“EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON MANAGEMENT OF WORM INFESTATION AMONG THE MOTHERS OF UNDER-FIVE CHILDREN’S AT SELECTED VILLAGE UNDER KOLAR DISTRICT”

By

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Project Report Submitted to

Sri Devaraj Urs College of Nursing Tamaka,

As a part of the curriculum requirement for the degree of Basic BSc Nursing

Under the Guidance of

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Head of the departmemt

Dept. of Community Health Nursing

Sri Devaraj Urs College of Nursing Tamaka,

Kolar-563103

2023

DECLARATION BY THE CANDIDATES

We hereby declare that this research project **"EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON MANAGEMENT OF WORM INFESTATION AMONG THE MOTHERS OF UNDER-FIVE CHILDREN'S AT SELECTED VILLAGE UNDER KOLAR DISTRICT"** is bonafide and genuine research work carried out by Community Health Nursing research group students under the guidance of Dr. Malathi. K.V, HOD of Community Health Nursing Department, Sri Devaraj Urs College of Nursing, Tamaka, Kolar-563103

Place: Tamaka, Kolar **Signature of the candidates**

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DECLARATION BY THE GUIDE

This is to certify that the research project entitled **"EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON MANAGEMENT OF WORM INFESTATION AMONG THE MOTHERS OF UNDER-FIVE CHILDREN'S AT SELECTED VILLAGE UNDER KOLAR DISTRICT"** is a bonafide research work done by **Ms Anumol K aji, Ms Anusha N, Ms Athina Jomon, Ms Asha Thomas, Ms H S Hemavathi, Ms Juby Saju, Ms Rosna Bijoy, Ms Rosmi Sebastin, Ms Rosemary Sabu, Mr Ritwik Mishra, Mr Wrhivu Pal and Mrs Saraswathi N** as a part of curriculum requirement for the degree of Basic BSc nursing programme.

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Head of the department
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Place: Tamaka, Kolar

Date:

ENDORSEMENT BY THE HOD PRINCIPAL/HEAD OF THE INSTITUTION

This is to certify that the research project entitled **"EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON MANAGEMENT OF WORM INFESTATION AMONG THE MOTHERS OF UNDER-FIVE CHILDREN'S AT SELECTED VILLAGE UNDER KOLAR DISTRICT"** is a bonafide research work done by **Ms Anumol K aji, Ms Anusha N, Ms Athina Jamon, Ms Asha thamous, Ms H S Hemavathi, Ms Juby saju, Ms Rosna bijoy, Ms Rosmi sebastin, Ms Rose mary sabu, Mr Ritwik Mishra, Mr Wrhivu pal and Mrs Saraswathi N** under the guidance of **Mrs Malathi K V** HOD of Community Health Nursing Department Sri Devaraj Urs College Of Nursing Tamaka, Kolar, in partial fulfilment of requirement of conducting research in 4th year BSc nursing.

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Thanking you

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ABSTRACT

TITTLE OF THE STUDY

"Effectiveness of planned teaching programme on management of worm infestation among the mothers of under-five children's at selected village under kolar district"

BACKGROUND OF THE STUDY

Worm infestation, often asymptomatic, can lead to significant morbidity and impact multiple organ systems. Most of worm infestation result of unsanitary living condition and poor food preparation. Worms are of many types as in "roundworm" and "hookworm". Most of these worms stay inside the body and sometimes may cause mild to severe illness. Worms can enter the body by intake of undercooked foods or transmitted by contaminated soil or feces Children under the age of 18 years are most prone to get these worm infestation.

The main objective of the study is evaluate the effectiveness of planned teaching program on management of worm infestation among the mothers of under-five.

OBJECTIVE OF THE STUDY

1. To evaluate the knowledge level of mothers with children under five regarding worm infestation management, a structured knowledge questionnaire will be utilized.
2. To evaluate the effectiveness of planned teaching programme on management of worm infestation among the mothers of under five children comparing the

pre and post-test interventions.

3. To examine the relationship between post-test knowledge scores and selected socio-demographic variables.

NULL HYPOTHESIS

H_{01}: There will not be significant in improvement in level of knowledge among under-five mothers.

H_{02}: There will be no significant correlation between knowledge scores and selected socio-demographic variables among mothers of under-five children in rural areas.

METHODS AND MATERIALS

The our study, intervention study in one group pre-post test design was adopted. The subjects consists 60 mothers of under-five from Holur village, Kolar taluk by convenient sampling technique. The knowledge levels of mothers with children under the age of five assessed by using the structure knowledge questionnaires in pre-test followed by delivery of education through effective AV aids through planned teaching programme. Later after 7 days post-test was conducted for same questionnaires. The data gathered were analyzed by detailed and conclusive statistical method.

RESULTS

The total mean score was 9.463 in pre-test and 26.49 in post-test. The paired "t" value was 40.315* which is important at $p<0.05$. It shows that planned teaching programme was efficient in improving knowledge levels among mothers with children under the age of five.

INTERPRETATION AND CONCLUSION

The study concluded that planned teaching programme was successful on improving knowledge levels of mothers with children under the age of five. After the interventions there had been a important increase in knowledge levels in post-test. The community nurses are essential in disseminating information and promoting understanding of worm infestation prevention and treatment.

KEY WORDS

Effectiveness, Planned teaching program, Mothers with children under the age of five, Worm infestation, and Knowledge levels.

LIST OF ABBREVATION

SL. NO.	ABBREVATION
01.	WHO- world health organization
02.	NDD -National Deworming day
03.	WASH -water, sanitation and hygiene
04.	UNICEF- united nation international children emergency fund
05.	ICDS- Integrated child development services
06.	F- frequency
07.	%- percentage
08.	SD- standard deviation
09.	DF- degree of freedom
10.	NS- Not significant
11.	SS- statistically significant

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CHAPTER 1

INTRODUCTION

‘‘Children are the wealth of the nation, the children of today are of tomorrow, they deserve to inherit a safer, fairer and healthier world. There is no task more important than safe guarding their environment’’.

Children are regarded as the "most valuable resource in the country" for their families and communities. One of the most valuable segments of society is children. Children are most affected by societal changes that are economic, social, political, and environmental. Numerous factors, such as the family's financial situation and the parents' educational attainment, particularly that of the mother, have an impact on their growth and well-being.[1]

Worm infestation is generally not noticed but some time leads to significant problem which affects many organ systems. Most of worm infestation result of unsanitary living condition and poor food preparation. Worms are of many types as in “roundworm” and “hookworm”. Most of these worms stay inside the body and sometimes may cause mild to severe illness. Worms can enter the body by intake of undercooked foods or transmitted by contaminated soil or faeces.

Children under the age of 18 years are most prone to get these worm infestations[2].

The WHO 2011 census estimates that there are around 150 million children in India between the ages of 0 and 6 years, or 11.7% of the country's total population.[3]

The various manifestations of worm infestations are mainly abdominal pain, diarrhea, weakness, irritability, blood in stools and weight loss. Though it may cause coughing or fever, vomiting and abdominal distention. The infection of worm infestation is approximately around 258 million in India[4].

Around 1 in every 5 individual is affected with worm infestation. The most common worm infestations observed at international level is:

-148 million in ascaris

-109 million in hookworm

-41 million in Trichuris.

Whereas in Karnataka 49% of children below the age of 14 years are suffering from these worm infestations. Some of the impacts of worm infestations on the children include worms in the bowel associated with vomiting and stomach pain. Anemia remains a major complication of worm infestations among school children which follows it with tiredness[5].

Young children are at greater risk of infection and have a high burden of various worm infestations. Reduced development rates and children's inability to reach their full potential in terms of both physical performance and education are symptoms of these parasite infections. One of the main causes of iron deficiency anemia is a high load of hookworm[6].

When an infected individual scratches the area around their anus, worm eggs are frequently discovered beneath their fingernails. When the sick individual handles and consumes food with the contaminated fingers. The mouth receives the eggs straight from the anus. Additionally, dogs, household dust, and contact with contaminated items like bedding, glasses, cutlery, or doorknobs can all spread eggs[7].

Worm infestation affects a child's growth and development, and if treated late, it can lead to major consequences. The researcher benefits the general population's health by improving the health of children. As the primary care, the mother has enormous duty for child care. She must know how to prevent and control worm infestations. If the mother was well-informed, her children's health would be optimal

[8].

Mothers are selected as samples to access their understanding of worm infestation since home education results in the parent's natural surroundings [9].

Preventing and treating worm infestations includes sanitary faecal disposal, routine case diagnosis and treatment for all affected individuals, anaemia therapy, and health education. Simple behaviors such as improving personal hygiene, wearing shoes to avoid polluted soil, and using sanitary latrines to dispose of waste are among the preventive techniques. Involving the community in health education is critical to worm prevention[10].

There are various schemes that have been initiated by the govt. to prevent these worm infestations among which one is the NDD (National Deworming day) celebrated on 10th February to create awareness among families regarding worm infestations. Another initiative taken by the government to prevent worm infestation is distribution of tablet Albendazole for schools and Anganwadi children[11].

To devise a roadmap for transmission breakage, the Government of India has constituted a high-level scientific committee. This includes:

1. India-wide National Deworming Day initiatives are implemented across all states due to the prevalence of soil-transmitted helminthes.
2. Synchronized implementation of mass drug administration programs for deworming and lymphatic filariasis(LF).
3. WASH (water, sanitation and hygiene) campaign in schools[12].

Mothers can play an relevant role in providing health information to other mothers. Developing habits for environmental sanitation and hygiene helps prevent worm infestations[13]

This was reduce the morbidity and mortality rate among children under five. The

mother should be aware of the cause, symptoms, complications, prevention, and treatment of this condition. Therefore, the researcher intended to carry out the study to evaluate mothers' awareness of worm infestation in children under five.[13]

NEED FOR STUDY

Worm infestation is a significant contributor to childhood mortality in tropical and subtropical developing countries, with India being particularly affected, where approximately 553 million individuals are at risk, while 27 million are carriers of parasites.[14].

Children in India have one of the highest rates, particularly in rural regions. There are over 6.3 lakh basic and upper primary schools in rural areas, serving 8 crore students. In rural areas, seventy-five percent of children aged six to fourteen attend school. Just 44% of these institutions had water supply facilities, compared to 19% with urinals and 4% with restrooms. Schools and the general environment become dangerous places under these circumstances, where diseases are spread by a range of pathogens and parasites, mostly due to contaminated water and inadequate sanitation [15].

As a vast and diverse country, India has a population of 1.25 billion, with children making up 25%. Limited awareness about hygiene and widespread malnutrition have significantly hindered the goal of achieving "health for all" by 2000 AD. Despite a decline in under-five mortality to 93, morbidity rates continue to rise, primarily due to malnutrition, which remains a leading cause of under-five deaths (UNICEF, 2002)[16].

According to estimates from the World Health Organization, Intestinal helminths of one type infect approximately 1400 million people worldwide. The infestation consists of roundworms, hookworms, and whipworms. The diseases linked to these

infestations affect 200 million youngsters. The causes of the worm infestation in children are a low level of living, which includes inappropriate faecal and other waste disposal, overcrowding, unsanitary health practices, and inadequate environmental cleanliness. In response to worm infestation caused by unhygienic practices, the Government of India introduced the National Deworming Day program in 2015, implemented bi-annually to prevent such infestations[17].

Research conducted in 2011 by the Washington-based International Food Policy Research Institute discovered that papaya seed powder boosts blood circulation and purification. Papaya has been utilised widely in homoeopathic, Ayurvedic, and Unani medicine. Papaya seeds contain a wide variety of chemically and structurally complex biologically active components. There have been over 140 components found in various papaya parts. Traditional medicine has utilised all parts of seeds, trees, leaves, flowers, fruits, roots, and bark to cure worm infestation, fever, inflammation, and dental cavities[18].

Papaya is mainly used as a food source, and its potential as an alternative treatment remains underutilized due to limited knowledge about its herbal benefits. Papaya contains various compounds, including alkaloids and vitamin C and E, which could be leveraged for medicinal purposes. These elements play a significant role as an anthelmintic in eliminating Ascaris lumbricoides. Papaya seeds, rich in enzymes, serve as an anthelmintic, while alkaloid compounds containing papain are key ingredients in deworming medications.[19].

A study was experimentally carried out on topic "Effectiveness of health education intervention program on knowledge regarding worm infestation among mothers of under five children" by Kalpana. K, and Shobhana in alangium at dharapuram. The knowledge is measured by using planned questionnaire developed by the researchers

among 30 mothers of under-five children who fulfilled the inclusion requirements was selected by convenient sampling method and both detailed and statistics were used for analysis. The findings revealed that education among mothers of under-five children was effective and helped them in gaining adequate and moderate knowledge[20].

Researchers discovered throughout their clinical experience in the community health area that many people practice open field defecation and that, despite the facilities were provided, children typically did not wear nappies. Along with this, the majority of mothers say that their kids' anal areas itch. All of these elements made the researcher consider this specific health issue and want to discover if honey and papaya seeds could help youngsters with worm infestations.

CHAPTER II

CHAPTER - II
OBJECTIVES

This chapter covers the key components of the study, namely the problem statement, objectives, hypothesis, operational definitions, assumptions, limitations, and conceptual framework, providing a reference point. The problem statement and objectives are detailed as follows:

PROBLEM STATEMENT OF THE STUDY

“Effectiveness of planned teaching programme on management of worm infestation among the mothers of under-five children’s at selected village under kolar district”.

OBJECTIVE OF THE STUDY

1. To evaluate the knowledge level of mothers with children under five regarding worm infestation management, a structured knowledge questionnaire will be utilized.
2. To evaluate the effectiveness of planned teaching programme on management of worm infestation among the mothers of under five children comparing the pre and post-test interventions.
3. To examine the relationship between post-test knowledge scores and selected socio-demographic variables

NULL HYPOTHESIS

H_{01}: There was not be significant in improvement in level of knowledge among under-five mothers.

H_{02}: There will be no significant correlation between knowledge scores and selected socio-demographic variables among mothers of under-five children in rural areas.

OPERATONAL DEFINITION

Effectiveness

In our study it refers to an impact of planned teaching program improve knowledge of Under five mothers after comparing the before and after education.

Planned teaching programme: It is thoroughly, organized structure teaching learning activities includes lecture cum discussion method on management of worm infestation.

Worm infestation: For the purpose of this research, worm infestation relates to these parasites live in the gut and deprive the child of essential nutrients and Children often complain of stomach ache, itching around the anus, irritability, eating too frequently and sometimes even malnutrition.

Primary school children:

Mothers of under-five: mother of under-five child

Primary school Children: In this study it relates to the primary school children between the age group of 06-10 years studying at selected rural primary school Kolar Taluk.

ASSUMPTIONS

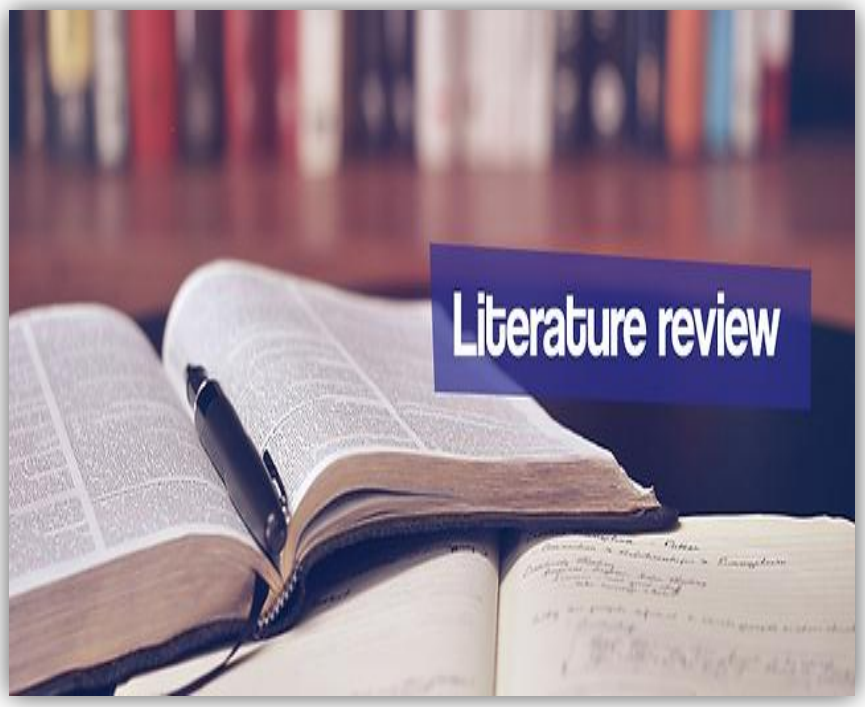
- Most of the primary school children suffering from worm infestation
- Structured teaching program improve knowledge of under-five mothers after intervention

DE-LIMITATION

The investigation is restricted to,

- To the mothers with children under age of five.
- Conducted in only rural area.

CHAPTER III



CHAPTER III

REVIEW OF LITERATURE

A literature review is a critical part of research. It involves carefully examining and evaluating existing studies on a topic. This helps researchers understand what's already known, identify gaps, and plan their study effectively.

For the present study literature is overview and coordinated, under following headings

- **Studies connected to prevalence of worm infestation**
- **Studies relevant to natural remedies on**
- **Interventional studies related to management of worm infestation.**

One of the intervention study was conducted on knowledge on management of worm infestation

In the school going population. School teachers and general population at Gadag India by using systematic random sample universal sampling and convenient sampling technique. According to the final results, school children, school teachers, and the general population demonstrated improved scores from pre-test to post-test. Specifically, school children's scores increased from 51.36% to 83.73%, school teachers' scores from 57.11% to 92.17%, and the general population's scores from 41.91% to 88.16%[21].

A descriptive study with a cross-sectional approach was conducted by Fathima S R, Qureshi A H, Kumar R on the topic‘‘Assessment of knowledge attitude and practice about worm infestation and deworming among mothers of children under five years of age living in the slum of Islamabad Pakistan’’. The study aims to investigate the understanding, viewpoints, and daily practices related to worm infestation and

deworming among mothers of under-five children in Islamabad's slums. A total of 151 mothers with children below five years of age were randomly selected for interviews using World Health Organization-recommended tools that were reliable, validated, and pretested. The inclusion criteria consisted of households with children under five years old. Women who were medically unfit were excluded from the study. The findings indicate no significant correlation between unhygienic feeding practices leading to worm infection and mothers' occupations. However, the mother's age and decision-making power for healthcare-seeking behavior showed a significant relationship. Child development was strongly linked to worm infestation, and unhygienic feeding practices. A significant association was also found between mothers' education and worm infestation in their children[22].

An Experimental study was conducted on topic "Effectiveness of health education intervention program on knowledge regarding worm infestation among mothers of under five children" by Kalpana. K, and Shobhana in alangium at dharapuram. The information is measured by using planned questionnaire developed by the researchers among 30 mothers of under five children who met the inclusion criteria was selected by convenient sampling method both detailed and statistics were used for checking data analysis. The findings revealed that education among mothers with children under age of five was effective and helped them in gaining adequate and moderate knowledge[23].

The literature of dosing difference in paediatric and adult patients for common Ayurveda formulations. The literatures suggested that in order to acquire desire effect of drug it must be present at site of action in an appropriate concentration.

FactorslikeBala,Vaya,Vyadhi,dosha,Agni,Kostha,satmya,Desha,kalla, and prakriti etc are to be considered while deciding dose of medicine. The children's belonging from age 6 to 10 years the general drug dosing can be administered savarasa in 2-5 ml, Kalla is 2-5 gram, Chuma is 2-3 gram, Jonathan 2-5ml, Vati suggested 130-250mg, Bhasma is 130 -250nb mg, Asava/Arishta is 2-5 ml[24.]

Saptarshi Banerjee and Soumalyaray undertook a cross-sectional descriptive study, on the topic ‘‘Effectiveness of planned teaching programme on prevention of intestinal worm infestation in terms of knowledge among mothers in a selected rural community, West Bengal’’. This study evaluates the impact of a planned teaching program on mothers' knowledge about intestinal worm infestation among children under five. The study sampled 40 mothers from ICDS centers using a convenient sampling technique and employed a structured interview schedule to collect data. The findings indicate that rural mothers in West Bengal lack adequate knowledge on preventing intestinal worm infestation. The study suggests that a planned teaching program can enhance their knowledge.[25.]

A study was conducted at Rajasthan on the topic "doses and dosage forms in ayurvedic pharmaceutics, paediatric perspective". It aims to deal with the uses and doses of the preparation, which play an important role in preventive and curative Care of children. Various steps has been taken to prevent disease Such as a Swarnaprashan, lehan and Ingestion of other particular medicine. The drugs are given to the children. in some particular doses like amalkasthi, kolasths- Masha shane. The study further explain about various dosage forms with dose which are important in child to maintain their health.[26]

An experimental study was conducetd by Mamta Nebhinani on topic to ‘‘ assess the effectiveness of structured teaching programme on prevention of worm infestation among school children’’. Government High School, Kubheri, Mohali, Punjab, India, was the site for a pre-experimental research study involving 6th and 7th-grade students. The study sample consisted of 35 students selected through convenient sampling. A one-group pretest-posttest design was utilized in this research. Data collection was done through a self-planned questionnaire assessing knowledge. The results showed that about 83% of school children scored well in the post-test, suggesting that the teaching program effectively enhanced their knowledge[27].

An evaluative study was conducted by Seema Yadav, on topic to ‘‘assess the effectiveness of structured teaching programme an knowledge of prevention of worm infestation through child -to -child program among school children aged between (8 to 12 years) in school, Rangareddy district’’. They used the pre experimental two group pre-test and post-test research design. This study tested a teaching program with 4th and 6th-grade students by sampling method includes convenient method. The results showed that students' knowledge improved significantly after the program, increasing by 44%. The structured teaching approach was effective, while the child-to-child approach was less effective [28].

On the topic of ‘‘knowledge and practice of intestinal helminthiasis among rural tribal mothers of under five children in Mohanpur block, west district of Tripura’’ a cross sectional study was conducted. The study aims to assess mothers information and habit towards worm infection of their children with age of five. A structured and protested interview schedule was conducted for data collection. 117 mothers of under

five children were selected and came to be the first house in the study sample. The next consecutive houses were selected

The sampling interval was applied (9, 14, 19, etc.) to select mothers until the required sample size was attained. After securing verbal consent, mothers were asked questions in the local language, and their statements were recorded on a structured and pretested interview schedule. The result shows 19%, 26.8%, and 2.6% of respondent reported of roundworm, threadworms and tapeworms respectively 23%, 19.6%, 23% and 14.8% reported of abdominal pain, itching, vomiting. The significant observation between helminthic infection and use of types of latrine, hand washing defecation, regular hand wash before meals and regular use of foot wears[29.]

A descriptive study was conducted by yadav A, pant G, Bora N in tutor , college of Nursing chandigarh, india on the topic " Assessment of knowledge of mothers with children of age with five of regarding worm infestation. The research aims to examine the knowledge score of mothers of children under five years old regarding worm infestation. A total of 50 mothers of under-five children participated in the study. The methods of data collection refer to the approaches and techniques used to collect and analyze data in a research study. After obtaining formal permission from the Primary Health Centre (PHC) authority, data was collected for the study. A pretest was conducted using a knowledge questionnaire, which each participant completed within 30 minutes. The results indicated that women living in the community area possess adequate knowledge about worm infestation[30].

. A quasi-experimental study was undertaken to evaluate ‘‘effectiveness of structured teaching programme on knowledge and practice regarding prevention of

worm infestation among the mother's of under five children's in selected villages'' of Moga , Punjab by Duljit Kaur. A non-equivalent quasi-experimental design was utilized in this research. The study included 60 mothers, divided into an experimental group (n=30) and a control group (n=30), selected through purposive sampling. A questionnaire was used to measure knowledge, and a checklist was used to assess practice.

The study demonstrated a substantial increase in mean knowledge scores from pretest to posttest, highlighting the effectiveness of the structured teaching program in improving mothers' understanding of worm infestation in under-five children.[31]

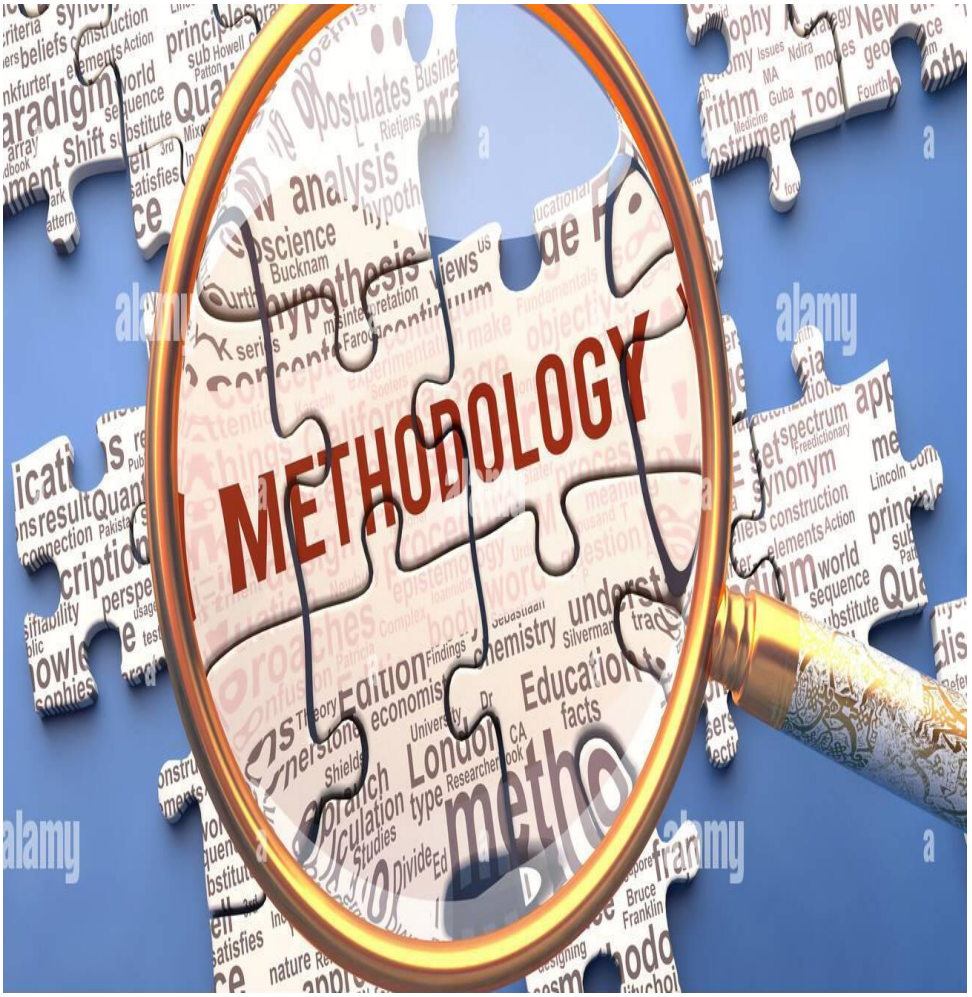
A research study using an experimental design was carried out on the topic of ''Effectiveness of planned teaching programme regarding worm infestation on knowledge among mothers of under five children in rural area of Lucknow district by Sandeep Yadav, Rohitash Kumar ,S K Singh. The study was conducted using the experimental pretest-posttest control group design. Tools was used semi structured knowledge questionnaire. The sample of the study comparised of 92 mothers for both groups. The result revealed that posttest mean and SD score higher than the pretest score. The findings revealed that the planned teaching programme on worm infestation there was significant improvement on knowledge of mothers of childrens underfive.[32]

Experimental study was conducted on the topic to evaluate the ''effectiveness of structured teaching program on prevention of worm infestation among a mother's of under 5 children by Rakesh Patidar in Mehsana District Gujarat''. Study was conducted using Kashi experimental one group pretest and posted design. Structured

knowledge questionnaire and 3 point likert scale was used to evaluate the baseline data knowledge and attitude of mother of under 5 children. This result the increase in knowledge was witnessed after the implementation of structure teaching program enhanced the knowledge of mother of under 5 children[33].

A descriptive coord National study was conducted on the topic ‘‘knowledge and practice of mothers of under 5 children on worm infestation in rural community in Dakshina Kannada bhai ke Jayalakshmi, Janet Alwa, this mainly focuses to find out the coordination between the knowledge and practice course of mothers of under 5 children’’. A total of 200 mothers of under 5 children were participated. The result show that 38 0% of mother's having fair knowledge and 34.5 percentage mothers having poor knowledge and 92.5 percentage mothers having satisfactory practice and also just study shows that there is a significant relationship between the knowledge and practice.[34]

CHAPTER – IV



CHAPTER - IV

RESEARCH METHODOLOGY

Research methodology is a systematic way to solve a problem. It is a science of studying how research is to be carried out. Essentially, the procedures by which researcher go about their work of describing, explaining and predicting phenomena are called methodology. It also defined as the study of methods by which knowledge is gained. Its aim is give the work plan of research.

The methodology of this study includes the research approach and research design setting of the study, description of population, sample, and sample size, sampling technique, developing and testing of the tool, method of data collection and plan for data analysis.

SOURCE OF DATA

- The sources of the data for this study was mothers of under-five in selected rural area in kolar taluk.

RESEARCH APPROACH AND DESIGN

Research approach is plan and procedure that consists of the steps of board assumptions to detailed method of data collection, analysis and interpretation.

The research approach used was quantitative approach. The research design, adopted for this study was be one group pre-test and post-test design

01 X 02

01:-Pre- test to assess the level of knowledge on management of worm infestation before the intervention by using structure knowledge questionnaires.

02:- Post- test to assess the level of knowledge on management of worm infestation after the intervention by using structure knowledge questionnaires

X- Intervention i.e. planned teaching programme on management of worm infestation.

VARIABLES:

- **Dependent variables:** Knowledge on management and worm Infestation.
- **Independent variables:** Planned teaching programme among mother of under five children.
- **Demographic variables:** Age, religion, Educational status, Type of family, Occupational status, Monthly income of family, Place of defecation, Sources of drinking water, Age of children and sources of health information.

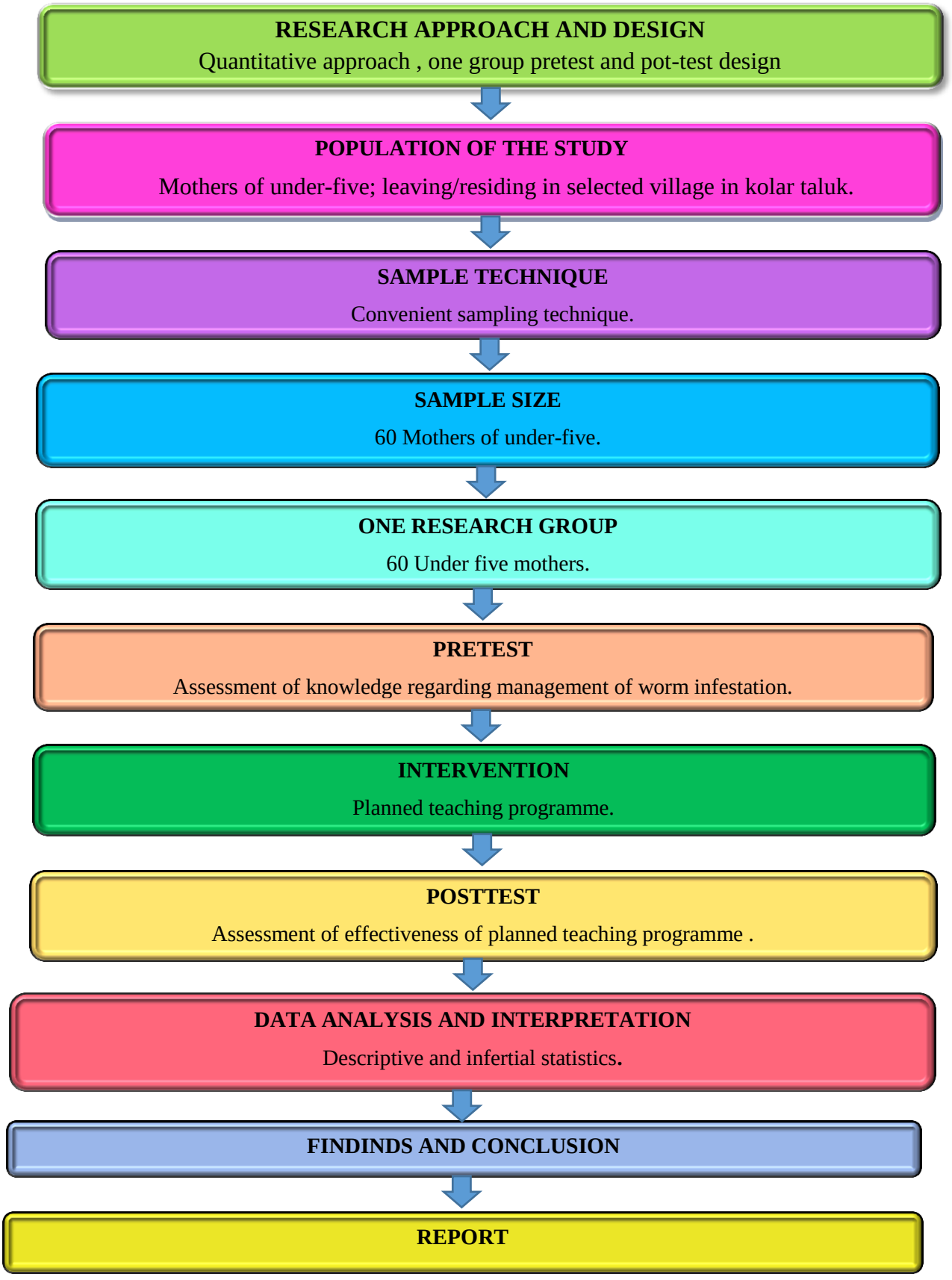
SETTING:

Setting is the location where a study is conducted for the present study. The study was conducted at Holur village, Kolar taluk. There was a primary center and sub center in this village. Keeping in mind, the time available for data collection and familiarity to the area, the investigator have chosen this settings.

POPULATION:

The population of the study was the mother of under-five, leaving/receding in selected village.

SCHEMATIC REPRESENTATION OF RESEARCH



SMPLING TECHNIQUE

Convenient sampling technique was adopted to collect the data for the study.

SAMPLE

The sample for the study consists of 60 mothers of under-five children.

SAMPLE SIZE

The sample size was 60.

SAMPLING CRITERIA

Inclusion criteria

1. Mother of under five children leaving in selected village.
2. Who are willing to participate in the study
3. Who are available at the time of data collection.

Exclusion criteria:

- Mothers

I. Who are working in health sectors.

II. Who already attended awareness programme on management of worm infestation.

DATA COLLECTION TOOL:

The tool consisting of two sections as follows.

Section – A: socio -demographic data

The socio -demographic data variables such as Age, religion, educational status, type of family, occupational status , Monthly income of family, Place of defecation, sources of drinking water, age of children and sources of health information.

Section B: Structured knowledge questionnaire

It consisting questions on management of warm infestation related which includes five aspects as follows

I). General questions regarding worm infestation (06 items)

II). Questions related to types and causes (04 items)

III). Questions related to signs and symptoms (04 items)

IV). Questions related to management and complication (05 items)

V). Question related to prevention and home remedies (11 items)

SCORING

There were 30 questions each question has 4 options with 1 correct answer. The score for correct response to each question was "1" and the incorrect responds was "0". Thus, for maximum obtainable score were "30" and minimum was "0".

The level Knowledge of the mother can describe as follows

a. Below adequate (<50%)
b. Adequate (51-75%)
c. Above adequate (>75%)

CONTENT VALIDITY

Content validity of the tool established by obtaining suggestion given by experts of Community health nursing, Medical surgical nursing, child health nursing department & OBG department faculties of Sri Devaraj Urs College of nursing, Tamaka kolar.

Method of data collection:

Data was collected in the following steps. Through the interview and observational method.

STEP 1: The ethical clearance was obtained from institutional Ethical committee.

STEP 2: Permission was obtained from PHC medical officer

STEP 3: Formal permission was obtained from the mothers of under-five children and concerned authorities of anganawadi centers.

STEP4: Informed written Consent was taken from study participants before collecting the data by explaining the nature, purposes and duration of the study. Further by using structured questionnaire level of knowledge will be assessed.

STEP 4: Based on the inclusion criteria 60 mothers of under five children were selected by using convenient sampling technique from the study area.

STEP 5: Pre-test was conducted by using structured knowledge questionnaire on management of worm infestation among the mothers of under five children. Followed by planned teaching program was delivered on same topic by using flash cards, charts.

STEP 6:

Post test conducted after 15 days by using same structured knowledge questionnaire and Master sheet was prepared for data analysis.

METHOD OF DATA ANALYSIS

Data was analyzed on the basis of objective and hypothesis by using descriptive and inferential statistics.

1. Descriptive statistics was used to analyze the frequency, percentage, mean and standard deviation of demographic variables.

2. Inferential statistical: Paired t-test was used to find out the effectiveness of PTP on management of worm infestation among the mothers of under five children. By comparing pre and post-test Knowledge scores.

3. Chi square test was used to find out the association with knowledge scores and socio demographic variables.

CHAPTER-V

CHAPTER V

DATA ANALYSIS AND INTERPRETATION

Data analysis is the most crucial part of any research. Data analysis summarizes collected data. It involves the interpretation of data through the use of anatomical and logical reasoning to determine patterns, relationships or trends.

This chapter deals with the analysis and interpretation of data collected from 60 under five mothers at selected colleges at kolar, to assess the Effectiveness of planned teaching programme on management of worm infestation among the mothers of under-five children's. The purpose of data analysis is to extract useful information from data and taking the decision based upon the data analysis.

OBJECTIVE OF THE STUDY

1. To assess the level of knowledge on management of worm infestation among the mothers of under five children by using structured knowledge questionnaire.
2. To evaluate the effectiveness of planned teaching programme on management of worm infestation among the mothers of under five children comparing the pre and post-test knowledge scores.
3. To determine the association with knowledge post test scores and selected socio demographic variables.

NULL HYPOTHESIS

H_{01}: There will not be significant in improvement in level of knowledge among under-five mothers.

H_{02}: There will not be significant association between the knowledge scores with selected socio demographic variables of mothers of under five children in rural area.

DESCRIPTION OFTHE TOOL

PART – I

Demographic variables includes age, religion, educational status, type of family , occupation, total annual income of family, place of defecation, sources of drinking water, age of the child, sources of defecation.

PART-II

It is consisting of structure knowledge questionnaires to assess the knowledge of under-five mothers on management of worm infestation, It includes general questions, types and causes, signs and symptoms, management and complications, prevention and home remedies.

The data is organized under following sections

PART I: SECTION A

This section deals with data pertaining to socio demographic characteristics of mothers of under-five.

Distribution of samples based their socio demographic variables of the participants

Table -01.Age of the mothers

Variable	Options	Frequency	Percentage (%)
Age of the mothers	a. 20-25 yrs	23	38.3%
	b. 26-30yrs	16	26.66%
	c. 31-35yrs	12	20%
	d. 15-20yrs	09	20%

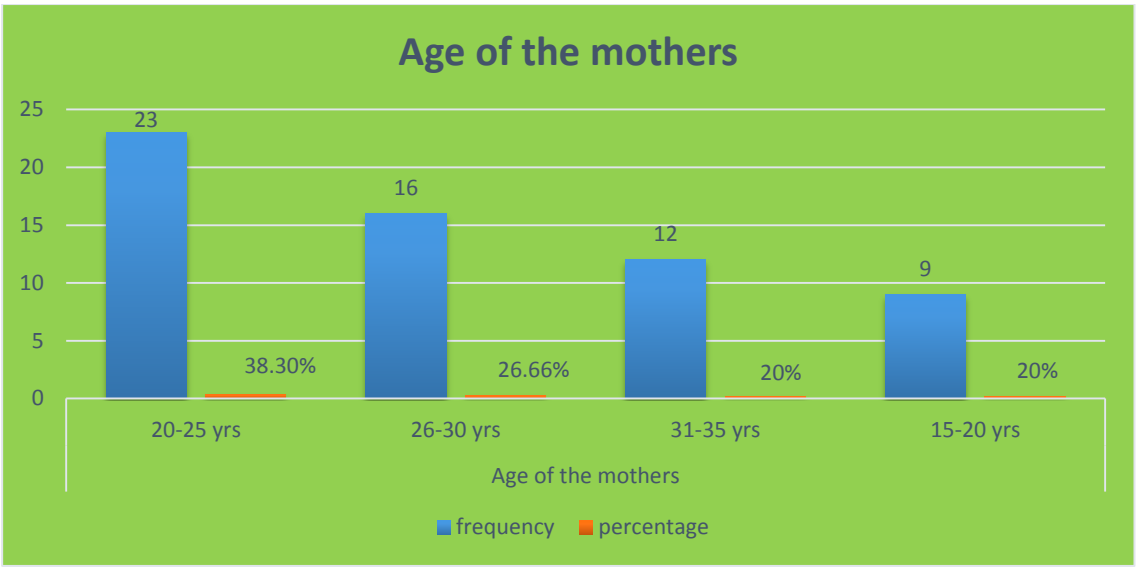


Figure No. 01- Distribution of participants according to the Age in years

The above table 01 & figure 01 shows that among 60 mothers, 09 (15%) mothers belongs to 15-20 years, 23 (38.3%) mothers belongs to 20-25 years, 16 (26.66%) mothers belong to 26- 30 years and 12 (20%) mothers belongs to 31 to 35 years.

Table - 02. Distribution of participants according to their Religion

Variable	Options	Frequency	Percentage
Religion	a. Hindu	59	98.38%
	b. Muslim	1	1.66%
	c. Christian	0	0%
	d. Others	0	0%

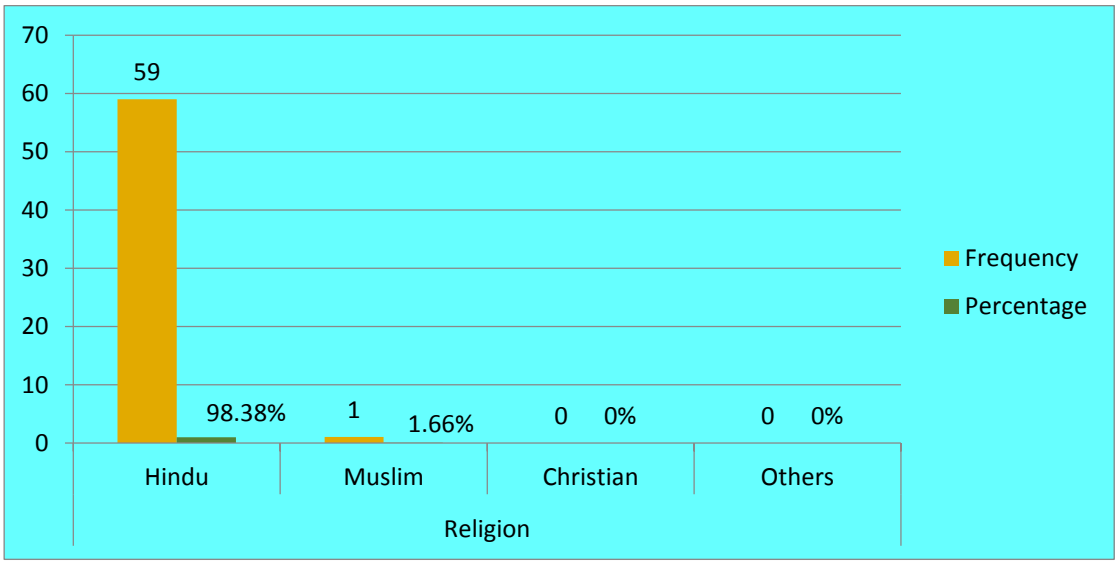


Figure No. 02- Distribution of participants according to the religion

The above table 02 and figure no. 02 shows that 59 (98.38%) mothers belong to Hindu religion and 01 (1.66%) mothers is Muslim among the 60 mothers.

Table -03 Distribution of participants according to their Educational status

Variable	Options	frequency	Percentage
Educational status	a. Illiterate	4	6.66%
	b. primary education	9	15%
	c. secondary education	18	30%
	d. higher secondary	22	36.6%
	e. undergraduate	7	1.66%
	f. post graduate degree	0	0%

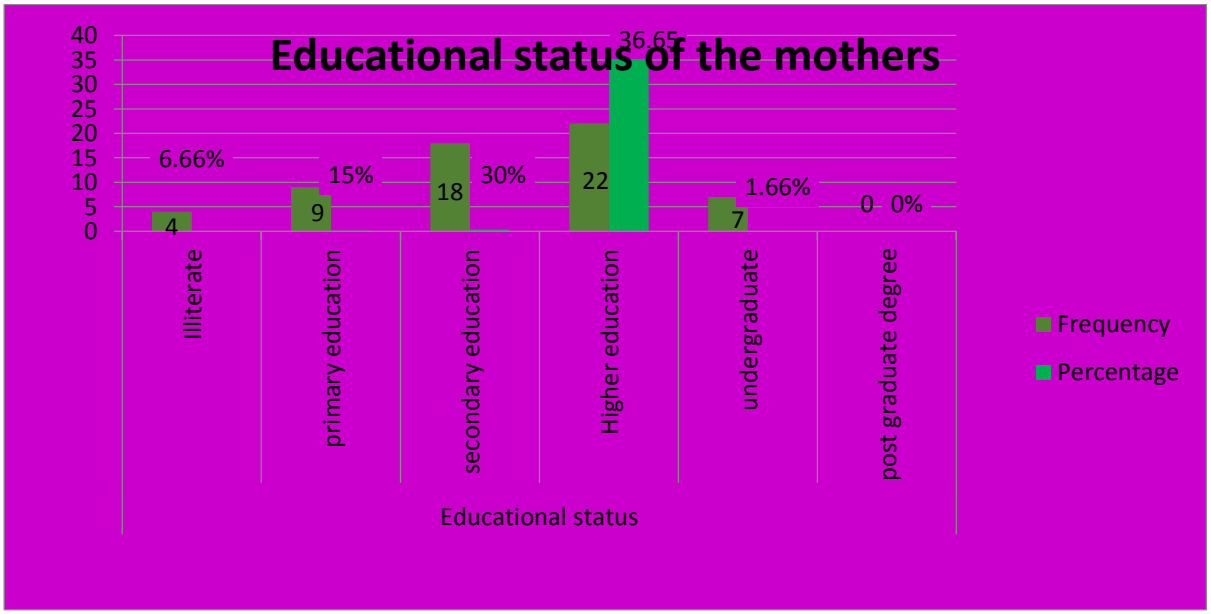


Figure No. 03- Distribution of participants according to the educational status

Above table 03 and figure no. 03 shows that among the 60 mothers, 04 (6.66%) mothers are illiterate, 09 (15%) mothers are primary education, 18 (30%) mothers are secondary education, 22 (36.6%) mothers are higher secondary and 07 (1.66%) mothers are undergraduate.

Table 04- Distribution of participants according to their Type of family

Variable	Options	frequency	Percentage
Types of family	a. Nuclear family	34	56.6%
	b. Joint family	14	23.3%
	c. Extended family	12	20%

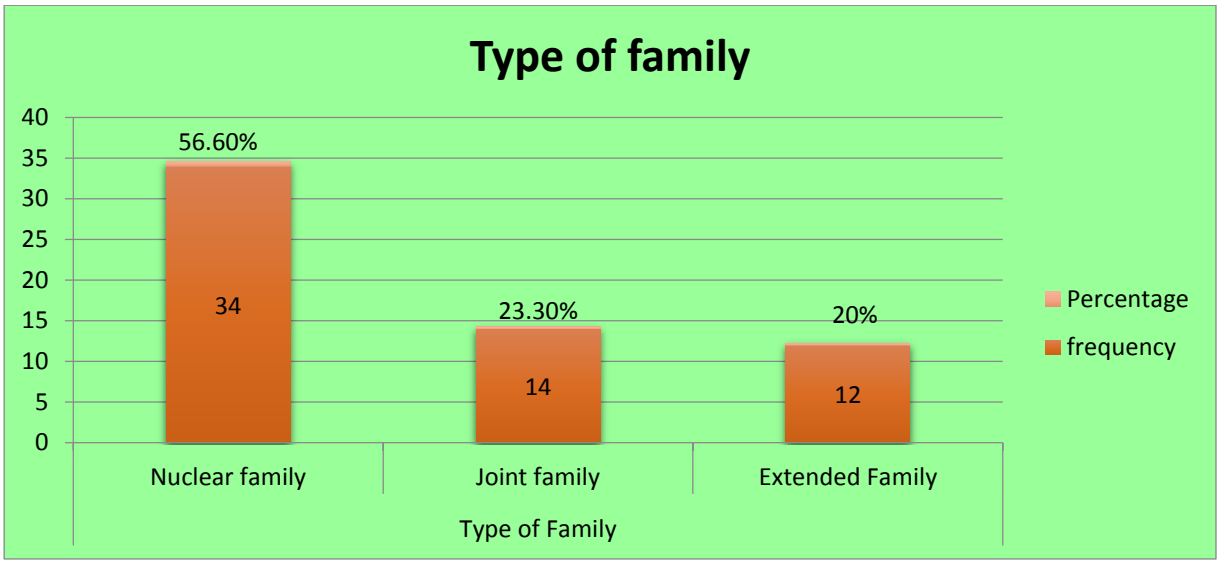


Figure No. 04- Distribution of participants according to the Type of family.

Above table 04 and figure no.04 indicated that total 34 (56.6%) mothers belongs to nuclear family, 14 (23.3%) mothers belongs to joint family, and 12 (20%) mothers are belongs to extended family among the 60 mothers.

Table 05 – Distribution of participants according to their Occupational status

Variable	Options	Frequency	Percentage
Occupational status	a. House wife	26	43.33%
	b. Agriculture	21	35%
	c. Private job	13	21.6%
	d. Govt. job	0	0%

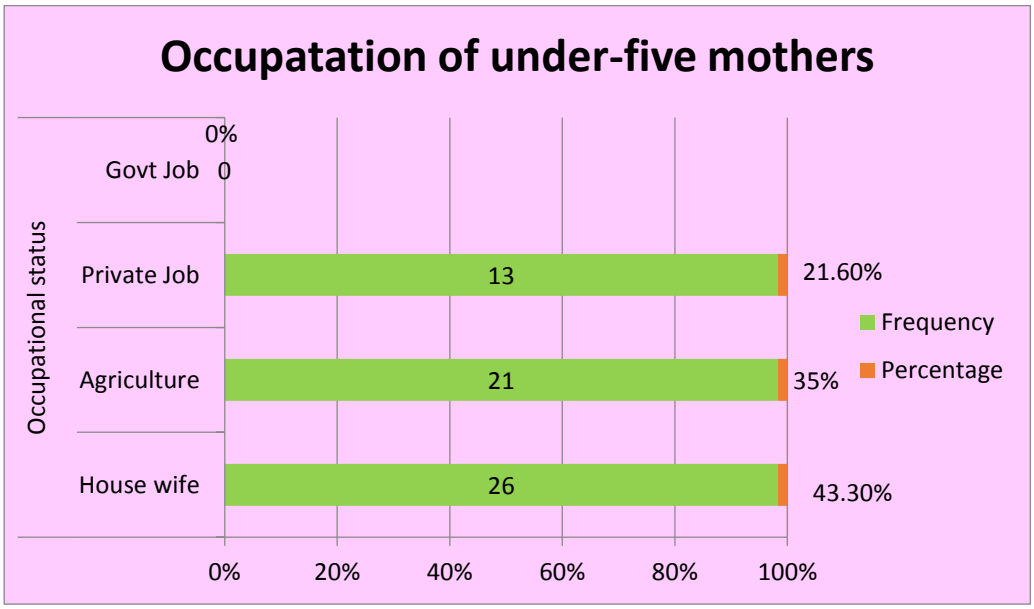


Figure No. 05- Distribution of participants according to the Occupation

Above table 05 and figure no.05 shows that 26 (43.33%) mothers are house wife's, 21(35%) mothers are accompany with the agriculture, 13 (21.6%) mothers going for private jobs

Table No.06 - Distribution of participants according to their Total income of family

Variable	Options	Frequency	Percentage
Annual income of family	a. < Rs 5000	8	13.33%
	b. Rs 5000-10,000	21	35%
	c. Rs 11,000-15,000	18	30%
	d. > Rs 15,000	13	21.6%

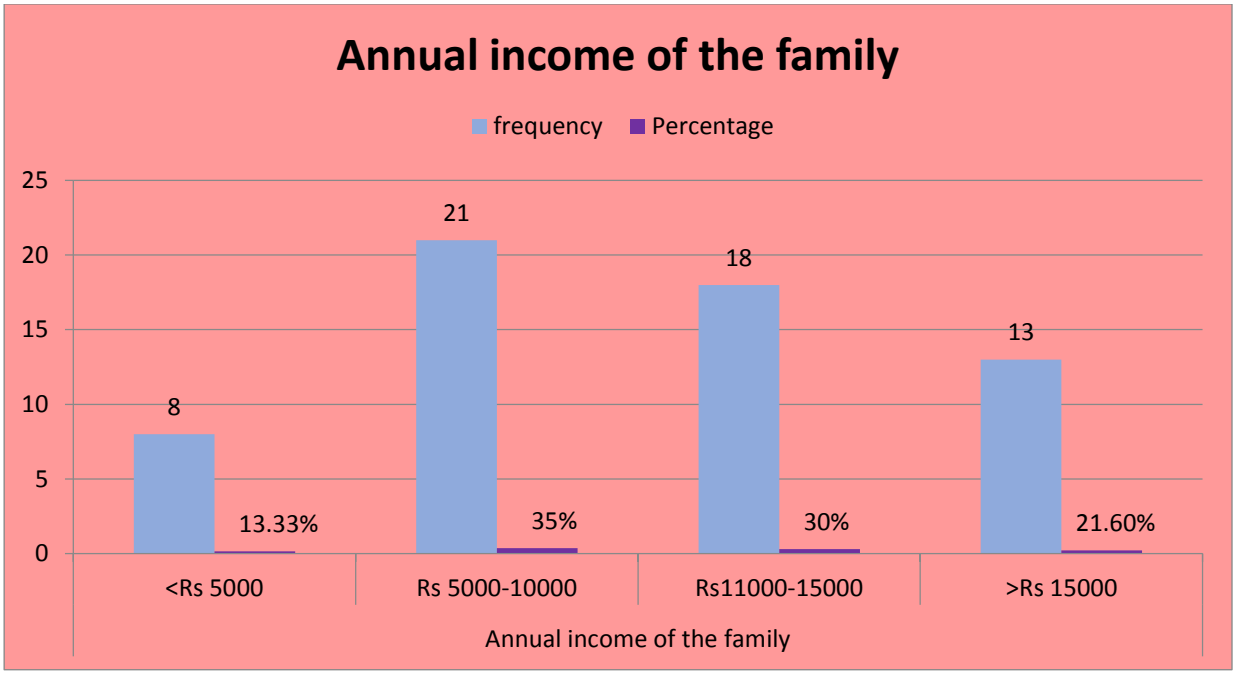


Figure No. 06- Distribution of participants according to the annual income of family

The above table no. 06 and figure no. 06 shows that 8 (13.33%) mothers belongs to less income family that is less than 5000rs, 21 (35%) mothers belongs to 5000 to 10000rs, 18 (30%) mothers are 11000 to 15000rs , and 13 (21%) members belongs to the more than 15000rs.

Table No.07 – Distribution of participants according to their place of defecation

Variable	Options	Frequency	percentage
Place of defecation	a. Open area defecation	2	3.33%
	b. Toilet	58	96.66%

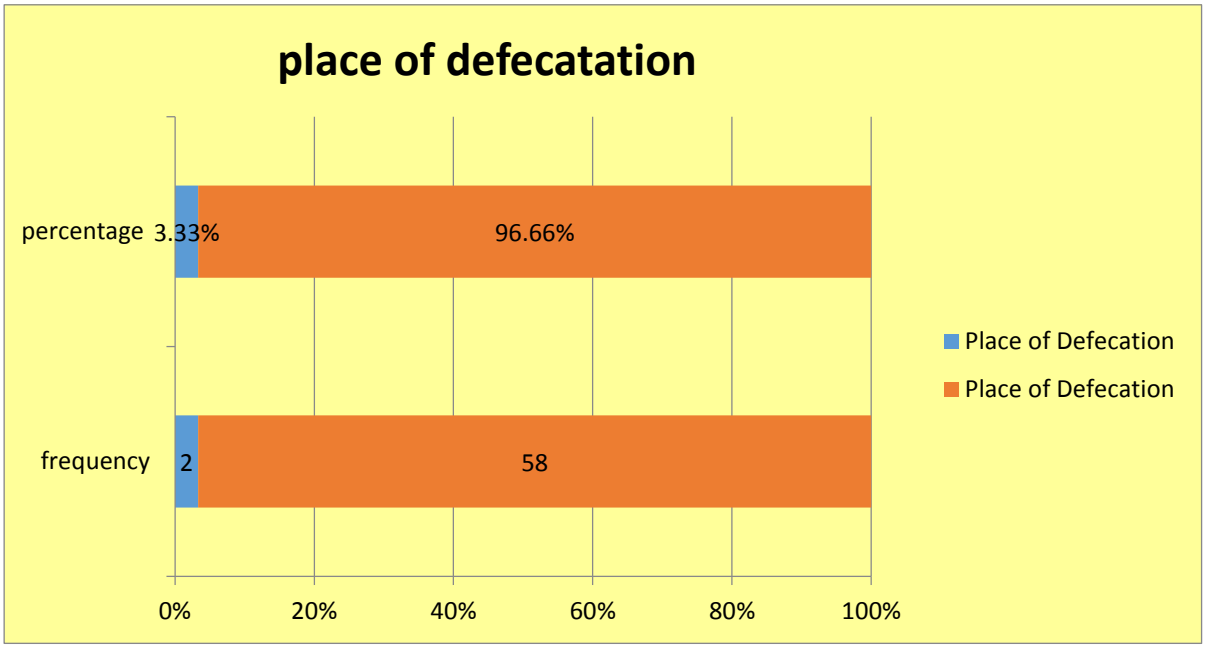


Figure No. 07- Distribution of participants according to the place of defecation.

The above table 07 and figure no. 07 shows that the most of the mothers 58 (96.66%) are using toilet and very less mothers 2 (3.33%) using open area defecation total among the 60 mothers.

Table No.08 – Distribution of participants according to their Sources of drinking water

Variable	Options	Frequency	Percentage
Source of drinking water	a. Tap water	1	1.66%
	b. River water	0	0%
	c. Well water	0	0%
	d. Filter water	59	98.33%

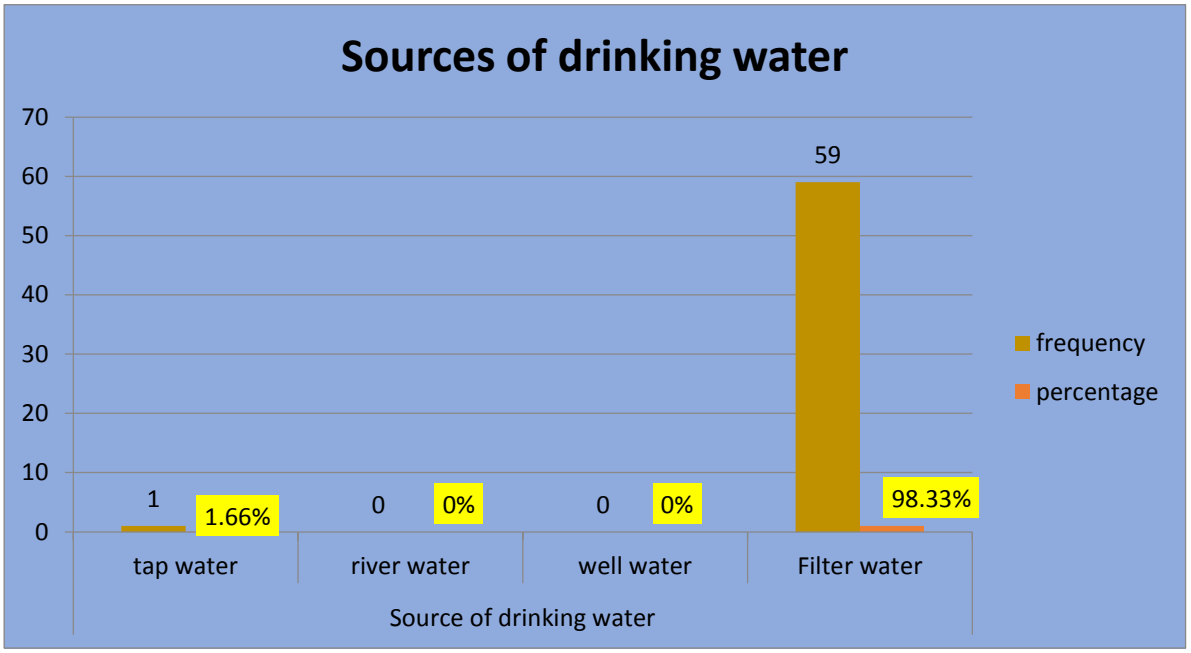
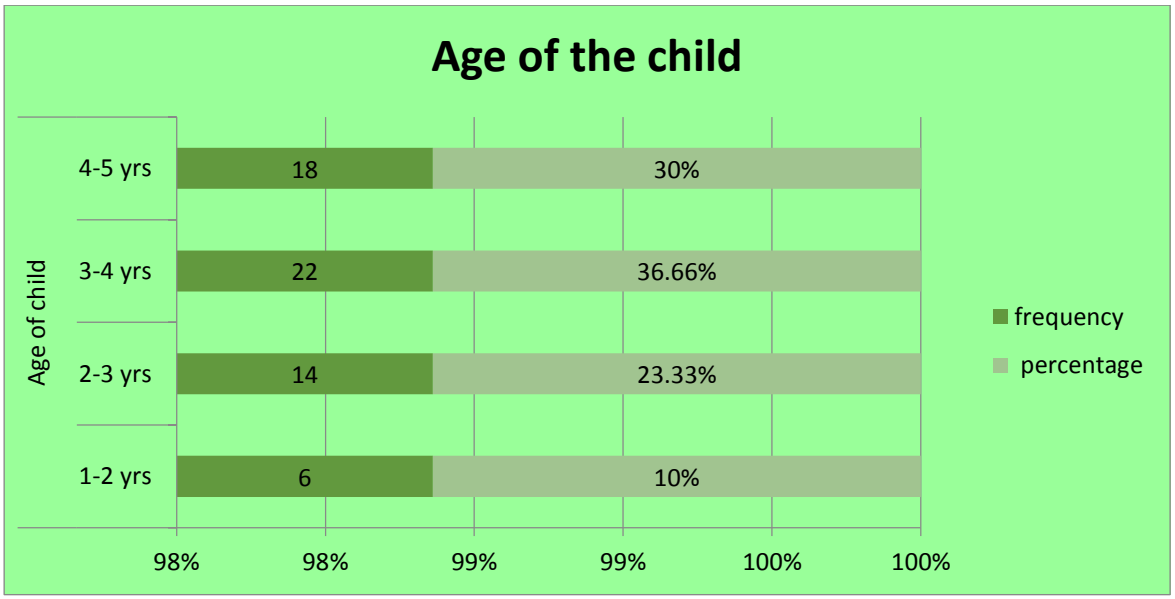


Figure No. 08- Distribution of participants according to the sources of drinking water

The above table no. 08 & figure no. 08 shows that among 60 mothers maximum mothers 59 (98.33%) using filter water and very less mother 01 (1.66%) is drinking the tap water.

Table No.09 – Table -03 Distribution of participants according to age of the child

Variable	Options	Frequency	Percentage
Age of child	a. 1-2 yrs	6	10%
	b. 2-3yrs	14	23.33%
	c. 3-4yrs	22	36.66%
	d. 4-5yrs	18	30%



No. 09- Distribution of participants according to the age of the child

The above table 09 and figure no. 09 shows that among 60 mothers, total 06 mothers having the child in between age 1-2 years (10%), 14 (23,33%), mothers having in between 2-3 years, 22 (36.66%) Mothers having in between 3- 4 years and 18 mothers having in between age 4- 5 years (30%).

Table No.10 – Distribution of participants according to the heath information sources

Variable	Options	Frequency	Percentage
Health information source	a. Health workers	26	43.3%
	b. Family and peer group	23	38.3%
	c. Mass media	11	18.3%

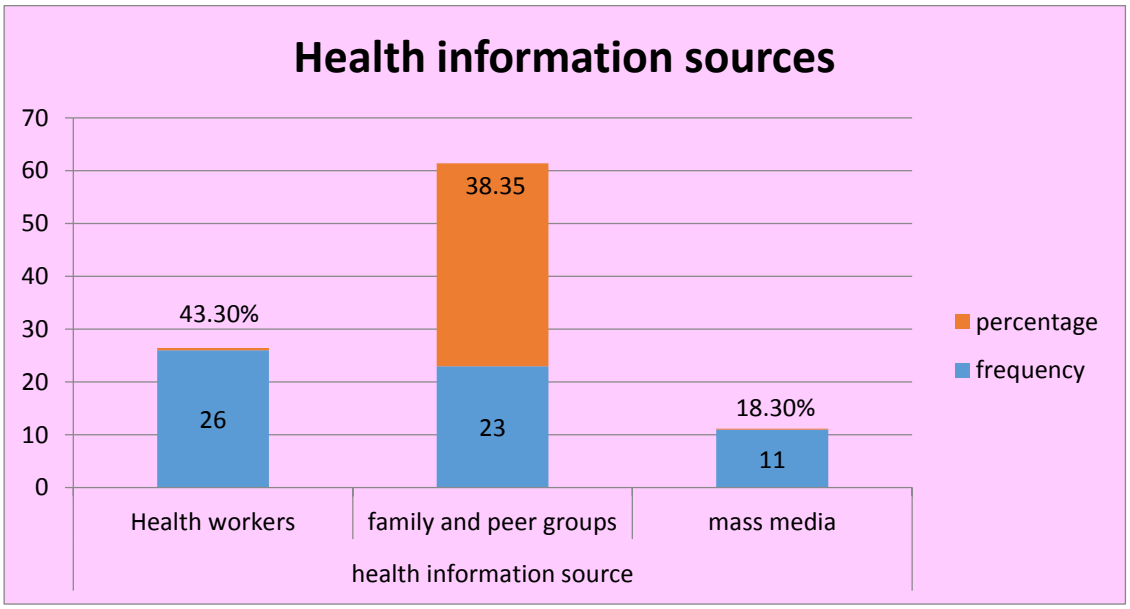


Figure No. 10 - Distribution of participants according to the heath information sources.

The above table and figure shows that among the 60 mothers, 26 (43.3%) mothers are getting information through heath workers, 23(38.3%) mothers through family and peer and 11(18.3%) mothers are through mass media.

PART – II: SECTION B

Estimate the pre-test and post -test scores of under-five through structure knowledge questionnaires.

Table No-11 Aspect wise distribution of the pre-test scores of structure knowledge questionnaires of the samples

N=60

Sl. No	Aspect wise item	No. of item	Range	Mean	Mean%	SD
01	General questions	06	0-4	1.98	33.05%	0.79
02	Types and causes	04	00-03	1.25	31.25%	0.91
03	Signs and symptoms	04	00-04	1.4	35%	1.16
04	Management and complication	05	00-05	1.53	30.6%	1.15
05	Prevention and home remedies	11	01-08	3.3	30%	1.79

Table no.11 Represents that aspects wise pre-test knowledge scores regarding management of worm infestation among mothers of under five children.

With regard to general questions worm infestation the mean score was 1.98(33.05%) with SD is 0.79. Second aspect types and causes for worm infestation the mean score was 1.25(31.25%) with SD was 0.91.With regard to signs and symptoms the mean score was 1.4(35%) with SD was 1.16, whereas the mean score 1.53(30.6%) with SD1.15 on management and complications and about prevention and home remedies the mean score 3.3 (30%) with SD 1.79.

Table 12- Overall knowledge scores in pre test

N=60

Knowledge levels	Knowledge levels in percentage	Frequency	Percentage
Below Average	< 50%	52	86.66%
Average	51-75 %	08	13.33%
Above average	>75 %	00	00%

Above table: 12 revealed that the overall pre-test knowledge scores of mothers of under-five children shows that majority 52 (86.66%) of mothers of under- five children having inadequate knowledge and only 08 (13.33%) having moderate adequate knowledge on management of worm infestation among under-five children's , whereas none of them having adequate knowledge on management of worm infestation among under-five mothers.

Table no. 13Aspect wise distribution of the post-test scores on management of worm infestation among mothers of under-five.

N=60

Sl No	Aspect wise item	No. of item	Range	Mean	Mean%	SD
01	General questions	06	03 -06	5.06	84.33%	0.73
02	Types and causes	04	02-04	3.58	89.5%	0.61
03	Signs and symptoms	04	02-04	3.8	95%	0.44
04	Management and complication	05	03-05	4.4	88%	0.58
05	Prevention and home remedies	11	07-11	9.65	87.72%	0.84

Table no.13 Represents that aspects wise post-test knowledge scores regarding management of worm infestation among mothers of under five children.

With regard to general questions on management of worm infestation the mean score was 5.06(84.33%) with SD is 0.73. Second aspect types and causes of management of worm infestation the mean score was 3.58(89.5%) with SD was 0.61. With regard to signs and symptoms of worms infestation the mean score was 0.44 (95%) with SD was 0.44, whereas the mean score 4.4(88%) with SD 0.58 on management and complications of management of worm infestation and about prevention and home remedies the mean score 9.65 (87.72%) with SD 0.84.

.

Table 14- Overall knowledge scores in post test

Knowledge levels	Knowledge levels in percentage	Frequency	Percentage
Below Adequate	< 50%	00	0%
Moderate	51-75 %	20	33.3%
Above	>75 %	40	66.7%

Above table: 14 shows that overall post-test knowledge scores regarding management of worm infestation among mothers of under-five children's, majority 40(66.7%) having adequate knowledge scores and only 20 (33.3%) having moderately adequate knowledge on management of worm infestation.

SECTION – C

To evaluate the effectiveness of the planned teaching program through comparing pre and post test scores through structure knowledge questionnaires.

Table: 15 – mean% and SD of pre and post test

N=60

SL no.	Aspect wise item	Pre test		Post test		Enhancement
		Mean%	SD	Mean%	SD	
01	General questions	33.05%	0.79173	84.33%	0.7338	51.2%
02	Types and causes	31.25%	0.91364	89.5%	0.61868	58.2%
03	Signs and symptoms	35%	1.16735	95%	0.44341	60%
04	Management and complications	30.6%	1.15666	88%	0.58802	57.4%
05	prevention and home remedies	30%	1.79736	87.72%	0.8402	57.7%

The above table: 15 represented that aspect wise enhancement of knowledge on management of worm infestation.

Through this study reveals that there was a more than 50% enhancement was present by comparing the both pre-test and post-test. Thus the planning teaching programme was effective.

Table: 16 – effectiveness of the planed teaching programme on management of worm infestation by comparing paired t value of pre-test and post-test scores of structure knowledge questionnaires.

	Aspect wise item	**Mean pre-test**	**Mean post test**	**T value**	**P value**
01	General questions	1.983	5.06	25.2994	.000 S*
02	Types and causes	1.25	3.58	17.727	.000 S*
03	Signs and symptoms	1.4	3.8	16.555	.000 S*
04	Management and complications	1.53	4.4	17.693	.000 S*
05	prevention and home remedies	3.3	9.65	27.291	.000 S*
	Grand total	9.463	26.49	40.315	

The above table 16 reveals that,

Pre-test mean score on general questions regarding management of worm infestation was 1.98 and post-test mean score was 5.06 with t value 25.25.

Regards types and causes on management of worm infestation mean score of pre-test was 1.35 where as in post-test 3.58 with t value 17.727.

Signs and symptom on management of worm infestation pre-test mean score was 1.4 and in posttest 3.8 with t value 16.55.

Whereas the management and complications of worm infestation mean score of the pre-test was 1.53 and post test score was 4.4 with t value 17.69.

Regarding prevention and home remedies on management of worm infestation with pretest score 3.3 and post test score was 9.65 with t value 27.315.

Hence the total mean score was 9.463 in pre-test and 26.49 in post - test. The paired "t" value was 40.315* which is significant at $p<0.05$. It shows that planned teaching programme was effective in improving knowledge levels among mothers of under-five. Hence the research first null hypothesis (H_1) was not accepted.

SECTION D

Find out the association between post test scores of mothers of under-five with their selected socio demographic variables.

Table: 17 - Association of chi square test for scores of post test

Median of the post-test was=26

N=60

Demographic variables	Ranges	Less than median	More than median	Chi square	P value	Df	Significance
Age	Less than 25 years	18	21	1.356	0.244	1.645	<0.5 NS
	More than 25 years	13	08				
Educational status	Below PUC	13	07	2.135	0.143	1.645	<0.5 NS
	Above PUC	18	22				
Type of family	Nuclear family	25	14	6.900	0.0086	1.645	0.01846 SS
	Joint family	06	18				
Occupation	Employee	14	14	0.244	0.6282	1.645	< 0.5 NS
	Un employee	14	18				
Income	Less than 10000rs	15	16	0.0667	0.7196	1.645	<0.5 NS
	More than 10000rs	15	14				
Source of information	Family& friends	19	12	3.2703	0.7054	1.645	<0.5 NS
	Mass media	11	18				

This above table reveal that socio demographic variables were checked for association The calculated chi square ($\chi 2$) value of Age was 1.356 with (p value 0.244), for educational status was 2.135 with (p value 0.143), with regard occupation of was 0.2344 with (p value 0.6282), for annual income of family was 0.0667 with (p value 0.7961) and about sources of information was 3.2703 with (p value 0.70545) these variables are less than table value 3.841.The calculated chi square ($\chi 2$) value of type of family is 6.900 with (p value 0.0086) which is more than table value 3.841 and it was significant.

There is no significant association was found with selected socio demographical variables Expect type of family. Hence null hypothesis accepted for this and rejected for other socio demographic variables.

CHAPTER VI

CHAPTER - VII

DISCUSSION

The main aim of the study was to evaluate the effectiveness of the planned teaching programme on management of worm infestation among mothers of under-five. The present study was conduc

ted at Holur village, Kolar taluk & district. The sample technique is convenient sampling technique was used for this study. The total sample size was 60. Assessment of knowledge levels were done structure knowledge questionnaires, pretest was conducted followed by planned teaching program was delivered by using flash cards and charts, Later after 7 days posttest were conducted. After data collection, data was organized, tabulated, summarized and analyzed.

The study findings were discussed in this chapter according to the objectives of the study conceptual frame work and on related literatures.

OBJECTIVE OF THE STUDY

1. To assess the level of knowledge on management of worm infestation among the mothers of under five children by using structured knowledge questionnaire.
2. To evaluate the effectiveness of planned teaching programme on management of worm infestation among the mothers of under five children comparing the pre and post-test interventions.
3. To determine the association with knowledge post test scores and selected socio demographic variables.

NULL HYPOTHESIS

H_{01}: There was not be significant in improvement in level of knowledge among under-five mothers.

H_{02}: There was not be significant association between the knowledge scores with selected socio demographic variables of mothers of under five children in rural area.

MAJOR FININDINGS OF THE STUDY

SECTION A: Description about the demographic variables

Age

The major findings of the study revealed that majority of the participants were found to be in age group of 20 – 25 years (38.5%) and 25 – 30 years (26.66%).

Religion

The findings of the study revealed that most of the participants (98.88%) belongs to the Hindu religion.

Educational status

The findings of the study reveals that majority participants are educated up to the SSLC (30%) and PUC (36.6%). Very less (6.66%) mothers are uneducated.

Type of family

The findings of the study reveals that most of the participants (56.6%) belongs to the nuclear family.

Occupational status

The findings of the study reveals that majority of the participants (78.33%) are house wife's and accompany with agriculture.

Total annual income of family

The study finding reveals that the majority of the participants (65%) income from 5000 to 10000rs.

Place of defecation

The finding of the study reveals that most of the participants (96.66%) using toilet for defecation.

Sources of drinking water

The findings of the study reveals that majority of the participants (98.6%) are drinking the filter water.

Age of the child

The findings of the study reveals that most of the participants (36.33%) having child from age between 3-4 years.

Sources of health information

The findings of the study reveals that majority of the participants (43.33%) getting information from the health workers.

SECTION: B DISTRIBUTION OF THE PARTICIPANTS ACCORDING TO THE PRETEST AND POSTTEST SCORES.

The first objective is to assess the knowledge of the mothers of the under-five by using the structure knowledge questionnaires.

The pretest findings of the study revealed that among the 60 samples, majority of the participants 52 (86.66%) have below adequate (<50%) knowledge.

The posttest findings of the study revealed that total all participants 60 (100%) have above adequate (>75%) knowledge.

Hence study reveals that there was a 50% knowledge was improve through the

planned teaching program.

A descriptive study was conducted to assess the knowledge score of mothers of under five children regarding worm infestations. Material and Methods the sample of this comprised of 50 mothers. Convenient sampling technique is used to draw the samples for this study. Collected data were analyzed by using description and inferential statistics. Results The mothers mean value for the mode of transmission is 0.29 with the mean percentage of 29. The mean value of the clinical features of worm infestations is 0.36 with the mean percentage of 36. The mean value of the management is 0.35 with the mean percentage of 35. The analysis revealed that there is significant association between age, education, occupation and religion and remaining variable were found to be non-significant. Conclusion The study revealed that women residing in community area have adequate knowledge regarding worm infestations[36].

SECTION: C COMPARE THE PRE TEST AND POST TEST SCORES ASPECT WISE TO EVALUATE THE EFFECTIVENESS OF PLAMMED TEACHING PROGRAMME

The second objective is to evaluate the effectiveness of planned teaching programme on management of worm infestation among the mothers of under five children comparing the pre and post-test interventions.

The study findings represented that,

The total mean score was 9.463 in pre-test and 26.49 in post - test. The paired “t” value was 40.315* which is significant at $p<0.05$. It shows that planned teaching programme was effective in improving knowledge levels among mothers of under-five.

It is shows that in all the aspects wise there was presence of significance at $p<0.05$. Hence planned teaching program was effective in improving knowledge of mothers of under-five. Hence the research null hypothesis (H_1) is not accepted or nullified.

The experimental study effectiveness of planned teaching programme regarding worm infestation on knowledge among mothers of under-five children in rural area of lucknow district. The experimental pre -test – post-test control group design used and probability random sampling technique was adapted to select 92 mothers for both groups. Tool was used semi-structured knowledge questionnaire and planned teaching programme was implemented only on experimental group. The results revealed that that in experimental group post-test mean and SD score i.e. (16±3.56) was significantly higher the pre-test score i.e. (8.26±3.79) and compared the 't' value, calculated 't' value was (3.76) at the level of significance (0.05) and tabulated with 45 degree of freedom i.e. (2.01). So, it showed that the planned teaching programme regarding worm infestation among the mothers of under-five children in rural area was found effective[37].

SECTION: D ASSOCIATION OF POSTTEST SCORES OF THE PARTICIPANTS WITH SELECTED SOCIO DEMOGRAPHIC VARIABLES.

The third objective is to determine the association with knowledge post test scores and selected socio demographic variables.

It reveals that, the calculated chi square value of type of family were having significant association with chi square value is 6.9007 with p value is <0.05 (0.008616). Remaining all the socio demographic variables includes age, religion, educational status, occupation, total annual income of family, place of defecation,

sources of drinking water, age of the child, sources of health information are no significant association ($p<0.05$) between the post test score and socio demographic variables.

There is no significant association was found with selected socio demographical variables Expect type of family. Hence null hypothesis accepted for this and rejected for other socio demographic variables.

SUMMARY:

This discussion chapter dealt with statistical regarding effectiveness of planned teaching program by comparing pre and post-test scores. The chapter also described that there was a significant increase in knowledge levels after providing education and there was significant association between post test scores with selected socio demographic variables.

CHAPTER VII

CHAPTER - VII
CONCLUSION

This chapter deals with conclusion, limitations, and recommendations of the study. The main aim of the study was to evaluate the effectiveness of the planned teaching program on management of worm infestations. The experimental research design was used for the study. The data was collected from 60 mothers of under-five.

MAJOR FINDINGS OF THE STUDY

1. **Findings related to the socio demographic variables of the participants.**

   The major findings reveals that the majority of the participants belongs to age group (38.3%) in between 20- 25 years, majority belongs to Hindu religion (98.33%), most of the participants educated up to PUC (36.6%), most of the participants' belongs to the nuclear family (56.6%), majority participants are housewife (43.33%), majority of the participants using filter water for drinking (98.33%) and most of the participants getting information from the health workers (43.33%).

2. **Findings related to the knowledge levels of the mothers of under-five on management of the worm infestation.**

It represented that, among the 60 participants majority of the participants 52 (86.66%) having below adequate knowledge and 08 (13.33%) participants having moderate knowledge levels regarding management of worm infestation in pre-test.

3. Findings related to effectiveness of the planned teaching programme

It represented that mean scores was 9.46 in pre-test and 26.5 in post-test. The estimated t value was 40.315 which is significant at $p<0.05$. It shows that planned teaching programme was effective in improving the knowledge on management of worm infestation among the mothers of under-five. Hence the research null hypothesis (H_1) is not accepted or nullified.

4. Findings related to the association between the demographic variables and post test scores in structure knowledge questionnaires.

Regarding the association between post test scores with selected socio demographic variables age, religion, educational status, occupation of mother, annual income of the family, place of defecation sources of drinking water, age of the child and sources of health information was not significant at 0.05 level.

Reveals that type of the family was associated with the level of knowledge as calculated chi square value is 6.900 was greater than table value 3.841.

IMPLICATIONS OF THE STUDY

The following aspects are affected by the study findings. The following headings contains discussion of the nursing implications.

i. Nursing practice
ii. Nursing education
iii. Nursing administration
iv. Nursing research

NURSING PRACTICE

1. Health education: Provide health education to mothers on the prevention and management of worm infestations, using culturally sensitive and evidence-based materials**.**

2. Assessment and screening: Regularly assess and screen children for worm infestations, especially in high-risk areas.

3. Collaboration with healthcare team: Collaborate with other healthcare professionals to ensure comprehensive care and management of worm infestations.

NURSING EDUCATION

1. Curriculum development: Incorporate content on the prevention and management of worm infestations into nursing curricula, especially in community health nursing courses.

2. Continuing education: Provide continuing education opportunities for nurses on the latest evidence-based practices for managing worm infestations.

3. Clinical training: Ensure that nursing students receive clinical training on assessing and managing worm infestations in community populations.

NURSING ADMINISTRATION

1. **Policy development:** Develop and implement policies that support the prevention and management of worm infestations in pediatric populations.
2. **Resource allocation:** Allocate resources to support health education programs and screening initiatives for worm infestations.
3. **Quality improvement:** Monitor and evaluate the quality of care provided for children with worm infestations, and implement quality improvement initiatives as needed.

NURSING RESEARCH

1. **Further studies:** Conduct more research to explore the effectiveness of planned teaching programs on managing worm infestations in different settings and populations.
2. **Comparative studies:** Compare the effectiveness of different teaching methods and materials on improving knowledge and management of worm infestations.
3. **Long-term follow-up:** Conduct follow-up studies to assess the long-term impact of planned teaching programs on mothers' knowledge and management of worm infestations.

LIMITATIONS

- The study was experimental study.
- The population of the study was mothers of under-five.
- The duration of the interventions are short.
- The settings of the study was single area.

RECOMMENDATIONS

- The similar study can done in larger population.
- Comparative study can done for the rural and urban mothers of under-five.
- Similar study can done for the school going mothers.
- Descriptive study can done to assess the knowledge levels of under-five mothers.

CONCLUSION

The study concluded that planned teaching programme was effective on improving knowledge levels of mothers of under-five. After the interventions there had been a significant increase in knowledge levels in post -test. The selected samples are got knowledge on management of worm infestation and also expressed satisfaction.

CHAPTER VIII

CHAPTER - VIII

SUMMARY

Soil-transmitted helminthic infections are among the most common infections worldwide and affect the poorest and most deprived communities. It is an infestation with one or more intestinal parasitic roundworms that include whipworms, hookworms and ascaris.

Worm infestation is generally not noticed but some time leads to significant problem which affects many organ systems. Most of worm infestation result of unsanitary living condition and poor food preparation. The various manifestations of worm infestations are mainly abdominal pain, diarrhoea and weight loss. Though it may cause coughing or fever, vomiting and abdominal distention. The infection of worm infestation is approximately around 258 million in India.

The aim of the study is to increase to knowledge of mothers of under-five and evaluate the effectiveness of planned teaching programme.

OBJECTIVE OF THE STUDY

01. To assess the level of knowledge on management of worm infestation among the mothers of under five children by using structured knowledge questionnaire.
02. To evaluate the effectiveness of planned teaching programme on management of worm infestation among the mothers of under five children comparing the pre and post-test interventions.
03. To determine the association with knowledge post test scores and selected socio

demographic variables.

NULL HYPOTHESIS

H_{01}: There was not be significant in improvement in level of knowledge among under-five mothers.

H_{02}: There was not be significant association between the knowledge scores with selected socio demographic variables of mothers of under five children in rural area.

As the present study is aimed in evaluation the effectiveness of planned teaching programme in increasing the knowledge of mothers of under-five in the rural areas.

The research design selected for the study is experimental research design. A quantitative research approach was selected to determine the effectiveness of planned teaching program in increasing the knowledge of mothers of under-five. The study was conducted at Holur village, Kolar taluk. Convenient sampling technique was used for the 60 participants. In research used socio demographic variables and structured knowledge questionnaires to assess the knowledge of mothers of under-five and evaluate the effectiveness of planned teaching program.

The analysis was done by applying descriptive and inferential statistics. The difference pre-test and post- test of knowledge levels and chi square value used to assess the association with demographic variables at 0.05 level of significant. The data obtained are presents in tabular and graphical form.

MAJOR FINDINGS OF THE STUDY

01. Findings related to the socio demographic variables of the participants.

The major findings reveals that the majority of the participants belongs to age group (38.3%) in between 20- 25 years, majority belongs to Hindu religion (98.33%), most of the participants educated up to PUC (36.6%), most of the participants' belongs to the nuclear family (56.6%), majority participants are housewife (43.33%), majority of the participants using filter water for drinking (98.33%) and most of the participants getting information from the health workers (43.33%).

02. Findings related to the knowledge levels of the mothers with chidren of age five on management of the worm infestation.

Amomg the 60 samples, the study's pre-test results highlighted that the majority of participants (52, 86.66%) had below adequate knowledge, while a minority (8, 13.33%) had moderate knowledge about managing worm infestation.

03. The study findings regarding to enhancement of the planned teaching programme

The study's findings indicated a significant improvement in mean knowledge scores from pre-test (9.46) to post-test (26.5). The calculated t-value of 40.315 was statistically significant at $p<0.05$, demonstrating the effectiveness of the planned teaching program in enhancing mothers' knowledge about worm infestation management among under-five children. Consequently, the null hypothesis was rejected.

04. Findings related to the examined the relationship between demographic variables and post-test knowledge scores.

Regarding the association between post test scores with selected socio demographic variables age, religion, educational status, occupation of mother, annual income of the family, place of defecation sources of drinking water, age of the child and sources of health information was not significant at 0.05 level.

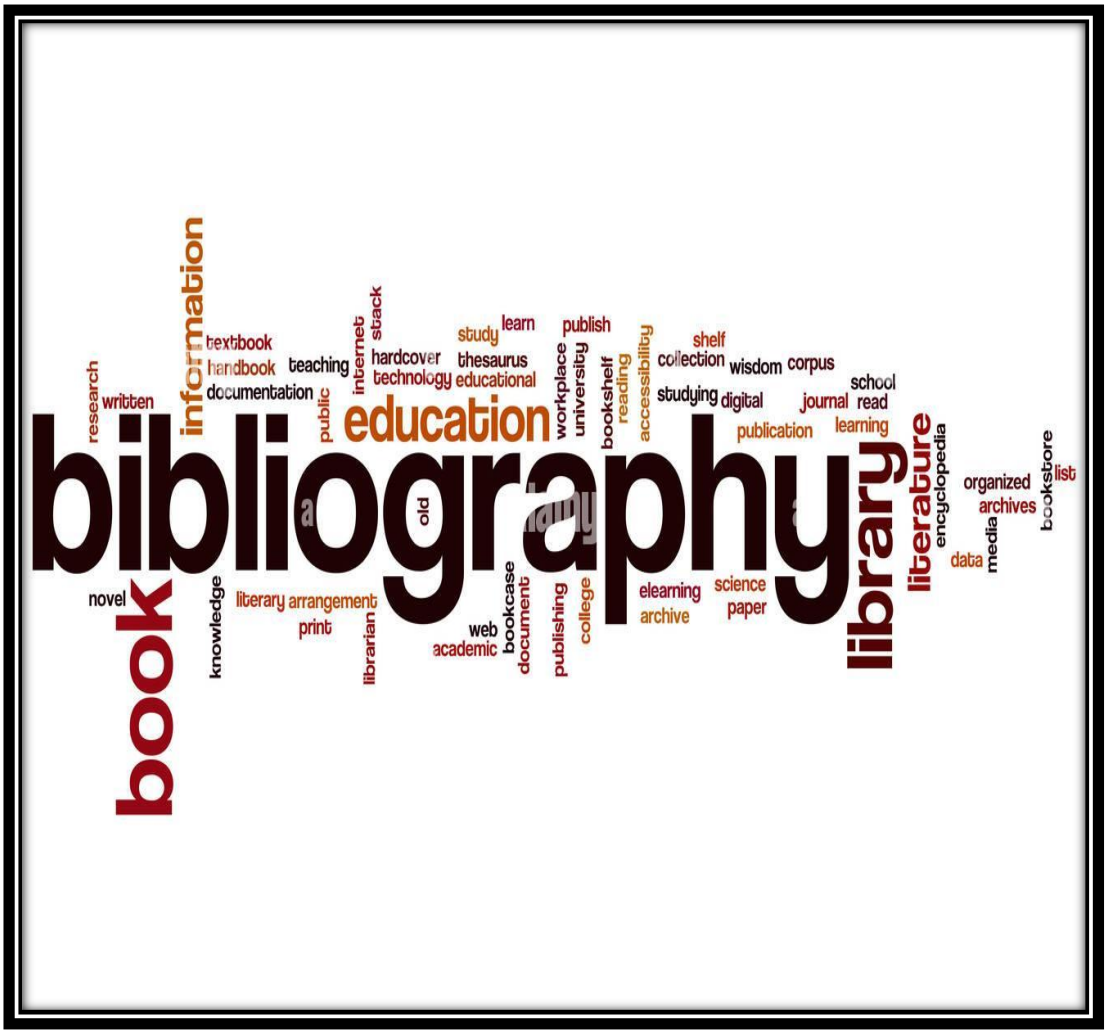
Reveals that type of the family was associated with the level of knowledge as calculated chi square value is 6.900 was greater than table value 3.841.

There will be no important association was found with selected socio demographical variables Expect type of family. Hence null hypothesis accepted for this and rejected for other socio demographic variables.

Summary:

This chapter provides an overview of the study's findings, analysis, and implications, showcasing the planned teaching program's effectiveness in enhancing mothers' knowledge about worm infestation management in under-five children.

CHAPTER IX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CHAPTER - IX

REFERENCE

1. .Park. K (2007). Park's Textbook preventive and Social Medicine (19ª ed), Jabalpur Banasidas Bhanot Publishers.
2. Devagappanavar G. An Intervention Study on Worm Infestation among School Going Children in Rural Areas of South India. J Qual Healthcare Eco 2021, 4(2): 000214.
3. .Dorothy R. Marlow, Barbara A. Redding, (1995).Textbook of pediatric Nursing (6th ed), Saunder's Company.
4. .Devagappanavar G. An Intervention Study on Worm Infestation among School Going Children in Rural Areas of South India. J Qual Healthcare Eco 2021, 4(2): 000214.
5. Faulkner L.T (2004), Prevalence of Endopanasitic Infection in Children Reo Panam Salud Publication, vol. No .6
6. .http://www.doconline.com.blog,Jan22,2018.
7. Kalpana,Shobana. Effectiveness of health education intervention programe on knowledge regarding worm infestation among mothers of underfive children.Indian Journal of surgicalnursing;[(online2024April),(cited2025 January 13)](1). Available from: https://rfppl.com.in/subscription/upload – pdf/ijsn-vol.13-no-5-pdf-7-12-1716184725.pdf.
8. Rina Dutta, Chitra Nayek. Effectiveness of planned teaching programme on prevention of intestinal worm infestation in terms of knowledge among mothers in a selected rural community. International Journal of science and research.[(Online 2022 March),(cited 2025January 14)]:11.Available from: https://www.ijsr.net/getabstract.php?paperid=MR22304203158.

9. Luong T. De-worming school children and hygiene intervention.International Journal of Env. Health Research. 2003; 13: 153-159.
10. Cromptom D.W.T, Montresor Mc, Nesheim, Savioli L. Controlling disease due to helminth infections. Geneva: WorldHealth Organization;2003.
11. Faulkner L.T (2004), Prevalence of Endopanasitic Infection in Children Reo Panam Salud Publication, vol. No .6
12. Okeniyi JA1, Ogunlesi TA, Oyelami OA, Adeyemi LA. Effectiveness of driedCarica papaya seeds against human intestinal parasitosis: a pilot study. J MedFood. 2007 Mar;10(1):194-196.
13. Kalpana,Shobana. Effectiveness of health education intervention programe on knowledge regarding worm infestation among mothers of underfive children.Indian Journal of surgicalnursing;[(online2024April),(cited2025 January 13)]☹1). Available from: https://rfppl.com.in/ subscription/upload – pdf/ijsn-vol.13-no-5-pdf-7-12-1716184725.pdf.
14. Dr. Dhananjay shivani knot and Dr. Amit Raghunath pawar, study on Ayurveda perception on drug dosage forms and general consideration of drug dosing in kayachikistha, ISSN 2455-3301,wjpmr,2020,6(12),95-97.
15. .Dr. Shipra and Dr. Manisha goyal. Study on doses and dosage forms in Ayurvedic pharmacecities; pediatric perceptive; IS
16. SN:2454-5023, J Ayu, Herb,Med,2019;5(3):117,120.
17. .K park. Text Book of Preventive and social medicine. 21st ed.Jabalpur: Banarsidas Bhanot Publishers; 2009.
18. .Joachin M Dotto,Siri A.Abihodi. Nutraceutical value of Carica papaya. Journal of Scientific African 13; 2021; 01-12.

19. 18.A. Ali, S. Devarajan, M. Waly, M.M. Essa, M. Rahman, Nutritional and medicinal value of papaya (Carica papaya L.), in Natural Products and Bioactive Compounds in Disease Prevention, Nova Science Publishers (2011) 3442.
20. .R K Bauri1, Mary Nisha Tigga and Singray Saleeb Kullu.A review on use of medicinal plants to control parasites,Indian Journal of Natural Products and Resources,6(4);2015:268-277.
21. Kalpana,Shobana. Effectiveness of health education intervention programe on knowledge regarding worm infestation among mothers of underfive children.Indian Journal of surgicalnursing;[(online2024April),(cited2025 January 13)](1). Available from: https://rfppl.com.in/subscription/upload – pdf/ijsn-vol.13-no-5-pdf-7-12-1716184725.pdf
22. .Phoebe Esinam Goku, Et,al. Anthelminthic Effects of the Leaves, Stem, and Seeds of Carica papaya. Journal of Hindawi Evidence-Based Complementary and Alternative Medicine.2020(1); 1-8.
23. .Syeda RF, Althaf HQ, Ramesh K, Assessment of knowledge attitude and practice about worm infestation and deworming among mothers of children under 5 years of age. Isra medical journal :volume 8. Issue 1; January- March 2016.Available from: https// www. Researchgate.net/publication/318461120.
24. .Kalpana,Shobana. Effectiveness of health education intervention programe on knowledge regarding worm infestation among mothers of underfive children.Indian Journal of surgical nursing;[(online2024April),(cited2025 January 13)]☹1). Available from: https: //rfppl.com.in/ subscription/upload – pdf/ijsn-vol.13-no-5-pdf-7-12-1716184725.pdf.

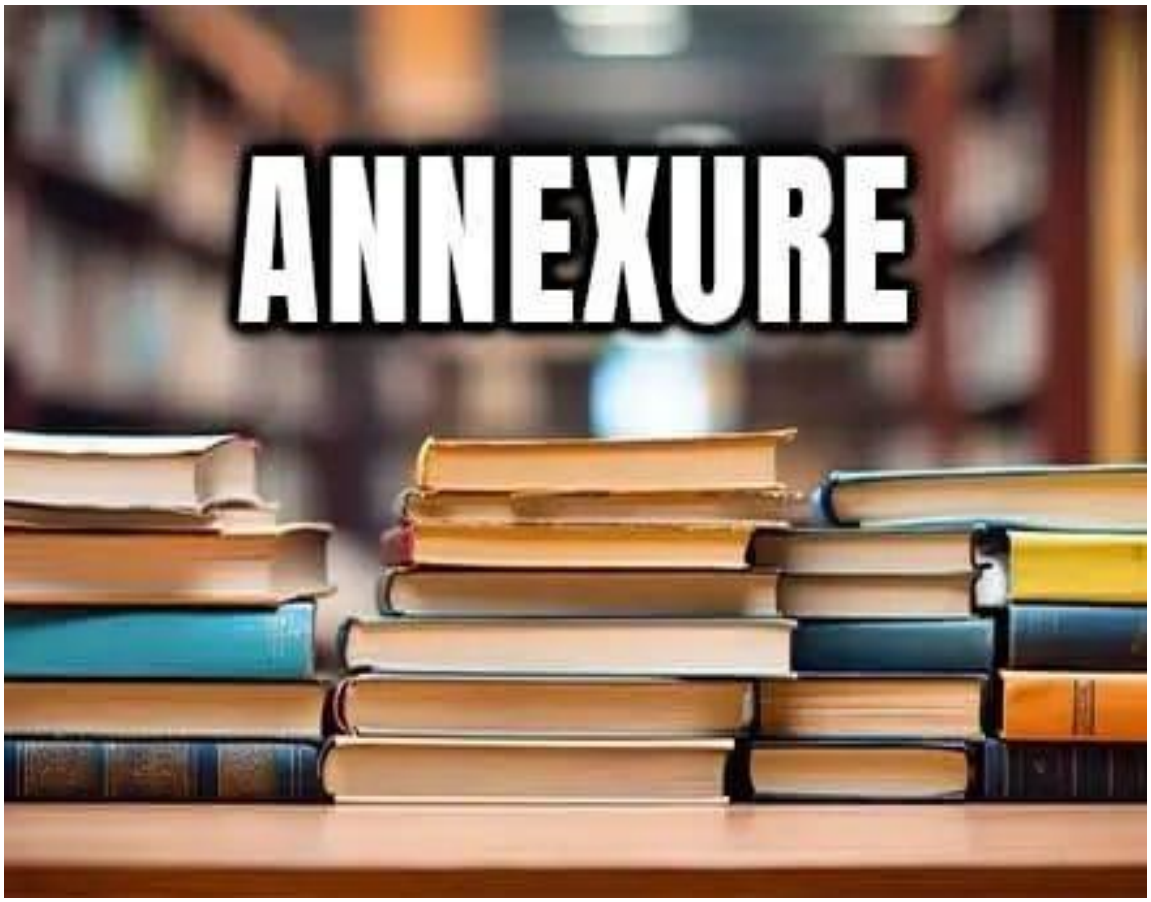
25. E. J. Alorkpa, Phytochemical screening , antimicrobial and antioxidant properties of assorted Carica papaya leaves in Ghana, Journal of Medicinal Plants Studies;2016;4(6);193-194.
26. .Rina Dutta, Chitra Nayek. Effectiveness of planned teaching programme on prevention of intestinal worm infestation in terms of knowledge among mothers in a selected rural community. International Journal of science and research.[(Online 2022 March),(cited 2025January 14)]: 11.Available from: https://www.ijsr.net/getabstract.php?paperid=MR22304203158.
27. S. A. Ameen, O. M. Azeez, Y. A. Baba et al., Anthelmintic potency of Carica papaya seeds against gastro-intestinal helminths in red Sokoto goat, Ceylon Journal of Science,2018;47(2);130-138.
28. .Mamta Nebhinani. Effectiveness of Structured Teaching Programme on Prevention of Worm Infestation among School Children RRJNHS. 2015:1(3).
29. Seema Yadav. An Evaluative study to assess the Effectiveness of Structured Teaching Programme on knowledge of prevention of worm infestation through child to child approach program among school children aged between 8-12 years in school, 2023:5(5).
30. Amar T, Taranga R, Arundhuti R. A study of knowledge and practice on intestinal helminthiasis among rural tribal mothers of under five children ; Journal of Evolution of medical and Dental sciences 2 (47),2013 .
31. Yadav A, Pant G, Bora N Assessment of the knowledge of the mothers of under five children regarding worm infestation. International journal of Trend in scientific Reserch and Development; volume 4 Issue 3, April 2020. Available online: https//www. Scribed. Com/ document / 463519540

32. Daljit Kaur.Effectiveness of structured teaching programme on knowledge and practices regarding prevention of intestinal worm infestation among the mothers of underfive children. International journal of nursing education; [(online 2015),(cited 2025 January 17)]:7(2). Available from: https://scholar.google.com/scholar?hl=en&as_sdt=0,5&qsp=1&q=worm+infestation+teaching+programme&qst=br#d=gs_qabs&t=1736829905179&u=%23p%3DCFEYtcs0KsoJ.
33. Sandeep Yadav, Rohitash Kumar, SK Singh. Effectiveness of planned teaching programme regarding worm infestation on knowledge among mothers of underfive children in rural area of Lucknow district. International journal of community medicine and public health; [(online2021),(cited 2025 January 18)]:8(1) 267-272. Available from: https://scholar.google.com/scholar?q=related:WzIoLLOdxB0J:scholar.google.com/&hl=en&as_sdt=0,5#d=gs_qabs&t=1736832971504&u=%23p%3”T9PfTSFHTE8J.
34. Rakesh Patidar.Effectiveness of structured teaching programme on prevention of worm infestation among mothers of underfive children in selected rural area of Mehsana district Gujarat. International journal of advances in nursing management;[(online 2016),(cited 2025January 20)] : 4. Available from : https://ijanm.com/AbstractView.aspx?PID=2016-4-4-19.
35. K Jeyalakshmi,Janet Alva,Sujay Sunny,Helen jose,Jerin sara Rajan,Tinu Joseph,Sneha Rosely.Knowledge and practice of mothers of underfive children on worm infestation in rural community in Dakshina Kannada district. International journal of nursing education;[(online 2016),(cited 2025 January 23)]:8(1)151-155. Available from :

https://scholar.google.com/scholar?start=10&q=Effectiveness+of+planned+teaching+programme+on+management+of+worm+infestation+among+the+mothers+of+underfive+children+at+selected+villages&hl=en&as_sdt=0,5#d=gs_qabs&t=1736827210980&u=%23p%3D78YOyGX7mx4J.

36. Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-4 | Issue-3 , April 2020, URL: https://www.ijtsrd.com/papers/ijtsrd30553.pdf Paper Url :https://www.ijtsrd.com/medicine/nursing/30553/assessment-of-the-knowledge-of-mothers-of-under-five-children-regarding-worm-infestations/yadav-a
37. https://www.researchgate.net/publication/347990915 Effectiveness of planned teaching programme regarding worm infestation on knowledge among mothers of under-five children in rural area of Luck now district.

CHAPTER X



ANNEXURE-I

ETHICAL CLEARANCE

Sri Devaraj Urs College of Nursing, TAMAKA, Kolar-563 103.

(Affiliated to RGUHS, Bangalore and Recognized by KNC, Bangalore & INC, New Delhi)
ISO 9001: 2015 Certified & NAAC Accredited
Phone: 9480880802 E-mail: sduconson@yahoo.com, Website: sducon.ac.in

28-07-23

Review/ Meeting Minutes No of IEC 02

The meeting of the IEC for the year 2022-2023 was held at SDUCON Council hall on 28/07/2023 at 10:30am onwards under the chairmanship of Dr. Prashanti N, Chairperson, and Institutional Ethics Committee. Dr. Lavanya Subhashini, Member Secretary welcomed committee members, following members attended the meeting

Members Present

Sl. No.	Names	Position in the committee	Signature
1	Dr. Prasanthi Natala	Chairperson	
2	Dr. Prabhakar	Member	—
3	Dr. Dayanand	Member	—
4	Dr. Asha . B	Member	28/7/2023
5	Mr. Ganesh	Member	
6	Achary Chinmayananda Avadutha	Member	
7	Dr. Lavanya Subhashini	Member Secretary	

28/7/23
Member Secretary
ETHICS COMMITTEE
SRI DEVARAJ URS COLLEGE OF NURSING
TAMAKA KOLAR - 563103.

Chairperson

3	IEC/ 121/2023	Dr G. Vijayalakshmi Principal Co- investigator: Mrs Rashmi A Assistant professor	Effectiveness of Peer Learning versus Traditional Learning on Clinical Performance among first year BSc Nursing students at selected colleges, Kolar.	Accepted	Refer Minutes
4	IEC/122/2023	Dr. Lavanaya subhashini Vice Principal SDUCON Mrs. Sumalatha Associate Professor	A Comparative Study to Assess The Breast Milk Volume Among the mother's of Preterm Babies with Manual Expression and Breast Pump Expression at R L Jalappa Hospital and Research Center, Kolar"	Accepted	Refer Minutes
5	IEC/123 /2023	Prof Jairakini Aruna HOD Dept. of MHN Mrs. Ramya Assistant professor	Effectiveness of Life Skill Interventions in improving the quality of life among Alcohol Dependence patients at a selected hospital, Kolar.	Accepted	Refer Minutes
6	IEC/ 124/2023	Dr. Malathi K V HOD. Dept. of CHN Mrs Komala Devi R	Effectiveness of honey with papaya seeds in Managing worm infestation among primary School children's at selected schools of Kolar Taluk.	Accepted	Refer Minutes
7	IEC/ 125 /2023	Mrs. Sumana Yesu Priya Assistant professor Dept. of CHN	A study on risk assessment and management of dental carries among school children in selected schools of Kolar Taluk	Accepted	Refer Minutes

ANNEXURE-II

WRITTEN INFORMED CONSENT FORM

Study title: "Effectiveness of planned teaching programme on management of worm infestation among the mothers of under-five children's at selected village under kolar district".

Code number:

a. As a participant I confirm that all information about this study and our role in it has been explained to me by a member of the investigating team in a language that I understand (Kannada or Telugu). I had opportunities to ask questions and my questions have been answered to my satisfaction.
b. I understand that my identity will not be revealed in any document or publication.
c. I agree not to restrict the publication of any data or results that arise from this study provided such use is only for scientific purposes.
d. I give my consent voluntarily to take mine in this study. I also agree for the investigator to record the observation sections whenever they are held.

Signature (or thumb impression) of the study participants/legally acceptable representative:

Name of the participant: _____ Date: _/_/___

Place:

Signature of the study participant: _____

Name of the investigator: _____ Date: _/_/__

Place:

Signature of study investigator's: _____

ಲಿಖಿತ ಮಾಹಿತಿಯ ಪೋಷಕರ ಒಪ್ಪಿಗೆ ನಮೂನೆ

ಅಧ್ಯಯನದ ಶೀರ್ಷಿಕೆ: "ಕೋಲಾರ ಜಿಲ್ಲೆಯ ಆಯ್ದ ಗ್ರಾಮದಲ್ಲಿ ಐದು ವರ್ಷದೊಳಗಿನ ಮಕ್ಕಳ ತಾಯಂದಿರಲ್ಲಿ ಹುಳುಗಳ ಬಾಧೆಯ ನಿರ್ವಹಣೆಯ ಕುರಿತು ಯೋಜಿತ ಬೋಧನಾ ಕಾರ್ಯಕ್ರಮದ ಪರಿಣಾಮಕಾರಿತ್ವ".

a) ಈ ಅಧ್ಯಯನದ ಬಗ್ಗೆ ಮತ್ತು ಅದರಲ್ಲಿ ನಮ್ಮ ಪಾತ್ರದ ಬಗ್ಗೆ ಎಲ್ಲಾ ಮಾಹಿತಿಯನ್ನು ತನಿಖಾ ತಂಡದ ಸದಸ್ಯರು ನನಗೆ ಅರ್ಥವಾಗುವ ಭಾಷೆಯಲ್ಲಿ (ಕನ್ನಡ ಅಥವಾ ತೆಲುಗು) ವಿವರಿಸಿದ್ದಾರೆ ಎಂದು ನಾನು ಭಾಗವಹಿಸುವವನಾಗಿ ದೃಢೀಕರಿಸುತ್ತೇನೆ. ನಾನು ಪ್ರಶ್ನೆಗಳನ್ನು ಕೇಳಲು ಅವಕಾಶಗಳನ್ನು ಹೊಂದಿದ್ದೆನೆ ಮತ್ತು ನನ್ನ ಪ್ರಶ್ನೆಗಳಿಗೆ ಅವರು ಉತ್ತರಿಸಲಾಗಿದೆ.

b) ಯಾವುದೇ ದಾಖಲೆ ಅಥವಾ ಪ್ರಕಟಣೆಯಲ್ಲಿ ನನ್ನ ಗುರುತನ್ನು ಬಹಿರಂಗಪಡಿಸಲಾಗುವುದಿಲ್ಲ ಎಂದು ನಾನು ಅರ್ಥಮಾಡಿಕೊಂಡಿದ್ದೇನೆ.

c) ಈ ಅಧ್ಯಯನದಿಂದ ಉಂಟಾಗುವ ಯಾವುದೇ ಮಾಹಿತಿ ಅಥವಾ ಫಲಿತಾಂಶಗಳ ಪ್ರಕಟಣೆಯನ್ನು ನಿರ್ಬಂಧಿಸದಿರಲು ನಾನು ಸಮ್ಮತಿಸುತ್ತೇನೆ, ಅಂತಹ ಬಳಕೆಯು ವೈಜ್ಞಾನಿಕ ಉದ್ದೇಶಗಳಿಗಾಗಿ ಮಾತ್ರ.

d) ಇ ಅಧ್ಯಯನದಲ್ಲಿ ನಾನು ಭಾಗವಹಿಸಲು ನಾನು ಸ್ವಯಂಪ್ರೇರಣೆಯಿಂದ ನನ್ನ ಒಪ್ಪಿಗೆಯನ್ನು ನೀಡುತ್ತೇನೆ. ತನಿಖಾಧಿಕಾರಿಗಳು ವೀಕ್ಷಣಾ ವಿಭಾಗಗಳನ್ನು ನಡೆಸಿದಾಗಲೆಲ್ಲಾ ಅವುಗಳನ್ನು ದಾಖಲಿಸಲು ನಾನು ಒಪ್ಪುತ್ತೇನೆ.

ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸುವವರ ಸಹಿ (ಅಥವಾ ಹೆಬ್ಬೆರಳಿನ ಗುರುತು)/ಕಾನೂನುಬದ್ಧವಾಗಿ ಸ್ವೀಕಾರಾರ್ಹ ಪ್ರತಿನಿಧಿ:

ಭಾಗವಹಿಸುವವರ ಹೆಸರು: ದಿನಾಂಕ:

ಸ್ಥಳ:

ಅಧ್ಯಯನದಲ್ಲಿ ಭಾಗವಹಿಸುವವರ ಸಹಿ:

ತನಿಖಾಧಿಕಾರಿಯ ಹೆಸರು: ದಿನಾಂಕ:

ಸ್ಥಳ

ಅಧ್ಯಯನ ತನಿಖಾಧಿಕಾರಿಯ ಸಹಿ:

ANNEXURE-III

INFORMED CONSENT FORM

Name of the Principal Investigator: Dr. Malathi K V, HOD dept of CHN

Name of the co-investigators: Ms Anumol K aji, Ms Anusha N, Ms Athina Jamon, Ms Asha thamous, Ms H S Hemavathi, Ms Juby saju, Ms Rosna bijoy, Ms Rosmi sebastin, Ms Rose mary sabu, Mr Ritwik Mishra, Mr Wrhivu pal, Mrs Saraswathi N

Name of The Organisation: Sri Devaraj Urs College of Nursing

Title of the study: "Effectiveness of planned teaching programme on management of worm infestation among the mothers of under-five children's at selected village under kolar district"

If you agree to participate in the research study. We will collect information (as per Performa) from you as a person responsible for you or both. We will collect relevant details.

You are invited to participate in the research study. You are being asked to participate in the study because you satisfy our eligibility criteria. The information given in the documents is meant to help you decide whether or not take part. Please be free to ask quarries. I give my consent to collect the information and also can be used for research. Test validation or education as long as my privacy maintained.

I have read the information or it has been read and explained to me in my own language. I have understood the purpose of the study. The nature of information will be collected and disclosed during the study. I had the opportunity to ask questions and the same has been answered to my satisfaction. I understand that I remain free to withdraw from the study at any time and this will not change my future care. I the undersigned agree to participate in this study and authorised to collect personal information of presentation and publication.

Patient's signature/ Thumb impression
Person obtaining consent and his/her signature:
Principal investigator signature:

Principal investigator.

GUIDE : Dr Malathi K V
Head of the
department
Department of CHN
SDUCON
Tamaka, Kolar

Your's Sincerely

1. Ms Anumol K aji
2. Ms Anusha N
3. Ms Athina Jamon
4. Ms Asha thamous
5. Ms H S Hemavathi
6. Ms Juby saju
7. Ms Rosna bijoy
8. Ms Rosmi sebastin
9. Ms Rose mary sabu
10. Mr Ritwik Mishra
11. Mr Wrhivu pal
12. Mrs Saraswathi N

ANNEXURE- IV

DEMOGRAPHIC VARIABLES

Instructions:

Dear participants, we request your kind co-operation in filling the below asked details. The answer given by you will be kept confidential. No one will know your answer. Kindly answer or place a tick mark (√) or fill in where ever necessary pertaining to you. There are no right or wrong answers.

1. Name of the under-five mother_____

1) Age in years:

a) 20-25 years)
b) 26-30 years)
c) 31-35 years)
d) 15-20 years

2) Religion

a) Hindu
b) Muslim
c) Christian
d) Othersd

3) Educational status

a) Illiteracy
b) Primary education
c) Secondary education
d) Higher Secondary
e) Undergraduate,
f) Post Graduate Degree

4) Type of family

a) Nuclear family
b) Joint family
c) Extended family

5) Occupational status

a) House wife
b) Private job
c) Agriculture
d) Government job

6) Annual income of family?

a) Less than 5000 rs
b) 5000 to 10000 rs
c) 10000 to 15000 rs
d) More than 15000 rs

7) Place od defecation?

a) Open area defecation
b) Toilet

8) Source of drinking water?

a) Tap water
b) River water
c) Well water
d) Filter water

9) How old id your child?

a) 1to 2 years
b) 2to 3 years
c) 3 to 4 years
d) 4 to 5 years

10) Source of health information?

a) Health workers
b) Family and peer group
c) Mass media

ಸಾಮಾಜಿಕ ಜನಸಂಖ್ಯಾ ಅಸ್ಥಿರಗಳು

ಸೂಚನೆಗಳು:

ಆತ್ಮೀಯ ಭಾಗವಹಿಸುವವರೇ, ಕೆಳಗೆ ಕೇಳಲಾದ ವಿವರಗಳನ್ನು ಭರ್ತಿ ಮಾಡಲು ನಿಮ್ಮ ರೀತಿಯ ಸಹಕಾರವನ್ನು ನಾವು ಕೋರುತ್ತೇವೆ. ನೀವು ನೀಡಿದ ಉತ್ತರವನ್ನು ಗೌಪ್ಯವಾಗಿಡಲಾಗುವುದು. ನಿಮ್ಮ ಉತ್ತರ ಯಾರಿಗೂ ತಿಳಿಯುವುದಿಲ್ಲ. ದಯವಿಟ್ಟು ಉತ್ತರಿಸಿ ಅಥವಾ ಟಿಕ್ ಮಾರ್ಕ್ (V) ಅನ್ನು ಇರಿಸಿ ಅಥವಾ ನಿಮಗೆ ಸಂಬಂಧಿಸಿದಂತೆ ಅಗತ್ಯವಿರುವಲ್ಲಿ ಭರ್ತಿ ಮಾಡಿ. ಸರಿ ಅಥವಾ ತಪ್ಪು ಉತ್ತರಗಳಿಲ್ಲ.

ಐದು ವರ್ಷದೊಳಗಿನ ತಾಯಿಯ ಹೆಸರು :

1. ವಯಸ್ಸು(ವರ್ಷಗಳಲ್ಲಿ):

ಎ) 20-25 ವರ್ಷಗಳು

ಬಿ) 26-30 ವರ್ಷಗಳು

ಸಿ) 31-35 ವರ್ಷಗಳು

ಡಿ) 15-20 ವರ್ಷಗಳು

2. ಧರ್ಮ:

ಎ) ಹಿಂದು

ಬಿ) ಮುಸ್ಲಿಂ

ಸಿ) ಕ್ರಿಶ್ಚಿಯನ್

ಡಿ) ಇತರೆ

3. ಶೈಕ್ಷಣಿಕ ಸ್ಥಿತಿ

ಎ) ಅನಕ್ಷರತೆ

ಬಿ) ಪ್ರಾಥಮಿಕ ಶಿಕ್ಷಣ

ಸಿ) ಮಾಧ್ಯಮಿಕ ಶಿಕ್ಷಣ

ಡಿ) ಹೈಯರ್ ಸೆಕೆಂಡರಿ

ಇ) ಪದವಿಪೂರ್ವ.

ಎಫ್)ಸ್ನಾತಕೋತ್ತರ ಪದವಿ

4. ಕುಟುಂಬದ ಪ್ರಕಾರ?

ಎ) ವಿಭಕ್ತ ಕುಟುಂಬ.

ಬಿ) ಅವಿಭಕ್ತ ಕುಟುಂಬ

ಸಿ) ವಿಸ್ತೃತ ಕುಟುಂಬ

5. ಔದ್ಯೋಗಿಕ ಸ್ಥಿತಿ

ಎ) ಮನೆಗೆಲಸ.

ಸಿ) ಖಾಸಗಿ ಉದ್ಯೋಗಿ.

ಬಿ) ಕೃಷಿ

ಡಿ) ಸರ್ಕಾರಿ ಉದ್ಯೋಗಿ

6. ಕುಟುಂಬದ ಮಾಸಿಕ ಆದಾಯ:

ಎ) 5000 ರೂ.ಗಿಂತ ಕಡಿಮೆ

ಬಿ) ರೂ.5000-10000

ಸಿ) ರೂ. 11000-15000

ಡಿ) ರೂ. 15000 ಗಿಂತ ಜಾಸ್ತಿ

7. ಮಲವಿಸರ್ಜನೆಯ ಸ್ಥಳ:

ಎ) ಬಯಲು ಮಲವಿಸರ್ಜನೆ

ಬಿ) ಶೌಚಾಲಯ

8. ಕುಡಿಯುವ ನೀರಿನ ಮೂಲ

ಎ) ನಲ್ಲಿ ನೀರು

ಬಿ) ನದಿನೀರು

ಸಿ) ಬಾವಿ ನೀರು

ಡಿ) ಫಿಲ್ಟರ್ ಮಾಡಿದ ನೀರು

9. ನಿಮ್ಮ ಮಗುವಿನ ವಯಸ್ಸು?

ಎ) 1 ರಿಂದ 2 ವರ್ಷಗಳು.

ಬಿ) 2 ರಿಂದ 3 ವರ್ಷಗಳು

ಸಿ) 3 ರಿಂದ 4 ವರ್ಷಗಳು

ಡಿ) 4 ರಿಂದ 5 ವರ್ಷಗಳು

10. ಆರೋಗ್ಯ ಮಾಹಿತಿಯ ಮೂಲ:

ಎ) ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು

ಬಿ) ಕುಟುಂಬ ಮತ್ತು ಪೀರ್ ಗುಂಪು

ಸಿ) ಸಮೂಹ ಮಾಧ್ಯಮ

ANNEXURE-V

STUCTURE KNOWLEDGE QUESTIONARIES

SECTION I - GENERAL QUESTIONS

01. What is worm infestation?

a) worm enters into human body and get their body.
b) Worm enters in and simply stay.
c) Worms enter into body and simply get out through feces.
d) Worm lives outside the body and produce disease.

02. Which part of the human body is affected by worms?

a) Nails
b) eyelashes
c) Hair
d) intestine

03. .How the round worms look like?

a) thread shape
b) round shape
c) square shape
d) hook shape

04. When and all hand wash should performed?

a) before eating food
b) b)after using toilet
c) before eating snacks
d) all of the above

05. Which age group people will have more risk of worm infestation than other age groups?

a) 25-35 years
b) below 14 years
c) above 50 years
d) 15-24 years

06. What do worms do in the body?

a) a)helps digest food
b) b)fight off infections
c) c)take nutrients from the body
d) none of the above

Ans :take nutrients from food

SECTION II- TYPES AND CAUSES

1. Name some common worms affecting the school children?

a) earth worm, wood worm, sand worm
b) pin worm, hook worm, round worm
c) silk worm, cotton worm, plant worm
d) curd worm, vegetable worm, milk worm

2. What is the main cause of worm infestation?

a) poor nutrition
b) poor cleanliness
c) poor immunization
d) poor ventilation

3. How do the worm enter into human body?

a) air
b) feco- oral route
c) clothes
d) needle prick

4. Which type of worm is more dangerous and deforates the health of the children?

a) pin worm
b) hook worm
c) round worm
d) all the above

SECTION III - SIGNS, SYMPTOMS, AND DIAGNOSIS

1. What is the common complaint of child with worm infestation?

a) Fever
b) Leg pain
c) Tooth ache
d) Abdominal discomfort

2. How do you recognize the child is suffering from worm infestations?

a) pass stool with worms
b) diarrhea
c) eating more food
d) sleeping more time

3. What are the general signs and symptoms of worm infestations?

a) headache
b) fainting
c) abdominal pain and itching
d) leg pain

4. How do we diagnose the worm infestation?

a) sputum examination
b) urine examination
c) Blood examination
d) stool examination

SECTION IV - MANAGEMENT AND COMPLICATION

1. What will you do if the child has worm infestation?
   a) give self-medication
   b) give homemade liquids
   c) consult with doctor
   d) isolate the child

02.What is the complication of round worm infestation in children?
   a) Diarrhoea
   b) Intestinal blockage
   c) Vomiting
   d) All of the above
   Ans : intestinal blockage

3. Name of the drugs used for worm infestation?
   a) albendazole
   b) diclofenac
   c) nimesulide
   d) paracetamol

4. Why is it important to wash hands regularly during worm infestation management?
   a) To spread the worms
   b) To prevent reinfection
   c) To ignore the symptoms
   d) To not treat the worms

Ans: to prevent reinfection

5. Which of the following is a complication of worm infestation in eyes?
   a) vision loss
   b) blindness
   c) eye inflammation
   d) all of the above

SECTION V - PREVENTION AND HOME REMEDIES

1. How do you prevent the spread of worm infestation?

a) Through cleaning of hands before hand food and after defecation

b) Not allowing the child to play outside

c) By cleaning the hands thoroughly before playing

d) By proper immunization

2. Which is the best method of dispose excreta?

a) composting

b) usage of sanitary latrine

c) burning

d) dumping

3. Home remedies for preventing worm infestation?

a) papaya

b) neem leave

c) Turmeric

d) all of the above

04.What is important do to prevent worm infestation in the environment?

a) Not disposing of feces properly

b) Not cleaning the environment regularly

c) Using sanitary toilets

d) All of the above

5. Which of these is a natural remedy often used to help expel worms?

a) Garlic

b) Sugar

c) Salt

d) Honey

Ans: garlic

06. Why is it important to educate children about worm Infestations.

a) To make them fear going outside
b) To empower them to practice good hygiene and prevent infection
c) To discourage them from eating vegetables
d) To ensure they never play with other children

7. Which of the following foods should be avoided to prevent worm infestation?

a) undercooked meat
b) unwashed fruits and vegetables
c) raw fish
d) all of the above

8. Why is it important to de worm children regularly?

a) to make them taller
b) to prevent learning and development delay caused by worm infestations
c) to change their eye color
d) to make them sleep longer

09. which of the following hygiene pratices can help prevent worm infestation?

a) Washing hands before eatingand after using the toilet
b) Skipping break fast
c) Eating raw materials
d) Drinking unboiled water

10.Which fruit is recommended as a home remedy to help cleanse the intestines and prevent worms?

a) Banana
b) Papaya
c) Apple
d) Orange

11. Which spice, often used in cooking is believed to help with worm infestation?

a) Turmeric
b) Cinnamon
c) Black pepper
d) Cumin

ವಿಭಾಗ 1 - ಸಾಮಾನ್ಯ ಪ್ರಶ್ನೆಗಳು

1. ಜಂತು ಹುಳುಗಳು ಬಾಧೆ ಎಂದರೇನು?

ಎ) ಜಂತು ಹುಳುಗಳು ಮಾನವನ ದೇಹವನ್ನು ಪ್ರವೇಶಿಸುತ್ತದೆ ಮತ್ತು ಆವುಗಳ ಜೀವನ ಚಕ್ರವನ್ನು ಮುಂದುವರಿಸುತ್ತವೆ.

ಬಿ) ಜಂತು ಹುಳುಗಳು ಮಾನವನ ದೇಹವನ್ನು ಪ್ರವೇಶಿಸುತ್ತದೆ ಮತ್ತು ಸರಳವಾಗಿ ದೇಹದಲ್ಲಿ ಉಳಿಯುತ್ತದೆ.

ಸಿ) ಜಂತು ಹುಳುಗಳು ಮಾನವನ ದೇಹವನ್ನು ಪ್ರವೇಶಿಸುತ್ತವೆ ಮತ್ತು ಸರಳವಾಗಿ ಮಲದ ಮೂಲಕ ಹೊರಬರುತ್ತವೆ.

ಡಿ) ಜಂತು ಹುಳು ಮಾನವನ ದೇಹದ ಹೊರಗೆ ವಾಸಿಸುತ್ತದೆ ಮತ್ತು ರೋಗವನ್ನು ಉಂಟುಮಾಡುತ್ತದೆ.

2. ಮಾನವನ ದೇಹದ ಯಾವ ಭಾಗವು ಜಂತು ಹುಳುಗಳಿಂದ ಪ್ರಭಾವಿತವಾಗಿರುತ್ತದೆ?

ಎ) ಉಗುರುಗಳು

ಬಿ) ಕಣ್ಣೆಪ್ಪೆಗಳು

ಸಿ) ಕೂದಲು

ಡಿ) ಕರುಳು

3. ದುಂಡಗಿನ ಹುಳುಗಳು ಹೇಗೆ ಕಾಣುತ್ತವೆ?

ಎ) ದಾರದ ಆಕಾರ

ಬಿ) ಸುತ್ತಿನ ಆಕಾರ

ಸಿ) ಚದರ ಆಕಾರ

ಡಿ) ಕೊಕ್ಕೆ ಆಕಾರ

4. ಯಾವಾಗ ಎಲ್ಲಾ ಮಗುವು ಕೈ ತೊಳೆಯಬೇಕು?

ಎ) ಆಹಾರವನ್ನು ತಿನ್ನುವ ಮೊದಲು

ಬಿ) ಶೌಚಾಲಯವನ್ನು ಬಳಸಿದ ನಂತರ

ಸಿ) ಕಿಂಡಿ ತಿನ್ನುವ ಮೊದಲು

ಡಿ) ಮೇಲಿನ ಎಲ್ಲಾ

5. ಯಾವ ವಯಸ್ಸಿನ ಜನರು ಜಂತು ಹುಳುಗಳ ಕಾಟದಿಂದ ಪ್ರಭಾವಿತರಾಗುತ್ತಾರೆ?

ಎ) 25-35 ವರ್ಷಗಳು

ಬಿ) 14 ವರ್ಷಗಳ ಕೆಳಗೆ

ಸಿ) 50 ವರ್ಷಕ್ಕಿಂತ ಮೇಲ್ಪಟ್ಟವರು

ಡಿ) 15-24 ವರ್ಷಗಳು

6. ಮಾನವನ ದೇಹದಲ್ಲಿ ಜಂತು ಹುಳುಗಳು ಏನು ಮಾಡುತ್ತವೆ?

ಎ) ಆಹಾರವನ್ನು ಜೀರ್ಣಿಸಿಕೊಳ್ಳಲು ಸಹಾಯ ಮಾಡುತ್ತದೆ

ಬಿ) ಸೋಂಕುಗಳ ವಿರುದ್ಧ ಹೋರಾಡಿ

ಸಿ) ದೇಹದಿಂದ ಪೋಷಕಾಂಶಗಳನ್ನು ತೆಗೆದುಕೊಳ್ಳುತ್ತದೆ. ಅಲ್ಲ

ಡಿ) ಮೇಲಿನ ಯಾವುದೂ

ವಿಭಾಗ II - ವಿಧಗಳು ಮತ್ತು ಕಾರಣಗಳು

1. ಸಾಮಾನ್ಯವಾಗಿ ಯಾವ ರೀತಿಯ ಹುಳುಗಳು ಶಾಲಾ ಮಕ್ಕಳ ಮೇಲೆ ಪರಿಣಾಮ ಬೀರುತ್ತದೆ ?

ಎ) ಮಣ್ಣಿನ ಹುಳು, ಮರದ ಹುಳು, ಮರಳು ಹುಳು

ಬಿ) ಪಿನ್ ವರ್ಮ್, ಜಂತು ಹುಳು, ದುಂದಿಣದ ಹುಳು

ಸಿ) ರೇಷ್ಮೆ ಹುಳು, ಹತ್ತಿ ಹುಳು, ಸಸ್ಯ ಹುಳು

ಡಿ) ಮೊಸರು ಹುಳು, ತರಕಾರಿ ಹುಳು, ಹಾಲು ಹುಳು,

2. ಮಕ್ಕಳಲ್ಲಿ ಜಂತು ಹುಳುಗಳ ಕಾಟಕ್ಕೆ ಮುಖ್ಯ ಕಾರಣವೇನು?

ಎ) ಕಳಪೆ ಪೋಷಣೆ

ಬಿ) ಕಳಪೆ ಶುಚಿತ್ವ,

ಸಿ) ಕಡಿಮೆ ರೋಗನಿರೋಧಕ

ಡಿ) ಕಳಪೆ ಗಾಳಿಯಿಂದ

3. ಜಂತು ಹುಳುಗಳು ಮಾನವ ದೇಹಕ್ಕೆ ಹೇಗೆ ಪ್ರವೇಶಿಸುತ್ತದೆ?

ಎ) ಗಾಳಿಯಿಂದ

ಬಿ) ಕೈ ಮತ್ತು ಬಾಯಿಯ ಮಾರ್ಗ

ಸಿ) ಬಟ್ಟೆ

ಡಿ) ಸೂಜಿ ಚುಚ್ಚುಚ್ಚಕೊಳ್ಳುವ ಮೂಲಕ

4,ಯಾವ ರೀತಿಯ ಹುಳುಗಳು ಹೆಚ್ಚು ಅಪಾಯಕಾರಿ ಮತ್ತು ಮಕ್ಕಳ ಆರೋಗ್ಯವನ್ನು ಹಾಳುಮಾಡುತ್ತವೆ?

ಎ) ಪಿನ್ ವರ್ಮ್

ಬಿ) ಜಂತು ಹುಳು

ಸಿ) ದುಂಡು ಹುಳು

ಡಿ) ಮೇಲಿನ ಎಲ್ಲಾವೂ

ವಿಭಾಗ III - ರೋಗ ಲಕ್ಷಣಗಳು ಮತ್ತು ರೋಗ ನಿರ್ಣಯಗಳು

1. ಮಗುವಿನಲ್ಲಿ ಜಂತುಹುಳುಗಳಿದ್ದರೆ ಮಗುವಿನ ಸಾಮಾನ್ಯ ದೂರು ಯಾವುದು?

ಎ) ಜ್ವರ

ಬಿ) ಕಾಲು ನೋವು

ಸಿ) ಹಲ್ಲು ನೋವು

ಡಿ) ಹೊಟ್ಟೆ ಅಸ್ವಸ್ಥತೆ

2. ಮಗುವಿನಲ್ಲಿ ಜಂತುಹುಳುಗಳಿವೆ ಎಂದು ನೀವು ಹೇಗೆ ಗುರುತಿರುತ್ತೀರಿ?

ಎ) ಹುಳುಗಳೊಂದಿಗೆ ಮಲದ ಮೂಲಕ ಹಾದುಹೋಗುತ್ತದೆ.

ಬಿ) ಅತಿಸಾರ

ಸಿ) ಹೆಚ್ಚು ಆಹಾರವನ್ನು ತಿನ್ನುವುದು

ಡಿ) ಹೆಚ್ಚು ನಮಯ ನಿದ್ರಿಸುವುದು

3 .ಮಗುವಿನಲ್ಲಿ ಜಂತು ಹುಳುಗಳ ಸಾಮಾನ್ಯ ಚಿಹ್ನೆಗಳು ಮತ್ತು ರೋಗಲಕ್ಷಣಗಳು ಯಾವುವು?

ಎ) ತಲೆನೋವು

ಬಿ) ಮೂರ್ಛೆ

ಸಿ) ಕಿಬ್ಬೊಟ್ಟೆಯ ನೋವು ಮತ್ತು ತುರಿಕೆ

ಡಿ) ಕಾಲು ನೋವು

4. ಮಗವಿನಲ್ಲಿ ಜಂತು ಹುಳುಗಳಿವೆ ಎಂದು ಹೇಗೆ ನಿರ್ಣಯಿಸುವುದು?

ಎ) ಕಫ ಪರೀಕ್ಷೆ

ಬಿ) ಮೂತ್ರ ಪರೀಕ್ಷೆ

ಸಿ) ರಕ್ತ ಪರೀಕ್ಷೆ

ಡಿ) ಮಲ ಪರೀಕ್ಷೆ

ವಿಭಾಗ IV - ನಿರ್ವಹಣೆ ಮತ್ತು ತೊಡಕುಗಳು

1. ಮಗುವಿನಲ್ಲಿ ಜಂತು ಹುಳುಗಳಿದ್ದರೆ ನೀವು ಏನು ಮಾಡುತ್ತೀರಿ?

ಎ) ಸ್ವಯಂ ಔಷಧಿ ನೀಡುವುದು.

ಬಿ) ಮನೆಯಲ್ಲಿ ತಯಾರಿಸಿದ ದ್ರವಗಳನ್ನು ವೀಡುವುದು.

ಸಿ) ವೈದ್ಯರೊಂದಿಗೆ ಬಳಿ ಹೋಗುವುದು.

ಡಿ) ಮಗುವನ್ನು ಪ್ರತ್ಯೇತಿಸಿವುದು.

2. ಮಗುವಿನಲ್ಲಿ ಜಂತು ಹುಳುಗಳಿದರೆ ಯುವ ರೀತಿಯ ಆರೋಗ್ಯ ಸಮಸ್ಯೆಗಳು ಬರುವ ಸಾಧ್ಯತೆ ಇದೆ?'

ಎ) ರಕ್ತಹೀನತೆ, ಅಪೌಷ್ಟಿಕತೆ ಮತ್ತು ಕರುಳಿನ ಅಡಚಣೆ,

ಬಿ) ಮೂರ್ಛೆ ಮತ್ತು ಸ್ನಾಯು ಬಿಗಿತ

ಸಿ) ಕೀಲು ನೋವು ಮತ್ತು ನಡೆಯಲು ಅಸಮರ್ಥತೆ

ಡಿ) ದವಡೆ ನೋವು ಮತ್ತು ಮಂಗಲು ಅಸಮರ್ಥತೆ

3. ಜಂತು ಹುಳುಗಳಿಗೆ ನಿರ್ವಹಣೆಗೆ ಬಳಸುವ ಔಷಧಿಗಳ ಹೆಸರು ?

ಎ) ಅಲ್ಬೆಂಡಜೋಲ್

ಬಿ) ಡಿಕ್ಲೋಫೆನಾಕ್

ಸಿ) ನೆಮೆಸುಲೈಡ್

ಡಿ) ಪ್ಯಾರಸಿಟಮಾಲ್

4. ಮಕ್ಕಳಲ್ಲಿ ಜಂತು ಹುಳುಗಳನ್ನು ತಡೆಯಲು, ಕೈ ತೊಳೆಯುವುದು ಏಕೆ ಮುಖ್ಯ?

ಎ) ಹುಳುಗಳನ್ನು ಹರಡಲು.

ಬಿ) ಮರುಸೋಂಕನ್ನು ತಡೆಗಟ್ಟಲು

ಸಿ) ರೋಗಲಕ್ಷಣಗಳನ್ನು ನಿರ್ಲಕ್ಷಿಸಲು

ಡಿ) ಹುಳುಗಳಿಗೆ ಚಿಕಿತ್ಸೆ ನೀಡದಿರುವುದು

5. ಜಂತುಹುಳುಗಳಿಂದ ಕಣ್ಣುಗಳಿಗೆ ಯಾವ ಸಮಸ್ಯೆ ಬರುವ ಸಾಧ್ಯತೆ ಇದೆ?

ಎ) ದೃಷ್ಟಿ ನಷ್ಟ

ಬಿ) ಕುರುಡುತನ

ಸಿ) ಕಣ್ಣಿನ ಉರಿತ

ಡಿ) ಮೇಲಿನ ಎಲ್ಲಾವೂ

ವಿಭಾಗ V - ತಡೆಗಟ್ಟುವಿಕೆ ಮತ್ತು ಮನೆಮದ್ದುಗಳು

1. ಮಕ್ಕಳಲ್ಲಿ ಜಂತು ಹುಳುಗಳು ಹರಡುವುದನ್ನು ನೀವು ಹೇಗೆ ತಡೆಯುತ್ತೀರಿ?

ಎ) ಕೈ ಆಹಾರದ ಮೊದಲು ಮತ್ತು ಮಲವಿಸರ್ಜನೆಯ ನಂತರ ಕೈಗಳನ್ನು

ಸ್ವಚ್ಛಗೊಳಿಸುವ ಮೂಲಕ

ಬಿ) ಮಗುವನ್ನು ಹೊರಗೆ ಆಟವಾಡಲು ಅನುಮತಿಸುವುದಿಲ್ಲ.

ಸಿ) ಆಡುವ ಮೊದಲು ಕೈಗಳನ್ನು ಸಂಪೂರ್ಣವಾಗಿ ಸ್ವಚ್ಛಗೊಳಿಸುವ ಮೂಲಕ

ಡಿ) ಸರಿಯಾದ ಪ್ರತಿರಕ್ಷಣೆಯ ಮೂಲಕ.

2. ಮಲವಿಸರ್ಜನೆಯ ಉತ್ತಮ ವಿಧಾನ ಯಾವುದು?

ಎ) ಬಯಲು ವಿಸರ್ಜನೆ

ಬಿ) ನೈರ್ಮಲ್ಯದ ಶೌಚಾಲಯ ಬಳಸುವುದು

ಸಿ) ಸುಡುವಿಕೆ

ಡಿ) ಬಿಸಾಡುವುದು

3. ಮಕ್ಕಳಲ್ಲಿ ಜಂತು ಹುಳುಗಳನ್ನು ತಡೆಗಟ್ಟುವು ಮನೆಮದ್ದುಗಳು ಯಾವುವು?

ಎ) ಪಪ್ಪಾಯಿ

ಬಿ) ಬೇವಿನ ರಸ

ಸಿ) ಅರಶಿನ

ಡಿ) ಮೇಲಿನ ಎಲ್ಲಾವೂ

4. ಮಕ್ಕಳಲ್ಲಿ ಜಂತು ಹುಳುಗಳನ್ನು ತಡೆಗಟ್ಟಲು ನೀವು ಏನು ಮಾಡುವುದು

ಮುಖ್ಯ?

ಎ) ಮಲವನ್ನು ಸರಿಯಾಗಿ ವಿಲೇವಾರಿ ಮಾಡದಿರುವುದು.

ಬಿ) ಪರಿಸರವನ್ನು ನಿಯಮಿತವಾಗಿ ಸ್ವಚ್ಛಗೊಳಿಸದಿರುವುದು.

ಸಿ) ನೈರ್ಮಲ್ಯ ಶೌಚಾಲಯಗಳನ್ನು ಬಳಸುವುದು.

ಡಿ) ಮೇಲಿನ ಎಲ್ಲಾವೂ

5. ಈ ಕೆಳಗಿನವುಗಳಲ್ಲಿ ಯಾವುದು ಮಾನವನ ದೇಹದಲ್ಲಿ ಜಂತು ಹುಳುಗಳನ್ನು ಕಡಿಮೆ ಮಾಡುತ್ತದೆ?

ಎ) ಬೆಳ್ಳುಳ್ಳಿ

ಬಿ) ಸಕ್ಕರೆ

ಸಿ) ಉಪ್ಪು

ಡಿ) ಜೇನು

6. ಜಂತು ಹುಳುಗಳ ಬಗ್ಗೆ ಮಕ್ಕಳಿಗೆ ಶಿಕ್ಷಣ ನೀಡುವುದು ಏಕೆ ಮುಖ್ಯ?

ಎ) ಹೊರಗೆ ಹೋಗಲು ಭಯಪಡುವಂತೆ ಮಾಡುವುದು

ಬಿ) ಉತ್ತಮ ನೈರ್ಮಲ್ಯವನ್ನು ಅಭ್ಯಾಸ ಮಾಡಲು ಮತ್ತು ಸೋಂಕನ್ನು ತಡೆಗಟ್ಟಲು ಅವರಿಗೆ ಅಧಿಕಾರ ನೀಡಲು.

ಸಿ) ತರಕಾರಿಗಳನ್ನು ತಿನ್ನುವುದರಿಂದ ಅವರನ್ನು ನಿರುತ್ಸಾಹಗೊಳಿಸುವುದು

ಡಿ) ಅವರು ಎಂದಿಗೂ ಇತರ ಮಕ್ಕಳೊಂದಿಗೆ ಆಟವಾಡುವುದಿಲ್ಲ ಎಂದು ಖಚಿತಪಡಿಸಿಕೊಳ್ಳಲು,

7. ಯಾವ ರೀತಿಯ ಆಹಾರದಿಂದ ಮಕ್ಕಳಲ್ಲಿ ಜಂತು ಹುಳುಗಳ ಕಾಟಕ್ಕೆ ಒಳಗಾಗುತ್ತಾರೆ?

ಎ) ಬೇಯಿಸದ ಮಾಂಸ

ಬಿ) ತೊಳೆಯದ ಹಣ್ಣುಗಳು ಮತ್ತು ತರಕಾರಿಗಳು

ಸಿ) ಕಚ್ಚಾ ಮೀನು

ಡಿ)ಮೇಲಿನ ಎಲ್ಲಾವೂ

8. ಮಕ್ಕಳಿಗೆ ನಿಯಮಿತವಾಗಿ ಜಂತುಹುಳು ತೆಗೆಯುವುದು ಏಕೆ ಮುಖ್ಯ?

ಎ) ಮಕ್ಕಳನ್ನು ಎತ್ತರವಾಗಿಸಲು.

ಬಿ) ಕಲಿಕೆ ಮತ್ತು ಅಭಿವೃದ್ಧಿ ವಿಳಂಬವನ್ನು ಹೆಚ್ಚಿಸುವುದು ಮತ್ತು ಹುಳುಗಳ

ಬಾಧೆಯಿಂದ ತಡೆಯಲು.

ಸಿ) ಅವರ ಕಣ್ಣಿನ ಬಣ್ಣವನ್ನು ಬದಲಾಯಿಸಲು

ಡಿ) ಅವರನ್ನು ಹೆಚ್ಚು ಹೊತ್ತು ಮಲಗುವಂತೆ ಮಾಡುವುದು

9. ಕೆಳಗಿನ ಯಾವ ನೈರ್ಮಲ್ಯ ಅಭ್ಯಾಸಗಳು ಮಕ್ಕಳಲ್ಲಿ ಜಂತು ಹುಳುಗಳನ್ನು

ತಡೆಯಲು ಸಹಾಯ ಮಾಡುತ್ತದೆ?

ಎ) ಊಟ ತಿನ್ನುವ ಮೊದಲು ಮತ್ತು ಶೌಚಾಲಯ ಉಪಯೋಗಿಸಿದ ನಂತರ

ಕೈಗಳನ್ನು ತೊಳೆಯುವುದು

ಬಿ) ಬೆಳ್ಳಗೆ ತಿಂಡಿ ಮಾಡದೆ ಇರುವುದು,

ಸಿ) ಬೇಯಿಸಿದ ಆಹಾರ ತಿನ್ನುವುದು

ಡಿ) ಕುದಿಸದ ನೀರನ್ನು ಕುಡಿಯುವುದು

10. ಕರುಳನ್ನು ಶುದ್ಧೀಕರಿಸಲು ಮತ್ತು ಜಂತು ಹುಳುಗಳನ್ನು ತಡೆಯಲು ಯಾವ ಹಣ್ಣನ್ನು ಮನೆಮದ್ದು

ಎಂದು ಶಿಫಾರಸು ಮಾಡಲಾಗಿದೆ?

ಎ) ಬಾಳೆಹಣ್ಣು

ಬಿ) ಪಪ್ಪಾಯಿ

ಸಿ) ಸೇಬು

ಡಿ) ಕಿತ್ತಳೆ

11. ಅಡುಗೆಯಲ್ಲಿ ಹೆಚ್ಚಾಗಿ ಬಳಸುವ ಯಾವ ಮಸಾಲೆ ಜಂತು ಹುಳುಗಳನ್ನು ಸಹಾಯ ಮಾಡುತ್ತದೆ ಎಂದು ನಂಬಲಾಗಿದೆ?

ಎ) ಅರಶಿನ

ಬಿ) ಚಕ್ಕೆ ಲವಂಗ

ಸಿ) ಕಪ್ಪು ಮೆಣಸು

ಡಿ) ಜೀರಿಗೆ.

ANSWER KEY

Section I – general questions		**Section II- types and causes**	
Question no.	Key answers	Question no.	Key answers
01	a.	01	b.
02	d.	02	b.
03	b.	03	b.
04	d.	04	d.
05	b.		
06	c.		

Section III – signs and symptoms and diagnosis		**Section IV- management and complications**	
Question no.	Key answers	Question no.	Key answers
01	d.	01	c.
02	a.	02	b.
03	c.	03	a.
04	d.	04	b.
		05	d.

Section V – prevention and home remedies			
Question no.	Key answers	Question no.	Key answers
01	a.	07	d.
02	b.	08	b.
03	d.	09	a.
04	d.	10	b.
05	a.	11	b.
06	b.		

ANNEXURE-VI

LESSON PLAN ON MANGEMENT OF WORM INFESTATON

GENERAL INFORMATION

Name of the teacher: Hemavathi H S

Subject: community heath nursing

Topic: mangment of Worm Infestation

Date: 26 Dec 2024

Place: Holur village , kolar taluk

Teaching Methods: Lecture method

Instructional Aid: Chart and Flash Card

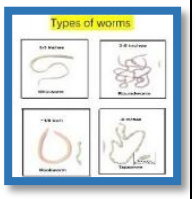
Previous knowledge of leaner: The clients have basic knowledge regarding worm infestations

Specific Objectives:

- Define worm infestation
- Enlist the types
- Enlist the causes
- List out the clinical manifestation
- Enlist the diagnostic Evaluation
- Enlist the preventive measures
- Explain the management Medication and home remedies
- To explain the deworming

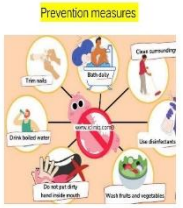
Lesson plan management of worm infestation

TIME	SPECIFIC OBJECTIVES	CONTENT	TEACHERS ACTIVITY	STUDENTS ACTIVITY	A.V AIDS	EVALUATION
2 Min	To introduce the topic	**INTRODUCTION** Worm infestation constitutes an important health problem especially in children. Worm infestation is generally not noticed by sometimes leads to significant problem which affects many organs system. In country like India, worm infestation constitutes an important public health problem. A wild variety of worm infest women, this ranges from half inch pin worms to tape worms that are as long as 30 fts.	Introducing	Listening	Charts	Introduction
3 Min	Define worm infestation	**DEFINITION** A worm infestation also known as helminthiasis, is a medical condition that occurs when parasitic worms that live inside the human body.	Defining	Listening	Flash Card	What do you mean by worm infestation

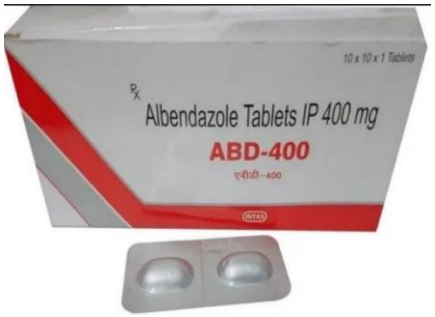
5 min	Enlist the types	**TYPES** 1.**Round worms (Ascariasis):** A few round worms, in a well feed child usually produces no ill effect and are noticed until, a worm is passed in stools. 2.**Hookworms (Ancylostomiasis):** Hook worm disease is caused by prolonged blood loss. 3.**Thread worm (Entrobiasis):** Perineal itching, long duration, and history of similar complaint in family is the hallmark 	Elaboratin g	Listenin g	Chart 	Mention the types of worm infestati on?

5 mins	Enlist the causes	**CAUSES** 1. **Touching contaminated surface:** If someone with worms does not wash their hands, you can get infected by touching objects or surface they have touched. 2. **Eating contaminated food:** You can get infected by eating food washed in contaminated water or grown in contaminated soil. You can also get infected by eating raw or under cooked meat or fish that contains baby worms 3. **Drinking contaminated water:** You can get infected by drinking water from public or private sources, pools, rivers, or lakes that are contaminated. 4. **Walking bare foot on contaminated soil:** If you walk bare foot on soil that contains worms' larvae, you can get infected through your skin.	Explaining	Listening	Chart 	Enlist the causes of worm infestation?

5 Min	List out the clinical manifestation	**CLINICAL MANIFESTATION** 1. **Abdominal pain:** Can be mild or severe, depending on the number of eggs swallowed and were the worm end up. 2. **Diarrhea:** Can be symptom of intestinal infection 3. **Nausea and vomiting:** Can be a symptom of intestinal infection 4. **Gas or bloating:** Can be a symptom of intestinal worm infections. 5. **Dysentery:** Loose stools containing blood and mucous 6. **Rash or itching:** Can occur around rectum or vulva 7. **Weight loss:** Can be a symptom of intestinal worm infections.	Explaining	Listening	Chart 	What are the clinical manifestations?

7 min	Enlist the diagnostic Evaluation	**DIAGNOSTIC EVALUATION** 1. History 2. Physical examination 3. Stool microscopy; • Done to find ova or larvae in the stools. • Less than 20 ova in a standard fecal smear are a light worm load. • Between 20 -40 ova is a moderate load. • More than 40 ova are a heavy load.	Explaining	Listening	Charts 	Mention the diagnostic evaluations?
6 min	Enlist the preventive measures	**PREVENTIVE MEASURES** • Provide adequate facilities for night soil collection and disposal • Provision should be made for dug well and box hole or any other type of latrines for villages and persons living in urban areas. • Vegetables and fruits must be washed, if possible, in running water before using them. • Use boiled water for drinking. • People must maintain personal hygiene and cleanliness. • Vegetables and fruits must be washed properly	Explaining	Listening	Chart & Flash Card 	What are the preventive measures?

		before eating. • In the rural areas enough number of dug wells or borehole latrines must be provided to the people. Educate the people about the spread, danger, and prevention				
7 mins	Explain the management Medication and home remedies	**MANAGEMENT** • Wearing shoes when you walk outdoors especially in areas that might have feces in the soil. • Drinking safe water. • Properly cleaning and cooking food. • Practicing proper handwashing • Using a barrier to prevent the skin from touching the soil when sitting on the ground. • Avoiding consuming soil, they may be contaminated with hookworm. • Not passing stool in the soil or outdoors. • Not using fertilizer made from human feces. • Covering children and boxes. • Taking safety precautions like wearing gloves and shoes when gardening.	Explaning	Listening	Chart 	Explain the ,angment of worm infestation?

		DRUG THERAPY 1. Mebendazole 2. Pyrantel 3. Piperazine 4. Niclosamine   **HOME REMEDIES** 1. Onion juice remove thread worms (dose;3 drops to one teaspoon twice daily) 2. Neem powder remove all types of worms (dose; 1-4 gm twice daily) (For 7 to 12 years old child)				

		3. 20gms of jaggery in the morning then after 10 minutes, ajwain + salt must be taken with warm water. 4. Dried Papaya seeds powder 5 to 10 grams mixing with milk or any foods while cooking. 				
2 mins	To explain the deworming	**DEWORMING** • Deworming treatments should be down regularly, especially for at risk groups like children and pet owners. • It is recommended to deworm children every 6 to 12 months depending on their age and risk factors. • The national deworming Day programmed in India is a government initiative aimed at deworming all children between the age of 1 to 19 years to soil - transmitted helminth infection.	explaning	Listening	Flash cards	Explains about demorming?

4 mins	To conclude the topioc	**CONCLUSION** Worm infestation is a significant public health concern that affect millions of people worldwide, particularly in disadvantaged communities by promoting good hygiene particles and sanitation we can reduce the spread of worm infestation	concludin g	Listenin g	Flash card	Write the conclusi on of manage ment of worm infestati on
		REFERANCE • Community health nursing, BT Basavanthappa, 2nd edition Page no;171. • Text book of pediatric nursing, Soumiya kuriyan Page no;355				

ANNEXURE VII

FORMULA USED

01. Mean: -

Mean (m)= sum of observation/ total no of observation

$$M=\sum I / N$$

02. Percentage:

- Percentage = sum of observation / total no of observation X 100

01. Mean %:-

Mean percentage = sum of two percentage number/ the sum of two sample size

02. Standard deviation: -

$$s = \sqrt{\frac{\sum (x - \bar{x})^2}{n - 1}}$$

S = Population standard deviation X = Each value of the population

$\bar{X}$ = The population mean
n = The size of the population

ANNEXURE VIII

MASTER SHEET OF SCORES OF PRE -TEST

Sample No	1	2	3	4	5	6	Total	1	2	3	4	Total	1	2	3	4	Total	1	2	3	4	5	Total	1	2	3	4	5	6	7	8	9	10	11	Total	Grand Total
1	0	1	0	0	1	0	**2**	0	0	0	0	**0**	0	0	1	0	**1**	0	0	1	0	1	**2**	0	1	0	0	0	1	0	0	1	0	0	**3**	**8**
2	0	1	0	0	1	1	**3**	1	0	0	0	**1**	1	0	1	1	**3**	0	1	1	1	0	**3**	0	1	0	0	1	1	0	0	1	0	0	**4**	**14**
3	0	0	0	0	1	1	**2**	1	0	1	0	**2**	1	0	0	1	**2**	1	0	0	0	0	**1**	0	1	0	1	0	1	0	0	1	0	0	**4**	**11**
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ANNEXURE IX

MASTER SHEET OF SCORES OF POST-TEST

Sample No	1	2	3	4	5	6	Total	1	2	3	4	Total	1	2	3	4	Total	1	2	3	4	5	Total	1	2	3	4	5	6	7	8	9	10	11	Total	Grand Total
1	1	1	1	1	1	1	**6**	1	1	1	1	**4**	1	1	1	1	**4**		1	1	0	0	**2**	1	1	1	1	1	1	1	1	0	1	1	**10**	**26**
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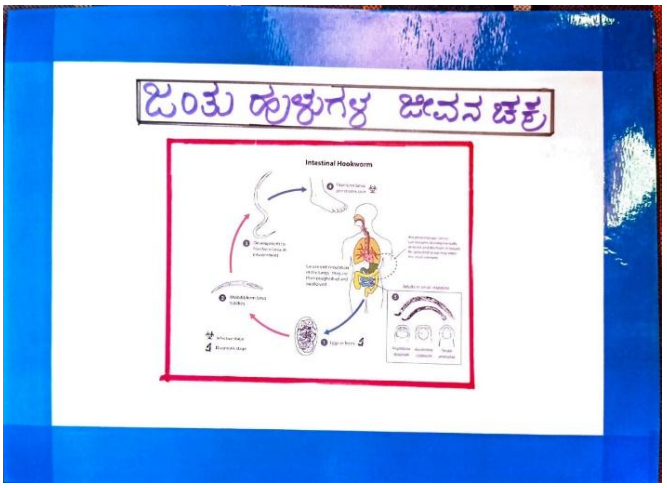
PHOTOGLARY

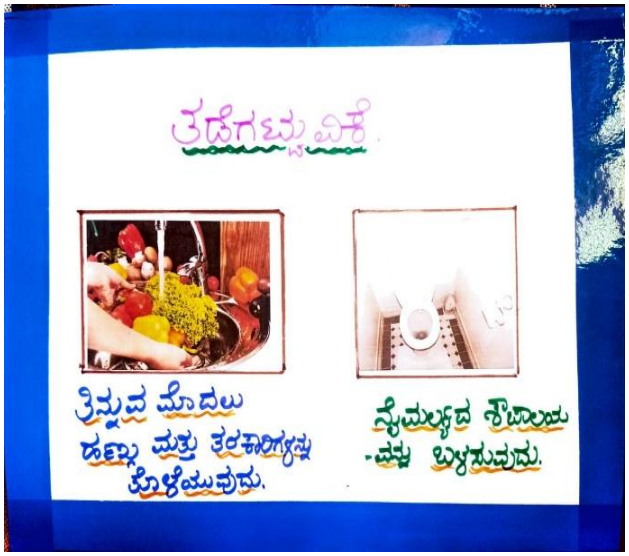
ANNEXURE- X

AV AIDS USED IN PLANNED TEACHING PROGRAMME FLASH CARDS USED IN PLANNED TEACHING PROGRAME

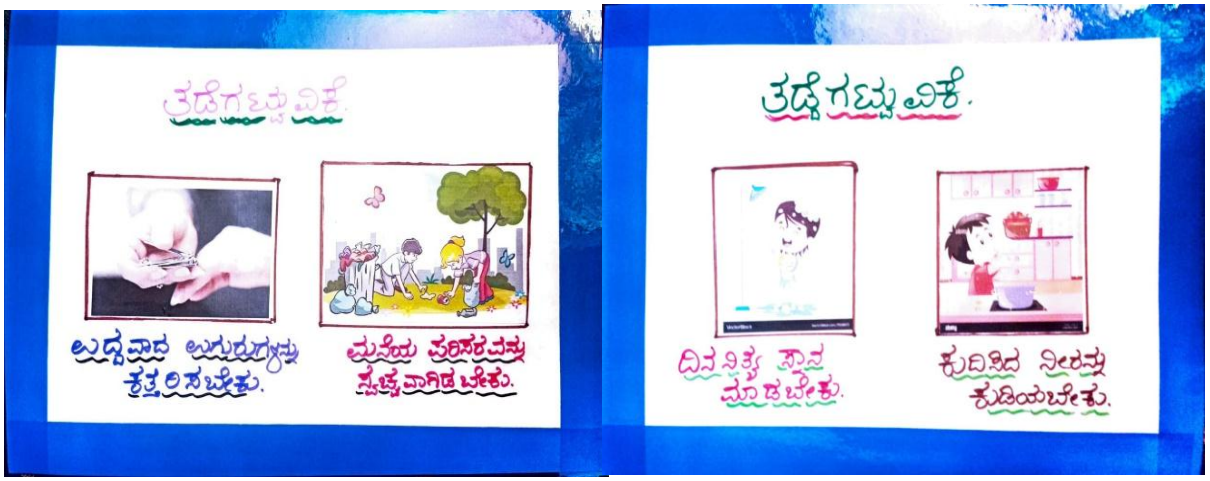
Life cycle of hook worms



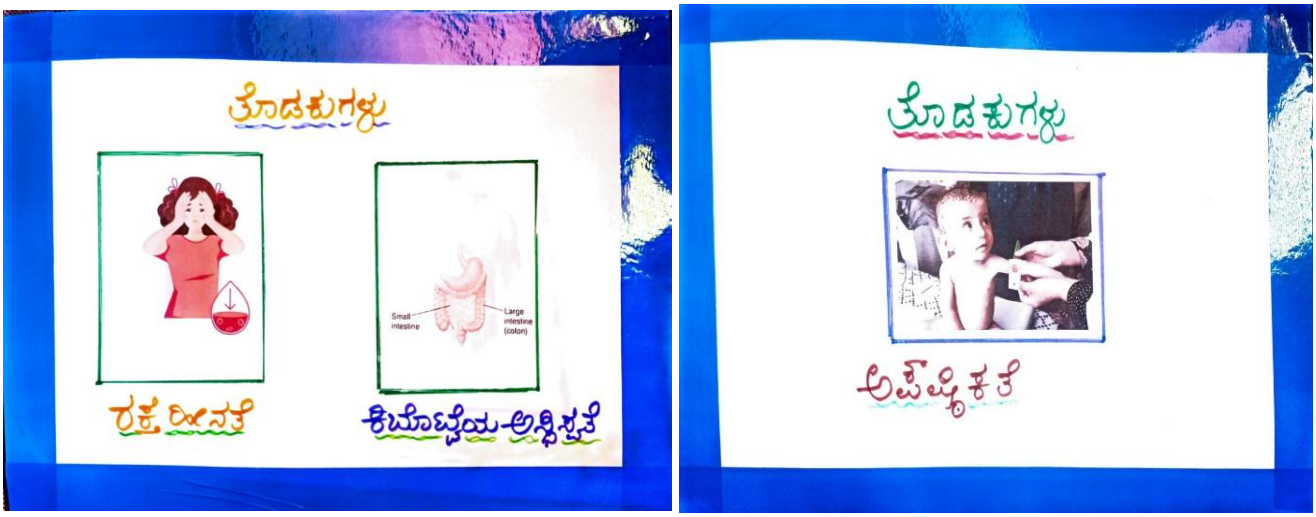
Prevention of worm infeatation



Prevention of worm infeatation

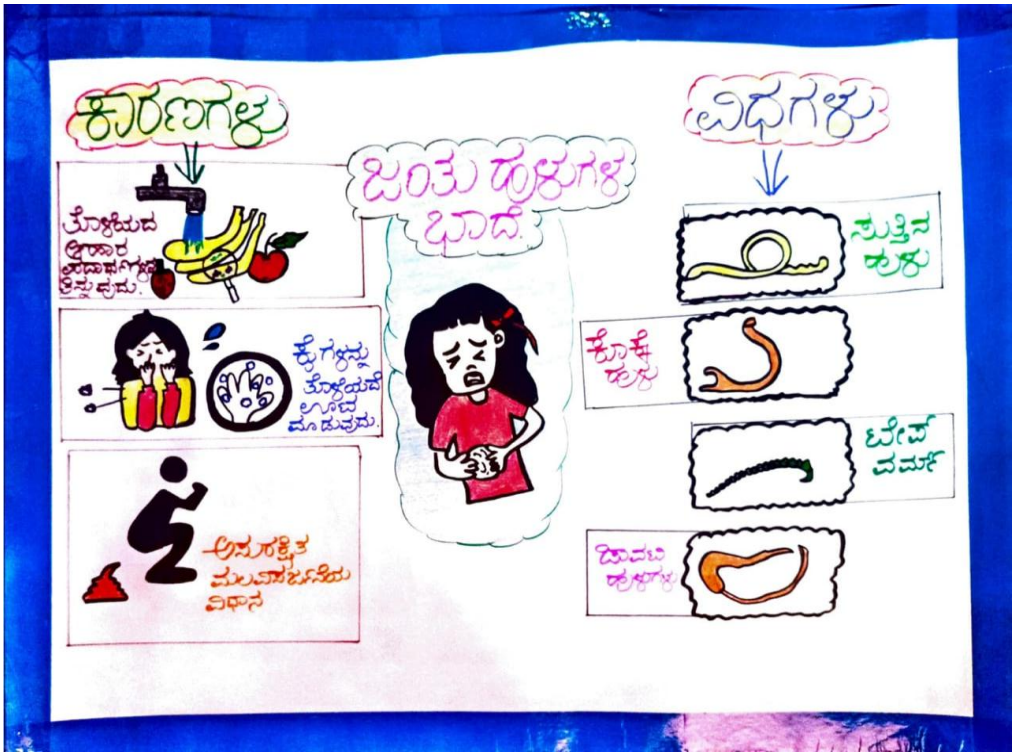


Complications of worms infeatation



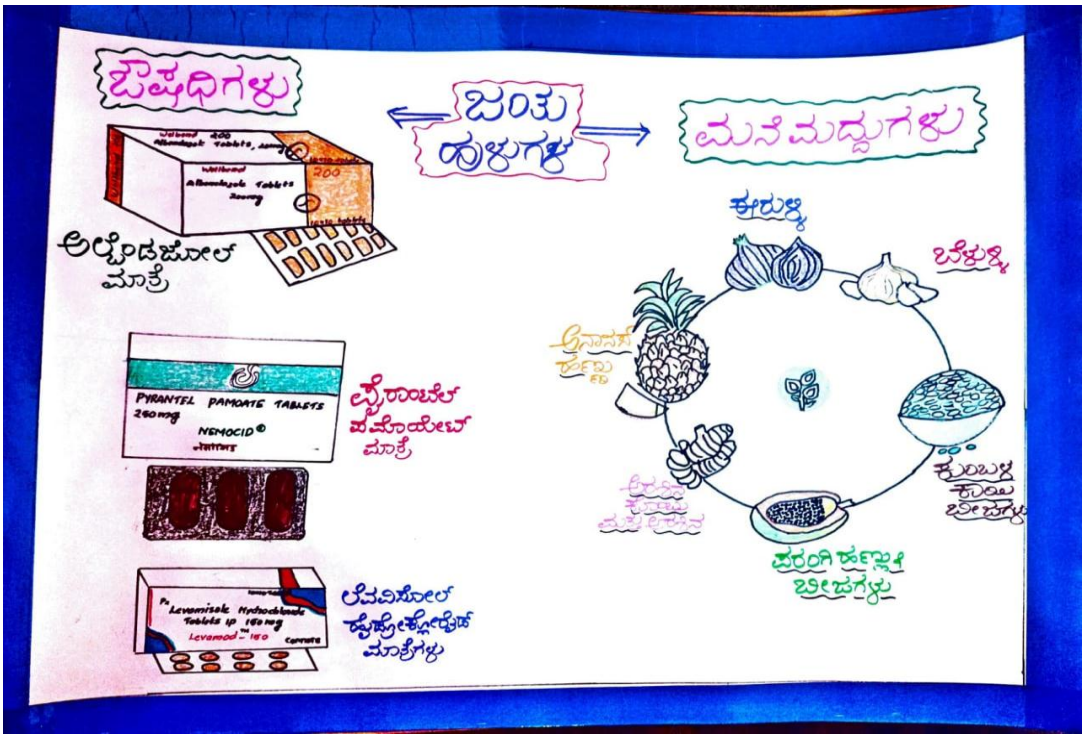
CHARTS USED IN PLANNED TEACHING PROGRAMME

Causes and types of worm's infestation



Signs and symptoms of the worm infestation

Management and home remedies for worm infestation



Conducting pre-test in planned teaching programme

Planned teaching programme

Conducting post-test in planned teaching programme