Assessment of the Effectiveness of Structured Teaching Programme Regarding Selected Needs of Under - Five Children among Mothers in a Selected Rural Community

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Abstract: *Childcare in a right perspective is very important, as children are our future generation. Care implies not only providing children with proper food and shelter but also their growth, psychological, emotional and social development. The aim of the present study was to assess the knowledge regarding needs of under- five children, to evaluate the effectiveness of planned teaching programme and to find out association between pretest knowledge regarding needs of fewer than five children among mothers with their selected demographic variables. A pre-experimental one group pre-test and post test research design was adopted with 60 respondents selected by non probability convenient sampling technique. The structured interview schedule was used to conduct the data. Tool consisting of part I and part II. Part I consists items related to demographical data, Part II consists knowledge questionnaires (r = 0.95) regarding selected needs of under five children. Structured teaching programme was prepared with a view to enhance the knowledge of mothers regarding selected needs of fewer than five children. Overall posttest mean knowledge score was 22.15 with standard deviation of 3.56, which was more than pretest mean score 8.05 with standard deviation 3.7 which shows that structured teaching programme was effective.*

Keywords: Effectiveness, Structured teaching program, Under – five children, needs

1. Introduction

"The children of today are the citizens of tomorrow". Children are the future productive population of every nation. The nation will be shaped and moulded into a healthier and stronger one, if its children are strong and healthy. Children between ages of 0-5 years constitute 15-16% of total population in which 2.92% is by infants alone. This age group contributes 44% of nation's deaths. 22% of the mortality of children occurs in the age group below one year. Factors influencing infant mortality are malnutrition, growth faultering and infections.[1]

According to WHO data base, 87 per cent of the total under-five year old population was in the developing countries.[2] In world over 105 million out of 6 billion people are children under five years of age, and over 10.5 million death occur each year among children of under five year of age. Two third of these death occur during the first year of life and closely associated with poor breast feeding, improper nutritional supply, lack of care by the parents.3

The Ninth Annual State of the World's mother report published 200 million children under age five who do not get basic health care, with poorest children most frequently left out and most at risk of dying.[4]

In India 51% of the children below 5 years age are undernourished. For majority children growth faultering starts at 4 to 6 months. The National Family Health Survey also highlights the critical period of six months to 2 years.[5]

The State of the World's Mother's report continuously highlights the inter-relationship between a mother's well being and their child. Worldwide, more than 200 million children under age five do not receive the basic health care

they needs .The present research demonstrates that the life's of millions of children can be cared of, if they are provided with equal access to their physical, emotional, social and creative needs etc.6

Research has also emphasized the long-lasting effects of mothers' influences and their significance for emotional security, cognitive development, and learning skills. Empirical data also affirm that mother behaviour and personality traits influence the child's motivation, academic performance and social behaviour. Without the relevant support such as counseling, encouragement and subsequent relationships often result in many problems. Many national and international communities are striving hard to improve current research and conduct new studies that focus specifically on mothers' and children's well-being.[7]

2. Literature Survey

A study was conducted on intake and growth pattern of children 9-36 months of age in an urban slum. A sample consisted of 545 children 9 – 36 months of age. The results showed that 74% of children have short stature with 39% severely stunted. The evidence from the study provides a strong basis to suggest that malnutrition and growth retardation in early childhood is common in poor communities.[8]

A study was conducted on mothers' insight regarding their infants internal experience relations with maternal sensitivity and infant attachment. The sample consisted of 129 mothers of below 12 months old infants. The study revealed that mothers seeking of explanations for the motives underlying their infant behaviour were related to both maternal sensitivity and infant attachment.[9]

A study was carried out in three urban slums of Tripuri Town, Patiala to study the affect of various maternal factors on the prevalence of underweight and stunting among 1-5 year old children in urban slum population. All 1-5 year children living in the slums were included, whose mother's demographic, weight and height were recorded. Out of 482 children who participated in this study, 185(38.38%) had low weight for age where as 222(46.06%) had low weight for age. Both kinds of malnutrition were common in females then in males. Prevalence of malnutrition was more where children was less ten 5 years. Children of educated mothers were better nourished as compared to illiterate ones.[10]

An experimental study was conducted to assess the knowledge of mothers with regard to nutritional status of under five children in selected rural areas of Tamil Nadu. 34 mothers of severely malnourished children under 4 years of age were selected as experimental group and 34 mothers of well nourished as control group and used interview method to collect the data. The results of the study revealed that the knowledge of control group was higher (59%) when compared to experimental group (35%).[11]

An experimental study was conducted to assess the mother's ability about the child care and children malnutrition in Brazil. They had selected mothers of 101 children whose weight for age was below 25 percentile as cases and mothers of 20 children whose weight for age was above 25 percentile as control by stratified sampling and interviewed mothers at home. Results revealed that mean scores of cases were higher ($P > 0.20$) when compared to that of control group ($P > 0.05$). It was indicated that mother' ability of child care affects the child's nutritional status.[12]

A descriptive study was conducted to assess the level of awareness on infant feeding, weaning practices of mothers which causes malnutrition in selected are of Bihar. They had selected 1015 mothers of fewer than five children by simple random sampling and used questionnaire to collect the data. Results revealed that large number of mothers (16%) fed the babies within 3 hours of birth and 45.5 % of mothers were introducing bottle feeding to infants and were unaware of right age of weaning, this indicates that all these factors could be responsible for malnutrition.[13]

3. Problem Definition

Effectiveness: Refers to the improvement in knowledge of mothers regarding selected needs of the under – five children.

Structured teaching program: It refers the planned teaching material with duration of 45 minutes on selected needs of the under – five children.

Under – five children: Refers the children who belong to the age group between 0 to 5 years of age.

Needs: Refers the Physical, Emotional, Social and Creative requirements that are basis for the sound development of a child.

4. Methodology and Approach

An evaluative research approach with pre-experimental one group pre-test and post test research design was adopted to assess the knowledge of mothers regarding selected needs of under five children.. The study sample consisted of 60 mothers in selected rural community and non probability convenient sampling technique was used.

The structured interview schedule was used to conduct the data from the mothers of fewer than five children. Tool consisting of part I and part II. Part I consist of eight items related to demographical data, Part II consist of consisting of 30 items under knowledge questionnaires regarding selected needs of under five children. Each items are allotted one score for correct response, zero score for wrong responses. Subjects were categorized according to their score percentage as follow: Adequate knowledge was >75%, Moderate knowledge was 51-74%, inadequate knowledge was <50%.

The content validity of the tools was established by submitting to 10 experts, comprising of seven nursing educators from the department of pediatric nursing, two paediatricians and one statistician to go through the developed tool and give their valuable suggestions. The tool was found to be reliable and feasible. The reliability of the tool was established by using **split half method** and it was found to be **r = 0.95 which indicates the tool was reliable.** Structured teaching programme was prepared with a view to enhance the general knowledge of mothers regarding selected needs of fewer than five children.

Pilot study was conducted from 11/10/11- 18/10/11 to find out the feasibility of the tool and study.. The final study was conducted at Vokkaleri Village, Distt. Kolar. Structured teaching programme was tested for its effectiveness by one group pretest and post test design. The sample consisted of 60 mothers of under five children in Vokkaleri Village, Distt. Kolar. Data was collected and structured teaching programme was administered to the mothers of fewer than five children. Post test was given seven days after structured teaching programme administration. The data gathered were analyzed and interpreted according to the objectives and hypothesis of the study.

5. Result and Discussion

Table 1: Frequency and percentage Distribution of sample characteristics

N: 60

Sl. No.	Sample Characteristics	Frequency	Percentage
1.	**Age in years**		
	a)20-25	11	18.4
	b)26-30	29	48.3
	c)31-35	17	28.3
	d)Above 35	3	5
2.	**Child age**		
	a)1-2	02	3.3
	b)2-3	20	33.3
	c)3-4	20	33.3
	d)4-5	18	30.0
3.	**No of children**		
	a)one	34	56.7
	b)Two	24	40.0
	c)Three	02	3.3
4.	**Education status**		
	a)Illiterates	17	28.4
	b)Primary	39	65
	c)Higher secondary	2	3.3
	d)Graduate and above	2	3.3
5.	**Occupation**		
	a)Govt. employee	2	3.3
	b)Private employee	3	5
	c)House wife	21	35
	d)Coolie	34	56.7
6.	**Family income per month**		
	a)Less than Rs.1000	0	0
	b)Rs.1001-3000	31	51
	c)Rs.3001-5000	26	43.4
	d)Rs.5001 and above	3	5
7.	**Religion**		
	a)Hindu	56	93.3
	b)Christian	0	0
	c)Muslim	4	6.7
8.	**Type of family**		
	a)Nuclear	43	71.6
	b)Joint	17	28.4
9.	**Source of information**		
	a)Family and friends	3	5
	b)Mass media	0	0
	c)Health personnel	12	20
	d)No information	45	75

Majority 29(48.3%) of mothers were belongs to age group between 26-30 years, only 3(5%) of mothers were belongs to 35 and above. Majority 20 (33.3%) of mothers are having children of 2-3 years and 02 (3.3%) of mothers are having 1-2 years of age children. Majority 34 (56.7%) of mothers have one children and 2 (3.3%) of mothers have three children. None of the mothers having four and above. Majority 39(65%) of mothers had primary education and 2(3.3%) were graduate and above. Majority 34(56.7%) of mothers were coolie and 2(3.3%) were govt. employee. Majority 31(51%) of mothers get monthly income of Rs.1001-3000 and 3(5%) of mothers get monthly income of Rs.5001 and above and none of the mothers get below Rs. 1000 per month. Majority 56(93.3%) of the mothers belongs to Hindu, 4(6.7%) of mothers belongs to Muslims and none of them belongs to Christian and other religions. Majority of the mothers 43(71.6%) belongs to nuclear family, around 17(28.4%) of mothers belong to joint family. 12(20%) of mothers gained information through health personnel, 3(5%) of mothers gained information through family and friends and none of them gained information through mass media.
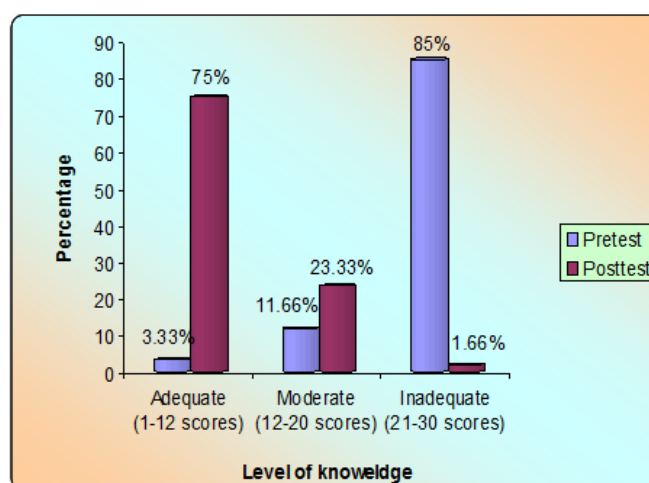

Figure 1: Cylindrical diagram represents the percentage distribution of pretest and posttest level of knowledge regarding selected needs of fewer than five children among mothers

Figure No.1 reveals the pre-test knowledge scores of mothers regarding selected needs of under five children had inadequate knowledge (85%), moderate (11.6%), and adequate (3.33%). Whereas post test knowledge scores of mothers regarding selected needs of under five children had adequate (75%), moderate (23.33%) and inadequate (1.66%) knowledge.

Table 2: Overall mean, median, standard deviation, paired 't' value of pre test and post test score

N =60

Test	Mean	Median	Standard deviation	Paired 't' value
Pre test	8.05	7	3.73	't' $_{cal}$=48.6 df = 59
Post test	22.15	22.5	3.56	't'$_{tab}$=2.000 P<0.05 SS*

SS*-Statistically significant, df-degree of freedom

Above data table No.2 depicted that the mean and median of post test knowledge scores among mothers regarding selected needs of fewer than five children was 22.15 and 22.5 which is significantly higher than mean and median of pre test knowledge scores of 8.05 and 7 respectively. Standard deviation of post test score and pre test score is 3.56 and 3.73 respectively. The computed paired 't' value (48.6, df = 59, at level of P< 0.05) is greater than table value(2.000) which represents significant gain in knowledge through structured teaching program. Hence the **hypothesis (H$_1$) is accepted**.

Chi-square test was computed to determine the association between the post test knowledge score with the selected demographic variables. It showed that there was no significant association between the pre test knowledge scores regarding selected needs of under five children among mothers with age of mother, age of child, educational status, occupation, family income, religion, type of family at **P<0.05** level.

6. Discussion

The present study findings indicates that there is significant gain in knowledge through structure teaching programme which are similar with findings reported by **S. Ekanayake,** which showed that the structured teaching programmes significantly affects the child's nutritional conditions by improving knowledge of mothers.[14]

The present study findings indicates that the 85% of mothers had inadequate knowledge and only 3.33% of mothers had adequate knowledge which are consistent **with** other study conducted at Tamilnadu which shows that 52% of mothers had inadequate knowledge and 14% mothers had adequate knowledge regarding child rearing practices.[15]

The present study findings are consistent with the findings reported by **F.E. Aboud,** which shows that mother's age, education, religion, income and family structure were negatively correlated with under fives mother's action.[16]

7. Conclusion

The major findings are in accordance and recommendation with the objectives of the study and hypothesis. Results showed that there is a significant difference between pre and post test knowledge scores. The calculated paried 't' test value suggests that structured teaching program proved to be effective in increasing the knowledge of mothers regarding selected needs of under five children and the computed chi-square value indicated that there is no association between pre test knowledge scores and selected demographic variables.

8. Future Scopes

The above findings makes clear to nurses that informing and educating regarding selected needs of under five children among mothers has been done in the current study. It is an effective way to improve the knowledge regarding selected needs of fewer than five children among mothers.

As expected in the hypothesis of the study, the researcher found that there was a significant improvement in knowledge regarding selected needs of fewer than five children who received structured teaching program.

9. Limitations

➤ The size of the sample was small. Hence it was restricted for generalization.
➤ This study has not done with control group.
➤ The samples were drawn only from the 1 selected rural community of Vokkaleri Village, Distt. Kolar, so the wide generalization was limited to other health institution.

10. Recommendations

Based on the findings of the study, the researcher further recommended that the study can be replicated on a large sample to generalize the findings. A similar study can be undertaken with control groups for effective comparison. A comparative study can be conducted between urban and rural areas.

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Author Profile

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