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A study to assess the effectiveness of structured teaching programme on behavioral problems among mothers of 1-12 years of children in selected hospital at Gwalior (M.P.)

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Abstract

Aims

1. To assess the level of pretest and posttest knowledge on behavioral problems among mothers of 1-12 years of children.
2. To evaluate the effectiveness of structured teaching programme on behavioral problems among mothers of 1-12 years of children.
3. To find out the association between the posttest knowledge of mothers of 1-12 years of children with selected socio demographic variables.

Methods: The study was pre-experimental in nature. Sample size was 60 mothers. Purposive sampling technique was used for the collection of data. The data collection was done by using structured questionnaire. Collected data was analyzed by using descriptive and inferential statistics.

Results: The highest mean pretest knowledge 40.5% was found in the aspect of meaning and etiology of behavioural problem, followed by 33.62% of mean pretest knowledge in the aspect of classification and symptoms and least mean pretest knowledge 17.077% was found in the aspect of management and prevention. Overall mean pretest score of the respondents was 8.2 with a standard deviation of 1.685 and a mean percentage of 27.33% and about 54 (90%) of the mothers had inadequate knowledge and about 6(10%) of the mothers had moderately adequate knowledge on the behavioral problems of children. The highest mean posttest knowledge 88.31% was found in the aspect of classification and symptoms of behavioural problems, followed by 83.077% of mean posttest knowledge in the aspect of management and prevention and least mean posttest knowledge 58.25% was found in the aspect of meaning and etiology. The overall posttest mean score among the respondents on the behavioral problems among children was 24.62 with a standard deviation of 2.08 and a mean percentage of 82.07%. The enhancement in the knowledge score on meaning and etiology is 17.75% and on the classification and symptoms is 54.69% and on management and prevention is 66% and the overall posttest score is 54.74%.

Conclusion: The following conclusion was drawn on the basis of the findings of the study. This study shows that there was an improvement in the knowledge of the mothers regarding behavioral problem among the 1-12 children as evidenced by the pretest and posttest knowledge scores.

Keywords: Structured teaching, behavioral problems among

Introduction

Today's society is complex and ever-changing. As children grow they must learn not only to cope with current demands, but also to prepare for the many unexpected events they will face in their tomorrows. Children are like wet cement; whatever falls on them makes an impression. So children need to adjust with this world to do their best in the future. Children normal behaviors depend on various natural and environmental circumstances in which a child grow and observes. The ways for his best possible conduct with in his reaches and interact among those who respond his gestures and body talks. Parents are the first to whom a child makes and develops his concerns regarding his needs and wants. Normal behavior developments required normal circumstances and equal participations of parents ^[1].

Need for the study

Normal children are healthy, happy and well adjusted. This adjustment is developed by providing basic emotional needs along with physical and physiological needs for their mental wellbeing. The emotional needs are considered as emotional food for healthy behavior. The children are dependent on their parents, so parents are responsible for fulfillment of the

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emotional needs. Every child should have tender loving care and sense of security about protection from parent and family members. Parents especially mothers should be aware about achievements of their children.

Million Children are with Emotional and Behavioral Problems. Boys were more likely than girls to have definite or severe emotional and behavioral difficulties. Children ages 8 and over were more likely than younger children to have emotional or behavioral difficulties. Children from poor families were more likely to have emotional or behavioral difficulties.

The worldwide morbidity due to behavioral problems has been more widely examined in developed countries with an overall prevalence of around 12%. But it is more increased in developing countries due to urbanization and industrialization [7]. In general child population the prevalence of behavioral problems has been estimated at between 3% and 6% and higher incidence among preschool children from low-income families that is 30% [6].

Objectives of the study

1. To assess the level of pretest and posttest knowledge on behavioral problems among the mothers of 1-12 years of children.
2. To evaluate the effectiveness of structured teaching programme on behavioral problems among mothers of 1-12 years of children.
3. To find out the association between the posttest knowledge of mothers of 1-12 years of children with selected socio demographic variables.

Hypothesis

H₁: There will be significant difference between in pretest and posttest knowledge score on behavioral problems among mothers of 1-12 years of children.

H₂: There will be significant association between the posttest knowledge of the mothers of 1-12 years of children with selected demographic variables.as a well-established treatment for tic and habit disorders.

Methodology

Research approach

The main objective of the study to evaluate the structured teaching programme on behavioral problems among the mothers of 1-12 years of children in selected hospital at Gwalior. Hence a pre experimental research approach was adopted.

Research design

The research design adopted for this study is pre experimental, one group pre-test, post-test design, to measure the effectiveness of Structured Teaching Programme on a sample of 60 respondents.

Variables under study

Independent variable (I.V.)

- Structured Teaching Programme (STP)

Dependent variables (D.V.)

- Performance on pre test
- Performance on post test

Attributed variables (A.V.)

- Age, religion, education of mother, education of

husband, occupation of mother, occupation of husband, location of home, family income, type of family and parity of mothers.

Setting of the study

The study was conducted in selected Hospital i.e. K.S. hospital and JA Hospital at Gwalior.

Population

The target population for the study was the mothers of 1-12 years of children in selected hospital at Gwalior

Sampling

Sample Size: The study originated with a sample of 60 mothers as a sample size for explicating the effectiveness of structured teaching programme on knowledge regarding behavioral among the mothers in selected Hospital at Gwalior.

Sampling technique: Purposive sampling technique was used.

Development of tool

The following methods were used for the development of the tool:

- Review of literature; viz., books, research studies, journals, newspapers, online sources, etc.
- Discussion with colleagues.
- Consultation and discussion with guide, nursing experts, pediatricians.

Description of the final tool

In this study the investigator used 2 tools.

Part A: Demographic data consists of 10 questions

Part B: Knowledge items consists of 30 questions

Table 1: The section and content areas of questions

Section	Content areas	No. of questions	Marks
Section A	Meaning and etiology of behavioral problem	1-4	4
Section B	Classification and symptoms of behavioral problems	5-17	13
Section C	Management and treatment of behavioral problem	18-30	13

Score interpretation

The instrument consists of 30 multiple choice questions regarding behavioral problem. The maximum score was 30 and the minimum score was 0. Based on the scoring the % of knowledge was calculated using the formula.

Obtained score/total score X 100

The scores were interpreted as follows

<50-Inadequate

51 to 75-Moderately adequate

>75-Adequate

Organization of the content of STP

It was developed by reviewing literature and obtaining expert opinions. The structured teaching programme held for 1 hour duration comprised of the overall objective, content, teacher and learner activity, summary and conclusion.

Description of STP

The content area of Structured Teaching Programme included;

- Introduction
- Definition
- Causes and Associated factors
- Common behavioral problems
- Manifestations
- Management and Prevention of behavioral problems

The method of teaching was given by lecture cum discussion. Charts, models, flashcards and black board used as visual aids.

Content validation of the tool

Validity refers to the degree to which an instrument measures what it is supposed to measure. Content validity is the extent to which a measuring instrument provides adequate coverage of the topic under study. To establish the content validity of the tools, the prepared tool with objectives, operational definitions, blue print, and structured knowledge questionnaire and STP was submitted to 9 experts (Annexure-VII). The experts have given their suggestions regarding relevance, adequacy, and appropriateness of the tool. There was 100% agreement by all validators for the baseline proforma. All the validators except one agreed with the tool with some modifications and with the suggestion of reduction in the number of items. According to their suggestions necessary corrections were made. Item analysis was done and some of the items were deleted.

Reliability of the tool

The Reliability of the research instrument is defined as the extent to which the instrument yields the same result on repeated measures.

To check the accuracy, precision, equivalence and homogeneity, the investigator administered the questionnaire to 6 subjects who were Mothers present in the hospital at the time of the study. Reliability of the structured knowledge questionnaire was tested by using Crohn Bach Alpha formula. The reliability was found for attitude scale to be 0.81($r= 0.94$ and stress scale 0.928 ($r = 0.94$) which indicated that the instruments are reliable.

Data collection procedure

The pilot study was conducted in the selected hospital at Gwalior. The study was conducted from 1-03-2013 to 7-03-2013. Six mothers of were selected by purposive sampling technique. The purpose of the study was explained to the respondents and confidentiality was assured. After obtaining their consent (Annexure-VI), the tool was administered. The study was conducted in the manner of the final data collection. The study subjects took 40-45 minutes to fill up the tool.

The main study was conducted from 15-03-2013 to 15-03-2013 on 60 Mothers present in the selected K.S. Hospital and JAH at Gwalior. Formal written permission was obtained from the concerned authority prior to the data

collection (Annexure I). Investigator visited the hospital and collected the data from the participants. The first day investigator explained the purpose of the study method of data collection and time required of the mother; confidentiality was assured and written consent was obtained from the participants indicating their willingness to participate in the study (Annexure VI). The tool was administered to the participants with explanation on first day and followed by STP and the same tool was given to the same participants on seventh day for data collection. After data collection, the investigator thanked the respondents for their participation in the study.

Data analysis

Data was collected, tabulated and analyzed by using statistical methods with numbers percentage, mean, standard deviation, paired t' test and analysis of chi-square.

Results

This chapter deals with the statistical analysis, which is a method of rendering quantitative information in a meaningful and intelligible manner. Statistical procedure of the data gathered to evaluate the effectiveness of the structured teaching program on behavioral problems among the mothers of 1-12 years of children in selected hospital at Gwalior, enabled the researcher to organize, interpret and communicate information meaningfully.

In order to find a meaningful answer to the research questions, the collected data must be processed, analyzed in some orderly coherent fashion, so that patterns and relationships can be discussed. Tables and figures are used to explain the results. Analysis is a process of organizing and synthesizing the data in such a way that research question must be answered and hypothesis tested. Organization and presentation of the obtained data were entered into the master sheet for tabulation and statistical processing and the result were computed using descriptive and inferential statistics.

Organization & presentation of data

The analysis of the data is organized and presented under the following headings:

Section I: Distribution of respondents according to socio-demographic variables.

Section II: Knowledge scores before and after structured teaching program on behavioural problems among the mothers of 1-12 years of children.

Section III: Association of posttest knowledge on behavioral problems among the mothers and their selected demographic variables.

H₁: There will be significant difference in between pretest and posttest knowledge score on behavioral problems among mothers of 1-12 years of children.

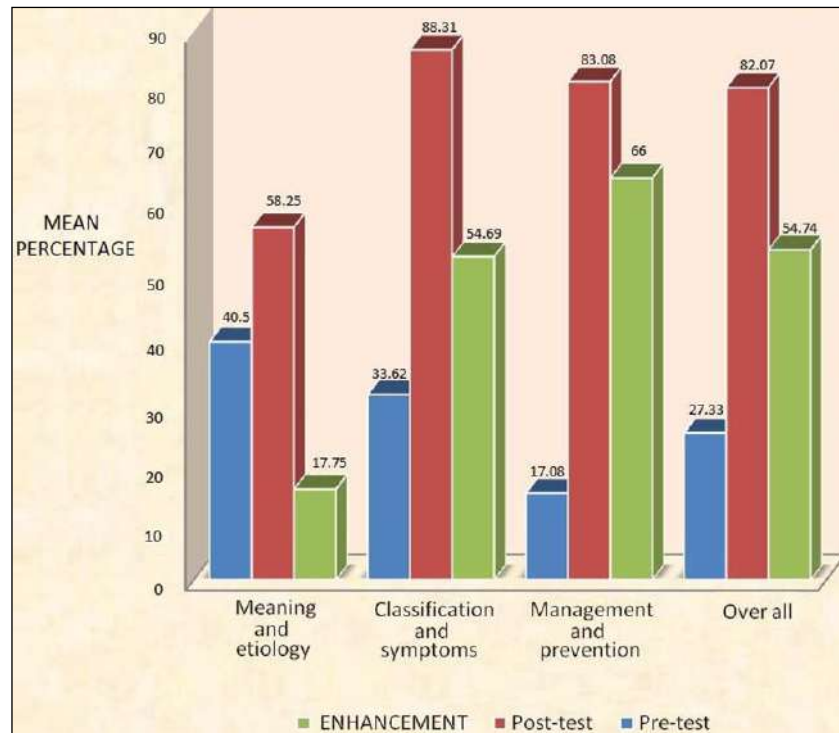
H₂: There will be significant association between the posttest knowledge of the mother's of 1-12 years of children with selected demographic variables on behavioral problems.

Table 1: Comparison of Pre and Posttest mean Knowledge Scores of Mothers on Behavioral Problems of Children

N=60

S. No	Area of Knowledge	Pre-test		Post-test		Enhancement (%)			Student' s paired t-test
		Mean	SD	Mean	SD	Pre test	Post test	Over all	
1	Meaning and etiology	1.62	0.804	2.33	1.548	40.5	58.25	17.75	2.955
2	Classification and symptoms	4.37	1.008	11.48	1.282	33.62	88.31	54.69	30.386
3	Management and prevention	2.22	0.976	10.8	0.684	17.08	83.08	66	53.075
	Total	8.2	1.685	24.62	2.08	27.33	82.07	54.74	47.071

Significant at 5% level t (47.071)

**Fig 1:** Comparison of Pre and Posttest mean Knowledge Scores of Mothers on Behavioral Problems of Children

The highest mean pretest knowledge 40.5% was found in the aspect of meaning and etiology of behavioural problem, followed by 33.62% of mean pretest knowledge in the aspect of classification and symptoms and least mean pretest knowledge 17.077% was found in the aspect of management and prevention. Overall mean pretest score of the respondents was 8.2 with a standard deviation of 1.685 and a mean percentage of 27.33% and about 54 (90%) of the mothers had inadequate knowledge and about 6(10%) of the mothers had moderately adequate knowledge on the behavioral problems of children. The highest mean posttest knowledge 88.31% was found in the aspect of classification and symptoms of behavioural problems, followed by 83.077% of mean posttest knowledge in the aspect of management and prevention and least mean posttest knowledge 58.25% was found in the aspect of meaning and etiology. The overall posttest mean score among the respondents on the behavioral problems among children was 24.62 with a standard deviation of 2.08 and a mean percentage of 82.07%. The enhancement in the knowledge score on meaning and etiology is 17.75% and on the classification and symptoms is 54.69% and on management and prevention is 66% and the overall posttest score is 54.74%.

Discussion

The present study was under taken to assess the knowledge of the mother of 1-12 years children regarding behavioral

problem in selected hospital at Gwalior. The aim of present study was to assess the effectiveness of structured teaching programme on behavioral problems of children and the study was conducted by one group pretest and posttest pre-experimental design among the mothers of 1-12 years of children in selected hospital at Gwalior. Behavior problem can be defined as an abnormality of emotion, behavior or relationship that is sufficiently severe and persistent to handicap the child in his/her social or personal functioning or to cause distress to the child, his/her parents or to the community. It is important to realize that all children go through periods of behavioral and emotional disturbances in the process of their growth and development. This child is often wrongly labeled as hyperactive child or as a child with attention deficit disorder which is the popular term used these days to label any child who has extra energy to burn [4].

Findings of the study are summarized as follows

- The worldwide morbidity due to behavioral problems has been more widely examined in developed countries with an overall prevalence of around 12%. But it is more increased in developing countries due to urbanization and industrialization [7]. In general child population the prevalence of behavioral problems has been estimated at between 3% and 6% and higher incidence among preschool children from low-income families that is 30%.

- The total prevalence of sleep disorders was 21.2%. Disorders included parasomnia symptoms bruxism [6.5%], sleep talking [4.9%], and sleep walking [0.6%], restless legs or periodic limb movement symptoms (restless sleep [5.0%] and leg movements [1.9%]); and symptoms of sleep-disordered breathing (frequent snoring [5.6%], mouth breathing [4.1%], choking or gasping [0.9%], and breathing pauses [0.2%]).
- The prevalence of bruxism was significantly higher in the preschool (8.5%) and in the toddler (3.5%) and middle-school (3.7%). The prevalence of restless sleep ranged from% among 2-year-olds down to 3.4% among 12-year-olds. The nail biting 40% prevalence in 10 years old children. One and half times higher in girls than boys.
- Behavioral problems of children lead to abnormality in their emotions or behavior which is severe and cause distress to the child, family and community. Behavioral disorders are caused by multiple factors like faulty parental attitude, inadequate family environment, mentally and physically sick or handicapped, influence of social relationship, influence of mass media, and influence of social change.
- Management is by treating underlying psychiatric condition if any, family therapy, parental training and liaison with school to investigate possible reasons for refusal and negotiate re-entry. Essential fatty acids may alleviate some symptoms. Hypnotherapy has been found to be benefit in school-age children. Melatonin is sometimes of benefit in sleep disorder.
- Counseling is a useful intervention for many of the behavioral problems. To be of real benefit the change should be learnt and not imposed. Spending 15-30 minutes daily for a positive child-parent interaction is useful. Generally mothers are expected to perform this role.

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