

A Study to Assess Knowledge Regarding Child Health, Common Childhood Illnesses, and Preventive Practices among Parents in the Catchment Area of a Selected Nursing School in Jaipur, Rajasthan

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Abstract:

Background: Child health is an important public health priority. Parents play a crucial role in recognising childhood illnesses, maintaining nutrition and hygiene, ensuring immunisation, and seeking timely healthcare. Inadequate knowledge may contribute to delays in recognising warning signs and accessing appropriate treatment.

Methods: A quantitative descriptive cross-sectional study was proposed among 100 parents of children aged 0–12 years residing in the catchment area of a selected nursing school in Jaipur. A non-probability convenience sampling technique was proposed. Data were to be collected using a structured questionnaire covering demographic characteristics, child health, common childhood illnesses, nutrition, immunisation, hygiene, and healthcare-seeking practices. Data analysis would include frequency, percentage, mean, standard deviation, and association tests where appropriate.

Results: In an illustrative dataset, 38% of parents had adequate knowledge, 42% had moderately adequate knowledge, and 20% had inadequate knowledge. Knowledge was comparatively better regarding immunisation and personal hygiene, while recognition of childhood danger signs and prevention of dehydration were identified as potential educational priorities. These results are hypothetical and do not represent actual data collected from parents.

Conclusion: Assessing parental knowledge may help nursing institutions identify community education needs and develop targeted child health awareness programmes. Actual conclusions should be based on primary data collected from the selected community.

Keywords: Child health; parental knowledge; childhood illnesses; preventive practices; immunisation; nursing school; community health.

INTRODUCTION

Child health is an essential component of community health and sustainable development. Children are particularly vulnerable to infectious diseases, nutritional deficiencies, dehydration, and complications associated with delayed diagnosis or treatment. Parents and caregivers have a major role in maintaining children's health, recognising early symptoms, providing appropriate home care, and seeking professional assistance when necessary.

Common childhood health problems include acute respiratory infections, diarrhoeal diseases, fever, skin infections, worm infestations, and nutritional deficiencies. Many of these conditions can be prevented or managed more effectively through timely immunisation, adequate nutrition, safe drinking water, handwashing, environmental sanitation,

and appropriate healthcare-seeking behaviour.

Knowledge of warning signs is equally important. Difficulty breathing, inability to drink or breastfeed, unusual drowsiness, convulsions, and signs of severe dehydration require prompt medical assessment. Parents who recognise these signs may be better prepared to seek timely care.

Nursing schools can contribute to community health promotion through awareness campaigns, health education, outreach activities, and collaboration with local health services. Assessing parental knowledge in the surrounding community can help identify educational gaps and guide the development of suitable health education programmes.

Therefore, the proposed study aims to assess knowledge regarding child health, common childhood illnesses, and

preventive practices among parents living in the catchment area of a selected nursing school in Jaipur, Rajasthan.

Parents make everyday decisions concerning children's nutrition, hygiene, immunisation, symptom recognition, and access to healthcare. Misconceptions about common illnesses or inappropriate home treatment may delay professional care.

A local assessment of parental knowledge can help identify areas in which health education is needed. Nursing students and faculty may use the findings to plan community awareness sessions on immunisation, nutrition, prevention of infections, management of minor illnesses, and recognition of danger signs.

OBJECTIVES

1. To assess the level of knowledge regarding child health among parents.
2. To assess knowledge regarding common childhood illnesses and their prevention.
3. To assess parental knowledge regarding nutrition, immunisation, hygiene, and healthcare-seeking practices.
4. To identify areas of child health in which parents require additional information.
5. To examine the association between knowledge level and selected demographic variables.

HYPOTHESES

H₁: There will be a statistically significant association between parental knowledge regarding child health and selected demographic variables.

H₀: There will be no statistically significant association between parental knowledge regarding child health and selected demographic variables.

MATERIALS AND METHODS

Research Approach

A quantitative research approach was proposed.

Research Design

A descriptive cross-sectional research design was selected.

Research Setting

The study setting was the catchment area of a selected nursing school in Jaipur, Rajasthan, India. The final manuscript should specify the actual nursing school and the geographical area covered.

Target Population

The target population comprised parents or primary caregivers of children aged 0–12 years residing in the selected community.

Sample Size

The proposed sample size was 100 parents.

Sampling Technique

A non-probability convenience sampling technique was proposed. Eligible parents would be approached in the selected community and invited to participate voluntarily.

Inclusion Criteria

1. Parents or primary caregivers of children aged 0–12 years.
2. Residents of the selected community.

3. Individuals willing to participate and provide informed consent.
4. Individuals able to understand the questionnaire language or an approved translated version.

Exclusion Criteria

1. Parents unwilling to participate.
2. Individuals unable to complete the questionnaire.
3. Individuals who had already participated in the same study.

8 Research Tool

A structured questionnaire was proposed with two sections.

Section A: Demographic information

Section B: Knowledge questionnaire

Data Collection Procedure

After obtaining institutional permission and required ethics approval, eligible parents would be informed about the study. Written or otherwise appropriately documented informed consent would be obtained according to the approved protocol.

The questionnaire would be administered in a language understood by participants. Responses would be checked for completeness, coded, and entered into statistical software for analysis. No identifiable personal information should be included in the final dataset unless it is necessary and appropriately protected.

Ethical Considerations

Participation would be voluntary, and participants could withdraw without penalty. Confidentiality would be maintained, and collected data would be stored securely. Institutional ethics approval and any required community permissions should be obtained before recruitment.

Plan for Data Analysis

- Frequency and percentage would summarise demographic characteristics and knowledge categories.
- Mean and standard deviation would describe total knowledge scores.
- Chi-square tests would examine associations between knowledge categories and selected demographic variables when test assumptions are met.
- Fisher's exact test or another suitable method would be considered when expected cell counts are small.
- The significance level would be set at $p < 0.05$.

Results

The following tables contain hypothetical values to illustrate the results section. They are not actual findings from a community surrounding a nursing school in Jaipur. Replace these values with the data collected during the study.

Table 1. Distribution of Parents According to Selected Demographic Variables (N = 100)

Variable	Category	Frequency (n)	Percentage (%)
Age	20–29 years	36	36
	30–39 years	46	46
	40 years and above	18	18
Gender	Male	30	30
	Female	70	70
Education	No formal schooling	12	12
	Primary education	18	18
	Secondary education	35	35
	Higher secondary or above	35	35
Residence	Urban	64	64
	Peri-urban	36	36
Previous child health education	Yes	40	40
	No	60	60

Interpretation: In the illustrative distribution, 46% of parents were aged 30–39 years, 70% were female, and 35% had secondary education. Sixty percent reported no previous exposure to child health education. These figures are hypothetical.

Table 2. Distribution of Parents According to Overall Knowledge Level (N = 100)

Knowledge level	Frequency (n)	Percentage (%)
Inadequate knowledge	20	20
Moderately adequate knowledge	42	42
Adequate knowledge	38	38
Total	100	100

Interpretation: In the illustrative dataset, 42% of parents had moderately adequate knowledge, 38% had adequate knowledge, and 20% had inadequate knowledge regarding child health and common childhood illnesses.

Table 3. Illustrative Knowledge Scores

Statistical measure	Illustrative value
Maximum possible score	25
Mean knowledge score	16.40
Standard deviation	4.20
Minimum score	5
Maximum score	24

Interpretation: The assumed mean score was 16.40 out of 25. The actual mean, standard deviation, and score range must be calculated from completed questionnaires.

Table 4. Illustrative Knowledge by Content Area

Content area	Illustrative correct-response percentage
Immunisation	78%
Personal hygiene and sanitation	74%
Nutrition and complementary feeding	68%
Common childhood illnesses	63%
Prevention of dehydration	57%
Recognition of danger signs	51%

Interpretation: In this hypothetical example, knowledge was comparatively higher regarding immunisation and hygiene, while recognition of danger signs and prevention of dehydration showed lower correct-response percentages. These areas could be considered for health education if the same pattern is confirmed by actual data.

Table 5. Illustrative Association Between Education and Knowledge Level

Educational qualification	Inadequate knowledge	Moderate knowledge	Adequate knowledge	Total
Up to primary education	12	12	6	30
Secondary education	6	16	13	35
Higher secondary or above	2	14	19	35
Total	20	42	38	100

The counts are hypothetical and are provided only to demonstrate the presentation of a contingency table.

Interpretation: In this illustrative distribution, adequate knowledge was more frequent among parents with higher educational qualifications. Whether this association is statistically significant must be established by calculating the appropriate test from the actual dataset.

Table 6. Summary of Findings in Relation to Study Objectives

Objective	Illustrative finding
Assess overall knowledge	38% adequate, 42% moderate, 20% inadequate
Assess topic-specific knowledge	Correct responses ranged from 51% to 78%
Identify educational priorities	Recognition of danger signs and prevention of dehydration may need attention
Examine demographic associations	Education and knowledge could be examined using an appropriate association test

10. Discussion

The proposed study examines parental knowledge regarding child health, common childhood illnesses, and preventive practices. The illustrative findings suggest that knowledge may vary across different subject areas, with some parents having difficulty recognising danger signs or understanding measures to prevent dehydration.

Such findings, if confirmed through actual data collection, would support the role of nursing schools in community-based health education. Targeted teaching sessions could address immunisation, age-appropriate feeding, personal hygiene, recognition of warning signs, and timely access to healthcare.

The study's cross-sectional design would describe knowledge at one point in time but would not establish the causes of knowledge differences or demonstrate the effectiveness of an educational intervention. Self-reported demographic information and convenience sampling may also affect the generalisability of the results.

The actual discussion should compare the observed results with verified published studies that assess similar populations, use comparable questionnaires, and report relevant knowledge outcomes. The illustrative values presented here should not be used to claim that the selected community has a particular level of awareness.

11. Conclusion

Assessing parental knowledge regarding child health and common childhood illnesses can help nursing institutions identify community education needs. The proposed study provides a framework for examining parental knowledge of nutrition, immunisation, hygiene, illness prevention, and recognition of danger signs in the catchment area of a selected nursing school in Jaipur.

Conclusions regarding the actual level of knowledge and associations with demographic variables must be based on completed questionnaires and appropriate statistical analysis.

12. Recommendations

1. Organise community health education sessions on common childhood illnesses and preventive practices.
2. Provide parent education on immunisation, nutrition, hygiene, and recognition of danger signs.
3. Encourage collaboration between nursing schools, community health workers, and local health facilities.
4. Conduct further studies with larger and more representative samples.
5. Consider a pre-test/post-test study to evaluate the effectiveness of a structured child health education programme.

13. Limitations

1. The proposed study is restricted to a selected community in Jaipur.
2. Convenience sampling may limit generalisability.
3. A structured questionnaire may not fully capture real-life caregiving practices.
4. Cross-sectional findings cannot establish causation.
5. The illustrative numerical results are not actual research findings.

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Conflict of Interest -No

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