

“A Pre-Experimental Study To Assess The Effectiveness Of Structured Teaching Programme On Knowledge And Attitude Among Under Five Mother Regarding Factors Responsible For The Recurrence Of Diarrhea At Selected Community Area Of Gopeshwar, Chamoli”.

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ABSTRACT

‘A pre-experimental study to assess the effectiveness of structured teaching programme on knowledge and attitude among under five mother regarding factors responsible for the recurrence of diarrhea at selected community area of Gopeshwar, chamoli’. The conceptual framework used in this study is based on modified Panders model. The study sample of 60 mothers of under five children of Gopeshwar Chamoli was selected conveniently after meeting the inclusion and exclusion criteria. The self structured questionnaire and likert scale was used to assess the knowledge and attitude of samples regarding diarrheal disease, respectively. The result of the present study is stated as there is a significant difference between the pre test and post test level of knowledge of subjects regarding diarrheal disease, where Mean 1 of knowledge score is 16.8 while Mean 2 of knowledge score is 22.25 and there is a significant difference between pre test and post test attitude of subject regarding diarrheal disease where mean 1 of attitude score is 7.67 and mean 2 of attitude score is 9.13, so research hypothesis 1 and 3 is accepted.

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I. INTRODUCTION

Diarrhea is the second leading common cause of death among under five year children. Around the world especially in developing country like India diarrhea plays a significant factor of mortality and morbidity.

According to national family health survey prevalence rate of diarrhea among under five year children has been increased from 9% to 9.2% from 2016 to 2020.

Diarrhea is defined as the passage of more than 200gm of stool daily and measurement of stool volume is helpful in confirming this. The most severe symptom in many patients is urgency of defecation, and fecal incontinence is a common event in acute and chronic diarrhea illness.

There are basically 3 types of diarrhea:

1. ACUTE WATERY DIARRHEA- Acute watery diarrhea is also known as liquid stool which means that the quantity of water/liquid is much more than normal stool. It's mainly caused by virus (viral gastroenteritis, rotavirus), bacteria (Escherichia coli, salmonella), and cholera.
2. ACUTE BLOODY DIARRHEA- Acute bloody diarrhea which is also called dysentery/red diarrhea which means presence of blood in stool. It's mainly caused by viral infection, inflammatory bowel disease, gastric cancer, bacteria (Entamoeba histolytica).
3. PERSISTENT DIARRHEA- A persistent diarrhea usually occur for more than 7 days which is commonly caused by toddler's diarrhea (toddler's diarrhea caused by low fat diet, sugar rich diet and fluid, especially from fruit juice).

²Diarrhea is the leading killer of children, accounting for approximately 8 percent of all death among children under five age worldwide in 2017. This translate to over 1400 young children dying each day, or about 525,000 children a year, despite the availability of a simple treatment solution.

II. NEED OF THE STUDY

According to WHO each year diarrhea kills around 525,000 children under five. Globally there are nearly 1.7 billion cases of childhood diarrhea disease every year.

In India according to NCBI Diarrhea is an important public health problem among under five children in developing countries. Total diarrheal deaths in India among children aged 0-6 years were estimated to be 158,209 and proportionate mortality due to diarrhea in this age group was 9.1%.⁵The national family health survey shows that prevalence of childhood diarrhea increased from 9 % to 9.2 % from 2016 to 2020.

At national level, the prevalence of diarrhea has been reported of 9.2%. About 9.5 % of male children and 8.9% of female children are living with diarrhea.

The prevalence of diarrhea is high in Uttarakhand [17.1%] followed by Uttarpradesh [15%], Pondicherry [11.3%] and Meghalaya [10.6%].

III. METHODOLOGY

It defines research methodology as a theory of how an inquiry should proceed. It involves analysis of the assumption, principles and procedures in a particular approach to inquiry.

- SCHWARDT, 2007

Methodologies explicate and define the kinds of problems that are worth investigating, what constitute a researchable problem, testable hypothesis, how to frame a problem in such a way that it can be investigated using particular designs and procedures, and how to select and developed appropriate means of collecting data.

- CRESWELL AND TASHAKKORI, 2007

RESEARCH APPROACH-

Research approach deals with the way how to get the answers of the posted problem. It is the plan or procedure to conduct the research.

- Sukhpal Kaur & Amarjeet Singh

Involvement of the description of the plan to investigate the phenomenon under study in a structured (quantitative), unstructured (qualitative) or a combo of the two methods (quantitative/ qualitative) is known as research approach.

- Suresh Kumar Sharma

Research approach indicates the procedure for conducting the study. It guides researcher what to research, how to analysis and interrupt the result, quantitative research approach is used for this study.

RESEARCH DESIGN-

It is a blueprint for conducting a study with maximum control over factors that may interfere with validity of the findings.

- Burns & Grove, 2003

Research design is researcher's overall for answering the research questions or testing the research hypothesis.

- Polit et, al, 2001

The research design is a plan specifies the method and procedure for collecting and analyzing the needed information in research study. Pre experimental research design was adopted for the study that focuses on obtaining information regarding knowledge of under five mothers.

Research design – In this research researchers have selected Pre experimental research design

POPULATION-

Population is the entire aggregation of cases in which investigator is interested. In order to prepare a suitable description of population, it is essential to distinguish between the populations on which result are generalized and fulfill the eligibility criteria and the population which is ideally available for investigation to make generalization.

- Rajesh Kumar

Population refers to as means a group whose members have specific, common characteristics that a researcher wishes to investigate in his research study.

- Sukhpal Kaur & Amarjeet Singh

The term population includes all persons, events and objects under the study .Researchers have taken 60 under five mothers as sample.

SAMPLE-

Sample refers to the subset of population that is selected to participate in a particular study.

- Mamita Dey

A sample is a 'sub group of population'. It has also been described as a representative 'taste' of a group. The sample should be representative in the sense that each sampled unit will represent the characteristics of known no. of units in the population.

- Rajesh Kumar

In this study sample consist of under five mothers of Gopeshwar, Chamoli.

SAMPLE SIZE-

Sample size is a count of individual sample or observations in any statistical setting i.e. a total of 60 under five mothers of Gopeshwar, Chamoli.

SAMPLING TECHNIQUE-

A sampling technique is a process of selecting a representative part of a population for the purpose of determining the characteristics of the whole population.

- Sukhpal Kaur & Amarjeet Singh

A sampling technique is the name or other identification of the specific process by which the entities of the sample have been selected.

- Organization for economic cooperation & development

CRITERIA FOR SAMPLE COLLECTION

Inclusion criteria-

Under five mothers who are:-

- Willingly to participate in the study
- Available at the time of data collection process
- Who understand Hindi, English and Garhwali

Exclusion criteria-

Under five mothers who are:-

- Not willingly to participate in the study

METHOD OF DATA COLLECTION

Section A- Socio Demographic Profile

Socio demographic data with selected variables include under five mothers age, habitat, mother's education, family Income, type of house, no. of children, source of water, occupation, child's age, and child's sex.

Section B-Self-Structured knowledge Questionnaire

Knowledge questionnaire consisted of 29 multiple choice questions which tested knowledge of under five mothers of Gopeshwar, Chamoli.

Section C- Likert Scale

Likert scale consists of 16 statements to assess the attitude of under five mothers of Gopeshwar, Chamoli.

Score Interpretation

In the present study, self- structured questionnaire and likert scale with 29 questions and 16 statements respectively were prepared to assess the knowledge and attitude towards diarrhea. The items were multiple choice questions and 16 statements. Multiple choice questions had four options. Out of the four choices, only one was correct. Each correct answer was assigned a score of one (01) and wrong answer was assigned a score of zero (0). Similarly, the 16 statements of likert scale was assigned a maximum value of five and a minimum value of 1 point. With each STRONGLY AGREE response, the samples will be provided a mark of 5, with each AGREE a mark of 4, with each UNCERTAIN a mark of 3, with each DISAGREE a mark of 2 and with each STRONGLY DISAGREE response the samples will be given a minimum value of 1.

Evaluation on the basis of marks gained: -

FOR SELF-STRUCTURED QUESTIONNAIRE

BELOW 12 = POOR

12-18 = AVERAGE

18-29 = GOOD

FOR LIKERT SCALE

ABOVE 8 = POSITIVE ATTITUDE

BELOW 8 = NEGATIVE ATTITUDE

TABLE 4.1
DESCRIPTION OF SOCIO-DEMOGRAPHIC VARIABLES OF SUBJECTS
N=60

Socio demographic variable	Frequency	Percentage(%)
Age (years)		
19-22	2	3.33%
22-25	11	18.33%
25-28	17	28.33%
Above 28	30	50%
Habitat		
Rural	24	40%
urban	36	60%
Education		
illiterate	1	1.66%
Intermediate	15	25%
Graduation	20	33.33%
Post graduation	24	40%
Monthly income		
Less than 5000	11	18.33%
5000-10000	18	30%
10000-30000	20	33.33%
Above 30000	11	18.33%
Type of house		
Pakka	51	85%
Kahcha	9	15%
Number of child		
only1	18	30%
only 2	34	56.67%
only 3	7	11.66%
More than 3	1	1.66%
Source of water		
Well	01	1.66%
Tap	57	95%
Hand pump	02	3.33%
Natural source	00	0%
Occupation of mother		
Housewife	55	91.66%
Business women	03	5%
Government job	01	1.66%
Private job	01	1.66%
DATA OF UNDER FIVE		
Age		
Newborn(0-28 days)		
1month-2years	07	11.67%
2-3years	14	23.33%
3-5years	17	28.33%
	22	36.67%
Sex		
Male	25	41.66%
Female	35	58.33%
Others	00	0%

SECTION B

TABLE-4.2.1 Comparison of pre test and post test frequency and percentage distribution of subject regarding level of knowledge

N=60

Pre test			Post test		
Level of knowledge	Frequency	Percentage	Level of knowledge	Frequency	Percentage
Poor	5	8.33	Poor	0	0

Average	31	51.67	Average	10	16.67
Good	24	40	Good	50	83.33

TABLE 4.2.2 Comparison of pre test and post test frequency and percentage distribution of subject regarding level of attitude.

N=60

PRE TEST				POST TEST			
LEVEL ATTITUDE	OF	f	%	LEVEL ATTITUDE	OF	f	%
Negative attitude		35	58.33	Negative attitude		21	35
Positive attitude		25	41.67	Positive attitude		39	65

SECTION – C

TABLE 4.3

Comparison between pre test and post test knowledge score

N=60

S.No.	Pretest	Post test
1.	14	27
2.	13	18
3.	23	23
4.	15	15
5.	20	21
6.	5	14
7.	15	20
8.	20	17
9.	14	15
10.	20	25
11.	18	24
12.	19	23
13.	13	26
14.	20	26
15.	22	28
16.	3	25
17.	16	26
18.	21	24
19.	15	26
20.	14	24
21.	17	25
22.	17	24
23.	13	19
24.	13	24
25.	16	23
26.	17	18
27.	21	19
28.	19	22
29.	20	24
30.	20	21
31.	23	23
32.	20	25
33.	15	22
34.	22	25
35.	17	25
36.	15	23

37.	16	26
38.	19	27
39.	10	22
40.	18	27
41.	19	22
42.	20	25
43.	22	21
44.	18	26
45.	11	24
46.	19	24
47.	18	25
48.	16	16
49.	9	25
50.	17	20
51.	19	20
52.	17	16
53.	13	15
54.	20	20
55.	17	19
56.	20	22
57.	15	16
58.	14	21
59.	17	22
60.	19	25

Table 4.3 Shows significant difference between the pre test and post test level of knowledge with the help of paired t-test. After performing the necessary calculation, it has become obvious that there is a significant difference between the pre test and post test level of knowledge score of the subject.

SECTION D

TABLE 4.4 Comparison between pre test and post test attitude score of subject

N = 60

S.No.	Pretest	Post test
1.	9	8
2.	9	10
3.	14	11
4.	8	10
5.	6	00
6.	5	1
7.	9	8
8.	10	1
9.	9	9
10.	6	14
11.	10	00
12.	4	13
13.	10	12
14.	12	12
15.	7	13
16.	8	10
17.	8	13
18.	11	10

19.	9	13
20.	7	13
21.	14	11
22.	6	10
23.	5	9
24.	6	8
25.	7	6
26.	9	9
27.	4	7
28.	6	13
29.	8	6
30.	11	11
31.	8	7
32.	4	7
33.	10	14
34.	15	12
35.	11	11
36.	11	9
37.	9	13
38.	6	11
39.	4	8
40.	4	14
41.	12	14
42.	9	7
43.	6	10
44.	7	12
45.	3	8
46.	13	10
47.	7	11
48.	11	9
49.	8	9
50.	4	5
51.	5	7
52.	8	7
53.	6	8
54.	7	10
55.	7	10
56.	8	12
57.	10	8
58.	10	2
59.	6	16
60.	8	16

Table 4.4 Shows significant difference between the pre test and post test level of knowledge with the help of paired t-test. After performing the necessary calculation, it has become obvious that there is a significant difference between the pre test and post test level of knowledge score of the subject

SECTION E

TABLE-4.5.1 Association of pre test level of knowledge with Sociodemographic variable.

A PRE-EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED ...

s.no	Demographic variable	Poor(<12)	Average (12-180)	Good(>18)	df	X ²	Interference
1	Age (years) 19-22 22-25 25-28 Above 28	00 01 03 01	02 15 09 05	00 14 05 05	6	4.54	Not significant
2	Habitat Rural urban	01 03	15 15	08 18	2	2.22	Not significant
3	Education Illiterate Intermediate Graduation Post graduation	01 03 01 00	00 09 13 09	00 03 07 14	6	21.32	significant
4	Monthly income Less than 5000 5000-10000 10000-30000 Above 30000	02 01 02 00	09 08 09 05	02 08 08 06	6	5.66	Not significant
5	Type of house Pakka Kuccha	00 05	06 25	03 21	2	1.45	Not significant
6	Number of children only1 only 2 only 3 More than 3	01 03 01 00	11 14 02 01	06 17 05 00	6	4.06	Not significant
7	Source of water Well Tap Hand pump Natural source	00 04 01 00	01 30 00 00	00 23 01 00	6	365.22	significant

8	Occupation						
	Housewife	05	30	20	6	4.29	Not significant
	Business women	00	01	02			
	Government job	00	00	01			
Private job	00	00	01				
9	Age of under five children						
	Newborn	01	04	02	6	11.88	Not significant
	1 month-2 year	00	06	08			
	2-3 year	04	06	07			
3-5 years	00	15	07				
10	Sex of under five child						
	Male	04	20	11	4	2.98	Not significant
	Female	01	11	13			
	other	00	00	00			

Level of significance = 0.05 ($p < 0.05$)

Table 4.5.1 Shows the association of knowledge to their age group is not significant at 5% level ($p < 0.05$) because the tabulated value is more than the calculated value, so research hypothesis II is rejected.

Association of knowledge to their habitat is not significant at 5% level ($p < 0.05$) because the tabulated value is more than the calculated value, so research hypothesis II is rejected.

Association of knowledge to their education is significant at 5% level ($p > 0.05$) because the calculated value is more than the tabulated value, so research hypothesis II is accepted.

Association of knowledge to their monthly income is not significant at 5% level ($p < 0.05$) because the tabulated value is more than the calculated value, so research hypothesis II is rejected.

Association of knowledge to their type of house is not significant at 5% level ($p < 0.05$) because the tabulated value is more than the calculated value, so research hypothesis II is rejected.

Association of knowledge to their number of children is not significant at 5% level ($p < 0.05$) because the tabulated value is more than the calculated value, so research hypothesis II is rejected.

Association of knowledge to their source of water is significant at 5% level ($p > 0.05$) because the calculated value is more than the tabulated value, so research hypothesis II is accepted.

Association of knowledge to their occupation is not significant at 5% level ($p < 0.05$) because the tabulated value is more than the calculated value, so research hypothesis II is rejected.

Association of knowledge to their children's age is not significant at 5% level ($p < 0.05$) because the tabulated value is more than the calculated value, so research hypothesis II is rejected.

Association of knowledge to their child's sex is not significant at 5% level ($p < 0.05$) because the tabulated value is more than the calculated value, so research hypothesis II is rejected.

TABLE 4.5.2
Difference between pre test and post test knowledge of subject regarding diarrhea

Mean		Standard deviation (SD)		Paired t-test
Mean 1	16.8	SD 1	3.93	8.84
Mean 2	22.25	SD 2	3.52	

Table 4.5.2 Represents the difference between the pre test and post test level of knowledge of subjects regarding diarrhea where Mean 1 is mean of marks obtained by subjects in pre test which is 16.8 while Mean 2 is mean of marks obtained by subjects in post test which is 22.25, SD 1 is the standard deviation of subjects of pre test which is 3.93 while SD 2 is the standard deviation of subjects of post test which is 3.52, and the value of paired t-test is 8.84..

Therefore, the result of the present study is stated as there is significant difference between pre test and post test knowledge of subjects regarding diarrhea and the research hypothesis I is significant.

TABLE-4.6
ASSOCIATION OF PRETEST LEVEL OF ATTITUDE WITH SOCIODEMOGRAPHIC VARIABLE

N =60

Level of significance= 0.05 (p<0.05)

Table 4.6 Shows that the association of knowledge to their age group is not significant at 5% level (p<0.05)

S.No	Demographic variables	Positive frequency	Negative frequency	df	Calculated value	Interference
1	Education of mothers of under five children- a) Illiterate b) 12 th pass c) Graduate d) Post graduate	0 02 12 11	1 11 8 15	03	7.22	Not significant
2	Number of children a) Only 1 b) Only 2 c) Only 3 d) >3	7 15 2 1	10 20 05 00	03	1.91	Not significant
3	Age of children a) New born b) 1 month-2 years c) 2-3 years d) 3-5 years	3 6 7 9	4 8 10 13	03	0.128	Not significant

because the tabulated value is more than the calculated value, so research hypothesis IV is rejected.

Association of attitude to number of children s not significant at 5% level ($p < 0.05$) because tabulated value is more than calculated value, so research hypothesis IV is rejected.

Association of attitude to the age of children is not significant at 5% level ($p < 0.05$) because tabulated value is more than calculated value, so research hypothesis IV is rejected.

MODIFIED 5-POINT LIKERT SCALE
PRE TEST
TABLE-4.7

N=60

S.no	STATEMENT	STRONGLY AGREE		AGREE		UNCERTA IN		DISAGREE		STRONGL Y DISAGRE E	
		f	%	f	%	f	%	f	%	F	%
1.	Diarrhea is a life threatening condition.	28	46.67	23	38.33	0	0	4	6.6	5	8.3
2.	Diarrhea is a communicable disease.	15	25	20	33.3	9	15	13	21.67	3	5
3.	Bottle feeding contributes to diarrhea.	11	18.3	25	41.67	4	6.6	16	26.6	4	6.6
4.	Cow's milk never cause diarrhea.	9	15	14	23.33	14	23.33	18	30	5	8.3
5.	Teething directly sparks diarrhea.	32	53.33	18	30	3	5	6	10	2	3.33
6.	Fiber containing food is not effective in diarrhea.	9	15	19	31.67	13	21.67	9	15	10	16.67
7	Sugary stuff make diarrhea worse.	10	16.67	18	30	12	20	12	20	8	13.33
8	Fatty food should be avoided in diarrhea.	11	18.33	23	38.33	16	26.6	6	10	4	6.6
9	Breast feeding is important for child suffering from diarrhea.	25	41.67	24	40	7	11.67	2	3.33	2	3.33
10	Fluids and food should be restricted during diarrhea.	3	5	4	6.6	13	21.67	22	36.67	18	30
11	Drinking plain water is enough in diarrhea.	5	8.33	11	18.33	11	18.33	23	38.33	10	16.67
12	Breast milk should be diluted as it was difficult to digest during diarrhea.	4	6.6	7	11.67	21	35	15	25	13	21.67
13	Washing hand before and after eating and using latrine is a healthy practices for prevention of diarrhea.	30	50	17	28.33	3	5	7	11.67	3	5
14	Yogurt may ease diarrhea.	11	18.33	27	45	11	18.33	6	10	5	8.33
15	Zinc does not reduce the severity and duration of diarrhea.	9	15	15	25	22	36.67	9	15	5	8.3
16	Child should be first taken to traditional healer after having diarrhea.	19	31.67	18	30	6	10	10	16.67	7	11.67

Likert scale is a standard tool to assess the attitude regarding any specific concern area and it is one of the most popular tools among researchers, so as to find whether the attitude is positive or negative

MODIFIED 5 POINT LIKERT SCALE
POST TEST
TABLE 4.8

N=60

S.no	STATEMENT	STRONGLY AGREE		AGREE		UNCERTAI N		DISAGREE		STRONGLY DISAGREE	
		f	%	f	%	f	%	f	%	F	%
1.	Diarrhea is a life threatening condition	20	33.33	20	33.33	9	15	6	10	5	8.33
2.	Diarrhea is a communicable disease	20	33.33	13	21.67	12	20	14	23.33	1	1.66
3.	Bottle feeding contribute to diarrhea	33	55	16	26.6	7	11.67	3	5	1	1.66
4.	Cow's milk never cause diarrhea	2	3.33	15	25	17	28.33	23	38.33	3	5
5.	Teething directly sparks diarrhea	37	61.6	15	25	5	8.33	1	1.66	2	3.33
6.	Fiber containing food is not effective in diarrhea	7	11.67	16	26.6	13	21.67	17	28.33	7	11.67
7	Sugary stuff make diarrhea worse	6	10	21	35	16	26.6	15	25	2	3.33
8	Fatty food should be avoided in diarrhea	6	10	25	41.66	17	28.33	10	16.67	2	3.33
9	Breast feeding is important for child suffering from diarrhea	32	53.33	20	33.33	6	10	1	1.66	1	1.66
10	Fluids and food should be restricted during diarrhea	2	3.33	4	6.66	14	23.33	29	48.33	11	18.3
11	Drinking plain water is enough in diarrhea	1	1.66	11	18.3	10	16.67	33	55	5	8.33
12	Breast milk should be diluted as it was difficult to digest during diarrhea	1	1.66	12	20	10	16.67	23	38.33	14	23.33
13	Washing hand before and after eating and using latrine is a healthy practices for prevention of diarrhea	37	61.66	12	20	8	13.33	2	3.33	1	1.66
14	Yogurt may ease diarrhea	14	23.33	30	50	10	16.66	5	8.33	1	1.66
15	Zinc does not reduce the severity and duration of diarrhea	1	1.66	16	26.6	21	35	17	28.33	5	8.33
16	Child should be first taken to traditional healer after having diarrhea.	6	10	12	20	19	31.67	8	13.33	15	25

Likert scale is a standard tool to assess the attitude regarding any specific concern area and it is one of the most popular tool among researchers, so as to find whether the attitude is positive or negat

TABLE -4.9 Difference between pre test and post test attitude of subject regarding diarrhea.

Mean		Standard deviation (SD)		Paired t-test
Mean 1	8.15	SD 1	2.7	2.36
Mean 2	9.45	SD 2	3.63	

Table 4.9 Represents the difference between the pre test and post test level of attitude of subjects regarding diarrhea where Mean 1 is mean of marks obtained by subjects in pre test which is 8.15 while Mean 2 is mean of marks obtained by subjects in post test which is 9.45, SD 1 is the standard deviation of subjects of pre test which is 2.7 while SD 2 is the standard deviation of subjects of post test which is 3.63, and the value of paired t-test is 2.36..

Therefore, the result of the present study is stated as there is significant difference between pre test and post test attitude of subjects regarding diarrhea and the research hypothesis III is significant.

DISCUSSION

A pre-experimental study to assess the effectiveness of structured teaching programme on knowledge and attitude among under five mother regarding factors responsible for the recurrence of diarrhea at selected community area of Gopeshwar, chamoli was conducted among 60 subjects having age group above 19 years of age were selected by non probability convenience sampling and data was collected by questionnaire and likert scale. The analysis interpretation is presented in chapter 4. This chapter deals with the discussion based on the finding analysis and interpretation of the study.

The frequency and percentage distribution of subjects regarding factors responsible for the recurrence of diarrhea at selected community area of Gopeshwar, chamoli according to their age group depicts that 2 of them belongs to age group of 19 to 22 years 30 of them belongs to the each group of 22 to 25 yes 17 of them belongs to the age group of 25 to 28 years and 11 of them belongs to the age group of more than 28 years.

The frequency and percentage distribution of students regarding factors responsible for the recurrence of diarrhea at selected community area of Gopeshwar, chamoli according to their habitat shows that 24 of them belongs to the ruler area while 36 of them belongs to the urban area.

The frequency and percentage distribution of subjects regarding factors responsible for the recurrence of diarrhea at selected community area of Gopeshwar, chamoli according to their education level and the result were 1 having no formal education ,15th of them are 12th pass, 21 of them are graduated and 23 of them are post graduated.

The frequency and percentage of subject regarding factors responsible for the recurrence of diarrhea at selected community area of Gopeshwar, chamoli according to their monthly income were 13 of them have monthly income less than 5000 ,17 have monthly income from 5000 to 10000 ,19 of them have monthly income from 10000 to 30000 and 11 of them have monthly income more than 30000.

The frequency and percentage distribution of subjects regarding factors responsible for the recurrence of diarrhea at selected community area of Gopeshwar, chamoli according to the type of house, 9 of them have kutchha house while 51 of them have pucca house.

The frequency and percentage distribution of subjects regarding factors responsible for the recurrence of diarrhea at selected community area of Gopeshwar, chamoli according to the number of child in the family were 18 of them have one child ,34 of them have two child, 7 of them have three child and only one have more than three children in the family.

The frequency and percentage distribution of subjects regarding factors responsible for the recurrence of diarrhea at selected community area of Gopeshwar, chamoli according to source of water 01 of them using well as source of water,57 of them using tap water,02 using hand pump as a source of water,00 of them using natural sources as a sources of water,

The frequency and percentage distribution of subjects regarding factors responsible for the recurrence of diarrhea at selected community area of Gopeshwar, chamoli according to their occupation 55 of them are house wife, 03 business women, 01 having government job, and 01 having private job.

The frequency and percentage distribution of subjects regarding factors responsible for the recurrence of diarrhea at selected community area of Gopeshwar, chamoli according to their childrens age were 7 of them have newborn child 14 of them have child of age group 112 years 17 of them have child of age group 2 to 3 years and 22 of them have child having age group 3 to 5 years.

The frequency and attitude distribution of subject regarding factors responsible for the recurrence of diarrhea at selected community area of Gopeshwar, chamoli according to the sex of their child were 35 of them have male child and 25 of them have female child.

The findings are discussed under following headings

Objective 1- to assess the pretest level of subject knowledge regarding factors responsible for the recurrence of diarrhea at selected community area of Gopeshwar, chamoli, result revealed that 5 (8.33) of them were having poor knowledge, 32 (51.67) of them were having average knowledge and 24 (40) were having good knowledge.

Objective 2- to assess the pretest level of subject attitude regarding factors responsible for the recurrence of diarrhea at selected community area of Gopeshwar, chamoli result revealed that 35 (58.33) of them were having negative attitude and 25 (41.67) of them having positive attitude.

Objective 3- to administered structured health teaching program

This is systematically developed instructional program using instructional aids design to provide information on diarrhea, risk factors and causes of diarrhea, sign and symptoms of diarrhea, what care can be done at home to reduce diarrhea, preparation of ORS and when to see a doctor, management of diarrhea and preventive measures of diarrhea.

Objective 4- to assess the post level of subject knowledge regarding factors responsible for the recurrence of diarrhea at selected community area of Gopeshwar, chamoli revealed that no one is having poor knowledge 10(16.67) of them were having average knowledge and 50(83.3) of them were having good knowledge.

Objective 4- to assess the post level of subject attitude regarding factors responsible for the recurrence of diarrhea at selected community area of Gopeshwar, chamoli result revealed that 21(35) ,1 having negative attitude and 39(65) of them were having positive attitude regarding factors responsible for diarrhea in under five children.

Objective to find the association between pretest level of knowledge and attitude with the selected demographic variables.

The findings of the present study shows that 5 (8.33) of them were having poor knowledge, 32 (51.67) of them were having average knowledge and 24 (40) were having good knowledge. Present study also show that 35 (58.33) of them were having negative attitude and 25 (41.67) of them having positive attitude regarding factor responsible for reference of recurrence of diarrhea at selected community area of Gopeshwar, chamoli .

There is no significant association between knowledge score with their socio demographic variables (age habitat ,education ,monthly income, type of house, number of children in house, source of water ,occupation) because the tabulated value is more than calculated value.

There is no significant association between attitude score with their demographic variables (education ,number of children and age of under five children) because the tabulated values more than calculated value.

CONCLUSION

The need of the study is to enhance knowledge and attitude among under five mother regarding factors responsible for the recurrence of diarrhea at selected community area of Gopeshwar, chamoli. The finding of our study can be concluded that most of the mothers were from the age group of above 28 and 25-28 years. Majority of the subject belong to urban area ,majority of them are graduate and post graduate and most of them have monthly income of 10000-30000 and 5000-10000. Majority of them lives in pakka house and most of them have only 2 child. The major source of water for them is tap water and most of them are house wife.

Most of them have children of age group 3-5 years and have female child.

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LIST OF ABBREVIATION

S.NO	LIST OF ABBREVIATION	FULL FORM
1.	et	At all
2.	>	Greater than
3.	<	Less than
4.	H1	Hypothesis
5.	N	Number of samples
6.	df	Degree of freedom
7.	χ^2	Chi-square
8.	p	Level of significance
9.	SD	Standard deviation
10.	F	Frequency
11.	%	Percentage