EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND PRACTICE REGARDING SELECTED HEALTH PROBLEMS AMONG ORPHAN CHILDREN IN SELECTED ORPHANAGE HOMES AT TRICHY

Certified bonafide project work

Done by

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CHAPTER – 1

INTRODUCTION

“Health is like munny, we never have a true idea of its value until we lose it”

Josh Billings (1860)

BACKGROUND OF THE STUDY

Any child that has lost one parent is called as an orphan. In this approach, a maternal orphan is a child whose mother has died, a paternal orphan is a child whose father has died and a double orphan has lost both parents. It is a death or disappearance of, abandonment or desertion by, or separation or loss from, both parents.

UNICEF (2002)

Orphanage is the name to describe a residential institution devoted to the care and education of orphans – children whose parents are deceased or otherwise unable to care for them. Parents, and sometimes grandparents, are legally responsible for supporting children, but in the absence of these or other relatives willing to care for the children, they become a ward of the state and orphanages are a way of providing for their care, housing and schooling.

UNAIDS and UNICEF (2002)

Health is a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity. The harmonious balance of this state of the human individual integrated into his environment, constitutes health. A broader concept of health has been emerging – that of improving the quality of life of which health is an essential component. This at once brings to focus that
positive health depends not only on medical action, but on all the other, economic, cultural and social factors operating in the community.

Health problem is a condition in which body health is impaired, a departure from a state of health, an alteration of the human body interrupting the performance of vital functions.

Park, K (2007)

Adverse effects of institutional care living is not new information, it has been recognized as a problem for many years. The healthiest living condition for a child is obviously with a family who will love and nurture as well as providing food, shelter and clothing that will ensure this child’s survival. Unfortunately, this is not reality for many of the world’s children. Many of these children suffer from physical neglect, poor hygiene and a lack of a nurturing environment is all too common even in today’s more modern orphanages.

George Rogu, M.D (2001)

The main health problem encountered in the child population comprise are Head lice Infestation, Scabies, Typhoid Fever, Worm Infestation, Iron Deficiency Anemia And Hepatitis A. A good knowledge and practice of personal hygiene and appropriate sanitation measures, provision of clean drinking water, food hygiene and education are essential pre-requisites for the control of most common infections and to improve the nutrition status of child.

The children should get health education to bring about desirable changes in health knowledge, in attitudes and in practice, and not merely to teach the children a set of rules of hygiene.
Head lice infestations are common among children, who are in close proximity with others at school. But these can be passed on to other members. Apart from the itch factor, which can itself be annoying, it can cause anemia, bacterial diseases, scalp infections, and fever that may require hospitalization. Infestation means scratching, and that can be extremely distracting for a child in school.

Kannan Ramya (2009)

Scabies is a worldwide disease and a major health problem in many developing countries, related primarily to poverty and overcrowding. In addition to the discomfort caused by the intensely pruritic lesions, epidemic acute poststreptococcal glomerulonephritis is often associated.

Walton Shelly And Currie Bart, J (2007)

Typhoid fever is a life-threatening illness and is still common in the developing world, where it affects about 21.5 million persons each year. It is transmitted by the ingestion of food or water contaminated with feces from an infected person. Typically, children have milder disease and fewer complications like intestinal hemorrhage, intestinal perforation and peritonitis. It can be prevented and treated with antibiotics.

JYOTISH PATEL ET.AL (2005)

Childhood under threat reported that intestinal parasites are widespread in orphanages across the world. The principal reason why these children are so prone to this condition is because of crowded living conditions of the orphanage, and because of the poor hygiene by both the children and the staff that cares for them. Clinical finding encountered in infested child can range from anemia,
chronic diarrhea, and failure to gain weight. Round worm infestation is the most common organism, but in other parts of the developing world, multiple infestations can coexist.

UNICEF (2005)

Hepatitis A is an acute infectious disease and is very common in all the countries of South East Asian Region. Poor standard of hygiene and sanitation facilitate the spread of Hepatitis A virus. Study of the aetiology of sporadic hepatitis cases demonstrated that Hepatitis A virus is responsible for approximately 10 to 25 percent of the total cases of hepatitis among children in the worldwide. The complications like cirrhosis of liver, chronic hepatitis, liver carcinoma, liver failure and portal hypertension can be occur as a result of untreated hepatitis A.

Park, K (2006)

Iron is of great importance in human nutrition and an iron-poor diet is a common cause of iron deficiency. Iron deficiency anemia can affect school performance. Low iron levels are an important cause of decreased attention span, reduced alertness, and learning difficulties, both in young children and adolescents. Diet is the most important way to prevent and treat iron deficiency

Glader, B et.al(2007)

NEED FOR THE STUDY

Orphan is a child who has lost one or both parents. The official estimate is 145 million estimated orphans worldwide, approximately 15 million are double orphans, 92 million that have a surviving mother and another 38 million have a surviving father.

UNICEF (2008)
Amidst India’s shimmering new success and growing prosperity, there is a hidden India in which an entire generation of children is growing up parentless. 25 million orphaned children lie behind India’s booming success. This holocaust is waging a silent war against millions of Indian children. The perpetrator is poverty, and its foot soldiers are AIDS, gender and caste discrimination, unclean water, illiteracy and malnutrition.

**Seattle, W.A (2008)**

In India, a total of 23 per cent of all urban households suffered from lice and 93 per cent of them were female. Over 40 per cent of the sufferers were in the 6-15 age group. The study pointed out that the incidence of infestation was highest in South India (24 per cent). Tamil Nadu headed the list at 38 per cent. Kerala followed with 31 per cent of households reporting infestation.

**Indian Market Research Bureau (2008)**

Virtually all children aged less than 6 years developed scabies within a period of 12 months. There are 300 million cases of scabies exist worldwide, with many more individuals being at risk at any point in time. In a rural village in the United Republic of Tanzania, the overall prevalence was 6%, in rural and urban Brazil 8–10%, and in rural India 13%. In Egyptian children, the prevalence was estimated to be 5% but in Australian Aboriginal communities the prevalence in this age group approached 50%. Of 5–9-year-olds children living in a displacement camp in Sierra Leone, 86% were found to be infested with Sarcopetes scabiei.

**WHO (2009)**
Typhoid fever remains a serious public health problem throughout the world, with an estimated 16–33 million cases and 500,000 to 600,000 deaths annually. Almost 80 percent of cases and deaths are in Asia and most of the others occur in Africa and Latin America. In the last outbreak in the Democratic Republic of Congo, between 27 September 2004 and early January 2005, no less than 42,564 cases of typhoid fever were reported, including 214 deaths and 696 cases of peritonitis and intestinal perforations.

**WHO (2008)**

According to Indian statistics (2008), Typhoid fever is endemic in India. Health surveys conducted by the central ministry of health in the community development areas indicated a morbidity rate varying from 102 to 2219 per 1,00,000 population in different parts of the country. A limited study in an urban slum showed 1% of children up to 17 years of age suffer from typhoid fever every year.

Globally, over 3.5 billion people are infected with intestinal worms, of which, 1.15 billion are with roundworm, 1.3 billion with hookworm and 1.05 billion with whip worm. The overall prevalence of helminthic infestation in school age children in India is about 50% in urban and 68% in rural area. The prevalence increases with age from infancy to 19 years and then declines.

**Anantha Krishnan, R And Das, P.K (2001)**

**Global Epidemiology Of Hepatitis A (2008)** reported that Hepatitis A occurs worldwide; it is estimated that around 1.5 million cases of clinical hepatitis A occur per year. The incidence of hepatitis A is closely related to socio-economic conditions, and sero-epidemiological studies show that prevalence of anti-hepatitis A antibodies varies from 15% to close to 100% in different parts of the world.
Dr. Abdullah al-Terkawi, et.al (2005) was conducted the study who compared governmental orphanage, Al-Aitam, with private orphanage, Al-Rahma’a in Sana’a city, and analyzed their findings. Some 300 orphans between 6 and 18 years old were selected for the study, 76 percent (or 227) boys and 24 percent (or 73) girls. The study also found that 12 percent of orphans were anemic. The percentage was higher in boys, at 13 percent, whereas only 8 percent of girls were anemic. Also, Al-Aitam Orphanage had the highest percentage of anemics, at 14 percent, compared with just 8 percent in the Al-Rahma’a Orphanage. Poor hygienic conditions were found to be another cause of the orphans’ current status. The orphans in the Al-Aitam Orphanage usually eat without washing their hands, and eat in non-hygienic places. The study recommended to create new orphanages, dietician be hired to design balanced meals for the children, hygienic conditions to be implemented, particularly in the Al-Aitam Orphanage.

Murray Thomas et.al (2009) conducted a study in Dhaka to find out the outbreaks of scabies in institutions and the socio-economic profile, water sanitation facilities, personal hygiene and living conditions of these children. In total, 492 children received clinical check-ups, of the 98% of children who had scabies, 71% had been re-infected, 74% of children living in poorly ventilated buildings with overcrowded sleeping arrangements. They had poor personal hygiene, 21% shared towels; 8% shared under garments; 30% shared bedlinen. Sanitation was also poor: 39% bathed infrequently. Most children (61%) washed their clothing two or three times a fortnight, 35% did so every 2-3 days and 3.7% washed their clothes on alternative days. This study findings have potentially dangerous implications. Immediate attention should be given to developing a sustainable long-term intervention programme to save thousands of children from impending complications.
Fernando Korkes et.al (2007) revealed a study to determine protozoa and nematodes prevalence among children of a selected community located in Sao Paulo, Brazil and access the relation between soil and children infection. Overall infection rate was 30.8%(n=37), without difference between genders. The frequencies of Ascaris lumbricoides and Enterbius vermicularis in stool samples were 2.5% and 7%. Out of the 15 soil samples analyzed, ascaris of sp.eggs were found in 20% and hookworm eggs in 6.7%. Improvement in living standards, mostly sanitation might decrease the prevalence of these diseases.

Mausezahl .D et.al(2006) conducted a case-control study to determine the risk factor patterns for hepatitis A in the general population of the city of Wuhan, China. Hepatitis A infection was associated with a variety of social and household-related factors, like handwashing habits (after working in the garden: 95% , before food preparation: 95% ; before eating: 95%), and the source of fresh vegetables (95% ). The results of this study underline how social and behavioral factors are important determinants for hepatitis A in urban Chinese populations. These issues could be addressed by appropriate health and hygiene education targeted at high risk groups, and by strengthening existing procedures for monitoring and control of food hygiene.

Nzimakwe D and Brookes H.,(2004) made an investigation to determine the health status of institutionalized street children in a place of safety in Durban. Fifty black street children who had been institutionalized for a period of not more than fourteen days were interviewed and health assessments were carried out. Nurses conducted health and growth assessments and interviews with 50 street children 12-16 years old (40 boys and 10 girls). All the girls were above the 3rd percentile for weight and 6 fell below the 3rd percentile for height. 62.5% of boys fell below the 3rd percentile for height. 37.5% of boys fell below the 3rd
percentile for weight. The leading conditions included skin conditions (e.g. scabies (21)), urinary problems (19), malnutrition (13). Children 12-13 years old were more likely to be malnourished than children 14-16. When ill, the children did not seek the services of medical personnel because they feared physicians and nurses and they had no money. Community health workers trained in identifying street children and attending to their health needs are needed as well as intensified health education at the primary school level.

Orphanages are part of every societal culture. It provide an alternative to foster care or adoption by giving orphans a community based setting in which they live and learn. Many of these children suffer from physical neglect, poor hygiene and a lack of nurturing is all too common even in today’s more modern orphanages and it results in various health problems among children.

The investigator had an observational visit to orphanage home and found many of the children had fever, headlice infestation, skin diseases, diarrhea, malnourishment and poor hygienic practices. This initiated investigator that education is necessary, to provide opportunities for children to learn how to identify and analyze health and health related problems, and how to set their own targets and priorities. Health education can help to increase knowledge and to reinforce desired behavior patterns among the children. Children take back this health instructions they receive and even more important, when they become adults they apply this knowledge in their own families.

STATEMENT OF PROBLEM

A study to assess the effectiveness of structured teaching programme on selected health problems in terms of knowledge and practice among orphan children in selected orphanage homes at Trichy
OBJECTIVES

1. To assess the pretest knowledge and practice scores regarding selected health problems among orphan children.
2. To assess the posttest knowledge and practice scores regarding selected health problems among orphan children.
3. To compare the pretest and post test level of knowledge and practice scores regarding selected health problems among orphan children.
4. To correlate post test knowledge and practice scores regarding selected health problems among orphan children.
5. To find association between post test knowledge scores regarding selected health problems among orphan children with their selected demographic variables.

OPERATIONAL DEFINITION

EFFECTIVENESS

Producing an intended result. In this study, it refers to determine the extent to which structured teaching programme has achieved the desired effect in improving the knowledge and practice of orphan children regarding health problems by using statistical measurement.

STRUCTURED TEACHING PROGRAMME

It is a planned series of information to educate an individual or group of people. In this study, it refers to a structured set of information provided in sequence by researcher to spread the knowledge to orphan children, regarding selected health problems using a laptop and compact disc for period of one hour. It includes definition, causes, signs and symptoms, treatment and prevention of Head Lice Infestation, Scabies, Typhoid Fever, Worm Infestation, Hepatitis A and Iron Deficiency Anemia.
KNOWLEDGE

Information gained through education. In this study, knowledge refers to the written response of the orphan children and their level of understanding regarding selected health problems which is measured by self administered questionnaire and its scores.

PRACTICE

It means way of doing something. In this study, it refers to the practice in terms of written response of orphan children regarding selected health problems which is measured by dichotomous self administered questionnaire and its scores.

SELECTED HEALTH PROBLEMS

An abnormal process in which aspects of the social, physical, emotional, or intellectual condition and function of a person are diminished or impaired. In this study, it refers to selected conditions such as Head Lice Infestation, Scabies, Typhoid Fever, Worm Infestation, Hepatitis A and Iron Deficiency Anemia.

ORPHAN CHILDREN

Orphan children who has lost his/her last surviving parent. In this study, it refers to children between the age of 12 and 15 years old who are residing in selected orphanage homes.

HYPOTHESES

H₁ - The mean post test knowledge scores is significantly higher than the mean pretest knowledge scores regarding selected health problems.
H2 - The mean post test practice scores is significantly higher than the mean pretest practice scores regarding selected health problems.

H3 - There will be significant correlation between posttest knowledge and practice scores regarding selected health problems.

H4 - There will be significant association between the posttest knowledge scores with their selected demographic variables.

ASSUMPTION
1. The orphan children may not be aware of selected health problems.
2. Teaching enhances the knowledge of children regarding selected health problems.
3. Adequate knowledge may help the children to overcome from the selected health problems.
4. Gained knowledge by children will influence practice on prevention of selected health problems.

DELIMITATION
The study is delimited to
1. The period of study is 4 weeks only.
2. The sample of the study is restricted to 100.

PROJECTED OUTCOME
The orphan children will gain adequate knowledge through this structured teaching programme and learn about selected health problems which in turn will help them to practice appropriate measures which will promote healthy living thereby the occurrence of selected health problems and complications could be prevented.
CONCEPTUAL FRAMEWORK

Conceptual framework helps to express abstract ideas in a more readily understandable or precise form than the original conceptualization.

The conceptual framework for this study directed from general system theory (LUDWIG VON BERTLANFFY 1968). According to the general system theory, system is a set of interacting parts in a boundary which makes the system work well to achieve its overall objective.

General system theory is useful in breaking the whole process into essential task to assure goal realization. The number of parts of the systems totally dependent on what is needed to accomplish the goal or purpose. The goal is necessary for any system to function. The aim of the study is to improve the knowledge and knowledge on practice regarding selected health problems among orphan children.

Bertlanffy explained that the system has four major concepts,

- Input
- Throughput
- Output
- Feedback

INPUT

Input is the types of information that enters into the system from the environment through its boundaries.

In this study, the input includes Age, Education, sex of the child, previous health problem, duration of stay in orphanage home, assessing the pretest
knowledge and practice and providing structured teaching programme regarding selected health problems.

**THROUGHPUT**

Throughput is the operational phase. It is the process that allows the input to be transformed so that it is useful to the system,

In this study, Throughput is structured teaching programme on selected health problems which includes the definition, causes, signs and symptoms, management and prevention of health problems

**OUTPUT**

Output is any information that leaves the system and enters to the environment through system boundaries.

In this study, output is assessing the post test knowledge and practice scores regarding selected health problems. Knowledge is interpreted as inadequate, moderately adequate and adequate. Practice is interpreted as inadequate, moderately adequate, and adequate.

**FEEDBACK**

Feedback is the result of knowledge of throughput. It allows the system to monitor its internal function so that it can either increase or restrict its input.

In this study, feedback is necessary for those who belongs to the group that falls under inadequate knowledge, and moderately adequate knowledge. Subsequent sessions will increase their knowledge and practice
Demographic Variables

- Age of children
- Sex
- Education
- Previous Health Problem
- Duration of stay in orphanage home

**INPUT**

**PRE TEST**
Assess the knowledge and practice regarding selected health problems among orphan children by using self administered questionnaire and dichotomous self administered questionnaire

Structured teaching programme on selected health problems like head lice infestation, scabies, typhoid fever, worm infestation, Hepatitis A, and iron deficiency anemia among orphan children by using laptop and compact disc

- Definition
- Causes
- Signs and symptoms

**THROUGHPUT**
Transformation of knowledge and knowledge on practice regarding selected health problems among orphan children through structured teaching programme

**OUTPUT**
Assess the knowledge and practice regarding selected health problems among orphan children.

Knowledge

- Adequate
- Moderately Adequate
- Inadequate

Practice

- Adequate
- Moderately Adequate
- Inadequate

**FEEDBACK**

**FIG : 1 MODIFIED LUDWIG VON BERTLANFFY SYSTEM THEORY (1968)**
CHAPTER - II

REVIEW OF LITERATURE

The review of literature for the present study has been organized under the following headings,

PART-I

➢ Over view of selected health problems

PART-II

➢ Studies related to health problems among children
   a. Studies related to head lice infestation
   b. Studies related to scabies
   c. Studies related to typhoid fever
   d. Studies related to worm infestation
   e. Studies related to hepatitis A
   f. Studies related to iron deficiency anemia
   g. Studies related to significance of structured teaching programme regarding selected health problems

OVERVIEW OF HEALTH PROBLEMS AMONG CHILDREN IN ORPHANAGE HOMES

HEAD LICE INFESTATION

DEFINITION

Head lice infestation is an extremely common infection of hair by lice.

CAUSES

➢ The infestation is more common in children and people with long hair
➢ It may be transmitted directly by physical contact or indirectly by infested combs, brushes, wigs, hats and bedding

Bare Brenda and Suzanne c. Smeltzer (2004)
CLINICAL MANIFESTATION

- Head lice found most commonly along the back of the head and behind the ears
- Eggs are visible to the naked eye
- Intense itching


MEDICAL MANAGEMENT

- Treatment involves washing the hair with a shampoo containing lindane or pyrethrin compounds with piperonyl butoxide or One percent gamma benzene hexachloride or DDT or 25 percent benzyl benzoate emulsion is applied over the affected regions followed by a wash 24 hours later with soap and water.
- All articles, clothing, towels and bedding that may have lice or nits should be washed in hot water atleast 54°C or dry cleaned to prevent re-infestation
- All family members and close contact are treated
- Combs and brushes are also disinfected with shampoo

Bare Brenda and Suzanne C. Smeltzer (2004)

COMPLICATIONS

- Abscess formation
- Anemia
- Dermatitis
- Restlessness and insomnia
- Severe pruritus
Conjunctivitis
Matting of hair


NURSING MANAGEMENT

- Inform the patient that headlice may infest anyone and are not a sign of uncleanliness
- Treatment must be started immediately
- Warn not to share combs, brushes and hats
- Each family member should be inspected for headlice daily for at least 2 weeks
- Patient should be instructed that an anti-lice solution may be toxic to the central nervous system when used improperly

Bare Brenda and Suzanne c. Smeltzer (2004)

SCABIES

Scabies is an infestation of the skin by the itchmite (Sarcoptes scabei)

CAUSES

- Very common in substandard hygienic conditions
- Direct physical contact with an infected patient
- Exchange of infected clothes and overnight stay with infected person

-CLINICAL MANIFESTATION

- Severe intense nocturnal pruritus
- The burrows may be multiple, straight or wavy, brown or black, threadlike lesions, most commonly observed between the fingers and on the wrists. Other sites are the extensor surfaces of the elbows, around the nipples, in
the axillary folds, under pendulous breast and in or near the groin or gluteal fold, penis or scrotum

- Severe with formation of crusts called Norwegian scabies
- Vesicles, papules and excoriations


MEDICAL MANAGEMENT

The patient is instructed to take a warm, soapy bath to remove the scaling debris from the crusts and then to dry thoroughly and allow the skin to cool. A prescription scabicide, such as lindane, crotamiton, 25 percent benzyl benzoate emulsion diluted with equal parts of calamine lotion, or 5% permethrin is applied thinly to the entire skin from the neck down, sparing only the face and scalp. The medication is left on for 12 to 24 hours, after which the patient is instructed to wash thoroughly.

Bare Brenda and Suzanne c. Smeltzer (2004)

COMPLICATIONS

- Acute glomerulonephritis
- Impetigo


NURSING MANAGEMENT

- The patient should wear clean clothing and sleep between freshly laundered bed linens

- All bedding and clothing should be washed in hot water and dried on the hot dryer cycle
After treatment is completed the patient apply an ointment such as topical corticosteroid

Patient is instructed not to apply more scabicide

All family members and close contacts should be treated simultaneously

Bare Brenda and Suzanne c. Smeltzer (2004)

**TYPHOID FEVER**

Typhoid fever is the result of systemic infection mainly by salmonella typhi. The disease is clinically characterized by a typical continuous fever for 3-4 weeks, relative bradycardia with involvement of lymphoid tissues.

**CAUSES**

- Food and water contamination by carriers, patients or through flies
- Overcrowding
- Breakdown in safe water supply and sewage disposal systems

Park .K.,(2007)

**CLINICAL MANIFESTATION**

*First week of illness*

- Stepladder pattern of fever
- Headache and vomiting
- Tongue is often coated in center and clear at margins
- Bradycardia
- Rosespots
Second and third week

- Abdomen is usually distended
- Spleen is palpable 1 or 2 cm
- If toxemia is severe, apathy and stupor, the child may have muttery delirium and may pick at bed clothes. This peculiar state is called typhoid state

MEDICAL MANAGEMENT

- Chloramphenicol (50-100 mg/kg/d) in 4 divided doses given for 10-14 days
- Ampicillin (100-200 mg/kg/d in 4 divided doses), amoxicillin (100 mg/kg/d in 4 divided doses), cotrimoxazole (6-8 mg/kg of trimethoprim and furazolidone (10 mg/kg/d) have also been used with equivocal results.
- In children with multidrug resistant, third generation cephalosporins are the initial drug of choice.
- Fluoroquinolones such as ciprofloxacin are effective, the dosage is 20 mg/kg in two divided doses at 12 hr interval orally or 10/mg/kg/day q 12 hr IV.
- Recently, short term therapy with ofloxacin for 2 days has been suggested.

Ghai O.P (2007)

COMPLICATIONS

- Intestinal hemorrhage
- Perforation of intestine
- Parotitis
- Encephalitis
- Cholecystitis
- Liver abscess

**Behrman et.al (1996)**

**NURSING MANAGEMENT**

- Maintain orodental hygiene by frequent cleaning of oral cavity with suitable antiseptic wash lotions
- Maintenance of bowel and bladder functions, prevention of urinary stasis and stagnation in the bladder, management of constipation with lubricants
- Frequent change of posture
- Prevent soiling of skin with excreta and urine
- Provide food with adequate calories, protein, iron and vitamins
- Fluid and electrolyte balance should be maintained
- Isolate the patient
- Feces and urine should be disposed off hygienically and soiled articles should be disinfected
- Susceptible children should be immunized with vaccine

**Ghai O.P (2007)**

**WORM INFESTATION**

**Roundworm**

An infection of the intestinal tract caused by the adult, Ascaris lumbricoides and clinically manifested by vague symptoms of nausea, abdominal pain and cough

**MODE OF TRANSMISSION**

- Fecal-oral route ie by ingestion of infective eggs with food or drink
Foods that are eaten raw such as salads and vegetables and polluted water
Fingers contaminated with soil or by ingestion of contaminated soil

CLINICAL FEATURES

Intestinal manifestations
Abdominal distension, vomiting, vague abdominal, irritability,
Child may pass adult worms in the vomitus or feces
Pulmonary ascariasis characterized by fever, cough, dyspnea, wheeze,
urticaria and lung infiltrates

MEDICAL MANAGEMENT

Adult worms can be killed by single dose albendazole (400mg) or
mebendazole (100 mg) twice a day for three days

Park .K.,(2007)

COMPLICATIONS

Intestinal obstruction
Pancreatitis
Cholangitis
Cholecystitis

Ghai O.P (2007)

Pinworm
Pinworm is a small (1 cm long) white, thread like worm that lives in the
cecum, appendix, ileum and ascending colon
MODE OF TRANSMISSION

- Gravid females migrate at night into the perianal region and release eggs there. The egg become infective within 6 hours. Perianal scratching causes transfer of eggs to finger nails. Infection occurs when eggs are ingested.

CLINICAL MANIFESTATION

- Perianal itching especially in night
- Anorexia
- Weight loss, irritability and enuresis

TREATMENT

- Single dose mebendazole (100 mg) or Albendazole (400 mg) are highly effective. The course may be repeated after 2 weeks

*Hookworm*

Hook worm infestation is one of the most prevalent helminthic diseases, affecting nearly one-fourth of the population and causing iron deficiency anemia.

MODE OF TRANSMISSION

- It enter the body, usually feet by penetrating the skin
- Ingestion of contaminated fruits and vegetables

Park .K .,(2007)

CLINICAL FEATURES

- Diarrhea
- Failure to thrive
- Severe anemia
- Maculopapular eruption at the site of skin penetration
- Abdominal pain
- Anorexia

**MEDICAL MANAGEMENT**

- Albendazole (400 mg), mebendazole (100 mg twice a day for 3 days)
- Anemia is treated with oral iron therapy
- Severe anemia may require a packed cell transfusion

**COMPLICATION**

- Transient lung infiltration
- Iron deficiency anemia

Ghai O.P., (2007)

**NURSING MANAGEMENT**

- All the close contacts should be treated simultaneously
- Nails of the child should be cut short
- Make the child to wear a tight underwear
- Instruct the child to wash the fruits and vegetables before eating
- Advice the child to wash hands with soap and water after defecation and before eating
- Inform the child to wear foot wears while going out

HEPATITIS A

Hepatitis A is an enterically transmitted acute self limiting infection of the liver, caused by Hepatitis A virus, an RNA virus. It multiplies in liver and gets excreted in bile to stools.

MODE OF TRANSMISSION

- Fecal – oral route from a close contact between person to person is the most important mode of transmission, contaminated food and water also serve as vehicles of infection
- Poor sanitation

Suraj Gupte.,(2004).

CLINICAL MANIFESTATIONS

Preicteric phase

- Headache, malaise, fatigue, anorexia, fever

Icteric phase

- Dark colored urine
- Stools are clay colore
- Jaundice of sclera and skin
- Liver is enlarged and tender

Ghai O.P.,(2007)

MEDICAL MANAGEMENT

- There is no specific therapy for acute hepatitis
- Rest in bed is recommended till the transaminase levels remain high
Good nutritious diet, rich in carbohydrates and with adequate proteins should be given

In the diet, fat may be restricted


**COMPLICATIONS**

- Chronic hepatitis
- Hepatic cancer
- Liver abscess

**NURSING MANAGEMENT**

- Assist the patient in coping with the temporary disability and fatigue
- Instruct to seek additional health care if the symptoms persist
- Provide specific guidelines includes good personal hygiene, stressing careful hand washing (after defecation and before eating) and environment sanitation (safe food and water supply as well as effective sewage disposal


**IRON DEFICIENCY ANEMIA**

Iron deficiency anemia is the most common cause of nutritional anemia in the world

**CAUSES**

*Diminished iron stores*
- Preterm and small for dates babies
- Cord was clamped early
- Hemorrhage from cord, placenta

**Diminished iron intake**
- Cow’s milk is a poor source of iron
- Excessive losses of iron may occur due to hookworm infestation, prolapsed rectum, dysentery, portal hypertension etc

**Diminished iron absorption**
- Celiac disease
- High concentration of phytates, calcium salts and rich fiber

**Increased demands**
- Premature and low birth weight infants
- Puberty daily iron requirement is more

**Errors of iron metabolism**
- Sideroblastic anemia, idiopathic pulmonary, hemosiderosis and congenital transferring deficiency

**CLINICAL FEATURES**
- Pallor
- Frequent infections
- Nails become thin, brittle and flat. Nails become spoon shaped and concave (koilonychias)
- Liking for eating non-edible substances such as mud, scraping of the wall
- Mental performance is reduced
- Attention span, school performance and general activity get adversely affected
MEDICAL MANAGEMENT

- Oral iron therapy – optimal dose of elemental iron is 3 – 6 mg per kg of body weight given orally in 3 divided doses. It should be continued for at least 6 weeks after the hemoglobin has reached normal level.
- Due to the failure of oral iron therapy, iron may be given in the parenteral route.
- Packed red cell transfusion is indicated only when the anemia is severe.

Ghai O.P(2007)

NURSING MANAGEMENT

- When gastrointestinal symptoms occur due to oral iron therapy, the dosage should be reduced and iron salt should be changed.
- For intramuscular therapy, the injection is made deep intramuscular in the upper and outer quadrant of the buttocks. The skin is laterally displaced prior to the injection to prevent staining of the skin.
- One or two doses of frusemide 1 – 2 mg /kg intravenously during transfusion are helpful in preventing circulatory overload.
- Hookworm infestation should be managed with antihelminthics.
- Children should be encouraged to wear shoes while going to the fields.
- Iron availability in the diet can be improved by increasing iron intake, increasing ascorbic acid in diet.

Nicki L. Potts and Barbara L. Mandleco.,(2000)
2. STUDIES RELATED TO HEALTH PROBLEMS AMONG CHILDREN

a. STUDIES RELATED TO HEAD LICE INFESTATION

El-Nadi A et al (2006) conducted an observational descriptive study conducted upon three primary school pupils in Sohag Governorate. The idea was to estimate the incidence and the epidemiological factors related to Pediculosis capitis infestation amongst the selected population. It has been found that the infestation affected about 16% of the whole group. Rural pupils were more frequently, albeit insignificantly, infested (17.44 versus 14.88%, p > 0.05). Severity of infestation was also studied against several variables such as clinical manifestations included fever (25.3%), scalp pruritus (58.9%), alopecia (22%), impetigo (38%), enlarged tender cervical lymph nodes (66.7%) and conjunctivitis (8%).

Junco Luis et al (2005) conducted a study to determine the intensity of Pediculus capitis infestation (abundance) among Argentinean schoolchildren. Children's sex and social stratum were analyzed as modifiers of the general prevalence and degree of parasitism. The study included 1,370 schoolchildren (692 girls, 678 boys) from 26 schools of the province of La Rioja (21 public schools, five private schools. The general prevalence was 61.4% (girls: 79%; boys: 44%, p < 0.001). Private schools showed lower prevalence than public schools (p = 0.02), especially due to the low prevalence in boys. The classification of children by intensity of infestation allowed a more precise delimitation of this condition, which is especially important for disease surveillance and application of control measures.
**Cazorla D et al. (2003)** conducted a cross-sectional survey to investigate clinical and epidemiological data on Pediculus capitis infestation among 327 (175 males and 152 females) primary school age children of an urban sector of Coro city, from the semiarid region of Falcon state, north-western Venezuela. Overall prevalence was 28.8% (94/327). Pediculosis capitis infestation rates were significantly higher in girls (84.0 vs. 15.9). Among the clinical findings, only head pruritus (18 vs 9.5%), especially at night (19.2% cases), and lymphadenopathy (7.3 vs. 5.5%) mostly located at the cervical region (14.9%), showed significantly higher percentages in infested children than in uninfested ones. Of interest was that lower socioeconomic levels, high levels of overcrowding conditions (> OR = 2 persons/bed: OR, 18.4; p = 0.00001), sharing of combs and brushes (OR = 3.8; p = 0.0001), living with infested people (OR = 2.8; p = 0.0001), and showing previous infestation (OR = 9.5; p = 0.0001), also appeared to be significant factors associated with transmission and maintenance of pediculosis capitis among school children.

**Pediatr Dermatol (2001)** conducted a study to compare the efficacy of direct visual examination versus the louse comb method in Israel. Examination with a louse comb found that 25.4% of the children were infested with both lice and nits, while another 31.3% had nits only. Boys were significantly less infested with lice and nits than girls (lice: 15.2 and 29.6%; nits: 21.5 and 35.4%, respectively). The infestation rate with lice and nits was significantly higher in children with long (68.9%) and medium-length (63.9%) hair than in children with short hair (44.0%) (p < 0.01). Direct visual examination found that 5.7% of the children were infested with both lice and nits, and another 49.0% with nits only. The average time until detection of the first louse was 57.0 seconds with the comb as compared to 116.4 seconds by direct visual examination. Diagnosis of louse
infestation using a louse comb is four times more efficient than direct visual examination and twice as fast. The direct visual examination technique underestimates active infestation and detects past, nonactive infestations.

**Kokhar .A(2001)** conducted a cross-sectional study among primary school children of four of the government run schools of Delhi. Out of a total of 940 study subjects studied 156 (16.59%) were found to be infested with head louse. Significantly higher proportions of girls (20.42%) were found to be infested as compared to boys (13.86%). 65.38% of those infested were aware of the infestation. Those who shared both bedding and comb showed a statistically higher significance as compare to others. Manual removal of head louse and nits was practiced by 69.60% of those aware of the infestation. Majority had knowledge of transmission of head louse by comb/brush. 66.08% had knowledge about control of head louse infestation spread by manual removal 7.34% mentioned other means like kerosene oil and lime powder.

**In- Yong Lee et.al (2001)** conducted a study to evaluate the therapeutic efficacy of oral trimethoprim/sulfamethoxazole adding to lindane shampoo at Venezuela. Total of 7,495 children including 3,908 boys and 3,587 girls from a kindergarten and 15 primary schools were examined for head lice infestation (HLI). The overall prevalence of HLI in this study was found to be 5.8%. Sixty-nine children with HLI were treated with 1% lindane shampoo alone (group 1), and 45 children with HLI were treated with 1% lindane shampoo and oral trimethoprim/sulfamethoxazole (group 2), and follow-up visits were conducted 2 and 4 weeks later. The children who still had HLI 2 weeks after the primary treatment were treated again. At the 2-week follow-up visit, the treatment success rates of groups 1 and 2 were 76.8% and 86.7%, respectively, and at the 4-week follow-up visit, the rates were 91.3% and 97.8%, respectively. No
statistically significant synergistic effect was observed for the combination of a 1% lindane shampoo and oral trimethoprim/sulfamethoxazole.

b. STUDIES RELATED TO SCABIES

Pabis .B et.al(2000-2008) conducted the research to determine the spreading of Sarcoptes scabiei and the incidence of scabies in the residents of particular districts of the Świętokrzyskie Voivodeship (Central Europe). In the entire area covered in the period studied, a total of 2064 cases of scabies were reported. The incidence of scabies was typically higher in rural areas than in cities. The most cases of scabies were noted in children and teenagers between 6 and 15 years of age. The incidence of scabies is seasonal in its nature, as the majority of cases occurred in the autumn and winter months. The incidence of the disease can be reduced by improving socioeconomic and hygienic conditions and by implementing a proper system of social education, as well as by promoting more efficient health service.

Steer .C Andrew et.al (2007) conducted a study to determine the burden of disease due to impetigo and scabies in children in Fiji. The prevalence of active impetigo was 25.6% in primary school children and 12.2% in infants. The prevalence of scabies was 18.5% in primary school children and 14.0% in infants. Impetigo are strongly associated with scabies infestation and was more common in indigenous Fijian children. These data suggest that the impetigo and scabies disease burden in children in Fiji has been underestimated, particularly in Pacific. These studies are more than benign nuisance diseases and consideration needs to be given to expanded public health initiatives to improve their control.

Semsettin Karaca et.al(2005) conducted the school-based cross sectional study to determine prevalence of pediculosis and scabies in preschool nursery
children of Afyon, Turkey with 1,134 children. All cases were evaluated by physical examination and a detailed, structured questionnaire. The infestation was found in 14 (1.2%) of 1,134 children; 9 (0.8%) with pediculosis capitis and 5 (0.4%) with scabies. We found that infestations were more frequent in children with mothers whose education levels were low. This indicates the necessity of an improvement in the economic and sociocultural status of the community and the promotion of hygiene concepts and practices in order to improve health of children.

Georgetown et.al (2004) conducted a prospective study were to determine the epidemiological trends of scabies over a 17-year period in Yaounde, Cameroon. Out of 32,447 patients seen in the dermatology clinics during the study period, 2,738 (8.4%) had scabies. Majority of the patients came from low-income quarters, where over crowding is common, and the tendency to have more than two children in one family bed. Majority of the patients (95%) came from high density quarters of Yaounde were over crowding is rife. Many share beds (74%). Some households have to go quite a distance to fetch water. This limited the frequency of baths(68%). The investigators conclude that a periodic high prevalence of scabies had occurred in Cameroon and this could have been due to the economic crisis and poor management of existing cases within households where other members of the household were not treated at the same time with the patients. The investigators recommend that education of the population on proper use of scabicides will help to prevent chronic infection.

Bell et.al (2004) presented a case of an AIDS patient with Norwegian scabies manifest by a single, crusted plaque localised to the glans penis. A 12 years child with AIDS presented to our clinic complaining of a red papular
pruritic rash on his abdomen and anterior thighs and a single, thick, crusted, non-pruritic lesion on the penis. He had been treated with lindane topically prior to the development of the penile lesion without resolution of the pruritus or red papular lesions. A mineral oil preparation was obtained from the hyperkeratotic penile lesion and revealed numerous mite eggs and faeces. The diagnosis of localised, genital Norwegian scabies was made. The patient was treated with ivermectin s, 14 days apart, with complete resolution of both pruritus and skin lesions. This patient is the first known report of Norwegian scabies localised as a single lesion on the penis. He was successfully treated with oral ivermectin monotherapy.

Seinaloene (2001) studied the prevalence of scabies among a study population of 125 children between the ages of 1–15 year. The prevalence was age dependent, with children under five years accounting for 77%, peaking to 86% among the 5 to 9-y-olds, and steadily declining with an increase in age. Sarcoptes scabiei var hominis was recovered from 84 (67%) of the 125 skin scrapings examined. The prevalence of scabies is high in children in the displacement camps, suggesting that it may be a serious public health problem not only in these camps, but also in the entire country. Control programs should be put in place and implemented in an integrated nature, by reducing overcrowding, and by improving health education, personal hygiene, treatment and surveillance among high-risk populations.

c. STUDIES RELATED TO TYPHOID FEVER

F. Siddiqui et.al (2008) conducted a case–control study to identify risk factor for typhoid fever in children under the age of 16 years residing in squatter settlements of Karachi. Multivariate analysis done through conditional binary
logistic regression analysis technique showed that increasing number of persons in the household (odds ratio [OR]=1.9; 95% confidence interval [CI] 1.2–3.1), non-availability of soap near hand washing facility (OR=2.6; 95% CI 1.1–6.3), non-use of medicated soap (OR=11.2; 95% CI 1.3–97.6) and lack of awareness about contact with a known case of typhoid fever (OR=3.7; 95% CI 1.6–8.4) were independent risk factors of the disease. Health education with emphasis on hand washing may help decrease the burden of typhoid fever in developing countries like India, Pakistan, Bangladesh, and China.

**Enenbeaku et.al (2007)** conducted the study regarding Clinical Diagnosis Of Enteric Fever And The Potential Benefits In The Management Of Enteric Fevers. A review of the 676 subjects with unusual presentations of enteric fever showed that: meningitis 27.7% (187), splenic abscess 12.4% (84), hepatic abscess 10% (68), and acalculus acute cholecystitis 11.1% (78) were the commonest presentations. Pneumonia 8.7% (59), neonatal typhoid 7% (47), dysentery 5.8% (39), and palatal palsy 0.1% (1) were also encountered. Physicians practicing in typhoid prone regions of the world should assess patients with such unusual presentations as hepatitis, Glomerulonephritis, haemorrhagic cystitis, meningitis, and acute aphasia among others with the possibility that, Salmonella could be the culprit after all.

**Hutin Yvan et.al (2007)** conducted a study to identify a typhoid fever outbreak in a slum of south Dumdum municipality, west Bengal. Among 65 probable cases and 65 controls, eating milk products from a sweet shop 95%, and drinking piped water (95%) were associated with illness. The sweet shop food handler suffered from typhoid in the previous month. The pipelines of intermittent non-chlorinated water supply ran next to an open drain connected with sewerage system and water specimens showed faecal contamination. The
investigation suggested that an initial food borne outbreak of typhoid led to the contamination of the water supply resulting in a secondary, waterborne wave.

**Akalin Serife et.al (2004)** performed a case-control study using the records of patients hospitalized for typhoid fever at Dicle University Hospital, Diyarbakir, Turkey. Case patients with enteric perforation were compared with control patients with typhoid fever but no enteric perforation. Forty case patients who had surgery because of typhoid enteric perforation were compared with 80 control patients. In univariate analyses, male sex \( p = 0.01 \), age \( p = 0.01 \), leukopenia \( p = 0.01 \), inadequate antimicrobial therapy prior to admission \( p = 0.01 \), and short duration of symptoms \( p = 0.01 \) were significantly associated with perforation. In multivariate analysis, male sex (odds ratio (OR) = 4.39, 95% confidence interval (CI): 1.37, 14.09; \( p = 0.01 \)), leukopenia (OR = 3.88, 95% CI: 1.46, 10.33; \( p = 0.04 \)), inadequate treatment prior to admission (OR = 4.58, 95% CI: 1.14, 18.35; \( p = 0.03 \)), and short duration of symptoms (OR = 1.22, 95% CI: 1.10, 1.35; \( p = 0.001 \)) were significant predictors of perforation. A short duration of symptoms, inadequate antimicrobial therapy, male sex, and leukopenia are independent risk factors for enteric perforation in patients with typhoid fever. intestinal perforation; multivariate analysis; risk factors; typhoid fever.

**Jogersen H. James (2003)** conducted a study to determine the major common-source, foodborne epidemic of typhoid fever occurred in San Antonio, Tex. The clinical course of 34 patients who had a nonspecific symptom complex that included at the initial examination fever (32 patients, 93%), headache (19 patients, 57%), diarrhea (11 patients, 33%), and anorexia (ten patients, 30%). The most common initial diagnoses were urinary tract and upper respiratory tract infections. The subsequent isolation of Salmonella typhi from blood cultures was usually unexpected. Physical findings were different from two previous series.
originating in the United States. Hepatomegaly was noted in only 7% (two patients), splenomegaly was noted in 13% (four patients), and rose spots were noted in 5% (two patients) of the patients. Liver function test results, however, were abnormal in 32 (95%) of the 34 patients (mean SGOT, 155 IU/mL). Typhoid fever, as seen in this outbreak, was notable for its nonspecific and mild manifestation and uniformly favorable outcome.

Tran.H et.al(2002) undertook a hospital-based case-control study to identify risk factors associated with typhoid fever in Son La province, northern Vietnam. Among 617 suspected cases, 90 cases of typhoid fever were confirmed by blood or stool culture. One hundred and eighty controls (neighbours of typhoid cases matched for gender and age) were chosen. Participants were interviewed at home using a standardized questionnaire. Seventy-five per cent of cases were aged 10–44 years. No cases in patients aged less than 5 years were recorded in this study. In a conditional logistic regression analysis recent contact with a typhoid patient (OR=3.3, 95% CI 1.7–6.2, P<0.001), no education (OR=2.0, 95% CI 1.0–3.7, P=0.03) and drinking untreated water (OR=3.9, 95% CI 2.0–7.5, P<0.001) were independently associated with typhoid fever. Improving quality of drinking water must be a priority and health education strategies targeted at individuals with no schooling, and contacts of patients, would be expected to decrease the burden of typhoid fever.

Parry CM(2002) conducted the study regarding Multidrug-resistant (MDR) Salmonella Typhi (resistant to chloramphenicol, ampicillin, and trimethoprim-sulphamethoxazole) and isolates with reduced susceptibility to fluoroquinolones (indicated by resistance to nalidixic acid, NaR) have caused epidemics and become endemic in southern Viet Nam. Short courses of ofloxacin have proved
acceptable for treating MDR/NaR isolates of S. Typhi (ofloxacin MIC90 = 0.06 mg/l) causing uncomplicated disease. Ofloxacin (10-15 mg/kg/d) given for 2, 3, or 5 d cured >90% of patients with an average fever clearance time (FCT) of 4 d. Less than 3% of patients relapsed or had a positive post-treatment stool culture. In contrast, the response of NaR isolates (ofloxacin MIC90 = 0.5 mg/l) to such regimens is poor. Currently available alternatives for NaR infections include ceftriaxone, cefixime, and azithromycin. These antimicrobials are reasonably effective but expensive. New, effective, and affordable regimens are needed to treat these NaR infections. Short courses of the new generation fluoroquinolones or combinations of the available antimicrobials are possible options.

Phan VB et.al (2000) conducted a population-based surveillance for typhoid fever in three rural communes of Dong Thap Province in southern Vietnam (population 28,329) for a 12-month-period. Cases of typhoid fever were detected by obtaining blood for culture from residents with fever > or = 3 days. Among 658 blood cultures, 56 (8.5%) were positive for Salmonella typhi with an overall incidence of 198 per 10(5) population per year. The peak occurrence was at the end of the dry season in March and April. The attack rate was highest among 5-9 year-olds (531/10(5)/year), and lowest in > 30 year-olds (39/10(5)/year). The attack rate was 358/10(5)/year in 2-4 year-olds. The isolation of S. typhi from blood cultures was highest (17.4%) in patients with 5 to 6 days of fever. Typhoid fever is highly endemic in Vietnam and is a significant disease in both preschool and school-aged children.

d. STUDIES RELATED TO WORM INFESTATION

Srinivasan .K and Prabhu G.R (2000) conducted a study to find out the morbidity pattern among children residing in social welfare hostel in Tirupati Town of Andhra Pradesh. The prevalence of pediculosis, anaemia and
helminthiasis in a 20% subsample based on laboratory findings were found to be 87.5%, 79.6% and 39.3% respectively. Significantly higher prevalence of anaemia and helminthiasis was found among boys. In view of this results, periodic medical examination, treatment facilities and health education regarding personal hygiene and common diseases along with provision of necessary materials like soaps and oils etc., under supervision by hostel staff will go a long way in controlling these infections.

e. STUDIES RELATED TO HEPATITIS A

Raharimanga (2008) conducted a study to determine the seroprevalence of hepatitis A virus antibodies in relation to age in the city of Antananarivo, Madagascar. Serum samples collected in 2004 during a cross-sectional survey of individuals aged between 10 and 24 years from Antananarivo were tested for anti-HAV antibody. 926 subjects were enrolled including 406 males and 520 females. There were 251 children under 10 years old and 675 subjects between 10 and 24 years old. Of the 926 serum samples tested, 854 (92.2%) were positive for anti-HAV antibodies. The number of seropositive samples was similar for males and females. The overall seroprevalence was 83.7% (210/251) for children under 10 years old and 95.5% (644/675) for subjects aged between 10 and 24 years (p < 0.001). Despite improvements in sanitary conditions and hygiene over the last few years, the prevalence of HAV in Antananarivo is high. Only children under five years old remain susceptible to HAV infection.

Gallego S et.al (2006) conducted a seroepidemiologic study of hepatitis A in Spanish children. The population understudy was composed of 156 children, with ages ranging from 1 to 14 years; they were stratified in three socio-environmental groups (white-family unit, gypsy-family unit and orphanage),
and also divided into subgroups according to age. The overall seroprevalence by socio-environmental groups was: orphanage 46%, gypsy-family unit 63% and white-family unit 23%. Significant differences between groups appeared from seven years on, being more marked among the eldest subgroups. Among the factors evaluated, hygienic-sanitary conditions and overcrowding influenced the high prevalence rate found in the gypsy-family unit subjects, whereas overcrowding appeared to be responsible for the higher prevalence in orphanage residents, as compared to white-family unit children.

Uzma Shah and Zehra Habib (2000) conducted a study at a hospital in Karachi, Pakistan about liver failure attributable to Hepatitis A Virus (HAV) Infection. Of the 2735 patients seen with hepatitis A, 232 were admitted to the hospital. Of these 30 patients developed progressive hepatic dysfunction and liver failure. During this period, 45 children were admitted with liver failure attributable to other causes. Of the patients admitted with hepatitis A-related liver failure, 25 (83.3%) were encephalopathic at presentation and 36.7% of the patients died. The risk of HAV and its sequelae could probably be effectively reduced in these settings with improved sanitation and universal immunization.

Ghafoor Tariq et al (2000) conducted a study to identify the frequency of subclinical hepatitis `A` in children having non-specific abdominal symptoms conducted at Combined Military Hospital (CMH), Peshawar. A total of 360 children were evaluated for vague abdominal symptoms and 96 (26.7%) of them had hepatitis on laboratory profile. Out of 88 (24.4%) cases of subclinical hepatitis, 82 (93.2%) had hepatitis-A, 03 (3.4%) had hepatitis-B, while no causative agent was found in 03 (3.4%) children. The common presenting symptoms were abdominal pain/discomfort, loss of appetite, nausea, vomiting, malaise, fatigue and fever. Hepatomegaly and splenomegaly was documented in
56% and 43% cases respectively. A history of exposure to a patient with hepatitis was present in 14/88 (15.9%) cases whereas no child was vaccinated against hepatitis A Virus. All cases recovered spontaneously without any complication. Hepatitis-A was rampant in children presenting with vague abdominal symptoms in our series.

**f. STUDIES RELATED TO IRON DEFICIENCY ANEMIA**

Muhamad M. Al Dabbagh et al. (2005) conducted a study to identify the Linear Growth in Children with Iron Deficiency Anemia before and after Treatment at Quatar. Measured growth [length (L) standard deviation score (SDS), growth velocity (GV) SDS and body mass index (BMI)] and hematological (hemoglobin, hematocrit, MCV and MCH) parameters in 40 children (aged 17.2 ± 12.4 months) with iron deficiency anemia (IDA) before and after iron therapy. Before treatment children with IDA had LSDS = −1.2 ± 1, GV = 7.5 ± 2.2, GVSDS = −1.42 ± 0.6 and BMI = 13.5 ± 1.2. They were significantly shorter and had reduced growth as compared with age-matched controls. After treatment, their growth parameters significantly increased with LSDS = −0.6 ± −0.9, GV = 13.2 ± 4.4 cm year⁻¹, GVSDS = 1.7 ± 0.5 and BMI = 14.2 ± 1.1. Their GV correlated significantly with serum ferritin concentration (r = 0.48, p < 0.001) and BMI (r = 0.32, p < 0.1). In summary, IDA during the first 2 years of life significantly impairs growth.

BP Gupta and S Goel (2003) conducted a school based cross-sectional study conducted in Boileaugang among females, 44 (84.6%) anemic subjects had history of worm infestation as compared to 147 (43.8%) non-anemic females (p<0.001). It was also seen that, 30 (53.6%) anemic females had menstrual problems like menorrhagia, polymenorrhea, or irregular menstrual cycle cycles as compared to 22 (6.6%) non-anemic females (p<0.05). The signs and symptoms viz. Headache(29), fatigue(52), dyspnoea(23), parasthesia(17) and syncopal
attacks were significantly (p<0.05) more prevalent in anemic subjects in both males and females. The prevalence of anemia was 14.9% (15.5% in males and 14.3% in females. So further comparative studies (hilly versus plain areas) on prevalence of anemia among adolescents may be planned.

**STUDIES RELATED TO SIGNIFICANCE OF STRUCTURED TEACHING PROGRAMME**

**Childs ,F et.al(2008)** conducted a study to assess if a dietary health education programme could be used within existing health resources to reduce the incidence of iron deficiency anemia in an inner city population in areas of west and south Birmingham. A total of 455 children completed the study. Sixty nine (27%) of the control group and 55 (28%) of the intervention group were anaemic as defined by haemoglobin less than 11 g/l. There was no difference in the iron content of the diets offered to the two groups of children. In this deprived population we have shown reduction in anaemia using a targeted nutritional programme and have highlighted the difficulties in conducting health education programmes within the scope of current health resources.

**Padmaja et.al (2008)** conducted a study to assess the effectiveness of structured teaching programme on Roundworm infestation among elementary school children in Tirupati. A quasi experimental approach was adopted for this study. The results of this study are in pretest, 87.8% had inadequate knowledge and 12.2% had moderately adequate knowledge. Regarding knowledge on hygienic health practices 27.8% had inadequate knowledge, 58.9% had moderately adequate knowledge and 13.3% had adequate knowledge. In post test, 5.6% had inadequate knowledge, 64.4% had moderately adequate knowledge and 30% had adequate knowledge. Regarding knowledge on
hygienic health practices none had inadequate knowledge, 2.2% had moderately adequate knowledge and 97.8% had adequate knowledge. Irrespective of all these demographic variables, there was a significant improvement in post test at \( P<0.001 \) level. So it proved that the direct education can lead to improved knowledge. Better knowledge and habit formation regarding environmental sanitation and hygienic practices can help to reduce the incidence of worm infestation.

Norsaadah et.al., (2006) conducted a study to ascertain the effectiveness of health education in controlling headlice infestation in Kuala Krai, Kelantan. One group received the pediculicide and fine toothed comb while another group received the pediculicide, fine toothed comb and health education. There were significant improvements following the interventions, 68.3, \( P<0.0001 \) for control group and 89, \( P<0.0001 \) for health education group. The health education group had significantly better improvements in its total knowledge score compare the two group (Paired - \( t \) test for control group \( t=0.09, P>0.05 \) and for health education group \( t=12.1, P>0.005 \)). Combination of pediculicide and daily fine toothed combing were effective in controlling in headlice infestation. However, the additional combination of health education could control headlice infestation as well as increase the pupil’s knowledge about headlice.

Walvekar.A.V et.al (2006) on the impact of Child-to Child programme in increasing the knowledge, change in the attitude and practice with respect to diarrhoea among Government primary school of Mastmaradi, Karnataka. Overall improvement in the knowledge of the study group students was observed, pre test mean score was 1.44 and post test mean was 23.57 respectively. Whereas pre test mean was 4.04 and post test mean was 3.20 in control group. Prior to the intervention average of 50% of study group students knew that
eating contaminated food (51.85%), drinking contaminated water (46.29%), eating food exposed to flies (46.20%) and dust (53.70%) causes diarrhoea. After the intervention more than 90% of study group students came to know about these causes. Therefore special and continuous health education of school children, in their formative years improves their knowledge and helps to develop positive attitude and healthy practices, which will eventually help to reduce diseases like diarrhoea, anaemia, malnutrition amongst the children.

_Ushirikiano wa Kumwendeleza Mtoto Tanzania (2004)_ conducted a survey to examine children’s self-reported health problems. The children had a poor perception of their health status and almost all identified at least one health problem in the previous two weeks. The survey found that 77% of children in Tanzania were classified as anemic. Most children showed evidence of chronic rather than acute under-nutrition, with 70% of children classified as stunted and 54% as underweight. Eighty-six percent of children were infected with at least one parasitic helminth, with 63% of children infected with hookworm. The program’s school-based health services include annual treatment for intestinal parasites with albendazole and praziquantel for schistosomes and the provision of vitamin A and iodine. In addition, school-based health services are supported by skills based health education and the provision of both latrines and safe drinking water. Overall worm infection by 15%, and night-blindness decreased from 5.9% to 0.7%. In addition, there was a 30% improvement in end of year exam results and 20% improvement in school attendance, with both improvements sustained in the second year of the program. The provision of safe water, sanitation and skills based health education, including hygiene education is particularly important, as these are the long-term solutions to combating helminth infection.
Deepak Kamat (2004), to evaluate the effectiveness of the international health program in Children's Hospital of Michigan. A pretest examining international health knowledge was administered to pediatric residents, and they were reexamined at the end of 1 year. Out of 20 residents who participated in the study, 11 (55%) fully participated in the international health program, and the other 9 partially participated. The mean overall pretest score was 56%. Full participant mean pretest was 57% and partial participant mean pretest was 55%. The mean overall posttest score was 65.8% ($P < .004$). Full participant mean posttest was 69% ($P < .005$) and Partial participant mean posttest was 62%. Despite small numbers of participants, this evaluation suggests that knowledge in international health can be expanded through a training program.

Lohsoonthorn P et al. (2005) on the effect of health surveillance and health education on primary school children was done in grades 3-6 of three primary schools in Cholburi province, eastern region of Thailand. Test scores of health knowledge increased with the grades of the school children. The mean differences between preliminary (pre-test) and subsequent test (post-test) scores of health knowledge in the Experiment 2 school (health surveillance and health education) and the control school were significant ($P < 0.01$). Test scores for health practice concerning personal cleanliness of the Experiment 1 school (health surveillance) and grades 5 and 6 of the Experiment 2 (health surveillance and health education) school were significantly different ($P < 0.01$) and their mean differences were also significant when compared with the control school. The correlation coefficients of health knowledge and health practice scores in every grade of all schools showed no definite correlation.

Garg B.S (2003) conducted a study to find out the prevalence of intestinal parasites and its epidemiological correlates among rural Indian school going (6-
14 years) children and to study about child to child hygiene education on personal hygiene of school children in a tribal school of Wardha district. The prevalence of intestinal parasitic infection was significantly high among children having dirty untrimmed nails (47.4%) and those having poor hand washing practices (37.2%). One month after education, the proportion of children hand wash with soap after defecation significantly improved from 63.6% to 78%. The proportion of clean and cut nails also improved from 67.8% to 80%. Thus life skills based child to child hygiene education was effective for behavior change.

Taylor – Mascie et.al(2003) studied the impact of regular health education in improving knowledge, attitude and practices in the control of intestinal parasites in four rural areas of Bangladesh. Two areas received health education and other two areas were control. In the health education areas there were significant improvements in washing with soap after defecation and before food preparation and serving, and only 0.6% of households reported using water only after defecation, an improvement of 11.6%. in the control areas, the percentage of respondents using water only after defecation lessened by 3.1%. children with all their nails trimmed increased by 55.6%(compared with 13.9% in the control areas), and the percentage without trimmed nails dropped by 24.5%( compared with 5.9% in the control areas) and two-thirds of the children in the health education areas were wearing shoes compared with only one-third of children in the control areas. By the end of the 18-month study households receiving health education showed highly significant improvements in knowledge, water and sanitation facilities and personal hygiene compared with households in the control areas.
CHAPTER - III
METHODOLOGY

This chapter deals with the methodology adopted for the study. It includes research approach, research design, setting, population, sample, criteria for sample selection, sample size and sampling technique, tool and scoring procedure, pilot study, method of data collection and plan for data analysis.

RESEARCH APPROACH

The evaluative approach is used to assess the effectiveness of structured teaching programme on selected health problems in terms of knowledge and practice among orphan children.

RESEARCH DESIGN

The design for the study is pre-experimental one group pre-test and post test design.

<table>
<thead>
<tr>
<th>Group</th>
<th>Pretest</th>
<th>Intervention</th>
<th>Post test</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>$0_1$</td>
<td>$X$</td>
<td>$O_2$</td>
</tr>
</tbody>
</table>

THE SYMBOLS USED:

Group - I Orphan children

$O_1$ - Collection of demographic data, pre test – assessment of knowledge and practice regarding selected health problems.

$X$ - Implementing Structured Teaching Programme on selected health problems.

$O_2$ - Post test knowledge and practice regarding selected health problems.
SETTING OF THE STUDY

The study was conducted in three selected orphanage homes at Tiruchy. The orphanages are Survite Social Welfare Society, Krishna home and Anbu Karunai Illam. The number of children in these three orphanages are 75, 180 and 56 respectively. The orphan children between the age group of 3 - 17 years. The total number of children between the age group of 12-15 years are 36, 54 and 22.

POPULATION

The target population of the study are orphan children in selected orphanage homes at Trichy.

SAMPLE

The sample of the study are orphan children within the age group of 12-15 years

CRITERIA FOR SAMPLE SELECTION

INCLUSION CRITERIA
1. The children who are within the age group of 12 -15 years
2. The children who are able to understand, speak and write Tamil
3. Those who are willing to participate
4. Those who were present during data collection

EXCLUSION CRITERIA
1. The children who are sick
2. Children with visual problems and hearing impairment

SAMPLE SIZE

The samples selected for the study consists of 100 orphan children.
SAMPLING TECHNIQUE

The purposive sampling technique was used for this study.

TOOL

Description of the tool

The tool consists of three parts

Part –I

It deals with demographic variables such as age, sex, education, previous health problem and duration of stay in orphanage home.

Part –II

It consists of self administered questionnaire to assess the knowledge regarding selected health problems among orphan children which consists of 30 multiple choice questions with four options among one(1) is a correct response.

Part –III

It consists of self administered dichotomous questionnaire to assess the practice regarding selected health problems among orphan children. It consists of 15 questions with alternative response of ‘Yes’ or ‘No’. Out of which 9 questions are positive questions and 6 questions are negative questions. A score of one (1) is allotted to the correct response and zero (0) to the wrong response. The total score is 15.
SCORING PROCEDURE AND INTERPRETATION

PART - II

The multiple choice questions are used to assess the knowledge regarding selected health problems. It consists of 30 questions. For right answer score is 1 and wrong answer score is 0. The total score is 30.

Based on the obtained score, the subjects were grouped into three groups as given below,

<table>
<thead>
<tr>
<th>Level of knowledge</th>
<th>Score</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate</td>
<td>24-30</td>
<td>67 – 100%</td>
</tr>
<tr>
<td>Moderately adequate</td>
<td>12-23</td>
<td>34 – 66 %</td>
</tr>
<tr>
<td>Inadequate</td>
<td>0-11</td>
<td>0 - 33%</td>
</tr>
</tbody>
</table>

PART - III

Self administered dichotomous questionnaire is used to assess the practice regarding selected health problems. It consists of 15 questions. There are two response ‘Yes’ or ‘No’. Based on the obtained score, the subjects were grouped into three groups as given below,

<table>
<thead>
<tr>
<th>Level of practice</th>
<th>Score</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate</td>
<td>11-15</td>
<td>67 – 100 %</td>
</tr>
<tr>
<td>Moderately adequate</td>
<td>6-10</td>
<td>34 – 66 %</td>
</tr>
<tr>
<td>Inadequate</td>
<td>0-5</td>
<td>0 - 33%</td>
</tr>
</tbody>
</table>
VALIDITY AND RELIABILITY OF THE TOOL

VALIDITY

The validity of the tool was established in consultation with guide and four nursing experts in the field of child health nursing and one medical expert in child health. The tool was modified according to the suggestions and recommendations of the experts.

RELIABILITY

The reliability of the self administered questionnaire regarding knowledge on selected health problems was established by test retest method, the Karl Pearson co-efficient formula was used to find out the stability of the tool and found to be reliable (r = 0.95). The split half method, where the spearman’s brown prophecy formula was used to find out the internal consistency of the tool and found to be reliable (R = 0.94).

The reliability of the self administered dichotomous questionnaire regarding practice on selected health problems was established by test retest method, the Karl Pearson co-efficient formula was used to find out the stability of the tool and found to be reliable (r = 0.93). The split half method, where the spearman’s brown prophecy formula was used to find out the internal consistency of the tool and found to be reliable (R = 0.94).

PILOT STUDY

The pilot study was conducted in Arul Jothi Ashramam at Dharapuram for a period of 7 days. The investigator obtained written permission from the head of the institution and oral consent from each participant prior to the study. 10 orphan children were selected who met the inclusion criteria by using
purposive sampling technique and established rapport with them and demographic variables were collected. The knowledge and practice of orphan children regarding selected health problems was assessed by using a self administered questionnaire and self administered dichotomous questionnaire before giving structured teaching programme. Immediately after the pretest, structured teaching programme was given for 1 hour by using Laptop and compact disc to the group of children and its effectiveness was assessed on 7th day by using same self administered and self administered dichotomous questionnaire. Data were analyzed and findings of the pilot study showed that the mean post test knowledge scores (22.5) were significantly higher than mean pretest knowledge score(11.0) and the mean post test practice scores (12.9) were higher than the mean pretest practice scores (9.1). The pilot study indicated that it is feasible and practicable to conduct the main study.

**DATA COLLECTION PROCEDURE**

The study was conducted in 3 selected orphanage homes such as Krishna Home, Anbu Karunai Illam and Survite Social Welfare Society At Trichy. The data were collected for the period of 4 weeks in the month of August 2009. The investigator obtained written permission from the head of the institutions and oral consent was obtained from each participant prior to the study and established rapport with them. The sample were selected by using purposive sampling technique. Total number of samples were 100. In survite social welfare society, 30 samples were selected. The demographic variables are collected and pretest was conducted on the first day by using using self administered questionnaire and dichotomous questionnaire to assess knowledge and practice regarding selected health problems. On the second day, the group teaching was given for 3 groups which includes 10 members in a group by using laptop and
compact disc for one hour regarding selected health problems. The post test was conducted on 7th day from the day of teaching. In Krishna Home, 50 samples were selected. The demographic variables are collected and pretest was conducted on the first day by using self administered questionnaire and dichotomous questionnaire to assess knowledge and practice regarding selected health problems. On the second day, the group teaching was given for 5 groups which includes 10 members in a group by using laptop and compact disc for one hour regarding selected health problems. The post test was conducted on 7th day from the day of teaching. In Anbu Karunai Illam, 20 samples were selected. The demographic variables are collected and pretest was conducted on the first day by using self administered questionnaire and dichotomous questionnaire to assess knowledge and practice regarding selected health problems. On the second day, the group teaching was given for 2 groups which includes 10 members in a group by using laptop and compact disc for one hour regarding selected health problems. The post test was conducted on 7th day from the day of teaching. The data were entered and analyzed using statistical measurement.
## PLAN FOR DATA ANALYSIS

<table>
<thead>
<tr>
<th>S.NO</th>
<th>DATA ANALYSIS</th>
<th>METHOD</th>
<th>PURPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Descriptive statistics</td>
<td>Frequency, percentage Mean, Standard Deviation</td>
<td>To describe the demographic variables of orphan children. To assess the pre and post test knowledge and practice regarding selected health problems.</td>
</tr>
<tr>
<td>2.</td>
<td>Inferential statistics</td>
<td>Paired ‘t’ - Test Karl Pearson’s correlation Chi-square Test</td>
<td>To compare the pretest and post test level of knowledge and practice within the group. To correlate post test knowledge and practice scores regarding selected health problems. To find the association between post test knowledge scores regarding selected health problems with their selected demographic variables.</td>
</tr>
</tbody>
</table>
PROTECTION FOR HUMAN SUBJECTS

The research was conducted after the approval of dissertation committee. The written consent was obtained from the head of the institutions and the verbal consent of each study subject was obtained by explaining the purpose of the study, before collecting the data. It is assured that confidentiality will be maintained throughout the study.
CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the description of sample characteristics and analysis and interpretation of the data collected from orphan children in selected orphanage homes at Trichy. The collected data was organized and interpreted by using descriptive and inferential statistics and was coded and analyzed as per objectives of the study under the following headings.

ORGANIZATION OF DATA

The data has been tabulated and organized as follows,

Section – A : Frequency and percentage distribution of demographic variables of orphan children
Section – B : Comparison of pretest and post test knowledge and practice scores regarding selected health problems among orphan children
Section – C : Correlation between post test knowledge and practice scores regarding selected health problems among orphan children
Section – D : Association between post test knowledge scores regarding selected health problems among orphan children with their selected demographic variables
**SECTION – A**

**FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF ORPHAN CHILDREN**

Table : 1

Frequency and percentage distribution of demographic variables of orphan children

<table>
<thead>
<tr>
<th>S.NO</th>
<th>DEMOGRAPHIC VARIABLE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>AGE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1</td>
<td>12 Years</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>1.2</td>
<td>13 Years</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>1.3</td>
<td>14 Years</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>1.4</td>
<td>15 Years</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>2.</td>
<td><strong>SEX</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1</td>
<td>Female</td>
<td>45</td>
<td>45</td>
</tr>
<tr>
<td>2.2</td>
<td>Male</td>
<td>55</td>
<td>55</td>
</tr>
<tr>
<td>3.</td>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.1</td>
<td>6th Std</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>3.2</td>
<td>7th Std</td>
<td>31</td>
<td>31</td>
</tr>
<tr>
<td>3.3</td>
<td>8th Std</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>3.4</td>
<td>9th Std</td>
<td>44</td>
<td>44</td>
</tr>
</tbody>
</table>

N = 100
<table>
<thead>
<tr>
<th>S.NO</th>
<th>DEMOGRAPHIC VARIABLE</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>PREVIOUS HEALTH PROBLEM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1a</td>
<td>Head lice infestation</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>4.1b</td>
<td>Scabies</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>4.1c</td>
<td>Typhoid fever</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>4.1d</td>
<td>Worm infestation</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>4.1e</td>
<td>Hepatitis A</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>4.1f</td>
<td>Iron deficiency anemia</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>4.2</td>
<td>No</td>
<td>36</td>
<td>36</td>
</tr>
<tr>
<td>5.</td>
<td>DURATION OF STAY IN ORPHANAGE HOME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1</td>
<td>Less than 1 year</td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>5.2</td>
<td>More than 1 year</td>
<td>63</td>
<td>63</td>
</tr>
</tbody>
</table>
Table : 1

Showed that among 100 orphan children who belong to the age group of 12 years were 28 (28 %), 17 (17 %) children were in the age group of 13 years. Majority of children 37 (37 %) were in the age group of 14 years and 18 (18 %) children were in the age group of 15 years. (Fig.2)

Regarding sex of the children 45 (45%) were female and 55 (55%) were male. (Fig.3)

With regard to the educational status 9 (9%) of children were 6th Std, 31 (31%) of children were 7th Std, 16 (16%) of children were 8th Std and 44 (44%) of children were 9th Std. (Fig.4)

Regarding previous health problem, 24 (24%) of children had headlice infestation, 19 (19%) of children had scabies, 3 (3%) of children had typhoid fever, 4 (4%) of children had worm infestation, 2 (2%) of children had hepatitis A, 12 (12%) of children had iron deficiency anemia and 36 (36%) of children had no any previous health problem (Fig.5)

With regard to duration of stay in orphanage home, 37 (37%) of children were stayed in orphanage home for less than one year and 63 (63%) of children were stayed in orphanage home for more than one year. (Fig.6)
Fig 2 Percentage distribution of orphan children according to their age
Fig: 3 Percentage distribution of orphan children according to their sex
Fig:4 Percentage distribution of orphan children according to their education
Fig 5: Percentage distribution of orphan children according to their previous health problem
Fig: 6 Percentage distribution of orphan children according to their duration of stay in orphanage home
SECTION – B

COMPARISON OF PRETEST AND POST TEST KNOWLEDGE AND PRACTICE SCORES REGARDING SELECTED HEALTH PROBLEMS AMONG ORPHAN CHILDREN

Table : 2 Comparison of pretest and post test knowledge scores regarding selected health problem among orphan children

<table>
<thead>
<tr>
<th>Category</th>
<th>Pretest Knowledge</th>
<th>Posttest Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percentage</td>
</tr>
<tr>
<td>Adequate</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Moderately adequate</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>Inadequate</td>
<td>81</td>
<td>81</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Table : 2

Showed that in pretest 19 (19%) of orphan children had moderately adequate knowledge, 81 (81%) of orphan had inadequate knowledge and none of them had adequate knowledge. In post test 71 (71%) of orphan children had adequate knowledge and 29(29%) of orphan children had moderately adequate knowledge and none of them had inadequate knowledge. It shows that post test knowledge scores higher than pretest knowledge scores.
Table 3: Comparison of pre test and post test practice scores regarding selected health problems among orphan children

N=100

<table>
<thead>
<tr>
<th>Category</th>
<th>Pretest practice</th>
<th>Posttest practice</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>percentage</td>
</tr>
<tr>
<td>Adequate</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Moderately adequate</td>
<td>72</td>
<td>72 %</td>
</tr>
<tr>
<td>Inadequate</td>
<td>28</td>
<td>28 %</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>100</td>
<td>100 %</td>
</tr>
</tbody>
</table>

Table 3

Showed that in pretest 72(72%) of orphan children had moderately adequate knowledge on practice and 28(28%) had inadequate knowledge on practice regarding selected health problems.

In post test 100(100%) of children had adequate knowledge on practice and none of them had moderately adequate and inadequate knowledge on practice. It shows that post test practice scores is higher than the pretest practice scores regarding selected health problems.
**Table 4** Comparison of mean, standard deviation and paired ‘t’ test value scores of pre test and post test knowledge regarding selected health problems among orphan children

N=100

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>Paired ‘t’ test value</th>
<th>Table value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>9.47</td>
<td>2.11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post test</td>
<td>23.78</td>
<td>2.84</td>
<td>40.77</td>
<td>1.98</td>
</tr>
</tbody>
</table>

df(99) P<0.05

**Table 4**

Showed that mean score of pre test and post test of knowledge regarding selected health problems were 9.47 (SD ± 2.11) and 23.78 (SD ± 2.84) respectively.

From that mean scores it was clear that the orphan children gained high score after implementing structured teaching programme. The table shows that calculated paired ‘t’ test value is 40.77 which was highly significant at 0.05 level hence the hypothesis was accepted.
Fig. 7 Comparison of pretest and posttest knowledge scores regarding selected health problems among orphan children.
Table 5: Comparison of mean, standard deviation and ‘t’ value scores of pre test and post test practice regarding selected health problems among orphan children

\( N = 100 \)

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard deviation</th>
<th>Paired ‘t’ test value</th>
<th>Table value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>6.40</td>
<td>1.47</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post test</td>
<td>13.45</td>
<td>0.92</td>
<td>38.92</td>
<td>1.98</td>
</tr>
</tbody>
</table>

\( df(99) \)

\( P < 0.05 \)

Table 5

Showed that mean score of pre test and post test practice regarding selected health problems were 6.40 (SD ± 1.47) and 13.45 (SD ± 0.92) respectively.

From that mean scores it was clear that the orphan children gained high score after implementing structured teaching programme. The table shows that calculated paired ‘t’ test value is 38.92 which was highly significant at 0.05 level hence the research hypothesis (H₂) was accepted.
Fig :8 Comparison of pretest and posttest practice scores regarding selected health problems among orphan children
SECTION - C

CORRELATION BETWEEN POST TEST KNOWLEDGE AND PRACTICE SCORES REGARDING SELECTED HEALTH PROBLEMS AMONG ORPHAN CHILDREN

Table : 6 Correlation between posttest knowledge and practice scores regarding selected health problems among orphan children

<table>
<thead>
<tr>
<th>GROUP</th>
<th>MEAN</th>
<th>CORRELATION</th>
<th>TABLE VALUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>23.78</td>
<td>0.138</td>
<td>0.195</td>
</tr>
<tr>
<td>Practice</td>
<td>13.45</td>
<td>(NS)</td>
<td></td>
</tr>
</tbody>
</table>

df(98) NS – Not significant P<0.05

Table : 6

Showed that the post test knowledge and practice correlation is calculated as 0.138 which is no significant at the level of P<0.05. It shows that there is no correlation between knowledge and practice regarding selected health problems among orphan children.
ASSOCIATION BETWEEN POST TEST KNOWLEDGE SCORE OF ORPHAN CHILDREN WITH THEIR SELECTED DEMOGRAPHIC VARIABLES

Table 7: Association between post test knowledge score of orphan children with their selected demographic variables

<table>
<thead>
<tr>
<th>S.No</th>
<th>Demographic variables</th>
<th>Adequate knowledge</th>
<th>Moderately adequate knowledge</th>
<th>Inadequate knowledge</th>
<th>$\chi^2$-value</th>
<th>Table value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>F</td>
<td>%</td>
<td>f</td>
<td>%</td>
<td>f</td>
</tr>
<tr>
<td>1.</td>
<td>AGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>12 Years</td>
<td>7</td>
<td>7</td>
<td>21</td>
<td>21</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>13 Years</td>
<td>12</td>
<td>12</td>
<td>5</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>14 Years</td>
<td>34</td>
<td>34</td>
<td>3</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>15 Years</td>
<td>18</td>
<td>18</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2.</td>
<td>SEX</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>28</td>
<td>28</td>
<td>17</td>
<td>17</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>43</td>
<td>43</td>
<td>12</td>
<td>12</td>
<td>-</td>
</tr>
<tr>
<td>3.</td>
<td>EDUCATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6th Std</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>7th Std</td>
<td>12</td>
<td>12</td>
<td>19</td>
<td>19</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>8th Std</td>
<td>13</td>
<td>13</td>
<td>3</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>9th Std</td>
<td>42</td>
<td>42</td>
<td>2</td>
<td>2</td>
<td>-</td>
</tr>
</tbody>
</table>

N=100

1. $\chi^2=41.9$ (S) $\chi^2$-value = 7.81
2. $\chi^2=1.41$ (NS) $\chi^2$-value = 3.84
3. $\chi^2=30.6$ (S) $\chi^2$-value = 7.81
<table>
<thead>
<tr>
<th>S.No</th>
<th>Demographic variables</th>
<th>Adequate knowledge</th>
<th>Moderately adequate knowledge</th>
<th>Inadequate knowledge</th>
<th>$\chi^2$-value</th>
<th>Table value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$f$</td>
<td>%</td>
<td>$f$</td>
<td>%</td>
<td>$f$</td>
</tr>
<tr>
<td>4.</td>
<td>PREVIOUS HEALTH PROBLEM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>➢ Head lice infestation</td>
<td>18</td>
<td>18</td>
<td>6</td>
<td>6</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>➢ Scabies</td>
<td>10</td>
<td>10</td>
<td>9</td>
<td>9</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>➢ Typhoid fever</td>
<td>3</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>➢ Worm infestation</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>➢ Hepatitis A</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>➢ Iron deficiency anemia</td>
<td>10</td>
<td>10</td>
<td>2</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>➢ No</td>
<td>27</td>
<td>27</td>
<td>9</td>
<td>9</td>
<td>-</td>
</tr>
<tr>
<td>5.</td>
<td>DURATION OF STAY IN ORPHANAGE HOME</td>
<td></td>
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<tr>
<td></td>
<td>Less than 1 year</td>
<td>31</td>
<td>31</td>
<td>6</td>
<td>6</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>More than 1 year</td>
<td>40</td>
<td>40</td>
<td>23</td>
<td>23</td>
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</tr>
</tbody>
</table>

Df(1) NS – Not significant S – Significant P<0.05"
Table : 7

Showed that association of post test knowledge score regarding selected health problems among orphan children in selected orphanage homes with their selected demographic variables.

Chi – square values were calculated to find out the association between knowledge of orphan children with age, sex, education, previous health problem and duration of stay in orphanage home. It was found that the demographic variables such as age, education, previous health problem and duration of stay in orphanage home are significant at the level of \( P<0.05 \) with the post test knowledge scores regarding selected health problems in a selected orphanage homes. Only the sex is not associated with knowledge scores regarding selected health problems among orphan children.
CHAPTER – V
DISCUSSION

The aim of this present study was to evaluate the effectiveness of structured teaching programme on selected health problems in terms of knowledge and practice among orphan children in selected orphanage homes at Trichy. 100 orphan children were selected for the study by using purposive sampling technique, the data were collected by using self administered questionnaire and dichotomous questionnaire and statistically analysed. This chapter attempts to discuss the findings of the study as per objective. These findings are discussed under the following headings,

1. Assess the demographic characteristics of orphan children
2. Assess the pretest knowledge and practice scores regarding selected health problems among orphan children.
3. Assess the posttest knowledge and practice scores regarding selected health problems among orphan children.
4. Compare the pretest and post test level of knowledge scores regarding selected health problems among orphan children.
5. Compare the pretest and post test level of practice scores regarding selected health problems among orphan children.
6. Correlate post test knowledge and practice scores regarding selected health problems among orphan children.
7. Find association between post test knowledge scores regarding selected health problems among orphan children with their selected demographic variables.
Description of demographic characteristics of orphan children

The data analysis revealed that the highest percentage (37%) of orphan children was in the age of 14 years. Majority of orphan children (55%) were male. Highest percentage of orphan children (44%) were studied 9th std. Majority of orphan children (36%) had no previous health problem. Most of the orphan children (63%) were stayed in orphanage home for more than one year.

First objective: To assess the pretest knowledge and practice scores regarding selected health problems among orphan children.

The data analysis showed that 81% of children had inadequate knowledge and 28% of children had inadequate practice before the structured teaching programme. This results reveals that the children were unaware of health problems due to inadequate knowledge and practice. This findings is supported by the study conducted by Deepak Kamat (2004), To evaluate the effectiveness of the program in imparting knowledge to pediatric residents. A pretest examining international health knowledge was administered to pediatric residents, and they were reexamined at the end of 1 year. Out of 20 residents who participated in the study, 11 (55%) fully participated in the international health program, and the other 9 partially participated. The mean overall pretest score was 56%, Full participant mean pretest was 57% and Partial participant mean pretest was 55%.

Second objective: To assess the posttest knowledge and practice scores regarding selected health problems among orphan children.

The data analysis showed that in post test knowledge the most of the orphan children 71% had adequate knowledge and 29% of orphan children had moderately adequate knowledge. In post test, 100% of orphan children had adequate practice. It was found that knowledge and practice had increased after structured teaching programme regarding selected health problems.
This findings is supported by the study conducted by Deepak Kamat (2004), to evaluate the effectiveness of the international health program in Children's Hospital of Michigan. Out of 20 residents who participated in the study, 11 (55%) fully participated in the international health program, and the other 9 partially participated. The mean overall posttest score was 65.8% ($P < .004$). Full participant mean posttest was 69% ($P < .005$) and Partial participant mean posttest was 62%. Despite small numbers of participants, this evaluation suggests that knowledge in international health can be expanded through a training program.

**Third objective:** To compare the pretest and posttest level of knowledge and practice scores regarding selected health problems among orphan children

The overall posttest mean score (23.78) and paired ‘t’ test value (40.77) showed that there is a highly significant difference in pretest and posttest level of knowledge at $P<0.05$, hence the research hypothesis ($H_1$) - (The mean posttest knowledge scores is significantly higher than the mean pretest knowledge scores regarding selected health problems) was accepted.

The overall posttest mean score (13.45) and paired ‘t’ test value (38.92) showed that there is a highly significant difference in pretest and posttest level of knowledge on practice at $P<0.05$, hence the research hypothesis ($H_2$) - (The mean posttest practice scores is significantly higher than the mean pretest knowledge on practice scores regarding selected health problems) was accepted.

This findings is supported by the study conducted by Walvekar, A.V et.al., (2006) on the impact of Child-to Child programme in increasing the knowledge, change in the attitude and practice with respect to diarrhoea among Government primary school of Mastmaradi, Karnataka. Overall improvement in the knowledge of the study group students was observed, pretest mean score was
1.44 and post test mean was 23.57 respectively. Whereas pre test mean was 4.04 and post test mean was 3.20 in control group. Prior to the intervention average of 50% of study group students knew that eating contaminated food (51.85%), drinking contaminated water (46.29%), eating food exposed to flies (46.20%) and dust (53.70%) causes diarrhoea. After the intervention more than 90% of study group students came to know about these causes. Therefore special and continuous health education of school children, in their formative years improves their knowledge and helps to develop positive attitude and healthy practices, which will eventually help to reduce diseases like diarrhoea, anaemia, malnutrition. amongst the children.

Fourth objective : To correlate post test knowledge and practice scores regarding selected health problems among orphan children.

The post test knowledge and practice scores correlation is calculated as 0.138 which is not significant at the level of P>0.05. It shows that there is no correlation between knowledge and practice regarding selected health problems among orphan children. Hence the research hypothesis H₃ was revealed as there is no significant correlation between post test knowledge and practice scores regarding selected health problems.

This findings is supported by the study conducted by Lohsoonthorn .P et.al(2005) on the effect of health surveillance and health education on primary school children was done in grades 3-6 of three primary schools in Cholburi province, eastern region of Thailand. Test scores of health knowledge increased with the grades of the school children. The mean differences between preliminary (pre-test) and subsequent test (post-test) scores of health knowledge in the Experiment 2 school(health surveillance and health education) and the control school were significant (P < 0.01). Test scores for health practice
concerning personal cleanliness of the Experiment 1 school (health surveillance) and grades 5 and 6 of the Experiment 2 (health surveillance and health education) school were significantly different ($P < 0.01$) and their mean differences were also significant when compared with the control school. The correlation coefficients of health knowledge and health practice scores in every grade of all schools showed no definite correlation.

**Fifth objective:** To find association between post test knowledge scores regarding selected health problems among orphan children with their selected demographic variables.

Chi – square values were calculated to find out the association between knowledge of orphan children with age, sex, education, previous health problem and duration of stay in orphanage home. It was found that the demographic variables such as age, education, previous health problem and duration of stay in orphanage home are significant at the level of $P<0.05$ with the post test knowledge scores regarding selected health problems in a selected orphanage homes. Only the sex is not associated with knowledge scores regarding selected health problems among orphan children.
CHAPTER – VI
SUMMARY, CONCLUSION, IMPLICATION, RECOMMENDATIONS AND LIMITATIONS

This chapter is divided into five aspects
➢ Summary of the study
➢ Conclusion
➢ Implication for nursing
➢ Recommendations
➢ Limitations

SUMMARY OF THE STUDY

This study was done to assess the effectiveness of structured teaching programme on selected health problems in terms of knowledge and practice among orphan children.

The research approach and design used for the study was evaluative approach and pre experimental one group pre test and post test design. This study was conducted in selected orphanage homes at Trichy. The conceptual framework was based on the Von Bertlanffy general system (1968 model). The sample size was 100 orphan children. The sample were selected by purposive sampling method. The children were assessed for knowledge and practice regarding selected health problems before and after structured teaching programme.
The self administered questionnaire and self administered dichotomous questionnaire was used for the data collection to assess the knowledge and practice among orphan children.

The investigator gave brief introduction and pretest was conducted for 1 hour based on this structured teaching programme on selected health problems. After the pretest structured teaching programme was given by using laptop and compact disc, post test was done after 7th day of structured teaching programme. The data were analyzed and interpreted by using descriptive and inferential statistics.

The major findings are summarized as follows:

- Highest percentage (37%) of orphan children was in the age of 14 years
- Highest percentage (55%) of orphan children were male
- Majority of orphan children (44%) were studied 9th std.
- Highest percentage (36%) of orphan children had no previous health problem
- Most of the orphan children (63%) were stayed in orphanage home for more than one year
- During the pretest most of the orphan children (81%) had inadequate knowledge and 19% of children had moderately adequate knowledge, as in post test most of the children(71%) had adequate knowledge and 29% of children had moderately adequate knowledge.
- During the pretest the orphan children (28%) had inadequate practice and 72% of children had moderately adequate practice, as in post test most of the children (100%) had adequate practice.
- Highly significant difference was found between pretest and post test knowledge and practice scores (P<0.05). It was found that there was a significant association between post knowledge score of orphan children
with age, education, previous health problem and duration of stay in orphanage home.

The study revealed that the knowledge and practice score regarding selected health problems was highly significant after administration of structured teaching programme.

CONCLUSION

The study findings revealed that there was a significant improvement in the knowledge and practice scores among orphan children by structured teaching programme based on the statistical findings (paired ‘t’ test value - 40.77 and 38.92). It is evident that the structured teaching programme has motivated the children and helped them to acquire knowledge and knowledge on practice about selected health problems which promotes safe practice of the children and ensure children’s well-being.

IMPLICATION FOR NURSING

**Nursing Service**

- Nursing personnel can educate the children about the selected health problems and its care
- Nursing service department can have a education cell with a group of adequately trained nurses for developing health education manual for teaching about selected health problems among children
- Health promotion is a vital function of nurse and nurse can use the structured teaching programme on 3 levels of prevention ie primary, secondary and tertiary prevention.
Nursing education

- Students can utilize the structured teaching programme to give education to children regarding selected health problems.
- The findings would help nurses in planning, organizing and implementing educational programme in the hospital and in the community.

Nursing administration

- Nursing administrators can conduct periodical inservice education programme for the staff nurses about selected health problems among children.
- Nurse administrator have more responsibility as supervisors on creating awareness among orphan children regarding selected health problems and can plan mass education programme in various orphanage home.

Nursing research

- The findings of the study will provide a baseline data for further studies on selected health problems.
- Nurse educators may use the findings of the present study to identify the factors that require further assessment.

RECOMMENDATION

- A similar study can be conducted on large population for generalization of findings.
- A study can be conducted to identify the practices of children to prove the result of the study.
- Similar study may be conducted in first aid management of selected health problems in the community setting.
A comparative study can be conducted to find out the effect of structured teaching programme and video tape information for children regarding the selected health problems.

A comparative study can be conducted to find out the effect of structured teaching programme regarding selected health problems in different orphanage homes.

LIMITATIONS

- It was more time consuming to explain the children because of difference in their understanding.
BOOK REFERENCES


**JOURNALS**


NET REFERENCE:

31. http://nejm.org/cgi/content/abstract/321/22/1506
34. http://ihciftci@hotmail.com
35. http://niv_em@netvision.net.il
36. http://creativecommons.org/licenses/by/2.0
STRUCTURED TEACHING PROGRAMME

TOPIC : SELECTED HEALTH PROBLEMS
GROUP : ADOLESCENT (12 – 15 YEARS)
PLACE OF TEACHING : ORPHANAGE HOME
INSTRUCTOR : L. HEMAVATHY, M.Sc(N) – II YEAR
TIME : 1 HOUR
METHOD OF TEACHING : LECTURE CUM DISCUSSION
TEACHING AIDS : COMPACT DISC

CENTRAL OBJECTIVE

To help the children who are in orphanages to gain knowledge and understanding about, definition, causes, signs and symptoms, management and prevention of selected health problems and develop desirable attitude and skills to apply knowledge in practice.

SPECIFIC OBJECTIVE

At the end of this class, the children will be able to
- define health
- define health problems
- explain head lice infestation, management and prevention
- know about scabies, management and prevention
- describe typhoid fever, management and prevention
- enumerate worm infestation, management and prevention
- state hepatitis A, management and prevention
- understand iron deficiency anemia, management and prevention
<table>
<thead>
<tr>
<th>S.NO</th>
<th>SPECIFIC OBJECTIVE</th>
<th>CONTENT</th>
<th>AV AIDS</th>
<th>TEACHER’S ACTIVITY</th>
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</thead>
</table>
| 2.   | The students will be able to:     | Health:  
       define health  
       Health is a state of complete physical, mental  
       and social well being and not merely an  
       absence of disease or infirmity.         |         | Lecture cum discussion       |
| 3.   | define health problems            | Health problems:  
       A state in which unable to function normally  
       and without pain  
       Common health problems  
       ➢ Head lice infestation  
       ➢ Scabies  
       ➢ Typhoid fever  
       ➢ Worm infestation – round worm, pin  
       worm, hook worm  
       ➢ Hepatitis A  
       ➢ Iron deficiency anemia |         | Lecture cum discussion       |
<table>
<thead>
<tr>
<th>S.NO</th>
<th>SPECIFIC OBJECTIVE</th>
<th>CONTENT</th>
<th>AV AIDS</th>
<th>TEACHER'S ACTIVITY</th>
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<tbody>
<tr>
<td>1.</td>
<td>Introduce the topic</td>
<td>INTRODUCTION Children's health, focuses on the well-being of children from conception to adolescence. It is vitally concerned with all aspects of children's growth and development and with the unique opportunity that each child has to achieve their full potential as a healthy adult. Unfortunately, even the healthiest children can get sick. It is worth knowing the signs and symptoms of the common childhood illnesses as well as the treatment and prevention of these illnesses. There are a number of common childhood conditions such as nutritional deficiencies and infectious diseases, which may be unavoidable. But children are also subject to serious infectious diseases, and nutrient deficiency diseases, some of which can be prevented</td>
<td>Lecture cum discussion</td>
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<tr>
<td>4.</td>
<td>explain head lice infestation, management and prevention</td>
<td><strong>HEAD LICE INFESTATION</strong></td>
<td></td>
<td>Lecture cum discussion</td>
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<tr>
<td></td>
<td></td>
<td>It is an infestation of the scalp by the head louse</td>
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<td></td>
<td></td>
<td><strong>CAUSES</strong></td>
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<tr>
<td></td>
<td></td>
<td>• Head to head contact with an already infested person</td>
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<td></td>
<td></td>
<td>• Wearing clothing such as hats, scarves, hairribbons</td>
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<td></td>
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<td>• Using infested combs and towels</td>
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<td></td>
<td></td>
<td>• Lying on a bedlinen, pillow that has contact with an infested person</td>
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<td></td>
<td></td>
<td>• Poor hygiene</td>
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<td>SPECIFIC OBJECTIVE</td>
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<td></td>
<td>CLINICAL MANIFESTATIONS</td>
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<tr>
<td></td>
<td>➢ Head lice are found commonly along the back of the head and behind the ears</td>
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<td></td>
<td>➢ Eggs are stucked to the hair</td>
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<tr>
<td></td>
<td>➢ Feeling of something moving in the hair</td>
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<tr>
<td></td>
<td>➢ Intense itching and scores on scratching</td>
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<tr>
<td></td>
<td>MANAGEMENT</td>
<td></td>
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<td></td>
<td>The most important step in treating a head lice infestation is to treat the person and other members with head lice with medication to kill the lice.</td>
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<td></td>
<td>Treat the infested person as follows:</td>
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<tr>
<td></td>
<td>1. Before applying treatment, cover the chest with towel.</td>
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<td></td>
<td>2. Can use commercially available medicines like ‘Kens’, ‘Medicare’</td>
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<td>3. Apply lice medicine, according to label instructions. Pay special attention to instructions on the bottle regarding how long the medication should be left on and comb the hair with fine toothed combs and take hair wash.</td>
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<td>4. Do not keep unused medicine in the shelf. Discard in the dustbin</td>
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<td>5. Have the infested person put on clean clothing after treatment.</td>
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<td></td>
<td>6. If a few live lice are still found, comb dead and remaining live do not retreat. Comb dead and remaining live lice out of the hair. The medicine may take longer to kill lice. Reapply as instructed in the label.</td>
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<td>7. Nit (head lice egg) combs should be used to comb nits and lice from the hair shaft regularly once in a week.</td>
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<td>8. Use the hot water (130°F) for at least 20 minutes to wash all washable clothing and bed linens that the infested person wore or used during the 2 days of treatment. 9. Dry clean clothing in sunlight that is not washable, (coats, hats, Scarves, mats, bed, pillows) 10. Wash combs with soap and hot water.</td>
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<td></td>
<td><strong>PREVENTION</strong></td>
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<td></td>
<td>• Avoid head-to-head contact common during play at school and at home • Do not share clothing, such as hats, scarves, coats or hair ribbons. • Do not share infested combs or towels.</td>
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</table>
| 5.   | know about scabies, management and prevention | • Do not lie on bed linen, pillows, that have recently been in contact with an infested person.  
• Keep hair clean. Take hair wash once a week  
**COMPLICATIONS**  
➢ Anemia  
➢ Infected ulcers in the skull  
➢ Infection in eyes  
**SCABIES**  
Scabies is an infestation of the skin by the itchmite  
**CAUSES**  
➢ Poor hygiene  
➢ Close physical contact with an infected person  
➢ Sharing of contaminated clothing, towels and bed linen | | Lecture cum discussion |
<table>
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<tr>
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<tr>
<td></td>
<td></td>
<td>CLINICAL MANIFESTATIONS</td>
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<tr>
<td></td>
<td></td>
<td>➢ Severe itching</td>
<td></td>
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<td></td>
<td></td>
<td>➢ Lesions between fingers and toes, armpits, wrists, feet and ankles</td>
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<td></td>
<td></td>
<td>➢ Intense itching during night</td>
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<td></td>
<td></td>
<td>➢ Blisters and rashes</td>
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<td>TREATMENT</td>
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<td></td>
<td></td>
<td>Benzyl benzoate emulsion</td>
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<td></td>
<td></td>
<td>➢ Before applying the medication, a warm bath using a soap helps to clean the skin</td>
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<td></td>
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<td>➢ Benzyl benzoate emulsion may then be applied in a thin layer from the neck down.</td>
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<td>➢ The medication is left for and washed off after twenty four hours.</td>
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<td>➢ It should be repeated two or threetimes.</td>
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<td></td>
<td></td>
<td>Keep the medicine away from children’s reach</td>
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<td></td>
<td></td>
<td>Other children staying in the same room also to be treated.</td>
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<td><strong>PREVENTION</strong></td>
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<td></td>
<td></td>
<td>➢ Take bath daily using soap</td>
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<td></td>
<td>➢ Wash hands regularly</td>
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<td></td>
<td>➢ Use clean clothings</td>
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<td></td>
<td></td>
<td>➢ Do not share your clothes with other children</td>
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<td></td>
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<td>➢ Avoid physical contact with infected person</td>
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<td><strong>COMPLICATIONS</strong></td>
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<td></td>
<td></td>
<td>✓ Inflammation of kidney</td>
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<td></td>
<td></td>
<td>✓ Formation of crusts, pustules in the skin</td>
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<tr>
<td>S.NO</td>
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<td>AV AIDS</td>
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<td>6.</td>
<td>describe typhoid fever, management and prevention</td>
<td><strong>TYPHOID FEVER</strong>&lt;br&gt;Typhoid fever is a bacterial infection caused by salmonella typhi&lt;br&gt;&lt;br&gt;&lt;strong&gt;CAUSES&lt;/strong&gt;&lt;br&gt;➢ Ingestion of contaminated food and water&lt;br&gt;➢ Open air defecation&lt;br&gt;➢ Not washing the hands with soap and water&lt;br&gt;➢ Contamination of foods through flies&lt;br&gt;➢ Poor hygiene&lt;br&gt;➢ Uncleaned long nails&lt;br&gt;&lt;br&gt;&lt;strong&gt;CLINICAL MANIFESTATIONS&lt;/strong&gt;&lt;br&gt;• Step ladder type of fever for 3–4 weeks&lt;br&gt;• Head ache&lt;br&gt;• Abdominal pain&lt;br&gt;• Poor appetite</td>
<td>Lecture cum discussion</td>
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<td></td>
<td></td>
<td>• Malaise</td>
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<td></td>
<td>• Diarrhea</td>
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<td></td>
<td>• Coated tongue</td>
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<td><strong>MANAGEMENT</strong></td>
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<td></td>
<td></td>
<td>➢ Take bland diet</td>
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<td></td>
<td></td>
<td>➢ Drink more fluids</td>
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<td></td>
<td></td>
<td>➢ Hospitalize the child</td>
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<td></td>
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<td>➢ Take antibiotics as prescribed by doctor</td>
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<td></td>
<td>➢ Reduce fever by using tepid sponging</td>
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<td></td>
<td></td>
<td>➢ Maintain good oral hygiene</td>
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<td><strong>PREVENTION</strong></td>
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<td>➢ Wash hands before eating and after defecation</td>
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<td>➢ Avoid eating food items that are kept in the air, uncovered</td>
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<td></td>
<td></td>
<td>➢ Drink boiled water</td>
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| 7.    | enumerate worm infestation, management and prevention | **WORM INFESTATION**  
Worm infestation contribute significantly to global burden of diseases in children  
Some common worms are round worm, pinworm and hookworm  
**ROUND WORM - CAUSES**  
- Ingestion of contaminated food and water  
- Poor hygiene  
- Intimate contact with infested pets  
- Playing in the soil and not washing the hand | ![Image of worm] | Lecture cum discussion |
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<th>CONTENT</th>
<th>AV AIDS</th>
<th>TEACHER’S ACTIVITY</th>
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</table>
|       |                    | ➢ Eating fruits and raw vegetables without washing  
            ➢ Recycling of waste water into crop fields |         |                    |

**CLINICAL MANIFESTATIONS**

➢ Fever  
➢ Vomiting  
➢ Irritability  
➢ Worms in faeces or vomitus  
➢ Abdominal distension  
➢ Cough

**MANAGEMENT**

- Take antihelminthic drugs as per doctors order

**PREVENTION**

➢ Wash hands before eating  
➢ Do not bite the nails
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<th>CONTENT</th>
<th>AV AIDS</th>
<th>TEACHER’S ACTIVITY</th>
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</thead>
</table>
|       |                   | ✓ Nails should be kept short  
|       |                   | ✓ Drink boiled water  
|       |                   | ✓ Wash vegetables and fruits before eating  
|       |                   | ✓ Avoid close contact with pet animals  
|       |                   | COMPLICATIONS |         |                   |
|       |                   | • Poor growth  
|       |                   | • Nutritional deficiencies  
|       |                   | • Infestation into the lungs  
|       |                   | **PIN WORM INFESTATION – CAUSES** |         |                   |
|       |                   | • Overcrowding  
|       |                   | • Insanitary living conditions  
|       |                   | • Nail biting  
|       |                   | • Poor hygiene  
|       |                   | **CLINICAL MANIFESTATIONS** |         |                   |
|       |                   | ✓ Perianal itching especially in night  
|       |                   | ✓ Poor appetite  
<p>| | | | | |
|       |                   | |         |                   |</p>
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<th>S.NO</th>
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<th>AV AIDS</th>
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</table>
|      |                   | ✓ Weight loss  
✓ Abdominal pain  
✓ Diarrhea  
✓ Nausea  
✓ Vomiting  
✓ Grinding of teeth |         |        |                    |
|      | MANAGEMENT        | Take antihelminthic drugs as per doctor’s order  
Nails of the child should be kept short  
Child should wear an underwear  
Wash clothes in hot water and dry it in sunlight |         |        |                    |
|      | PREVENTION        | Wash hands with soap and water after defecation and before eating  
Avoid nail biting |         |        |                    |
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<td></td>
<td></td>
<td>➢  Donot play in sand</td>
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<td></td>
<td>➢  Maintain good personal hygiene</td>
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<td>➢  Wear slippers while going out</td>
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<td>➢  Wear clean clothes</td>
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<td><strong>COMPLICATIONS</strong></td>
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<td></td>
<td></td>
<td>•  Re-infection</td>
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<td></td>
<td></td>
<td>•  Anal ulcers</td>
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<td><strong>HOOK WORM INFESTATION – CAUSES</strong></td>
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<td></td>
<td></td>
<td>➢  Open air defecation</td>
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<td></td>
<td></td>
<td>➢  Walking bare foot</td>
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<td></td>
<td></td>
<td>➢  Handling infected soil</td>
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<td></td>
<td></td>
<td>➢  Ingestion of contaminated food and water</td>
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<td>CLINICAL MANIFESTATIONS</td>
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<tr>
<td></td>
<td></td>
<td>➢ Abdominal pain</td>
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<td></td>
<td></td>
<td>➢ Pallor</td>
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<td></td>
<td></td>
<td>➢ Pale tongue, eyes</td>
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<td></td>
<td></td>
<td>➢ Loss of concentration</td>
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<td></td>
<td></td>
<td>➢ Diarrhea</td>
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<td></td>
<td>➢ Loss of appetite</td>
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<td></td>
<td></td>
<td>➢ Abdominal distension</td>
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<td></td>
<td></td>
<td>➢ Fatigue</td>
<td></td>
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<td></td>
<td></td>
<td>➢ Craving to eat mud, slate, pencils, chalk pieces and ash powders</td>
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<td>MANAGEMENT</td>
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<td></td>
<td>• Adequate nutrition with iron rich foods</td>
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<td>• In severe anemia, blood transfusion is essential</td>
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<td></td>
<td>• Take antihelminthics as per doctor’s prescription</td>
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<td></td>
<td><strong>PREVENTION</strong></td>
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</tr>
<tr>
<td>✓</td>
<td>Wear slippers while going to latrine</td>
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<tr>
<td>✓</td>
<td>Use sanitary latrines</td>
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</tr>
<tr>
<td>✓</td>
<td>Wash fruits and vegetables before eating</td>
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<tr>
<td>✓</td>
<td>Hand wash properly before eating and after defecation with soap and water</td>
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<tr>
<td>✓</td>
<td>Wash the feet thoroughly after playing</td>
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<tr>
<td>✓</td>
<td>Avoid nail biting</td>
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<tr>
<td>✓</td>
<td>Always drink boiled water</td>
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<tr>
<td>✓</td>
<td>Eat iron rich foods such as ragi, jaggery, green leafy vegetables, dates</td>
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| 8.   | state hepatitis A, management and prevention | COMPLICATIONS  
✓ Anemia  
✓ Retarded physical growth and development  

**HEPATITIS A**  
It is an acute infectious disease of the liver caused by Hepatitis A virus

**CAUSES**  
- Poor sanitation  
- Ingestion of contaminated food and water  
- Poor personal hygiene  
- Over crowding |              | Lecture cum discussion |
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<th>AV AIDS</th>
<th>TEACHER’S ACTIVITY</th>
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</thead>
</table>
|      | CLINICAL MANIFESTATIONS | • Fever  
• Headache  
• Loss of appetite  
• Nausea  
• Vomiting  
• Abdominal distension  
• Constipation  
• Jaundice, Yellowish sclera  
• Dark urine  
• Fatigue | ![Image] | |
|      | MANAGEMENT | ➢ Take complete rest  
➢ Drink plenty of fluids  
➢ Eat high calorie, less protein and fatty food  
➢ Hospitalize the child if needed | ![Image] | |
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<th>AV AIDS</th>
<th>TEACHER’S ACTIVITY</th>
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</thead>
</table>
| 9.   | understand iron deficiency anemia, management and prevention | **PREVENTION**  
- Wash hands before eating and after defecation  
- Children should be immunized with vaccines  
- Eat vegetables and fruits after thorough washing  
- Always drink boiled water  
**COMPLICATIONS**  
- Chronic hepatitis  
- Liver cancer  
- Liver abscess  
**IRON DEFICIENCY ANEMIA**  
Iron deficiency anemia is the most common cause of nutritional anemia in the world. Children during phase of rapid growth such as preschool age and adolescence are at higher risk of developing iron deficiency anemia. Normal hemoglobin level is 11.5-16 g/dl | ![AV AIDS Image]  
Lecture cum discussion |
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<td></td>
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<td>CAUSES</td>
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<tr>
<td></td>
<td></td>
<td>✓ Inadequate iron intake in the food</td>
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<td></td>
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<td>✓ Poor absorption of iron</td>
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<td>✓ Increased requirement during growth spurt</td>
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<td></td>
<td>✓ Hookworm infestation</td>
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<td>CLINICAL MANIFESTATION</td>
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<td>✓ Pallor, pale eye, pale tongue</td>
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<td></td>
<td>✓ Frequent infections</td>
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<td>✓ Fatigue, palpitations, guiddiness</td>
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<td>✓ Brittle hair and nails</td>
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<td>✓ School performance, attention span, general activity is reduced and growth retardation</td>
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<td>MANAGEMENT</td>
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<td>• Iron therapy should be continued for at least 6 to 8 weeks</td>
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<td>• Blood transfusion is essential in severe anemia</td>
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</table>
|      |                    | • Take more iron rich like jaggery, ragi, drumstick, leaves and vitamin c rich foods like guava, orange, grapes, green leafy vegetables  
• Deworming of children once in 6 month |         |         |                   |
|      |                    | **PREVENTION** |         |                   |
|      |                    | ✓ Always wear slippers while going out  
✓ Hookworm infestation should be treated with antihelminthics  
✓ Iron supplements are required every day as per doctor’s advice if severely anemic  
✓ Eat iron rich foods like jaggery, ragi, drumstick leaves, dates  
✓ Take vitamin c foods like lemon, guava, orange, grapes, green leafy vegetables, to enhance the absorption of iron  
✓ Avoid open field defecation |         |         |                   |
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<td><strong>CONCLUSION</strong></td>
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<td>Recent concern has focused on groups of children who have increased morbidity: homeless children, children living in poverty, foreign born adopted children, and children in daycare centres. Health status of the children can be ameliorated through better hygienic practices, environmental sanitation, creating health awareness and nutritional intervention</td>
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<td><strong>AV AIDS</strong></td>
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வலைப்படுத்துக்கம்ப விளைக்கோற்றும்

தலைமை - அபுபால் தலைமையும் விளைக்கோற்று

துறை - 12 பேர் 15 மாதங்கள் விளைக்கோற்று

துறையும் - அரசியல் குறிப்பிட்டு

துறையும் - அரசியல் குறிப்பிட்டு

கருத்துக்கள் மறுநாட்டு - நீரில்லார் மாணவர் கால்களில் விளைக்கோற்று

பாரதத் - குறிப்பிட்டு

வரலாற்றுக் கருத்திராக்கல்கள்

வலையமைப்பால் விளைக்கோற்றுக்கின் தின்காலத்தில் விளைக்கோற்று போன்ற அனைத்துக் குறிப்பிட்டு முக்கியமான 12 பேர் 15 மாதங்கள் விளைக்கோற்று. அபுபால் தலைமையும் விளைக்கோற்று போன்று அளிப்பிக்கின்றது. விளைக்கோற்று போன்று குறிப்பிட்டு விளைக்கோற்று குறிப்பிட்டு விளைக்கோற்று. விளைக்கோற்று குறிப்பிட்டு விளைக்கோற்று

கருத்துக்கள் கருத்திராக்கல்கள்

வலையமைப்பால் விளைக்கோற்றுக்கின் தின்காலத்தில் விளைக்கோற்று குறிப்பிட்டு விளைக்கோற்று

- தொன்மையும் மாணவர் விளைக்கோற்று
- அபுபால் தலைமையும் விளைக்கோற்று போன்று விளைக்கோற்று
- கருத்திராக்கல் விளைக்கோற்று போன்று விளைக்கோற்று , கருத்திராக்கல் விளைக்கோற்று குறிப்பிட்டு விளைக்கோற்று
தானி சிறைந்த குழுப்பின் பிரிவகாலங்கள், சிறைப்பின் வளர்ச்சியும் குறிப்பிட்டு வைக்கிறான

சுப்பூர்பிள் காலகட்டம் குழுப்பின் பிரிவகாலங்கள், சிறைப்பின் வளர்ச்சியும் குறிப்பிட்டு வைக்கிறான

புள்ளிக் காலம் குழுப்பின் விலக்கங்கள், சிறைப்பின் வளர்ச்சியும் குறிப்பிட்டு வைக்கிறான

நூற்றாண்டு புத்த, கிரிபாபத், காலகட்டம் புத்த குழுப்பின் பிரிவகாலங்கள், சிறைப்பின் வளர்ச்சியும் குறிப்பிட்டு வைக்கிறான

காலம் முறை குழுப்பின் பிரிவகாலங்கள், சிறைப்பின் வளர்ச்சியும் குறிப்பிட்டு வைக்கிறான

தேசிய புத்த சிறை, சிறைப்பின் பிரிவகாலங்கள், சிறைப்பின் வளர்ச்சியும் குறிப்பிட்டு வைக்கிறான

பெருந்தை

துருத்தைகளின் எளிமையுடன் இயற்கை குருதி எளிமையிலிருந்து எளிமை பெருந்தை நடை நோக்கிய அுயர்த்திகளை வாய்ப்படுத்தும் பரிபடுத்து. துருத்தைகளின் எளிமையுடன் பெருந்தைகள் அனுக்கட்டியது. துருத்தைகளின் எளிமையுடன் பெருந்தைகள் பெருந்தை வாய்ப்படுத்தும் பரிபடுத்து. துருத்தையை குருதியுடன் எளிமையிலிருந்து எளிமை பெருந்தை வாய்ப்படுத்தும் பரிபடுத்து. துருத்தையை எளிமையுடன் எளிமையிலிருந்து எளிமை பெருந்தை வாய்ப்படுத்தும் பரிபடுத்து.
ஆசிரியர்

2. கருத்தூர் படிவாரி, “ஆசிரியர் என்னும் நாட்டுவரின் தொன்மை
மலர்ச்செயலாக,  குலம் பொறுமை குழந்தைகள் க்கு தொடர்பில் திறந்தேத் தொடர்ந்து
மைக்க முடிகத்தக்கது.”

ஆசிரியர் பரிசுச்செயலாக

நூற்று மபிப்பு நிலையான தொன்றாக பல்வேறு படங்கள் வெளியாகின.  

பல்கரணமான ஆசிரியர் பரிசுச்செயலாக

- குழந்தை போராட்டங்கள் பெற்று போராட்டம்
- பொருளாக்கம்
- வளம்பொருள் போராட்டம்
- புதுக்காட்டர் பெற்று போராட்டம்
- குழந்தை, குழந்தை, குழந்தை, குழந்தை போராட்டம்
- குழந்தை எண்ணித்து தொண்டு தொண்டு போராட்டம்
- குழந்தை போராட்டம் போராட்டம் என்று போராட்டம்
- குழந்தை போராட்டம் போராட்டம்
- குழந்தை போராட்டம்

கருநாயக்காரர்

- போராட்டங்கள் குழந்தை நிறந்து குழந்தை
- பெரும்பொருள் குழந்தை, குழந்தை, குழந்தை, குழந்தை
- போராட்டங்கள் குழந்தை
- போராட்டங்கள் குழந்தை
- போராட்டங்கள் குழந்தை
- குழந்தை போராட்டம்
அரிதேவிலான

- கூட்டுப்பிடித்து மேலும் கருதி செய்ய பதிலின் பொருள்கள் காண்பதில்.
- பொக்க பொருட்கள் பொருட்கள் வயு காண்பதில்
- கூட்டுப்பிடித்து கொண்டு வெளிப்படை பொருள் வந்தது
- முடிக்கப்பிட்டு அடிப்படை பொருள்பாடு

சிகிச்சை விளக்கம்

பாதிப்பட்டு பொருள்களின் மேலூர அபத்திகளின் தொடர்பு ஒளிக்கும் விளக்கும் பாதிப்பின்றை தியானம் பாதிக்கும் பொருள்களின் மேலூர்வாக அப்போது

தொடர்பான பொருள்களின் பொருள்கள் அபிவிடத்தில்

- சிகிச்சை முடிக்கும் பொருள் ஒரு தொடர்பளவில் மேற்பன்னை பாதிப்பின் வேலை மறையவேண்டும்.

- "நாம் என்று", பதிர்களின் பொருள் பாதிக்குதலே பொருள்பாடுகள்

- பொக்க பொருட்கள் தொடர்பில் தொடர் தொடர்புப் பொருள் மேற்பன்னை பாதிப்பின் வேலை. பொக்க பொருட்கள் தொடர்பில் தொடர் தொடர்புப் பொருள் மேற்பன்னை பாதிப்பின் வேலை.

- முடிக்கும் பொருள்கள் மேற்பன்னை அடிப்படையான அல்பொருள்களின்

- முடிக்கும் பொருள்கள் மேற்பந்தை அடிப்படையான அமைப்பளவில் காண்டு வந்து பாதுகாப்பு நோக்கும் பொருள்கள் பொருள் விளக்கம்.
• சிகிச்சகக் கிளை குறுக்குதல் 2 காலக்கடை பெண்களின் விளக்கம்.

• சிகிச்சகக் கிளை கிளை புல்கள் 2 புல்கள் கந்துபாட்டுகள், கிளைகள் குழும் கிளை நிறைத்து மற்றும் 2 புல்கள் 2 கந்துபாட்டுகள் நிற்கின் விளக்கம். பார்வைகள் மாற்று புல்கள் அடுப்புகள் சிகிச்சா கந்துபாடுகள் நிற்கின் விளக்கம். மோதல் புல்கள் முழுக்குநாட்டு தொடர் சிகிச்சா நிறுவன தொடர் விளக்கம்.

• குறுக்கு சின்னத்தில் விளக்க ஆழ்வார் குறுக்குக் கொண்டை கொண்டது.

• திக்கு 2 பாகங்கள் சிகிச்சகக் கிளை சிகிச்சா பெண்களின் மலர், பச்சைப்பர்களின் கிளைகள் செய்யும் பார்வைலிங்கத்தின் 130° நிறைத்து கிளை குழுக்கள் 20 புல்கள் கந்துபாடு குழுக்கள் விளக்கம்.

• கிளை குழு பெண்கள் பார்வைலிங்கம் (மேல் அருகில், வெளிப்புறம், குழுக்கள் குழுக்கள், புல்கள், புல்கள், கந்துபாட்டுகள் கிளை குழுக்கள் 2 பார்வைகள் விளக்கம்.

• பச்சைப்பர்களின் மலர் விளக்க பார்வையில் கிளை குழு விளக்கம்.

மெல்லிய பத்திரக்

• பார்வைகளில், சிகிச்சகக் கிளைகள் பெண்களின் பார்வை கணவர்களுடன் வெளியிலும் கணவர்களுடன் கிளைகளின் விளக்கம். பார்வைகளில் சிகிச்சா கிளைகள் பெண்கள் கந்துபாடு பார்வைகளின் விளக்கம்.

• பார்வைகளில் மலர், புல்கள் போன்ற பார்வைகள் கந்துபாடு.

• பார்வைகளில் சிகிச்சா கிளைகள் போன்ற பார்வைகள் கணவர்களுடன் பெண்கள் கந்துபாடு.

• நூலியலம் குழுக்கள் குழுக்கள் கொண்டை கொண்டது. கணவர்கள் மலர் முடிக்கும் பந்தல் நூலியலம் கொண்டை விளக்கம்.
பிற்பு ரிலேஷன்கள்

- விழுந்து தவறாக
- காலமனின் பன்னாட்டு தொடர்புகள்
- கால்சேகியூலஸ் விள்ளை

கையிலானத் தரவுகள்

- குறிப்பாட்டின் கால்வாய்ப்பு
- பாட்டின் பாலைச்செயல்கள் வேலைத்தொடர் தொடர்பு
- கையிலான நோய் தொடர்பு, பாலைச்செயல்கள், பாலைச்செயல்கள் குறிப்பிட்டுள்ளது

அவைகள்

- கதையமரண அபிஷேகம்
- பிற்பு பெருநாடான, அறிவு, விளக்கம், பாலைச்செயல்கள் குறிப்பிட்டுள்ளது
- பிற்பு பெருநாடான கதையமரண அபிஷேகம் விளக்கம், பாலைச்செயல்கள் பிறந்தது

சீர்தோற்ற வேலைகள்

“பிற்பு பெருநாடா” வகையில் பாலைச்செயல்கள் பாலைச்செயல்களின் குறிப்பிட்டுள்ளது.

பாலைச்செயல்கள் தகுதி
- செய்யப்பட பாலமுனைக்கு வாங்குவதற்கு காரணம் நோலிட்டுகிறது.
- குறிப்பிட்டுப் பின் பொருளணை பாலமுனையில் பெருமையாக ஒப்பிட்டுக்கொள்ளவும் பாலிக்குப்பட்டு சுத்திலிருக்க வேண்டும்.
- 24 மணிக்கும் முறையாக குறிப்பிட்டு கொண்டிருக்க வேண்டும். ஒருநாள் இல்லை நான்கு முறை பாலமுனைக்கு சுற்றிவிட்டு.
- நீர்காட்சியின்படி பின் சுத்திலிருந்து வெள்ளாட்சிக்குச் செய்ய.
- பாலிக்குப்பட்டு குறிப்பிட்டுக்கொள்ளவும் முறை குறிப்பிட்டுக்கொள்ளவும் இறுதியான பாலமுனைக்கு செய்ய.

குறிப்பிட்டுப் பின்

- கீழே பின் பொருளணை சுத்திலிருந்து காரணம் நோலிட்டுகிறது.
- குன்றில் பலபுரையம் டைமையாக குறிப்பிட்டு கொண்டிருக்க வேண்டும்.
- குழுவாக இரண்டுக்கும் பாலமுனைக்கு செய்ய.
- பாலிக்குப்பட்டு வருக்கும் முறையாக இரண்டுக்கும் பாலமுனைக்கும் பாலமுனைக்கு செய்ய.
- பாலியல் அணைத்துப் பின் எடுக்கா காரணம் செய்ய.

பின்னர் இணையின்றியான ஒரு பொருள் காரணம்

- குறிப்பிட்டுப் பின் சுத்திலிருந்து வெள்ளாட்சிக்குச் செய்ய.
- செய்யம், பசிய, குழுவாக்குமாறு பெருமையாக வெள்ளாட்சிக்கு செய்ய.
அப்பான் காந்தசு

கால்பாடையுள்ளதால் சலப் சாம்பல் பிக்சல்புரங்கள் அப்பான் காந்தசு வெள்ளாடுகள்.

காரணங்காணல்

- கைகள்பெட்டு தலையை வெள்ளாது விளையாட்டு விளையாட்டு
- கிளைகள் வெள்ளாடும் மலர் அமைப்பு
- கைகளை வெள்ளாது காத்மமண்டல விளைவுகள் விளையாட்டு விளையாட்டு
- கைகளை வெள்ளாது விளையாட்டு
- கால்பாடையுள்ளதால் பிக்சல்புரங்கள் வெள்ளாடுகள்

அறிவியல்

- கால்பாடையுள்ளதால் பிக்சல்புரங்கள் வெள்ளாடுகள் வெள்ளாடுகள்
- கல்லுனி
- மாம்புறுமிகள்
- பாதிப்புமண்
- கைகளை
- மாம்புறுமிகள்
- உணவையுள்ளதால் பழுது
கிைகாற்ற பல்கலைகள்

- வளையமைப்பு மாணவர் கிராமத்தில் அவர் இரண்டு தலைமுறை கிராமத்தில்
- இருப்பு தில்லியா வளையமைப்பு அடிப்படையில் வளையமைப்பு கொண்டை கிராமத்தில்
- மேலும் மாணவர் முழுப்படுத்து வளையமைப்பு முதுக்கு கிராமத்தில்
- பங்களித்த வளையமைப்பு முறையே வளையமைப்பு சுமார் கிராமத்தில்
- பங்களித்த வளையமைப்பு முறையே வளையமைப்பு சுமார் கிராமத்தில்

குடியரசு வசதிகள்

- நான்கு பாலியல் முனையம் மற்றும் நான்கு பாலியல் பிரிவுகள் சிறந்த கம்பாக கிராமத்தில்
- குறா வீட்டுப் புரோக்க சிறந்த
- பாலியல் முனையம் பாலியல் பிரிவுகள் கொண்ட கிராமத்தில்
- தொடர்ந்து செய்யும் ஆறு பேர் கிராமத்தில்
- போர்க் பல்கலைகள் கிராமத்தில் களஞ்சிய கிராமத்தில் அறிகைக்கும்
- குறா வீட்டு வீட்டு வீட்டு இரண்டும் குறா வீட்டு கிராமத்தில்
பிரிவிலைகள்

- கலில் காணப்படுத்தல்
- கலில் சிலையமைப்பு
- பிளவுப்படுத்தல் விளக்கம்
- பற்றி கற்று ஈரும்பிளவு பாதிப்பு

பாதுகாப்பு கோழிக்கை பிரிவிலைகள்

(பாதுகாப்புக்கானது குறிப்பிட்டு பாதுகாப்புக்கள் இட்டுப் பதிவு செய்து வருகையுடன். இவற்றுட் பிளவு
காண்கள் பூட்டு மதிப்பு கிளிக்கவும் பெரிதைக்கள் காணப்படும் காணப்படிகள்).

2. பாதுகாப்பு

காரணிகள்

- காரணிகளுதல் உள்ளூர் மூலம் அகற்ற கிளிக்கும் காரணிகள்
- காரணிகளுதல்
- பாதுகாப்புப் பிளவுகாட்டுப் பிளவுகாட்டுப் கிளிக்கும்
- பிளவுகாட்டு பிளவுகாட்டு பிளவுகாட்டு
- பாதுகாப்பு பிளவுகாட்டு
- கிளிக்கும் கிளிக்கும் கிளிக்கும்
- கிளிக்கும் கிளிக்கும் கிளிக்கும்

அமைப்பிற்கான

- காரணிகள்
- மாதிரி
› நாற்க்கல்

› மூன்று பயின்று மராத்திய புகழ்பொறிய கலாசாரியம்

› அரைநிலை எளிப்

› சிறையம்

சிறையம் புகழ்பொறிய

புத்தீக் மராத்தியச் சேவைகள் ஆதிக்ககள் எடுத்துக்காட்டு

குறிப்பிட்டது

› சாந்திபுரேந்தில் பூமிக் காலைய திகழ்வு காலம் கூடம்

› வரலாற்றுக் கட்டளை

› வரலாற்று சிறையம் மாநிலம் சேவை

› காலைக்கு தமிழ் மொழியை மேல் பார்க்க வேண்டும்

› காப்புற மூன்று படைகள் நூற்றாண்டு குழுவிச்சின்

› காப்புறம் எல்லாத் தொகுப்புகள் குழுவிச்சின்

› பாக்கியப்படும் விளையாட்டுச் சேவை

› பாக்கியப்படும் சேவைகளின் விளையாட்டு

› பிறந்தச் சமயத்து

› பாக்கியப்படும் விளையாட்டு

› ஆட்சியகத்தில் விளையாட்டு

› துணைப்பிரிவு பாக்கியம்
கிரிப்புரு

➤ அதிக மருத்துவ கலைஞர்
➤ காகரப்புரு குழுற்றல்
➤ தலை குழுற்றல்
➤ காகரப்புற்று

அறிக்கோள்

➤ மாணவர்கள் குழுவு சேவனங்களில் ஆபிரமணிகள்
➤ பக்தரியைப்
➤ சென்றுகைப்
➤ மாணவீரமம்
➤ மாணவர் பொருள்
➤ கிரேம்
➤ மாணுர்
➤ புத்தகக் குழுமத்து விளக்கங்கள்

சிறித்திகை வணக்கம்

➤ புத்தக மாணவிங்கள் பொருளாளரின் அலைவாரசம்பா பொருள்துறைத்துறை
➤ காகரப்புரு மாணவர் விளம்பு விளம்பு
➤ குறுநாட்டாளர் அல்லாமலைக் குழுமத்து விளம்பு
➤ புத்தகக் குழுமத்து விளம்பு அல்லாமலை விளம்பு
கற்பிழைகள்

- சர்ப்பியாகத்தாக மூழ்கும் பொழுது. நீர் பொழுதுகையில் நிலவும் உந்துக்கும் குறிப்பாக கண்டுபிடிக்கிறீர்
- முக்கியான குறிக்கும் காலம்
- பல்லவத்திலிருந்து விளையாட்டுக்கும் காலம்
- பல்லவத்திலிருந்து விளையாட்டுக்கும் காலம்
- பல்லவத்திலிருந்து விளையாட்டுக்கும் காலம்
- பல்லவத்திலிருந்து விளையாட்டுக்கும் காலம்
- பல்லவத்திலிருந்து விளையாட்டுக்கும் காலம்

பிரிவிலைப்புகள்

- பொழுது விளையாட்டு புற்றுகை
- பொழுது விளையாட்டு

ஃபார்ஸியப்புற

காரணங்கள்

- கீரைகள் பொழுதுகையில் மூழ்கும் குறிக்கும்
- காரணிகள் திறந்தும் நெடுப்பு
- திறந்தும் நெடுப்பு மூழ்கும் மெல்லியிக்கும்
- காரணிகள் திறந்தும் மூழ்கும் அக்கிட் நீர்த்தேக்காலமானது
- காரணிகள்

- மூழ்குப்புறம்
- பொழுதுகையில் குறுக்குவிடம்
குட்டி பக்தத்தில் பார்க்க விளையாடலாம்

குமாரத்தக்கவர்

மேல்புற பூச்சிய

பி.பி.விற்க

பாசீலை

அப்பொழுதேபிற

சிகளை

பெண், கம்பாராப்பட்டி, குரலில் பார்க்கப்படுத்துவது 2-3 வருடங்களைக்

சிகிச்சை வருகை

ப்ளேஸ்டா அதன் விளையாட்டுக்கு எனக்கு காக்கும் கருத்தை கொண்டு

பிளையும் பாசீக்கிழா பார்க்கும் திதி கொண்டு

நூற்றிலிருந்து பாசீலையின் முதலாவதாக பார்க்கின்றோம்

குப்பு வருகை

பெண்குடில் சேர்ந்து பார்க்க காலநிலை அளிக்கிற

குரலையன் குமாரத்தக்கவர் 2-3 வருடங்களைக்

சமாசுறுக்கன் பூச்சியம் மேலில் பாசீக்கிழா பிரதானமாக

சாத்தசார்கள் குமாரத்தக்கவர் குரலில் பிறப்பினை

சாத்தசார்கள் புரூஷக் குமாரத்தின் குரலில்

சாத்தசார்கள் குரலில் குமாரத்தின்

சிகிச்சை வருகை குமாரத்தின்
› கதாகதேசம் தம்பருந்து அறியும் வழியாக பதிவு செய்யலாம்

› தொழில்நுட்பத்தில் அறிக்கை பரலச வடிவங்களுக்கான படுகையில், தேவையுடைய பொருட்களின் வடிவங்களுக்கான படிக உருவம்.

பின்னர் விளக்கமுனை

› தேசிய விளக்க

› அதன் முக்கியத்துவம்

கட்டுமான முயற்சி A

கட்டுமான முயற்சி A நல்லாக கட்டுமானத் துறவியும் விளக்கமுனை. காரணிகளாக

› தொழில்நுட்பத் தொழில்நுட்பவளை

› தொழில்நுட்பத் தொழில்நுட்பவளை ஆறுகள் மிகுந்தவளை அரசர் விளக்கத் தொழில்நுட்பவளை

› தொழில்நுட்பவளை

› ஆறுகள் மக்கள் வளை விளக்க

அதிகரிகள்

› காலமறை

› கொள்கை

› பராநெற்றம்

› மூலம்

› வருங்காள்

› அய்வுறுக்கு வேண்டும்
› மலரிக்‌கள்

› விப்பு விசையான பலர்கள் மக்கள் முன்னே தீர்மானத்து

› அயச்செட் மக்கள் தீர்மான  கலந்திகள்

› தீச்செட்

குறிப்பிட்டு வருவாகத்

› புரோட்டோப்  செய்ய

› அதிகம் சிறுவு பார்மானித்த உயர்ந்தால் செய்ய

› அதிக கத்தோலிக், குந்து போன்ற மாது நிலையில் உயர்ந்தால் செய்ய

› மருத்துவமைச்சுருக்கில் பாந்துமான உயர்ந்தால் உயர்ந்தால்

› சுத்ரண்ட்டு விளங்கும் பார்மானித்த உயர்ந்தால்

காப்பூட்டப்படைய்

› காப்பு விளங்கும் பார்மானித்துப் பிரிவை காப்பூட்டப்படையானது

› காப்பு விளங்கும் பார்மானித்துப் பிரிவை காப்பூட்டப்படையானது

› காப்பு விளங்கும் பார்மானித்து உயர்ந்தால் குறுகி பிரிவை

› காப்பு விளங்கும் பார்மானித்து உயர்ந்தால்

பிரிவுக்கொண்டு வருவாகத்

› குறிப்பிட்டு வருவாகத் அப்பிளிக்

› கூட்டான புனிதத்து

› கூட்டான விளங்கும்  உயர்ந்தால்
உள்ளூர்தர தொழில் எழுத்து செய்யத்தகை

அவர்கள் தொழிலாளின் நூற்றாண்டில் ஏழு விளக்கங்கள் காண்பதற்கு ஆதாரம் இல்லையா? தற்கொன்று திட்டமிட்டப்பட்டுள்ளது. இது தொழிலருக்கும் முன்னோட்டத்தை எப்போதும் தொழிலருக்கும் அரிசைத் திட்டமிட்டும் மற்றும் செயல்பாடு முன்னோட்டத்தை முன்னோட்டுப் படுத்தும் வழிசெய்யும்.

காரணங்கள்

- பொழுதுமை ஓரை இறுதி தக்கான அச்சரித்ரம்
- தற்கொன்று ஓரை இறுதி தக்கான ஒருநாள்
- தற்கொன்று ஓரை இறுதி தக்கான அதைக் கொண்டு
- தன்னால் பெரும் பெண்கள் தன்னை பெண்கள்

அறிக்கைகள்

- உயிரியல்க் குறிப்பிட்டு
- அவள் மனைவு ராகவு என்ன கூறுவது
- அவளை ஒரு வெற்றியான கருத்து
- மேலுமிட்டு பற்றியுள்ளதும் பற்றியுள்ளது
- பார்வை நம்பிக்கைகள் ஒன்றும், கவனிக்கையும், அச்சரித்ரம் ஒன்றும்
கின்னவ பிறந்தனர்

- கொத்து தொடர் போர்க்கைகளை குறிப்பிட்டு இந்த வலம் வழிந்து கொண்டு கல்விக்
  முன்னெடுப்புகள்

- இல்லை விளங்கும் செய்யுள்ளன

- நீண்டுமிருந்த அதிகம் விளையாட்டு செய்யுள்ளது பலவற்றுடன், செயல்கள்,
  பொருந்தும் குறிப்பிட்டும் வகையில் கொண்டு அதிகம் விளையாட்டு செய்யுள்ளது
  வகையாக அதிகம் விளையாட்டு செய்யுள்ளது வகையில் கொண்டு அதிகம் விளையாட்டு
  செய்யுள்ளது வகையில்

- உயர்ந்த விளையாட்டு அதிகம் பிரபலம் 

கற்பட்டைகள்

- வேலைச்செய்திகள் பள்ளிகள் கல்விக்கைகள் அளிக்கின்றன.

- மறு முக்கியத்துவம் கல்விக்கைகள் அளிக்கின்றன பல்வேறு வகையில்

- நீண்டுமிருந்த அதிகம் விளையாட்டு செய்யுள்ளது பலவற்றுடன், செயல்கள்,
  பொருந்தும் குறிப்பிட்டும் வகையில் கொண்டு அதிகம் விளையாட்டு செய்யுள்ளது
  வகையாக அதிகம் விளையாட்டு செய்யுள்ளது 

- கிதாரசு வேலைச்செய்திகள் பள்ளிகள் கல்விக்கைகள் குறிக்கின்றன

புனிதை

தொண்டங்கு உயிரேற்றன குற்றகைகள் நம்பியின் யாதை செய்தக்கைகள்
அதிக்கைகளில் தினம்பலி நிதிகைகள் கொண்டு நீதிகைப்பங்கைகள். தொண்டங்கு 
செய்யுள்ள விளைவைகள் கொண்டு காலம் பதிப்பைகள் வரும் பலியை குறிப்பிட்டு 
செய்யுள்ள விளையாட்டு செய்யுள்ள பலியை குறிப்பிட்டு 
குறைவு செய்யுள்ள பலியை குறிப்பிட்டு 
செய்யுள்ள பலியை குறிப்பிட்டு கிதாரசு குறிப்பிட்டு 
செய்யுள்ள பலியை குறிப்பிட்டு
Part – I

DEMOGRAPHIC DATA

SAMPLE NO.

1. Age of the child
   a. 12 years
   b. 13 years
   c. 14 years
   d. 15 years

2. Sex of the child
   a. Girl
   b. Boy

3. Education
   a. 6\textsuperscript{th} std
   b. 7\textsuperscript{th} std
   c. 8\textsuperscript{th} std
   d. 9\textsuperscript{th} std

4. Previous health problem
   a. Yes
   b. No
      If yes: a. Headlice infestation
             b. Scabies
             c. Typhoid fever
             d. Worm infestation
             e. Hepatitis A
             f. Iron deficiency anemia

5. Duration of stay in orphanage home
   a. Less than 1 year
   b. More than 1 year
Part – II

SELF ADMINISTERED QUESTIONNAIRE
To Assess The Knowledge Of Children Regarding Selected Health Problems

1. Which one of the following is not a cause for headlice infestation?
   a. Sharing of combs
   b. Poor hygiene
   c. Contact with pets
   d. Sleeping together

2. What is the symptoms of head lice infestation?
   a. Scratching in the head
   b. Burning sensation in the head
   c. Dandruff
   d. Headache

3. What measure will you take to prevent headlice infestation?
   a. Avoid sharing of infested towel
   b. Wash clothes in cold water
   c. Avoid contact with other children
   d. Examine the head regularly

4. What is the complication for headlice infestation?
   a. Scaling
   b. Intense itching
   c. Hair fall
   d. Anemia

5. What is the causative organism for scabies?
   a. Itchmite
   b. Mosquitoes
   c. Bugs
   d. Bees
6. What is the risk factor for scabies?
   a. Using detergent soap for bath
   b. Mosquito bite
   c. Exchanging infected clothes
   d. Contact with pet animals

7. Which one of the following is not a symptom of scabies?
   a. Lesions between fingers
   b. Bluish discolouration between fingers
   c. Oedema between fingers
   d. Severe itching

8. What is the complication for scabies?
   a. Inflammation of liver
   b. Inflammation of heart
   c. Inflammation of lungs
   d. Inflammation of kidneys

9. What measure will you take to prevent scabies?
   a. Maintaining good ventilation
   b. Maintaining good personal hygiene
   c. Maintaining good water hygiene
   d. Maintaining good food hygiene

10. When will you wash the medications applied for scabies treatment?
    a. After 2 days
    b. Within one hour
    c. After 24 hours
    d. Within twelve hours

11. What is the typical characteristics of typhoid fever?
    a. Constant fever
    b. Stepladder type of fever
    c. Morning rise of temperature
    d. Evening rise of temperature
12. What is the duration for typhoid fever?
   a. 2-3 weeks
   b. 3-4 weeks
   c. 4-5 weeks
   d. 5-6 weeks

13. What is the source of infection for typhoid fever?
   a. Contaminated Blood
   b. Contaminated Saliva
   c. Dirty clothes
   d. Contaminated Food and water

14. What type of diet should be taken during typhoid fever?
   a. Normal meal
   b. Fried foods
   c. Bland diet
   d. Baked foods

15. What is the complication for typhoid fever?
   a. Perforation of intestines
   b. Jaundice
   c. Heart disease
   d. Urinary tract infections

16. What measure will you take to prevent typhoid fever?
   a. Proper skin care
   b. Maintain good oral hygiene
   c. Isolate infected person
   d. Take balanced diet

17. What is the complication for roundworm infestation?
   a. Patches over the skin
   b. Anemia
   c. Perianal itching
   d. Intestinal obstruction
18. What is the typical symptom of pinworm infestation?
   a. Fever
   b. Nausea
   c. Vomiting
   d. Perianal itching

19. What is the cause for hookworm infestation?
   a. Walking barefoot
   b. Contaminated saliva
   c. Contaminated clothes
   d. Contact with pets

20. What is the complication for hookworm infestation?
   a. Anemia
   b. Lung abscess
   c. Inflammation of bones
   d. Eye infection

21. What measure will you take to prevent hookworm infestation?
   a. Less intake of sweets
   b. Regular health check up
   c. Avoid contact with pet animals
   d. Wash hands with soap and water before eating and after defecation

22. Which one of the following is not a cause for Hepatitis A?
   a. Poor personal hygiene
   b. Contaminated Water
   c. Exposure to contaminated blood through needles
   d. Contaminated food

23. What is the major sign of Hepatitis A?
   a. Diarrhea
   b. Persistent cough
   c. Jaundice
   d. Urinary tract infection
24. How will you prevent Hepatitis A?
   a. Maintain good environmental hygiene
   b. Vaccination
   c. Regular health check up
   d. Using vitamin supplements
   
25. What type of diet should not be taken during Hepatitis A?
   a. Protein restricted diet
   b. Carbohydrate rich diet
   c. Fried foods
   d. Fruits and vegetables
   
26. What is the symptom of Iron deficiency anemia?
   a. Clubbing of fingers
   b. Pale nails
   c. Indigestion
   d. Constipation
   
27. Which food item is rich in iron?
   a. Wheat and rice
   b. Apple and mango
   c. Potato and pumpkin
   d. Drumstick leaves and ragi
   
28. Which of the following is not a cause for iron deficiency anemia?
   a. Worm infestation
   b. Less intake of iron rich food
   c. Excessive blood loss
   d. Over crowding
   
29. Which vitamin is needed for iron absorption?
   a. Vitamin A
   b. Vitamin B
   c. Vitamin C
   d. Vitamin D
30. What is the prioritized management for severe iron deficiency anemia?
   a. Deworming of children
   b. Blood transfusion
   c. Oral intake of iron supplements
   d. Take rich source of iron content food
### Part – III

**SELF ADMINISTERED QUESTIONNAIRE**

To Assess The Practice Regarding Selected Health Problems

<table>
<thead>
<tr>
<th>SL.NO</th>
<th>QUESTIONS</th>
<th>ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Do You take bath daily ?</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Will you wash your clothes daily ?</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Will you share your combs with other children ?</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Will you wash your combs in soap and water ?</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Do you take hair wash once in a week ?</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Will you wear foot wears while going out ?</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Do you wash your hands with soap and water before eating and after defecation ?</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Will you keep your latrine clean after use ?</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Do you keep long nails?</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Will you bite your nails ?</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Will you isolate the child with typhoid fever ?</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Do you avoid flies to prevent food contamination ?</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Will you drink unboiled water ?</td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>Will you eat the raw fruits and vegetables without washing ?</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>Will you eat food items sold on the road side ?</td>
<td></td>
</tr>
</tbody>
</table>
பதிப்பு - அ

புனித நீதிப்பெண்ணை கை கொள்ளுப்

பதிப்பு விளக்கம்:

1. வண்ணம்
   அ. 12 வண்ணம்
   ஆ. 13 வண்ணம்
   இ. 14 வண்ணம்
   எ. 15 வண்ணம்

2. பாதிப்பு
   அ. துறவு
   ஆ. பெண்

3. குறுக்கிச் செயல்
   அ. 6 குறுக்கிச் செயல்
   ஆ. 7 குறுக்கிச் செயல்
   இ. 8 குறுக்கிச் செயல்
   எ. 9 குறுக்கிச் செயல்

4. கேற்ற வாய்ப்பாட்டின் பொருள்களை வைக்கக்கூடோ எப்படி?
   அ. கூறு
   ஆ. விளக்க
   இ. வரிசைப்படுத்து

5. அசைக்கவும் விளக்கப்பெண்ணை கை கொள்ளும் காலம்?
   அ. 1 மாதத் காலம்
   ஆ. 1 மாதத் காலம்
1. பிறந்தவர்கள் கேள்வியான தேவையை விளக்கியுள்ள பரவலாக விளக்கம் செய்த காரணி என்று சொல்லுங்கள்?
   அ. கணவன் மற்றும் முதல் வளர்ந்தவர்
   ஆ. கணவன் மற்றும் முதல் வளர்ந்தவர்
   இ. மாதா-புராணத்தின் இசைப்பாடு
   இர. பிரபலம் சைத்தியச் சொல்லுங்கள்

2. கேள்வியான தேவையை விளக்கியுள்ள ஆய்வுகள் என்று சொல்லுங்கள்?
   அ. குருத்திலை விளக்கம்
   ஆ. குருத்திலை விளக்கம்
   இ. குருத்திலை விளக்கம்
   இர. குருத்திலை விளக்கம்

3. கேள்வியான தேவையை விளக்கியுள்ள தொகுதியை விளக்கியுள்ள காரணி என்று சொல்லுங்கள்?
   அ. பிரபலம்-சைத்தியச் சொல்லுங்கள்
   ஆ. பிரபலம்-சைத்தியச் சொல்லுங்கள்
   இ. பிரபலம்-சைத்தியச் சொல்லுங்கள்
   இர. பிரபலம்-சைத்தியச் சொல்லுங்கள்

4. கேள்வியான தேவையை விளக்கியுள்ள தொகுதியை விளக்கியுள்ள பிரபலம் என்று சொல்லுங்கள்?
   அ. பிரபலம் ஸ்டூப்பூ
   ஆ. பிரபலம் ஸ்டூப்பூ
   இ. பிரபலம் ஸ்டூப்பூ
   இர. பிரபலம் ஸ்டூப்பூ
5. இராணுவ வேலைகள் கசை காரணியா காரணியா காரணியா;
   அ. வசதி புகை
   இ. வசதி
   எ. வசதி
   ப. வசதி

6. இராணுவ வேலைகள் கசை காரணியா காரணியா காரணியா;
   அ. கொள்ள வேலை கொள்ள வேலை
   இ. கொள்ள வேலை
   எ. கொள்ள வேலை
   ப. கொள்ள வேலை

7. பிரதானவரச்செயல்தரங்கள்; இராணுவ வேலைகள் அம்சங்கள் அம்சங்கள் காரணியா;
   அ. பிரதான வேலை பிரதான வேலை
   இ. பிரதான வேலை
   எ. பிரதான வேலை
   ப. பிரதான வேலை

8. இராணுவ வேலைகள் கசை காரணியா காரணியா;
   அ. கதைகளை கதைகளை
   இ. கதைகளை கதைகளை
   எ. கதைகளை கதைகளை
   ப. கதைகளை கதைகளை

9. இராணுவ வேலைகள் கசை காரணியா காரணியா காரணியா;
   அ. கதைகளை காரணியா காரணியா
   இ. கதைகளை காரணியா காரணியா
   எ. கதைகளை காரணியா காரணியா
   ப. கதைகளை காரணியா காரணியா
10. கருத்து சிறப்பு பொருளைத்தோன்றும் பார்வையைப்பின்றும் மூலக்கூறு நோக்கியிருக்கும் குறிப்பிட்டது தொடர்பாகத்?
   அ. 2 நான்கைக்குறி பிளேட்டு
   பு. சும் புனித விளக்கம்
   சில. 24 புனித விளக்கம்
   எ. 12 புனித விளக்கம்

11. தமிழ்நாடு காப்பாளர் குழுவின் அறிமுக ஆண்டு எத்தனை?
   அ. குறிப்பிட்டுதல் காப்பாளர்
   பு. பொருள்வல்ல காப்பாளர்
   சி. கண்டுபிடிய காப்பாளர்
   எ. பாட பிருத்த காப்பாளர்

12. தமிழ்நாடு காப்பாளர் குழுவின் பரிசாப்பிபம் காட்சியாக மாற்றமானது?
   அ. 2-3 மாதங்கள்
   பு. 3-4 மாதங்கள்
   சி. 4-5 மாதங்கள்
   எ. 5-6 மாதங்கள்

13. தமிழ்நாடு காப்பாளர் பார்வையைத்தோன்றும் ஆம்பனமாக அலங்கரித்தது?
   அ. மும்பையில் பார்வையில்
   பு. தமிழ்நாட்டில் பார்வையில்
   சி. பொருள்வல்ல ஆமனைக் குழுவில் பார்வையில்
   எ. கலந்து பொருள்வல்ல பார்வையில்

14. தமிழ்நாடு காப்பாளர் குழுவின் நிர்வாக தலைவாக எப்படியோர் தமிழகச்சார்பாக?
   அ. முன்னேற்ற வாடை
   பு. குருறை வாடை
   சி. காப்பாளர் வாடை
   எ. அதிகாரிய தமிழக வாடை
15. தன்னின் கன்னியக்கட்டு விளையாட்டு மூலக்கூறு சான்றா? 
   அ. ஒளியான விளையாட்டு விளையாட்டு கன்னியா 
   இ. நிறமான விளையாட்டு கன்னியா 
   க. பாம்புக்கள் விளையாட்டு விளையாட்டு கன்னியா 
   ம. இன்று புரிந்து கூட்டு விளையாட்டு 

16. தன்னின் கன்னியக்கட்டு எளிதாவது பிரிவிலைந்து சான்றா? 
   அ. தன் துணைப்பெண் 
   இ. பெருந்து கன்னியா 
   க. வேகமான விளையாட்டு 
   ம. தீயர் விளையாட்டு 

17. ஒருவரைப்பற்பெண்டு தொடங்க பிரிவிலைந்து சான்றா? 
   அ. உள்ளளை என்றுப்பெண்டு சான்றா 
   இ. முன்னேற்ற விளையாட்டு 
   க. முதல் தொடங்கத் தொடங்கத் தொடங்கத் தொடங்கத் 
   ம. இல்லை மற்றைப் பற்வி 

18. தன்னின் பத்திரிக் கருதிப் பிரிவிலைந்து சான்றா? 
   அ. கருதிப் 
   இ. சுருந்து 
   க. மேற்கு 
   ம. மேற்கு விளையாட்டு விளையாட்டு அறிந்தீ 

19. இன்று பத்திரி பத்திரி என்று என்று என்று சான்றா? 
   அ. என்று பத்திரி என்று என்று 
   இ. என்று பத்திரி பத்திரி 
   க. என்று பத்திரி பத்திரி 
   ம. இல்லை பிரிவிலைந்து என்று என்று என்று என்று
20. குர்ஸ்கிலும் கோட்டையின் ஒளிக்குறைந்த கோட்டையை தவறுவும் விளக்கம்?
   அ. கடிதம் 2 கோட்டை ஏற்றுக்கொள்ள குர்ஸ்கிலும்
   ப. கடிதம் 2 கோட்டைகள் ஏற்று கொள்ள குர்ஸ்கிலும்
   ப. கடிதம் 2 கோட்டை ஏற்றுக்கொள்ள குர்ஸ்கிலும்
   ஏ. கடிதம் 2 கோட்டை ஏற்று கொள்ள குர்ஸ்கிலும்

21. குர்ஸ்கிலும் புல்லியாற்றும் கோட்டையை பிள்ளையாடும் வருடா?
   அ. குர்ஸ்கிலும் புல்லியாற்றும்
   ப. குர்ஸ்கிலும் பிள்ளையாடும்
   ப. குர்ஸ்கிலும் பிள்ளையாடும்
   ஏ. குர்ஸ்கிலும் பிள்ளையாடும்

22.பிள்ளையாற்று கோட்டையை அழுத்தும் அணுக்கள் A விளக்கம் உருவாக்கத் தவறுவும் வருடா?
   அ. குர்ஸ்கிலும் கோட்டையை உருவாக்கக்
   ப. குர்ஸ்கிலும் கோட்டையை உருவாக்கக்
   ப. குர்ஸ்கிலும் கோட்டையை உருவாக்கக்
   ஏ. குர்ஸ்கிலும் கோட்டையை உருவாக்கக்

23. குர்ஸ்கிலும் அழுத்தும் A விளக்கம் உருவாக்கத் தவறுவும் வருடா?
   அ. குர்ஸ்கிலும் கோட்டையை உருவாக்கக்
   ப. குர்ஸ்கிலும் கோட்டையை உருவாக்கக்
   ப. குர்ஸ்கிலும் கோட்டையை உருவாக்கக்
   ஏ. குர்ஸ்கிலும் கோட்டையை உருவாக்கக்

24. குர்ஸ்கிலும் அழுத்தும் A விளக்கம் உருவாக்கத் தவறுவும் வருடா?
   அ. குர்ஸ்கிலும் கோட்டையை உருவாக்கக்
   ப. குர்ஸ்கிலும் கோட்டையை உருவாக்கக்
   ப. குர்ஸ்கிலும் கோட்டையை உருவாக்கக்
   ஏ. குர்ஸ்கிலும் கோட்டையை உருவாக்கக்

25. குர்ஸ்கிலும் அழுத்தும் A விளக்கம் உருவாக்கத் தவறுவும் வருடா?
   அ. குர்ஸ்கிலும் கோட்டையை உருவாக்கக்
   ப. குர்ஸ்கிலும் கோட்டையை உருவாக்கக்
   ப. குர்ஸ்கிலும் கோட்டையை உருவாக்கக்
   ஏ. குர்ஸ்கிலும் கோட்டையை உருவாக்கக்
26. இவ்வுறுப்பு குறிப்பிட்டத் தீர்மானம் தோன்றும் இறக்கு விளக்கம் அதிகமாக வந்ததா?  
   ஐ. குறிப்பிட்டத் தீர்மானம் 
   உ. பிள்ளையார் தோன்றும் 
   ஐ. திதிய குறிப்பிட்டத் தீர்மானம் 
   ஐ. பயிரில் 

27. இவ்வுறுப்பு குறிப்பிட்டத் தீர்மானம் விளக்கும் இறக்கு வந்ததா?  
   ஐ. பயிரில் 
   உ. பிள்ளையார் தோன்றும் 
   ஐ. பிள்ளையார் தோன்றும் 
   ஐ. பயிரில் 

28. இவ்வுறுப்பு குறிப்பிட்டத் தீர்மானம் தோன்றும் இறக்கு விளக்கம் அதிகமாக வந்ததா?  
   ஐ. பயிரில் 
   உ. பிள்ளையார் தோன்றும் 
   ஐ. பிள்ளையார் தோன்றும் 
   ஐ. பயிரில் 

29. எவ்வாறு எழுத்துகள் இவ்வுறுப்பு விளக்கம் அதிகமாக வந்ததா?  
   ஐ. தைம்பொறியாளர்- A 
   உ. தைம்பொறியாளர்- B 
   ஐ. தைம்பொறியாளர்- C 
   ஐ. தைம்பொறியாளர்- D 

30. அன்றாடு இவ்வுறுப்பு குறிப்பிட்டத் தீர்மானம் தோன்றும் இறக்கு விளக்கம் விளக்கப்படும் விளக்கம்?  
   ஐ. பயிரில் 
   உ. பிள்ளையார் 
   ஐ. பிள்ளையார் 
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<td>துணைக்கோட்டையில் திசையில் கல்லிணிக்கல்லா?</td>
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<td>பாலம்பர் பக்கத்திற்குச் சுற்றுக்கு பிறகு பற்றிய கூற்றுகள் என்கிறீர்கள்; என்ன?</td>
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<td>திசையில் எம்பக்கத்திற்குச் சுற்றுக்கு பிறகு பற்றிய கூற்றுகள்?</td>
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<td>மார்பால் கடவுளுக்குத் தலை கல்லிணிக்கல்லா?</td>
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<td>தென்னைப்பிட்டு தேவதைப்பட்டு காதல் முதிர்ப்பை அலுவலகிக்கல்லா?</td>
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<td>தேவநராயணின் இலையம், மோயம் குறிப்பிட்டு பிரம்மருடன் வேக கல்லிணிக்கல்லா?</td>
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<td>குறிப்பிட்டு என்றென்றும் கடவுளின் நேரடி நோய்களை நிறைவுகீக்கல்லா?</td>
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<td>வள்ளுவருள் நேரடி மார்பால் கல்லிணிக்கல்லா?</td>
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<td>பாலம்பர் கம்பிப்பிட்டு என்றென்றும் நேரடி நோய்களை நிறைவுகீக்கல்லா?</td>
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<td>உடன்படுத்தும் பரப்பூச்சியும் மும்பினில் வக்க பரப்பூச்சி கூற்றுகள் என்ன?</td>
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<td>கூற்றுகள் நேரடி நோய்களை நிறைவுகீக்கல்லா?</td>
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<td>நேரடி கம்பிப்பிட்டு, பெரியக்கோட்டை கூற்றுகள் என்ன?</td>
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<td>சேகரிக்க தென்னைப்பிட்டு தீர்மான என்றால் பரப்பூச்சி கூற்றுகள்; என்ன?</td>
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### APPENDIX – H

**SCORES RELATED TO KNOWLEDGE REGARDING SELECTED HEALTH PROBLEMS AMONG ORPHAN CHILDREN**

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Total Score : 30
Right Answer : ‘1’
Wrong Answer : ‘0’

SCORES RELATED TO PRACTICE REGARDING SELECTED HEALTH PROBLEMS AMONG ORPHAN CHILDREN

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Total Score : 15
Right Answer : ‘1’
Wrong Answer : ‘0’