

Original Research Article

Effect of Health Teaching on Knowledge Regarding Assessment and Management of Dehydration in Children among Mothers

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ABSTRACT

Background: In Children dehydration is most often caused by a viral infection that causes fever, diarrhea, vomiting, and a decreased ability to drink or eat. Common viral infections causing vomiting and diarrhea include rotavirus, Norwalk virus, and adenovirus. Sometimes sores in a child's mouth (caused by a virus) make it painful to eat or drink, which helps to cause or worsen dehydration. Fever that often accompanies disease accelerates the amount of water that is lost through the skin. The smaller children are at a greater the risk of dehydration. ^[1]

Objective:

- To determine the mothers knowledge regarding assessment and management of dehydration in children.
- To identify the effect of health teaching on mothers knowledge regarding assessment and management of dehydration in children.
- To find an association of mothers knowledge with selected demographic variables.

Material and Method: The study is an evaluative study with pre experimental one group pre and post test research design. 60 samples were selected for the study by Non-probability purposive sampling technique. The pre-test was done first and then health teaching was given to the mothers. Then post-test was provided to group after a gap of 7 days for the knowledge assessment. Data was analyzed by using descriptive and inferential statistics.

Result: The findings of the study revealed that, pre-test score shows 43.33% of the mothers had poor knowledge, 28.33% had very poor knowledge and 28.34% had average knowledge regarding assessment and management of dehydration in children. After health teaching is provided, post-test scores showed 90% mothers of under-five children had good knowledge and 40% had average knowledge regarding assessment and management of dehydration. This indicates that, there is a remarkable improvement in the knowledge among mothers regarding assessment and management of dehydration in children.

Conclusion: As the current emphasis of health care nowadays is on health and wellness of children, mothers of under-five children to know about the assessment and early home management during period of dehydration. Hence, mothers require continuous and adequate knowledge about management of dehydration. One method that can help in improving their knowledge by conducting health teaching. As the study itself was shown, health teaching is an effective tool that can be adopted as one of the method in improvising the knowledge of mothers towards providing adequate home care to child during dehydration. Although ongoing education and the implementation of evidence- based practice guidelines show promise in increasing ORS use for children with dehydration.

Key Words: Health teaching, knowledge, assessment, management, dehydration, children, mothers

INTRODUCTION

India has made steady progress in reducing deaths in children younger than 5 years, with total deaths declining from 2.5 million in 2001 to 1.5 million in 2012. This remarkable reduction was possible due to the inception and success of many universal programs like expanded program on immunization, program for the control of diarrheal diseases and acute respiratory infection. Even though the deaths among children under-5 years have declined, the proportional mortality accounted by diarrheal diseases still remains high. Diarrhea is the third most common cause of death in under-five children, responsible for 13% deaths in this age-group, killing an estimated 300,000 children in India each year. Information on diarrheal diseases, its determinants in India and preventive and control strategies in light of recent developments need to be reviewed for better planning and organization of health services within the community. [2]

An integrated approach to reduce childhood mortality and morbidity due to diarrhea and dehydration; Maharashtra, India 2005-2010. This plan of action introduces Health Education to Villages (HETV), a network of programmes and organizations working in partnership to reduce childhood mortality and morbidity, the people of Maharashtra lack much of the basic information and resources necessary to improve their health and reduce the incidence of disease and child mortality. Either they do not have access to accurate information, especially in rural areas or among those who cannot read or write, or they have received mixed, inconsistent, or insufficient messages about proper health practice. [3]

A descriptive survey research was conducted at Bharati Vidyapeeth College of Nursing, Pune, Maharashtra. The obtained result data revealed that maximum 48% mothers were from age group of 26 – 32 years. 39% mothers had secondary level education, majority 79% mothers were housewife living with two children in family

and 42% having children in between 25-36 month age, Majority of mothers attending regular health check-up. Majority of 65% mothers having average knowledge, 30% mothers having poor knowledge and only 5% mothers having good knowledge on diarrhoea. [4]

If mothers could recognize and treat dehydration early on at home, the great majority of children would not need additional medical care. While only 41% of mothers in Maharashtra can correctly identify symptoms suggesting a child needs medical treatment for dehydration, 77% take a child with diarrhoea to a health facility. In this way, better practice and education would save mothers the trouble and expense of travelling to the health centre (and also prevent them from spending money on unnecessary drugs), and it would release some of the burden on health facilities, allowing better treatment for children who are severely ill. Hence, the Investigator felt the need to take up this study. [3]

STATEMENT OF THE PROBLEM

“A study to assess the effect of health teaching on knowledge regarding assessment and management of dehydration in children among Mothers residing in selected areas of PCMC.”

OBJECTIVES OF STUDY

1. To determine the mothers knowledge regarding assessment and management of dehydration in children.
2. To identify the effect of health teaching on mothers knowledge regarding assessment and management of dehydration in children.
3. To find an association of mothers knowledge with selected demographic variables.

HYPOTHESIS

H1 - There is effect of health teaching on knowledge score of mothers of under-five children regarding assessment and management of dehydration.

H2 – There will be significant association between the pre-test knowledge scores mothers' of under- five children with their selected demographic variable.

CONCEPTUAL FRAMEWORK

The conceptual framework taken for the present study is based on General System Theory given by Ludwig Von Bertalanffy in 1968. [5,6,11,12]

METHODOLOGY

Design and Setting

The research approach adopted for the present study was evaluative approach. A pre- experimental one group pre and post test research design utilized. The study was conducted in Community area of Phulenagar, Pimpri, Pune-18. Non-Probability Purposive Sampling Technique was used for 60 Mothers of under five children. [4,7,8,13]

Data Collection Technique and Tool

Data was collected from the participants who fulfilled the inclusion criteria and a written consent was obtained from each participant before conducting the study. A Structured Questionnaire was used for assessing the knowledge regarding assessment and management of dehydration in children and health teaching on assessment and management of dehydration in children was prepared. [9,10]

The tool consists of

Section A: Demographic Data

Section B: Structured Questionnaire

Section C: Health Teaching

RESULT

The collected data is tabulated, analyzed, organized and presented under the following headings:

Section I: Description of samples (Mothers of under-five aged children) based on their demographic characteristics

Section II: Analysis of data related to pre-test knowledge scores

Section III: Analysis of data related to post-test knowledge scores

Section IV: Analysis of data related to comparison of pre-test and post-test knowledge scores.

Section V: Analysis of data related to association of pre-test scores with demographic variables

Section VI: Analysis of data related to content distribution

SECTION I

Table I (a): Description of Samples (Mothers of Under-Five aged Children) based on their demographic characteristics n = 60

Sr. No	Demographic Variables	Frequency (f)	Percentage (%)
1	AGE		
	Below 20 years	6	10.00
	21 to 30 years	32	53.33
	31 to 40 years	18	30.00
	Above 41 years	4	6.67
2	EDUCATION		
	Primary	29	48.33
	Secondary	13	21.67
	Higher secondary	16	26.67
	Graduation	2	3.33

Table I.(a) - It shows that, out of 60 sample, the majority i.e. 53.33% were in the age group of 21 to 30 years whereas in education, majority i.e. 43.33% have obtained primary education.

Table I (b): Description of Samples (Mothers of Under-Five aged Children) based on their demographic characteristics n=60

Sr. No	Demographic Variables	Frequency (f)	Percentage (%)
3	OCCUPATION		
	Service	10	16.67
	Business	30	50.00
	Housewife	17	28.33
	Laborer	3	5.00
4	FAMILY TYPE		
	Joint	29	48.33
	Nuclear	16	26.67
	Extended	12	20.00
	Blended	3	5.00
5	MONTHLY FAMILY INCOME		
	Below 5000	3	5.00
	5001 - 10000	29	48.33
	10001 – 15000	23	38.33
	Above 1500	5	8.34

Table I. (b) – It shows that, the majority i.e. 50% of the samples were into business, majority i.e. 48.33% belongs to a joint family whereas, majority i.e. 48.33% were having a family income between 5001-10,000 Rs.

Table I. (c): Description of Samples (Mothers of Under-Five aged Children) based on their demographic characteristics n=60

Sr. No	Demographic Variables	Frequency (f)	Percentage (%)
6	PREVIOUS KNOWLEDGE Yes	36	60.00
	No	24	40.00
7	PREVIOUS KNOWLEDGE SOURCE Health personnel	4	10.81
	Relatives, Neighbors, Friends	20	54.05
	Newspaper, magazine, media	11	29.73
	Other	2	5.41

Table I. (c) – It shows that out of 60 samples of mother with under-five children, majority i.e. 60% had previous knowledge regarding assessment and management of dehydration in children and 54.05% of them obtained this knowledge through relatives, neighbors and friends.

SECTION-II

Table-II: Distribution of samples related to pre test knowledge score n=60

Sr. No	Knowledge Score	Frequency(F)	Percentage (%)
1	Very poor	17	28.34
2	Poor	26	43.33
3	Average	17	28.33
4	Good	0	0.00

Table II: It shows the frequency and percentage distribution of samples according to pre-test knowledge scores of mothers when knowledge was assessed, in the pre-test knowledge score, clearly indicate that majority i.e. 43.33% mothers had poor knowledge, 28.34% of them had very poor knowledge and 28.33% of them had average knowledge regarding assessment and management of dehydration in children.

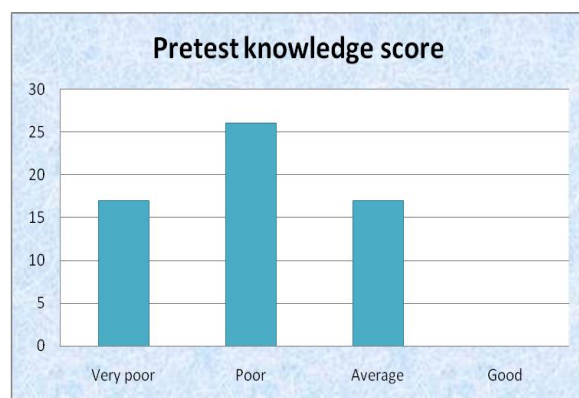


Fig. II Bar diagram showing Distribution of pretest knowledge scores of mothers with under-five children regarding assessment and management of dehydration in children.

The data presented in bar diagram fulfills the objective, clearly indicating that

majority i.e. 43.33% mothers had poor knowledge, 28.34% mothers had very poor knowledge and remaining 28.33% mothers had average knowledge regarding assessment and management of dehydration in children.

Table-III: Distribution of samples related to the posttest knowledge scores n=60

Sr. no	Knowledge score	Frequency (f)	Percentage (%)
1	Very poor	0	0.00
2	Poor	0	0.00
3	Average	6	10.00
4	good	54	90.00

Table III: It shows the frequency and percentage distribution of samples according to post-test knowledge scores of mothers. The data presented in the table fulfills the objective, clearly indicating that, in post test, majority i.e. 90% of mothers with under- five children had good knowledge, 10% mothers had average knowledge and no one had poor and very poor knowledge regarding assessment and management of dehydration in children. This indicates that there is remarkable improvement in knowledge of mother of under-five children regarding assessment and management of dehydration in children.

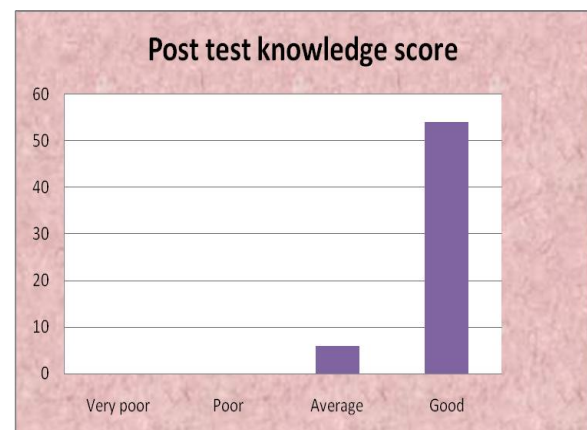


Fig.III Bar diagram showing distribution of posttest knowledge scores of mothers with under-five children regarding assessment and management of dehydration in children.

The data presented in the diagram fulfills the objective, clearly indicate that majority i.e. 90% mothers with under-five children had good knowledge on assessment and management of dehydration in children,

10% mothers had average knowledge and no one had poor and very poor knowledge regarding assessment and management of dehydration in children after administration of health teaching.

SECTION- IV

Table-VI: Analysis related to comparison of pre-test and post-test knowledge scores n=60

Knowledge	Mean	Standard deviation(SD)	Mean difference	't' test	p-value
Pre-test	8.25	3.250	9.38	18.58	0.000
Post-test	17.63	1.33			

Table VI - It shows the effectiveness of health teaching on assessment and management of dehydration in children by comparison of pre-test and post-test knowledge score. The researcher applied t-test for comparison of the knowledge gain among mothers of under-five children, regarding assessment and management of dehydration. Average knowledge score in pre-test was 8.25, whereas mean post-test score was 17.63. Mean post-test knowledge scores is significantly higher than mean pre-test knowledge scores. T-value was found to be 18.58. Corresponding p-value was 0.00001. Which is small (less than 0.05), the null hypothesis is rejected. The knowledge gain in post-test is significantly high as compared as to pre-test knowledge scores. Hence, the researcher concluded that gain in knowledge is not by chance but by health teaching.

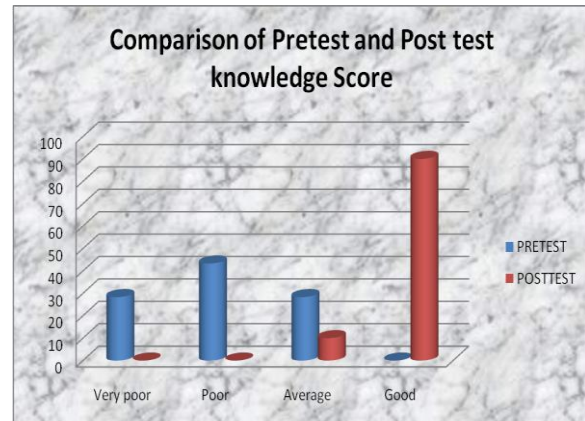


Fig. IV – Bar diagram showing the effectiveness of health teaching on assessment and management of dehydration in children by comparison of pre-test and post-test knowledge score

The figure indicates that mean pretest and posttest knowledge score was 8.25 and 17.63 respectively. Mean difference between pretest and posttest score was 9.38, with t-value was found to be 18.58. Corresponding p-value was 0.00001 which is less than 0.05, the null hypothesis is rejected. The knowledge gain in posttest is significantly high as compared as to pretest knowledge scores. Hence, the researcher concluded that gain in knowledge is not by chance but by health teaching.

SECTION V

Table V (a): Analysis of data related to association between pre-test knowledge scores with selected demographic variables n=60

Sr. No.	Demographic variables	Frequency (f)	Knowledge score				p-value
1.	AGE						1.00
	<20 years	6	2	3	1	0	
	21-30 years	32	10	13	9	0	
	31-40 years	18	4	8	6	0	
>41 years	4	1	2	1	0		
2.	EDUCATION						0.82
	Primary	29	8	12	9	0	
	Secondary	13	5	16	2	0	
	Higher secondary	16	4	7	5	0	
Graduation	2	0	1	1	0		

Table V. (a) - Since p-value corresponding to demographic variable i.e age, education, occupation are large (greater than 0.05), none of the demographic variables was found to have significant association with the knowledge of mothers with under-five aged children regarding assessment and management of dehydration.

Table V (b): Analysis of data related to association between pre-test knowledge scores with selected demographic variables n=60

Sr. No	Demographic variables	Frequency (f)	Knowledge score				p-value
3	OCCUPATION						0.138
	a. Service	10	1	5	4	0	
	b. Business	30	9	15	6	0	
	c. Housewife	17	5	5	7	0	
	d. Laborer	3	2	1	0	0	
4	FAMILY TYPE						0.14
	a. Joint	29	10	10	9	0	
	b. Nuclear	16	5	8	3	0	
	c. Extended	12	2	4	6	0	
	d. Blended	3	0	3	0	0	
5	MONTHLY FAMILY INCOME						0.45
	a. Below 5000 Rs.	3	0	1	2	0	
	b. 5001- 10000 Rs.	29	13	8	8	0	
	c. 10001 – 15000 Rs.	23	3	14	6	0	
	d. Above 15000 Rs.	5	1	2	2	0	
6	PREVIOUS KNOWLEDGE						0.43
	a. Yes	37	11	13	13	0	
	b. No	24	7	12	5	0	

Table-V (b) - Since p-value corresponding to demographic variable i.e. family type, family income and previous knowledge on assessment and management of dehydration are large (greater than 0.05), none of the demographic variables was found to have significant association with the knowledge of mothers with under-five children regarding assessment and management of dehydration.

scores of mothers was 53.88% which improves to 85.00% in post-test scores whereas in assessment, pre-test scores was 43.33% which increases to 88.33%. In management, pre-test score was 40.23%, which improves to 89.03% whereas in prevention, pre-test scores were 41.67% which increases to 90.00%. In complication, pre-test scores were 17.50%, which improves to 85.00%.

SECTION VI

Table VI: Analysis of data related to content distribution n=60

Sr. No	Content	Mean		Percentage	
		Pretest	Post test	Pretest	Post test
1.	Definition	28.5	54.5	47.50	90.83
2.	Causes	24	53	40.00	88.33
3.	Sign and Symptoms	32.33	51	53.88	85.00
4.	Assessment	26	53	43.33	88.33
5.	Management	24.14	53.42	40.23	89.03
6.	Prevention	25	54	41.67	90.00
7.	Complication	10.5	51	17.50	85.00

Table VI: It deals with the data related to the distribution of content, in definition, pre-test score was 47.50%, which increase to 90.83% in post-test. In causes, pre-test scores were 40.00% which improves to 88.33%. In signs and symptoms, pre-test

Figure V shows that in definition, pre-test score was 47.50%, which increase to 90.83% in post-test. In causes, pre-test scores were 40.00% which improves to 88.33%. In signs and symptoms, pre-test scores of mothers was 53.88% which improves to 85.00% in post-test scores whereas in assessment, pre-test scores was 43.33% which increases to 88.33%. In management, pre-test score was 40.23%, which improves to 89.03% whereas in prevention, pre-test scores was 41.67% which increases to 90.00%. In complication, pre-test scores was 17.50%, which improves to 85.00%.

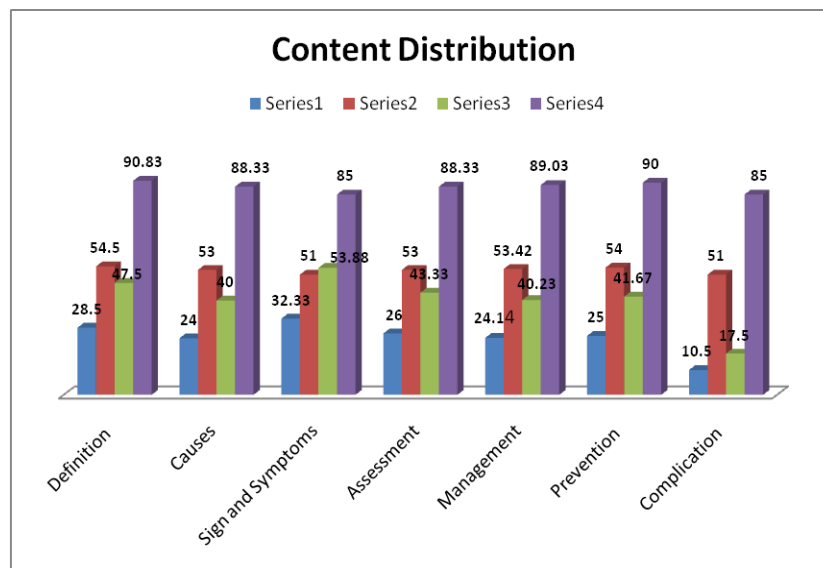


Figure V: Bar diagram showing the content distribution of pretest and posttest knowledge scores of mothers with under-five children regarding assessment and management of dehydration in children.

DISCUSSION

The finding of the study have been discuss with reference to the objective

A similar study was conducted on the effectiveness of health education on knowledge with reference to prevention and home management of diarrhea among mothers of under-five children. A sample of 100 mothers were selected by using non probability purposive sampling technique, pre experimental one group pre test post test research design was used. The pre test was conducted using knowledge questionnaire to assess the knowledge regarding prevention and home management of diarrhea in under-five children which was followed by health teaching. On the 8th day, post test was conducted using the same knowledge questionnaire. The pre test and post test data analysis revealed that the mean post score 17.63 was higher than the mean pre test score 8.25. The study concluded that health education is an effective method for providing knowledge reference to prevention and home management of diarrhea. [11]

The present study was done on 60 sample mothers of under-five children. Pre test score of knowledge shows that 43.33% mothers had poor knowledge, 28.33% had very poor knowledge and 28.34% had average knowledge regarding assessment

and management of dehydration in children. After providing health teaching to mothers, post test showed that 90% mothers had good knowledge and 10% mothers had average knowledge.

Thus, the hypothesis was accepted that there was significant difference in pre test and post test knowledge. However, the usual causes of dehydration are a lot of diarrhea and vomiting. Since, effective early intervention can reduce complication, such as seizures, hypovolemic shock. Thus, early home management will result in fewer emergency room visit, hospitalization and death. The most crucial aspect underlying home management of dehydration is the need to administer increased volumes of appropriate fluids and oral rehydration salt (ORS) agreed on by the UNICEF are important as well as feeding of the child should continue, particularly with plenty of nutritious food, to prevent any decline growth necessary during and after the episodes of diarrhea and vomiting. Additional efforts regarding proper hand washing techniques and hygiene can help prevent the spread of disease.

CONCLUSION

The study was conducted to assess the effect of health teaching on knowledge regarding assessment and management of

dehydration in children among mothers. Based on data collected and after statistical analysis was done, it was found that there is significant difference in pre test and post test knowledge score was found to be small (less than 0.05), hence null hypothesis is rejected and the hypothesis H1 is accepted, indicating that the health teaching is highly effective in improving in the knowledge of mothers regarding assessment and management of dehydration in children.

As the current emphasis of health care nowadays is on health and wellness of children, mothers with under five children to know about the assessment and early home management during period of dehydration. So, as to promote wellness and prevention of various complications in under five children. Hence, mothers require continuous and adequate knowledge about management of dehydration. One method that can help in improving their knowledge by conducting health teaching. As the study itself was shown, health teaching is an effective tool that can be adopted as one of the method in improvising the knowledge of mothers towards providing adequate home care to child during dehydration. Dehydration continues to be a major problem in developed nation. Although ongoing education and the implementation of evidence-based practice guidelines show promise in increasing ORS use for children with dehydration.

IMPLICATION OF THE STUDY

Nursing is a dynamic process, which involved quality-based practice, scientific knowledge, and dissemination of research knowledge into practice. Nursing professional finds that health promotion is very relevant and useful in a variety of settings. An active search for dehydration among healthy child is fundamental aspect of management. It is the responsibility and the right of an individual to attain a positive state of health. So the present study adds major implications into nursing research, administration, practice and education.

NURSING PRACTICE

Prevention of dehydration is an issue about which there has been a growing concern throughout the community, hospital, school and child care centers etc. It also helps to surveillance that is trace and contacts the children who are at a risk of getting dehydration. Mass and individual health education, identification of source dehydration, meet the main need of community, participation and consultation in dehydration problem in children. Most important it helps the health team to provide accessible, available and affordable services to the dehydration problem in under five children and who are at risk in the community. Nurses can arrange some educational sessions like educational exhibition and demonstration for the mothers as well as for staff nurses for improving their knowledge and quality of nursing care. Nurses working in the community could collaborate with the anganwadi workers to improve the Knowledge of mothers on prevention and home management of diarrhea and provide improved child care.

NURSING EDUCATION

Nursing education is developing rapidly in India and nurses can be found all over the world providing care and assistance. In India, now importance is given to awareness and promotion of health rather than curative aspects. Hence, nursing education must emphasizes on the preventive aspects of health.

- ❖ Nursing education should prepare effective and competent future nurses. Active participation of the student nurses in conducting educational programs to provide information regarding the management of children with dehydration.
- ❖ Nursing education should help in inculcating values and a sense of responsibility in the student to educate the teachers about management of children with dehydration.
- ❖ Nurses at under graduate and post graduate level need to develop skills in

preparing various teaching methods in various specialized areas at the level of mothers.

- ❖ Nurse educators can arrange the interactive methods with the mother who has children with history of dehydration for easy understanding of how to care children with diarrhea.
- ❖ Health information can be imparted through several education strategies can be used to disseminate the handouts, pamphlets, flip chart, flash card which would make it interesting and helps to gain adequate knowledge.
- ❖ Making use of advanced technology like LCD projector and power point presentations not only improve the performance of teacher but also help the mothers to understand very easily and can develop their interest in teaching.

NURSING ADMINISTRATION

In the event of ever changing disease manifestations, knowledge explosion, technological and ever-growing challenges of child health nursing. The administration has a responsibility to provide nurses with substantial continuing educational opportunities. This will enable the nurses in updating their knowledge, acquiring special skills, and demonstrating high quality care by deputing them for in-service education programs, special courses, workshops and conferences can be arranged and attended by nursing staff. The present study has proven effectiveness of health education enhancing the Knowledge of mothers with reference to assessment and management of dehydration. So, the nurse administrator can take initiative to provide facilities to conduct research such educational programs in the hospital as well as in community. The nurse administrator can collaborate with the other health care providers to organize programs on dehydration. Nurse administrator can assess for health services support the community based interventions to reinforce the activities, raise the referral level and improve consultation.

NURSING RESEARCH

Nursing research is an essential aspect of nursing as it uplifts the profession and develops new nursing norms and a body of knowledge. The study helps the nurse researcher to develop insight into the development of teaching module and material for mothers with reference to assessment and management of dehydration for improving their knowledge and quality of home care.

One of the aims of nursing research is to contribute the knowledge to the mothers, to improve the quality of living. This is possible only if nurses take initiative to conduct the further research.

LIMITATIONS

- The study was conducted only for 60 samples and hence generalization was limited.
- Setting for the study was limited.
- Data collection period was limited.

RECOMMENDATIONS

1. A similar study can be conducted on a larger sample for broader generalization.
2. A similar study may be repeated with a control group for more generalization of findings.
3. A similar study can be conducted by using different teaching modalities like self instructional module, booklet etc.
4. A study can be conducted to identify the practice of mothers to prove the results of the study.
5. A comparative study can be conducted to find out the effect of the health teaching and video tape information for mothers regarding assessment and management of dehydration in children.

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