

Research Article

A study to assess the effectiveness of the planned teaching program related to diaper rash among the mothers of infants**Aparna Bhushan Kale**

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Abstract

Diaper rash, also known as diaper rash, is considered a common skin disorder during childhood. It is commonly caused by irritation in the diaper area. The rash is usually evident in the abdomen, genitals and folds of the skin of the thighs and buttocks and affects children between the ages of 4 and 15 months. 40% and 75% of diaper rashes last more than 3 days with *Candida albicans*. To minimize / prevent symptoms and other consequences, adequate home care is needed for babies who wear diapers. This knowledge allows parents to be educated and practiced on home care for babies who wear diapers. Based on the above facts, the researchers felt the need to implement a teaching program plan to improve the knowledge of caregivers or parents, as well as to evaluate the effectiveness of it in terms of caregivers on diaper rash. This study was conducted in the specific pediatric unit of hospitals in the Sangli Miraj area. 70 mothers of children (0 to 1 year) of children were samples. In this study, sampling technique used was the simple random sampling. Sample selection was based on the inclusion criteria. Tool used was the structured questionnaire to collect the data and the result revealed that the calculated value of "p" is 0.000 I.e. And it is observed that P value is less than 0.005, Which indicates that there is an increase in the knowledge score after the planned teaching program. Therefore, the planned teaching program was effective.

Keyword: Diaper rash, planned teaching program.

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1. Introduction

Diaper dermatitis also known as diaper rash is considered as the most common skin disorders in infants . which is caused by irritation at the diaper area. The rash is usually evident in the abdomen, genitalia and inside the skin folds of the thighs and buttocks and affects infants between the ages of 4 to 15 months. The severity can be mild to extreme, in some cases containing open sores or a secondary infection. Inflammation is with prolonged exposure to irritants such as urine, stool and chemicals. [1].

Diaper Dermatitis has been wrongfully labeled as a sign of poor parental skills and child neglect. This explains the blushes and desperation in parents whenever a child suffers from diaper dermatitis. This misunderstanding around Diaper Rash has led to ill-advised mothers combing through lists of purported remedies with little success. Treatment failure is common because the effective

management of Diaper Rash requires the recognition and control of predisposing factors. The use of medical remedies has little chance of success without concomitant control of predisposing factors. [2].

Diaper rash in infants 8–12 months old is seen more it can be due to increase in eating solid foods and their dietary changes 40% and 75% of diaper rashes will lasts for more than 3 to 4 days are colonized with *Candida albicans*. *Candida* has organism normally found on perineal skin. [3].

Each mother and child has had some experience with the diaper rash. Many time mothers in case of diaper rash shake their confidence and they become anxious to care for their infant. diaper rash is the most prevalent of rashes in infancy with a majority of children expected to suffer at least one episode by the time they are toilet trained. [4].

Over the years, diaper rash was thought to have been caused by numerous sources including teething, diet and ammonia in the urine. Medical experts now believe that the causes of diaper rash include excessive amounts of moisture, rubbing and chaffing or prolonged contact of the skin with urine or feces. Other possibilities include yeast or bacterial infections. Some cases have been linked to allergic reaction to chemicals in diapering and laundry products. When skin stays wet for too long, the outer layers start to break down and is more easily damaged. [5].

An U.S report states that it was only theory that the breakdown of the urine to yield ammonia primarily contributed to the formulation of diaper rash by increasing the alkalinity of the skin. It has been recently concluded that the prime factor to the cause of diaper rash is the feces or stool, in opposition to the alkaline pH due to bile. Recent studies have indicated that diaper rash is more prominent in the presence of feces than in the presence of urine, consequently providing a conceivable explanation for the problems with diaper rash relating to infants with frequent stools or those experiencing diarrhea. [6].

Children's skin is an effective barrier against the disease. However, moisture, lack of exposure to air, acidic or irritating exposure, increase the friction of the skin that leads to skin breakage. For diaper rash, the causes are various. Some causes include yeast infection, irritation caused by paper diapers, very sensitive skin, reaction to soap used to wash diapers, certain foods that cause digestive disorders and reactions to antibiotics. [7].

You must also take into account the need to wear diapers. However the less likely it will develop a rash. Disposable diapers are prone to eruption caused by yeast compared to cloth diapers. Disposable diapers contain absorbing gelling materials that remove moisture from the delicate surfaces of the skin. Children who use breathable disposable diapers have developed significantly less diaper rash than any other child who uses non-transparent disposable diapers in a series of clinical trials [8].

The above data showed that careful determination is needed to choose the diapering system and ignorance of diaper rash might lead to severe complication. The mothers will be unaware of the proper prevention and management of diaper dermatitis. The researcher felt that the knowledge

of mothers of newborn on prevention and management of diaper dermatitis should be assessed and, their knowledge on diaper care can be improved by individualized health education. So the researcher felt a study is needed in this area.

2. Method

The main objective of the study was the effectiveness of the planned teaching program related to diaper rash. The present research project adopted for this study was the pre-experimental project A simple random sampling technique was used in the study. Samples were selected based on the inclusion criteria; This study consisted of 70 mothers of children (0 to 1 year of age) of a selected paediatric unit. The reliability of the instrument was performed using the re-evaluation test method with a 5-day interval. To calculate the reliability, the Karl person method and the reliability coefficient r "was adopted. The instrument's value was 0.9, and it is more than 0.7, so the instrument was reliable.

To check the feasibility of the study ten mothers included for the pilot study. Sample selection was done by simple random sampling technique. After selection, their written consent was obtained to participate in the study. Tool was given to each mother and asked to fill it immediately. The previous test was performed on September 25, 2017. The planned course was administered on September 25, 2017 and the next test was performed on September 30, 2017. The analysis of the data was performed with the help of the two-family t test.

The result revealed that teaching planned instruction was effective in increasing the awareness of mothers of diaper rash. For the final study, the permit was taken from the Bharati Sangli hospital. The samples were selected according to the criteria. The consent was taken before completing the questionnaire. The researcher introduced himself to the participants and explained the purpose of the study. The tool was given to each caregiver to fill it immediately. Thereafter, mothers of newborns were given planned instruction. The next test was performed with a 6-day interval to evaluate the effectiveness of the planned teaching program in the same population in which the previous test was performed.

3. Result

Table n. 1 Distribution of frequencies of demographic variables Table 2 Distribution of samples based on age

Demographic characteristics	Frequency	%
Age in years		
16 – 26	45	64.28
26 – 36	25	35.72
36 – 46	00	00
Religion		
Hindu	46	65.72
Muslim	15	21.42
Christian	7	10
Others	2	2.86
Education		
Illiterate	10	14.28
Primary	25	35.72
Higher secondary	30	42.86
Diploma	00	00
Graduation	5	7.14
Occupation		
Working	5	7.14
Non-working	65	92.86
Family type		
Joint family	65	92.86
Nuclear family	5	7.14
Extended family	0	00
Family income		
5000 – 10,000rs.	35	50
11,000 – 15,000rs.	10	14.28
16,000 – 20,000rs.	15	21.44
Above 20,000rs	10	14.28
Number of children		
1	20	28.58
2	40	57.14
3	10	14.28
More than 3	0	00

Table no. 1 shows that

Age – 16-26 age group of mothers were 64.28% and 26-36 age group of mothers were 35.73%

Religion-65.72% of mothers are Hindu, 21.42% of mothers are Muslim, 10% were Christian, and 2.86% were from other religion.

Education-14.28% were illiterate, 35.72% were from primary education, 42.86% were higher secondary, and 7.14% were graduated.

Occupation-7.14% of mothers were working and 92.86% were non-working.

Family type- 92.86% of mothers belongs from joint family and 7.14% of mothers were from extended family.

Family income-5000-10,000rs family income was of 50% mothers.11,000- 15,000rs family income was of 14.28% mothers.16,000-20,000rs family income was of 21.44% mothers.And 14.28% mother's family income was above 20,000.

No of children-28.58% mothers were having 1 no. of children. 57.14% of mothers were having 2 no of

children. And 14.28% mothers were having 3 no. of children.

Analysis of the pre-test and post-test knowledge score.

Table 2- Frequency and percentage distribution of the pre test knowledge score

Level of knowledge	Frequency	Percentage
Poor (0–5)	5	7.14
Average (6–10)	62	88.58
Good (11–16)	3	4.28

Table no 2 shows that 88.58% of mothers had average knowledge score, 7.14% mother's knowledge was poor and only 4.28% mother's knowledge score was good

Table no 3. Frequency and percentage distribution of the post test knowledge score

Level of knowledge	Frequency	Percentage
Poor (0 – 5)	00	00
Average (6 – 10)	10	14.28
Good (11 – 16)	60	85.72

Above table no 3 shows that's 85.72% of mother's knowledge score was good. And 14.28% mothers had average knowledge score.

Paired samples statistics	Mean	Standard deviation	Std. error mean	T value
Pre-test score	8.0857	1.79	0.21	-35.64
Post-test score	12.171	1.65	0.19	

P-values: 0.00

Table 4 shows that the knowledge of the mothers of the average score before the test was 8.08, the standard deviation was 1.79, and in the mean score after the test was 12.17, the standard deviation was 1.65, the value 't' was -35 , 64 is the value of p 'was 0.000 and it is less than 0.005. hence it indicates there is an increase in the knowledge score after planned teaching programme.

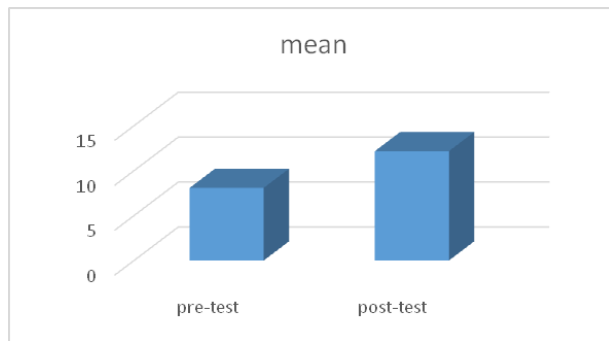


Fig no 1. Comparison of pre-test and post - test knowledge scores

4. Discussion

Awareness and health promotion is very important for the healing aspects. The need for society also changes continuously with new components that must be included in the nursing curriculum. Nursing education should focus on the prevention and rehabilitation aspects. The basic training of nurses in India includes teaching some units related to child care for diaper rash. . [9].

The nurse as an administrator can play and organize an educational program. The nursing manager can organize a planned teaching program, a health education program, an exhibition for parents / guardians to take care of their children to improve their knowledge. The nursing profession can exist without the research you need to develop your body of knowledge to test strategies. . [10].

Because the health environment is dynamic and more demanding nowadays. It needs the promotion of research-based practices and appropriate assessment methods to measure the outcome that helps nurses move to independent professional practice. Nursing research is also considered essential for raising the profession and helping to develop nursing research. . [11].

Conclusion

The aim of the present study was to assess the effect of planned teaching programme on the knowledge of the mothes of 0 to 1 yr old children. This study was used to assess the effect of planned teaching programme on knowledge of mothers. Health information as well as educating the parents is an important nurse's responsibility. Nurses working in hospital, community health centers should make use of the opportunity in assessing care givers and mothers of children using diaper for their children, so it is a nurse's role to bring this

problem related diaper dermatitis into focus and gain information about it to plan further actions.

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