International Journal of Science and Research (IJSR)
ISSN: 2319-7064
ResearchGate Impact Factor (2018): 0.28 | SJIF (2018): 7.426

Assessment of the Effectiveness of Structured Teaching Programme on Knowledge regarding ICDS Scheme among Mothers of Children in Selected Rural Area

Navdeep Gauri

M.Sc. Nursing (Child Health Nursing)

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 period of life between 1 to 3 years is very important as their growth and development is rapid. The aim of the present study was to assess the existing level of knowledge regarding ICDS Scheme among mothers of children, to evaluate the effectiveness of structured teaching programme regarding ICDS Scheme among mothers of children and to find the association between pre-test knowledge score with their selected demographic variables among mothers of children. A pre experimental one group pre-test post-test design was adopted with 60 mothers of children (0-6years) selected by convenient sampling technique. Structured interview schedule was used to collect the data. Tool consisting of Section I and Section II. Section I consists of items related to socio demographic data, Section II consists of items related to knowledge regarding ICDS scheme among the mothers of children. Structured teaching programme was prepared to enhance the knowledge regarding ICDS scheme. Overall Post-test mean knowledge score was 23.26 with standard deviation of 3.8, which was more than the pre-test mean score 8 with standard deviation of 1.75 which shows that structured teaching programme was effective.***

Keywords: Effectiveness, Structured teaching programme, ICDS

1. Introduction

"The children of today are the citizens of tomorrow". If children are healthy, future generation will be healthy resulting in a healthy Nation. One of the important factors in determining a child's health is the pattern of his growth and development, which extends throughout their life cycle. 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 them. 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.[1]

Worldwide statistical report reveals that 27 million children are born in India. In which around 10% of them do not survive up to 5 years of age. India contributes above 25% in 10.6 million under five deaths occurring world wide every year. Nearly half of the under five deaths occur in neonatal period. The mortality rates for children below 5 years age are increasing.[2]

Over 10.5, million death occur each year among children of under five years of age, about 22% of these death occur in India. This proportion is substantially higher than other countries. More than 50% of death in 0 - 4 years are associated with malnutrition. The most vulnerable period for malnutrition is first 3 years. Nutritional deficiency constitutes a major public health problem in India and other countries of the developing world. Every year 50% of children are undernourished in India.[3]

The average Indian child has a poor start to life. Both infant and under-five mortality rates for Indian children are 67 and 93 respectively, on average and it is higher than the developing country. One in four newborns is underweight. Only about one in three is exclusively breastfed for the first six months. Nearly one in two under five children suffers from moderate or severe malnutrition. One in three children does not get a full course of DPT (diphtheria, pertusis and tetanus immunization), and only one in three has the opportunity to be in an early learning programme. Just about one in five is protected against vitamin A deficiency.[4]

Against this backdrop, the Government has supported a monumental effort to improve the life chances of children. Integrated Child Development Services (ICDS) in India is the world's largest integrated early childhood programme, with over 40,000 centres nationwide. Since its inception in 1975, the programme has matured and expanded, despite difficulties in adapting to the vastly different local circumstances found on the Indian subcontinent. UNICEF helped to launch the ICDS programme and continues to provide financial and technical assistance along with the World Bank.[4]

The government of India is committed to child development as a policy priority and is steadily expanding ICDS programme with the ultimate aim of reaching every child under the age of 6 years before the turn of the century. The ICDS program has provided improved services, but it has failed to fully accomplish the intended goals, partly because of the lack of community participation.[5]

2. Literature Survey

A descriptive study was conducted to determine the impact of the programme on the nutritional status of children aged 0 to 6 years in Sikar, Gujrat. The study results showed that the

children with normal nutrition in ICDS blocks constituted 50 percent of the surveyed population in 1976 in comparison to 75 per cent observed in baseline data of 1990 survey. The study concluded that there was a highly significant decrease in severely malnourished children from 21 per cent in 1976 to 7 per cent in 1990.[6]

A comparative study was conducted in Didwana Dist, Rajasthan on ICDS. A random sampling of 100 under five children was selected. The ICDS treatment for malnutrition is administration of 16-20 gm of protein and about 600 calories and monitoring monthly, there are 13.9 million children presently receiving supplementary nutrition in the ICDS program. The results showed that these services have contributed to improved health among children in ICDS areas. The study concluded that the morbidity and mortality have found to be higher in non-ICDS areas, and declines have been observed in ICDS areas.[7]

A study was conducted to assess the community contribution to the Integrated Child Development Services (ICDS) program in the Agra district, Uttar Pradesh. 74 Anganwadi centers were chosen for the study. The Anganwadi workers were interviewed through a semi-structured questionnaire to assess the community contribution during 6 months. The study results showed that about 68% of Anganwadi workers had been able to receive assistance in bringing the children to the Anganwadi centers. Only 4% and 12% of the Anganwadi workers reported community assistance in the preparation and distribution of nutritional supplements, respectively.[8]

A descriptive study was conducted to determine the impact of Integrated Child Development Services (ICDS) on the nutritional status of mothers and of children under 6 years old in India. The study result showed that ICDS is the first and probably the only program in the country that aims at the holistic development of an individual. The reduction in prevalence of severe malnutrition is comparatively more significant in ICDS scheme population than in other population groups. The study concluded that there has been an extensive improvement in the nutritional status of children living in rural, urban and tribal areas and in those belonging to depressed sections of the community.[9]

A study was conducted to determine the nutrition knowledge of children among mothers in a rural of Udupi taluk, and effectiveness of a teaching strategy on nutrition education. The samples of 60 mothers of under five were selected by using simple random technique and the study revealed that the post – test knowledge score is more than pre – test. It concluded that the structured teaching strategy is an effective method to improve the knowledge.[10]

3. Problem Definition

Assess: Refers to the process to identify the level of knowledge regarding ICDS Scheme among mothers of children

Effectiveness: Refers to the extent to which the structured teaching programme regarding ICDS Scheme is improving the knowledge of mothers of children**.**

Structured teaching program: It refers to systematically developed instructional method and teaching aids designed for mothers of children to gain in knowledge scores regarding ICDS scheme.

ICDS Scheme: Integrated child development service scheme, was launched by the Indian government in October 1975 to provide a package of health, nutrition and informal educational services to mothers and children.

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 effectiveness of structured teaching programme on knowledge regarding ICDS scheme among mothers of children. The study sample consisted of 60 mothers of children (0-6years) in a selected rural areas and convenient sampling method was used.

The Interview schedule was used to collect the data on knowledge regarding ICDS scheme among the mothers of children (0-6 years). Tool consisting of Section I and Section II. Section I consists of items related to socio demographic data, Section II consists of 30 items related to knowledge regarding ICDS scheme among the mothers of children. Each items are allotted one score for correct response, zero score for wrong response. Subjects were categorized according to their score percentage as follow: Adequate knowledge was (76% to 100%), Moderate knowledge was (51% to 75%), Inadequate knowledge was (0 to 50%).

Content validity of the tool was established by 10 experts, comprising of seven nursing educators from the department of pediatric nursing, two pediatricians and one statistician to go through the developed tool and give their valuable suggestions. The reliability was established by using Spearsman Brown Split-Half technique and it was found to be r=0.91, which indicates the tool was reliable. Structured teaching programme was prepared to enhance the knowledge regarding ICDS scheme among mothers of Children (0-6 years).

The pilot study was conducted from 5/10/2015 to 12/10/2015 to find out the feasibility of the tool and study. The final study was conducted at Dadwa village, Distt. Yamunanagar from 15/11/2015 to 25/12/2015. Structured teaching programme was tested for its effectiveness by one group pretest and posttest design. 60 mothers of children were selected using non probability convenient sampling technique, 6 subjects were selected per day for the study. A **pre test** was conducted using structured interview schedule with knowledge questionnaire. On the **same day** the STP was administered to the samples. The **post test** was conducted to the samples by using the same method after seven days of structured teaching programme. The gathered data was 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)21-25	31	51.7
	b)26-30	24	40
	c)31-35	05	8.3
	d)Above 35	0	0
2.	**Child age**		
	a)0-2	21	35
	b)3-4	33	55
	c)5-6	06	10
3.	**No of children**		
	a)one	33	55
	b)Two	25	41.6
	c)Three	02	3.4
4.	**Education status**		
	a)Illiterates	4	6.66
	b)Primary	38	63.34
	c)Higher secondary	18	30
	d)Graduate and above	0	0
5.	**Occupation**		
	a)Govt. employee	0	0
	b)Private employee	0	0
	c)House wife	38	63.34
	d)Coolie	22	36.66
6.	**Family income per month**		
	a)Less than Rs.3000	28	46.66
	b)Rs.3001-5000	19	31.66
	c)Rs.5001-8000	8	13.34
	d)Rs.8001 and above	5	8.34
7.	**Religion**		
	a)Hindu	53	83.3
	b)Christian	4	6.7
	c)Muslim	3	5
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)Health personnel	0	0
	c)Mass media	10	16.7
	d)No information	47	78.3

Majority 31(51.7%) of mothers belongs to age group between 21-25 years, only 5(8.3%) of mothers belongs to 31to35 age group. Majority 33 (55%) of mothers are having children of 3-4 years and 06 (10%) of mothers are having 5-6 years of age children. Majority 33 (55%) of mothers have one children and 2 (3.4%) of mothers have three children. Majority 38(63.34%) of mothers had primary education and 4(6.66%) were illiterate. Majority 38(63.34%) of mothers were house wife and 22(36.66%) were coolie. Majority 28(46.66%) of mothers get monthly income of less than 3000 and 5(8.34%) of mothers get monthly income of Rs.8001 and above. Majority 53(88.3%) of the mothers belongs to Hindu, 3(5%) of mothers belongs to Muslims. Majority of the mothers 43(71.6%) belongs to nuclear family, around 17(28.4%) of mothers belong to joint family. 10(16.7%) mothers gained information through mass media, 3(5%) of mothers gained information through family and friends.

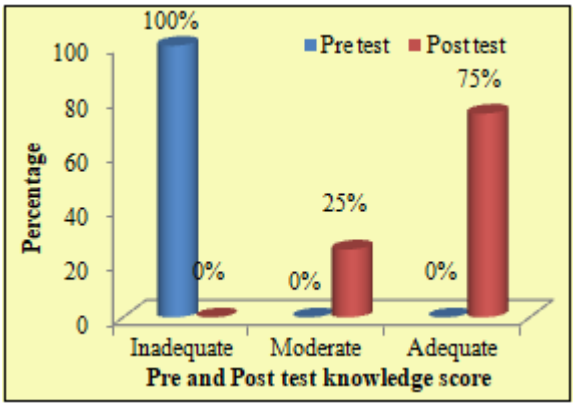

Figure 1: Bar diagram represents the percentage distribution of pretest and posttest knowledge level of mothers regarding ICDS scheme

Figure No. 1 reveals that in pre test 60 (100%) of mothers of children (0-6years) had inadequate knowledge, none of the mother had moderate and adequate knowledge regarding ICDS scheme. Whereas in the post test 45 (75%) of mothers had adequate knowledge, 15 (25%) of the mothers had moderate knowledge and none of the mothers of children(0-6years) had inadequate knowledge regarding ICDS scheme.

Table 2: Overall mean, median, standard deviation, paired 't' value of pre test and post test score, N=60

Test	Mean	Sd	Median	Statistical Inference
Pretest	7.86	1.75	8.0	t_{cal} = 37.55, t_{tab} = 3.46
Posttest	23.26	3.8	23	P<0.005, SS*

SS*-Statistically significant, df-degree of freedom

The above table 2 explains that the pre-test average mean percentage was 26.2% with the mean (7.86), median (8.0) and the post-test average mean percentage was 82% with the mean (23.26), median (23.0). Thus, it shows that the mothers have rise in knowledge level regarding ICDS scheme compared to that of pre-test. The obtained 't'value is 37.55% is greater than't'$_{tab}$ (3.46) which is significant at P<0.005. Hence the post-test knowledge score is significantly increased. Thus, 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 with their age of mother, age of child, number of children, educational status, occupation, family income, religion, type of family and source of information at P > 0.05 level X^2_{cal} value less than the X^2_{tab} value. Hence Hypothesis (H_2) was not accepted.

5.1 Discussion

The present study findings was consistent with a a study to evaluate the effectiveness of structured teaching programme on knowledge regarding on prevention of malnutrition for under five children among mothers in selected urban area at Dehardun. A sample of 100 mothers were selected for the study using non-probability convenient sampling .A structured knowledge questionnaire was used to collect the data from the mothers of under five. Finding regarding

assessment of pretest level of knowledge of mothers on prevention of malnutrition , study showed that in the pretest out of 100 mothers majority of them 68(68%) had inadequate knowledge with mean score of 11.34 (SD 2.31).[11]

The present study findings was consistent with a study was carried to assess the knowledge of mothers on ICDS scheme in Chidambaram. In this study the investigator found that the knowledge of mothers on ICDs scheme was improved after STP. The results showed a total 100 mothers were included in study. The mean (± S.D) pre test score on knowledge of reproductive health was 39.83 (±16.89) and same after administering of the STP 84.60 (±10.60) and of statistically significant (P<0.001) Hence the study concluded that there was significant improvement in mothers knowledge regarding ICDS scheme.[12]

This study was supported by a study conducted on knowledge of mothers on ICDS scheme among mothers of under five in Nainital Dist, Uttrakhand. In this findings there was no significant difference between knowledge and demographic variables like educational status of the mothers, age of mothers and number of children's.[13]

6. 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 ICDS scheme and the computed chi-square value indicated that there is no association between pre test knowledge scores and selected demographic variables.

7. Future Scopes

The Nurse play an important role in disease prevention & health promotion. Educational programs with effective teaching strategies, motivates the people to follow healthy practices in day to day life to be encouraged.

Health information can be imparted through various methods like lecture, mass media, posters, planned teaching program etc. Nurses have to position themselves in all areas. Hence Nurses should take keen interest in preparing different teaching strategies suitable for the community.

8. Limitations

- The size of the sample was small. Hence it was restricted for generalization.
- This study has not done with control group.

9. 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.

References

[1] Ghosh s, Shah D. Nutritional problems in urban slum children. Department of pediatrics. University of medical science and GTB Hospital. Delhi. P. 34
[2] K. Park. Text book of preventive and social medicine. Banarsides Bhanotn Publisher. 19th edition. P. 456-460.
[3] www.micronutritient.com
[4] Vanisha s, Nambiar, Kalyani Bhaldkar and Meghana daxini. Drumstick leaves as source of Vitamin A in ICDS. Department of foods and Nutrition, MS university of Baroda.
[5] K. Park. Text Book of Preventive and Social Medicine. Banarsides Bhanotn Publisher. 18th edition. P- 434.
[6] Avsm YS, Gandhi N, Tandon BN, Krishnamurthy KS. Integrated Child Development Services Scheme and nutritional status of Indian children. Journal Trop Pediatric. 1995 Apr;41(2):123-8. www. pubmed.com
[7] Sharma A, Gupta S. Impact of ICDS on health and nutritional status of children. 1993;4(1):27-30
[8] Nayar D, Kapil U, Nandan D. Assessment of community contribution to the ICDS scheme in district Agra: a case study. 1999 Jan-Mar;10(1):4-5.
[9] Kapil U, Pradhan R. Integrated Child Development Services scheme (ICDS) and its impact on nutritional status of children in India and recent initiatives. Department of Human Nutrition, All India Institute of Medical Sciences, New Delhi. Indian J Public Health. 1999 Jan-Mar;43(1):21-5.
[10] Swati.v, "effectiveness of structured teaching programme on nutrition knowledge among children and adolescent in selected schools of udupi" (2007).
[11] Polit DF, Hungler BP. Nursing research principles and methods 6th edition Philadelphia JB, Lippincott company 1999.
[12] Basanthappa B T nursing research 1st edition Jaypee brothers medial Publishers Bangalore pvt ltd.2005
[13] Kathari CR research methodoly methods and techniques, New Delhi, Wiley easter limited;1990

Author Profile

Navdeep Gauri received the B.Sc. Nursing degree from Barkatullah University Bhopal in 2008 and M.Sc. degree in Child Health Nursing from RGUHS in 2013, wrote book of basic Anatomy and Physiology in 2010.