevent gastrointestinal infections among school going children in selected school

Ludhiana, Punjab, International Journal of Nursing Education and Research, Vol-9; 1; 2021 : PG : 2-6.

cited On :- 23-1-2022

Web link :- https://ijneronline.com/AbstractView.aspx?PID=2021-9-1-9

7) Kavitha, M, Effectiveness of Structured Teaching Program on Knowledge and Practice Regarding Prevention of Selected Water Borne Diseases among School Children in Selected Schools, at Dharapuram, Tirupur District, The Tamilnadu Dr. M.G.R. Medical University, Vol-4; 2; 2016 : PG : 56-94

cited On :- 16-5-2021

Web link :- http://repository-tnmgrmu.ac.in/12986/1/300406510kavitha.pdf

8) Sima Das, Knowledge Regarding Typhoid Fever among Mothers of Under Five Children in Selected Community of Bhaktapur, International Journal of Innovative Science and Research Technology, Vol-5; 10; 2020 : PG : 502-564.

cited On :- 1-4-2001

Web link :- https://ijisrt.com/assets/upload/files/IJISRT20OCT203.pdf

9) Prof. Thomas Clasen, Wolf-Peter Schmidt, Effectiveness of a Rural Sanitation Programme on Diarrhoea, soil-transmitted helminth infection, and child malnutrition in Odisha, National Library of Medicine, Vol-2; 11; 2015 : PG : e619-e620.

cited On :- 10-4-2021

Web link :- https://pubmed.ncbi.nlm.nih.gov/25442689/

10) Sudheendra Mutalikdesai, Effectiveness of Planned Teaching Programme on Knowledge of Mothers of School Aged Children on Prevention of Typhoid Fever in Selected Hospital of Hassan, Karnataka, Journal of Biology, Agriculture and Healthcare, Vol- 5; 15; 2015 : PG : 22-28.

cited On :- 14-4-2021

Web link :-

https://www.iiste.org/Journals/index.php/JBAH/article/viewFile/25101/25705

11) M. Sreelatha, G.H. Sri Vani, P Sudha Rani, Effectiveness of video assisted teaching programme on knowledge regarding five f's of disease transmission among children of selected schools, Tirupati, Journal of Nursing and Health Science,Vol-8; 5; 2019 : PG : 19-24

cited On :- 17-4-2021

Web link:-

https://www.iosrjournals.org/iosr-jnhs/papers/vol8-issue5/Series6/C0805061924.pdf

12) Ms Rajni Singh, A Study to Evaluate The Effectiveness of Structured Teaching Programme on Knowledge Regarding Prevention of Five F's (Food, Finger, Fluids, Files and Faeces) This is Transmission among Mothers of Under Five Children at Rural Selected Areas, Bangalore, Rajiv Gandhi University of Health Sciences, Vol-5; 10; 2020 : PG : 507-528

cited On :- 16-4-2021

Web link:-

https://52.172.27.147:8080/jspui/bitstream/123456789/31419/1/Ms.%20Ragni%20singh. pdf

13) Ms. Jessi.V, Effectiveness of Planned Teaching Programme (PTP) On Knowledge Regarding Food Borne Diseases And Food Safety Among Children, The Tamilnadu Dr. M.G.R. Medical University, Vol-1; 1; 2016 : PG : 11-12

cited On:- 08-09-2021

Web link:- http://repository-tnmgrmu.ac.in/2673/1/3002217jessyv.pdf

14)leelavathi, et all, A Descriptive Study to assess the level of knowledge on prevention of 5f's (Finger, Food, Fluid, Flies and Feaces) disease transmission among mothers of under five children in selected hospitals of Raipur in a view to develop an Information booklet, International Journal Of Advances In Nursing Management, Vol-10; 2; 2022 : PG : 13-14

cited On:- 09-09-2021

Web lin:- https://ijanm.com/AbstractView.aspx?PID=2022-10-2-3

15) Nancy. F, Crum MD, Current trends in typhoid fever Current gastroenterology reports; 2003: Pg.: 279-86.

cited on:23-06-2021.

Web link:
http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.947.6331&rep=rep1&type=pdf

16) Ms Elizabeth**,** A Quasi Experimental Study To Assess The Effectiveness Of Structured Teaching Programme On Knowledge Regarding Prevention And Management Of Diarrhea Among Mothers Of Under Five Children In Selected Areas Of Community, Ludhiana, Punjab, Journal of Emerging Technologies and Innovative Research (JETIR), Vol-9; 1; 2022 : PG : 329-335

cited On:- 08-03-2021

Web link:- https://www.jetir.org/download1.php?file=JETIR2201549.pdf

17) Polrat Wilairatana 1,† , Wanida Mala 2,3,† , Frederick Ramirez Masangkay 4,‡ , Kwuntida Uthaisar Kotepui 2 and Manas Kotepui 2,et.al, The Prevalence of Malaria and Bacteremia Co-Infections among Febrile Patients: A Systematic Review and Meta-Analysis,tropical medicine and infectious disease,vol 7,issue 2020,pg no :2-15.

Cited on: 09-03-2021

Web link: file:///C:/Users/user/Downloads/tropicalmed-07-00243-v3.pdf

18) Dawn L. Taylor,Tanya M. Kahawita, Sandy Cairncross,Jeroen H. J. Ensink ; The Impact of Water, Sanitation and Hygiene Interventions to Control Cholera: A Systematic Review August 18, 2015,

Cited on: 10-03-2021

web link: https://doi.org/10.1371/journal.pone.0135676

19) sudharshan rao, vemul Food borne diseases in India – a review,The current issue ,volume-114;issue-(5),year-2012 page.no-661-680,

Cited on:12-03-2021.

Web link; http://dx.doi.org/10.1108/00070701229954

ANNEXURE

ANNEXURE-I

ETHICAL CLERANCE CERTIFICATE

SRI DEVARAJ URS COLLEGE OF NURSING
TAMAKA, KOLAR – 563 103.

INSTITUTIONAL ETHICS COMMITTEE

Format No.	IEC 01
Issue No.	02
Rev No.	01
Date	01-09-18

Meeting No- 07 Ref. No. SDUCON/IEC/72/2021-22

This is to certify that the Institutional Ethics Committee of Sri Devaraj Urs College of Nursing, Tamaka, Kolar has examined and unanimously appro
following research projects

Sl. No.	Name of Topic	Guide	Investigator	Remarks
1	"A Study To Assess The Impact Of Electronic Gadgets On The Lifestyle Factors Among School Going Children During Covid Pandemic"	DR.Lavanya Subhashini	Abhishek d.c Alen bobby Aiswarya saji Akhila sajumon Aksa e biju Sandra surendran Tigy t thomas Vaswathi gope Vijayalakshmi c.n Kavya	Accepted
2	"A study to assess the perception regarding healthy living strategies among elderly in a selected hospital, Kolar with a view to conduct group health education."	Mrs. Vani R	Ajay kumar Alka mathew Alphymol Anittamol Sreevidya Sujitha nair Suhasini Sumi. S, Sweety varghese Lavarya	Accepted

8	To assess the knowledge on nanotechnology in health among nursing students at selected nursing colleges,kolar,in a view to develop informational booklet."	Mrs. Punitha	Blessy bennichan Charan chandra Chaithra s Chinju m Merin martin Nandini m Neethu ks Nikhitha kp .nirmala chettri Gayathri	Accepted
9	"A study to assess the effectiveness of planned teaching program on knowledge on management of feco-oral (5f's- food, fingers, fields, feces, flies) disease transmission among anganawadi workers and helpers in selected community area"	Dr. Malathi KV	Jaimy martin Kavitha Jayashree raju a.r. Christeena e.b Esther merin sam Megha raj Greeshma.a Elsa jenitta rodrigues Mereena mathew	Accepted
10	"A Study To Evaluate The Effectiveness Of Home-Made Turmeric Mask In Reducing Chloasma Facial Among Women At Selected Villages, Kolar."	Mrs. Gayathri k.v	Divya g.a Elizabeth antony Karuna kumari syangtan Kaviya Keziya Liji thomas Maria somy Mariya joseph Manisha.s	Accepted

11	A study to assess the attitude on nursing profession and its practice among newly enrolled students at selected college, Kolar	Prof. Mary Minerva	Athira s Mareena joseph Preethi Maria varghese Meghana L Merlin elizabeth Nanditha c Naveenkumar k s Sreelakshmi	Accepted

Sl. No.	Name	Signature
1	Dr.V.Lakshmaiah	Absent
2	Dr. Mohan	Absent
3	Dr.Bhuvana	present
4	Mr.Sridhar	Absent
5	Mr.Suresh	present
6	Swamy Acharyananda Avadutha	present
7	Mrs.Lakshmi	Absent

Member Secretary
MEMBER SECRETARY
IEC COMMITTEE
SRI DEVARAJ URS COLLEGE OF NURSING
TAMAKA KOLAR - 563103.

Chairperson
CHAIR PERSON
IEC (Human studies)
IEC COMMITTEE
SRI DEVARAJ URS COLLEGE OF NURSING

ANNEXURE-II

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e-mail : E-mail: principalsducon@sduu.ac.in
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Sri Devaraj Urs College of Nursing
(A unit of Sri Devaraj Urs Educational Trust)
Post Box No. 7, Tamaka, Kolar-563 103, Karnataka.
(Affiliated to RGUHS, Bangalore and Recognised by KNC, Bangalore & INC, New Delhi)
ISO : 9001-2015 Certified & NAAC accrediated

Ref: SDUCON/363/2021-22 Date:24-02-2022

To
The Medical officer.
DRS PHC
Kolar (D),
Kolar-563 101.

Respected sir,

Subject: Requesting permission to collect the data from the anganawadi workers and helpers regarding management of 5F disease.

With reference to the above as a part of our RGUHS curriculum requirements we have choosen the below mention topic for research projects.

Title of the project :

"A study to assess the effectiveness of planned teaching program on knowledge on management of feco-oral (5f's- food, fingers, fields, feces, flies) disease transmission among anganawadi workers and helpers in selected community area"

Objectives of the study:

1. To Assess the level of Knowledge on management of feco-oral (5F's) disease transmission among Anganawadi Workers and Helpers.
2. To evaluate the Effectiveness of Planned Teaching Programme on by comparing pre and post test Knowledge scores on management of feco-oral (5F's) disease transmission.
3. To Determine the Association between Selected Socio Demographic Variable and post test Knowledge Score of Anganawadi Workers and Helpers.

Further, I request your good self to permit to visit gather data from anganawadi teachers and helpers at selected Anganawadi's of kolar taluk.

Kindly consider and do the needful.

Yours faithfully

Principal
Sri Devaraj Urs College of Nursing
Tamaka, Kolar-563103

ANNEXURE-III

LETTER REQUESTING OPINIONS AND SUGGESTIONS OF EXPERTS FOR ESTABLISHING CONTENT VALIDITY OF RESEARCH TOOL

From,

Ms Christeena E B

Miss Esther merin sam

Miss Elsa Jenitta Rodrigues

Miss jaimy Martin

Miss jayashree raju A R

Ms kavitha R

Ms Mereena Mathew

Ms Megha Raj

Ms Greeshma A

To,

Respected madam/sir,

Subject:-Letter requesting opinions & suggesting for establishing content validity of the tool.

We the students of 3rd year BSc(N), belongs to department of community health nursing have selected below mentioned topic for the research project for the fulfillment of requirements of nursing research subject of BSc(N) degree.

title of the topic:

"A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAM ON KNOWLEDGE ON MANAGEMENT OF FECO-ORAL (5F'S-FOOD, FINGERS, FIELDS, FECES, FLIES) DISEASE TRANSMISSION AMONG ANGANAWADI WORKERS AND HELPERS IN SELECTED COMMUNITY AREA"

THE OBJECTIVES OF THE STUDY ARE TO:

- To Assess the level of Knowledge on management of feco-oral (5F's) disease transmission among Anganawadi Workers and Helpers" at selected community area.
- To evaluate the Effectiveness of Planned Teaching Programme on Knowledge on management of feco-oral (5F's) disease transmission among Anganwadi Workers and helpers in Selected Community Area."
- To Determine the Association between Selected Socio Demographic Variable and Knowledge Score of Anganawadi Workers and Helpers.

With regards to the above, we kindly request your good-self to validate the tool for its relevancy and adequacy

Thanking You. Yours Faithfully,

DATE : Research 9th Group Students

PLACE:

Through Research Guide

LETTER REQUESTING OPINIONS AND SUGGESTIONS OF EXPERTS FOR ESTABLISHING CONTENT VALIDITY OF RESEARCH TOOL

From,

Group-9 Students

III rd year B Sc(N) Students

SDUCON

Tamaka, Kolar

To,

Mrs Uma devi

Nursing tutor

Department of MSN

SDUCON

Tamaka,Kolar.

Respected Madam,

Subject:-Letter requesting opinions & suggesting for establishing content validity of the tool.

We the students of 3rd year BSc(N), belongs to department of community health nursing have selected below mentioned topic for the research project for the fulfillment of requirements of nursing research subject of BSc(N) degree.

Title of the topic:

"A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAM ON KNOWLEDGE ON MANAGEMENT OF FECO-ORAL (5F'S-FOOD, FINGERS, FIELDS, FECES, FLIES) DISEASE TRANSMISSION AMONG ANGANAWADI WORKERS AND HELPERS IN SELECTED COMMUNITY AREA"

With regards to the above, we kindly request your good-self to validate the tool for its relevancy and adequacy. Here by, we are enclosing the objective of the study and

structured questionnaire for your kind reference. We will highly obliged and thankful for your great help.

Thanking You. Yours Faithfully,

Research 9th Group Students

General comments:

Date:

Place: **Signature of Expert:**

STATEMENT OF THE PROBLEM

"A study to assess the effectiveness of structured teaching program on knowledge on management of Feco-oral(5F's-Food, Fingers, Fields, Feces, Flies) disease transmission among anganawadi workers and helpers in selected community area."

OBJECTIVES OF THE STUDIES

1)To assess the level of knowledge on management of feco oral disease transmission among anganawadi workers and helpers at community area.

2) To evaluate the effectiveness of planned teaching program on management of feco oral diseas transmission among anganawadi workers and helpers in selected community area .

3) To determine the association between socio demographic variables and knowledge score of anganawadi workers and helpers.

QUESTIONNAIRE ON KNOWLEDGE ON MANAGEMENT OF FECO-ORAL(5F's-FOOD,FINGERS,FECES,FLIES)

Dear participants,

We prepared questionnaire tool to assess the knowledge of anganawadi workers and helpers and the same tool was used to conduct post-test after conducting a structured teaching program ,participants were asked to put a tickmark on the option which they find correct among the given option and their answeres will be kept confidential .

ENGLISH TOOL

SECTION-(A)

SOCIO DEMOGRAPHIC VARIABLES OF ANGANAWADI WORKERS AND HELPERS

1.Age of Anganawadi Workers and helpers

a)25-35 Years

b)36-45 Years

c)46-55 years

d)More than 56 Years

2.Experience of Anganawadi workers and Helpers

a)0-10 Years

b)11-15 Years

c)16-20 years

d)21-25 Years

3.Qualification of Anganawadi workers and Helpers

a)Up to VII Standard

b)Up to X Standard

c)Up to PUC

d)More than PUC

SECTION-(B)

KNOWLEDGE QUESTIONNAIRE REGARDING 5F's DISEASE TRANSMISSION

I. General questions related to communicable diseases :

1. what is meant by diseases condition?
    a) Shows physiological, anatomical or chemical changes that are outside the normal range for the species.
    b) Has another living organism or virus inside of its body.
    c) Is exposed to a pathogens
    d) Will die unless it gets medical attention.
2. What types of diseases will be ?
    a) Communicable and non communicable
    b) First degree and second degree diseases.
    c) Primary and secondary diseases
    d) Simple and complex disease.
3. What does a communicable disease mean?
    a) A disease that transmit when people isolate themselves.
    b) A disease associated with non communicable diseases .
    c) A disease which spreads from one to another.
    d) A symptom of a serious disease conditions.
4. Which of this are **not** communicable diseases?
    a) Heart cancer
    b) Flu
    c) Cold
    d) Cough

5. What are the modes of transmission of communicable diseases?
    a) Blood and body fluids.
    b) Direct or indirect
    c) Hot foods and hot drinks
    d) Raw meat and poultry products.
6. What does 5f's stand for?
    a) Formation, foundation, fragments, and fragile
    b) Free, focus, fundamental and flaccid
    c) Fragments, formation, fundamental, and foundation
    d) Food, fingers, fields, flies, and fluids.
7. Which is the most common communicable disease transmitted through feco-oral route?
    a) Malaria
    b) Typhoid
    c) Dengue
    d) Kala-azar
8. The common symptoms of food borne illness?
    a) Kidney failure
    b) Diarrhea
    c) Skin rashes
    d) Headache
9. What does the term field mean?
    a) Air
    b) Dust
    c) Smog

d) Ecosystem and it's a biotic factors.

10. Which of these is not a vector?

a) Mosquitoes

b) Flies

c) Ticks

d) Radiation

11. How do vectors differ from fields?

a) Vectors are living organisms, while fields are non living materials.

b) Fields are living organisms, while vectors are non living materials.

c) Vectors transmit disease horizontally, while fields transmit vertically.

d) Fields transmit horizontally, vectors transmit vertically.

12. Which of the following best illustrates a vehicle of disease transmission?

a) A cut on your hand

b) A toilet seat in a public bathroom.

c) A sponge soaked in bleach water.

d) Packaged spinach containing E.coli.

13. The most common diseases that are transmitted by vector?

a) Cholera

b) Malaria

c) Kala azar

d) Elephantiasis

14. Which of the following groups has the lowest risk for food –borne illness?

a) Young adults

b) The elderly

c) Infants

d) Adolescents

15. The symptoms of food borne illness is showed within ?

a) 12-14hrs

b) 72 hrs

c) 3 Hrs

d) 48 hrs

16. A deadly food borne illness from improperly canned food is caused by?

a) Trichanella

b) Salmonella

c) Clostridium perfringens

d) Clostridium botolinium

17. Among the following is **not** an examples of field

a) A shovel used to scoop animal manure.

b) A board used for cutting raw vegetables

c) Nail clippers in a nail salons

d) The air in a hospital waiting room.

18. In direct mode of infection ,the disease is transmitted from:

a) Human to human

b) Human to animal

c) Animal to man

d) Animal to animal

19. Indirect transmission method means?

a) Microorganism transfer from one to another

b) Microorganism transfer from one to another via carrier

c) Microorganism are not transfers

d) No microorganisms transfers

20. Common disease transmitted by polluted water?

a) Flu

b) Cholera

c) Dermatitis

d) Candidiasis

21. Except ---- this remaining are mode of direct transmission

a) Kissing

b) Drinking from a friends water glass

c) Breathing in someone's sneeze

d) Sexual intercourse.

22. How long should you spend to wash hands?

a) 20 sec

b) 10 sec

c) 2 sec

d) 5 sec

23. The type of cloth used to disinfect the working areas in kitchen?

a) Fresh ,clean and disinfected cloth

b) Thick and wet cloth

c) Any reusable cloth

d) Long soft cotton cloth.

24. Reusable cloth should be washed in ?

a) Hot soapy water

b) Cold soapy water

c) Normal soapy water

d) Salt water

II. Questions related to Management and prevention:

25. What is the initial home care management for diarrhea ?

a) ORS

b) Drug therapy

c) Hospitalization

d) Exercise

26. What are the ingredients used to prepare ORS?

a) Lemon, soda, salt, and water.

b) Salt, sugar, and water.

c) Salt, sugar, lemon, and water

d) Salt, sugar, soda, pepper, and water

27. What is the shelf life of ORS after the preparation?

a) 24hrs after preparation.

b) 48 hrs after preparation

c) 8 hrs after preparation

d) 6 hrs after preparation.

28. What is the most important primary precaution used while cleaning animal feces in the anganawadi premise?

a) Using soil to clean the feces.

b) Wearing gloves

c) Using water to sanitize

d) Using solution to clean.

29. The first step in the control of 5f's disease transmission is

a) Isolation of the infected person

b) Drinking warm water

c) Visiting PHC's and hospitals

d) Taking medications

30. The expected action during sneeze?

a) A warm people that you are going to sneeze.

b) Cover your mouth

c) Pretend to control the sneeze and stop breathing

d) Sneezing without touching and covering the mouth.

ANSWER KEY

SECTION-A

SL.NO	ANSWER
1	A
2	A
3	C
4	A
5	B
6	D
7	B
8	C
9	D
10	D
11	A
12	D
13	B
14	A
15	A
16	D
17	D
18	A
19	C
20	B
21	B
22	A
23	A
24	A

SECTION-B

SL.NO	ANSWER
25	A
26	B
27	A
28	B
29	A
30	D

CRITERIA RATING SCALE FOR VALIDATING THE TOOL ON STRUCTURED KNOWLEDGE QUESTIONNAIRE OF 5F's DISEASE TRANSMISSION

Sl No	ITEM	VERY RELEVENT	RELEVENT	NEEDS MODIFICATION	NOT RELEVENT
I	**SECTION A Socio demographic data**				
1.	Age				
2.	Experience				
3.	Qualification				
II	**SECTION B** General questions related to communicable disease				
	Questions related to management and prevention of 5Fs				

ಸಾಂಕ್ರಾಮಿಕ ರೋಗಗಳಿಗೆ ಸಂಬಂಧಿಸಿದ ಸಾಮಾನ್ಯ ಪ್ರಶ್ನೆಗಳು.

1) ಅನಾರೋಗ್ಯ ಸ್ಥಿತಿಯ ಅರ್ಥವೇನು?

ಎ) ವ್ಯಕ್ತಿಯು ಸಾಮಾನ್ಯ ವ್ಯಾಪ್ತಿಯ ಹೊರಗಿರುವ ಶಾರೀರಿಕ, ಅಂಗಾರಚನಶಾಸ್ತ್ರ, ಅಥವಾ ರಾಸಾಯನಿಕ ಬದಲಾವನೆಗಳನ್ನು ತೋರಿಸುತ್ತಾನೆ.

ಬಿ) ಅವನ ದೇಹದೊಳಗೆ ಮತ್ತೊಂದು ಜೀವಂತ ಜೀವಿ ಅಥವಾ ವೈರಸ್ ಅನ್ನು ಹೊಂದಿರುತ್ತದೆ.

ಸಿ) ರೋಗಕಾರಕಕ್ಕೆ ಒಡ್ಡಲಾಗುತ್ತಾನೆ.

ಡಿ) ವ್ಯಕ್ತಿಯು ವೈದ್ಯಕೀಯ ಗಮನವನ್ನು ಪಡೆಯದೇಹೋದರೆ ಸಾವಿಗಿದಾಗುತ್ತಾನೆ.

2) ಯಾವ ರೀತಿಯ ರೋಗಗಳು ಇರುತ್ತವೆ?

ಎ) ಸಾಂಕ್ರಾಮಿಕ ಮತ್ತು ಸಾಂಕ್ರಾಮಿಕವಲ್ಲದ ರೋಗ.

ಬಿ) ಮೊದಲನೇ ಹಂತ ಮತ್ತು ಎರಡನೇ ಹಂತದ ರೋಗ.

ಸಿ) ಪ್ರಾಥಮಿಕ ಮತ್ತು ಮಾಧ್ಯಮಿಕ ಕಾಯಿಲೆ.

ಡಿ) ಸರಳ ಮತ್ತು ಸಂಕೀರ್ಣ ರೋಗ.

3) ಸಾಂಕ್ರಾಮಿಕ ಕಾಯಿಲೆಯ ಅರ್ಥವೇನು?

ಎ) ಜನರು ತಮ್ಮನು ಪ್ರತ್ಯೇಕಿಸಿಕೊಂಡಾಗ ಹರಡುವ ರೋಗ.

ಬಿ) ಸಾಂಕ್ರಾಮಿಕವಲ್ಲದ ರೋಗಗಳಿಗೆ ಸಂಬಂಧಿಸಿದ ರೋಗ.

ಸಿ) ಒಬ್ಬರಿಂದ ಇನ್ನೊಬ್ಬರಿಗೆ ಹರಡುವ ರೋಗ.

ಡಿ) ಗಂಭೀರ ಕಾಯಿಲೆಯ ಸ್ಥಿತಿಯ ಲಕ್ಷಣ.

4) ಇವುಗಳಲ್ಲಿ ಯಾವುದು ಸಾಂಕ್ರಾಮಿಕ ರೋಗವಲ್ಲ?

ಎ) ಹೃದಯದ ಕ್ಯಾನ್ಸರ್.

ಬಿ) ಜ್ವರ.

ಸಿ) ಶೀತ.

ಡಿ) ಕೆಮ್ಮು.

5) ಸಾಂಕ್ರಾಮಿಕ ರೋಗಗಳ ಹರಡುವ ವಿಧಾನಗಳು ಯಾವುವು?

ಎ) ರಕ್ತ ಮತ್ತು ದೇಹದ ದ್ರವಗಳು.

ಬಿ) ನೀರ ಅಥವಾ ಪರೋಕ್ಷಾ.

ಸಿ) ಬಿಸಿ ಆಹಾರಗಳು ಮತ್ತು ಬಿಸಿ ಪಾನಿಯಗಳು.

ಡಿ) ಕಚ್ಚಾ, ಮಾಂಸ ಮತ್ತು ಕೋಳಿ ಉತ್ಪನ್ನಗಳು.

6) 5f's ಏನನ್ನು ಸುಚಿಸುತ್ತದೆ?

ಎ) ಫಾರ್ಮ್ಯಾಶನ್, ಫೌಂಡೇಶನ್, ಫ್ರಾಗಮೆಂಟ್ಸ್ ಮತ್ತು ಫಾರ್ಮ್ಯಾಶನ್.

ಬಿ) ಫ್ರೀ, ಫೋಕಸ್, ಫಂಡಾಮೆಂಟಲ್ ಮತ್ತು ಫ್ಲಾಚ್ಚಿಡ್.

ಸಿ) ಫ್ರಾಗಮೆಂಟ್ಸ್, ಫಾರ್ಮ್ಯಾಶನ್, ಫಂಡಾಮೆಂಟಲ್ ಮತ್ತು ಫೌಂಡೇಶನ್.

ಡಿ) ಫುಡ್, ಫಿಂಗರ್ಸ್, ಫೀಲ್ಡ್ಸ್, ಫ್ಲೈಸ್ ಮತ್ತು ಫ್ಲೋಇಡ್ಸ್.

7) ಬಾಯಿ–ಮಲ ಮಾರ್ಗದ ಮೂಲಕ ಹರಡುವ ಅತ್ಯಂತ ಸಾಮಾನ್ಯವಾದ ಸಾಂಕ್ರಾಮಿಕ ರೋಗ ಯಾವುದು?

ಎ) ಮಲೇರಿಯ.

ಬಿ) ಟೈಫೋಯ್ಡ್.

ಸಿ) ಡೆಂಗೀ.

ಡಿ) ಕಾಲೇರಾ.

8) ಆಹಾರದಿಂದ ಹರಡುವ ಅನಾರೋಗ್ಯದ ಸಾಮಾನ್ಯ ಲಕ್ಷಣ ಯಾವುದು?

ಎ) ಮುತ್ರಪಿಂಡ ವೈಫಲ್ಯ.

ಬಿ) ಚರ್ಮದ ದದ್ದು,

ಸಿ) ಅತಿಸಾರ.

ಡಿ) ತಲೆನೋವು.

9) ಕ್ಷೇತ್ರ ಪದದ ಅರ್ಥವೇನು?

ಎ) ಗಾಳಿ.

ಬಿ) ಧೂಳು.

ಸಿ) ಹೊಗೆ.

ಡಿ) ವಸ್ತುಗಳು.

10) ಇವುಗಳಲ್ಲಿ ಯಾವುದು ವೇಕ್ಟರ್?

ಎ) ಸೊಳ್ಳೆಗಳು.

ಬಿ) ಚಿಗಟಗಳು.

ಸಿ) ಉಣ್ಣೆ.

ಡಿ) ವಿಕಿರಣ.

11) ವಾಹಕಗಳು ಕ್ಷೇತ್ರಗಳಿಂದ ಹೇಗೆ ಭಿನ್ನಾವಾಗಿದೆ?

ಎ) ವಾಹಕಗಳು ಜೀವಂತ ಜೀವಿಗಳು, ಆದರೆ ಕ್ಷೇತ್ರಗಳು ನಿರ್ಜಿವ ವಸ್ತುಗಳು.

ಬಿ) ಕ್ಷೇತ್ರಗಳು ಜೀವಂತ ಜೀವಿಗಳು, ಆದರೆ ವಾಹಕಗಳು ಪ್ರೀತಿಯಲ್ಲದ ವಸ್ತುಗಳು.

ಸಿ) ವಾಹಕಗಳು ರೋಗವನ್ನು ಅಡ್ಡಲಾಗಿ ಹರಾಡುತ್ತವೆ, ಆದರೆ ಕ್ಷೇತ್ರಗಳು ಅದನ್ನು ಲಂಬವಾಗಿ ಹರಾಡುತ್ತವೆ.

ಡಿ) ಕ್ಷೇತ್ರಗಳು ರೋಗವನ್ನು ಅಡ್ಡಲಾಗಿ ಹರಾಡುತ್ತವೆ, ಆದರೆ ವಾಹಕಗಳು ಅವುಗಳನ್ನು ಲಂಬವಾಗಿ ಹರಾಡುತ್ತವೆ.

12) ಕೆಳಗಿನವುಗಳಲ್ಲಿ ಯಾವುದು ರೋಗ ಹರಡುವ ವಾಹಕವನ್ನು ಉತ್ತಮವಾಗಿ ವಿವರಿಸುತ್ತದೆ?

ಎ) ಕೈಯಲ್ಲಿ ಗಾಯದ ಗುರುತುಗಳು.

ಬಿ) ಸಾರ್ವಜನಿಕ ಶೌಚಾಲಯದ ಟಾಯ್ಲೆಟ್ ಸೀಟ್.

ಸಿ) ನೀರಿನಲ್ಲಿ ನೆನೆಸಿದ ಬಟ್ಟೆ.

ಡಿ) ಗಿಡದ ಮೇಲಿರುವ ನೊಣಗಳು.

13) ವೇಕ್ಟರ್ ಮೂಲಕ ಹರಡುವ ಸಾಮಾನ್ಯ ರೋಗ ಯಾವುದು?

ಎ) ಕಾಲರಾ.

ಬಿ) ಮಲೇರಿಯ.

ಸಿ) ಕಾಲ ಅಜಾರ್.

ಡಿ) ಆನೇಕಲು ರೋಗ.

14) ಕೆಳಗಿನ ಯಾವ ಗುಂಪುಗಳು ಆಹಾರದಿಂದ ಹರಡುವ ಅನಾರೋಗ್ಯಕ್ಕೆ ಕಡಿಮೆ ಅಪಾಯವನ್ನು ಹೊಂದಿವೆ?

ಎ) ಯುವ ವಯಸ್ಕರ.

ಬಿ) ಶಿಶುಗಳು.

ಸಿ) ವೃದ್ಧರು.

ಡಿ) ಮಹಿಳೆಯರು.

15) ಆಹಾರದಿಂದ ಹರಡುವ ರೋಗ ಲಕ್ಷಣಗಳು ಎಷ್ಟು ಸಮಯದೊಳಗೆ ಕಾಣಿಸಿಕೊಳ್ಳುತ್ತದೆ.

ಎ) 12–14 ಗಂಟೆಗಳು.

ಬಿ) 24 ಗಂಟೆಗಳು.

ಸಿ) 48 ಗಂಟೆಗಳು.

ಡಿ) 72 ಗಂಟೆಗಳು.

16) ಅನುಚಿತವಾಗಿ ಡಬ್ಬಿಯಲ್ಲಿಟ್ಟ ಆಹಾರದಿಂದ ಹರಡುವ ರೋಗವು ಯಾವುದರಿಂದ ಉಂಟಾಗುತ್ತದೆ?

ಎ) ಟ್ರೈಚೋನೆಲ್ಲ.

ಬಿ) ಕ್ಲಾಸ್ಟ್ರಿಡಿಯಂ ಪರ್ಫಾರಿಂಗೇಸ್.

ಸಿ) ಸಾಲಮೊನ್ನೆಲ್ಲ.

ಡಿ) ಕ್ಲಾಸ್ಟ್ರಿಡಿಯಂ ಬೊಟ್ಟುಲಿನಿಯಂ.

17) ಕೆಳಗಿನವುಗಳಲ್ಲಿ ಯಾವುದು ಕ್ಷೇತ್ರವಲ್ಲ?

ಎ) ಪ್ರಾಣಿಗಳ ಗೊಬ್ಬರವನ್ನು ತೆಗೆಯಲು ಬಳಸುವ ಸಲಾಕೆ.

ಬಿ) ಹಸಿತರಕಾರಿಗಳನ್ನು ಕತ್ತರಿಸಲು ಬಳಸುವ ಬೋರ್ಡ್.

ಸಿ) ಉಗುರು ಸಲೂನ್ನಲ್ಲಿನ ನೈಲ್ ಡಿಪ್ಪರ್ಗಳು.

ಡಿ) ಆಸ್ಪತ್ರೆಯ ಕಾಯುವ ಕೋಣೆಯ ಗಾಳಿ.

18) ನೇರ ಸೊಂಕಿನ ವಿಧಾನದಲ್ಲಿ ರೋಗವು ಯಾವ ರೀತಿಯಾಗಿ ಹರಾಡುತ್ತದೆ?

ಎ) ಮಾನವನಿಂದ ಮನುಷ್ಯ.

ಬಿ) ಮನುಷ್ಯನಿಂದ ಪ್ರಾಣಿ.

ಸಿ) ಮನುಷ್ಯನಿಂದ ಪ್ರಾಣಿ.

ಡಿ) ಪ್ರಾಣಿಯಿಂದ ಪ್ರಾಣಿ.

19) ಪರೋಕ್ಷ ಪ್ರಸರಣ ವಿಧಾನದ ಅರ್ಥವೇನು?

ಎ) ಸೂಕ್ಷ್ಮಜೀವಿಗಳು ಒಂದರಿಂದ ಇನ್ನೋಂದಕ್ಕೆ ವರ್ಗಾವಣೆ ಆಗುವುದಿಲ್ಲ.

ಬಿ) ಸೂಕ್ಷ್ಮಜೀವಿಗಳು ಮಾಧ್ಯಮ ಅಥವಾ ವಾಹಕದ ಮೂಲಕ ಒಂದರಿಂದ ಇನ್ನೊಂದಕ್ಕೆ ವರ್ಗಾವಣೆಯಾಗುತ್ತದೆ.

ಸಿ) ಸೂಕ್ಷ್ಮಜೀವಿಗಳ ವರ್ಗಾವಣೆಯೇ ಸಾಧ್ಯವಿಲ್ಲ.

ಡಿ) ಸೂಕ್ಷ್ಮಜೀವಿಗಳು ವರ್ಗಾವಣೆಯಾಗುವುದಿಲ್ಲ.

20) ಕಲುಷಿತ ನೀರಿನಿಂದ ಹರಡುವ ಸಾಮಾನ್ಯ ರೋಗ ಯಾವುದು?

ಎ) ಜ್ವರ.

ಬಿ) ಕಾಲರ.

ಸಿ) ಡರ್ಮಟೈಟಿಸ್.

ಡಿ) ಕ್ಯಾಂಡಿಡಿಯಾಸಿಸ್.

21) ಇದನ್ನು ಹೊರತುಪಡಿಸಿ ಉಳಿದವು ನೇರ ಪ್ರಸರಣ ವಿಧಾನವಾಗಿದೆ?

ಎ) ಚುಂಬಿಸುವುದು.

ಬಿ) ಸ್ನೇಹಿತರ ಬಾಟಲಿನಿಂದ ನೀರು ಕುಡಿಯುವುದು.

ಸಿ) ಕೆಲವೊಮ್ಮೆ ಸೀನುವುದು.

ಡಿ) ಲೈಂಗಿಕ ಸಂಭೋಗ.

22) ಕೈಗಳನ್ನು ತೊಳೆಯಲು ಎಷ್ಟು ಸಮಯ ಬೇಕಾಗುತ್ತದೆ?

ಎ) 20 ಸೆಕೆಂಡುಗಳು.

ಬಿ) 10 ಸೆಕೆಂಡುಗಳು.

ಸಿ) 02 ಸೆಕೆಂಡುಗಳು.

ಡಿ) 05 ಸೆಕೆಂಡುಗಳು.

23) ಅಡುಗೇಮನೆಯಲ್ಲಿ ಕೆಲಸಮಾಡುವ ಪ್ರದೇಶವನ್ನು ಸೋಂಕುರಹಿತ ಗೊಳಿಸಲು, ಬಳಸುವ ಬಟ್ಟೆಯ ಪ್ರಕಾರ.

ಎ) ತಾಜ, ಶುದ್ಧ ಮತ್ತು ಸೋಂಕು ರಹಿತ ಬಟ್ಟೆ.
ಬಿ) ದಪ್ಪವಾದ ಮತ್ತು ಒದ್ದೆಯಾದ ಬಟ್ಟೆ.
ಸಿ) ಮರುಬಳಕೆ ಮಾಡುವ ಯಾವುದಾದರು ಬಟ್ಟೆ.
ಡಿ) ಉದ್ದವಾದ ಮತ್ತು ಮೃದುವಾದ ಬಟ್ಟೆ.

24) ಮರುಬಳಕೆ ಮಾಡಬಹುದಾದ ಬಟ್ಟೆಯನ್ನು ಹೇಗೆ ತೊಳೆಯಲಾಗುತ್ತದೆ?

ಎ) ಬಿಸಿ ಸಾಬೂನಿನ ನೀರು.

ಬಿ) ತಣ್ಣನೆಯ ಸಾಬೂನಿನ ನೀರು.

ಸಿ) ಸಾಮಾನ್ಯ ಸಾಬೂನಿನ ನೀರು.

ಡಿ) ಉಪ್ಪು ನೀರು.

ನಿರ್ವಹಣೆ ಮತ್ತು ತಡೆಗಟ್ಟುವಿಕೆಗೆ ಸಂಬಂಧಿಸಿದ ಪ್ರಶ್ನೆಗಳು.

25) ಅತಿಸಾರದ ಆರಂಭಿಕ ಮನೆಯಲ್ಲಿ ನಿರ್ವಹಿಸುವ ನಿರ್ವಹಣೆ ಏನು?

ಎ) ಓ.ಆರ್.ಎಸ್.

ಬಿ) ಆಸ್ಪತ್ರೆಗೆ ಹೋಗುವುದು.

ಸಿ) ಔಷಧ ಚಿಕಿತ್ಸೆ.

ಡಿ) ವ್ಯಾಯಾಮ.

26) ಓ.ಆರ್.ಎಸ್ ತಯಾರಿಸಲು ಬಳಸುವ ಪದಾರ್ಥಗಳು ಯಾವುವು?

ಎ) ನಿಂಬೆ, ಸೋಡಾ, ಉಪ್ಪು ಮತ್ತು ನೀರು.

ಬಿ) ಉಪ್ಪು, ಸಕ್ಕರೆ, ನಿಂಬೆ ಮತ್ತು ನೀರು.

ಸಿ) ಉಪ್ಪು, ಸಕ್ಕರೆ ಮತ್ತು ನೀರು.

ಡಿ) ಉಪ್ಪು, ಸಕ್ಕರೆ, ಸೋಡಾ, ಮೆಣಸು ಮತ್ತು ನೀರು.

27) ತಯಾರಿಕೆಯ ನಂತರ ಓ.ಆರ್.ಎಸ್‌ಅನ್ನು ಎಷ್ಟು ಸಮಯಕಾಲ ಬಳಸಬಹುದು?

ಎ) 24 ಗಂಟೆಗಳು.

ಬಿ) 48 ಗಂಟೆಗಳು.

ಸಿ) 08 ಗಂಟೆಗಳು.

ಡಿ) 06 ಗಂಟೆಗಳು.

28) ಅಂಗನವಾಡಿ ಆವರಣದಲ್ಲಿ ಪ್ರಾಣಿಗಳ ಮಲವನ್ನು ಸ್ವಚ್ಛಗೊಲಿಸುವಾಗ ಬಳಸಲಾಗುವ ಪ್ರಮುಖ ಪ್ರಾರ್ಥಮಿಕ ಮೊನ್ನೆಚ್ಚರಿಕೆ ಕ್ರಮ ಯಾವುದು?

ಎ) ಮಲವನ್ನು ಸ್ವಚ್ಛಗೊಳಿಸಲು ಮಣ್ಣನ್ನು ಬಳಸುವುದು.

ಬಿ) ಕೈಗಳಿಗೆ ಗ್ಲೋವ್‌ಅನ್ನು ಧರಿಸುವುದು.

ಸಿ) ಸ್ವಚ್ಛಗೊಳಿಸಲು ನೀರನ್ನು ಬಳಸುವುದು.

ಡಿ) ಸ್ವಚ್ಛಗೊಳಿಸಲು ಫೇನೋಲ್‌ಅನ್ನು ಬಳಸುವುದು.

29) 5f's ರೋಗ ಹರಡುವಿಕೆಯ ನಿಯಂತ್ರಣದಲ್ಲಿ ಮೊದಲ ಹಂತ ಯಾವುದು?

ಎ) ಸೊಂಕಿತ ವ್ಯಕ್ತಿಯನ್ನು ಪ್ರತ್ಯೇಕಿಸುವುದು.

ಬಿ) ಬೆಚ್ಚಿಗಿನ ನೀರು ಕುಡಿಯುವುದು.

ಸಿ) ಪಿ.ಹೆಚ್.ಸಿ. ಅಥವಾ ಆಸ್ಪತ್ರೆಗೆ ಭೇಟಿನೀಡುವುದು.

ಡಿ) ಔಷಧಿಗಳನ್ನು ತೆಗೆದುಕೊಳ್ಳುವುದು.

30) ಸೀನುವ ಸಮಯದಲ್ಲಿ ನಿರೀಕ್ಷಿಸುವ ಕ್ರಿಯೆ.

ಎ) ನೀವು ಸೀನುವಿರಿ ಎಂದು ಜನರಿಗೆ ಎಚ್ಚರಿಸಿ.

ಬಿ) ನಿಮ್ಮ ಬಾಯನ್ನು ಮುಚ್ಚಿಕೊಳ್ಳಿ.

ಸಿ) ಸೀನುವಿಕೆಯನ್ನು ನಿಯಂತ್ರಿಸಿ ಮತ್ತು ಉಸಿರಾಟವನ್ನು ನಿಲ್ಲಿಸಿ.

ಡಿ) ಮುಟ್ಟದೆ ಸೀನುವುದು ಮತ್ತು ಬಾಯಿಯನ್ನು ಮುಚ್ಚಿಕೊಳ್ಳುವುದು.

ANNEXURE-IV

LIST OF TOOL VALIDATORS

1.Dr.Zeenath C.J

CNO of RLJH & HOD of MSN

SDUCON

2.Mrs Mary Minerva

prof & HOD of CHN

SDUCON

3.Mrs Jayarakini Aruna

Prof & HOD of MHN

SDUCON

4.Mrs Punitha M

HOD of Dept of OBG

SDUCON

5.Mrs Vani R

HOD of Dept of FON

SDUCON.

6.Dr.Malathi K V

Asso Prof of Dept of CHN

SDUCON

ANNEXURE-V

LIST OF ANGANAWADIS

SL NO	NAME OF ANGANAWADIS
1.	Tattanagunte
2.	Bellambilli
3.	Bhimapura
4.	Devarayasamudra (A Block)
5.	Honneshettahalli
6.	Ramasandra
7.	Hosa kere
8.	Doddiganahalli
9.	Kamadatti
10.	V.Guttahalli
11.	Devarayasamudra
12.	Kottamangala
13.	B. Kurubarahalli
14.	Kamanuru
15.	Bettagarahalli
16.	Anantapura
17.	Honnenahalli
18.	H.Kotturu
19.	Hebbani
20.	Tammareddihalli
21.	Hebbani (B Block)
22.	Baiyappanahalli
23.	Punyahalli
24.	Mulbagal
25.	M.Gollahalli
26.	Punyahalli (B Block)
27.	Manighatta
28.	Chikkabandahalli
29.	Chamareddihalli
30.	P. Gangapura
31.	Yedahalli
32.	Lakkashettahalli
33.	Challapalli
34.	Doddaguttahalli
35.	K. Baiyyapalli
36.	Kasavireddihalli
37.	Vajra nagenahalli
38.	Mylapura
39.	V. Agrahara

40.	**Guvalikallu**
41.	**Mannenahalli**
42.	**Rayalamana Dinne**
43.	**R.Gaddur**
44.	**Nernahalli**
45.	**Paalurahalli**
46.	**Chapurahalli**
47.	**Doddatammanahalli**
48.	**Bhatrahalli**
49.	**Puliobba Reddihalli**
50.	**Nagamangala**
51.	**Mittahalli**
52.	**N. Gaddur**
53.	**Machanahalli**
54.	**Alanguru (B Block)**
55.	**Alanguru (A Block)**
56.	**Yelajenahalli**
57.	**Shinigenahalli**
58.	**Sheetukallu**
59.	**Doddabandahalli**
60.	**Devarayasamudra**
61.	**Kempapura**
62.	**Ramasandra**
63.	**Keeluholali**
64.	**V.Guttahalli**
65.	**Mallapanahalli**
66.	**Jogigudisalu**
67.	**P. Venkatapura**
68.	**Picchagundlahalli**

ANNEXURE-VI

CONTENT VALIDITY CERTIFICATE

I hereby certified that, I have validated the tool of 3rd group of 3rd year BSc. nursing students of Sri Devaraj Urs College of Nursing, Tamaka, Kolar, who are undertaking a research project as a requirement for Bachelor of Science in Nursing Degree on :-

"A study to assess the effectiveness of structured teaching program on knowledge on management of Feco-oral(5F's-Food,Fingers,Fields,Feces,Flies) disease transmission among anganawadi workers and helpers in selected community area."

Place:

Signature of the expert:

Date:

Name of the Designation:

Obsevation:

Remarks:

ANNEXURE-VII

CERTIFICATE FROM STATISTICIAN

CERTIFICATE FROM STATISTICIAN

I hereby certify that I have provided statistical guidance in analysis to Third year Bs(N) students,for the research study titled as **"A study to assess the effectiveness of planned teaching program on knowledge on management of feco oral (5f's –food ,fingers, field, feces ,flies) diseases transmission among anganawadi workers and helpers in selected community area"** at Sri Devaraj Urs college of nursing Tamaka ,kolar.

Place :Tamaka ,kolar

Signature of expert

Assistant Professor
Dept. of Community Medicine
SDUMC, Kolar-563103

Date :22\11\2022

ANNEXURE-VIII

CERTIFICATE OF KANNADA EDITING

ANNEXURE-VIII

CERTIFICATE OF KANNADA EDITING

CERTIFICATE OF KANNADA EDITING TO WHOM SO EVER IT MAY CONCERN

This to certify that Ms. JayaShree Raju A.R, Ms. Jaimy Martin, Ms. Esther Merin Sam, Ms. Christeena E.B, Ms. Kavitha, Ms. Megha Raj, Ms. Greeshma, Ms. Mereena Mathew, Ms. Elsa Jenitta Rodrigues, 4th year B.Sc Nursing of Sri Devaraj Urs College of Nursing, Tamaka, Kolar. Has done a dissertation study interest "A Study To Assess The Effectiveness Of Planned Teaching Program On Knowledge On Management Of Feco-Oral (5f's- Food, Fingers, Fields, Feces, Flies) Disease Transmission Among Anganawadi Workers And Helpers In Selected Community Area"

This study was edited for kannada language appropriateness by:

Date: 01/09/2022
Place : Tamaka, Kolar

Signature
ಪದವೀಧರ ಮುಖ್ಯೋಪಾಧ್ಯಾಯರು
ಅನಾಬುಷ ಮಾದರಿ ಸರ್ಕಾರಿ ಹಿರಿಯ ಪ್ರಾಥಮಿಕ ಶಾಲೆ
ಬಂಗಾರಪೇಟೆ, ಕೋಲಾರ ಜಿಲ್ಲೆ
ಪಿನ್-563114

ANNEXURE -IX

LESSON PLAN IN ENGLISH

TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHING OR LEARNING ACTIVITIES	AV AIDS	EVALUATION
2 MIN	To introduce the feco oral route of disease transmission.	INTRODUCTION A communicable disease is one that spread from one person to another, the mode of transmission might be direct transmitted from feco-oral route. The world health organization laid the foundation for the 'f-diagram' being used today these f's indicated each of the pathway of disease transmission.	Teacher introduces the topic	Power point	
3MIN	To define the route of transmission of 5F's.	DEFINITION Infectious disease is defined as one which is being communicated or transmitted , directly or indirectly from man to man , animal to animal ,man to	Teacher defines the 5F's	Power point	Define 5F's?

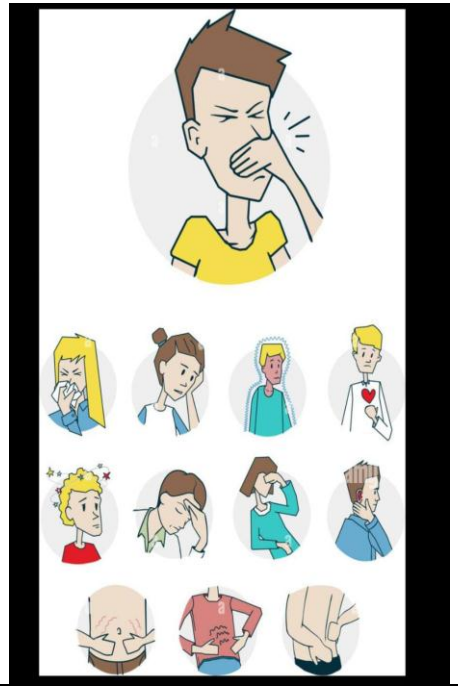
		animal , animal to man from the ecosystem (food ,finger, fields , feces and flies) to man or animal. 			
10MIN	To discuss above modes, diseases and their symptoms	<u>COMMON COMMUNICABLE DISEASE</u> ➢ Typhoid - contaminated food and water ➢ Cholera - contaminated water ➢ Diarrhea - contaminated food and water	Discussed about the modes ,diseases and their symptoms	Power point	What are the modes, diseases and their symptoms?

		➢ Common cold - Aerosolar (or) droplet infection.  <u>MODE OF TRANSMISSION</u> ➢ DIRECT MODE • Direct contact • Droplet spread ➢ INDIRECT MODE • Air borne • Vector borne • Cross contamination ➢ FECO ORAL ROUTE OF DISEASE TRANSMISSION • 5FSFingers,Food,Feces,Field,Flies. • FOOD-Contaminated foods and drinks.			

		• Faeces-Sewage and contaminated food. • Field-Unclean utensils, door knobs etc. • Flies-Pets like house flies, cockroaches, rats etc..  SYMPTOMS OF COMMON COMMUNICABLE DISEASES **TYPHOID** It is defined as an infectious disease transmitted by contaminated food and water.			

		SYMPTOMS -High fever -Headache -Dry cough -Stomach pain -Loose stools -Red spots -Rashes -Weakness -Weight loss -Constipation -Dehydration -Loss of appetite **CHOLERA** It is defined as an infectious disease transmitted by infected water supplies and causing severe vomiting and diarrhea. SYMPTOMS -Dehydration -Diarrhoea -Rapid heart rate -Nausea and persistent -Muscle cramps -Shock -Thirst -Low blood pressure			

		DIARRHOEA It is a condition in which faces are discharged from the bowels frequently and in a liquid from. SYMPTOMS • Abdominal pain • Abdominal cramps • Nausea& vomiting • Dehydration • Frequent passing of loose • Water loss • Fatigue **COMMON COLD** It is defined as a viral infection of nose and throat (upper respiratory tract. SYMPTOMS a. Running nose b. Throat pain c. Fever d. Eye watering e. Chills f. Cold			

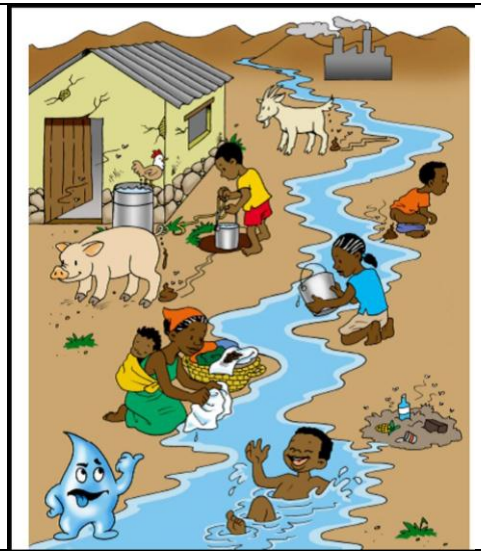
		g. Vomiting 			
15MIN	TO explain the precautions to prevent 5F's	**PREVENTION** 1) Food sanitation and water sanitation 2) Environmental sanitation	Explained the precautions to prevent 5F'S	Power point	What are the modes of prevention?

		Food sanitation & water sanitation a) Safe food & water storage b) Have a special place in the kitchen for dirty reusable clothes. c) Protection from physical contaminants like dirt, mosquito, dust and rotten vegetables. d) Protection from chemical contamination like pesticides and insecticides used for vector and e) pesticides control in the anganwadi. f) Safe drinking water storage and closed drainage water storage system practice around the anganwadi. g) Cutting and cleaning of vegetables with running water. h) Canned foods should be avoided because it can transmit deadly food borne disease. i) Anganwadi workers should wash their hands washing soap 20 seconds before entering the kitchen. j) If there is defecation in the			

		anganwadi premises wear gloves . k) While sneezing cover your mouth.  HAND HYGIENE • Hand hygiene should be performed before and handling food • Avoid cross contamination. • Food safety-Avoid touching face, nose, coughing or sneezing over or near the food. • Wear clan cloths.			

		• Wash the utensils after use, with soap and water. • While preparing foods, staff should not smoke, drink or chewing fetal leaves and chewing gums to while preparing food. • Cook the food at proper. temperature • Staff should keep their hair tied at back while preparing food. • Safe storage of separation, cleaning and food storage. 			

		<u>Environmental sanitation</u> a) Periodically check the fecal contamination of the premises and disposal. b) Maintain hygiene of toilet facilities. c) Treatment of water supply. d) Sanitation of anganwadi cleaning and mopping activities should be done twice a day . e) Stopping open defecation behaviour of peoples in the anganwadi surrounding and vector control measures . f) Washing hands with soap and water defecation and toilet use is the basic level of measure for prevention. g) Fresh clean and disinfected cloths should be used in working areas of kitchen. h) Reusable cloth should be washed in hot soapy water 104-105.			

					
10MIN	To elaborate the methods of management of 5F's	FITNESS FOR WORK Staff should be fit and should not be carrying any illness or disease that could cause a problem with food safety. CONTROL ➢ In case the working anganwadi staff member is ill'd, report the managing authority immediately and stay at home. This is the first level of prevention.	Discussed themeasures of controlling 5F's	Power point	What are the measures to control 5F's?

		➢ Staff who had diarrhoea or vomiting should not return to work until they have had no symptoms for 48 hrs. ➢ Staff helpers should tell their workers if they have any cuts or sores and they should be tied completely with a bright colour water proof dressing. ➢ Improved supervision. Avoid close contact with others during this infectious period. 			

15MIN	To elaborate the methods of management of 5F's	**MANAGEMENT** 1) Stay home when ill'd 2) The first step in the control of 5f's is isolation. 3) Symptoms of food borne ill'd is shows within 12-14 hrs. 4) The commonest symptoms of food borne ill'd is diarrhoea , ORS can be given for 5) Initial home care management 6) The ingredient used to prepare ORS are: Salt Sugar Lemon Water The shelf life of ORS is 24 hrs. 	Elaborated the methods of managing 5F's	Power point	What are the methods of managing 5F's?

5MIN		**<u>CONCLUSION</u>** Although feco-oral route transmission is usually discussed as modes of transmission , it is actually a specification of the entry and exit portal of the pathogen and can operate across several other routes of transmission , feco –oral transmission is primarily consider as an indirect contact route through contaminated food , field , flies , feces and fingers , however it can also operate through direct contact with feces or contaminated body parts.			

KANNADA LANGUAGE APPROPRIATENESS CERTIFICATE

ಸಮಯ	ನಿರ್ದಿಷ್ಟ ಉದ್ದೇಶಗಳು	ವಿಷಯ	ಕಲಿಕೆಯ ಚಟುವಟಿಕೆಗಳನ್ನು ಕಲಿಸುವುದು	ಎ.ವಿ.ಏಡ್ಸ್	ಮೌಲ್ಯಮಾಪನ
2 ನಿಮಿಷಗಳು	ರೋಗ ಹರಡುವಿಕೆಯ ಮಲ ಮೌಖಿಕ ಮಾರ್ಗವನ್ನು ಪರಿಚಯಿಸಲು	ಪರಿಚಯ: ಒಂದು ಸಾಂಕ್ರಾಮಿಕ ರೋಗವು ಒಬ್ಬರಿಂದ ಇನ್ನೊಬ್ಬರಿಗೆ ಹರಡುವ ಸ್ಥೂಲಕಾಯವಾಗಿದೆ. ಸಾಂಕ್ರಾಮಿಕ ರೊಗಗಳು ಹರಡುವ ಪ್ರಮುಖ ವಿಧಾನವೆಂದರೆ ಮಲ ಮತ್ತು ಮೌಖಿಕ ಮಾರ್ಗ, ವಿಶ್ವ ಆರೋಗ್ಯ ಸಂಸ್ಥೆಯು ಎಫ್. ರೇಖಾ ಚಿತ್ರಕ್ಕೆ ಅಡಿಪಾಯಹಾಕಿತು. ಇಂದು ರೋಗ ಹರಡುವ ಪ್ರತಿಯೊಂದು ಮಾರ್ಗವನ್ನು ಸೂಚಿಸಲು ಇದನ್ನು ಬಳಸಲಾಗುತ್ತದೆ.	ಶಿಕ್ಷಕರು ವಿಷಯವನ್ನು ಪರಿಚಯಿಸುತ್ತಾರೆ	ಪಿಪಿಟಿ	
3 ನಿಮಿಷಗಳು	5fsರ ಪ್ರಸರಣದ ಮಾರ್ಗವನ್ನು ವ್ಯಾಖ್ಯಾನಿಸಲು	ವ್ಯಾಖ್ಯಾನ: ಸಾಂಕ್ರಾಮಿಕ ರೋಗವು ನೇರ ಅಥವಾ ಪರೋಕ್ಷದವಾಗಿ ಮನುಷ್ಯನಿಂದ ಮನುಷ್ಯನಿಗೆ, ಪ್ರಾಣಿಯಿಂದ ಪ್ರಾಣಿಗೆ, ಪ್ರಾಣಿಯಿಂದ ಮನುಷ್ಯರಿಗೆ, ಮನುಷ್ಯನಿಂದ ಪ್ರಾಣಿಗೆ ಹರಡುವಂತಹ ರೋಗವಾಗಿದೆ. ಒಂದು ಪರಿಸರ ವ್ಯವಸ್ಥೆಯಲ್ಲಿ 5 ಎಫ್‌ಗಳು (ಆಹಾರ,	ಶಿಕ್ಷಕರು 5fsನ್ನು ವ್ಯಾಖ್ಯಾನಿಸುತ್ತಾರೆ	ಪಿಪಿಟಿ	5fs ನ್ನು ವ್ಯಾಖ್ಯಾನಿಸಿ?

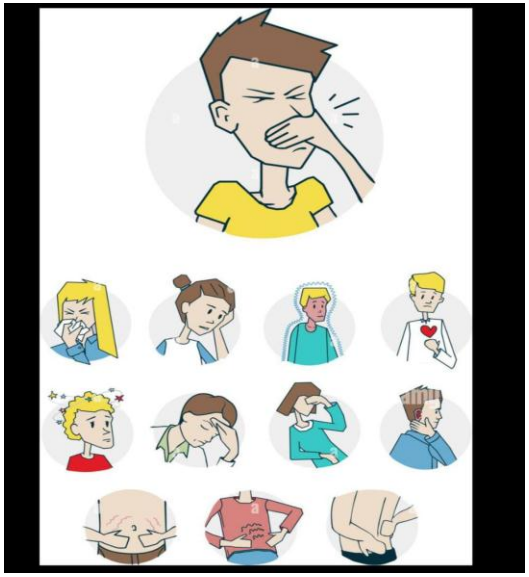
		ಬೆರಳುಗಳು, ಮಲ, ನಿರ್ಜೀವ ವಸ್ತುಗಳು ಕೀಟಗಳು) ವಿಧಾನದಲ್ಲಿ ಹರಡುವುದು. 			
10 ನಿಮಿಷಗಳು	ವಿಧಾನಗಳ ರೋಗ ಮತ್ತು ಅವುಗಳ ರೋಗಲಕ್ಷಣಗಳ ಬಗ್ಗೆ ಚರ್ಚಿಸಲು	ಸಾಮಾನ್ಯ ಸಾಂಕ್ರಾಮಿಕ ರೋಗಗಳು. 1. ಟೈಫೋಯ್ಡ್ : ಕಲುಷಿತ ನೀರು ಮತ್ತು ಆಹಾರದಿಂದ ಹರಡುವುದು. 2. ಕಾಲರ : ಕಲುಷಿತ ನೀರಿನಿಂದ ಹರಡುವುದು. 3. ಅತಿಸಾರ (ಬೇದಿ) – ಕಲುಷಿತ ನೀರು ಮತ್ತು ಆಹಾರದಿಂದ ಉಂಟಾಗುವ ರೋಗ ಲಕ್ಷಣ. 4. ಸಾಮಾನ್ಯ ಶೀತ – ವಾಯಗಾಮಿ ಅಥವಾ ಹನಿ ಸೋಂಕು.	ವಿಧಾನಗಳು ರೋಗ ಮತ್ತು ಅವುಗಳ ಲಕ್ಷಣಗಳ ಬಗ್ಗೆ ಚರ್ಚಿಸಲಾಗಿದೆ.	ಪಿಪಿಟಿ	ರೋಗದ ವಿಧಾನಗಳು ಮತ್ತು ಅವುಗಳ ಲಕ್ಷಣಗಳು ಯಾವುವು ?

					
		ಹರಡುವ ವಿಧಾನ 1. ನೇರ ವಿಧಾನ. ➢ ನೇರ ಸಂಪರ್ಕ ➢ ಹನಿ ಹರಡುವಿಕೆ 2. ಪರೋಕ್ಷ ವಿಧಾನ ➢ ವಾಯುಗಾಮಿ ➢ ವೆಕ್ಟರ್ ಮೂಲಕ ಹರಡುವುದು ➢ ಅಡ್ಡ ಮಾಲಿನ್ಯ ಮಲ – ಮೌಖಿಕ ಮಾರ್ಗದಲ್ಲಿ ರೋಗಗಳ ಹರಡುವ ವಿಧಾನಗಳು : 5 ಎಫ್‌ಗಳು – ಬೆರಳುಗಳು, ಆಹಾರ, ಮಲ, ನಿರ್ಜೀವ ವಸ್ತುಗಳು ಮತ್ತು ಕೀಟಗಳು.			

		ಬೆರಳುಗಳು – ತೊಳೆಯದ ಕೈಗಳು ಮತ್ತು ಕೊಳಕು ಬೆರಳುಗಳು. ಆಹಾರ – ಕಲುಷಿತ ನೀರು ಮತ್ತು ಆಹಾರ ಮಲ – ಕಲುಷಿತ ಆಹಾರ ಮತ್ತು ಒಳಚರಂಡಿ ವ್ಯವಸ್ಥೆ. ನಿರ್ಜೀವ ವಸ್ತುಗಳು : ಅಶುಚಿಯಾದ ಪಾತ್ರೆಗಳು ಮತ್ತು ಬಾಗಿಲಿನ ಚಿಲಕಗಳು. ಕೀಟಗಳು – ನೊಣ, ಇಲಿ ಮತ್ತು ಜಿರಳೆಗಳು  ಸಾಮಾನ್ಯವಾಗಿ ಹರಡುವ ರೋಗ ಮತ್ತು ರೋಗ ಲಕ್ಷಣಗಳು.. 1. ಟೈಫೋಯ್ಡ್ : ಇದು ಕಲುಷಿತ ನೀರು ಮತ್ತು ಆಹಾರದಿಂದ ಹರಡುವ ಸಾಂಕ್ರಾಮಿಕ ರೋಗ.			

		<u>ರೋಗ ಲಕ್ಷಣಗಳು.</u> **1**. ಅಧಿಕ ಜ್ವರ **2**. ವಣ ಕೆಮ್ಮು, **3**. ಭೇದಿ **4**. ಕೆಂಪು ಕಲೆಗಳು **5**. ತಲೆ ನೋವು **6**. ಹೊಟ್ಟೆ ನೋವು **7**. ನಿರ್ಜಲೀಕರಣ **8**. ದದ್ದುಗಳು **9**. ದೌರ್ಬಲ್ಯ **10**. ತೂಕ ನಷ್ಟ **11**. ಮಲಬದ್ಧತೆ. **12**. ಹಸಿವಾಗದಿರುವುದು. **2**. ಕಾಲರ ಇದು ಸೋಂಕಿತ ನೀರು ಸರಬರಾಜು ಗಳಿಂದ ಹರಡುವ ಸಾಂಕ್ರಾಮಿಕ ರೋಗ ಮತ್ತು ಈ ರೋಗವು ತೀವ್ರ ವಾಂತಿ ಮತ್ತು ಅತಿಸಾರವನ್ನು ಉಂಟುಮಾಡುತ್ತದೆ. <u>ರೋಗ ಲಕ್ಷಣಗಳು</u> **1**. ನಿರ್ಜಲೀಕರಣ **2**. ಭೇದಿ **3**. ವಾಕರಿಕೆ ಮತ್ತು ನಿರಂತರ ವಾಂತಿ. **4**. ತ್ವರಿತ ಹೃದಯ ಬಡಿತ			

		5. ಸ್ನಾಯು ಸೆಳೆತ 6. ಆಘಾತ 7. ಬಾಯಾರಿಕೆ 8. ಕಡಿಮೆ ರಕ್ತದೊತ್ತಡ. 3. ಅತಿಸಾರ (ಭೇದಿ) ಇದು ಕರುಳಿನಿಂದ ಆಗಾಗೆ ಮತ್ತು ದ್ರವ ರೂಪದಲ್ಲಿ ಮಲವನ್ನು ಹೊರಹಾಕುವ ಲಕ್ಷಣವಾಗಿದೆ. ರೋಗಲಕ್ಷ್ಮಣಗಳು 1. ಕಿಬ್ಬೊಟ್ಟೆಯ ಸೆಳೆತ 2. ಕಿಬ್ಬೊಟ್ಟೆಯ ನೋವು 3. ವಾಕರಿಕೆ ಮತ್ತು ವಾಂತಿ. 4. ನಿರ್ಜಲೀಕರಣ 5. ಆಗಾಗ್ಗೆ ಮಲವಿಸರ್ಜನೆ. 6. ತೂಕ ನಷ್ಟ 7. ಆಯಾಸ 8. ಉಬ್ಬುವುದು. 4. ಸಾಮಾನ್ಯ ಶೀತ ಇದು ಮೂಗು ಮತ್ತು ಗಂಟಲಿನ (ಮೇಲ್ಭಾಗದ ಶ್ವಾಸೇಂದ್ರಿಯ ಪ್ರದೇಶದ) ವೈರಲ್ ಸೋಂಕು. ರೋಗ ಲಕ್ಷಣಗಳು			

		1. ನೆಗಡಿ 2. ಗಂಟಲು ನೋವು 3. ಜ್ವರ 4. ಕಣ್ಣಿನಲ್ಲಿ ನೀರು ಬರುವುದು. 5. ಚಳಿ 6. ವಾಂತಿ 7. ಆಯಾಸ. 			

15 ನಿಮಿಷಗಳು	**5 ಎಫ್ಎಸ್** **ತಡೆಗಟ್ಟಲು** **ಮುನ್ನೆಚ್ಚರಿಕೆಳನ್ನು** **ವಿವರಿಸಲು**	**ತಡೆಗಟ್ಟುವಿಕೆ** **1. ಆಹಾರ ನೈರ್ಮಲ್ಯ ಮತ್ತು ನೀರಿನ ನೈರ್ಮಲ್ಯ.** **2. ಪರಿಸರ ನೈರ್ಮಲ್ಯ** **1. ಆಹಾರ ನೈರ್ಮಲ್ಯ ಮತ್ತು ನೀರಿನ ನೈರ್ಮಲ್ಯ.** ➢ **ಸುರಕ್ಷಿತ ಆಹಾರ ಮತ್ತು ನೀರಿನ ಸಂಗ್ರಹಣೆ** ➢ **ಕೊಳಕು ಮರುಬಳಕೆ ಮಾಡಬಹುದಾದ ಬಟ್ಟೆಗಳಿಗೆ ಅಡುಗೆ ಮನೆಯಲ್ಲಿ ನಿರ್ದಿಷ್ಟ ಸ್ಥಳ.** ➢ **ಕೊಳಕು, ಸೊಳ್ಳೆ, ಧೂಳು ಮತ್ತು ಕೊಳತೆ ತರಕಾರಿಗಳಂತಹ ಭೌತಿಕ ಕಲ್ಮಶಗಳಿಂದ ರಕ್ಷಣೆ.** ➢ **ವೆಕ್ಟರ್ ನಿಯಂತ್ರಣಕ್ಕೆ ಬಳಸುವ ಕೀಟನಾಶಕಗಳು ಮತ್ತು ರಾಸಾಯನಿಕ ಮಾಲಿನ್ಯದಿಂದ ರಕ್ಷಣೆ.** ➢ **ಸುರಕ್ಷಿತ ಕುಡಿಯುವ ನೀರು ಸಂಗ್ರಹಣೆ ಮತ್ತು ಅಂಗನವಾಡಿಯ ಸುತ್ತ ಮುಚ್ಚಿದ ಒಳ ಚರಂಡಿ ವ್ಯವಸ್ಥೆ.** ➢ **ಹರಿಯುವ ನೀರಿನಿಂದ ಕತ್ತರಿಸಿ ತರಕಾರಿಗಳನ್ನು ತೊಳೆಯುವುದು.** ➢ **ಪೂರ್ವಸಿದ್ಧ ಆಹಾರವನ್ನು 5 ಎಫ್ಎಸ್ ತಡೆಗಟ್ಟಲು ಮುನ್ನೆಚ್ಚರಿಕೆಗಳನ್ನು ವಿವರಿಸಿದರು. ತಡೆಗಟ್ಟುವ ವಿಧಾನಗಳು ಯಾವುವು ?**	**5 ಎಫ್ಎಸ್** **ತಡೆಗಟ್ಟಲು** **ಮುನ್ನೆಚ್ಚರಿಕೆಗಳನ್ನು** **ವಿವರಿಸಿದರು.**	**ಪಿಪಿಟಿ**	**ತಡೆಗಟ್ಟುವ** **ವಿಧಾನಗಳು** **ಯಾವುವು ?**

		ತೆಗೆದುಕೊಳ್ಳುವುದನ್ನು ತಪ್ಪಿಸಬೇಕು, ಏಕೆಂದರೆ ಇದು ಮಾರಣಾಂತಿಕ ಆಹಾರದಿಂದ ಹರಡುವ ರೋಗವನ್ನು ತಡೆಗಟ್ಟಬಹುದು. ➢ ಅಂಗನವಾಡಿಯ ಆಹಾರ ಕೋಣೆಯಲ್ಲಿ ಕೆಲಸ ಮಾಡುವ ಮುಂಚೆ ಕನಿಷ್ಠ 20 ಸೆಕೆಂಡುಗಳ ಕಾಲ ಸಾಬೂನಿನಿಂದ ಕೈ ತೊಳೆಯಬೇಕು. ➢ ಅಂಗನವಾಡಿ ಆವರಣದಲ್ಲಿ ಮಲ ವಿಸರ್ಜಿಸಿದ್ದಲ್ಲಿ ಕೈ ಗಳಿಗೆ ಗ್ಲವ್ ಧರಿಸಿದ ನಂತರ, ಶುಚಿಗೊಳಿಸಬೇಕು. ➢ ಸೀನುವಾಗ ಬಾಯನ್ನು ತೋಳುಗಳಿಂದ ಮುಚ್ಚಿಗೊಂಡು ಸೀನಬೇಕು.			

		 **<u>ಕೈ ನರ್ಮಲ್ಯ</u>** ➢ ಆಹಾರವನ್ನು ತಯಾರಿಸುವ ಮೊದಲು ಮತ್ತು ನಂತರ ಕೈಯನ್ನು ತೊಳೆದುಕೊಳ್ಳಬೇಕು. ➢ ಅಡ್ಡ ಮಾಲಿನ್ಯವನ್ನು ತಪ್ಪಿಸಬೇಕು. ➢ ಆಹಾರವನ್ನು ತಯಾರಿಸುವಾಗ ಅದರ ಮುಂದೆ ಅಥವಾ ಮೇಲೆ, ಕೆಮ್ಮುವುದು ಇಲ್ಲಾ ಸೀನುವುದನ್ನು ಮಾಡಬಾರದು. ➢ ಆಹಾರವನ್ನು ತಯಾರಿಸುವಾಗ ಮುಖ, ಮೂಗು ಮತ್ತು ಕೂದಲನ್ನು ಮುಟ್ಟುವುದನ್ನು ತಪ್ಪಿಸಬೇಕು.			

		➢ ಶುಭ್ರವಾದ ಬಟ್ಟೆಯ ನ್ನು ಧರಿಸಿ. ➢ ಬಳಕೆಯ ನಂತರ ಪಾತ್ರೆಗಳನ್ನು ಸಾಬೂನು ಮತ್ತು ನೀರಿನಿಂದ ತೊಳೆಯಿರಿ. ➢ ಆಹಾರ ತಯಾರಿಸುವಾಗ ಸಿಬ್ಬಂದಿ ಧೂಮಪಾನ ಮಾಡಬಾರದು, ಕುಡಿಯಬಾರದು, ಎಲೆ ಅಡಿಕೆಯನ್ನು ತಿನ್ನಬಾರದು ಮತ್ತು ಚೀವಿಂಗಂ ಅನ್ನು ಅಗಿಯ ಬಾರದು. ➢ ಸರಿಯಾದ ತಾಪಮಾನದಲ್ಲಿ ಆಹಾರವನ್ನು ಬೇಯಿಸಿ. ➢ ಸಿಬ್ಬಂದಿ ಆಹಾರವನ್ನು ತಯಾರಿಸುವಾಗ ತಮ್ಮ ಕೂದಲನ್ನು ಕಟ್ಟಿಕೊಳ್ಳಬೇಕು. ➢ ಬೇರ್ಪಡಿಸುವಿಕೆ, ಸುರಕ್ಷಿತ ಸಂಗ್ರಹಣೆ, ಶುಚಿಗೊಳಿಸುವಿಕೆ ಮತ್ತು ಸುರಕ್ಷಿತ ಆಹಾರ ಸಂಗ್ರಹಣೆ. 			

		2. <u>ಪರಿಸರ ನೈರ್ಮಲ್ಯ</u> ➢ ಪ್ರತಿದಿನ ಆವರಣ ಮತ್ತು ಎಲೇವಾರಿಗಳ ಮಲ ಮಾಲಿನ್ಯವನ್ನು ಪರಿಶೀಲಿಸಿ. ➢ ಶೌಚಾಲಯ ಸೌಲಭ್ಯಗಳ ನೈರ್ಮಲ್ಯವನ್ನು ಕಾಪಾಡಿಕೊಳ್ಳಬೇಕು. ➢ ನೀರಿನ ಸರಬರಾಜು ಚಿಕಿತ್ಸೆ. ➢ ಅಂಗನವಾಡಿ ಸ್ವಚ್ಛತೆ ಮತ್ತು ಒರೆಸುವ ಚಟುವಟಿಕೆಗಳನ್ನು ದಿನಕ್ಕೆ ಎರಡು ಬಾರಿ ಮಾಡಬೇಕು ಮತ್ತು ಸಂಪೂರ್ಣ ನೈರ್ಮಲ್ಯ ವಿಧಾನವನ್ನು ಪಾಲಿಸಬೇಕು. ➢ ಅಂಗನವಾಡಿ ಸುತ್ತಮುತ್ತಲಿನ ಜನರ ಬಯಲು ಶೌಚ ವರ್ತನೆಗಳನ್ನು ನಿಲ್ಲಿಸಬೇಕು ಮತ್ತು ವಾಹಕ ನಿಯಂತ್ರಣ ಕ್ರಮಗಳನ್ನು ಪಾಲಿಸಬೇಕು. ➢ ಮಲ ವಿಸರ್ಜನೆಯ ನಂತರ ಸಾಬೂನು ಮತ್ತು ನೀರಿನಿಂದ ಕೈಗಳನ್ನು ತೊಳೆಯ ಬೇಕು ಇದು ಸಾಂಕ್ರಾಮಿಕ ರೋಗ ತಡೆಗಟ್ಟುವಿಕೆಯ ಮೂಲಭೂತ ಹಂತವಾಗಿದೆ. ➢ ತಾಜಾ, ಶುದ್ಧ ಮತ್ತು ಸೋಂಕುರಹಿತ ಬಟ್ಟೆಯನ್ನು ಅಡುಗೆ ಮನೆಯ ಕೆಲಸದ ಪ್ರದೇಶಗಳಲ್ಲಿ ಬಳಸಬೇಕು.			

		➢ ಮರು ಬಳಕೆ ಮಾಡಬಹುದಾದ ಬಟ್ಟೆಯನ್ನು ಬಿಸಿ ಸಾಬೂನಿನ ನೀರಿನಲ್ಲಿ ತೊಳೆಯಬೇಕು.  <u>ಕೆಲಸಕ್ಕೆ ಬೇಕಾದ ಫಿಟ್‌ನೆಸ್ :</u> 1. ಸಿಬ್ಬಂದಿ ಸದೃಢರಾಗಿರಬೇಕು ಮತ್ತು ಆಹಾರ ಸುರಕ್ಷತೆ ನಿಯಂತ್ರಣಕ್ಕೆ ತೊಂದರೆ ಉಂಟು ಮಾಡುವ ಯಾವುದೇ ಖಾಯಿಲೆ ಅಥವಾ ರೋಗಗಳನ್ನು ಹೊತ್ತೊಯ್ಯಬಾರದು.			
10 ನಿಮಿಷಗಳು	**5fs** ನಿಯಂತ್ರಿಸಲು ಕ್ರಮಗಳನ್ನು ಚರ್ಚಿಸಲು	<u>ನಿಯಂತ್ರಣ ಚಟುವಟಿಕೆಗಳು</u> 1. ಕೆಲಸ ಮಾಡುವ ಅಂಗನವಾಡಿ ಸಿಬ್ಬಂದಿ ಅನಾರೋಗ್ಯದ ಸಂದರ್ಭದಲ್ಲಿ ತಕ್ಷಣ ವ್ಯವಸ್ಥಾಪಕ ಅಧಿಕಾರಿಗಳಿಗೆ ವರದಿ ನೀಡಬೇಕು ಮತ್ತು ಮನೆಯಲ್ಲಿಯೇ ಇರಿ ಇದು ತಡೆಗಟ್ಟುವಿಕೆಯ ಮೊದಲ ಹಂತ. 2. ಅತಿಸಾರ ಅಥವಾ ವಾಂತಿ ಇರುವ ಸಿಬ್ಬಂದಿ **48**	**5fs** ನ್ನು ನಿಯಂತ್ರಿಸುವ ಕ್ರಮಗಳನ್ನು ಚರ್ಚಿಸಿ	**ಪಿಪಿಟಿ**	**5fs** ನ್ನು ನಿಯಂತ್ರಿಸಲು ಕ್ರಮಗಳು ಯಾವುವು ?

		ಗಂಟೆಗಳವರೆಗೆ ಯಾವುದೇ ರೋಗ ಲಕ್ಷಣಗಳು ಕಾಣಿಸಿಕೊಳ್ಳದಿರುವ ತನಕ ಕೆಲಸಕ್ಕೆ ಹಿಂತಿರುಗಬಾರದು. 3. ಸಿಬ್ಬಂದಿ ಅಥವಾ ಸಹಾಯಕರಿಗೆ ಯಾವುದೇ ಕಡಿತ ಅಥವಾ ಹುಣ್ಣುಗಳಿದ್ದರೆ ಅದನ್ನು ತಿಳಿಸಬೇಕು ಮತ್ತು ಅದನ್ನು ಸಂಪೂರ್ಣವಾಗಿ ಗಾಢ ಬಣದ್ದ ವಾಟರ್ ಪ್ರೂಫ್ ಡ್ರೆಸ್ಸಿಂಗ್ ಮಾಡಬೇಕು ನಂತರ ಸುಧಾರಿತ ಮೇಲ್ವಿಚಾರಕರಿಗೆ ವರದಿ ನೀಡಬೇಕು. 4.ಈ ಸಾಂಕ್ರಾಮಿಕ ಅವಧಿಯಲ್ಲಿ ಇತರರೊಂದಿಗೆ ನಿಟಕ ಸಂಪರ್ಕವನ್ನಿಟ್ಟುಕೊಳ್ಳಬಾರದು. 			

15 ನಿಮಿಷಗಳು	**5fs** ನಿರ್ವಹಣೆಯ ವಿಧಾನಗಳನ್ನು	ನಿರ್ವಹಣೆ ➢ ಅನಾರೋಗ್ಯದ ಸಂದರ್ಭದಲ್ಲಿ ಮನೆಯಲ್ಲಿಯೇ ಇರಿ. ➢ **5fs** ನಿಯಂತ್ರಣದ ಮೊದಲ ಹಂತವೇ ಪ್ರತ್ಯೇಕಿಸುವುದು. ➢ ಆಹಾರದಿಂದ ಹರಡುವ ಅನಾರೋಗ್ಯದ ಲಕ್ಷಣಗಳು **12–14** ಗಂಟೆಗಳ ಒಳಗೆ ತೋರಿಸಲ್ಪಡುತ್ತವೆ. ➢ ಆಹಾರದಿಂದ ಹರಡುವ ಅನಾರೋಗ್ಯದ ಸಾಮಾನ್ಯ ಲಕ್ಷಣವೇ ಭೇದಿ, ಆರಂಭಿಕ ಮನೆಯ ಆರೈಕೆಗೆ ರ್ವಹಣೆಗಾಗಿ ಓ.ಆರ್.ಎಸ್ ನೀಡುವುದು. ➢ ಓ.ಆರ್.ಎಸ್ ತಯಾರಿಸಲು ಬಳಸುವ ಪದಾರ್ಥಗಳು : ಉಪ್ಪು ಸಕ್ಕರೆ ನಿಂಬೇಹಣ್ಣು ನೀರು ➢ ಓ.ಆರ್.ಎಸ್ ತಯಾರಿಕೆಯ ನಂತರ **24** ಗಂಟೆಗಳ ಕಾಲ ಶೇಖರಿಸಬಹುದು.	**5fs** ನಿರ್ವಹಣೆಯ ವಿಧಾನಗಳನ್ನು ವಿವರಿಸಲಾಗಿದೆ	ಪಿಪಿಟಿ	**5fs** ನ್ನು ನಿರ್ವಹಿಸುವ ವಿಧಾನಗಳು ಯಾವುವು ?

5 ನಿಮಿಷಗಳು		<u>ಸಾರಾಂಶ :</u> ಮಲ ಮೌಖಿಕ ಪ್ರಸರಣವನ್ನು ಸಾಮಾನ್ಯವಾದ ಪ್ರಸರಣ ವಿಧಾನವಾಗಿ ಚರ್ಚಿಸುತ್ತಿದ್ದರೂ ಸಹ ಇದು ವಾಸ್ತವಕ್ಕೆ ರೋಗಕಾರಕದ ಪ್ರವೇಶ ಮತ್ತು ನಿರ್ಗಮನದ ರೀತಿಯನ್ನು ತಿಳಿಸುತ್ತದೆ. ಮತ್ತು ಹರಡುವಾಗ ಹಲವಾರು ಇತರೆ ಮಾರ್ಗಗಳಿಂದಲೂ ಹರಡುತ್ತವೆ, ಮಲ–ಮೌಖಿಕ ಪ್ರಸರಣವನ್ನು ಪ್ರಾಥಮಿಕವಾಗಿ ಕಲುಷಿತ ಆಹಾರದ ಮೂಲಕ ಪರೋಕ್ಷ ಸಂಪರ್ಕ ಮಾರ್ಗ ಹಾಗೂ ಕ್ಷೇತ್ರ, ದ್ರವ, ಮಲ ಮತ್ತು ಬೆರಳುಗಳಿಂದಲೂ ಹರಡುತ್ತವೆಂದು ಪರಿಗಣಿಸುತ್ತೇವೆ, ಆದಾಗ್ಯೂ ಇದು ಮಲ ಮತ್ತು ಕಲುಷಿತ ದೇಹದ ಭಾಗಗಳಿಂದಲೂ ನೇರ ಸಂಪರ್ಕದ ಮೂಲಕ ಸಾಂಕ್ರಾಮಿಸುತ್ತದೆ.			

ANNEXURE -X
MASTER SHEET
DEMOGRAPHIC VARIABLES:PRE-TEST

SL. NO	AGE	YEAR OF	QUALIFICATION
1	32	15	BA
2	46	10	SSLC
3	40	9	SSLC
4	52	25	SSLC
5	55	20	2PUC
6	40	10	2PUC
7	38	15	2PUC
8	56	30	2PUC
9	47	31	SSLC
10	27	10	2PUC
11	38	10	2PUC
12	45	29	2PUC
13	27	5	B.Ed
14	35	5	ITI
15	36	10	2PUC
16	37	10	2PUC
17	43	16	SSLC
18	28	7	SSLC

19	**52**	**17**	**SSLC**
20	**53**	**35**	**SSLC**
21	**53**	**12**	**SSLC**
22	**40**	**13**	**SSLC**
23	**35**	**13**	**2PUC**
24	**50**	**6 months**	**SSLC**
25	**42**	**22**	**SSLC**
26	**36**	**8**	**SSLC**
27	**50**	**28**	**BA**
28	**32**	**12**	**SSLC**
29	**55**	**30**	**SSLC**
30	**31**	**11**	**SSLC**
31	**45**	**19**	**2PUC**
32	**46**	**14**	**2PUC**
33	**42**	**17**	**SSLC**
34	**55**	**36**	**SSLC**
35	**34**	**1 month**	**SSLC**
36	**35**	**11**	**2PUC**
37	**37**	**16**	**SSLC**
38	**27**	**6**	**2PUC**
39	**48**	**15**	**2PUC**
40	**54**	**30**	**SSLC**
41	**52**	**30**	**SSLC**
42	**34**	**18**	**SSLC**
43	**31**	**13**	**SSLC**

44	**35**	**14**	**BA**
45	**49**	**14**	**SSLC**
46	**38**	**15**	**SSLC**
47	**41**	**15**	**2PUC**
48	**32**	**13**	**SSLC**
49	**38**	**1**	**SSLC**
50	**40**	**17**	**B.A, B.Ed**
51	**34**	**16**	**BA**
52	**52**	**23**	**SSLC**
53	**34**	**16**	**2PUC**
54	**35**	**14**	**2PUC**
55	**32**	**3**	**SSLC**
56	**26**	**6**	**BA**
57	**32**	**4**	**2PUC**
58	**51**	**25**	**SSLC**
59	**52**	**16**	**SSLC**
60	**50**	**23**	**GNM**
61	**36**	**10**	**2PUC**
62	**43**	**23**	**2PUC**
63	**45**	**23**	**SSLC**
64	**38**	**10**	**2PUC**
65	**34**	**6**	**2PUC**
66	**36**	**14**	**2PUC**
67	**44**	**27**	**SSLC**
68	**57**	**35**	**SSLC**

CODING SHEET:PRE-TEST

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	total1	25	26	27	28	29	30	total2	total
0	1	1	1	0	1	0	1	0	1	0	1	0	1	0	0	1	1	1	1	1	1	1	1	15	1	0	0	1	0	1	3	18
1	0	1	1	0	0	0	1	1	1	0	0	1	0	0	0	0	1	0	0	0	1	0	0	9	1	1	1	0	0	0	3	11
0	0	1	1	0	1	0	1	1	1	0	0	0	1	0	1	0	1	1	0	0	1	1	0	12	0	0	1	0	0	0	1	13
0	0	1	1	0	0	0	1	0	0	0	0	1	0	1	0	0	1	0	1	0	1	1	0	12	1	0	0	0	0	0	1	13
0	1	1	0	0	0	0	1	1	1	0	0	0	1	1	1	1	0	0	1	0	0	1	1	12	1	0	1	0	1	0	3	15
1	1	1	0	0	0	0	1	1	1	0	1	1	1	0	1	0	0	1	1	0	0	1	1	14	1	0	1	0	1	1	4	18
0	1	1	1	0	0	0	1	1	1	1	0	1	1	1	1	1	1	0	1	1	1	1	1	17	1	0	1	0	0	1	3	20
0	1	1	1	0	0	0	1	0	0	1	0	1	1	1	0	1	1	1	1	0	1	1	1	15	1	1	0	0	1	0	3	18
0	0	1	1	0	0	0	1	1	0	0	0	1	1	1	0	0	1	1	0	1	1	0	0	10	1	1	1	0	0	0	3	13
0	0	1	1	0	0	0	1	1	1	1	0	0	0	1	0	0	1	0	1	0	0	1	1	20	1	0	0	0	0	0	1	21
0	1	1	1	0	1	0	1	0	0	1	0	1	0	1	0	1	0	0	1	0	1	1	1	14	1	1	1	0	1	0	4	18
0	1	1	1	0	0	0	1	0	0	0	0	0	1	1	0	0	1	0	1	0	1	1	1	13	1	0	1	0	0	0	2	15
0	1	1	1	0	0	0	1	0	1	0	0	1	1	1	0	1	0	0	0	0	1	0	1	12	1	0	1	1	0	0	3	15
0	1	1	1	0	0	0	1	1	0	0	1	0	0	0	0	0	1	0	0	0	0	1	1	9	1	1	0	0	0	0	2	11
1	1	1	1	0	0	0	1	1	1	0	0	1	1	1	1	1	1	1	1	0	1	1	1	17	1	0	1	0	1	0	3	20
0	1	1	1	0	1	1	1	1	0	1	0	1	0	1	0	0	1	0	0	0	1	1	0	13	1	0	1	1	1	0	4	17
1	1	1	0	0	1	1	0	0	1	0	1	1	0	0	1	1	1	1	0	1	0	1	1	17	1	1	0	0	1	0	3	20
1	1	1	1	0	1	0	1	0	0	0	0	1	1	1	0	0	0	1	0	0	1	1	1	13	1	1	0	0	0	1	3	16
0	1	0	0	1	0	0	1	0	0	0	0	0	1	0	0	0	0	1	1	0	1	1	0	9	0	0	0	0	0	0	0	9
1	1	1	1	0	0	0	1	0	0	0	0	0	1	0	1	0	1	0	1	0	1	0	0	10	1	1	1	0	0	0	3	13
0	0	0	1	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	4	1	0	0	0	0	0	1	5
0	1	1	1	0	0	0	1	0	1	0	0	1	0	0	0	0	1	1	1	0	1	0	1	12	1	1	1	0	0	0	3	15
0	1	1	1	0	0	0	1	0	0	0	0	1	0	0	0	0	0	1	1	0	1	0	1	10	1	1	1	0	0	0	3	13
0	1	1	1	0	0	0	1	0	0	0	1	0	0	1	0	0	1	0	0	1	1	1	1	11	1	1	1	1	1	1	6	17

0	0	1	0	1	0	0	1	1	0	1	0	0	0	0	1	1	1	0	1	0	0	0	0	7	1	0	0	1	0	0	2	9
0	0	1	1	0	0	0	1	0	1	0	0	1	0	0	0	0	0	0	1	0	0	0	0	8	1	0	1	1	0	0	3	11
0	0	1	1	0	0	0	1	0	1	0	0	0	1	1	0	0	1	0	0	0	0	0	0	8	0	0	0	0	0	0	0	8
0	1	1	1	0	0	0	1	0	0	1	0	0	1	0	0	0	1	0	0	0	1	0	1	9	1	1	1	0	0	1	4	13
0	1	1	1	0	0	0	1	0	1	0	0	0	1	1	0	0	1	1	1	0	0	1	1	13	1	0	0	0	0	0	1	14
0	1	1	1	0	0	0	1	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0	0	7	1	0	1	0	1	1	4	11
0	1	0	1	0	0	0	1	0	0	0	1	0	1	1	0	0	1	0	0	0	1	1	1	10	1	0	0	0	0	0	1	11
0	1	1	1	0	0	1	1	0	0	1	0	0	1	1	0	0	0	0	1	0	1	1	0	11	1	0	0	0	1	0	2	13
0	1	1	0	0	0	0	1	0	0	0	0	1	0	0	0	0	1	1	1	0	0	1	1	10	1	0	1	1	0	0	3	13
0	1	1	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	1	0	1	1	1	7	1	1	1	0	1	0	4	11
0	1	1	1	1	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0	10	1	0	1	0	0	1	3	13
1	1	1	1	1	0	1	0	0	1	1	0	1	0	0	0	0	1	1	0	0	1	1	1	13	0	0	0	0	1	1	1	14
0	1	1	1	0	1	0	0	1	1	1	0	0	1	0	0	0	0	0	0	0	0	1	1	10	1	1	1	0	0	0	3	13
0	1	1	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1	1	1	0	0	1	1	9	1	0	0	0	0	0	3	11
0	1	0	0	0	0	0	1	1	0	0	0	0	1	0	0	0	1	0	0	0	1	0	1	6	1	0	0	1	0	1	3	9
1	0	0	1	1	0	0	0	1	1	0	0	0	0	0	0	0	0	1	0	0	0	1	0	4	1	1	0	1	0	0	2	6
1	1	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	9	1	0	1	0	0	0	3	12
0	1	1	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	1	0	1	7	1	0	1	0	0	1	6	13
0	1	1	1	0	0	0	1	0	0	0	0	0	0	0	0	1	1	0	1	0	0	0	0	10	1	1	1	1	1	1	2	12
0	1	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	1	1	1	9	1	0	0	1	0	0	2	11
0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	1	0	1	1	1	9	1	0	1	0	0	0	2	11
0	0	1	0	0	0	0	1	0	0	0	0	1	1	0	0	0	1	1	1	0	0	1	1	10	1	0	1	0	0	0	3	13
0	1	1	0	0	0	0	1	0	1	0	0	1	1	0	0	0	1	1	1	0	0	1	1	10	1	1	1	0	0	0	1	11
0	1	1	1	0	0	1	1	0	1	0	0	0	1	1	1	1	0	0	0	0	0	1	1	3	0	0	0	0	1	0	4	7
0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	14	0	1	1	1	0	1	3	17
0	1	1	0	1	0	0	1	1	1	0	0	0	1	1	0	0	1	1	1	1	0	0	0	10	1	0	1	1	0	1	3	13

0	1	1	1	0	0	0	1	0	1	1	0	0	0	1	0	0	1	1	0	0	0	1	1	16	1	0	1	0	1	0	3	19
1	1	1	1	0	1	0	0	0	0	0	1	1	0	0	1	1	1	1	1	0	1	0	1	13	1	1	1	0	0	0	3	16
0	1	0	1	0	0	0	1	1	1	0	0	1	0	1	1	1	1	0	0	0	1	1	1	8	1	1	0	0	0	1	4	12
0	1	1	1	1	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	1	1	12	1	1	1	0	1	0	4	16
1	0	1	1	1	0	0	0	0	0	0	0	1	0	1	0	0	1	0	1	0	1	1	1	15	1	0	1	1	0	1	3	18
0	1	1	1	0	0	0	1	1	0	0	0	0	1	1	0	0	1	1	1	0	1	1	1	14	1	0	0	1	0	1	3	17
0	1	1	1	0	0	0	1	1	1	0	0	0	1	1	0	0	1	1	1	0	1	1	0	7	1	0	1	0	0	1	3	10
0	1	1	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	7	0	1	0	1	0	1	1	8
1	0	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	1	1	1	14	0	1	0	0	0	0	4	18
1	1	1	1	1	1	0	1	0	1	0	0	1	0	0	0	0	1	0	1	0	1	1	1	6	1	1	1	0	1	0	1	7
0	1	1	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	14	1	0	0	0	0	0	2	16
0	0	1	1	0	1	0	1	1	0	0	0	1	1	0	1	1	1	0	1	1	0	0	1	15	1	0	1	0	0	0	1	16
0	1	1	1	0	1	0	1	1	0	0	0	0	1	1	0	1	1	1	1	0	1	1	0	10	1	0	0	0	0	0	2	12
0	0	0	1	0	1	0	1	0	1	0	0	1	0	0	0	0	1	1	1	0	1	0	1	9	1	0	1	0	1	0	2	11
0	1	0	1	0	0	1	1	0	0	0	0	0	1	1	0	0	1	0	0	0	1	0	1	9	1	1	0	0	0	0	3	12
0	1	1	1	1	0	0	1	0	1	0	0	0	1	0	1	1	0	1	0	0	1	0	0	8	1	1	1	0	0	0	3	11
0	1	0	0	0	0	0	1	0	0	1	0	0	1	1	0	0	0	0	0	1	0	0	1	9	0	0	1	1	1	0	3	12
0	0	1	0	0	0	0	1	0	0	1	0	1	0	0	1	1	0	0	0	1	1	1	1	10	1	0	1	0	1	0	3	13

DEMOGRAPHIC VARIABLES:POST-TEST

SL. NO	AGE	YEAR OF	QUALIFICATION
1	32	15	BA
2	46	10	SSLC
3	40	9	SSLC
4	52	25	SSLC
5	55	20	2PUC
6	40	10	2PUC
7	38	15	2PUC
8	56	30	2PUC
9	47	31	SSLC
10	27	10	2PUC
11	38	10	2PUC
12	45	29	2PUC
13	27	5	B.Ed
14	35	5	ITI
15	36	10	2PUC
16	37	10	2PUC
17	43	16	SSLC
18	28	7	SSLC
19	52	17	SSLC
20	53	35	SSLC
21	53	12	SSLC
22	40	13	SSLC
23	35	13	2PUC

24	**50**	**6 months**	**SSLC**
25	**42**	**22**	**SSLC**
26	**36**	**8**	**SSLC**
27	**50**	**28**	**BA**
28	**32**	**12**	**SSLC**
29	**55**	**30**	**SSLC**
30	**31**	**11**	**SSLC**
31	**45**	**19**	**2PUC**
32	**46**	**14**	**2PUC**
33	**42**	**17**	**SSLC**
34	**55**	**36**	**SSLC**
35	**34**	**1 month**	**SSLC**
36	**35**	**11**	**2PUC**
37	**37**	**16**	**SSLC**
38	**27**	**6**	**2PUC**
39	**48**	**15**	**2PUC**
40	**54**	**30**	**SSLC**
41	**52**	**30**	**SSLC**
42	**34**	**18**	**SSLC**
43	**31**	**13**	**SSLC**
44	**35**	**14**	**BA**
45	**49**	**14**	**SSLC**
46	**38**	**15**	**SSLC**
47	**41**	**15**	**2PUC**
48	**32**	**13**	**SSLC**

49	**38**	**1**	**SSLC**
50	**40**	**17**	**B.A, B.Ed**
51	**34**	**16**	**BA**
52	**52**	**23**	**SSLC**
53	**34**	**16**	**2PUC**
54	**35**	**14**	**2PUC**
55	**32**	**3**	**SSLC**
56	**26**	**6**	**BA**
57	**32**	**4**	**2PUC**
58	**51**	**25**	**SSLC**
59	**52**	**16**	**SSLC**
60	**50**	**23**	**GNM**
61	**36**	**10**	**2PUC**
62	**43**	**23**	**2PUC**
63	**45**	**23**	**SSLC**
64	**38**	**10**	**2PUC**
65	**34**	**6**	**2PUC**
66	**36**	**14**	**2PUC**
67	**44**	**27**	**SSLC**
68	**57**	**35**	**SSLC**

CODING SHEET:POST-TEST

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	total-1	25	26	27	28	29	30	total-2	total
0	1	1	0	0	0	1	1	1	0	0	1	1	1	1	0	0	1	0	1	0	1	0	1	13	1	1	1	1	1	1	6	20
0	1	1	1	0	1	0	0	1	1	0	0	0	1	1	0	1	1	1	0	1	1	1	1	15	1	1	1	0	1	1	5	20
1	1	1	1	0	1	0	0	1	1	0	1	1	1	1	1	1	1	1	1	0	0	0	1	17	1	1	0	1	0	0	3	25
0	1	1	1	1	1	0	0	1	1	0	1	1	1	1	1	1	1	1	1	0	1	1	1	19	1	1	1	0	0	0	3	24
1	1	1	1	1	0	0	0	1	1	1	1	0	0	1	1	1	1	1	1	1	1	1	0	18	1	1	1	1	1	0	5	23
0	1	1	1	0	0	0	0	1	1	1	0	0	0	0	0	1	1	0	1	0	1	1	1	12	1	1	1	1	1	0	5	20
0	1	1	1	0	0	0	0	1	1	1	0	0	0	1	0	1	1	0	1	0	1	1	1	13	1	0	1	0	1	0	3	21
1	0	1	1	1	1	1	1	1	0	1	0	1	0	0	0	1	1	1	1	1	1	0	1	17	1	1	1	1	1	1	6	25
1	0	1	1	0	0	0	0	1	0	1	1	0	0	0	0	1	1	1	1	1	1	1	1	14	1	1	1	0	0	1	4	22
0	1	1	1	1	0	0	0	1	1	1	0	0	0	0	1	1	1	1	1	1	1	1	0	15	1	1	1	0	0	0	3	24
1	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	0	1	1	0	1	1	1	1	20	1	1	1	1	1	0	5	26
1	1	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	20	1	1	1	1	1	1	6	26
1	1	1	0	0	0	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	20	1	1	1	1	1	1	6	26
1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	0	1	1	1	1	22	1	1	0	1	1	1	5	27
1	1	1	1	0	1	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	21	1	1	1	1	1	0	5	26
1	0	1	1	1	1	1	1	1	1	0	1	1	1	1	0	1	1	1	1	1	1	1	1	21	1	1	1	0	1	1	5	26
1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	23	1	1	1	1	1	1	6	28
1	1	0	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	22	1	1	1	1	1	1	6	28
1	1	1	0	1	1	1	1	0	1	1	0	1	1	1	1	1	0	1	1	0	1	1	1	19	1	1	1	1	0	1	5	24
1	1	1	1	1	1	0	0	1	1	1	0	1	1	1	0	1	1	1	1	1	0	1	1	19	1	1	1	1	1	1	6	26
1	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	0	1	1	1	1	1	1	1	21	1	1	1	1	1	1	6	27
1	1	1	1	1	0	0	0	1	1	1	1	1	0	1	1	1	1	1	1	0	1	1	0	18	1	1	1	1	1	1	6	25
1	1	0	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	0	1	1	1	21	1	1	1	1	1	1	6	25

1	1	0	1	1	1	1	1	1	1	1	1	1	1	0	1	1	0	1	1	1	0	1	1	20	1	0	1	1	1	1	5	26
1	0	1	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	0	20	1	1	1	0	1	0	4	23
1	1	0	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	0	1	1	0	19	1	1	1	1	1	1	6	25
1	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	0	20	1	0	1	1	1	0	4	24
1	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	0	1	21	1	1	1	1	1	0	5	26
1	1	1	0	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	22	1	1	1	1	1	0	5	27
1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	23	1	0	1	1	1	0	4	28
1	1	0	1	1	1	1	1	1	1	0	0	1	1	1	1	1	0	0	1	0	1	1	1	18	0	1	1	0	1	0	3	21
1	1	0	1	1	0	1	1	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	0	19	1	1	1	0	1	0	4	22
1	1	0	1	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	0	1	1	0	0	18	1	1	1	1	0	0	4	24
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1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	0	1	22	1	1	1	1	1	0	5	26
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ANNEXURE - XI

PHOTO GALLERY

PRE TEST

POST TEST

STRUCTURED PTP


KANGAROO