International Journal of Trend in Scientific Research and Development (IJTSRD)
Volume 10 Issue 4, Jul-Aug 2026 Available Online: www.ijtsrd.com e-ISSN: 2456 – 6470

Effectiveness of Structured Teaching Programme on Knowledge Regarding Measles-Rubella Vaccination among the Mothers of 6 Months to 12 Year OLD children in Selected Wards at Govt. Hospital Guna

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ABSTRACT

Children represent the future, and ensuring their healthy growth and development ought to be a prime concern of all societies. Children are vulnerable to malnutrition and infectitious disease, many of which can be effectively prevented. Measles is possibly infectious disease that affects humans. It remains an important cause of death among young children globally. So immunization plays a leading role in preventing infectious disease and infant mortality rate. In order to educate and encourage the mother‟s to improve their knowledge regarding immunisation programme, The Study Was Conducted on “Effectiveness of structured teaching programme on knowledge regarding measles-rubella vaccination among the mothers of 6 MONTHS TO 12 YEAR OLD children in selected wards at GOVT. hospital Guna.”

KEYWORDS: *immunization.*

How to cite this paper: Mr. Chhail Dev | Mr. Satendra Singh Chaudhary "Effectiveness of Structured Teaching Programme on Knowledge Regarding Measles-Rubella Vaccination among the Mothers of 6 Months to 12 Year OLD children in Selected Wards at Govt. Hospital Guna" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-10 | Issue-4, August 2026, pp.1015-1030, URL: www.ijtsrd.com/papers/ijtsrd142077.pdf

IJTSRD142077

INTRODUCTION

"Children are our most valuable natural resource." -Herbert Hoover,

He has right to health and life. He has right to be free of preventable diseases. Protect that right. Vaccinate him.[1]Vaccination protects children from serious illness and complications of vaccine-preventable diseases which can include amputation of an arm or leg, paralysis of limbs, hearing loss, convulsions, brain damage, and death. Vaccine-preventable diseases, such as measles, mumps, and whooping cough, are still a threat. [2]

WHO European Region Key strategies were identified to meet the targets for interrupting the transmission of indigenous measles and rubella and preventing congenital rubella infection, and strengthening surveillance systems to include vigorous case investigation.[3]Measles is one of the most contagious diseases ever known and is an important cause of death and disability among young children worldwide. The measles virus will infect anyone who is not protected. The Measles & Rubella Initiative is committed to ensuring that no child dies from measles or is born with congenital rubella syndrome. We help countries to plan, fund and measure efforts to stop measles and rubella for good.[4]

A measles campaign provides an opportunity to deliver other health services chosen by the Ministry of Health, based on country needs. In 2014 alone, more than 221 million children received measles vaccination during campaigns in 28 countries. Of

these, 23 countries combined at least one other beneficial child health intervention into measles or measles-rubella vaccine campaigns.[5]

The campaign launched to vaccinate more than 35 million children in the age group of nine months to 15 years with MR (measles and rubella) vaccine, once again demonstrates India‟s commitment to improve health and well-being of its people by protecting children against vaccine preventable diseases. The first phase of the campaign is significant as it is expected to accelerate the country‟s efforts to eliminate measles which affects an estimated 2.5 million children every year, killing nearly 49 000 of them. The campaign also marks the introduction of rubella vaccine in India‟s childhood immunization programme to address CRS which causes birth defects such as irreversible deafness and blindness in nearly 40 000 children every year.[6]

Immunization is a cost-effective way of reducing child morbidity and mortality. UNICEF, WHO and the Global Alliance for Vaccination and Immunization (GAVI) are supporting Viet Nam in its National Expanded Programme for Immunization (EPI) to protect children against vaccine-preventable childhood diseases.[7]

NEED FOR THE STUDY

India has realized impressive gains in child survival over the last two decades. However, at the current pace, the country is unlikely to achieve the Millennium Development Goal-4 -which aims to reduce Under-Five Mortality by two thirds between 1990 and 2015- unless the related socio-economic; maternal and demographic; and environmental determinants are urgently addresses. This is one of the conclusions of The Infant and Child Mortality India Report released by UNICEF and the National Institute of Medical Sciences (NIMS), Indian Council of Medical Research. There has been a consistent decline in Infant Mortality Rate and Under-Five Mortality Rate in India. The rate of decline in current decade is higher than in the previous. However, based on robust projections, at the current rate of decline, India is unlikely to meet the targets for Millennium Development Goal-4, which aims to reduce by two thirds, between 1990 and 2015, the under-five mortality rate. Measles vaccinations reduced global fatalities by 75 percent between 2000 and 2013, preventing approximately 15.6 million deaths, reports the World Health Organization. Due to proactive vaccination, measles-related deaths worldwide dropped to 145,700 in 2013, compared to 2.6 million in 1980.[8]

The World Health Organization (WHO) recommends that children receive two doses of measles vaccine. The WHO also recommends that measles and rubella efforts be combined. The Measles & Rubella Initiative is making great strides to bring this opportunity to the world‟s children. The vaccines are safe and effective, and when coverage in a population is very high, the viruses stop circulating. Very high coverage can thus lead to the elimination of measles and rubella. The vaccine used by the Measles & Rubella Initiative is verified to be safe and effective by the WHO.

Around the world, 18.7 million babies – nearly 20 per cent – do not receive a complete set of commonly available vaccines and are vulnerable to life-threatening diseases. As long as they aren‟t reached with immunization, an estimated 1.5 million children will die needlessly of preventable illnesses, when vaccination could offer an affordable and simple way to protect them. All children, no matter where they live or what their circumstances are, have the right to survive and to thrive. Children affected by conflict are among the most likely to be denied this right. Children living in conflict are often the most vulnerable to disease outbreaks like measles and polio which can cause death or profound disability. Conflict often results in a breakdown of vital health services and prevents children from accessing medical care, even when services are available.[9]

World Health Organization congratulates India for launching one of the world‟s largest vaccination campaign against measles, a major childhood killer disease, and congenital rubella syndrome, responsible for irreversible birth defect. The campaign launched today to vaccinate more than 35 million children in the age group of nine months to 15 years with MR (measles and rubella) vaccine, once again demonstrates India‟s commitment to improve health and well-being of its people by protecting children against vaccine preventable diseases. The first phase of the campaign is significant as it is expected to accelerate the country‟s efforts to eliminate measles which affects an estimated 2.5 million children every year, killing nearly 49 000 of them. The campaign also marks the introduction of rubella vaccine in India‟s childhood immunization programme to address CRS which causes birth defects such as irreversible deafness and blindness in nearly 40 000 children every year.

India has made important efforts and gains against measles in recent years. Measles deaths have declined by 51% from an estimated 100 000 in the year 2000 to 49 000 in 2015. This has been possible by significantly increasing the reach of the first dose of measles vaccine, given at the age of nine months under routine immunization programme, from 56% in

2000 to 87% in 2015. In 2010 India introduced the second dose of measles-containing vaccine in routine immunization programme to close the immunity gap and accelerate measles elimination. Nearly 118 million children aged nine months to 10 years were vaccinated during mass measles vaccination campaigns between 2010 and 2013 in select states of India. Today‟s campaign, the first in the series to cover a total of 410 million children across the country over the next 2 years, is a truly remarkable, world-beating effort. Apart from improving the life-chances of millions of children in India, the campaign is expected to have a substantial effect on global measles mortality and rubella control target as India accounts for 37% of global measles deaths. For the MR campaign to be effective, it is important that throughout its duration, and in routine immunization thereafter, no child is left behind.

Simultaneously, India continues to further strengthen surveillance for measles and rubella, an important learning from India‟s polio eradication programme that helped to identify infected and vulnerable areas and populations and enabled the programme adopts appropriate strategies to eradicate the disease. India has already beaten smallpox, polio, maternal and neonatal tetanus and, very recently, yaws. Further gains in the battle against measles will help achieve a number of other public health priorities. A regional flagship of WHO in South-East Asia, elimination of measles will contribute to achieving Sustainable Development Goal‟s target 3.2 which, among others, aims to end preventable deaths of new born and children under five years of age by 2030.

India has made important efforts and gains against measles in recent years. Measles deaths have declined by 51% from an estimated 100 000 in the year 2000 to 49 000 in 2015. This has been possible by significantly increasing the reach of the first dose of measles vaccine, given at the age of nine months under routine immunization programme, from 56% in 2000 to 87% in 2015. In 2010 India introduced the second dose of measles-containing vaccine in routine immunization programme to close the immunity gap and accelerate measles elimination. Nearly 118 million children aged nine months to 10 years were vaccinated during mass measles vaccination campaigns between 2010 and 2013 in select states of India.[10]

The MR campaign targets around 41 crore children across the country, the largest ever in any campaign. All children aged between 9 months and less than 15 years will be given a single shot of measles-rubella vaccination irrespective of their previous measles/rubella vaccination status or measles/rubella disease status. MR vaccine will be provided for free across the states from session sites at schools as well as health facilities and outreach session sites. Measles vaccine is currently provided under Universal Immunisation Programme.[11]

Even though the government has initiated this MR vaccination and implementing it but still investigator interested in taking this topic because during clinical experience investigator came across children had irregular, uncompleted immunisation.So investigator intended to take this study to provide knowledge regarding Measles-Rubella vaccination.

Observing literature, the investigator felt that as this is a new concept in immunisation programme. Hence the researcher has taken up the study.

Statement of the problem

“Effectiveness of structured teaching programme on knowledge regarding measles rubella vaccination among mothers of 6 MONTHS TO 12 YEAR OLD children at selected wards in GOVT. hospital at Guna.”

Objectives of the study

1. To assess the existing knowledge regarding Measles Rubella Vaccination among mothers of 6 MONTHS TO 12 YEAR OLD children at selected wards GOVT. Hospital, Guna.
2. To evaluate the effectiveness of STP regarding Measles Rubella Vaccination among mothers of 6 MONTHS TO 12 YEAR OLD children at selected wards GOVT. Hospital, Guna.
3. To find the association between pre test knowledge score and selected demographic variables among mothers of 6 MONTHS TO 12 YEAR OLD children.

Hypothesis

H1: There will be a significant difference between pre-test and post-test knowledge scores of mothers regarding Measles Rubella vaccination among mothers of 6 MONTHS TO 12 YEAR OLD children.

H2: There will be a significant association between the pre-test levels of knowledge score regarding Measles Rubella vaccination among mothers of 9 months to 15 year old children and their demographic variables

Material and method: -

Research approach and design: - experimental research approach

Setting of the study: -pediatric wards Vani Vilas, Bengaluru.

Study population: - In this study the population consists mothers of 9 month to 15 year old children.

Sample size: - 50.

Sampling technique: - purposive sampling technique.

Criteria for selection of sample Inclusion Criteria

- Mothers who knows Kannada and English.
- Mothers who are willing to participate in the study.
- Mothers of 6 MONTHS TO 12 YEAR OLD children admitted in selected pediatric wards GOVT. hospital Guna.

Exclusion Criteria

- Not willing to participate in the study.
- Mothers who doesn"t know Kannada and English.

Tool of Research

Based on the objectives of the study, a structured knowledge questionnaire was prepared in order to assess the knowledge of mothers of 9month to 15 year old children regarding MR vaccination.

SECTION-1:

SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

***TABLE – 2* Classification of Respondents by Age**

n=50

Characteristics		Frequency	Percentage (%)
Age in years	20 -24 Years	16	32
	25 - 29 Years	25	50
	30 - 34 Years	08	16
	35-40 Years	01	2
Total		**50**	**100**

Table no. 2 & Figure 3: shows that majority 50% of the respondents fall between the age of 25-29 years, 32% of the respondents fall between the age of 20-24years, 16 % of the respondents fall between the age of 30-34 years and remaining 2% of the respondents are between 35-40 years.

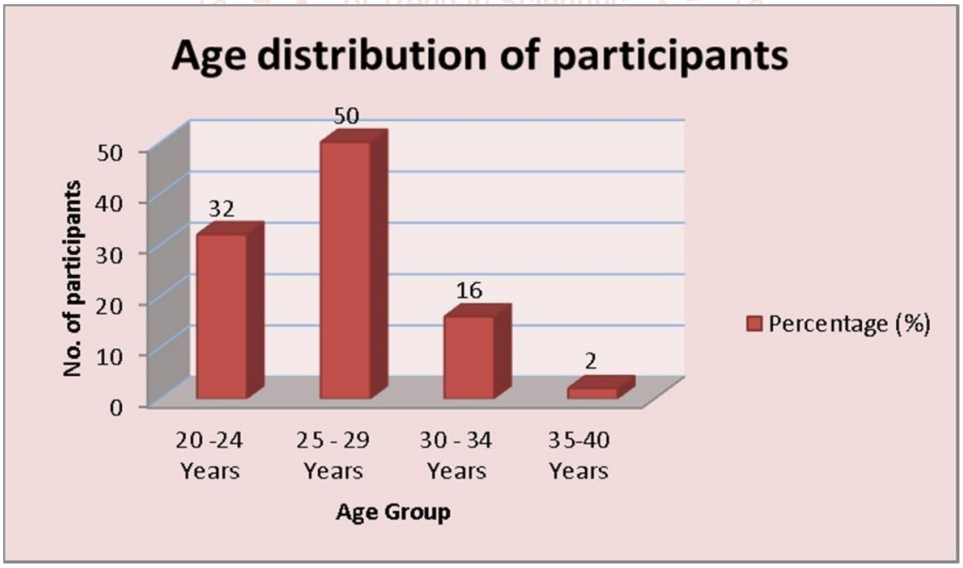


***TABLE – 3* CLASSIFICATION OF RESPONDENTS BY NUMBER OF 9 MONTHS TO 15 YEAR CHILDREN IN THE FAMILY**

n=50

Characteristics		Frequency	Percentage (%)
Number of 9 months to 15 year children in the family	1	28	56
	2	20	40
	3	02	4
TOTAL		50	100

Table no. 3 & Figure 4: shows that 56% of the respondents had one child, 40% had two children, and 4 % had three children of 6 MONTHS TO 12 YEAR OLD children in the family.

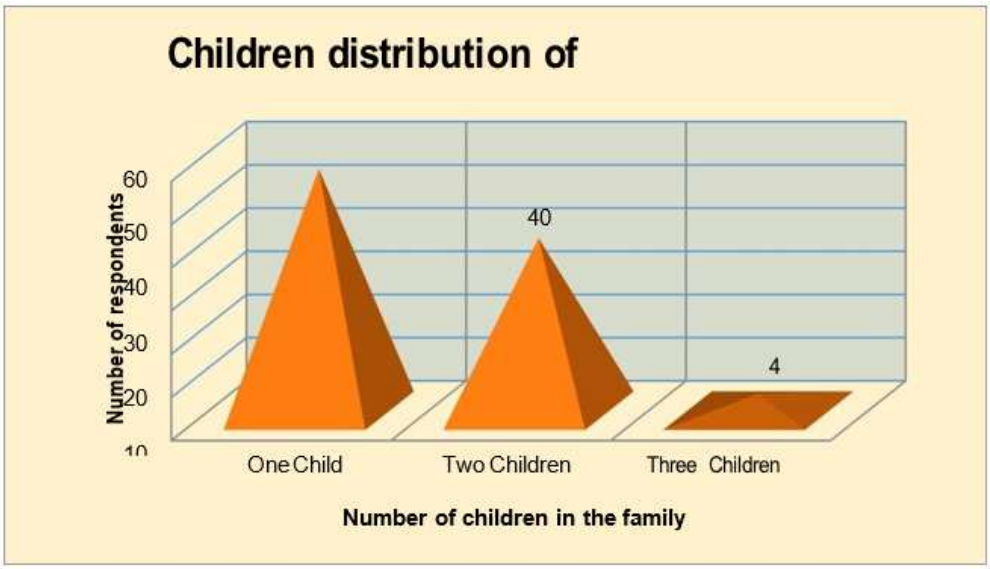


***TABLE -4* CLASSIFICATION OF RESPONDENTS BY RELIGION**

n=50

Characteristics		Frequency	Percentage (%)
RELIGION	Hindu	43	86
	Muslim	07	14
	Christian	00	0
	Other	00	0
Total		**50**	**100**

Table no.4 & Figure 5: shows that majority 86% of respondents are Hindu, 14% of responded are Muslim.

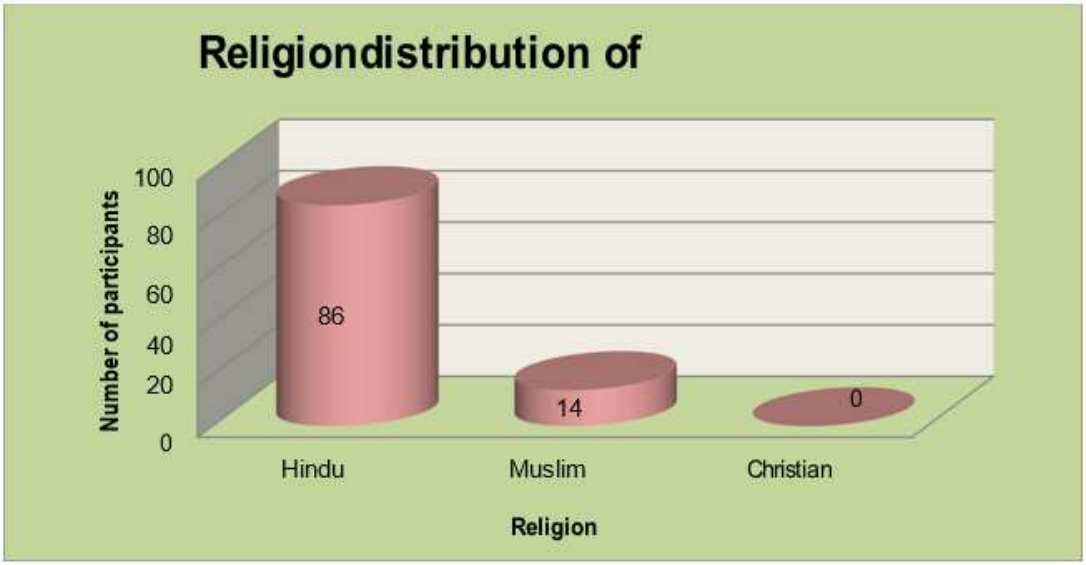


***TABLE-5* CLASSIFICATION OF RESPONDENTS BY TYPE OF THE FAMILY**

n=50

Characteristics		Frequency	Percentage (%)
Type of family	Nuclear	31	62
	Joint	19	38
	Extended	0	0.0
TOTAL		50	100

Table no. 5 & Figure 6: Shows that 62% of the respondents had nuclear family and remaining 38% are had joint family.

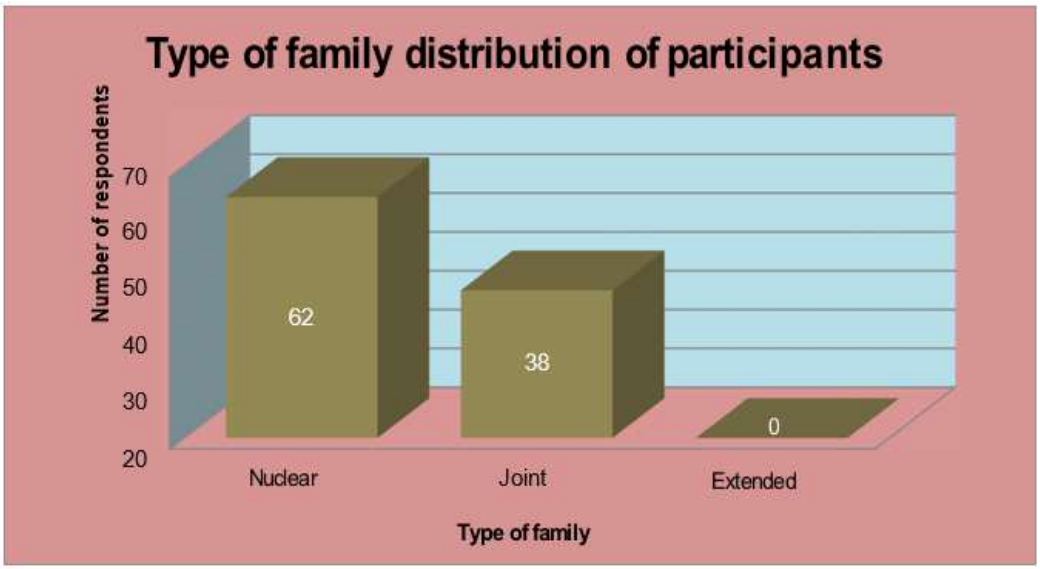


***TABLE – 6* CLASSIFICATION OF RESPONDENTS BY EDUCATION**

n =50

Characteristics		Frequency	Percentage (%)
Educational status	Primary school	28	56
	High school	16	32
	PUC	04	8
	Graduation and above	02	4
Total		**50**	**100**

Table no. 6 & Figure 7: shows that majority 56% of respondents had primary school education, 32% had high school education, 8% had secondary education and 4% are graduates.

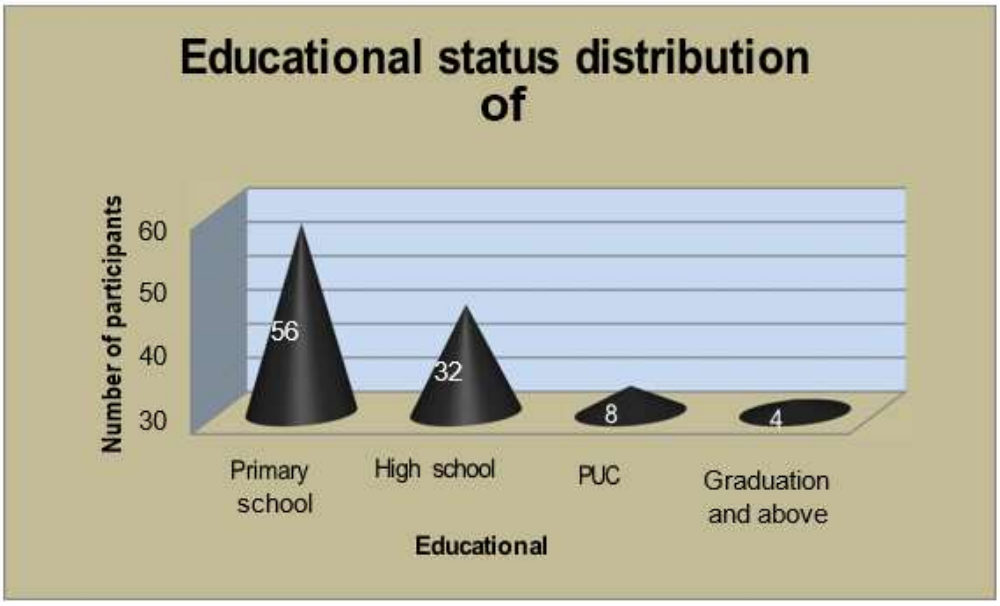


***TABLE-7* CLASSIFICATION OF RESPONDENTS BY OCCUPATIONAL STATUS**

n=50

Characteristics		Frequency	Percentage (%)
Occupation	House wife	43	86
	Self-employed / Business	02	4
	Government employee	00	0
	Private employee	05	10
		50	100

Table 7 & Figure 8: Depicts that majority 86% of respondents were house wife"s 10% of respondents were private employees and remaining 4% of respondent were self- employed.

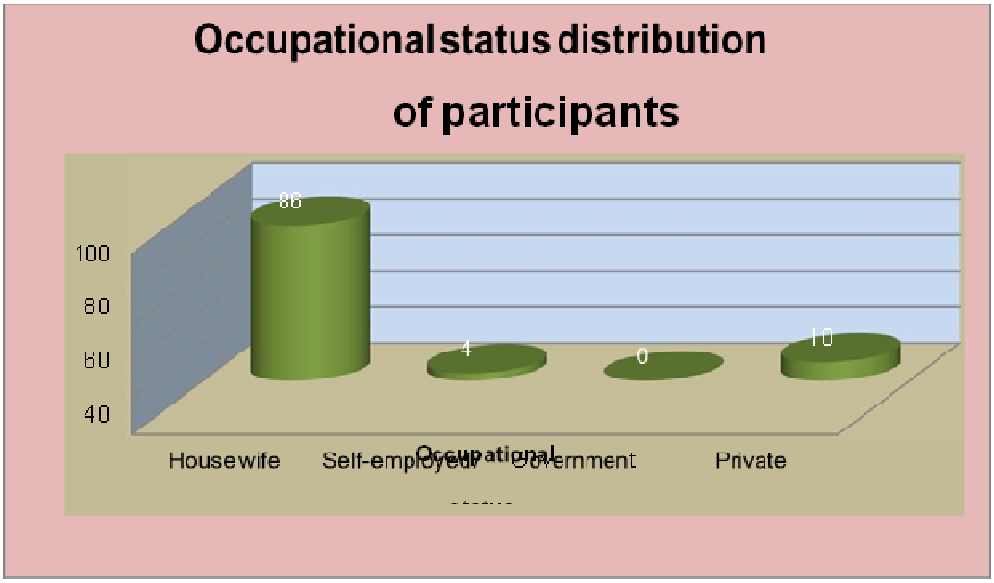


***TABLE -8* CLASSIFICATION OF RESPONDENTS BY MONTHLY INCOME**

n=50

Characteristics		Frequency	Percentage (%)
Monthly income in Rupees	5,000-10,000	37	74%
	10,001-15,000	13	26%
	15,001-20,000	0	0
	20,001 and above	0	0
TOTAL		**50**	**100**

Table 8 & Figure 9: depicts that majority 74% of respondents having less than Rs10,000 monthly income, 26% of respondents having income between Rs10,001- 15,000.

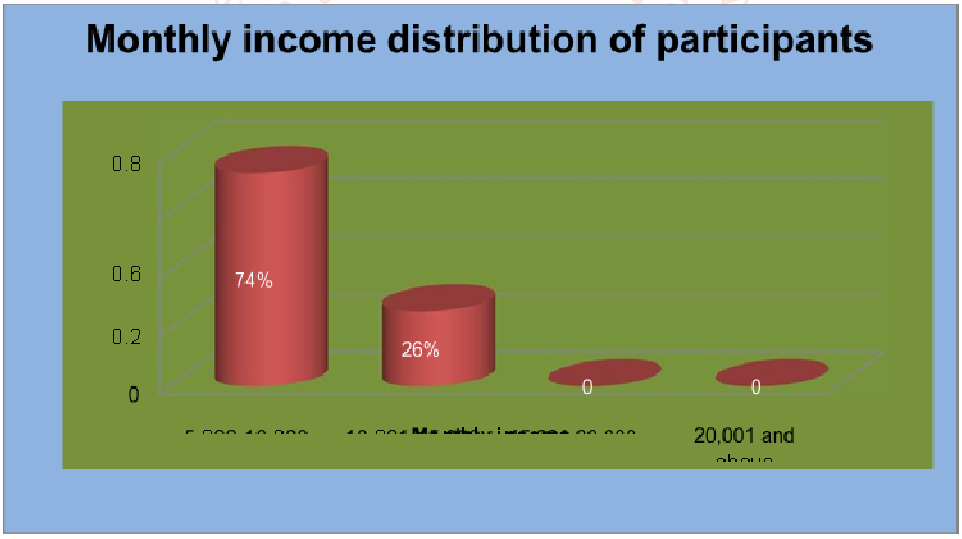


***TABLE -9* CLASSIFICATION OF RESPONDENTS BY SOURCE OF INFORMATION**

n=50

Characteristics		Frequency	Percentage (%)
Source of information regarding measles rubella vaccination.	T.V, Radio, News paper	27	54
	Health worker	16	32
	Relatives/friends	03	6
	All of the above	04	8
TOTAL		**50**	**100**

Table 9 & Figure 10: depicts that majority 54% of respondents had information from TV, Radio and Newspaper, 32% of respondents had from Health care personnel the information, 6% had from relatives/friends, and remaining 8% from all sources.

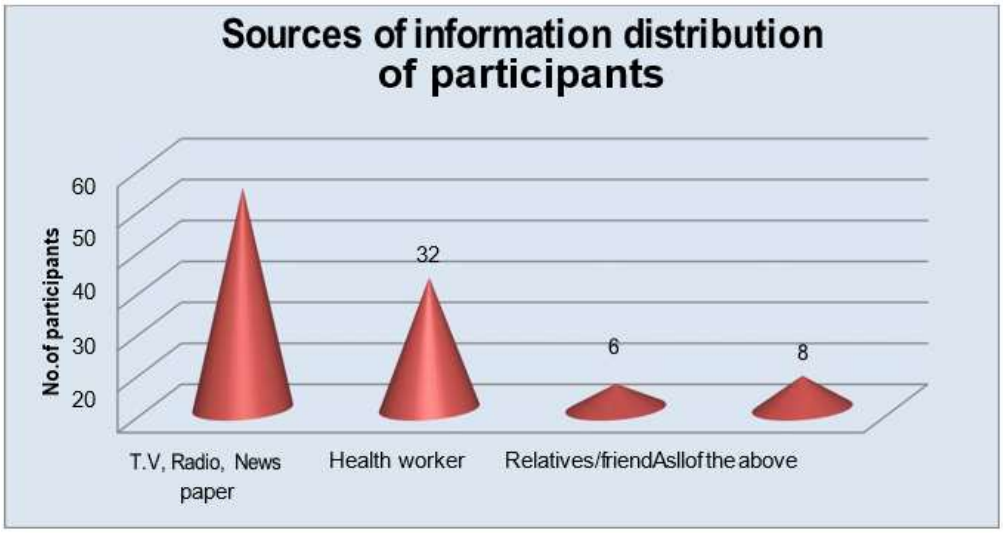


***TABLE – 10* CLASSIFICATION OF RESPONDENTS BY IMMUNISATION STATUS OF THE CHILD IN THE FAMILY**

n=50

Characteristics		Frequency	Percentage (%)
Classification of respondents by immunisation status of the child in the family.	Immunized till date	32	64
	Not immunised	08	16
	Partially immunised	08	16
	Not aware of immunization	02	04
TOTAL		50	100

Table no. 10 & Figure 11: shows that 64% of the respondents had complete immunisation status of the child, 16% are not immunized and 16% had incomplete immunisation status and remaining 4% are not aware of immunization.

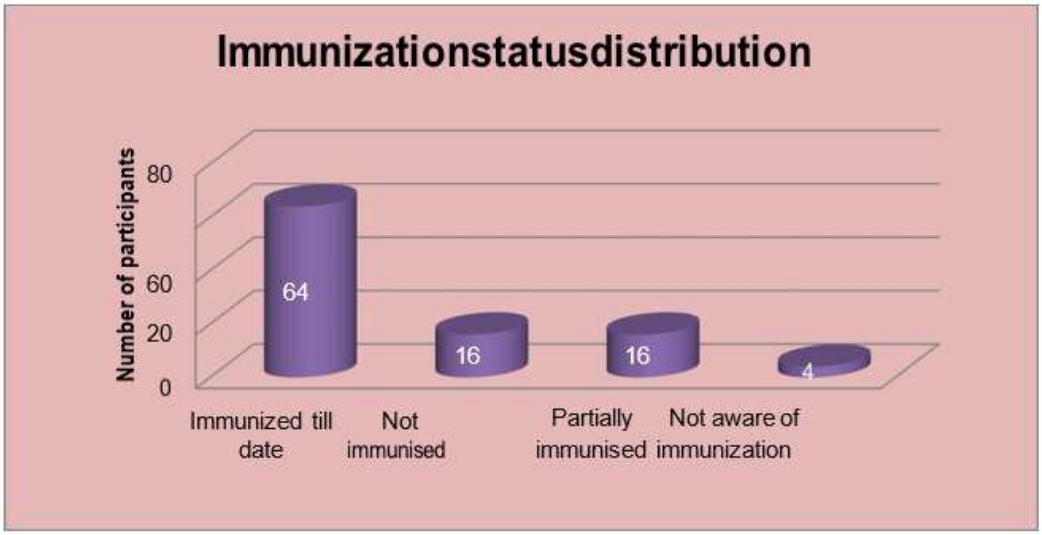
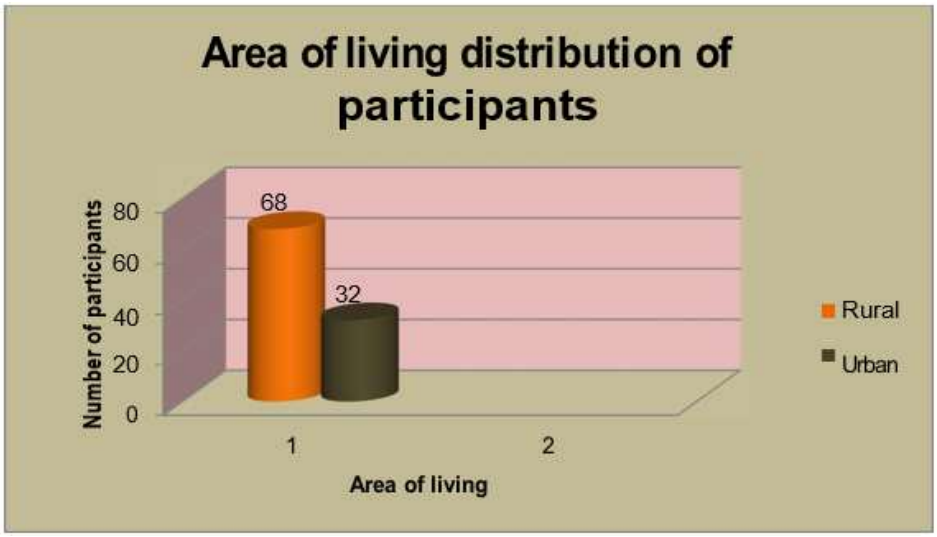


***TABLE 11:* CLASSIFICATION OF RESPONDENTS BY AREA OF LIVING DISTRIBUTION OF PARTICIPANTS**

n=50

Area Of Living	Frequency	Percentage (%)
Rural	34	68
Urban	16	32
Total	**50**	**100**

Table no. 11 & Figure 12: shows that 68% of the respondents belong to rural area, and 32% are from urban area.



SECTION 2:

OVERALL AND ASPECT WISE KNOWLEDGE SCORES OF RESPONDENTS KNOWLEDGE REGARDING MEASLES RUBELLA VACCINATION.

TABLE – 12 **CLASSIFICATION OF RESPONDENTS ON PRE- TEST KNOWLEDGE LEVEL ON MEASLES RUBELLA VACCINATION.**

Knowledge Level	Category	Pre test	
		Number	Percentage (%)
Inadequate	<50 % Score	47	94
Moderate	51-75 % Score	03	06
Adequate	> 76 % Score	00	00
Total		**50**	**100**

Table 12 and Figure 13: The above Table shows that 47(94 %) of the respondents had inadequate knowledge.

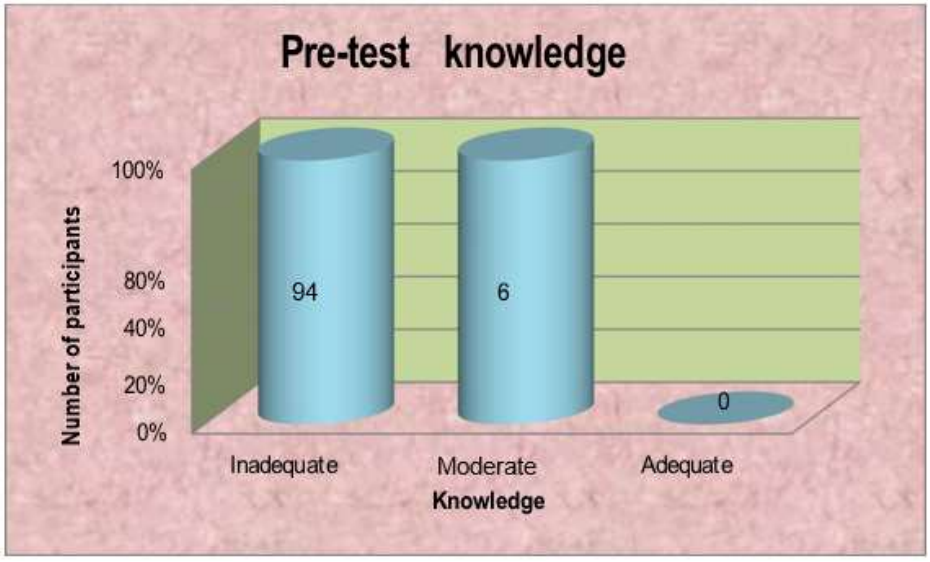


TABLE -13 **ASPECT WISE PRE-TEST MEAN KNOWLEDGE SCORES OF RESPONDENTS ON MEASLES RUBELLA VACCINATION.**

n=50

SL. NO	Area wise	No. of items	Mean	S. D	Mean%
1	General information on immunization	7	2.88	1.15	10.2
2	Information regarding measles and rubella	10	3.08	0.80	11
3	Measles rubella vaccination	11	3.86	1.21	13.78
	Overall knowledge	28			

Table 13 and Figure 14: reveals that the aspect wise pre-test knowledge of respondents regarding measles rubella vaccination. The highest mean 13.78% was seen in the aspect of knowledge on measles rubella vaccination, 11% knowledge regarding measles rubella.

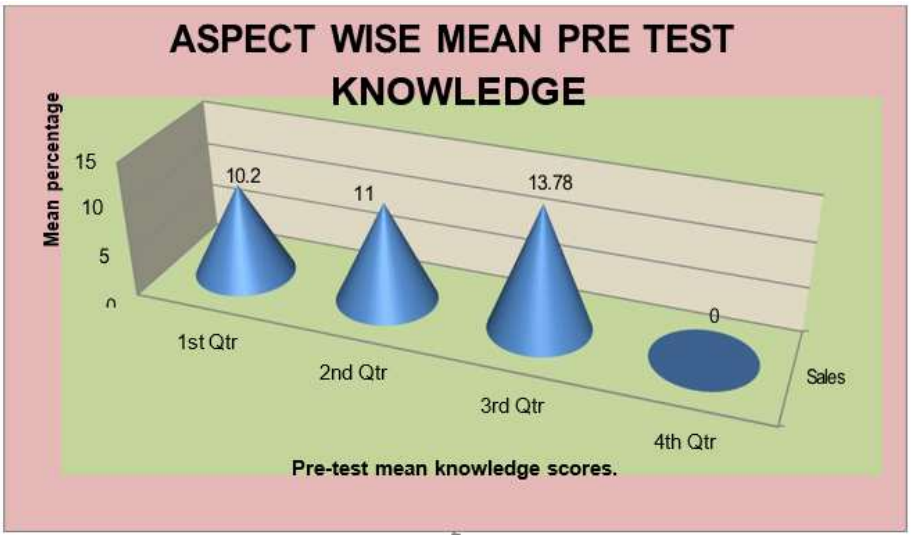


***TABLE – 14* CLASSIFICATION OF RESPONDENTS ON POST-TEST KNOWLEDGE SCORES ON MEASLES RUBELLA VACCINATION.**

n=50

Knowledge Level	Category	Respondents	
		Number	Percentage (%)
Inadequate	<50 % Score	00	00
Moderate	51-75 % Score	24	48
Adequate	> 76 % Score	26	52
Total		**50**	**100.0**

Table 14 and Figure 15: The above Table shows that 52% of the respondents had adequate knowledge and 48% of the respondents had moderate knowledge regarding measles rubella vaccination in post-test.

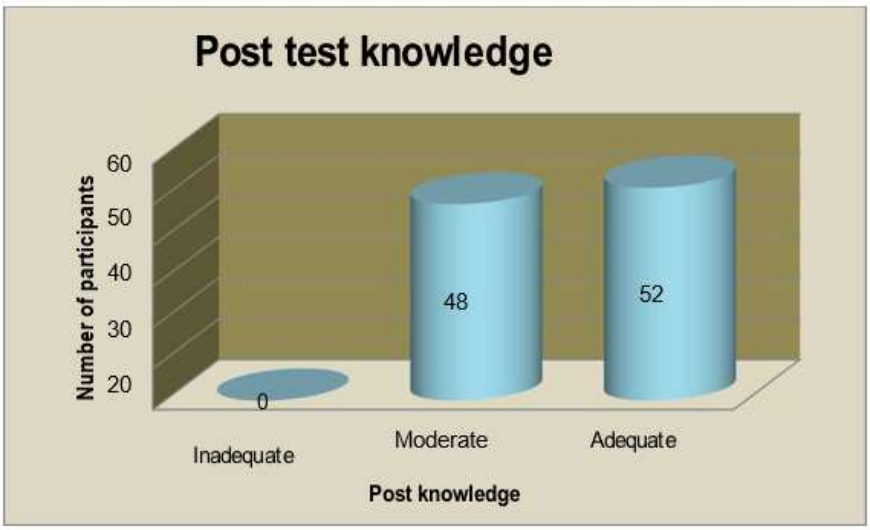


***TABLE -15* ASPECT WISE POST -TEST MEAN KNOWLEDGE SCORES OF RESPONDENTS ON MEASLES RUBELLA VACCINATION.**

n=50

SL. NO	Area wise	No. of items	Mean	S.D	Mean%
1	General information on immunization	7	5.98	1.15	21.35
2	Information regarding measles and rubella	10	7.42	1.39	26.5
3	Measles rubella vaccination	11	8.72	1.29	31.14
	Overall knowledge	28			

Table 15 and Figure 16: reveals that the aspect wise post-test knowledge of respondents regarding measles rubella vaccination. The highest mean 31.14% was seen in the aspect of Knowledge regarding measles rubella vaccination and knowledge regarding measles and rubella with 26.5%.

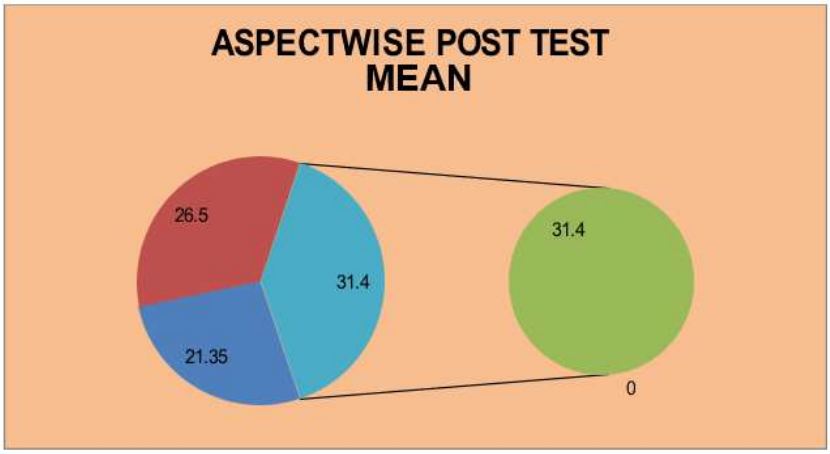


TABLE-16 **CLASSIFICATION RESPONDENTS ON KNOWLEDGE SCORES ON MEASLES RUBELLA VACCINATION.**

Knowledge	Pre test		Post test	
	Frequency	%	Frequency	%
Inadequate knowledge	47	94	00	00
Moderately adequate knowledge	03	06	24	48
Adequate knowledge	00	00	26	52
Total	50	100.0	50	100.0

The above table depicts those in pre-test 94% respondents had inadequate knowledge and 06% had moderate knowledge. In post-test 52% of respondents had adequate knowledge, 48% had moderate knowledge and none of them had inadequate knowledge in post-test.

TABLE – 17 **OVER ALL PRE -TEST AND POST- TEST MEAN KNOWLEDGE ON MEASLES RUBELLA VACCINATION.**

n=50

Aspects	Max. Score	Respondents Knowledge			Paired „t"
		Mean	SD	Mean (%)	
Pre test	28	10.18	2.13	36.35	*27.718
Post test	28	21.54	2.14	76.92	
Enhancement		11.36	2.89	40.57	

* Significant at 5% level, t (0.05, 49df) = 1.96

Table 17 & Figure 17: Depicts that pre-test mean knowledge score was 36.35% and post-test value was 76.92 % with enhancement of 40.57%, with paired "t" test value of 27.718*. It is significant at 5% level.

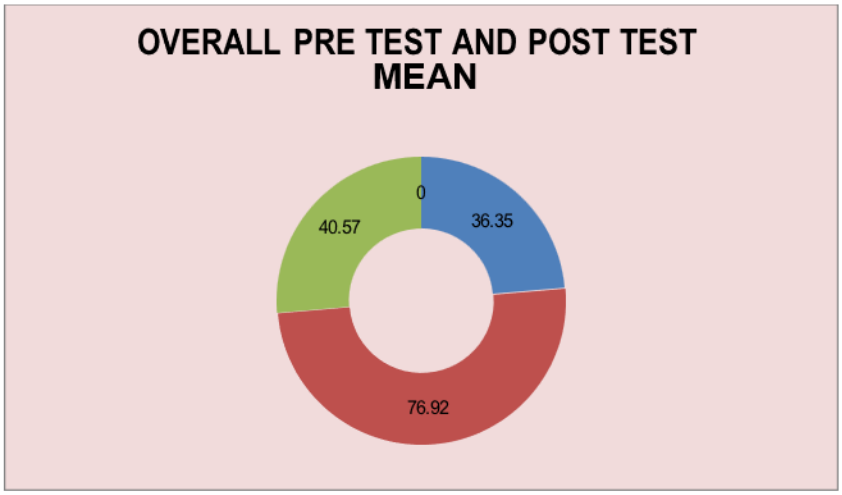
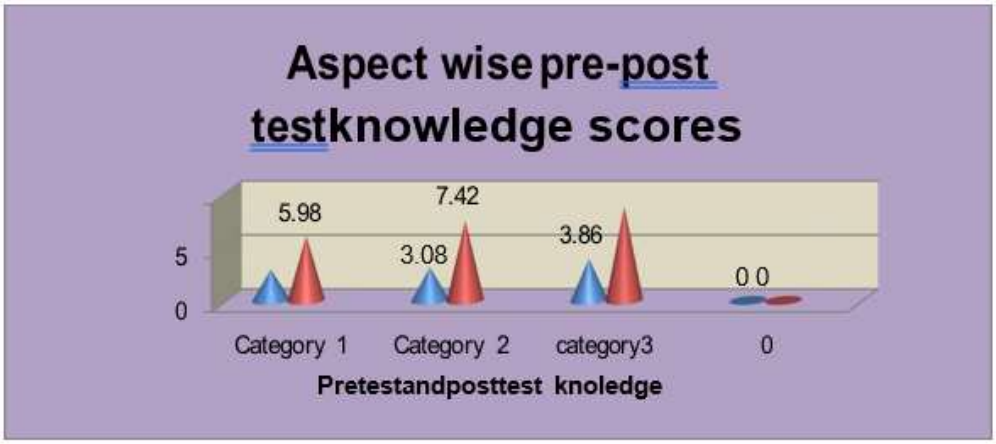


***TABLE – 18* ASPECT WISE MEAN PRE-TEST AND POST-TEST KNOWLEDGE SCORES OF MEASLES RUBELLA VACCINATION**

n=50

Aspects of Knowledge	Pre test		Post test		t value	DF	Pi value Inference
	Mean	SD	Mean	SD			
General information on immunization	2.88	1.15	5.98	1.15	13.231	49	0.0001
Information regarding measles and rubella	3.08	0.80	7.42	1.39	18.339	49	0.0001
Measles rubella vaccination	3.86	1.21	8.72	1.29	18.783	49	0.0001
Overall knowledge	10.18	2.13	21.54	2.14	27.718	49	0.0001

Table 18 and Figure 18: The above Table reveals that the mean pre-test knowledge score regarding immunisation was 2.88 and the post-test mean percentage is 5.98. Regarding knowledge on measles rubella vaccination the pre-test mean was 3.86 and post-test mean of 8.72. The overall mean score in the pre-test was 10.18 and 21.54 in the post-test. The statistical paired" test indicates the enhancement in the mean knowledge scores is found to be significant at 0.05 level for all the aspect under the study.



SECTION - 3

ASSOCIATION BETWEEN SOCIO-DEMOGRAPHIC VARIABLES AND PRE-TEST KNOWLEDGE LEVEL OF RESPONDENTS ON KNOWLEDGE REGARDING MEASLES RUBELLA VACCINATION.

TABLE – 19

Characteristics	Group	Median And Less	More Than Median	Chi square	P
Age	20 - 24 Years	13	3		
	25 - 29 Years	10	15	7.815	0.035^{NS}
	30 - 34 Years	6	2		Df=3
	35 - 39 Years	1	0		
Number of Children	one or less	19	08	3.815	0.105^{NS}
	More than one	11	12		Df=1
Type Of Family	Nuclear	19	12	3.815	0.812^{NS}
	Joint	11	08		Df=1
Religion	Hindu	24	19	3.815	0.134^{NS}
	Muslim	6	1		Df=1
Income	5,000-10,000	18	19	3.815	0.006^{NS}
	10,001-15,000	12	1		Df=1
Educational Status	Primary School	16	12		
	High School	9	7	7.815	0.594^{NS}
	Pre University	3	1		Df=3
	Graduation And Above	2	0		
Occupation	House Wife	26	17		
	Self Employed/Business	0	2	5.991	0.147^{NS}
	Private Job	4	1		Df=2

Source Of Information	Tv, Radio, Newspaper	16	11		
	Health Worker	9	7		
	Relative And Friend	3	0	7.815	0.519^{NS}
	All Of The Above	2	2		Df=3
Immunization	Immunized Till Date	22	10		
	Not Immunised	4	4	7.815	0.196^{NS}
	Partially Immunised	4	4		Df=3
	Not aware of immunization	0	2		
Area of Living	Rural	9	7	3.841	0.710^{NS}
	Urban	21	13		Df=1

*is significant; ^{NS} is not significant

The above table shows that the demographic variables like age, number of 6 MONTHS TO 12 YEAR OLD children in the family, type of family, religion, income, educational status, occupation, source of immunisation, immunisation status of the child and area of living were found to be non-significant associated with the pre-test knowledge scores. Hence, the hypothesis stated there will be a significant association between pre-test knowledge level of mothers of 6 MONTHS TO 12 YEAR OLD children on measles rubella vaccination and their selected demographic variables are rejected at 0.05 levels.

DISCUSSION

A report of findings is never sufficient to convey their significance. The meaning that researchers give to the results plays a right and important role in the report. The discussion section is devoted to a thoughtful and insightful analysis of the finding, Leading to a discussion of their clinical and theoretical utility.

This chapter deals with the discussion of the study with appropriate literature review, statistical analysis and findings of the study based on objectives of the study. The present study was done to evaluate the effectiveness of STP on knowledge Regarding Measles rubella vaccination in terms of knowledge among mothers of 9 months to 15 year old children in pediatric wards GOVT. hospital at Guna.

Structured knowledge questionnaire was used to collect data. A pre experimental one group pre-test and post-test design was used to conduct the study. The investigator utilized the non-probability purposive sampling technique to select the subjects.

The following components were used to conduct this study.

- Part I: Socio demographic variables of mother‟s 9 months to 15 of year old children.
- Part II: structured knowledge questionnaire regarding measles rubella vaccination.

The Findings Of The Study Are Discussed Under The Following Headings:

- Socio-demographic characteristics.
- Assessment of existing knowledge of mothers of 6 MONTHS TO 12 YEAR OLD children regarding measles rubella vaccination
- Evaluating the effectiveness of STP regarding knowledge on Measles rubella vaccination.

1. Association between pre-test knowledge scores with selected Socio-demographic variables.
2. Testing of the hypothesis

1. Socio-demographic characteristics:

This section deals with the analysis of selected socio-demographic variables based on Frequency and percentage distribution of the samples. The major finding of the study was summarized as follows:

Age:

The majority 50% of the respondents fall between the age of 25-29 years, and 32% of the respondents fall between the age of 20-24 years, 16% of respondents falls between 30-34 years, and 2% fall between 35-40 years.

Number 6 MONTHS TO 12 YEAR OLD children in the family:

The majority **56**% of the respondents had one, 40% had two, 4% had three children‟s of 6 MONTHS TO 12 YEAR OLDin the family.

Religion:

The majority of 86% respondents are Hindu, 14% are Muslims.

Type of the Family:

Majority 62% of families were from nuclear family and remaining 38% were from joint family.

Educational Status:

Majority 56% of respondents had primary school education, 32% had high school education, 8% had secondary education and 4% are graduates.

Occupational Status:
Majority 86% of respondents were house wife"s,10% of respondents were private employees and remaining 4% of respondent were self-employed.

Monthly Income:
The majority 74% of respondents having less than Rs 5000-10,000 monthly income, 26% of respondents having income between Rs10,001-15,000.

Sources of Information:
Majority 54% of respondents had information from TV, Radio and Newspaper, 32% of respondents had from Health care personnel the information, 6% had from relatives/friends, and remaining 8% from all sources

Immunization Status of the Child in the Family:
Majority 64% of the respondents had complete immunisation status of the child, 16% are not immunized and 16% had incomplete immunisation status and remaining 4% are not aware of immunization.

Area of living:
Majority 68% of the respondents belong to rural area, and 32% are from urban area.

2. Assessment Of existing knowledge Of Mother Of 6 MONTHS TO 12 YEAR OLD children admitted in pediatric wards GOVT. Hospital Guna.

The present study confirms that the overall mean knowledge in pre-test is 36.35%, which is inadequate. This shows that there is inadequate information among mothers of 6 MONTHS TO 12 YEAR OLD children regarding Measles rubella vaccination. 94% of the mother"s has inadequate knowledge and 6% has moderate knowledge regarding measles rubella vaccination. Hence it is necessary to provide education in order to enhance knowledge of mothers of 6 MONTHS TO 12 YEAR OLD children regarding Measles rubella vaccination.

The findings of the study is supported by another study conducted to assess effectiveness of structured teaching programme on vitamin–A deficiency among the mothers of under five children.50 mothers were selected from ward no 13 (mangalwarapet) urban slum area of Raichur. A structured questionnaire is used to assess the knowledge of the mothers of under five children regarding vitamin-A deficiency. In the pre-test 90% of subjects had inadequate knowledge, 6% had moderate knowledge and 4% had adequate knowledge regarding vitamin-A deficiency before STP, but in the post-test there was significant improvement in the knowledge scores >75% subjects had adequate knowledge.[42]

3. Evaluating The Effectiveness Of Structured Teaching Programme Regarding Knowledge On Measles rubella vaccination among Mothers Of 9months to 15 Year old Children.

The present study confirmed that there was a considerable improvement of knowledge after the STP on KNOWLEDGE REGARDING MEASLES RUBELLA VACCINATION and is statistically established as significant. The overall pre-test mean knowledge score was 36.35% and post test score was 76.92%. With 40.57% mean percentage knowledge enhancement.

The present study findings are supported by another study conducted on "Effectiveness of structured teaching programme on knowledge regarding optional vaccines among mothers of under-five children in Binayak khedi at Guna. A quantitative pre experimental design was adopted for this study. 40 mothers with under- five children were selected. The data was collected through structured questionnaires. The collected data was analysed by using descriptive and inferential statistics. The results revealed that in pre-test mean knowledge was 19.35 where as in post-test mean knowledge was 22.5.The paired "t" test value between the overall pre- test and post-test was 18.91 shows that significant difference between the knowledge score at $p > 0.05^{*}$. It depicts that STP was an effective method to increase the knowledge among mothers of under-five children regarding optional vaccines[43].

4. Association between Pre-Test Knowledge Scores with Selected Demographic Variables.

Among Socio-demographic variables analysed in this study there was no significant association between, age, number of 6 MONTHS TO 12 YEAR OLD children in the family, type of family, religion, income, educational status, occupation, source of immunisation, immunisation status of the child, area of living and the pre-test knowledge scores.

The findings of the study is supported by another study conducted to assess effectiveness of structured teaching programme on knowledge regarding prevention of malnutrition among mothers of under five children. A structured questionnaire is used to assess the knowledge of the mothers regarding prevention of malnutrition of under five children in selected rural areas of Guna district. In the pre-test 65% of mothers had inadequate knowledge and 35% of mothers had moderate knowledge regarding prevention of malnutrition before STP, but in the post test there was significant improvement in the knowledge scores 85% of mothers had adequate knowledge. None of the demographic variables was

found to have significant association with knowledge of the mothers.[44]

5. Testing the Hypotheses:

H_1: There will be a significant difference between pre and post-test knowledge scores regarding measles rubella vaccination among Mothers of 6 MONTHS TO 12 YEAR OLD children. In this study the overall pre-test mean knowledge score was 36.35 % and post test score was 76.92%.

The hypothesis **H_1** stated in the study is accepted since there was significant change found between the pre-test and post-test knowledge scores on knowledge regarding measles rubella vaccination among Mothers of 6 MONTHS TO 12 YEAR OLD children. at $P < 0.05$ level (5%). Hence, the stated hypothesis **H_1** is accepted because there was a significant improvement in knowledge scores of mothers of 9 months to 15 year old children at pediatric wards GOVT. Hospital guna after administration of the STP on measles rubella vaccination.

H_2: There will be a significant association between pre-test knowledge scores, on knowledge regarding measles rubella vaccination among Mothers of 6 MONTHS TO 12 YEAR OLD children and selected Socio- demographic variables.

The investigator rejects the hypothesis **H_2** for non-significant association between the sociodemographic variables such as age, number of 6 MONTHS TO 12 YEAR OLD children in the family, type of family, religion, income, educational status, occupation, source of immunisation, immunisation status of the child and area of living regarding knowledge on measles rubella vaccination and pre-test knowledge scores.

CONCLUSION

This chapter presents the conclusions drawn, implications and recommendations. The main aim of the study was to assess the existing knowledge of mothers of 6 MONTHS TO 12 YEAR OLD children on knowledge regarding measles rubella vaccination and to conduct STP.

A pre experimental one group pretest post-test design and evaluative approach was used in the study. The data was collected from 50 mothers of 6 MONTHS TO 12 YEAR OLD children through structured knowledge questionnaires.

The following conclusions were drawn on the basis of the findings of the study:

- The pre-test knowledge score among majority of mothers of 9 months to 15 year old children were found to be inadequate and post-test knowledge score is enhanced.
- There was significant enhancement in knowledge of mothers of 9 months to 15 year old children after conducting STP on knowledge regarding measles rubella vaccination.
- There was significant association between pre-test knowledge scores and selected socio-demographic variables such as immunization status at 0.05 levels.
- The findings of the study revealed that there was no significant association between pre-test knowledge score and socio-demographic variables such as age, number of 6 MONTHS TO 12 YEAR OLD children in the family, type of family, religion, income, educational status, occupation, source of immunization, immunization status of the child and area of living at regarding knowledge on measles rubella vaccination 0.05 levels.

Nursing Implications:

The main aim of the present study is to educate the mother‟s regarding measles rubella vaccination.

The findings of this study have implications in the field of Nursing education, Nursing

Practice, Nursing administration and Nursing research. The dissemination of the Knowledge takes place when the research findings are made use in the following Fields.

Nursing Practice:-

- It helps the health care professionals to gain an insight into the knowledge on immunization schedule.
- Nursing professionals can conduct health teaching programme to mother‟s 6 MONTHS TO 12 YEAR OLD children regarding importance of immunization and immunization schedule.
- Nursing professionals can motivate the significant others and family members regarding measles rubella vaccination.

Nursing Education:

- As a nurse educator, there are an abundant opportunities for nursing professionals to educate the nursing students and the health personnel regarding measles rubella vaccination.
- The study can be extended for educating the family members or the care givers.
- This study stresses the need for in service education for the nursing personnel in order to prevent the missing of vaccines among children.

Nursing Administration:

- The nursing administrator take part in developing protocols, standing order in teaching measures in educating measles rubella vaccination.
- The nursing administrator can appoint nursing professionals based on in- service education obtained in the care of children.
- The nursing administrator should explore and encourage innovative idea in preparation of an appropriate teaching material, she should organize sufficient manpower, money and material for disseminating information regarding prevention and control of vaccine preventable diseases.

Nursing research:

- The study will motivate the beginning researchers to conduct same study with different variables on a large scale.
- Nurses should come forward to take up unsolved questions in the field and nursing fraternity. The public and private agencies should also encourage researcher in the field through materials and funds.

Limitations of the study:

- The study is limited only to mothers of 6 MONTHS TO 12 YEAR OLD children admitted in pediatric wards GOVT. hospital at Guna.
- The study did not use control group.
- Only a single domain that is knowledge is considered in the present study.
- The sample for the study was limited to 50 mothers of 6 MONTHS TO 12 YEAR OLD children.