A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge of Mothers Regarding Behavioural Problems Among Children in Selected Rural Area at Udupi District, Karnataka

Josline Cyril D Costa[1], Dr. T. Jeya Rani[2]

[1]Mater of science, Nursing, Udupi College of Nursing
[2]Principal, Udupi College of Nursing

Abstract—A pre- experimental one group pretest and posttest design was used for the study. Sample consisted 60 mothers of Kodibettu village Udupi district. The sample was selected by purposive sampling technique. A structured questionnaire was given to assess the knowledge of mothers regarding behavioural problems among children. Before the data collection the researcher introduced the purpose of the study , clarifies the queries and took the consent from the study. The result shows that the mean post-test knowledge score (25.1%) is higher than the mean pre- test knowledge score (8.67%).The calculated 't' value showed significant difference between mean pretest and posttest knowledge score. There is a significant association between the demographic variables with their pre- test knowledge score at 0.05 level of significance. The study concluded that the Structured Teaching Programme is effective in improving the knowledge of mothers regarding behavioural problems among children.

Index Terms—Structured Teaching Programme, World Health Organization, first informational Reports, Purposive Sampling Technique.

I. INTRODUCTION

" Children are the wealth of tomorrow, take care of them if you wish to have a strong India."
Children Children are considered as one of the precious resources of our Indian nation which is mainly influenced by their growth and development. This growth and development is triggered by various internal and external factors. Very young children today face various impaired behavioural conditions which demands for immediate observation from health care workers and polices related to behavioural conditions. Nearly 10 -30 % of young people suffer from nutritional disorder , tobacco use, harmful alcohol use, other substance use, high risk sexual behaviours, stress, common mental disorder and injuries due to suicide,road traffic accident . even we can find multiple behavioural condition which mainly present in the same person that hinders the growth of the children. To improve the health condition of children there are various awareness programmes which is been conducted in India but due to lack of coordination some of the facilities under the programmes are not reaching to all the people. Most of the health-related policies and also the programmes under the Indian government are developed in prioritizing the individual's health problems if this programme reaches to the population it willhave a very much good impact on Indian society. [1] In India about 21 percentage of population and more then 1.2Million population worldwide consists of adolescent age category. As the energetic young children have rapid growth and development but they have lack of awareness regarding physical, physiological, and behavioural changes that happens among them so there are existing health programmes which are related to adolescent health. There should be involvement of health care professionals in bringing awareness to children regarding secondary sexual characteristics, menstrual hygiene, suicide, and all forms of behavioural problems.[2] Various approaches should be used to identify the behavioural problems during the childhood including medication, psychological treatment directly with the child or with family members . Due to time and expenses

behavioural and cognitive behavioural interventions are limited but if we provide it will be very effective . If the approached technique to identity different forms of behavioural, physical, and the physiological variation in health rapidly occur during the adolescent period. Due to time and expenses behavioural and cognitive behavioural interventions are limited but if we provide it will be very effective.[3] In order to have mental stability in children we need to provide them basic emotional needs with physical and physiological needs with this the child's growth and good behaviours can be identified.[4] Very commonly we can find behavioural problems among school children. During childhood days as the children are developing their capabilities and coping skills change remarkably. In this child's remarkable transformation from helpless dependent infant to independent self-sufficient individual. Among 6to 12 years some number of behavioural problems in children are common in 3 areas like emotions, behaviours and relationship. When children are at educational institution teachers play a vital role in modifying the behaviours of children.[5] For childs bodily and social development the behavioural problems are having the major impact. Childs future development will profoundly be influenced by the quality and the nature of parental nurturance towards the child. The formation of child personality dependence on family who provide emotional support to the individual. Knowledge of parents in association to identify the behavioural problems will be very much effective to prevent the behavioural problems in children and helps in early planning.[6] So it's important for mothers to know more related to some of the behavioural issues of the children.

II. OBJECTIVES OF THE STUDY

1. To assess the knowledge of mothers regarding behavioural problems among children.
2. To assess the effectiveness of a structured teaching programme on the knowledge of mothers regarding behavioural problems among children.
3. To find out the association between pretest knowledge of mothers regarding behavioural problems among children and the selected demographic.

HYPOTHESIS
H1: The mean post–test knowledge score of mothers regarding behavioural problems will be significantly higher than the mean pre-test knowledge score.

H2: There will be a significant association between knowledge regarding behavioural problems and selected demographic.

III. CONCEPTUAL FRAMEWORK

For the present study general theory model by Ludwing Von Bertalanffy (1969) is adopted. This model includes. This model organizes the study into input, throughput, output, and feedback which makes the design a clear and systematic.

IV. METHODOLOGY

A pre - experimental one group pre and post test was used for the study. The purposive sampling technique was used for the study. The sample size consists of 60 mothers who were fulfilling the inclusion criteria. An evaluative approach was adopted. A structured knowledge questionnaire was used to assess the knowledge and structured teaching programme was provided to find its effectiveness. The group included only those study subjects who were present at the time of data collection.

V. RESULTS AND ANALYSIS
SECTION 1: DESCRIPTION OF DEMOGRAPHIC DATA

Table 1:   n=60

S.N	Demographic variables	Options	Frequency (f)	Percentage (%)
1	Age in years	a. 20-25 years	18	31%
		b. 26-30 years	17	28%
		c. 31-35 years	11	18%
		d. Above 35 years	14	23%

2	Religion	a. Christian	9	15%
		b. Hindu	37	62%
		c. Muslim	11	18%
		d. Others	3	5%
3	Educational status	Primary education	9	15%
		Secondary education	21	35%
		PUC	18	30%
		Higher education	12	20%
4	Previous knowledge	Friends	12	20%
		Mass media	21	35%
		Parenthood	21	35%
		Other	6	10%
5	Type of parents	a. Authoritative parenting	21	35%
		b. Authoritarian parenting	11	18%
		c. Permissive parenting	22	37%
		d. uninvolved parenting	6	10%
6	Type of family	a. Nuclear	14	23%
		b. Joint	16	27%
		c. Extended	16	27%
		d. Single parent family	14	23%
7	Number of children in the family	a. One	13	21%
		b. Two	25	42%
		c. Three	12	20%
		d. More than three	10	17%
8	Family income	a. Rs. 20,000-30,000/-	13	22%
		b. Rs. 30,001-40,000/-	20	33%
		c. Rs. 41,001-50,000/-	21	35%
		d. More than Rs. 50,001/-	6	10%
9	Occupation	a. Government employee	14	23%
		b. House wife	14	23%
		c. Private employee	10	17%
		d. Laborer	22	37%
10	Family history	a.Yes	10	17%
		b.No	50	83%
Total			60	100%

In relation to age the data shows that majority of samples 18 (31%) were belongs to age group of 20-25 years, 17 (28%) were belongs to age group of 26-30 years, 14 (23%) were belongs to above 35 years, and 11 (18%) were belongs to age group of 31-35 years. In relation to religion it shows that majority of the 37 (62%) were Hindu, 11 (18%) were Muslim, 9(15%) were Christian, and 3 (5%) were others. In relation to educational status data shows that the majority of the 21 (35%) had secondary education, 18 (30%) had PUC, 12 (20%) had higher education, and 9 (15%) had primary education. In relation to previous knowledge the data shows that the majority of the parents, 12 (20%) got information from friends, and 6 (10%) got information from other means. In relation to type of parents the data shows that majority of the 22 (37%) had permissive parenting, 21 (35%) had authoritative parenting, 11 (18%) had authoritarian parenting, and 6 (10%) had uninvolved parenting. In relation to type of family data shows that the majority of the 16 (27%) were belong to joint family and extended family, 14 (23%) were nuclear family and single parent family. In relation to number of children in the family the data shows that majority of the 25 (42%) had two children, 13 (21%) had one child, 12 (20%) had 3 children and 10 (17%) had more than three children in the family. In relation to family income the data shows that majority of the 21(35%) had Rs. 40,001- 50,000/-

family income, 20 (33%) had Rs. 30,001- 40,000/- family income, 13 (22%) had Rs. 20,000-30,000/- family income, and 6 (10%) had more than Rs. 50,001/- family income. In relation to occupation the data shows that majority of the 22 (37%) were working as laborer, 14 (23%) were working as government employee and housewife, and 10 (17%) were working as private employees. In relation to family

history the data shows that shows that the majority of the 50 (83%) had no family history of behavioral problems, and 10 (17%) had a family history.

SECTION B

ASSESSMENT OF PRETEST AND POSTTEST LEVEL OF KNOWLEDGE OF MOTHERS REGARDING BEHAVIOURAL PROBLEMS AMONG CHILDREN.

PART I

TABLE 2: Distribution of the subject's overall knowledge of mothers regarding behavioural problems among children.

n=60

Overall knowledge of mothers	Frequency (f)		Percentage (%)	
	Pre test	Post test	Pre test	Post test
Poor	49	00	82 %	0%
Moderate	11	08	18 %	13 %
Good	00	52	0%	87%
Total	60	60	100%	100%

According to Table 2, during pretest majority 49 (82%) mothers had poor knowledge level, and 11 (18%) had moderate knowledge. During posttest

majority of 52 (87%) gained good knowledge and 8 (13%) had moderate knowledge.

PART II

Area-wise analysis of pretest and posttest knowledge of mothers regarding behavioural problems among children.

Table 3:   n=60

Sl. No	Area	Max. score	Mean		Mean percentage		Standard Deviation	
			Pre	Post	Pre	Post	Pre	Post
1	Meaning of behavioural problem	5	1.91	4.26	38%	85%	12.26	5.85
2	Causes of behavioural problem	4	1.06	3.28	27%	82%	1.82	2.06
3	Regarding different types of behavioural problems in children	21	5.7	17.6	27%	84%	3.64	3.02
	Total	30	8.67	25.1	31%	84%	6.07	3.55

Table 3: Shows area-wise analysis of pretest and posttest knowledge of mothers regarding behavioural problems among children. It shows that overall pretest knowledge mean was 8.67 with mean percentage of 31% and posttest knowledge mean was 25.1 with mean percentage of 84%.

SECTION C

Effectiveness of structured teaching programme on knowledge of mothers regarding behavioural problems among children.

TABLE 4: COMPARISON OF PRETEST AND POSTTEST KNOWLEDGE SCORE

n=60

	N	mean	Mean %	SD	Enhance ment	Enhancement percent	df	Obtained "t"	Inference
Knowledge score									
Pre test	30	8.67	31	6.07	16.43	53 %	59	22.84	significant

To see the significance difference between the two tests, hypothesis is formulated and tested by using paired "t" test.

H$_1$: The mean post–test knowledge score of mothers regarding behavioural problems will be significantly higher than the mean pre-test knowledge score.

The data in Table 4 illustrates that the mean post-test knowledge scores 25.1, is higher than mean pre-test knowledge scores 8.67. The computed value 22.84 (p <0.05) showed that there is highly significant difference between the pretest and post-test knowledge mean scores 16.43.

Hence, hypothesis H$_1$ is accepted. This indicates that the structured teaching programme is effective in increasing the knowledge scores on behavioural problems.

SECTION D
Association of pretest level of knowledge with demographic variables.

TABLE 5:   n=60

S.N	Demographic variables	Chi-square value	df	p- value	Significance
1	Age	0.249	1	0.459	S*
2	Religion	2.8565	1	0.414284	NS
3	Education status	0.303	1	0.582	S*
4	Previous knowledge	1.9219	1	0.588772	NS
5	Type of parents	1.5221	1	0.677169	NS
6	Type of family	0.1554	1	0.984451	NS
7	Number of family members	1.4314	1	0.698194	NS
8	Family income	8.87	1	9.451	S*
9	Occupation	0.1811	1	0.980589	NS
10	Family history	0.9321	1	0.825831	NS

To see the association between the pretest level of knowledge score with selected demographic variables, hypothesis is formulated and tested by using chi square test.

H2: There will be a significant association between knowledge regarding behavioural problems and selected demographic variables.

Table 5. Shows the association of the pretest level of knowledge score with selected demographic variables. The variables such as religion, previous knowledge, type of parenting, type of family, number of family members, occupation, and family history at the 0.05 level of significance do not show any significant association. Hence, the hypothesis H$_2$ is rejected.

VI. DISCUSSION

Childhood behaviours have significant negative impacts on the society, in the form of direct behavioural consequences and costs, and on the individual, in the form of poor academic, occupational and psychosocial functioning and on the family. Parents of children with developmental delays(physical or behavioural) tend to face a lot of parenting challenges. The child's behaviour and parenting environment interact with each other, thus creating positive or negative impact on the family. This correlates to the stress that escalates for the child and amongst both the parents.

The findings of the study are based on findings based on the sample characteristics, knowledge regarding (behavioural problem among children in selected rural area of Udupi District, Karnataka.) A structured knowledge questionnaire and was used to collect the data. A pre-experimental one group pre-test and post-test design was used to evaluate the knowledge of mothers regarding behavioural problems among children) The pre- test was followed by implementation of structured teaching program and post-test was conducted after 7 days to evaluate the effectiveness of structured teaching programme.

Effectiveness of structured teaching programme on knowledge of mothers regarding behavioural problems among children shows that the mean post–test knowledge score of mothers regarding behavioural problems will be significantly higher than the mean pre-test knowledge score.The data obtained shows that the mean post-test knowledge scores 25.1, is higher than mean pre-test knowledge scores 8.67. The computed value 22.84 (p<0.05) showed

that there is highly significant difference between the pretest and post- test knowledge mean scores 16.43. Hence , this indicates that the structured teaching programme is effective in increasing the knowledge scores on behavioural problems.

VII. LIMITATIONS OF THE STUDY

On the basis of present study, the following recommendations are formed for the future study

A similar study can be undertaken using other teaching strategies

The same study can be conducted on a largest sample which might yield more reliable result

A study can be conducted to find out the effectiveness of structured teaching Programme among health care personnel regarding behavioural problems

An experimental study can be conducted to find out the effectiveness of Structured teaching programme on knowledge regarding behavioural problem.

VIII. CONCLUSION

Child behaviour is a complex and multifaceted aspect of development, influenced by various factors like age, personality, and environment. It's crucial to understand that all behavior, even challenging behavior, is a form of communication, and children often act out to express their needs or feelings.

The finding g of the present study has great impact on nursing education, practice, administration and research.

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