"A STUDY TO ASSESS THE EFFECTIVENESS OF PAMPHLET ON INFORMATION REGARDING KAWASAKI DISEASE AMONG MOTHERS OF INFANT IN SELECTED URBAN AREAS OF PUNE CITY"

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ABSTRACT

Patients with Kawasaki disease (KD) tend to be younger than five years old. Another name for KD is Kawasaki syndrome. The sickness was initially described by Tomisaku Kawasaki in Japan in 1967, & Hawaii reported first occurrences outside of Japan occurred in 1976. A high body temperature, rashes, swelling of the hands and feet, redness and swelling of the eye whites, enlargement of the lymph nodes in the neck, as well as irritation and inflammation of the mouth, lips, & throat are a few of the clinical symptoms.[1]

"A study to assess effectiveness of pamphlet on information regarding Kawasaki disease among mothers of infant in selected urban areas of Pune city.''
The objectives of the study:

●   To evaluate the knowledge level of mothers regarding Kawasaki disease before and after the intervention.
●   To determine the effectiveness of the pamphlet in improving mothers' knowledge about Kawasaki disease.

Research methodology: In this study we used quantitative research approach. An experimental pre-test/post-test method was selected as the investigation's study methodology. The non-probability convinient sampling technique was used. The sample consist of 100 among mothers of infant in selected urban areas of Pune city who had fulfilled the inclusion criteria of the study in order to assess the knowledge regarding care of patients with stroke. The reliability of tool was done on 10 participants the value was 0.83 and tool found reliable.

Result: The study mentioned above reveals that the average pre-test result was 7.71, along with 1.91 SD as compared with post-test mean score 11.94 along with 1.03 SD. DF was 99, t value was 18.79 and p value was 0.00001 which shows significant effectiveness of pamphlet on information regarding Kawasaki disease.
Conclusion: It was concluded that Health care practitioners should place more of an emphasis on health education to raise community knowledge of Kawasaki Disease.
Key words- Assess, Effectiveness of the pamphlet, Kawasaki disease, Mothers of infants

INTRODUCTION

Patients with Kawasaki disease (KD) tend to be younger than five years old. Another name for KD is Kawasaki syndrome. The sickness was initially described by Tomisaku Kawasaki in Japan in 1967, & Hawaii reported first occurrences outside of Japan occurred in 1976. A high body temperature, rashes, swelling of the hands and feet, redness and swelling of the eye whites, enlargement of the lymph nodes in the neck, as well as irritation and inflammation of the mouth, lips, & throat are a few of the clinical symptoms.[1]

The acute febrile illness referred to as Kawasaki Disease, that primarily affects children, is characterized by systemic vasculitis. Dr. Tomisaku Kawasaki first recognized it as a significant factor in acquired heart disease in kids in 1967. An academic overview of the Kawasaki disease is presented in this section, and it is backed up by a number of in-text APA-formatted references. Children under the age of five are primarily affected by the unusual disease known as Kawasaki Disease. Although the precise reason for the sickness is yet unknown, It is said to be caused on by an infectious pathogen-induced abnormal immune response in genetically predisposed individuals. [2]

In wealthy nations, Kawasaki disease (KD) has displaced acute arthritis as the most typical kind of inherited heart disease in kids. Kawasaki disease has been recorded in more than 60 nations worldwide to date, although only Japan, Taiwan, Korea, the United States, the United Kingdom, and Australia have good epidemiological data available[1,2]. It should be emphasized, though, that diverse approaches have been employed in various nations to research the epidemiology of KD. These include active surveillance, case registries, and passive surveillance based on previous hospital data

NEED OF THE STUDY
Systemic vasculitis is a hallmark of the severe paediatric illness known as Kawasaki Disease, which may have potentially fatal cardiac effects. Although there has been improvement in our understanding of the illness, more study is still required to address the many facets of Kawasaki Disease. In-text citations and an extensive bibliography in APA format are used to support the scholarly investigation of the necessity of investigating Kawasaki disease that is presented in this part. The specific aetiology of Kawasaki Disease needs to be determined as one of the main areas of investigation. Despite intensive research, it is still unclear what infectious agent or trigger specifically causes the aberrant immune response in susceptible people.[9]

Identifying the disease's precise source is essential for creating focused preventative plans and expanding treatment choices. Finding trustworthy biomarkers for Kawasaki Disease early diagnosis and surveillance is a crucial area that needs research. Coronary artery issues must be identified early, and therapy must start right once. It would be far better for patients' outcomes to develop biomarkers that can help with early detection and forecast the likelihood of cardiac involvement. Studies concentrating on the long-term effects and treatment of Kawasaki disease are also required. Despite the fact that prompt treatment can lower the risk of immediate cardiac problems, long-term cardiovascular health is still a concern for those who have the condition. To improve patient care and lower future cardiovascular morbidity,

research on the long-term effects of Kawasaki disease on heart function, atherosclerosis risk, and proper follow-up care is crucial.

AIM OF THE STUDY
The aim of the study to assess effectiveness of pamphlet on information regarding Kawasaki disease among mothers of infant in selected urban areas of Pune city

RESEARCH METHODOLOGY

In this study we used quantitative research approach. An experimental pre-test/post-test method was selected as the investigation's study methodology. The non-probability

convenient sampling technique was used. The sample consist of 100 among mothers of infant in selected urban areas of Pune city who had fulfilled the inclusion criteria of the study in order to assess the knowledge regarding care of patients with stroke. The reliability of tool was done on 10 participants the value was 0.83 and tool found reliable.

RESULTS
1. **Analysis of demographic data of infants mothers**
- Majority 31% of samples belongs to 20 to 25 years of age category, 25% belongs to 31 – 35 years of age category, another 25% belongs to 26 – 30 years and another 19% in 36 to 40 years of age.
- Majority 43% of samples were widow, 26% were unmarried, 17% married and 14% were divorced.
- Majority 43% of samples completed their primary education, 26% completed higher secondary education, another 25% completed secondary education and 6% were illiterate.
- Majority 52% of mothers were doing private job and 31% were in government job, 12% were house wife and 5% were having own business.
- Majority 47% of samples were having history of high or low blood pressure, 39% were having kidney disease, 7% having heart disease and another 7% of samples were having history of kidney disease.
- Majority 53% of samples received information from family, 19% of samples received information from school, 17% from hospital and 11% from relatives.

2 . Analysis of of data as per pre-test as well as post-test knowledge of mother concerning kawasaki disease

Knowledge	Pre-test knowledge				Post-test knowledge			
	Frequency	Percentage	Mean	SD	Frequency	Percentage	Mean	SD
Poor	23	23	7.71	1.91	0	0	11.94	1.03
Average	69	69			15	15		
Good	8	8			85	85		

Table 1 shows that in pre-test Majority 69% of samples were having average knowledge, 23% having poor knowledge and 8% having good knowledge. Mean score was 7.71 along with 1.91 SD. In Post-test majority 85% of samples was having good knowledge & 15% having average knowledge. Mean score was 11.94 along with 1.03 SD.

Knowledge	Mean	SD	DF	T value	p value	Remark
Pre-test	7.71	1.91	99	18.79	0.00001	Significant
Post-test	11.94	1.03				

Table 2 show that in pre-test mean score was 7.71 along with 1.91 SD as compared with post-test mean score 11.94 along with 1.03 SD. DF was 99, t value was 18.79 and p value was 0.00001 which shows significant effectiveness of pamphlet on information regarding Kawasaki disease.

Demographic variables	Average	Good	Poor	Df	Chi table value	Chi Calculated Value	P value	Remark
1) Age:-								
A) 20 to 25 year.	21	1	9	6	12.59	5.78	0.44	NS
B) 26 to 30 year.	15	3	7					
c] 31 to 35 year.	20	1	4					
d] 36 to 40 year.	13	3	3					
2) Marital status :-								
A) Unmarried	18	3	5	6	12.59	2.06	0.91	NS
B) Married	12	2	3					
C) Widow	30	2	11					
D) Divorce	9	1	4					
3) Mother Education								

A) Not educated	4	1	1	6	12.59	3.58	0.73	NS
B) Primary education	30	5	8					
C) Secondary education	18	1	6					
D) Higher secondary	17	1	8					
4) Mother Occupation								
A) Government	23	4	4	6	12.59	3.55	0.73	NS
B) Private job	34	4	14					
C) Own business	4	0	1					
D) Housewife	8	0	4					
5) History of hereditary disease								
A) Heart disease	5	0	2	6	12.59	3	0.80	NS
B) Kidney disease	26	5	8					
C) Cancer disease	7	0	0					
D) High blood pressure or low blood pressure	31	3	13					
6) Where did you get information about								

Kawasaki disease?								
A) Family	37	2	14					
B) Relatives	6	2	3	6	12.59	5.61	0.46	NS
C) School	13	3	3					
D) Hospital	13	1	3					

DISTRIBUTION OF DATA IN ACCORDANCE WITH THE FINDINGS' ASSOCIATIONS WITH PARTICULAR DEMOGRAPHIC VARIABLE

Table 3: show that there is no significant of demographic variables with demographic data.

DISCUSSION

Kawasaki illness Incidence, clinical symptoms, effects, and treatment patterns in Iranian children throughout a ten-year period, according to Payman Sadeghi's cross-sectional retrospective study. An analysis of 190 Iranian kids who have KD from 2008 to 2018 was planned as part of a 10-year retrospective cross-sectional research. The average oldness of children with KD was 36 months, and there were 1.18 times as many boys as girls. KD instances somewhat increased throughout the winter. Fever (92.6%), changes in the oral mucous membrane (75.8%), Polymorphous cutaneous rash, bilateral bulbar conjunctival injection (73.7%). (73.2%), alterations in the peripheral extremities (63.7%), furthermore cervical lymphadenopathy (60.0%) were the most common signs and symptoms. It was discovered that the rates for digestive, cardiac, joint, and hepatic problems were 38.4, 27.9, 6.8, and 4.2%, respectively. Intravenous immunoglobulin (IVIG) plus aspirin was the initial line of resistance for 89.5% of patients; a second line of treatment was required for 16.3% of patients. Patients with KD who had cardiac problems had markedly reduced serum salt concentrations and platelet numbers.

According to the current study, 23% of samples had poor knowledge, 69% of samples had moderate knowledge, and 8% had strong knowledge at the time of the pre-test. The average score was 7.71 with a 1.91 SD. 85% of the samples in the post-test majority had good awareness, while 15% had average awareness. 11.94 was the mean and there was a 1.03 SD. According to the study mentioned above, In comparison to the post-test mean score of 11.94 with a 1.03 SD, the pre-test average score remained 7.71 with a 1.91 SD. The pamphlet's DF score of 99, t value of 18.79, and p value of 0.00001 demonstrate its high effectiveness in providing information on Kawasaki disease.

CONCLUSION

A statistically There was no discernible correlation between age and awareness of Kawasaki disease and the community's residents. Even while the general public had a fair amount of understanding regarding Kawasaki disease, the general populace lacked accurate information. As a result, this topic needs to be included in the courses on community health nursing and medical surgical nursing. Health care practitioners should place more of an emphasis on

health education to raise community knowledge of Kawasaki Disease. According to the current study, 23% of samples had poor knowledge, 69% of samples had moderate knowledge, and 8% had strong knowledge at the time of the pre-test. The average score was 7.71 with a 1.91 SD. 85% of the samples in the post-test majority had good awareness, while 15% had average awareness. 11.94 was the mean and there was a 1.03 SD. According to the study mentioned above, In comparison to the post-test mean score of 11.94 with a 1.03 SD, the pre-test average score remained 7.71 with a 1.91 SD. The pamphlet's DF score of 99, t value of 18.79, and p value of 0.00001 demonstrate its high effectiveness in providing information on Kawasaki disease.

CONFLICT OF INTEREST

We, researchers, understand that conflict of interest refers to situations in which financial or other personal considerations may compromise our judgment in evaluating, conducting, or reporting research. We hereby declare that we do not have any personal conflict of interest that may arise from our application and submission of our research proposal.

ACKNOWLEDGEMENT

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