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A Study to Assess the Effectiveness of Health Education Programme on Knowledge Regarding Food Poisoning and its Preventive Measures among Mothers of Underfive Children of Rampura Uti, Jaipur

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ABSTRACT

Food is a key vehicle in the transmission of communicable diseases which is why it should be safe in nature. When food is not handled safely it may cause food related illnesses. Food poisoning can affect all ages but is a common childhood illness. All children develop food poisoning at some point in their childhood. Findings of the study revealed that the overall post test mean score was 19.54 (61.06%) with standard deviation 0.377 and the respondents knowledge were significantly higher than, the overall mean pre-test knowledge scores 13.12 (41%) with standard deviation 0.201 and computed paired 't' value 17.64 is higher than table value at P<0.05 level. Hence the structured teaching programme on food poisoning and its preventive measures was effective and statistically significant.

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INTRODUCTION

Human life is precious, therefore man strives to live healthy and health is an asset that man is blessed with. According to Newman(1990) health on a continuum is the degree of clients wellness that exist at any point in time ranging from an optimal wellness condition, with available energy at its maximum, to death which represents total energy depletion[1].

Next to the air we breathe and the water we drink, food has been basic to our existence. People must eat to live and what they eat will affect in a high degree to their ability to keep well, to work, to be happy and to live long. Food is the primary necessity of life. Life cannot be sustained without adequate nourishment. We need adequate food for growth and development. Procuring enough food for survival is the main aim of life's struggle in all the higher organisms.[2]

Food poisoning remain responsible for high levels of morbidity and mortality in the general population, but particularly for at-risk groups, such as infants and young, children, the elderly and the immuno compromised. Children are considered at high risk for food poisoning which can be attributed to their underdeveloped immune systems. Their systems are not as effective at fighting off bacteria and viruses compared to an adult. Children do build up immunity to disease as they get older but they still contract all manner of illness and infections whilst still very young.[4]

Food poisoning occurs when food is contaminated with bacteria, virus, parasites environmental toxins or toxins present within the food itself, symptoms include diarrhea, vomiting, stomach cramps, fever. Symptoms of food poisoning usually develop suddenly and anywhere within 1-48 hours or within a week after eating contaminated food. The type of symptoms and their severity depend on the cause of the food poisoning, the amount of contaminated food eaten and the health of an individual.[5]

The epidemiology of food poisoning is changing. New pathogens have emerged, and some have spread worldwide. Many have reservoirs in healthy food animals, from which they spread to an increasing variety of foods. These pathogens cause millions of cases of sporadic illness and chronic complications, as well as large and challenging outbreaks over many states and nations. Outbreak investigations and case-control studies of sporadic cases can identify sources of infection and guide the development of specific prevention strategies. Better understanding of how pathogens persist in animal reservoirs is also critical to successful long-term prevention. In the past, the central challenge of food poisoning was laded on preventing the contamination of human food with sewage or animal manure. In the future, prevention of food poisoning will increasingly depend on controlling contamination of food and water consumed by human beings.[6]

Both the developed and developing countries suffer the consequences of food borne illness, but to varying degrees. Every year, the Centers for Disease Control and Prevention (CDC) estimates that tens of millions of Americans fall ill, hundreds of thousands are hospitalized, and thousands die from food borne illnesses. Approximately half of the reported food borne illnesses occurs in children.[8]

Over the past decade there has been a growing recognition of the involvement of the home in several public health and hygiene issues. Perhaps the best understood of these issues is the role of the home in the transmission and acquisition of food-borne disease. The incidence of food-borne disease is increasing globally. Although food-borne disease data collection systems often miss the mass of home-based outbreaks of sporadic infection, it is now accepted that many cases of food-borne illness occur as a result of improper food handling and preparation by consumers in their own kitchens. [9]

There are a number of other ways in which food can make you sick such as chemicals, heavy metals, foreign objects, food infecting insects. Most food poisoning falls into one of two categories. The first is intoxication, where chemical or natural toxin causes illness. The second is food infection, where the microorganisms itself grows inside our body. Most food poisoning is actually food infections.[11]

Proper handling of foods, utensils and dishes play a crucial role in the food safety and hygiene. The common infection which likely to transmit through the food handlers are diarrhoeas, dysenteries, dysenteries, typhoid and paratyphoid fevers, enteroviruses, viral hepatitis ,protozoa cysts, eggs helminthes. The food handlers suffered with any of the illness strictly not allowed for preparing and handling the food.

According to Sudershan, et al. (2008) Mothers are considered the food handlers in the home; their role is to ensure food safety and hygiene for their infants and children. Mothers need to take many precautions to minimize pathogenic contamination of home-prepared foods, because they are the final line of defense against food borne illnesses.

NEED FOR THE STUDY

The incidence of food borne diseases is rising in developing countries, as well as in the developed world. It has been reported that in 2000 alone 2.1 million people died of diarrheal diseases. A great proportion of these cases can be attributed to contamination of food and drinking water. Food prepared at home has been identified as a major source of food poisoning.[16]

A study was conducted on Food borne-associated *Shigella sonnei in* India during 2009 and 2010 which indicates that Infection with Shigella is a major cause of food borne diseases in India. Researcher opined on 2 reports of food borne outbreaks on Shigella sonnei in India, 1 each from Kerala in 2009 and Maharashtra in 2010, which support extension of *S.* sonnei into India. Accordingly first outbreak in Kerala, the illness was found more severe in children; and they were admitted in referral hospital for children in Thiruvananthapuram. Fecal samples from 15 patients were processed, 9 (60%) of 15 samples yielded S. sonnei as the sole pathogen. The second outbreak occurred on February 11, 2010, at Kolhapur, Maharashtra, among day laborers and their family members who had eaten in 1 madrasa (religious place). Approximately 150 persons reported diarrhea, vomiting, abdominal pain, and fever and it was found that. S. sonnei was isolated as the sole pathogen from 14 (70%) of 20 fecal samples or rectal swab samples from those patients.[17]

A survey was conducted to assess Awareness and Attitudes of Food safety knowledge in mothers in five districts of Tamil Nadu, India. The sample size was 2685.The information was collected with the help of

knowledge questionnaire. The equal importance was given to urban and rural mothers. The main aim of this study was to examine the awareness, attitudes and activities of mothers in food handling practices and the problems in realistic execution of food safety. The results revealed that the majority of the respondents (38.7%) were in the age group of 25-30 years. About (54.1%) of the respondents were school level educated and more the one fourth were (28.7%) illiterate. Of all mothers interviewed, majority of the respondents (55.4%) were housewives. It was also noticed that the awareness of food safety activities is commendable in urban mothers. Mothers have high awareness in food safety and food borne diseases. However, practical execution of food handling methods is very low. The importance of food safety should be insisted through primary health centers in the rural area. Mothers should be trained in practical application of food safety. [18]

Thus from the above identified findings, it is obvious that it is necessary to educate and create awareness regarding food poisoning in children among mothers. So the investigator felt the necessity to impart knowledge to mothers regarding food poisoning with the help of structured teaching programme which will help them to improve their knowledge and in preventing major consequences of food poisoning.

OBJECTIVES

1. To assess the pre test knowledge score regarding food poisoning and its preventive measures among mothers of underfive children.
2. To prepare and administer the health education regarding food poisoning and its preventive measures among mothers of underfive children
3. To assess the post the test knowledge score regarding food poisoning and its preventive measures among mothers of underfive children.
4. To assess the effectiveness of health education regarding food poisoning and its preventive measures among mothers of underfive children.
5. To find out the association between pre test knowledge score with selected demographic variables.

RESEARCH HYPOTHESIS

H_1 – There will be a significant difference between pre test and post test knowledge scores regarding food poisoning and its preventive measures.

H_2 - There will be a significant association between pre test and post test knowledge scores of mothers of under five children regarding food poisoning and its preventive measures with selected demographic variables.

OPERATIONAL DEFINITIONS

1. **Assess: -** In this study, it refers to the way of finding the knowledge of mothers of underfive children regarding food poisoning and its preventive measures.
2. **Effectiveness: -** In this study, it refers to gain in knowledge as determined by significant difference in pre- test and post- test knowledge score.
3. **Health education: -** In this study, it refers to the systematically developed designed health posters and charts followed by group discussion aimed at encouraging mothers of underfive children regarding various aspects food poisoning and its preventive measures.
4. **Knowledge:** In this study, it refers to ability of mothers of underfive children to respond to structured questionnaire regarding food poisoning and its preventive measures.
5. **Food poisoning:** it is condition that occurs following consumption of contaminated food or water.
6. **Prevention-** In this study, it refers to the process of retarding or hindering the occurrence of food poisoning and its preventive measures.
7. **Mothers of under five children:** It refers to all the women who are mothers of all children under the age of five years who are residing in Rampura Uti rural area Jaipur
8. **Rampura Uti:** It refers to the rural area from where the investigator selected the samples

ASSUMPTIONS

1. The mothers of under five children may have some knowledge regarding food poisoning and its preventive measures.
2. The mothers of under five children will be interested to know more about food poisoning and its preventive measures.

DELIMITATIONS

Study is delimited to mothers of under five children at Rampura Uti, community area, Jaipur.

RESEARCH APPROACH

Research approach is the basic procedure for conducting the study. In the analysis of data, the difference of the initial and the terminal measurement represents the effect of the independent variables.

In view of the nature of the problem selected for the study and the objectives to be accomplished, an evaluative research approach was used for the present study.

RESEARCH DESIGN

Research design is an investigator's overall plan for collecting and analyzing data, including specifications for enhancing the internal and external validity of the study[19].

For the present study a pre experimental design one group pre test and post test is adopted.

VARIABLES UNDER STUDY

A variable is a characteristic or attribute of a person or object that varies within the population under study[19].

Independent variable

The independent variable in this study is the health education programme on food poisoning and its preventive measures.

Dependent variable

The dependent variable in this study is the knowledge of mothers of under five children regarding food poisoning and its preventive measures.

SETTINGS OF THE STUDY

The setting is a location where a study is conducted[53]. The study was carried out in Rampura Uti community area, Jaipur which is located near Bagru, approximately 9 km distance from the college. After obtaining permission from Sarpanch of Rampura Uti the selected samples were asked to gather in an anganawadi for consent, pretest and health education programme and post test.

POPULATION

The population refers to the entire set of individuals or objects having some common characteristics[19]. The population for the present study includes all the mothers of underfive children residing in Rampura Uti community area, Jaipur.

SAMPLE AND SAMPLE SIZE

Sample is a subset of a population selected to participate in a research study[19]. The samples for this research study are mothers of under-five children residing in Rampura Uti community area, Jaipur.

The sample size taken for this study is 50 mothers of under-five children.

SAMPLING TECHNIQUE

Sampling technique defines the process of selecting a group of people or other elements with which to conduct a study[19]. In this study purposive sampling technique is used for selecting the samples.

CRITERIA FOR SAMPLE SELECTION

Inclusion criteria

1. Mothers of under-five children who are willing to participate in the study.
2. Mothers of under-five children who are available at the time of data collection
3. Mothers of under-five children who knows Hindi to read and write

Exclusion criteria

1. Mothers of under-five children who are not feeling well to participate in the study.
2. Mothers of under-five children who are not available at the time of data collection
3. Mothers of under-five children who don't know Hindi to read and write

RESULTS

This chapter presents the analysis and interpretation of data collected and evaluates the effectiveness of the health education programme on knowledge regarding food poisoning and its preventive measures among the mothers of under- five children at Rampura Uti community area, Jaipur.

The data themselves do not provide us with answer to our research questions. In order to meaningfully answer the research questions, the data must be analyzed and presented in some orderly manner, so that the relationship can be described.

Analysis is the process of organizing and synthesizing data, so as to answer research questions and test the hypothesis. The purpose of analysis is to reduce the data in an intelligible and interpretable form, so that the relation of the research problem can be studied and tested. Interpretation is the process of making sense of the results and of examining these implications[57].

This section presents the analysis and interpretation of data collected from mothers of under five children in order to assess the knowledge regarding food poisoning and its preventive measures and effectiveness health education programme on knowledge. The data was collected from 50 mothers of under five children with the help of knowledge questionnaire. The data was organized, analyzed and interpreted by using descriptive and inferential statistics and described with help of tables and graphs.

Organization of findings:

The data is organized, analyzed and presented in following sections:

Section A: Distribution of subjects based on frequency and percentage of demographic characteristics.

Section B: Findings related to Pre-test knowledge score of mothers regarding food poisoning and its preventive measures.

Section C: Findings related to Post-test knowledge score of mothers regarding food poisoning and its preventive measures.

Section D: Findings related to effectiveness of health education programme on knowledge regarding food poisoning and its preventive measures.

Section E: Findings related to association between Post-test knowledge scores of mothers regarding food poisoning and its preventive measures with selected demographic variables.

The analyzed data are given in the form of tables and figures.

Section A: Distribution of respondents based on frequency and percentage of demographic characteristics:

Table No 1: Frequency and percentage distribution of respondents by age (N=50)

Age (years)	Frequency	Percentage
15-20	01	02 %
20-25	38	76%
25-30	11	22%
>30	----	00%
Total	**50**	**100%**

Table No 2: Frequency and percentage distribution of respondents by educational status (N=50)

Educational status	Frequency%	Percentage
Primary schooling	13	26
Secondary schooling	20	40%
PUC	15	30%
Degree	2	4%
Total	**50**	**100%**

Table No 3: Frequency and percentage distribution of respondents by occupation (N=50)

Occupation	Frequency	Percentage
Housewife	31	62%
Coolie	05	10%
Private employee	10	20%
Government employee	04	8%
Total	**50**	**100%**

Table No 4: Frequency and percentage distribution of respondents by religion (N=50)

Religion	Frequency	Percentage
Hindu	32	64%
Muslim	09	18%
Christian	05	10%
Others	04	8%
Total	**50**	**100%**

Table No 5: Frequency and percentage distribution of respondents by type of family (N=50)

Type of family	Frequency	Percentage
Nuclear	37	74%
Joint	13	26%
Total	**50**	**100%**

Table No 6: Frequency and percentage distribution of respondents by monthly family income. (N=50)

Monthly family income (Rs)	Frequency	Percentage
<5000	02	4%
5001-10000	32	64%
10000-15000	12	24%
>15000	04	8%
Total	**50**	**100%**

Table No 7: Frequency and percentage distribution of respondents by previous exposure to topic (N=50)

Previous exposure to topic	Frequency	Percentage
Yes	18	36%
No	32	64%
Total	**50**	**100%**

Table No 8: Frequency and percentage distribution of subjects by source of previous exposure to the topic (N=50)

Source of previous exposure to the topic	Frequency	Percentage
Television/Radio	05	10%
News paper	09	18%
Health care personnel	04	8%
No previous exposure	32	64%
Total	**50**	**100%**

Section B: Findings related to Pre-test knowledge score of the mothers regarding food poisoning and its preventive measures:

Table no. 9: Mean, SD and Mean percentage of Pre-test knowledge: N= 50

No.	Knowledge Aspects	Statements	Min	Max. Score	Mean	SD	Mean (%)
1	**Pre-test knowledge**	32	12	18	14.49	1.426	46.62

Table No 10: Mean, standard deviation and mean percentage of pre-test knowledge score in various aspects of food poisoning and its preventive measures. (N=50)

No.	Knowledge Aspects	Statements	Min	Max. Score	Mean	SD	Mean (%)
1	Concept, risk factor, causes and practices that cause food poisoning	09	1	5	3.00	0.948	33.33
2	Signs, symptoms, complications and prognosis, investigations	09	4	7	5.00	0.857	55.55
3	Treatment and prevention of food poisoning	14	3	9	6.92	1.353	49.42

Table No 11: Frequency and percentage distribution of respondents on pre test knowledge level (N=50)

Knowledge level	Category	Respondents	
		Frequency	Percentage
Inadequate	≤ 50 % score	36	72%
Average	51-75%	14	28%
Adequate	>75%	00	00%
Total		50	100%

Section C: Findings related to Post-test knowledge score of the mothers regarding food poisoning and its preventive measures:

Table No 12: Mean, SD and mean percentage of post-test knowledge score (N=50)

No.	Knowledge Aspects	Statements	Min	Max. Score	Mean	SD	Mean (%)
1.	**Post-test knowledge**	32	18	27	24.38	2.137	76.18

Table No 11: Frequency and percentage distribution of respondents on pre test knowledge level (N=50)

Knowledge level	Category	Respondents	
		Frequency	Percentage
Inadequate	≤ 50 % score	36	72%
Average	51-75%	14	28%
Adequate	>75%	00	00%
Total		50	100%

Table No 14: Frequency and percentage distribution of respondents on post test knowledge level on food poisoning and its preventive measures. (N=50)

Knowledge level	Category	Subjects	
		Frequency	Percentage
Inadequate	≤ 50 % score	00	00%
Average	51-75%	35	70%
Adequate	>75%	15	30%
Total		**50**	**100%**

Section D: Findings related to effectiveness of health education programme regarding food poisoning and its preventive measures:

Table no 15: Comparison between Pre-test and Post-test knowledge scores (N=50)

Aspects	Max. Score	Knowledge Scores of respondents			Paired 't' Test	Inference
		Mean	SD of mean	Mean %		
Pre test	32	14.92	0.202	46.62	41.32	S*
Post test	32	24.38	0.302	76.18		
Enhancement	32	9.46	0.100	29.56		

S*=Significant

Table 16: Aspect wise enhancement of knowledge.

Aspect wise analysis of knowledge	Max score	Pre-test		Post-test		Enhancement in mean %	t value	Inference
		Mean	Mean %	Mean	Mean %			
Concept, risk factor, causes, practices that cause food poisoning	9	3.00	33.33	5.84	64.88	31.55	15.09	S*
Signs, symptoms, complications and Prognosis and investigations	9	5.00	55.55	7.18	79.77	24.22	13.55	S*
Treatment and prevention of food poisoning	14	6.92	49.42	11.36	81.14	31.72	19.10	S*

Section E: Findings related to association between Pre-test knowledge scores of mothers regarding food poisoning and its preventive measures with selected demographic variable:

Table17: Association between pre-test knowledge scores with selected demographic variable: (N=50)

Demographic variable	Category	≤median	>median	Total	x2 Value	df	Inference
Age in years	15-20	00	01	01	0.575	2	NS
	20-25	14	24	38			
	25-30	04	07	11			
Educational status	Primary schooling	04	09	13	4.850	3	NS
	Secondary schooling	06	06	12			
	PUC	07	08	15			
	Degree	01	09	10			
Occupation	Housewife	06	07	13	2.413	3	NS
	Coolie	08	12	20			
	Private employee	04	11	15			
	Government employee	00	02	02			
Religion	Hindu	12	20	32	4.518	3	NS
	Muslim	05	04	09			
	Christian	00	05	05			
	Others	01	03	04			
Type of family	Nuclear	13	24	37	0.046	1	NS
	Joint	05	08	13			
Income of the family	<5000	02	00	02	5.874	3	NS
	5001-10000	12	20	32			
	10000-15000	04	08	12			
	>15000	00	04	04			

Previous exposure to the topic	Yes	03	15	18	4.563	1	NS
	No	15	17	32			
If yes, source of Previous exposure to the topic	Television/Radio	01	04	05	1.040	2	NS
	News paper	02	07	09			
	Health care personnel	00	04	04			

$\chi^2_{(1)}$ =3.841, P<0.05$\chi^2_{(2)}$ =5.991,$\chi^2_{(3)}$ =7.815, P<0.05NS=Not significant

Table18: Association between Post-test knowledge scores with selected demographic variable: (N=50)

Demographic variable		≤median	>median	Total	X^2 Value	Df	Inference
Age in years	15-20	00	01	01	1.125	2	NS
	20-25	15	23	38			
	25-30	03	08	11			
Educational status	Primary schooling	03	10	13	11.121	3	S
	Secondary schooling	07	05	12			
	PUC	08	07	15			
	Degree	00	10	10			
Occupation	Housewife	05	08	13	0.621	3	NS
	Coolie	06	14	20			
	Private employee	06	09	15			
	Government employee	01	01	02			
Religion	Hindu	10	22	32	6.272	3	NS
	Muslim	06	03	09			
	Christian	02	03	05			
	Others	00	04	04			
Type of family	Nuclear	13	24	37	0.046	1	NS
	Joint	05	08	13			
Income of the family	<5000	01	01	02	3.478	3	NS
	5001-10000	11	21	32			
	10000-15000	06	06	12			
	>15000	00	04	04			
Previous exposure to the topic	Yes	05	13	18	0.825	1	NS
	No	13	19	32			
If yes, source of Previous exposure to the topic	Television/Radio	02	03	05	2.049	2	NS
	News paper	03	06	09			
	Healthcare personnel	00	04	04			

$\chi^2_{(1)}$ =3.841, P<0.05$\chi^2_{(2)}$ =5.991,$\chi^2_{(3)}$ =7.815, P<0.05NS=Not significant

CONCLUSION

This chapter deals with description of study findings, implications for nursing practice, nursing administration, nursing education and nursing research, limitations of the study and recommendations or suggestions.

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

1. Pre-test knowledge score of respondents was ranged between10-18. The mean pre-test knowledge score of respondents was 14.92with mean percentage of 46.62%.
2. Post-test knowledge score of respondents was ranged between 16-27.The mean post-test knowledge score of respondents was 24.38with mean percentage of 76.18%.
3. The mean Post-test knowledge score was found to be significantly higher than mean Pre-test knowledge score at 0.05 level of significance (t_{49}=41.32, P<0.05). Hence health education program was found effective in increasing the knowledge of mothers on food poisoning and its preventive measures.
4. The calculated chi-square value for all variables was less than table value.

   Hence it was concluded that Pre-test knowledge score of mothers on food poisoning and its preventive measures had no association with the selected demographic variable.
5. The calculated chi-square value for all variables was less than table except Educational status (χ^2=11.121, P<0.05. Hence it was concluded that

post-test knowledge score of mothers on food poisoning and its preventive measures had association with the few selected demographic variable like educational status.

Nursing implications

The finding of the study has valuable implications towards nursing education, nursing practice, nursing administration and nursing research.

Nursing Education

The nursing curriculum should incorporate activities like preparation of booklets, pamphlets and self teaching materials. The curriculum should give importance to health education. The teaching programs should be conducted to improve the knowledge of mothers regarding food poisoning and its preventive measures. For these activities mothers also need to update their knowledge through attending various health teaching programs on food poisoning and its preventive measures.

Nursing Practice

The health education is an important tool of health care agency. It is one of the most cost-effective interventions.

Mothers are key person in the family, who play a major role in the health promotion and maintenance of family members. The nursing research studies are usually not intended in pursuing knowledge simply for the sake of knowledge. It is a practicing profession, so the researcher's generally integrate findings into practice. Mothers must upgrade their knowledge on food poisoning and its preventive measures and utilize this knowledge to prevent ill impact produced by food poisoning.

Nursing Administration

Nursing administrators should implement health education programs and workshops to make mothers more knowledgeable regarding food poisoning and its preventive measures. The present study reveals that the mothers were not having adequate knowledge on food poisoning and its preventive measures. The nursing administrator should organize a teaching programme to mothers regarding food poisoning and its preventive measures to prevent ill impact produced by food poisoning.

Nursing Research

Research essentially is problem-solving process**.** There is a wide scope of conducting research study in depth using other tools in order to assess the knowledge regarding food poisoning and its preventive measures among mothers. The researcher found that literature regarding the assessment of knowledge on food poisoning and its preventive measures to Indian context was inadequate. The results of other studies related to food poisoning and its preventive measures can be utilized to develop the knowledge of mothers regarding food poisoning and its preventive measures.

Limitation

1. The finding of the study could not be generalized in view of small sample size.
2. The findings of the study were limited to 50 mothers.
3. The attempt was not made to follow up to measure the retention of knowledge after the Post-test.

Recommendations

1. A similar study can be conducted on a larger sample for wider generalizations.
2. A study can be conducted to assess the knowledge and practices of mothers on food poisoning and its preventive measures.
3. A comparative study can be conducted to assess the knowledge and practices of mothers on food poisoning and its preventive measures in both.

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