

# A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING COLOSTOMY SKIN CARE OF CHILDREN AMONG CAREGIVERS IN SELECTED HOSPITALS OF SANGLI, MIRAJ, KUPWAD CORPORATION AREA

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## ABSTRACT

**Background of Study** - Caring for a new baby or raising a young child is a wonderful, life-enhancing experience. It is also a challenge, even in the best of circumstances. If a child needs colostomy surgery, parent's happiness will no doubt be mixed with concern over the special care that is needed. A colostomy may be a new type of surgery, but it is not an unusual type of operation for infants and children, although it is more common in adults. There are many reasons why a newborn or child may need a colostomy. It is often a life-saving operation. It can be difficult to watch a little one undergo colostomy surgery, even when it is known it may have been a lifesaving procedure. Many parents are often in a state of shock and disbelief. It is also not uncommon to feel helpless and have some fear and anxiety about caring for a child after surgery. Take heart in knowing that with support, patience, and a little practice, the parents should soon feel more comfortable caring for their child's colostomy needs. **Aim:** To provide the knowledge to caregivers regarding colostomy skin care of children to prevent the infection. **OBJECTIVES** - To assess the existing knowledge and practice of caregivers regarding colostomy skin care. To assess the effectiveness of planned teaching programme and demonstration on knowledge and practice of caregivers related to colostomy skin care. To find out association between pretest knowledge score with selected demographic variables. **Material and Methods** - A planned teaching programme on knowledge regarding colostomy skin care of children among caregivers in selected hospitals of sangli, miraj, kupwad corporation area. In this study the structured questionnaire was worded in a manner that could minimize the risk of response biases, enhance clarity and unambiguity and be courteous to the needs and rights of respondents especially when asking question of highly private nature. **Result** - In age maximum caregivers (53.5%) belonged to the age group of 20-25 years. In education maximum caregivers (30%) had educated both primary education and higher secondary education. In occupation 43.3% of both types of caregivers were housewife and doing job. In family income maximum caregivers (46.7%) having family income from Rs. 5000 to 10000. In type of family maximum of caregivers (56.7%) were from joint family (17). In residential area both of caregivers (50%) were living in rural as well as in urban area. Maximum of caregivers (83.3%) having no previous exposure to knowledge (25) maximum percent of knowledge was (53.3) which were within average level category (10-17). 46.6 percent of caregivers were in the level of good category. maximum percent of knowledge was (96) which were within good level (18-25). And 3.3 percent of caregivers were in the level of average category (10-17). pretest knowledge score is 3.4 and mean of posttest knowledge score is 3.97 maximum (63.3) caregivers have average pretest practice score (5-8) maximum (76.66) caregivers have good posttest practice score (9-11) mean of pretest practice score is 3.03 and mean of posttest practice score is 3.77. which indicates Planned health teaching was effective. **Conclusion** - This chapter dealt with research approach, research design, setting of the study, population, sample, sampling technique, sample size, sampling criteria, data collection techniques and instrument, description of the tool, validity, reliability, pilot study, collection of data and plan for data analysis.

**KEYWORDS:** Caring for percent of caregivers analysis.

## INTRODUCTION

A colostomy is a reversible surgical procedure in which a stoma is formed by drawing the healthy end of the large intestine or colon through an incision in the anterior abdominal wall and suturing it into place. This opening, in conjunction with the attached stoma appliance, provides an alternative channel for feces to leave the body.

**Pouch Selection** - Pouch systems are available in many styles and sizes. They consist of a sticky wafer that adheres to the skin and a pouch to collect the stool. There are one piece systems and two piece systems. A one piece pouch has the wafer and pouch joined together as a single unit. A two piece system has a wafer and pouch that are separate. Pouches are available with an opened or closed end. Open end pouches are used most commonly as they allow you to easily drain the pouch of air and stool. Open end or "drainable" pouches require a clip on the end to keep them sealed. This is called a "tail closure".

## MATERIAL AN METHODS

A planned teaching programme on knowledge regarding colostomy skin care of children among caregivers in selected hospitals of sangli, miraj, kupwad corporation area. Planned health teaching was done from 0 day to 7 day and follow up. The significance will be calculated by using mean, standard deviation and calculated "t" value. Anova will be used to find the co-relation with every item and the findings will be documented in tables graph and diagrams. Description and inferential statistics were used for analysis.

## RESULT

In age maximum caregivers (53.5%) belonged to the age group of 20-25 years. In education maximum caregivers (30%) had educated both primary education and higher secondary education. In occupation 43.3% of both types of caregivers were housewife and doing job. In family income maximum caregivers (46.7%) having family income from Rs. 5000 to 10000. In type of family maximum of caregivers (56.7%) were from joint family (17). In residential area both of caregivers (50%) were living in rural as well as in urban area. Maximum of caregivers (83.3%) having no previous exposure to knowledge (25) maximum percent of knowledge was (53.3) which were within average level category (10-17). 46.6 percent of caregivers were in the level of good category. maximum percent of knowledge was (96) which were within good level (18-25). And 3.3 percent of caregivers were in the level of average category (10-17). pretest knowledge score is 3.4 and mean of posttest knowledge score is 3.97 maximum (63.3) caregivers have average pretest practice score (5-8) maximum (76.66) caregivers have good posttest practice score (9-11) mean of pretest practice score is 3.03 and mean of posttest practice score is 3.77. which indicates Planned health teaching was effective.

## DISCUSSION

A study was conducted to assess the effectiveness of planned teaching on knowledge regarding colostomy skin care of children among caregivers in Sangli, Miraj, Kupwad corporation area. The findings of the study have been discussed with reference to objectives and hypothesis.

It was found that, in the demographic data of age of caregivers 53.3% of caregivers belonged to the age group of 20-25 years. It Was found that, majority 30% of caregivers educated till both primary and higher secondary level. It was found that, occupation of majorities 43.3% of caregivers were doing service and business. It was found that, majorities 46.7% of caregivers having family income between Rs 5000 – 10000. It was found that, majorities 56.7% of caregivers were living in joint family. It was found that, both 50% of caregivers living in urban as well as in rural area. It was found that majorities 83.3% caregivers having no previous knowledge.

## CONCLUSION

The aim of study was to identify the existing knowledge to caregivers regarding colostomy skin care of children to prevent the infection.

To assess the existing knowledge and practice of caregivers regarding colostomy skin care. To assess the effectiveness of planned teaching programme and demonstration on knowledge and practice of caregivers related to colostomy skin care. To find out association between pretest knowledge score with selected demographic variables.

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