

Effectiveness of Structured Teaching Programme on Knowledge of Anganwadi Worker Regarding Mental Health Promotion and Mental Illness among Children

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Abstract: *Lack of adequate to meet the mental health needs of Indian society has triggered the researchers in identifying anganwadi workers as potential primary mental health care provider for toddler and preschooler. This is a pre-experimental study to evaluate the effectiveness of structured teaching programme on knowledge of anganwadi worker regarding mental health promotion and early identification of mental illness in toddler and pre-schoolers at selected family welfare centers of the city. Pretest posttest control group design was adopted for the present study. Researcher used non-probability purposive sampling technique and pre-experimental [pretest posttest] of Anganwadi workers. The subjects were 200 Anganwadi workers from experimental group. The study findings revealed that post-test mean knowledge (31.885) and pre-test mean knowledge score (26.0250). paired test result indicates that (<0.05) the significant difference in pretest and posttest mean knowledge score was significant at 0.05% level so, it can be concluded that structure teaching program was effective in anganwadi workers regarding mental health promotion and early identification of mental illness in toddler and preschoolers.*

Keywords: Anganwadi worker, mental health promotion, toddler, preschooler

1. Introduction

In India, mental health of the children under five years is not given much consideration. This may be due to lack of mental health promotion services. This predisposes the children to mental health problems which may in turn lead to psychiatric disorders in later adulthood. There is a need to evaluate the efficiency of involving personnel of the ICDS in child mental health activities. The chance of success in promoting mental health is more if it is carried out through the ICDS system. Therefore, there is a need to strengthen training for Anganwadi workers. Studies from India revealed prevalence rate of 12.5% in 0 to 16 years in a community-based sample from Bangalore. Prevalence of mental retardation is estimated 2.0% with a range from 1.0 to 2.5%. A recent epidemiology study reported prevalence of 2/1000 of autistic disorder, Asperger's disorder is estimated at 1/1000 in children. Data indicates 25% of 5-year-old children present with language and speech disorders.³The above mentioned statistics points towards the need for mental health promotion of toddlers and preschoolers. The cross-sectional study conducted on knowledge of attitudes towards mental illness among ASHA and Anganwadi worker in Vadodara district Gujarat state, INDIA in 2019. The study included 350 Anganwadi workers and ASHA worker from villages of Vadodara district. The data was collected by using self-administered survey. The study findings revealed that the most common causes for mental illness were attributed to anxiety (61%) and brain disease (61%) followed by stress (45%), mental illness (72.5%) showing a strong approval for recommending psychiatric care for mentally ill (84%). Over 50% of participants believed that mentally ill have a

lower IQ and that they were unpredictable, but at the same time asserted that children with mental illness can live in the community (80%) and recover if given treatment and support (91.8%). In India there is a lack of mental health services, more so for this age group. There is also a lack of qualified personnel to cater to these needs. Under these circumstances, the role of the anganwadi worker in early detection and prevention of mental problem is essential. The anganwadi workers spend most of their time with children under 5 years of age group.

2. Objectives of the Study

- 1) To assess the level of knowledge of anganwadi workers regarding mental health promotion and early identification of mental illness in toddler and preschoolers.
- 2) To assess the effectiveness of structured teaching program on knowledge of anganwadi workers regarding mental health promotion and early identification of mental illness in toddler and preschoolers among anganwadi workers.
- 3) To determine association between demographic variable and pre-test knowledge of anganwadi workers regarding mental health promotion and early identification of mental illness among toddlers and pre-school.

3. Material and Methods

Data was collected by implementing the pre-test which consist of self-structured knowledge questionnaire followed by structure teaching programme and after 7 days post test was taken for 200 sample at selected child

development offices by using non probability purposive sampling technique tool was provided to sample at a same time approximately 15-20 min were given to them for solving the self-administered knowledge questionnaire.

Data Analysis

Analysis is process of breaking a complex topic or substance into smaller parts to gain a better understanding of it. Analysis is a process of fitting data together of making, invisible obvious of linking and attribute to antecedent is a process of conjecture and verification of correction and modification of suggestion and Défense.

4.Result

The paired t-test was applied to compare difference between average scoring of before and after administration of structure teaching program. it was found that gain in knowledge regarding mental health promotion and early identification of mental illness in toddler and pre-schoolers, the paired t test value was 13.679 at level of $p < 0.05$. Since P value is less than 0.05 difference score is

statistically significant. researcher conclude at 5% level of significance and 199 degree of freedom that the above data give sufficient evidence to conclude that anganwadi worker receiving structure teaching program on mental health promotion and early identification of mental illness in toddler and pre-schoolers is higher mean knowledge score in post-test so reject the null hypothesis and alternate hypothesis was accepted.

The association between the pre-test knowledge score and demographic variable. The chi-square value of age (2.73), marital status (3.64), number of children (6.24), educational status (7.45) here it shows non-significant whereas chi-square value of religion (12.09), year of experience (14.32) hence it shows significant association.

The association between the pre-test knowledge score and demographic variable. The chi-square value of age (4.38), number of children (4.25), marital status (9.56), here it shows non-significant and chi-square value of religion (12.11), educational status (17.46) year of experience (18.25) hence it shows significant association.

Table 1: Distribution of Respondents According To Demographic Variable

Sr. No.	Characteristics	Frequency	Percent Age (%)
1	Age		
	25-35years	95	47.5
	36-45years	75	37.5
	46-55years	30	15
2	Educational status		
	Secondary school (10th pass)	30	15
	Higher secondary (12th pass)	50	25
	Diploma/degree	45	22.5
	Graduate	75	
3	Marital status		
	Unmarried	45	22.5
	married	40	20
	Separated/Divorce d	65	32.5
	widow	50	25
4	Number of children		
	None	90	45
	One	80	40
	Two	30	15
5	Year of experience		
	Less than 5 year	80	40
	5-10 year	35	17.5
	More than ten years	85	42.5
6	Religion		
	Hindu	45	22.5
	Muslim	35	17.5
	Christian	55	27.5
	Other	65	32.5

Table 2: Association of pretest knowledge of anganwadi worker regarding mental health promotion sample with selected socio demographic variable N=200
Table 3: Association of pretest knowledge of anganwadi worker regarding early identification of mental illness in toddler and preschooler's sample with selected socio demographic variable N=200

Sr. No.	Demographic variable	Inadequate	Moderate	Adequate	total	χ^2	DF	P value	Significance
1	Educational status								
	a. Secondary school (10th pass)	8	18	4	30	17.46	6	0.007	S
	b. Higher secondary (12th ss)	9	28	13	50				
	c. Diploma/ Degree	4	38	3	45				
	d. Graduate	16	54	5	75				
2	Year of experience								
	a. less than 5 year	8	54	13	80	18.25	4	0.001	S
	b. 5-10 year	10	20	5	35				
	c. more than 10 year	21	64	1	85				
3	Religion								
	a. Hindu	5	32	8	45	12.11	6	0.059	S
	b. Muslim	6	22	7	35				
	c. Christian	10	41	4	55				
	d. other	15	49	1	65				

Sr. No.	Demographic variable	Inadequate	Moderate	Adequate	total	χ^2	DF	P value	Significance
1	Year of experience								
	a. less than 5 year	19	48	13	80	14.32	4	0.006	S.
	b. 5-10 year	10	20	5	35				
	c. more than 10 year	19	56	1	85				
2	Religion								
	a. Hindu	11	27	7	45	12.09	6	0.059	S.
	b. Muslim	6	20	9	35				
	c. Christian	11	38	6	55				
	d. other	11	38	14	65				

Table 4: Evaluate the effectiveness of structured teaching program regarding mental health promotion and early identification of mental illness in toddler and pre-schoolers

Test	Mean	Sd	Se	T-Test	DF	P Value
Pre-test	26.0250	4.706	0.33283	13.679	199	<0.000
Post-test	31.885	4.430	0.31329			

5. Discussion

There is a significant gain in knowledge of Anganwadi workers through structured teaching program regarding mental health problems and early identification of mental illness in toddlers and preschoolers. This shows that the structured teaching program was effective and there is a need for continuing teaching programs for training of Anganwadi workers. These findings are similar to the findings are supported by the above study on effectiveness of structured teaching programme on knowledge and self-reported practices of anganwadi workers on managing common behavioural problems among toddlers in Tamil Nadu. The study sample included 160 anganwadi workers. The data was collected using structured questionair on self-reported practices. The study finding revealed that pretest 15% anganwadi workers had good knowledge

score whereas on post-test 72.5% anganwadi workers had good score. On pre-test 30% anganwadi workers had average score whereas in post-test 22.5% anganwadi workers had average score, and on pretest 55% anganwadi workers had poor knowledge score whereas only 5% anganwadi workers had poor knowledge score on post-test.

In present study findings revealed that post-test mean knowledge (31.885) and pre-test mean knowledge score (26.0250). paired test result indicates that (<0.05) the significant difference in pre-test and post test mean knowledge score was significant at 0.05% level so, it can be concluded that structure teaching program was effective in anganwadi workers regarding mental health promotion and early identification of mental illness in toddler and pre-schooler.

The study findings are supported by the above study on Effectiveness of Planned Teaching on Knowledge and Practice Regarding behavioural problem of Under-Five Children Among Anganwadi Workers in Karnataka. The study sample included 60 anganwadi workers. The data was collected using structured questionnaire. The study finding revealed that the overall mean pre and post test knowledge scores of Anganwadi workers, showing that post-testing means knowledge score was higher than the mean pre-test knowledge score of 10.40 with SD of ± 1.86 , with SD of ± 1.10 . Therefore, the proposed teaching program on Knowledge and Practice Regarding behavioural problem is statistically interpreted.

In the pre-test majority of respondents 147 (73.5%) had moderate knowledge, 27 (13.5%) had adequate, 26 (13%) inadequate knowledge regarding mental health promotion and early identification of mental illness in toddler and preschoolers.

In the post-test majority of respondents 117 (58.5%) had adequate knowledge, 83 (41.5%) had moderate, 12 (6%) inadequate knowledge regarding mental health promotion and early identification of mental illness in toddler and preschoolers. Post test mean knowledge score 31.885 with SD +4.43 was greater than pre-test mean knowledge score 26.0250 with SD +4.706 the paired t test analysis indicates ($t = 13.679$ $p < 0.05$) by these it can be concluded that structure teaching programme was effective for anganwadi workers.

The paired t-test was applied to compare difference between average scoring of before and after administration of structure teaching program. it was found that gain in knowledge regarding mental health promotion and early identification of mental illness in toddler and pre-schoolers, the paired t test value was 13.679 at level of $p < 0.05$. Since P value is less than 0.05 difference score is statistically significant. researcher conclude at 5% level of significance and 199 degree of freedom that the above data give sufficient evidence to conclude that anganwadi worker receiving structure teaching program on mental health promotion and early identification of mental illness in toddler and pre-schoolers is higher mean knowledge score in post-test so reject the null hypothesis and alternate hypothesis was accepted.

6. Conclusion

The present study is effectiveness of structure teaching program regarding on knowledge of anganwadi worker regarding mental health promotion and early identification of mental illness in toddler and pre-schoolers at selected family welfare centres of the city. The findings of the study showed that anganwadi had moderate level of knowledge regarding mental health promotion and early identification of mental illness in toddler and pre-schoolers. This study also proved that structured teaching program was effective method to enhance the knowledge of anganwadi worker to promote mental health promotion and early identification of mental illness in toddler and pre-schoolers.

Childhood mental illness may be a reaction to environmental stresses, including trauma like being the victim of verbal, physical, or sexual abuse, the death of a loved one, school problems, or being the victim of bullying or peer pressure. Due to the above-mentioned reasons and personal interest in the welfare of children, that I decided to take up the study with the intent of promoting awareness of Anganwadi workers regarding solution of mental health in toddlers and pre-schoolers. For the purpose of the study, children included toddlers and pre-schoolers. Mental health comprised of promotion of mental health, mental health problems, and early identification of mental health problems.

While going through all the above-mentioned statistical data and reviews available from various sources, and by referring various research and non-research literature on knowledge regarding mental health promotion and early identification of mental illness in toddler and preschooler and being a nurse perceived the importance of prevention of mental illness in toddler and preschooler and promotion of mental health. Hence the researcher has taken this study to train the anganwadi worker to be attentive so that the anganwadi worker can prevent toddler and preschoolers from mental illness.

Equations

The sample size was determined by using survey formula $n = \frac{(Z_1)^2 \{P(1-P)\}}{d^2}$. The non-probability

7. Recommendation

Conducting a research study in itself is not important until its findings are made known to all concerned and the implication of its finding have been discussed. The present chapter deal with summary, conclusion, implication and recommendations as per the findings of present study.

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