



“A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING SELECTED NATIONAL CHILD HEALTH SCHEME AMONG GENERAL POPULATION IN URBAN AND RURAL AREAS AT NAGPUR DISTRICT.”

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RESEARCH ABSTRACT

PROBLEM STATEMENT

“ A Descriptive study to assess the knowledge regarding selected national child health scheme among general population in rural and urban areas at Nagpur district.”

The objectives of the study were to determine the basis –

- To assess the knowledge regarding selected national child health scheme among general population in rural and urban areas at Nagpur district.
- To determine association between general population’s knowledge about selected national child health schemes in rural and urban areas at Nagpur district with demographic variables.

ASSUMPTION:

General population living in rural and urban areas at Nagpur district may have inadequate knowledge about selected national child health scheme.

METHOD:

The study is based on quantitative descriptive approach. This was the non experimental descriptive research design. The setting of the study was in rural and urban areas at Nagpur district. The population of the study consisted of general population in selected rural and urban areas at nagpur district. Sample size was 100. the sampling technique used was non probability convinient sampling technique. The tool was structured questionnaire. The pilot study and main study was conducted for the assessment of the knowledge regarding selected national child health scheme.

DATA ANALYSIS:

The study was conducted to assess the knowledge regarding selected national child health scheme among general population in rural and urban areas at Nagpur district. The data was calculated by using descriptive statistics to analyze the data regarding general population's knowledge and inferential statistics (chi square test) is used to find out the association between demographic variables and knowledge regarding selected national child health scheme.

RESULT:

The study reveals that knowledge regarding selected national child health scheme among general population in rural and urban areas at Nagpur district, 3% of general population had poor knowledge, 17% of general population had average knowledge, 48% Of general population had good knowledge, 25% of general population had very good knowledge and 7% of general population had excellent knowledge.

Chi square test is used to assess the association between level of knowledge and demographic variable that is age, gender, residence and source of information. Out of these demographic variable, residence is found to be significantly associated with the level of knowledge regarding selected national child health scheme.

CONCLUSION:

The study shows that the knowledge regarding selected national child health schemes among general population in rural and urban areas at Nagpur district and demographic variables, 3% of general population had poor knowledge, 17% of general population had average knowledge, 48% Of general population had good knowledge, 25% of general population had very good knowledge and 7% of general population had excellent knowledge.

NURSING IMPLICATIONS OF THE STUDY

The study can be implicated to nursing research, nursing education, nursing administration and nursing process.

NURSING ADMINISTRATION

The study will help in community and hospital areas to decrease the mortality and morbidity of children and proper care and management.

NURSING EDUCATION

- This study will help to update the knowledge regarding selected national child health schemes.
- This study will help to understand general population awareness regarding selected national child health scheme.

NURSING RESEARCH

- The nurse researcher can use the findings of this study as baseline data to conduct further intervention research to identify level of knowledge and to determine the association of other demographic variables as with the knowledge regarding selected national child health scheme among general population.
- This study will also help to do further research on selected national child health scheme.

NURSING PRACTICE

- To assess the knowledge regarding selected national child health scheme among general population.
- Findings of the study will help nursing personnel to improve knowledge regarding national child health scheme.

PERSONAL EXPERIENCE

The entire study gave an enriching experience to the investigator. It helped to develop skill in critical thinking and analysis and realize the importance of effective communication with the respondent. The entire study was varied and had rich learning experience, which enabled the investigator to develop his skills in dealing with different personalities. The concept clarity about research as a whole was increased. At every stage the investigator received guidance and support from his guide. This boosted confidence to go ahead and carry out the planned activities. The cooperation from study sample was remarkable. The research was a great learning opportunity for the investigator.

RECOMMENDATIONS

- A comparative study to assess the knowledge on selected national child health scheme among general population in rural and urban areas.
- A study can be done to assess the effectiveness of child health schemes on children.

- A study can be conducted with larger sample size to assess the knowledge regarding selected national child health scheme among father.

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NAME OF THE EXPERT WHO WILL VALID THE TOOL

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CHAPTER I

INTRODUCTION

“ Children are not only innocent and curious but also optimistic and joyful and essentially happy. They are, in short everything adult wish they could be”.

By- Carolyn Haywood

A human life is divided into five main stages mainly infancy, childhood, adolescence, adulthood and old age. Among this early childhood is considered as one of the most important and precious time between the attainment of adulthood. The first five years of life are critical for child development and it entails the biological, psychological and emotional changes occur. During the development stage they require adequate nutrients which influencing the growth and immunity. If they are not fulfilled with adequate requirement they suffer from certain deficiency disorders.

The ministry of health, government of India, central health council launch programs aimed at controlling or eradicating diseases which cause considerable morbidity and mortality in India.

Neonatal mortality is one of the major contributors (2/3) to the Infant Mortality. To address the issues of higher neonatal and early neonatal mortality, facility based newborn care services at health facilities have been emphasized.

Severe Acute Malnutrition is an important contributing factor for most deaths amongst children suffering from common childhood illness, such as diarrhoea and pneumonia. Deaths amongst SAM children are preventable, provided timely and appropriate actions are taken.

Nutritional Rehabilitation Centres (NRCs) are being set up in the health facilities for inpatient management of severely malnourished children, with counselling of mothers for proper feeding and once they are on the road to recovery, they are sent back home with regular follow up. Setting up of facilities for care of Sick Newborn such as Special New Born Care Units (SNCUs), New Born Stabilization Units (NBSUs) and New Born Baby Corners (NBCCs) at different levels is a thrust area under NHM

Health programme:

- 1) PM CARES for children scheme
- 2) Rajiv Gandhi National Creche Scheme for the children of working mother
- 3) POSHAN Abhiyaan
- 4) Integrated Management of Neonatal and Childhood Illness

BACKGROUND OF THE STUDY

In 1951 India was the first country in the world to launch a child health programme. Comprehensively integrated interventions that improve child health and nutrition status and factors contributing to neonatal child, infant and under five children. The purpose of national child health programme is to improve survival, development and quality of life of children. In the age group of 0 - 18 year through early detection at birth, disease deficiencies, development delays including disability and follow up for appropriate management and treatment, if required. Improving efficiency and effectiveness of emergency service in life threatening conditions.

In 2017, Mrs Swagatika Sahoo, Ms Krishna Samantaray, Ms Sailabala Mohanty conducted a descriptive study to assess the knowledge and attitude on Janani Suraksha yojana among mothers in village Mendhasala, Khurda, Odisha.

As far as the sphere of health is concerned maternal and child health issues still continue to be a forefront of national and global health policies. Each year, approximately eight million women suffer pregnancy – related complications and over half a million die.

Janani Suraksha Yojana is an ambitious scheme launched under the National Rural Health Mission, the Government of India's flagship Health programme. The present was therefore conducted to assess the knowledge and attitude of mothers regarding JSY at village Mendhasala under district Khurda. In this study data are collected by survey method.

Total 100 mothers with age group of 19 – 45 years are taken to conduct the study. A self-structured tool was developed to assess the knowledge and attitude of mother regarding JSY.

Result: the major findings states that there is significant negative relationship between the knowledge and attitude of mother towards JSY scheme. The chi square association between knowledge with age and education is extremely statistically significant as the calculated value is 42.6 and 92.0 which is more than the tabulated value at $p=0.05$.⁽³⁰⁾

NEED OF THE STUDY

Infant mortality rate in India 2019, the infant mortality rate in India was at about 28.3 death per 1000 live birth, a significant decrease from previous year. The infant mortality rate the number of death of children under one year of age 1000 live birth. Infant mortality rate from 2009 to 2019 (in deaths per 1000 live birth)

Characteristics	Death per 1000 lives
2019	28.3
2018	28.7
2017	31.2
2016	33.1

Table no. Infant mortality rate

The country registered 4.5% annual rate of reduction in children under five mortality between 1990 – 2019. The number of children under 5 deaths in India dropped from 3.4 million in 1990 to 824,000 in 2019.

In 2021, 287.71 death per 1000 live births a decline from 2020. In infant mortality rate of India 2020 was 29.848 death per 1000 live births, a 33.48% decline from 2019.

The need to conduct this is to know about how many parents are aware about national child health program and whether they get any benefit from them. If they have inadequate knowledge, certain measures can be taken to improve it. And another purpose of this study is to decrease the morbidity rate among children under five.

TITLE OF THE STUDY

The knowledge regarding selected national child health scheme among general population in rural and urban area at Nagpur district.

PROBLEM STATEMENT

“A descriptive study to assess the knowledge of selected national child health scheme among general population in rural and urban area at Nagpur district.”

OBJECTIVES OF THE STUDY

- To assess the knowledge regarding selected national child health scheme among general population in rural and urban areas at Nagpur district.
- To determine association between general population's knowledge about selected national child health schemes in rural and urban areas at Nagpur district with demographical variables.

OPERATIONAL DEFINITION

ASSESS

Oxford dictionary: To make judgement about a value or quality of something.

Parent study : Statistical measurement of knowledge regarding selected new national child health program.

KNOWLEDGE

Oxford dictionary : The information, understanding and skills that you gain through education or experience.

Present study: The information people have about selected national child health scheme.

POPULATION

Cambridge dictionary : All the people living in a particular country, area, or place.

Present study: All the people living in Nagpur district.

RURAL

Oxford dictionary: In, relating to, or characteristics of the countryside rather than the town.

Present study: Countryside areas in Nagpur district.

URBAN

Oxford dictionary: In, relating to, or characteristics of a town or city.

Present study: Well developed areas at Nagpur district.

GENERAL POPULATION

Collins dictionary: The population of a country or area is all the people who live in it.

Present study: People who live in Nagpur district.

POPULATION

Oxford dictionary: All the inhabitants of a particular place.

Present study: All the inhabitants of the Nagpur district.

SCHEME

Oxford dictionary: A large scale systematic plan or arrangement for attaining a particular object or putting a particular idea into effect.

Present study: A large scale plan for people of the country.

ASSUMPTIONS

General population living in rural and urban areas at Nagpur district may have inadequate knowledge about selected national child health schemes.

RESEARCH QUESTION

Does general population living in rural and urban areas at Nagpur district have adequate knowledge about selected national child health scheme?

ETHICAL ASPECTS

1. Prior written permission will be obtained from the institutional research committee.
2. Prior written permission will be obtained from the sample.
3. Prior written permission will be obtained from gram panchayat.

CONCEPTUAL FRAMEWORK

Conceptualization is the act or process of forming a general notion or idea. Miles and Huberman (1994) defined the conceptual framework as a “written or visual presentation that explains the main things to be studied in either graphically or narrative form – the key factor, concepts, or variables and the presumed relationship among them”.

Conceptual framework used in this study is based on health belief model with three components namely perceived severity, perceived susceptibility, perceived benefits, perceived barriers, cues to action and self efficacy, which was first developed by social psychologists Irwin M. Rosenstock, Godfrey M. Hochbaum, S. Stephen Kegeles, and Howard Leventhal at the U.S. Public Service^{[3][4]}.

Health Belief Model was developed in the 1950s by Irwin M. Rosenstock, Godfrey M. Hochbaum, S. Stephen Kegeles, and Howard Leventhal, who were working in the U.S. Public Health Service to explain the failure of people participating in programs to prevent and detect disease.

Health belief model is a theoretical model that can be used to guide health promotion and disease prevention programs. It is one of the most widely used models for understanding health behaviors. We have used this model to assess the knowledge of general population on children health and schemes for them.

THE MODEL CONSISTS OF THESE COMPONENTS



fig no. 1.1 components of health belief model

Health Belief Model

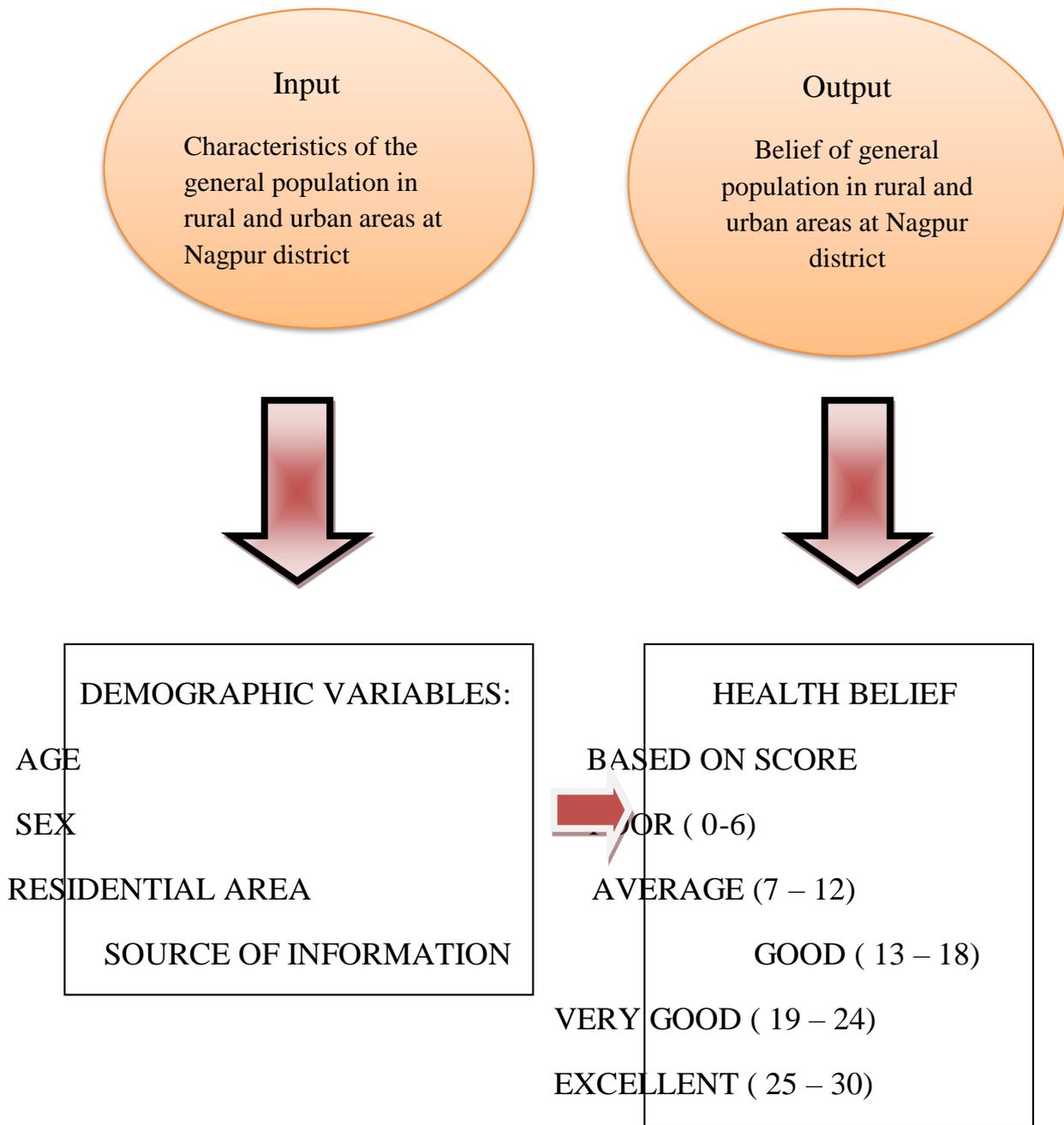


Fig no. 1.2 flow chart of conceptual framework shows health belief model according to our study

RESEARCH METHODOLOGY

RESEARCH APPROACH: According to Creswell (2014), research approaches comprises strategies and methods for research that extend the decisions from general assumptions to thorough methods of data gathering and reasoning.

In this present study quantitative approach is used.

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

In this present study non experimental descriptive research design is used.

SETTING OF THE STUDY: The study setting is the location in which the research is conducted, it could be natural, partially controlled, or highly controlled.

The present study is proposed to carryout in selected urban and rural areas at Nagpur district.

POPULATION: Population is the aggregation of all the units in which a researcher is interested. In other words, population is the set of people or entities to which the results of a research are to be generalized.

In the present study population consist of general population in Nagpur district.

1. **Target population:** A target population consists of the total number of people or objects which meet the designated set of criteria. In other words, it is the aggregate of all the cases with a certain phenomenon about which the researcher would like to make a generalization.

The target population in this present study includes population of selected urban and rural areas at Nagpur district.

2. **Accessible population:** It is the aggregate of cases that conform to designated criteria and are also accessible as subjects for a study.

In the present study, accessible population consist of people who fulfil inclusive criteria in selected urban and rural areas at Nagpur district.

3. **Sample:** Sample may be defined as representative unit of a target population, which is to be worked upon by researcher during their study. In other words, sample consists of a subset of units which comprise the population selected by investigators or researchers to participate in their research project.

In this present study, sample consist of general population present in Bada Tajbagh and Satgaon in Nagpur district.

4. **Sample size:** Sample size refers to the number of participants or observations included in the study.

In the present study the sample size consist of 100 general population in the Nagpur district.

SAMPLING TECHNIQUE: Non probability convenient sampling technique

CRITERIA FOR SAMPLE SELECTION:

- **Inclusive criteria:**
- ✓ In general population who are willing to participate in study.
- ✓ People above 18 years of age
- **Exclusive criteria:**
- ✓ In general population people who are not in the study.
- ✓ People below 18 years of age.

Plan for tool preparation:

Tool for data collection: Self structured questionnaire

Validity: The content will be submitted to expert for content validity.

Reliability: Split half method

Pilot study: Plan to conduct 10 subjects.

Plan for data collection: Structured questionnaire regarding selected national child health scheme will be provided to general population.

Plan for data analysis: The plan for data analysis includes descriptive and inferential statistics.

SCOPE OF THE STUDY:

- This study will help to update the knowledge regarding selected national child health scheme and used as good educational tool.
- This study will help to give small brief idea about selected national child health scheme in corresponding to a subject.
- This study will help to get transparent knowledge about selected national child health schemes.

CONCLUSION:

This chapter deal introduction, background and need of the study regarding knowledge about selected national child health scheme among among general population in rural and urban areas at Nagpur district. Further it deals with problem statement, objectives, operational definitions, assumptions and conceptual framework, research methodology in details in this chapter which will help further in this study.

CHAPTER-II

REVIEW OF LITERATURE

“Review of history is the first step to create another history.”

Review of literature is one of the most important steps in the research process. It is an account of what is already known about a particular phenomenon.

The main purpose of literature review is to convey to the readers about the work already done and the knowledge and ideas that have been already established in a particular topic of research.

"Literature review is defined as a broad, comprehensive, in depth, systematic critique and synthesis of scholarly publications, unpublished, print and online materials, audiovisual materials and personal communication" (S.K. Sharma 2005)

A review of literature is a description and analysis of the literature relevant to a particular field or topic. It provides an overview of what work already had been carried out, who are the key researchers who did that work, which of the questions are already answered regarding a particular area of research interest, what methods and methodologies were used to answer the particular questions and what are the prevailing theories and hypotheses.

A literature review is an evaluative report of information found in the literature related to selected area of study. The review describes summaries, evaluates and clarifies the literature.

It gives a theoretical base for the research and helps to determine nature of research. A review literature is a summary of previous knowledge generated on the topic of study. Review of literature helps the researcher to understand what is already known about a topic and what needs to be further investigated.

The review of literature is a body of text that aims to review the critical point of knowledge on a particular topic of research. (American Nurses Association, 2000)

● Health care for under-fives in Ile-Ife, South-West Nigeria: Effect of the Integrated Management of Childhood Illnesses (IMCI) strategy on growth and development of under-fives (2007). Author: Olufunke M. Ebuehi. Introduction: The level of under-five mortality in the less developed countries of the world, especially in sub-Saharan Africa, remains very high despite enormous investments in health system reforms and several vertical programmes. 1 Each year almost 11 million children in low- and middle-income countries die before they reach their fifth birthday. 2 Five in 10 of these deaths are due to just five conditions: malaria, pneumonia, diarrhoea, measles and HIV – often in combination. 3 Malnutrition contributes to over 60% of these deaths. 4 The Integrated Management of Childhood Illness (IMCI) is a strategy developed by the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and other technical partners to address major child health problems in the developing world. 5 IMCI seeks to address these problems through three intervention strategies – improved case-management, improved health systems support, and improved family and community practices. Results: Findings revealed that the IMCI key growth and development health practices were generally better rated in the CIMCI-compliant LGA than in the non-CIMCI compliant LGA. Breastfeeding practice was widespread in both LGAs. However, the exclusive breastfeeding (EBF) rate among children under six months was higher in the compliant LGA (66.7%) than in the non-compliant LGA (25%). More caregivers (59.7%) from the non-compliant LGA introduced complementary feeds earlier than six months. Growth monitoring activities revealed that there were more underweight children (19.1%) in the non-compliant LGA. Community Resource Persons (CORPs) and health workers were the most popular sources of information on IMCI key practices in the compliant LGA, while in the non-compliant LGA the traditional healers, elders and, to a lesser extent, health workers provided information on these key practices. Conclusion: The IMCI strategy, if well implemented, is an effective and low-cost intervention that is useful in achieving optimal growth, development and survival of Nigerian children. ⁽¹¹⁾

● Effect of implementation of Integrated Management of Neonatal and Childhood Illness (IMNCI) programme on neonatal and infant mortality: Cluster randomised controlled trial (2012). Authors: Nita Bhandari, Sarmila Mazumder, Sunita Taneja. Introduction: To evaluate the Indian Integrated Management of Neonatal and Childhood Illness (IMNCI) programme, which integrates improved treatment of illness for children with home visits for newborn care, to inform its scale-up. Results: The infant mortality rate (adjusted hazard ratio 0.85, 95% confidence interval 0.77 to 0.94) and the neonatal mortality rate beyond the first 24 hours (adjusted hazard ratio 0.86, 0.79 to 0.95) were significantly lower in the intervention clusters than in control clusters. The adjusted hazard ratio for neonatal mortality rate was 0.91 (0.80 to 1.03). A significant interaction was found between the place of birth and the effect of the intervention for all mortality outcomes except post-neonatal mortality rate. The neonatal mortality rate was significantly lower in the intervention clusters in the subgroup born at home (adjusted hazard ratio 0.80, 0.68 to 0.93) but not in the subgroup born in a health facility (1.06, 0.91 to 1.23) (P value for interaction = 0.001). Optimal newborn care practices were significantly more common in the intervention clusters. Conclusions: Implementation of the IMNCI resulted in substantial improvement in infant survival and in neonatal survival in those born at home. The IMNCI should be a part of India's strategy to achieve the millennium development goal on child survival. ⁽¹⁶⁾

● Integrated Management of Neonatal and Childhood Illness (IMNCI): Skill Assessment of Health and Integrated Child Development Scheme (ICDS) Workers to Classify Sick Under-five Children Authors: Hemant D. Shewade, Arun Aggarwal, Bhavneet Bharti Introduction: To assess the skills (diagnostic/counseling) of Integrated Management of Neonatal and Childhood Illness (IMNCI) trained workers; and to assess the degree of agreement between the physician and the IMNCI trained workers of Raipurani block, district Panchkula, India, to classify sick under-five children in field. Results: Sixteen IMNCI trained workers made 128 child observations. Considering color-coded categorization under

IMNCI, agreement with investigator (Kappa) was intermediate; red and yellow categorizations had poor agreement. Morbidity-wise agreement (Kappa) was poor for possible serious bacterial infection, feeding problem, respiratory problem and anemia. Considering final diagnosis, investigator and IMNCI trained worker completely agreed in 45 % child observations. All symptoms were asked only in 15 %. Skills were poor overall for young infants. For children between 2 and 5 y, danger signs, neck stiffness, edema, wasting and pallor were checked in <40 % observations. Immunization card was asked for in 20 % observations. IMNCI trained workers performed well in all aspects of counseling, except follow up. Conclusions: Training without effective implementation plans will not result in long term skill retention. (2018)⁽³¹⁾

INTEGRATED CHILDHOOD DEVELOPMENT SCHEMES

- A study on knowledge of anganwadi workers about integrated child development services at three urban health centers. Authors: Sulakshana Baliga, Padmaja Walvekar Introduction: Most of the studies have been concentrated on the nutritional and health status of the beneficiaries of ICDS. Less focus has been shifted over to assess the knowledge and awareness among AWW regarding recommended ICDS programmes, who are actually the main resource person. Methods: A cross-sectional study was undertaken among 76 anganwadi workers from all 76 anganwadi's under the three urban health centers. For Anganwadi workers' knowledge assessment, a scoring system was developed. The knowledge assessment score from each AWW was calculated based on the responses to a questionnaire containing 30 questions. Results: 88.16% of anganwadi workers had better knowledge on immunization and supplementary nutrition and only 45.39% of them had knowledge regarding referral services. No relationship was found between the educational qualification of the worker and her knowledge about different services provided by her ($p=0.660$). Conclusions: Out of total 18 (23.7%) of AWWs had poor knowledge of health services provided, 20 (26.3%) had average knowledge and 38 (50%) had good knowledge. The knowledge had no relation with experience and their educational qualification. This difference was not found to be statistically significant. (2015)⁽¹⁴⁾

- An Assessment of the Integrated Child Development Services Programme in an Urban Area of Ludhiana, Punjab Authors: Nidhi Thomas, Paramita Sengupta, Anoop Benjamin Introduction: India is home to the largest child population in the world. According to the 2011 census, India has around 164.5 million children below the age of 6 years, constituting 13.6% of the population. [1] Forty three percent children under 5 years of age in India are underweight. [2] The ICDS Scheme was launched by the Government of India in 1975, in response to the challenge of providing pre-school education on one hand and breaking the vicious cycle of malnutrition, morbidity and mortality on the other hand. ICDS provides opportunities for holistic development of children and child bearing women from vulnerable backgrounds. Even after 35 years of implementation, the success of ICDS in tackling childhood and maternal problems remains a matter of concern. The present study proposes to assess the functioning of the ICDS Programme with regard to the services provided, in anganwadis of an urban area of Ludhiana. Results : Infrastructure: Out of 9 AWCs studied, 8 were functioning in rented rooms and 1 in a school building. Three AWCs had piped water supply, while in the remaining six the drinking water was stored in containers. Five AWCs were adequately ventilated and lighted. All the AWCs received regular ration supply. (2015)⁽²⁴⁾

- Integrated Child Development Services (ICDS) Scheme: A Journey of 37 years. Authors: Gupta A, Gupta SK, Baridalyne N. Introduction: Malnutrition is currently one of the biggest challenges facing the modern world. In India, the Integrated Child Development Services (ICDS) scheme was started with the objective of improving child health, nutrition and development. Since its inception in 1975, the outreach of ICDS services has increased enormously, and now the goal is universalization of ICDS. In recent years ICDS has been evaluated by many agencies which have resulted in numerous changes to

achieve the objectives. Results: Since its inception, ICDS has expanded rapidly in its scope and coverage, and today it covers approximately 7.6 million pregnant women and lactating mothers and around 36 million children less than six years of age. Although there had been vast increase in ICDS blocks, it was seen that there is lack of infrastructure and basic amenities. Though immunization activities under ICDS have appreciable credibility, however, non-formal pre-school, nutrition and health education are not fully functioning in the way they were planned to be. Conclusion: The ICDS has a huge potential as a platform to provide comprehensive maternal and child services. Although there is a wide coverage under the ICDS blocks, many of them are not functioning optimally. Infrastructure and basic amenities, and training components need to be strengthened.⁽¹⁷⁾

IMMUNIZATION SCHEMES

● Assessment of Parents' Knowledge, Attitude and Practice about Child Vaccination in Rural areas. Authors: Trushitkumar B*, Riju Pathak, Rajindar Singh, Varun Alves, N M, Chaluvraj TS, Chandramouli R, Bincy Varghes. Introduction: Vaccines have thrived as one of the most successful health interventions that have diminished occurrence of infectious diseases and improved quality of life in the population. Although the vaccination coverage has been gradually increasing, the average total immunization coverage is far less than the desired outcome. Parental decisions regarding vaccination are very vital for increasing the vaccination rate and parent compliance to the immunization schedule. Results: A total of 110 parents participated in the study from different rural clusters of Bangalore. Assessment of the extent of Knowledge, attitude and practice about child vaccination showed that a majority of them (72.7 %,) had good knowledge score followed by average (21.8%) and poor (5.4%) whereas 85.4% of the respondents were found to have good attitude towards child vaccination. The immunization status of the child was assessed by counting on the parents' word for it and 68.1% children were completely immunized whereas 7.2 % received incomplete immunization. The immunization status of the remaining 24.5% of the children was uncertain as assessment was not possible due to lack of surety in the parents part regarding the immunization status of their child. Although parental knowledge was not found to be significantly associated with the immunization status of their child, there was a significant association between the attitude of parents towards child vaccination and the immunization status of their child. A very significant correlation was also seen between the parental knowledge and attitude score with $p \leq 0.0001$. Conclusion: The parental Knowledge, Attitude and Practice about child vaccination are important determinants of the immunization status of their child. A combined effort from the members of the healthcare team and social health workers can definitely make the attainment of the targeted immunization coverage rate in the country possible (2017).

● A study on awareness and practice regarding vitamin A intake and its deficiency disorders among mothers of pre-school children in Khirasara village, Rajkot, Gujarat. Authors: Ankit M Sheth¹, Matib M Rangoonwala², Kaushik K Lodhiya³, Dipesh D Zalavadiya⁴, Nirav B Joshi⁴. Results: Mean age was 25.9 years, 38.9% were illiterate and 80% were non-working. 32.6% knew about vitamin A rich foodstuffs. 18.9% were aware about vitamin A prophylaxis programme. 27.4% included vitamin A rich foods in diet of their children. 68.0% didn't know about any symptoms about vitamin A deficiency disorders. Conclusion: Significant low levels of knowledge and practice regarding vitamin A intake was found in illiterate mothers. Multi-para and literate mothers were significantly more aware about vitamin A prophylaxis programme. (2016)⁽²⁰⁾

● Assessment of knowledge towards immunization among mothers of under-five of U.P India: a quantitative approach. Authors: (1) Mrs. Farha Azmi, RN RM Research scholar (Ph.D in Nursing) Shri Venkateshwer university, N.H Rajabpur Gajraula Amroha U.P India 244236 (2) Dr. Ratna Prakash (Research Guide) Principal. INTRODUCTION: Immunization is one of the most effective, safest &

efficient Public Health Interventions. While the impact of Immunization on childhood morbidity & mortality has been great, its full potential has yet to be reached. India has the highest no. (approx. 10 million) of such children in the world.³ Thus, there is an urgent need to find ways to increase vaccination coverage and particularly to encourage parents to have their children vaccinated.⁴ RESULTS: Knowledge Score categorized in 3 categories (good, average and poor). Good knowledge score is 10%. Average knowledge score is 23.34%. Poor knowledge score is 66.66%. CONCLUSIONS: Most of the mothers of under-five having poor knowledge score, that's why researcher felt to take the problem for survey(2015).⁽¹³⁾

- A Study to Assess and Correlate the Knowledge, Attitude and Practices of Vaccination among Mothers with Educational Status in a Teaching Hospital in South India Authors: Binai Sankar, Sambhu Ramesh, Aleena Sunny Introduction: Childhood immunization almost guarantees protection from several diseases. Since mothers are the important health decision makers of their child, their knowledge, attitude and practice regarding immunization and their educational status in general have a great impact in the immunization status of their children. Results: Even though most of the mothers had satisfactory knowledge, attitude and practice, almost 25% children were identified as unimmunized or partially immunized. Educational status of mothers were identified as an independent factor in the determination of their children's vaccination status. There is an urgent need to increase the coverage of UIP (Universal Immunization Programme) vaccines and there is a dire need to arrange for health education program sessions for all the parents regarding the importance of complete adherence of vaccination among children. TV, newspaper and other Medias can be also promoted as most important sources which can be used for it spreading educational messages regarding vaccinations.

- Assessment of Parents' Knowledge, Attitude and Practice about Child Vaccination in Rural areas. Authors: Trushitkumar B*, Riju Pathak, Rajindar Singh, Varun Alves, N M, Chaluvraj TS, Chandramouli R, Bincy Varghes. Introduction: Vaccines have thrived as one of the most successful health interventions that have diminished occurrence of infectious diseases and improved quality of life in the population. Although the vaccination coverage has been gradually increasing, the average total immunization coverage is far less than the desired outcome. Parental decisions regarding vaccination are very vital for increasing the vaccination rate and parent compliance to the immunization schedule. Results: A total of 110 parents participated in the study from different rural clusters of Bangalore. Assessment of the extent of Knowledge, attitude and practice about child vaccination showed that a majority of them (72.7 %,) had good knowledge score followed by average (21.8%) and poor (5.4%) whereas 85.4% of the respondents were found to have good attitude towards child vaccination. The immunization status of the child was assessed by counting on the parents' word for it and 68.1% children were completely immunized whereas 7.2 % received incomplete immunization. The immunization status of the remaining 24.5% of the children was uncertain as assessment was not possible due to lack of surety in the parents part regarding the immunization status of their child. Although parental knowledge was not found to be significantly associated with the immunization status of their child, there was a significant association between the attitude of parents towards child vaccination and the immunization status of their child. A very significant correlation was also seen between the parental knowledge and attitude score with $p \leq 0.0001$. Conclusion: The parental Knowledge, Attitude and Practice about child vaccination are important determinants of the immunization status of their child. A combined effort from the members of the healthcare team and social health workers can definitely make the attainment of the targeted immunization coverage rate in the country possible.(2015)

● Immunization completeness of children under two years of age in Nova Scotia, Canada
 Authors: Vineet Saini, Shanon E. Introduction: Canada's progress in establishing a national immunization registry and coordinated immunization schedule across provinces has been slow. The absence of a centralized registry means there are only limited data available on childhood immunization coverage in Canada. The aim of this study was to estimate the completeness and timeliness of immunization for two year-old children in Nova Scotia. Results: The overall immunization completeness rate was 49% at 12 months, 40% at 18 months and 58% at 24 months of age. Immunization completeness was significantly higher in more socially disadvantaged communities. Conclusions: Nova Scotia spends many millions of dollars on vaccine purchase and administration, but, as with numerous Canadian jurisdictions, there is no accurate system for monitoring or evaluating the program. The timeliness and completeness of immunization administration to pre-school children in Nova Scotia is inadequate. Further work should elucidate the barriers and enablers to immunization to ensure that public health education targets those most likely to be under-immunized. A provincial vaccination database should be established to monitor and evaluate the system.⁽²⁸⁾

OTHER SCHEMES

● The records and registers were not regularly maintained in any AWC. None of the AWCs had referral slips and only 2 AWCs had complete medicine kits. In all the AWCs the nutrition and health education training material was available but used only in four AWCs. None of the AWCs had Salter's scales. Consequently, while all the AWCs had Growth Chart Registers, none of them maintained growth monitoring of the children. All the AWCs had playing kits for the children. Supplementary nutrition was provided to the children for 24 days (average for all 9 AWCs studied) in the last one month in which it was given. Monthly medical check-up was done in 4 AWCs (44.4%) by the Auxiliary Nurse Midwives (ANMs) of the nearby health Centers. Registration and Attendance of Beneficiaries: While 826 children 0-6 years old were registered in the AWCs, only 93 (11.3%) were found to be attending the Center. Attendance of the 0-1 year old was 3.4%, of the 1-3 years old 8.4% and of the 3-6 years old 15.9%. The total number of pregnant women, lactating mothers and adolescent girls registered were 97, 78 and 659, respectively, but none of them were found present in any of the AWCs. Nutritional Status: The Growth Chart used for growth monitoring in the ICDS Programme is till 5 years of age

● Journal of Nursing Science & Practice A Study to Assess and Compare the Effectiveness of Janani Suraksha Yojna (JSY) among JSY Beneficiaries and Non-JSY Beneficiaries of Postnatal Mothers in Terms of Knowledge, Utilization and Outcome of the program in the Selected Hospitals in Delhi. Authors: Neha John*, Molly Babu, Sunita Patney . Introduction: The wellbeing of societies is directly linked to the health and survival of mothers and children. When mothers survive and thrive, their children survive and thrive. When both mothers and children survive and thrive, the societies in which they live prosper. But unfortunately about 800 women die from pregnancy or childbirth-related complications around the world every day, out of which most maternal deaths are avoidable. Maternal and child health services are directed towards mothers and children in order to attain total wellbeing of the child within the framework of the family and community. Result: Findings of the study indicated that majority of JSY beneficiaries were having average knowledge while majority of non-JSY beneficiaries were having poor knowledge about JSY. Majority of both JSY beneficiaries and non-JSY beneficiaries were having good maternal and child outcome. Majority of JSY beneficiaries had average utilization of JSY services.(2015) It also indicated that there was a significant positive correlation between knowledge scores, utilization score and outcome scores among JSY beneficiaries. Conclusion: The study showed significant association between knowledge of JSY beneficiaries with religion and education level of mothers but there is no significant association between utilization of services with any of the selected variables and the findings also showed significant association between outcomes of JSY with family monthly income of JSY

beneficiaries. On the basis of the study findings, it was found that JSY is effective in improving the maternal and child outcome and if mother are more knowledgeable regarding the scheme, there will be more utilization and better outcome.

● A Descriptive study to assess the knowledge and attitude on Janani Suraksha Yojana among mothers in village Mendhasala, Khurda, Odisha. Authors: Mrs Swagatika Sahoo¹, Ms. Krishna Samantaray², Ms Sailabala Mohanty. Result: The major findings states that there is significant negative relationship between the knowledge and attitude of mother towards JSY scheme. The chi square association between knowledge with age and education is extremely statistically significant as the calculated value is 42.6 and 92.0 which is more than the tabulated value at $p=0.05$. CONCLUSION: The study findings conclude that there was negative relationship between knowledge and attitude of mother regarding JSY. And also there was significant association between knowledge and attitude of mother regarding JSY with selected socio demographic variables. (2017)⁽²¹⁾

● A study to assess the knowledge of mothers regarding reproductive child health programme activity and its utilization in selected urban community in Gwalior city. Authors: Ketan Sharma^{1*}, Jyoti Sharma², Jyoti Choudhary¹, Treeza Charming Rae. Results: The present study depicts that the maximum mother (55%) were having good knowledge regarding reproductive child health programme activity and the mothers were having maximum knowledge regarding essential newborn care 67.5% and minimum knowledge (26.6%) regarding control of STD/RTI. Majority of mothers 45 (75%) had average utilization of the reproductive child health programme activity. There was positive correlation between knowledge and utilization of reproductive child health programme activity among mothers ($r=0.83$). Conclusions: In the present study, there was significant association between utilization of reproductive child health programme activity and mother's age and parity. (2018)⁽¹⁸⁾

● Status of National Programme of Control of Blindness in Madhya Pradesh. Published in NJCM Authors: Kaushal Rutuja, Sanjay Gupta, Neeraj Gaur Introduction: National Programme for Control of Blindness was launched by Government of India in 1976, but in Madhya Pradesh (MP) it was launched in 1978. It is a 100% centrally sponsored programme to overcome the major public health problem (blindness) in India. Keeping this viewpoint in mind, the study was conducted with the objectives of to assess the status of national programme for control of blindness in MP, to find out the district wise status and comparisons and to know the status of school children in Programme. Results: Data showing that during the year 2011-12, hundred percent target were achieved for cataract operation followed by 95% in 2010-11. From 2007-08 to 2012-13. In the all cataract operation in M.P. around 98% intra ocular lens were also inserted. Among school children detected refractive errors were higher during the period of 2012-13 (3.91%) followed by 2011-12 (2.26%), lowest detection rate were reported in 2009-10 (1.37%). Maximum number of students given spectacles after detection of refractive error in 2011-12 (62.57%) followed by in 2010-11 (49.88%). According to performance grading of districts of MP, 20% are best performer district (A grade) and 18% in B grade, 22% of MP districts are worst performer and graded E. Conclusion: National programme for control of blindness in 20% of districts of MP are best performer districts but still 22% of total districts of Madhya Pradesh are poor performer, there we have to put more effort to make blindness control programme successful. (23)

● Nutritional status of children attending mid day meal scheme in government primary school in Aligarh city Authors: Alim F, Khalis S, Mirza I, Khan Z Results: The mean height and weight of the present study was compared with that of ICMR standard. The mean difference between them was studied by 't' test and it was concluded that the difference is statistically not significant ($P>.05$). The prevalence of stunting of boys and girls was 75.35% and 74.68% respectively and wasting was observed as 86.95% for

boys and 76.53% for girls. The association of stunting and wasting with that of age group was studied by chi-square test further it was concluded that age has not played any significant role in stunting of both boys and girls and wasting for boys only. Statistically age was significantly associated with wasting of girls only ($P < 0.05$). Conclusion: The study revealed poor nutritional status of school children receiving mid day meal every day.

● Study to assess the knowledge and health seeking behaviour of mothers of under 5 children in the catchment area of G.M.C., Bhopal Authors: Rama Lodha, Dinesh Pal, Ambreen Khan Introduction: Under 5 mortality rate is considered as the best indicator of social development and well being. Low U5MR indicates better social development as children are most vulnerable during the first 5 years. Almost 1/3rd die of infectious cause, nearly all of which are preventable. Results: 41.9% belonged to the age group of 20-25 years. 94.11% of the mothers knew what diarrhoea is and only 47.61% could tell minimum 3 signs of dehydration. 32.38% could tell the specific signs of pneumonia. 90.47% mothers knew that immunisation prevents children from diseases. The overall knowledge scores improved significantly ($p < 0.0001$) after a gap one month. Conclusions: The knowledge appeared to improve significantly after an education intervention. The immunization coverage was found to be adequate. ⁽²⁵⁾

● A Study to Assess and Correlate the Knowledge, Attitude and Practices of Vaccination among Mothers with Educational Status in a Teaching Hospital in South India Authors: Binai Sankar, Sambhu Ramesh, Aleena Sunny Introduction: Childhood immunization almost guarantees protection from several diseases. Since mothers are the important health decision makers of their child, their knowledge, attitude and practice regarding immunization and their educational status in general have a great impact in the immunization status of their children. Results: Even though most of the mothers had satisfactory knowledge, attitude and practice, almost 25% children were identified as un-immunized or partially immunized. Educational status of mothers were identified as an independent factor in the determination of their children's vaccination status. There is an urgent need to increase the coverage of UIP (Universal Immunization Programme) vaccines and there is a dire need to arrange for health education program sessions for all the parents regarding the importance of complete adherence of vaccination among children. TV, newspaper and other Medias can be also promoted as most important sources which can be used for it spreading educational messages regarding vaccinations. ⁽²⁶⁾

● Review of Rashtriya Bala Swastha Karyakrama and Utilization of Referral Services in Urban Field Practice area of Bangalore Medical College Introduction: The Rashtriya Bal Swasthya Karyakram (RBSK) aims early detection and management of the 4Ds - Defects at birth, Diseases in children, Deficiency conditions and Developmental Delays including Disabilities in children in the community which are hidden and to provide service for them at District early intervention centre (DEIC). To assess the magnitude & distribution of the health conditions identified under RBSK by 4D's approach and the utilization of referral services pertaining to RBSK in urban field practice area of Bangalore medical college and research institute. RESULTS: Total 1232 children were screened. Out of which 5 children were found to have birth defects, 16 children were found to have some kind of deficiency, 100 children were found to have diseases and 31 children were found with developmental delay including disabilities. Here in our study 12.3% children deprived of good health due to 4Ds. Among 152 children referred only 78 children utilised the referral services. CONCLUSION: We observed that still there are many children are undiagnosed and deprived of treatment for curable diseases. Child Health Screening and promotion of Early Intervention Services is most beneficial for improvement in health status of children and RBSK should be extended to private schools to reach more children. ⁽²⁹⁾

● Improving parenting knowledge through caregiver education in China Introduction: Caregivers' parenting knowledge is of importance to child development and to achieve positive child outcomes. Even though some caregiver education programs have demonstrated positive effects, most of them are carried out in developed countries and among western samples. As a developing country with the second-largest child population worldwide, China has initiated caregiver education programs to promote parenting knowledge among caregivers since 2016. This study examines the effect of an innovative caregiver education program on caregivers' perceived increase of parenting knowledge. Results: In general, program participation had statistically significant associations with caregivers' perceived increase of parenting knowledge. The associations varied by service type. Particularly, online development evaluations and in-home sessions showed relatively consistent and positive effects on caregivers' perceived increase of parenting knowledge. Conclusions: This caregiver education program had a positive effect on caregivers' perceived increase of parenting knowledge, particularly through the use of the online development evaluations and in-home sessions. As one of the earliest initiatives of this kind in China, the findings reveal the promise of an innovative program to advance caregivers and children.

CHAPTER III

RESEARCH METHODOLOGY

INTRODUCTION

Education is characterized as a learning cycle for the person achieve information and comprehension of the higher explicit items and explicit.

- Huge Indonesian Dictionary (1991)

RESEARCH METHODOLOGY

It is a way to systematically solve a research problem. It is a science of studying how research is done scientifically. Essentially it is the procedure by which the researchers go about their work of describing, evaluating and predicting phenomenon. It aims to give the work plan of research.

A research methodology gives research legitimacy and provides scientifically sound findings. It also provides a detailed plan that helps to keep researchers on track, making the process smooth, effective and manageable. A researcher's methodology allows the reader to understand the approach and methods used to reach conclusions.

Having a sound research methodology in place provides the following benefits:

Other researchers who want to replicate the research have enough information to do so.

Researchers who receive criticism can refer to the methodology and explain their approach.

It can help provide researchers with a specific plan to follow throughout their research.

The methodology design process helps researcher select the correct methods for the objectives.

It allows researchers to document what they intend to achieve with the research from the outset.

RESEARCH APPROACH AND DESIGN

According to Creswell (2014), research approaches comprises strategies and methods for research that extend the decisions from general assumptions to thorough methods of data gathering and reasoning.

“Research approaches are plans and the procedures for research That span the step from broad assumption to detailed methods of data collection, analysis and interpretation.”

A quantitative studies research approach was considered the best to assess the knowledge on selected national child health nursing.

RESEARCH DESIGN

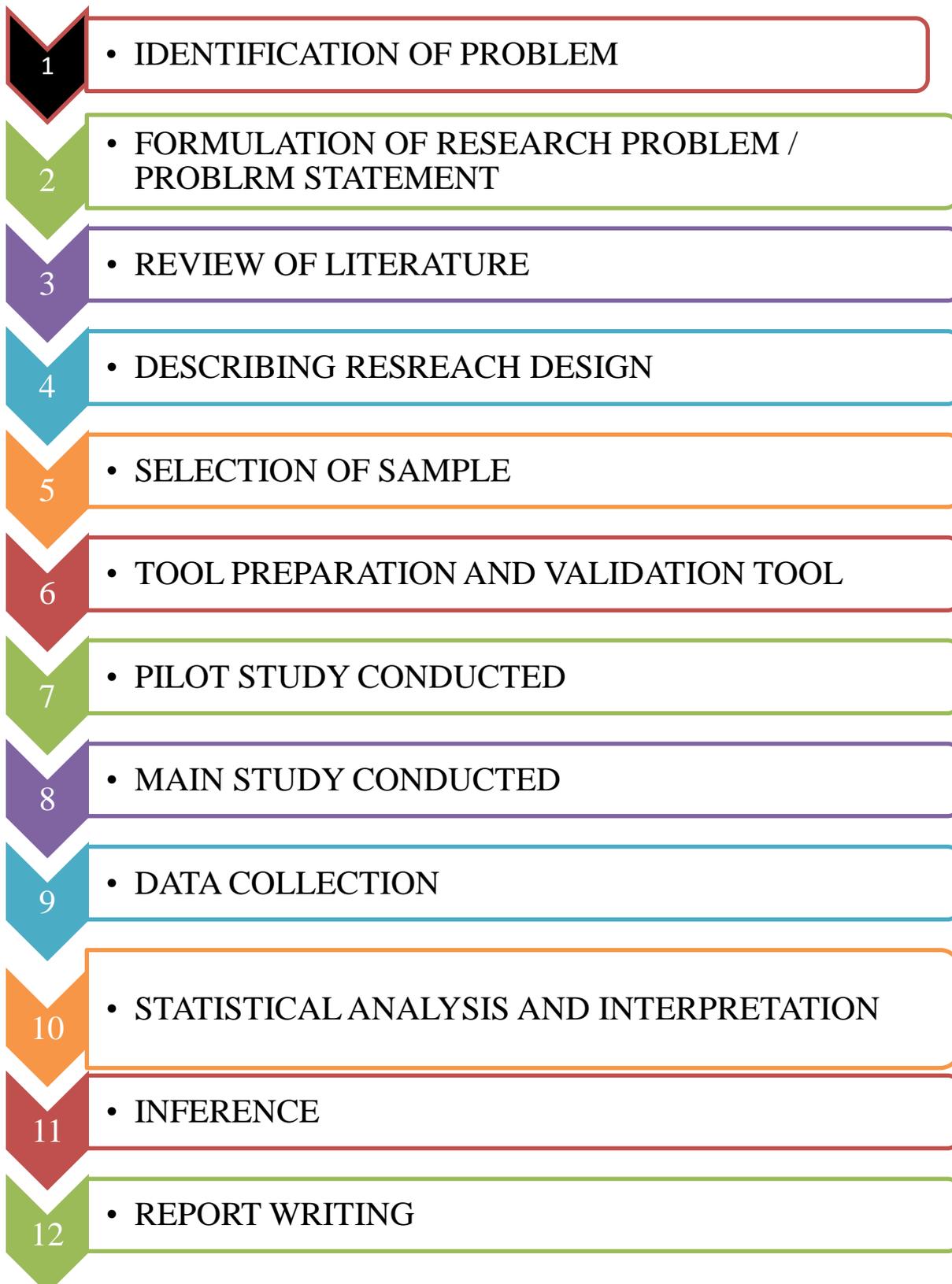
Research design is a plan, a roadmap and blueprint strategy of investigation conceived so as to obtain answers to research questions (Kothari, 2004), it is the heart of any study.

-According to Kothari (2004)

Research design is also known as a blueprint that researchers select to carry out their research study, sometimes research design is used interchangeably with the term methodology.

Research design chosen for the study was ‘descriptive research design’

FIG NO . 3.1 Schematic presentation of research diagram



SETTINGS

Selected urban area at Bada Tajbagh and rural area at Satgaon.

SAMPLE

A sample refers to a smaller, manageable version of a larger group.

In this study ‘sample’ refers to general population

SAMPLING

A sample design is a definite plan for obtaining a sample from a given population

- (Kothari, 2004).

SAMPLING TECHNIQUE

Sampling is the process of selecting representative of the population under the non probability convenient sampling technique.

SAMPLE SIZE

The sample size is refers to the number of participant or observation included in a study. In this study sample size consist 100 general population.

DEMOGRAPHIC VARIABLE

The characteristics and attribute of the study subjects are considered as demographic variables.

A demographic variables refers to that is the age, gender, social media, residence.

POPULATION

Population consists of the whole group of people that is the researcher interested and the result of the research can be generalized.

Polit and Hungler [1999]

In this study population refers to “general population in rural and urban area at Nagpur District.

TARGET POPULATION :

the target population in this present study includes general population in selected urban and rural areas at Nagpur district.

ACCESSIBLE POPULATION :

The accessible population in this present study includes the general population present at the time of study in selected rural and urban areas at Nagpur district.

CRITERIA FOR SAMPLE SELECTION

Sampling criteria is the list of characteristics of the element that we have determine before hand that are essential for eligibility to from part of the sample.

INCLUSION CRITERIA

Inclusion criteria are the key features of the target population that the investigators will use to answer their research question

- 1) In general population who are willing to participate in study.
- 2) People above 18 years of age

EXCLUSION CRITERIA

Exclusion criteria are those characteristics that disqualify prospective subjects from inclusion in study.

- 1) In general population people who are not willingly to participate in study.
- 2) People below 18 years of age

PLAN FOR TOOL PREPARATION

The tool used to gather relevant data is structured questionnaires which are used to assess the knowledge regarding.

DEVELOPMENT OF TOOL

Review of literature- previous research studied from books, journals articles and internet were referred regarding selected national child health scheme.

DESCRIPTION OF TOOL

Section A: socio – demographic variables

It include the selected baseline data such as age gender residential area(location) social media are the source of information in general population.

Section B : consists of self -structured questionnaires.

It consists of 30 questions regarding selected national child health scheme.

SCORING PROCEDURE

For section A

There was no any scoring procedure for section A as it is the baseline data.

For section B

Scoring procedure for knowledge regarding child Health scheme.

Score 0 is no knowledge.

Score 1-6 is poor knowledge.

Score 7-12 is average knowledge.

Score 13-18 is good knowledge.

Score 19-24 is very good knowledge.

Score 25-30 is excellent knowledge.

Minimum score:0

Maximum score:30

RELIABILITY

When a study is conducted by a researcher under some conditions and then the same study is done again for the second time and yields the same results then the data is said to be reliable.

The structured questionnaire was tried on 10 subjects from selected areas at Nagpur district. Reliability of structured questionnaire was established by split half method using Karl Pearson formula and the reliability of the structured questionnaire on awareness was found to be $r = 0.61975$ that indicated that the tool was reliable.

VALIDITY

Validity refers to an instrument or test actually testing what it is supposed to be testing. The tool was given to 10 experts for the content validity; including (1) Community Health nursing (2) child health nursing (3), mental health nursing (4), medical surgical nursing. The tool got its final shape after the modification based on the opinion of the experts and guide.

FEASIBILITY OF THE STUDY

According to Pilot and Beck, feasibility helps the investigator to determine, if the samples understand the items and the directions given are clear. The purpose is to reveal the problem selected to answer and point out the weakness in administration, organization and distribution of instrument.

Feasibility of the study was assessed by conducting a pilot study. There was no difficulty in conducting the pilot study because the permission granted to conduct the study by the respected authority of areas and subjects were also available, researcher established rapport with them easily and they were also very cooperative and they were ready to participate in the study, so the study was feasible from the investigator's point of view.

PILOT STUDY

Pilot study is a trial study carried out before a research design is finalized to assist in defining the research question or to test the feasibility, reliability, and validity of the proposed study design. It is a small scale preliminary tryout of the method to be used in an actually large study, which acquaints the researcher

with problems that can be corrected in proportion for the large research study or is done to provide the researcher with an opportunity to try out the procedure, methods, and tools of data collection.

The prior permission of authorities was obtained the pilot study was conducted in urban area Manewada road, Omkar Nagar and in rural area Besa, Beltarodi among general population.

4 students selected for pilot study who were not included in main study and those who fulfilling criteria of the study.

ETHICAL CONSIDERATIONS

- Prior permission will be obtained from the concerned authority of Gram panchayat and from Nagar sevak
 - Participants will be informed prior to the study about the purpose and the process of the study.
 - Informed written consent was taken prior to the study from the study subjects.
 - The subjects were assured confidentiality of the information would be maintained.
 -
 - The subjects were informed the participation was voluntary, and they had freedom to withdraw from the study.
- No ethical issues were confronted while conducting the study.

METHOD OF DATA COLLECTION

Phase 1.

The investigator obtained permission from the nagar sevak of the selected areas to conduct Main study. Main study was conducted from 11/04/2022 to 13/04/22.

Phase 2.

The investigator introduced themselves to the subjects and maintained good interpersonal relationship. Before collecting the data, the investigator informed the subject about the importance of this study and ascertained the willingness of the subjects. The main study was started by selecting 100 subjects by using non probability convenient sampling techniques in selected areas at Nagpur district.

Phase 3.

Data collection is defined as the gathering information needed to address a research problem.

A valid structured questionnaire was given to the subjects. The total duration of the data collection was 3 days. The data was gathered using structured questionnaire.

The following steps are carried out for the groups.

The purpose of the study was explained to the samples and informed consent was taken before starting the study by assuring regarding the confidentiality of the matter. The study was conducted by administering structured questionnaires on selected national child health schemes among general population. The investigator clarified their doubts. Once the questionnaire was completed, investigator collected them back.

The prior permission of the authorities was obtained for conducting pilot study. The pilot study conducted in area Manewada road, Omkar nagar and in rural area Besa, Beltarodi among general population for fulfilling all criteria of study.

PLAN FOR DATA ANALYSIS

Data analysis is a process of inspecting, cleansing, transforming, and modelling data with the goal of discovering useful information, informing conclusions, and supporting decision-making. The data obtained would be analyzed by both descriptive and inferential statistics on the basis of objectives and assumption of the study. To compute the data on master sheet would be prepared by the investigator.

SECTION A

Demographic data would be analysed using frequency and percentage

SECTION B

The existing awareness of the general population regarding selected National Child Health Schemes would be analysed used to depict the analysed data.

SECTION C

The knowledge of general population regarding selected national child health scheme after administration of structured questionnaire would be analyzed in terms of frequencies, percentages, mean and mean percentage and standard deviation. Table, frequency, pie chart, bar diagram would be used to depict the analyzed data.

The significance of difference between the demographic variable and awareness score would be found out by using chi square at $p < 0.05$ level of significance. Further area wise analysis would be done to determine area wise awareness gain.

SUMMARY

The chapter deals with research methodology, research design, research approach and population, sample and sample technique. The chapter has also deal with validation of tool, description of the tool, pilot study and plan for data analysis. Next chapter deals with data analysis.

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

MAIN STUDY

INTRODUCTION

This chapter deals with analysis and interpretation of data collected from 100 samples .from general. This present study has been taken up to assess the knowledge regarding selected national child health schemes among the general populations in urban and rural areas at Nagpur district. Analysis and interpretation are based on the objective of the study.

The data analysis contain three major sections. The first one is frequency and percentage analysis which was used to describe demographic characteristics of general population . The second section included the descriptive analysis of score of knowledge regarding selected national child health schemes among the general populations . The third section include the description on frequency, mean, and mean percentage and by using chi -square test find out the association between demographic variables regarding selected national child health schemes among the general populations in urban and rural areas at Nagpur district.

OBJECTIVE OF THE STUDY :

- 1) To assess the knowledge regarding selected national child health schemes among the general populations in urban and rural areas at Nagpur district.
- 2) To determine association between populations knowledge about selected national child health schemes among the general populations in urban and rural areas at Nagpur district.

ORGANISATION OF THE STUDY FINDING

The collected data is analyzed on the basis of the objectives of the study in the following ways:

- 1) **Section 1:** Description on frequency and percentage wise distribution of baseline data.
- 2) **Section 2:** Description of score of knowledge regarding selected national child health scheme
- 3) **Section 3:**
 - (a) Description on frequency, mean and percentage of knowledge regarding selected national child health schemes in rural and urban areas of Nagpur district.
 - (a) Chi- square test is used to find out the association between demographic variables and knowledge regarding Selected national child health scheme in rural and urban areas of Nagpur district.

Name of Method of Analysis: Chi - square test is used

SECTION 1**DESCRIPTION OF THE BASELINE VARIABLES**

SR .NO.	QUESTIONS	FREQUENCY	PERCENTAGE
1	AGE		
	● 18 - 24	19	19%
	● 25 – 33	19	19%
	● 34 – 45	37	37%
	● 46 and above	25	25%
2	GENDER		
	● Male	47	47%
	● female	53	53%
3	RESIDENCE		
	● Urban	35	35%
	● rural	65	65%
4	SOURCE OF INFORMATION		
	● Newspaper	15	15%
	● Media	35	35%
	● Public health worker	26	26%
	● community	24	15%

Table no.1:Frequency and percentage of baseline variable: n=100

1. AGE

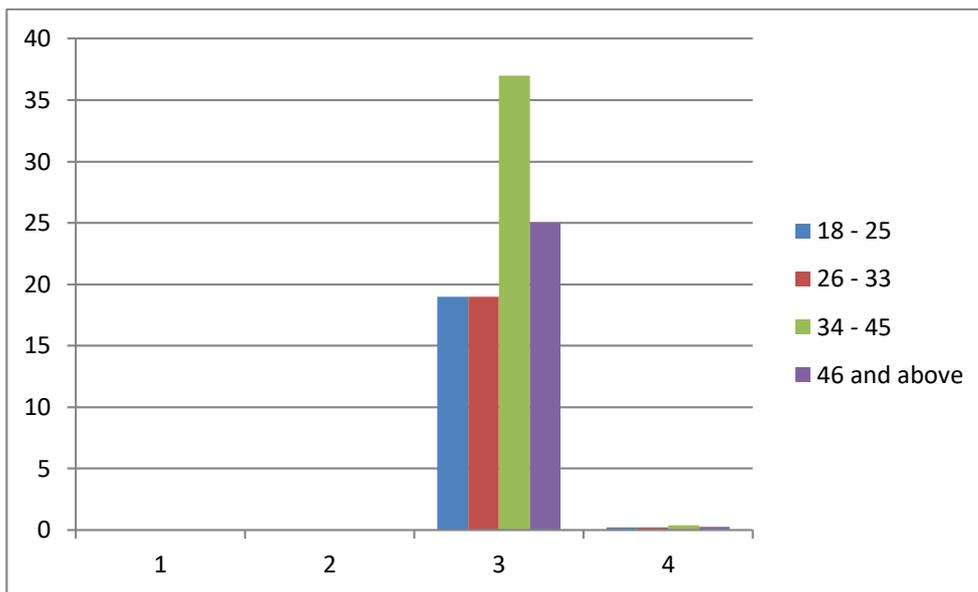


Fig no. : Bar diagram showing distribution of knowledge regarding selected national child health scheme among general population in rural and urban areas at Nagpur district on the basis of age

The table No. 1 and figure No.1 revealed that 19% (19) of general population were aged 18-24 years, 19%(19)general population were aged 25-33 years, 37%(37) of general population were aged 34-45 years,25%(25) of general population were aged and above 46 years.

2.GENDER

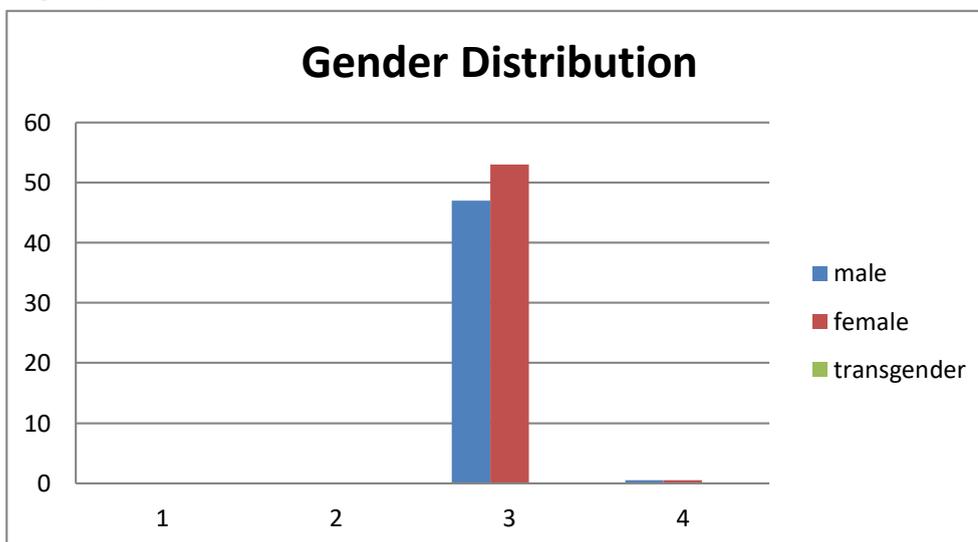


Figure no.2: Bar diagram showing the distribution of knowledge regarding selected national child health scheme among general population in rural and urban area at Nagpur district.

Table no.1 and Figure no 2 shows that 47%(47) of general population were males and 53% (53) of general population were females.

3.RESIDENCE

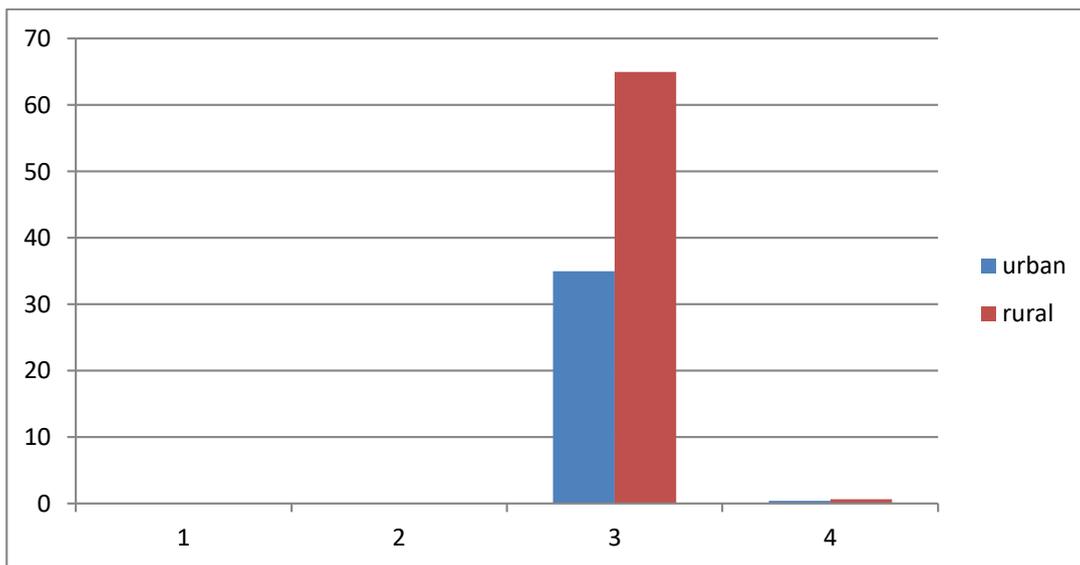


Fig no.3: Bar diagram showing the distribution of knowledge on the basis of residence.

Table no.1 and figure no 2 reveals that among 100 General population 35% (35) of general population were from urban region, 65% (65) of students were from rural region.

4.SOURCE OF INFORMATION

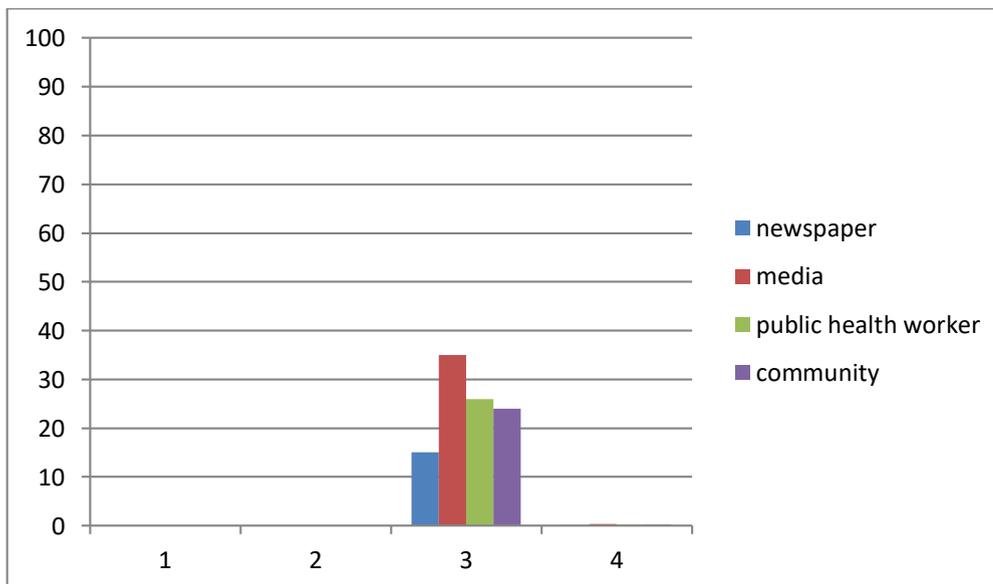


Figure no.5: Bar diagram showing distribution of knowledge regarding selected national child health scheme on the basis of source of knowledge

Table no.1 and Figure no.4 reveals that 15 % (15) of general populations had source of information from Newspapers, 35% (35) of general population were from media, 26% (26) of general population were from public Health worker and 24% (24) of general population were from Community.

SECTION 2

A STUDY TO ASSES THE KNOWLEDGE REGARDING SELECTED NATIONAL CHILD HEALTH SCHEMES AMONG GENERAL PUBLIC OF SELECTED URBAN AREA AT NAGPUR DISTRICT.

knowledge regarding selected national child health scheme	frequency	percentage
poor (0- 6)	3	3%
average (7-12)	17	17%
good (13 - 18)	48	48%
Very good (19-24)	25	25%
excellent(25-30)	7	7%

Table 2: Frequency and percentage score of general public having knowledge regarding the selected national child health schemes.

The data in table 2 shows that frequency and percentage of knowledge regarding selected national child health schemes, in which 3%(3) general public had poor knowledge, 17% (17) general public had average knowledge, 48% (48) general public had good knowledge, 25% (25) of general public had very good knowledge and 7% (7) of students having every excellent knowledge.

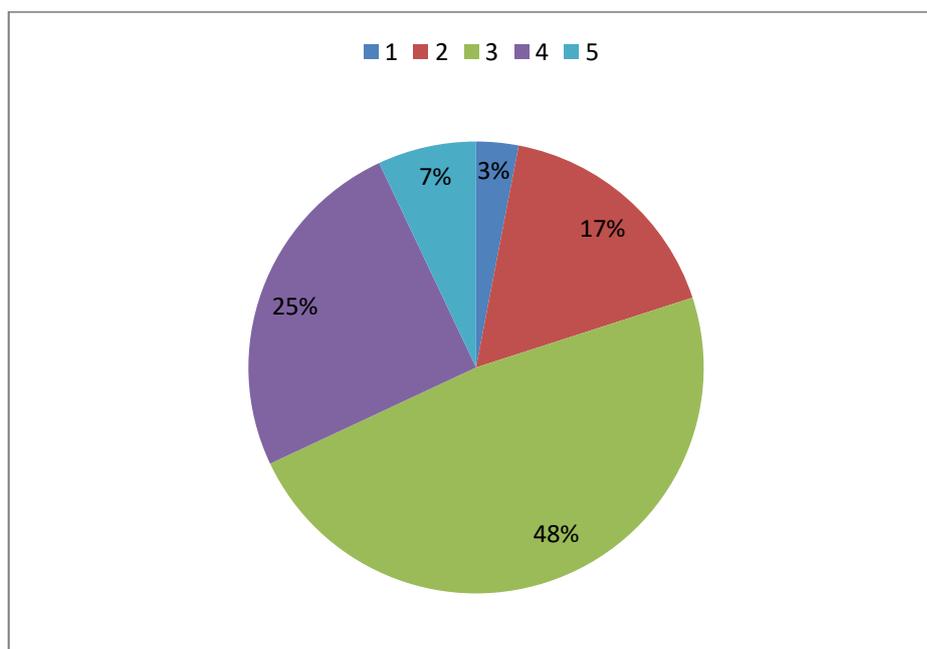


Fig.no.8: Pie diagram showing frequency and percentage score of knowledge regarding selected national child health scheme

SECTION 3 A**DESCRIPTION ON FREQUENCY, MEAN, AND PERCENTAGE OF KNOWLEDGE REGARDING SELECTED NATIONAL CHILD HEALTH SCHEMES AMONG GENERAL PUBLIC AT SELECTED AREA AT NAGPUR DSITRICT.**

SR NO.	knowledge regarding selected national child health scheme	frequency	percentage	mean	mean %	SD
1	POOR	3	3%	16.415	54.71	19.418
2	AVERAGE	17	17%			
3	GOOD	48	48%			
4	VERY GOOD	25	25%			
5	EXCELLENT	7	7%			

Table. No 4 :-The above tables reveal that 3 (3%) of people had poor knowledge, 17(17%) of people had average knowledge, 48(48%) of people had good knowledge, 25(25%) of people had very good knowledge, 7(7%) of people had excellent knowledge and its mean value is 16.415 and mean percentage 62.4% with standard deviation of 19.418.

SECTION 3 (B)

CHI-SQUARE TEST IS USED TO FIND OUT THE ASSOCIATION BETWEEN DEMOGRAPHIC VARIABLES AND KNOWLEDGE REGARDING SELECTED NATIONAL CHILD HEALTH SCHEMES AMONG GENERAL POPULATION IN RURAL AND URBAN AREAS AT NAGPUR DISTRICT.

Sr no.	Questions	F R E	P O R	A V G	G O O D	V E R Y G O O D	EXCEL LENT	DF	CHI-SQ T E S T	TAB L E V A L U E	SIGNI FICAN CE
1	AGE										
	18-24	19	1	1	12	3	2	12	8.40	21.03	NOT SIGNI FICAN T
	25-33	19	1	2	9	6	1				
	34-45	37	1	8	18	8	2				
	46and above	25	0	6	9	8	2				
2	GENDER										
	Male	47	3	6	20	12	6	8	11.4	15.5	NOT SIGNI FICAN T
	Female	53	0	11	28	14	0				
	Transgend er	0	0	0	0	0	0				
3	RESIDENCE										
	Urban	35	2	6	22	5	0	4	17.8	9.49	SIGNI FICAN T
	Rural	65	1	10	27	22	5				
4	SOURCE OF INFO.	I									
	Newspaper	15	1	2	8	3	1	12	16.9	21.03	NOT SIGNI FICAN T
	Media	35	0	7	21	4	3				
	Public health worker	26	0	5	8	8	3				
	communit y	24	2	3	11	10	0				

Table no. 5: - The above table describe the association between demographic variable and the knowledge of general public regarding selected national child health scheme by chi square tests other is not significant association between demographic variables that is age,gender and source of information.

CONCLUSION

The study was done by using the tool questionnaire to assess the knowledge regarding selected national child health scheme among general population. The study reveals that 3 (3%) of people had poor knowledge, 17(17%) of people had average knowledge, 48(48%) of people had good knowledge, 25(25%) of people had very good knowledge, 7(7%) of people had excellent knowledge. Chi square test was used to assess the significant association between demographic variables and knowledge regarding selected national child health scheme among general population in rural and urban areas at Nagpur district. The chapter deals with the data analysis and interpretation in terms of frequency, percentage and various other inferential and descriptive statistics.

CHAPTER- V

SUMMARY

INTRODUCTION

The chapters deal with the summary of the study and its important findings. It also includes the discussion implication and recommendation for further study. The chapter mainly focus on the result of the main finding.

PROBLEM STATEMENT

A descriptive Study to asses the knowledge regarding selected national child scheme among general public of selected urban and rural area at Nagpur district.

OBJECTIVE OF THE STUDY

- To assess the knowledge regarding selected national child health scheme among the general population in rural and urban area at nagpur district
- To determine association between general population's knowledge about selected national child health scheme in rural and urban areas of Nagpur district.

ASSUMPTIONS

General public may have adequate knowledge regarding selected national child health scheme among the general population in rural and urban area at Nagpur district

RESEARCH APPROACH AND DESIGN

Quantitative research approach and descriptive research design was used for the Study.

TECHNIQUES FOR DATA COLLECTION AND TOOLS

SECTION 1:

Baseline data: It includes the selected demographic data such as age, gender, source of information and residence.

SECTION 2:

It includes structured questionnaire on selected national child health schemes.

VALIDITY

The tool consisting of questionnaire was given for validation to around 10 experts of various specialities. Various experts gave there valuable suggestions, it was considered and necessary changes were made.

RELIABILITY

The reliability of the tool was determined by administering the questionnaire to 100 samples. Hence, the questionnaire technique is to assess the knowledge regarding selected national child health scheme among general population, the reliability of the questionnaire technique found that there is association between residence and knowledge regarding selected national child health scheme.

PILOT STUDY

It was conducted in omkar nagar, manewada and besa with 10 samples.

DISCUSSION AND MAJOR FINDING OF THE STUDY

MAJOR FINDINGS

REGARDING AGE:

Distribution of knowledge regarding selected national child health schemes on the basis of age that is, 19% of people were between 18 – 24, 19% of people were between 25 – 33, 37% of people were between 34 – 45 and 25% of people were between 46 and above.

REGARDING GENDER:

Distribution of knowledge regarding selected national child health schemes on the basis of gender that is, 47% of people were male and 53% of people were female.

REGARDING SOURCE OF INFORMATION:

Distribution of knowledge regarding selected national child health schemes on the basis of source of information that is, 15% of people gained knowledge from newspaper, 35% of people gained knowledge from media, 26% of people gained knowledge from public health worker and 2% of people gained knowledge from community.

REGARDING RESIDENCE:

Distribution of knowledge regarding selected national child health schemes on the basis of residence that is, 35% of people are from urban and 65% of people are from rural areas.

OBJECTIVES:

To assess the knowledge regarding selected national child health scheme among the general population in rural and urban area at nagpur district

The percentage of knowledge regarding selected national child health scheme among general population that is, 3% of people had poor knowledge, 17% of people had average knowledge, 48% of people had good knowledge, 25% of people had very good knowledge and 7% of people had excellent knowledge.

To determine association between general population's knowledge about selected national child health scheme in rural and urban areas of Nagpur district.

The association between demographic variable and the knowledge regarding selected national child health scheme by chi square test so there is significant association between demographic variable that is residence.

Chi square test was used to assess the significant association between demographic variables and the knowledge regarding selected national child health scheme.

DISCUSSION

A study to assess the knowledge regarding selected national child health scheme among the general population in rural and urban area at nagpur district

Structured questionnaire was used to find out the knowledge regarding selected national child health scheme among the general population the data reveals that general public, 3%(3) of students were poor knowledge, 17%(17) of students were average knowledge, 48%(48) of students were good knowledge and 25%(25) of students were very good knowledge and 7%(7) of student were excellent knowledge.

Finding supposed by the study conducted on knowledge regarding selected national child health scheme among the general population in rural and urban area at Nagpur district work conducted at tajbagh and satgaon Nagpur. The study aims to assess the knowledge regarding selected national child health scheme among the general population in rural and urban area at Nagpur district general people and sample size was 100.

To find out the association between knowledge of general public with selected demographic variables.

The association between knowledge regarding selected national child health scheme and among the general public with selected demographic variables was calculated by using chi square test and it was found there is significant association between socio demographic variables that is, residence regarding selected national child health scheme

RECOMMENDATIONS

An effectiveness of information booklet can be asses on knowledge regarding selected national child health scheme .

A comparative study can be to assess the knowledge regarding selected national child health scheme among staff nurses of private hospitals and staff nurses of government hospitals.

CONCLUSION

These chapters deal with the major finding suggestion and conclusion, implication and recommendation of the study.

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hildhood_Illness_IMNCI_Skill_Assessment_of_Health_and_Integrated_Child_Development_Sche
me_ICDS_Workers_to_Classify_Sick_Under-five_Children

ANNEXURE

Letter seeking permission to conduct the research study

To,

The principal,

Suretech College of Nursing,

Nagpur.

Subject: Seeking permission to conduct the study.

Respected Sir / Madam,

This to introduce that we are the student of Basic BSc nursing third year of Suretech College of Nursing. We conducting a research on “TO ASSESS THE KNOWLEGDE REGARDING SELECTED NATIONAL CHILD HEALTH SCHEMEAMONG GENERAL POPULATION IN URBAN AND RURAL AREAS AT NAGPUR DISTRICT” for partial fulfilment of degree of Basic BSc Nursing.

We request you to kindly allow us to conduct a research study .

Thanking you!

Signature of principal

Your sincerely

Ms. KOMAL PRAJAPATI

Mr. AMOL DHANJULE

Ms. GAYATRI JAGNIT

Ms. TEJASWINI KAMBLE

Permission to conduct pilot study.

Application Date: 24/1/22

To
The Principal,
Siretech College of
Nursing, Jamtha, Nagpur

Date: 24/1/22

Subject: Application regarding conducting Pilot Study
Applicant Name: Group C

Respected Mam,

We the Group Members of Child Health Nursing
(C) from 3rd Year BSc Nursing wants to inform you
that, as we have got the permission from Nagarsevak
and Grampanchayat of our area. So we have decided
to conduct our pilot study dated on 25/1/22 at
Manewada, Nagpur (Nagarsevak) and Betarodi, Nagpur
(Grampanchayat)

Please kindly accept my application & do the
needful.

Thanking you

Forwarded to
Principal Maam
K. Sawade
24/1/22

Permitted
MPP
24/1/22

Yours Faithfully
Komal Prajapati
Amol Dhanjale
Gayatri Bagait
Tejasmini Kamble

Permission to conduct pilot study (rural)



Dnyanpath Bahu-Uddeshiya Shikshan Prasarak Manudals
Regd.No. Mah.F-11020 (NAGPUR)

SURETECH COLLEGE OF NURSING



B.B.Sc. (N) (Affiliated to MUHS) College Code No. : 6515003
Address :120/2k, Ashokvan, National Highway No. 7, Wardha Road, Post Rui. Nagpur - 441 108
Phone No.: 8411911778, 8411911770 E-mail : suretechcon1@yahoo.in Website : suretechgroup.com

SCON/B.Sc(N)/ 287/2022

Date: 24/01/2022

From,
Ms. Komal Prajapati
Ms. Gayatri Jagnit
Ms. Tejaswini Kamble
Mr. Amol Dhangule

To,
The Gram Panchayat
Office, Beltalodi (Besa)
Nagpur

Subject:- Regarding the permission to conduct a pilot study.

Respected Sir/Madam,

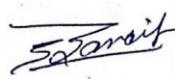
As per above cited subject we, Group of Child Health Nursing from 3rd Year Basic B.Sc. Nursing Student of Suretech College of Nursing, Nagpur For the partial fulfilment of Basic B.Sc. Nursing degree course under MUHS, Nashik, we have to conduct Research Project. So here by requesting you to permit us to conduct the pilot study in your esteemed area.

On General Population at Manewada (Urban) &
Betalodi (Rural) Nagpur. (Besa)

on Research Title

“THE KNOWLEDGE REGARDING SELECTED NATIONAL CHILD HEALTH SCHEME AMONG GENERAL POPULATION IN RURAL AND URBAN AREA AT NAGPUR DISTRICT.”


RESEARCH GUIDE


सरपंच
ग्राम पंचायत बेसा


PRINCIPAL
Principal
Suretech College of Nursing
Nagpur

Permission to conduct pilot study (urban)



Dnyanpath Bahu-Uddeshiya Shikshan Prasarak Mandal's
Regd.No. Mah.F-11020 (NAGPUR)

SURETECH COLLEGE OF NURSING

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Phone No.: 8411911778, 8411911770 E-mail : suretechcon1@yahoo.in Website : suretechgroup.com



SCON/B.Sc(N)/ 288 /2022 Date: 24/01/2022

From,
Ms. Komal Prajapati
Ms. Gayatri Jagnit
Ms. Tejaswini Kamble
Mr. Amol Dhangule

To,
The zonal offices
Sharda Square, Omkar Nagar
Manemada Road Nagpur

Subject:- Regarding the permission to conduct a pilot study.

Respected Sir/Madam,

As per above cited subject we, Group of Child Health Nursing from 3rd Year Basic B.Sc. Nursing Student of Suretech College of Nursing, Nagpur For the partial fulfilment of Basic B.Sc. Nursing degree course under MUHS, Nashik, we have to conduct Research Project. So here by requesting you to permit us to conduct the pilot study in your esteemed area.

On General Population at Manemada (urban)
and Belhadoli (rural) Nagpur, Omkar Nagar

on Research Title

“THE KNOWLEDGE REGARDING SELECTED NATIONAL CHILD HEALTH SCHEME AMONG GENERAL POPULATION IN RURAL AND URBAN AREA AT NAGPUR DISTRICT.”



RESEARCH GUIDE



25/01/22
कल्पना राम कुभलकर
नगरपालिका प्रभाग क्र. ३२ (ब)
नागपूर.



PRINCIPAL
Principal
Suretech College of Nursing
Nagpur

Completion of pilot study (urban)

Date: 25/1/22

To,

Ms. Komal Prajapati

Ms. Tejaswini Kamble

Ms. Gayatri Jagnit

Mr. Amol Dhanjule

Subject: Confirmation regarding completion of pilot study by students of Suretech College of Nursing.

Respected Madam/Sir,

As per the above mentioned subject, the Group of Child Health Nursing from IIIrd year Basic B.Sc. Nursing students have completed their Pilot study on topic "THE KNOWLEDGE REGARDING SELECTED NATIONAL CHILD HEALTH SCHEME AMONG GENERAL POPULATION IN RURAL AND URBAN AREA AT NAGPUR DISTRICT"

On dated 25 January 2022 at Sharda Square, Omkar Nagar, Manewada Road, Nagpur.

Thanking You,


Name & Signature of
Competent Authority
with Stamp



कल्पना राम कुंभलकर
नगरसेविका प्रभाग क्र. ३२ (ब)
नागपूर.

Completion of pilot study (rural)

Date: 25/1/22

To,

Ms. Komal Prajapati

Ms. Tejaswini Kamble

Ms. Gayatri Jagnit

Mr. Amol Dhanjule

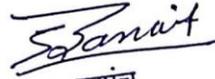
Subject: Confirmation regarding completion of pilot study by students of Suretech College of Nursing.

Respected Madam/Sir,

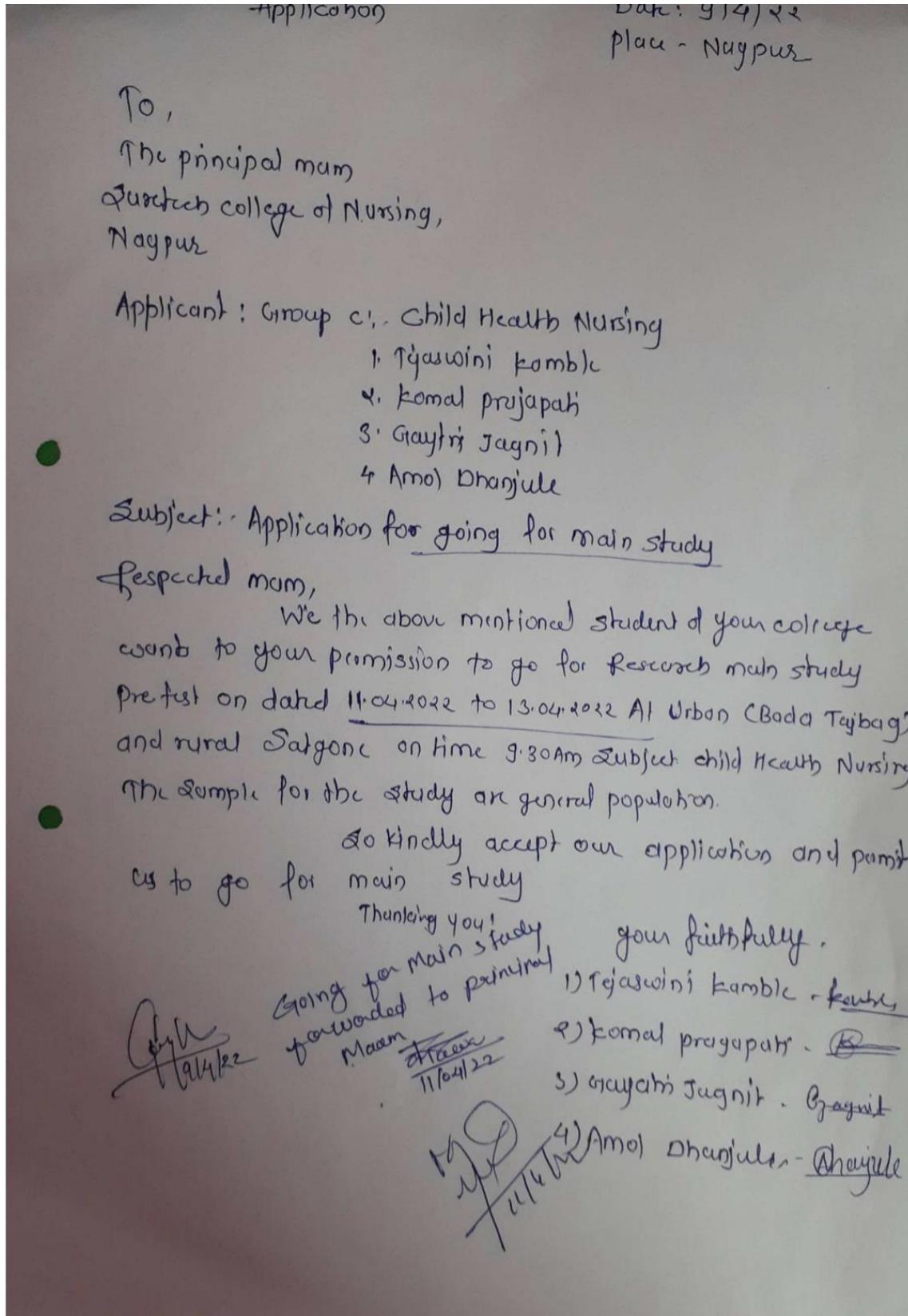
As per the above mentioned subject, the Group of Child Health Nursing from IIIrd year Basic B.Sc. Nursing students have completed their Pilot study on topic **“THE KNOWLEDGE REGARDING SELECTED NATIONAL CHILD HEALTH SCHEME AMONG GENERAL POPULATION IN RURAL AND URBAN AREA AT NAGPUR DISTRICT”**

On dated 25 January 2022 at Besa ,Nagpur.

Thanking You,


सरपंच
गट ग्राम पंचायत बेसा
Name & Signature of
Competent Authority
with Stamp

Permission for conducting main study



Permission to conduct main study



Dnyanpath Bahu-Uddeshiya Shikshan Prasarak Mandal's
Regd.No. Mah.F-11020 (NAGPUR)



SURETECH COLLEGE OF NURSING

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Phone No.: 8411911778, 8411911770 E-mail : suretechcon1@yahoo.in Website : suretechgroup.com

SCON/B.Sc(N)/ 496 /2022 Date: 11/04/22

From,
Ms. Komal Prajapati
Ms. Gayatri Jagnit
Ms. Tejaswini Kamble
Mr. Amol Dhanjule

To,
The zonal office
Taj Bafli
Nagpur

Subject:- Regarding the permission to conduct a main study.

Respected Sir/Madam,

As per above cited subject we, Group of Child Health Nursing from 3rd Year Basic B.Sc. Nursing Student of Suretech College of Nursing, Nagpur For the partial fulfilment of Basic B.Sc. Nursing degree course under MUHS, Nashik, we have to conduct Research Project. So here by requesting you to permit us to conduct the main study in your esteemed area.

on general population at bada Tajbafli
(urban) Nagpur.

.....

on Research Title

“A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING SELECTED NATIONAL CHILD HEALTH SCHEME AMONG GENERAL POPULATION IN RURAL AND URBAN AREA AT NAGPUR DISTRICT.”



RESEARCH GUIDE



विजय (पितृ) शिक्षा
नगसंस्कृत प्रभाग क्र. २८ म. न. वा. नागपुर.
विशेष कार्यकारी अधिकारी (महा. शासन)



PRINCIPAL
Principal
Suretech College of Nursing
Nagpur.

Perm



Dnyanpath Bahu-Uddeshiya Shikshan Prasarak Mandal's
Regd.No. Mah.F-11020 (NAGPUR)

SURETECH COLLEGE OF NURSING



B.B.Sc. (N) (Affiliated to MUHS) College Code No. : 6515003

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SCON/B.Sc(N)/ 495/2022

Date: 11/04/2022

From,

Ms. Komal Prajapati
Ms. Gayatri Jagnit
Ms. Tejaswini Kamble
Mr. Amol Dhanjule

To,

The Gram Panchayat
office, satgaon
Nagpur.

Subject:- Regarding the permission to conduct a main study.

Respected Sir/Madam,

As per above cited subject we, Group of Child Health Nursing from 3rd Year Basic B.Sc. Nursing Student of Suretech College of Nursing, Nagpur For the partial fulfilment of Basic B.Sc. Nursing degree course under MUHS, Nashik, we have to conduct Research Project. So here by requesting you to permit us to conduct the main study in your esteemed area.

on General Population at Satgaon, Buhbori,
Nagpur.

on Research Title

“A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING SELECTED NATIONAL CHILD HEALTH SCHEME AMONG GENERAL POPULATION IN RURAL AND URBAN AREA AT NAGPUR DISTRICT.”


19/4/22
RESEARCH GUIDE


असुरपत्र
ग्रामपंचायत बालगाव (पश्चिम)
पंचसहायिका जि. नागपूर


11/4/22
PRINCIPAL
Principal
Suretech College of Nursing
Nagpur.

Completion of main study (urban)

Date : 19/04/2022

To,
MS. KOMAL PRAJAPATI
MS. AMOL DHANJULE
MS. GAYATRI JAGNIT
MS. TEJASWINI KAMBLE

Subject: Confirmation regarding completion of main study by students of Suretech College of Nursing.

Respected Madam/Sir,

As per the above mentioned subject, the Group of Child Health Nursing from IIIrd year Basic B.Sc. Nursing students have completed their main study on topic " A STUDY TO ASSESS THE KNOWLEDGE REGARDING SELECTED NATIONAL CHILD HEALTH SCHEME AMONG GENERAL POPULATION IN RURAL AND URBAN AREAS AT NAGPUR DISTRICT."

On dated 13 April 2022 at Bada Taj Bagj in Nagpur.

Thanking You,


विजय (पिंटु) जंकर
नगरसेवक प्रमाण क्र. २६४५.न.पा. नागपूर.
विशेष कार्यकारी अधिकारी (स्वा.शासन)

Name & Signature of
Competent Authority
with Stamp

Completion of main study (rural)

To,

Date : 17/4/22

MS. KOMAL PRAJAPATI
MS. AMOL DHANJULE
MS. GAYATRI JAGNIT
MS. TEJASWINI KAMBLE

Subject: Confirmation regarding completion of main study by students of Suretech College of Nursing.

Respected Madam/Sir,

As per the above mentioned subject, the Group of Child Health Nursing from IIIrd year Basic B.Sc. Nursing students have completed their main study on topic “ A STUDY TO ASSESS THE KNOWLEDGE REGARDING SELECTED NATIONAL CHILD HEALTH SCHEME AMONG GENERAL POPULATION IN RURAL AND URBAN AREAS AT NAGPUR DISTRICT.”

On dated 13 April 2022 at Satgaon in Nagpur.

Thanking You,


उपसहायक
ग्रामपंचायत सहायक (विप्रा.)

Name & Signature of
Competent Authority
with Stamp

Editor's certificate

EDITOR'S CERTIFICATE

This is to certify that Dr. Amol Raut have edited the thesis
of Bachelor of Science in Nursing Students on the below mentioned topic in the
partial fulfillment in the requirement of Basic B.Sc

TOPIC:- "A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE
REGARDING SELECTED NATIONAL CHILD HEALTH SCHEMES
AMONG GENERAL POPULATION IN RURAL AND URBAN
AREA AT NAGPUR DISTRICT".

Name of the editor:-

Dr. Amol Raut

Editor's sign

CP

Dr. Amol Raut
Head Department Of English
Purushottam Khaparde Health & Education Society's
Yashoda Girls' Arts & Commerce College
Wardha Road, Nagpur-440015

Designation :

Date:- 14/1/2022

Place:- NAGPUR

NAME OF THE EXPERTS WHO WILL VALIDATE THE TOOL

Sr. no.	Name of expert
	Mrs. Mercy Anjore Principal Suretech college of nursing
	Ms. Savita Dhoble Professor cum Vice Principal Suretech college of nursing, Nagpur
	Mr. Hanokh Chakranarayan (MSC. Nursing) Associate professor (CHN) Suretech College of nursing Nagpur
	Mr. Sandip Rangari (MSC Nursing) Assisntent Professor and Ph. D scholar Suretech college of nursing, Nagpur
	Ms. Susan Thalapally (MSC Nursing) associate professor (MSN) Suretech college of nursing, Nagpur
	Ms. Priyanka Pothare (MSC Nursing) lecturer (CHN) Suretech college of nursing, Nagpur
	Ms. Anshul Wishwakarma (MSC Nursing) lecturer (CHN) Suretech college of nursing, Nagpur
	Ms. Roshani Dhale (MSC Nursing) lecturer (MHN) Suretech college of nursing, Nagpur
	Ms. Vidya Raut (MSC Nursing) associate professor (CHN) Suretech college of nursing, Nagpur
	Mr. Rinkush Sukhdhan (MSC Nursing) Lecturer (MHN) Suretech college of nursing, Nagpur

CERTIFICATE OF VALIDATION

This is to certify that research group of child health nursing doing her / his bachelor of science in nursing at suretech college of nursing , has developed tool for topic entitled : " A descriptive study to assess the knowledge of selected national child health scheme among general population in rural and urban area of Nalypur distrit. "

We have gone through the content of the proposed study and tool developed by the investigator and found the tool is valid.

Over all Remark :

Do some needful correction


Signature and designation with seal :
Date : Lecturer
Place :

CERTIFICATE OF VALIDATION

This is to certify that research group of child health nursing doing her / his bachelor of science in nursing at suretech college of nursing , has developed tool for topic entitled : "A descriptve study to assess the knowledge of selected national child health scheme among general population in rural and urban area of Nagpur district."

We have gone through the content of the proposed study and tool developed by the investigator and found the tool is valid.

Over all Remark :

Lead ^{-All} the schemes for child welfare in detail and then collect the questions.
Hope this schemes will be used by public after al study
Best wishes

Signature Sandip and designation with seal :

Date : Mr. Sandip G.

Place : Lecturer, scost, Nagpur

CONSENT LETTERS FROM PARTICIPANTS

I.....Residing

At,.....

.....I am willing to participate in research study conducted by Basic B.Sc. Nursing student Suretech of college of nursing. The study mentioned to me is on,

“ A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING SELECTED NATIONAL CHILD HEALTH SCHEME AMONG GENERAL POPULATION IN RURAL AND URBAN AREAS AT NAGPUR DISTRICT.”

I have been correctly informed and explained about the brief aspects of the study and the policies regarding the confidentiality of personal information. I have completely understood my role in the study and I am therefore willing to participate in the study.

DATE:

TIME:

SIGNATURE:

RESEARCH TOOL

INSTRUCTIONS:

This information provided will be exclusively used for the purpose of the research study and will be kept confidential.

Tick the correct answer.

SECTION A

VARIABLE QUESTIONS

1. Source of information about national child health scheme?

- a) newspaper
- b) media
- c) public health worker
- d) community

2. In which age group you belong to?

- a] 18 - 25
- b] 25 – 33
- c] 34 – 45
- d] 46 above

3. In which area you live?

- a) rural
- b) urban

4. What is your gender?

- a) female
- b) male
- c) transgender

SECTION B: SELF STRUCTURED QUESTIONNAIRE

1..Did you ever used any of the schemes given below?

- a] PM CARES for children
- b] Rajiv Gandhi national crèche scheme for the children of working mothers.
- c] POSHAN Abhiyan
- d] Integrated management of neonatal and childhood illness
- e] tick more than one if used
- f] don't know

2.Name the scheme launched for children who lost their parents due to COVID – 19 pandemic?

- a] Integrated child development scheme
- b] PM CARES for children
- c] Rashtriya Bal Swasthya Karyakram
- d] POSHAN Abhiyan
- e] don't know

3.Full form of PM CARES for children?

- a] Prime Minister Citizen Assistance and Relief in Emergency Situations for children
- b] Prime Man Citizen Assistance and Risk in Emergency Situations for children.
- c] Prime Minister Citizen Awareness and Risk in Emergency Situation for children.
- d] None of the above.
- e] don't know

4 .PM CARES for children was launched by?

- a] Rajiv Gandhi
- b] Narendra Modi
- c] Lalu yadav
- d] Lal Bahadu Shastri
- e] don't know

5.Who are beneficiaries of PM CARES for children scheme?

- a] children who lost both parents due to any disease in 2019 – 2020.
- b] children who are orphan
- c] children who lost either parents or surviving parents or legal guardians or adoptive parents due to COVID – 19 disease .
- d] all of the above
- e] don't know

6..Eligible age criteria for PM CARES for children scheme?

- a] 18 – 23 year.
- b] 1 month – 5 year
- c] 5year – 25 year
- d] all children
- e] don't know

7..Benefits of PM CARES for children scheme?

- a] health insurance
- b] lump sum amount of Rupees 10 lakh on attaining 23 year of age
- c] education funding

- d] all of the above
- e] don't know

8. Full form of IMNCI?

- a] Integrated management of neonatal and childhood illness
- b] International management of neurological and cardiovascular illness
- c] International management of neurological and critical illness
- d] none of the above.
- e] don't know

9. What is Integrated management of childhood and neonatal illness?

- a] a scheme which focuses on the whole child.
- b] focusing on curative care and prevention of disease.
- c] both a and b
- d] none of the above
- e] don't know

10. What is the age criteria for IMNCI?

- a] under 10 year
- b] under 7 year
- c] under 5 year
- d] under 18 year
- e] don't know

11. Has morbidity and mortality decreased of children under 5 year of age due to IMNCI ?

- a] Mortality has decreased.
- b] morbidity has decreased .
- c] both a] and b].
- d] none of the above.
- e] don't know.

12. Where integrated management of neonatal and childhood illness is exercised in the following?

- a] Anganwadi
- b] private hospital.
- c] rural hospital
- d] none of the above
- e] don't know

13. What is the normal weight of new born child?

- a] 500g – 2 kg
- b] 3 – 4 kg

- c] 1 - 2 kg
- d] 2.5 – 3.5 kg
- e] don't know

14. What is low birth weight?

- a] infant born weighting 2.5 kg or less
- b] infant born weighting 3.2 kg or less
- c] infant born weighting 4.6 kg or less
- d] infant born weighting 3.5 kg or less
- e] don't know

15. What vaccine is given to prevent measles?

- a] BCG
- b] Tetanus
- c] MMR
- d] Anti Rabies Vaccine
- e] don't know

16. What is diarrhoea?

- a] loose, watery and possibly more frequent bowel movements.
- b] frequent urination in a day.
- c] temperature above 97.8 degree Fahrenheit.
- d] burning feeling in the chest, due to acidity.
- e] don't know

17. Which are the main signs of dehydration?

- a] fainting
- b] oedema
- c] clubbing of finger nails
- d] dry or sticky mucous membrane
- e] don't know

18. What are the symptoms of diarrhoea?

- a] blood coming from ears.
- b] ulcers in mouth
- c] foul smelling breath
- d] frequent passing of loose, watery faeces
- e] don't know

19. What is malnutrition?

- a] lack of proper nutrition
- b] increase level of vitamin A

- c] increased weight
- d] none of the above
- e] don't know

20. What is full form of POSHAN Abhiyan? POSHAN ?

- a] Prime Ministers Overarching Scheme for Holistic Nutrition
- b] Poshan Mission Overarching Scheme for Holistic Nutrition.
- c] Prime Minister Overarching Scheme for Holistic Nourishment
- d] none of the above
- e] don't know

21. What is the main aim of POSHAN Abhiyan? POSHAN

- a] to improve nutritional status of children [0-6 years], adolescent girls, pregnant women and lactating mothers.
- b] to improve nutritional status in adults
- c] none of the above
- d] to improve nutritional status in animals
- e] don't know

22. Who are the beneficiaries of POSHAN Abhiyan?

- a] children (0-6 year)
- b] pregnant and lactating mothers
- c] children under 18 year
- d] both a and b
- e] don't know

23. What kind of nutritional supplements are received from Anganwadi workers for children under 5 year?

- a] wheat flour
- b] energy dense nutritional food
- c] cold drink
- d] chips
- e] don't know

24. What is stunting?

- a] able to do stunts
- b] impaired growth and development
- c] increased weight of children
- d] normal growth and development
- e] don't know

25. What is the slogan of POSHAN Abhiyaan?

- a] ek kadam swachata ki aoor
- b] beti bachao beti padhao
- c] har ghar poshtik khana
- d] har ghar poshan vyavahar
- e] don't know

26. What are the symptoms of stunting?

- a] impaired mental development
- b] impaired physical development
- c] fall sick more often
- d] all of the above
- e] don't know

27. What supplements from below, the pregnant women receive in early stages of pregnancy [till 12 weeks] from anganwadi?

- a] iron tablets
- b] folic acid tablet
- c] both a] and b]
- d] vitamin A
- e] don't know

28. What is day care?

- a] place for children to have fun.
- b] a playground
- c] daytime care for people who cannot be fully independent.
- d] none of the above
- e] Don't know

29. Which scheme was created for only working mothers to take care of child in holistic manner?

- a] Integrated Child Development Scheme
- b] Bal Swasthya Karyakram
- c] Beti Bachao Beti Padhao
- d] Rajiv Gandhi National Creche scheme for working mother
- e] don't know

30. Who are eligible for Rajiv Gandhi crèche scheme for the children of working mothers?

- a] child 6 months – 6 year age group
- b] child 1 month – 9 year age group
- c] child 5 month – 8 year age group
- d] none of the above
- e] don't know

ANSWER KEY

QUESTIONS	ANSWERS
1	a, b , c, d, e
2	b
3	a
4	b
5	c
6	d
7	d
8	a
9	a
10	c
11	c
12	c
13	d
14	a
15	c
16	a
17	d
18	d
19	a
20	c
21	a
22	d
23	b
24	b
25	d
26	d
27	c
28	c
29	d
30	a

MASTER SHEET

que	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
no of people																																
1	1	1	1	0	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	1	0	0	0	0	1	1	1	1	1	23	
2	1	0	0	1	0	1	1	1	1	0	0	0	1	1	1	1	0	1	1	0	0	1	1	1	1	0	0	0	1	1	18	
3	0	1	1	0	1	1	1	1	1	0	1	1	1	1	1	1	0	0	1	0	1	0	0	1	0	0	1	0	1	1	19	
4	1	1	1	1	1	0	1	1	0	1	1	1	1	1	1	1	1	1	1	1	0	0	1	0	1	1	1	0	1	1	0	23
5	0	1	1	1	0	1	1	1	1	0	1	1	1	1	0	1	1	0	1	1	1	1	1	0	0	0	1	1	1	1	1	22
6	1	1	0	1	0	1	1	0	1	1	0	1	1	0	1	1	0	1	0	1	1	1	1	0	1	1	1	0	1	0	1	20
7	1	0	1	1	1	1	0	0	1	0	1	1	1	1	1	0	0	1	1	1	0	0	0	1	1	1	1	0	0	0	1	18
8	1	1	1	1	0	0	0	1	1	1	1	1	1	1	0	1	0	1	0	0	0	0	0	1	0	0	1	1	0	0	0	15
9	1	1	1	0	0	0	1	1	1	1	0	1	1	1	1	1	1	1	1	1	0	1	1	1	0	0	1	1	1	1	0	22
10	1	0	1	0	1	1	1	0	0	0	0	1	1	1	0	0	1	1	1	1	1	0	0	0	1	1	1	0	1	1	0	17
11	0	1	1	0	0	1	0	0	1	1	1	1	0	1	1	0	0	1	0	1	0	1	0	1	0	0	1	1	0	1	0	15
12	1	0	1	0	1	1	1	0	1	1	0	1	0	0	0	1	1	0	0	1	0	1	0	1	0	0	1	0	1	1	1	17
13	0	1	0	1	1	1	0	1	1	1	1	1	0	0	0	0	1	1	1	1	0	1	0	1	0	1	1	1	0	1	0	18
14	0	1	0	1	1	1	1	0	1	1	0	0	0	0	1	1	0	1	1	1	1	1	1	1	1	1	0	0	1	0	0	18
15	0	1	0	0	1	1	0	0	1	1	0	1	1	1	1	1	1	1	1	1	0	0	1	1	0	1	0	1	1	1	1	20
16	1	1	0	1	1	0	1	1	0	1	1	0	1	0	1	1	0	1	1	1	1	1	0	0	1	0	1	0	1	1	1	20
17	1	1	1	0	0	1	0	0	0	1	0	0	0	0	1	0	1	1	1	1	1	0	1	0	1	0	1	1	1	0	0	15
18	0	1	0	1	1	0	0	1	1	1	0	1	1	1	0	1	1	1	0	1	1	0	1	1	0	1	1	1	0	1	1	21
19	1	0	1	0	1	1	1	0	1	0	1	0	1	1	0	0	1	1	0	1	1	0	1	0	1	0	1	0	1	0	0	17
20	0	0	0	0	1	1	1	0	0	0	1	0	1	0	1	0	0	1	1	0	0	1	0	0	0	1	0	0	0	1	11	
21	1	1	0	1	0	0	1	1	0	1	1	0	0	1	1	0	1	1	1	1	0	1	1	0	0	1	1	0	1	0	0	17
22	0	0	1	0	1	1	0	1	0	1	1	0	1	1	0	0	1	1	0	1	0	0	1	1	0	1	0	1	0	0	0	15
23	0	0	1	0	0	1	1	0	0	0	1	0	0	0	1	0	0	1	0	0	0	0	0	1	0	0	0	0	0	1	0	8
24	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	5
25	0	0	1	0	0	1	0	1	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	1	0	0	0	1	8
26	1	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
27	0	1	0	0	1	0	0	1	0	0	0	1	0	0	0	1	0	0	0	0	0	1	1	1	0	0	0	0	0	0	1	9
28	0	0	1	0	1	0	1	1	0	0	1	1	0	0	1	0	0	1	0	1	0	0	0	0	0	1	1	0	1	0	0	12
29	0	1	0	1	1	0	1	0	1	1	1	0	1	1	0	0	0	1	0	0	1	0	0	0	0	1	0	0	0	0	0	12
30	1	0	1	0	1	0	1	1	0	0	0	1	0	0	0	1	1	0	1	1	1	1	0	0	0	1	1	1	1	1	1	17
31	0	1	1	0	1	1	1	0	1	1	0	1	1	1	0	1	0	0	1	1	0	1	0	1	0	1	0	0	0	0	1	17
32	0	1	0	0	0	0	0	1	0	0	1	1	0	1	1	1	0	0	0	0	0	1	1	1	1	1	1	1	1	1	1	17
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35	0	1	1	1	1	0	1	0	0	0	1	1	0	0	1	0	0	0	0	1	0	0	1	0	0	1	0	1	0	0	0	12
36	0	0	1	1	0	1	0	1	1	0	0	1	1	1	1	0	0	0	1	1	0	1	0	1	0	1	0	1	1	0	0	16
37	1	1	1	0	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	1	0	0	1	1	1	12
38	0	1	1	0	1	0	0	1	1	0	1	0	1	0	0	0	1	0	1	0	0	1	0	0	1	0	1	0	1	0	1	14
39	0	0	1	0	0	0	1	0	1	0	0	1	0	1	1	0	0	0	0	0	0	1	0	0	1	0	0	0	0	1	0	9
40	0	1	0	1	1	0	1	1	0	1	0	1	1	0	0	1	1	1	0	0	1	1	0	0	1	0	0	1	0	1	0	16
41	0	0	1	0	1	0	1	1	1	0	1	0	0	1	0	0	1	0	0	1	1	0	0	0	0	0	0	0	1	1	1	13
42	1	1	0	0	1	1	1	1	1	0	1	1	1	0	1	1	0	0	1	0	1	0	1	0	1	0	1	0	0	0	0	17
43	0	1	1	0	1	1	0	1	1	1	1	0	1	0	0	1	0	0	0	1	0	0	0	0	1	1	1	1	1	1	1	18
44	0	0	1	0	1	0	1	0	1	0	1	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	1	0	0	0	14
45	0	1	1	1	1	0	1	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	0	1	1	1	1	1	0	1	23
46	1	0	1	1	1	0	1	1	0	1	1	1	1	1	1	0	0	1	1	1	0	1	0	0	1	0	1	1	1	1	0	20
47	0	1	0	0	1	0	1	1	1	0	1	1	0	0	0	0	1	0	0	0	0	1	1	0	0	1	0	1	1	1	1	15
48	0	0	1	1	0	1	1	1	0	1	1	1	0	1	1	1	1	1	0	1	1	0	0	1	1	1	1	1	0	1	0	20
49	1	1	0	1	1	0	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	0	0	1	0	1	0	1	0	1	0	21
50	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	28

BLURPRINT FOR QUESTIONNAIRE

CONTENT	COGNITIVE DOMAIN	AFFECTIVE DOMAIN	PSYCHOMOTOR DOMAIN	TOTAL
SCHEME	2, 7, 10,20, 30, 28	25, 29,	1	9
CARE	3, 4, 5, 6	21	-	5
IMNCI	8,9, 12	-	-	3
DEFINITION	19, 24, 13, 14, 16,	-	-	5
SYMPTOMS	-	17, 26, 18	-	3
AGE	-	11, 22	-	2
VACCINE	-	-	15	1
NUTRITION	23, 27	-	-	2
TOTAL	21	7	2	30
PERCENTAGE	70%	23%	7%	100%