

A Study to Evaluate the Effectiveness of Structured Teaching Programme Regarding Behavioural Problems in Children 1 - 12 Years of Mothers in Selected Hospital in Moradabad U. P.

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Abstract: Behavioral problems are common in the child hood period. Behavioral problems of children lead to abnormality in their emotions or behavior which is severe and cause distress to the child, family and community. The worldwide morbidity due to behavioral problems has been more widely examined in developed countries with an overall prevalence of around 12% and also it accounts for more than 15% of India's population. Yet too little is being done to reduce morbidity from behavioral problems in the developing world. Nurses have an important role in conducting educative programme in PHC, and also in community area regarding behavioral problems and its prevention. In the present study data were collected on knowledge regarding behavioral problem in children 1 - 12 years of mothers in selected Hospital at Moradabad.

Keywords: Effectiveness, Structured teaching programme, behavioural problems in children, mothers, emotional abnormality, morbidity, prevention

1. 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.

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. The most common complaint of parents in the present scenario is child never sits still. 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.

The world wide 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. In general child population the prevalence of behavioral problems has been estimated at between 3% and 6% and higher incidence among preschool children from lowincome families that is 30%.

Need for the study

In today's busy life, parents are not able to take care and give love and affection to their beloved one. Children are deprived from parental affection and these children develop various habit disorders, changes in behavior to overcome the

situation¹³. A Nations most important and precious resource is its children who constitute its hope for continued achievement and productivity. Today we are passing through a stage where the behavioral patterns of youngsters are a matter of much concern for the educationists, psychologists, and sociologists. Early prevention and interventions is better than later remediation.

Based on above findings, the investigator found it is desirable to assess the knowledge of the children 1 - 12 years of mothers on behavioral problems. Educating the mothers and creating awareness by providing the information about behavioral problems helps to prevent the incidence of behavioral disorders in their children.

Objectives

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

Hypothesis

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

H2: There will be significant association between the posttest knowledge of the children 1 - 12 years of mothers with selected demographic variables.

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2. Research Methodology

This chapter deals with the description of methodology and the different steps undertaken for gathering and organizing data for investigation. It includes the researcher approach, research design, variables under study, study setting, population, sample and sampling technique, data collection method, development and description of tool, validity, reliability, pilot study data collection procedure and plan for data analysis.

Research Approach

The main objective of the study to evaluate the structured teaching programme on behavioral problems in children 1 - 12 years of mother in selected hospital at Moradabad. 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 Moradabad.

Population

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

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 Moradabad.

Sampling Technique:

According to Polit and Hungler, sample is subset of a population selected to appropriate in a research study. The process selecting a portion of the population to represent the entire population the sample of the study compress of 60 mothers in selected Hospital at Moradabad. Purposive sampling technique was used.

Criteria for Selecting the Sample

The following criteria were set for selection of sample.

Inclusion criteria

- Children 1 - 12 years of mothers in selected hospital
- Mothers who are willing to participate
- Mothers who can read and write Kannada or English.

Exclusion criteria

- Children 1 - 12 years of mothers affected by behavioral problem.
- Mothers having children above 12 years of age.
- Mothers who are not available during the time of data collection.

Selection and Development of the Tool

A tool is a written device that researcher uses to collect the data. The tool selected in the research should be as far as possible the vehicle which would be the best of up telling the data to draw conclusion pertaining to the study.

Selection of the Tool

The selected tool was a structured questionnaire to assess the knowledge of mothers on behavioral problems.

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

Reliability of the Tool

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.

Pilot Study

The pilot study was conducted in the selected hospital at Moradabad. The study was conducted from 10 - 01 - 2024. 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, 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 pre - test was conducted by using structured knowledge questionnaire followed by structured teaching programme. After 7 days, the post - test was conducted by using the same

structured knowledge questionnaire to evaluate the effectiveness of STP on the behavioral problem.

The mean percentage knowledge score in post - test (82.07%) was higher than the mean percentage knowledge score in pre - test (27.33%). The enhancement mean percentage knowledge scores (54.74%) were found to be significant at 5% (P<0.05) level. The findings of the Pilot Study revealed that the Study is feasible.

Method of Data Collection

The main study was conducted from 21 - 02 - 2024 on 60 Mothers present in the selected hospital Moradabad. Formal written permission was obtained from the concerned authority prior to the data collection. 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.

Plan for 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.

3. Result

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 in children 1 - 12 years of mothers in selected hospital at Moradabad, enabled the researcher to organize, interpret and communicate information meaningfully.

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 behavioral problems in children 1 - 12 years of mothers.

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

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

Distribution of the respondents according to their age depicts that the higher percentage 55% (33) of respondents were in the age group 20 - 25 years and about 26.7% (16) of the respondents were in the age group 26 - 30 years and about 18.3% (11) were in the age group less than 20 years.

Distribution of the respondents according to their religion depicts that the higher percentage 60% (36) of the respondents belongs to Hindu, about 26.7% (16) belongs to Muslims and the lowest percentage 13.3% of the respondents belongs to Christians.

Distribution of the respondents according to the educational status depicts that the higher percentage 55% (33) of the respondents had got education up to primary and about 35% (21) of the respondents had got education up to high school and about 10% (6) had education up to higher secondary and no respondents had got education till graduation and above and no respondents were illiterates.

Distribution of the respondents according to the educational status of husband depicts that the higher percentage 56.7% (34) of the husbands had got education up to primary and about 25% (15) of the husbands had got education up to high school and lowest percentage of the husbands 18.3 (11) had got education up to higher secondary and no husbands had got education till graduation and above and no husbands were illiterates.

Section II: Knowledge scores before and after structured teaching program on behavioral problems in children 1 - 12 years of mothers, N= 60

S. No.	Knowledge Aspects	Statements	Max Score	Respondents Knowledge		
				Mean	SD	Mean % of
1	Meaning and Etiology of behavioral problems	4	3	1.62	0.804	40.5
2	Classification and symptoms of	13	13	4.37	1.008	33.62
3	Management and prevention of	13	13	2.22	0.976	17.077
	Total	30	30	8.21	1.685	27.33

The highest mean knowledge 40.5% was found in the aspect of meaning and etiology of behavioural problem, followed by 33.62 % of mean knowledge in the aspect of classification and symptoms of behavioural problems and least mean knowledge 17.077% was found in the aspect of

management and prevention of behavioural problems. In the present study during the pretest the overall mean score among the respondents was 8.2 with a standard deviation of 1.685 and a mean percentage of 27.33%.

n= 60

S. No.	Knowledge Aspects	Statements	Max Score	Respondents Knowledge		
				Mean	SD	Mean % of
1	Meaning and Etiology of behavioral problems	4	3	2.33	1.55	58.25
2	Classification and symptoms of behavioral problems	13	13	11.48	1.28	88.31
3	Management and prevention of behavioral problems	13	13	10.8	0.68	83.077
Total		30	30	24.62	2.08	82.07

The highest mean knowledge 88.31% was found in the aspect of classification and symptoms of behavioural problems, followed by 83.077 % of mean knowledge in the aspect of management and prevention of behavioural problems and least mean knowledge 58.25% was found in

the aspect of meaning and etiology of behavioural problems. 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%.

Comparison of Pre and Post test mean Knowledge Scores of Mothers on Behavioral Problems of Children

S. No.	Knowledge Aspects	Pre- test		Post- test		Enhancement %			Students paired t -test
		Mean	SD	Mean	SD	Pre- test	Post- test	Overall	
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	12.82	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

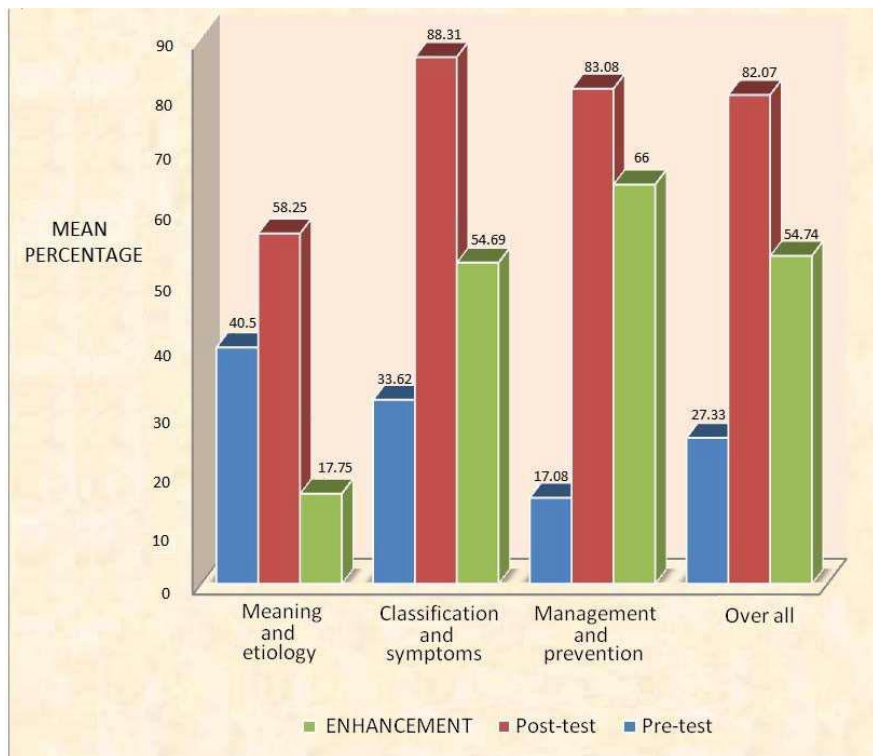
Significant at 5% level t (47.071)

It reveals that the highest mean knowledge enhancement was found in the aspect of management and prevention with 66 percentages, second highest mean knowledge enhancement was found in the aspect of classification and symptoms with 54.69 percentages and 17.75 percentage enhancements was found in the aspect of meaning and etiology respectively.

the posttest the knowledge on meaning and etiology is 58.25% and on the classification and symptoms is 88.31% and on management and prevention is 83.08% and the overall pretest score is 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%.

The overall pre and post - test mean was 8.2 per cent and 24.62 per cent The overall percentage of knowledge on behavioral problem among the children during the pretest on meaning and etiology is 40.5% and on the classification and symptoms is 33.62% and on management and prevention is 17.08% and the overall pretest score is 27.33% and during

The statistical paired ‘t’ test indicates the enhancement in the mean knowledge scores found to be significant at 5% level for all the aspects under the study.



Comparison of Pre and Post test mean Knowledge Scores of Mothers on Behavioral Problems of Children

Section III: Association between Posttest level of Knowledge and their Demographic Variables

Demographic variables		Level of Knowledge			Chi square test
		N	Adequate	Moderately adequate	
Age	Less than 20	11	72.7% (8)	27.3%(30)	Chisquare value=1.92, p= 0.408
	21-25 years	33	57.6% (19)	42.4%(14)	
	26-30 Years	16	75.0% (12)	25.0%(4)	
Religion	Hind	36	66.7% (24)	33.3%(12)	Chisquare value=3.407, p= 0.182
	Muslim	16	50.0% (8)	50.0%(8)	
	Christian	8	87.5% (7)	12.5%(1)	

It shows that among 11 respondents in the age group of less than 20 years, 72.7% (8) had adequate knowledge level and 27.3% (3) respondent had moderate knowledge level, among 33 respondents between the age group 21 - 25 years, 57.76 % (19) had adequate knowledge level, 42.4% (14) had moderate knowledge level. Further, 16 respondents in the age group 26 - 30 years, 75.0% (12) had adequate knowledge and 25.0% (4) had moderate knowledge level. Hence, the value of X² is found to be non significant at 5% level (X² = 1.92, P<0.05). It indicates that there is no significant association between knowledge and the respondent's age.

It also shows that among 36 Hindu respondents 66.7 % (24) respondents were found to be having adequate knowledge level and 33.3% (12) respondents possessed moderate knowledge level, among 16 Muslim respondents 50.0% (8) had adequate knowledge level and 50.0% (8) had moderate knowledge level and among 8 Christian respondents 87.5 % (7) had adequate knowledge and 12.5% (1) respondent found to have moderate knowledge. Hence, the value of X² is found to be non significant at 5% level (X² =3.40, P<0.05). It indicates that there is no significant association between knowledge and the respondent's religion.

4. Discussion

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 children 1 - 12 years of mother in selected hospital at Moradabad.

- To assess the level of pretest and posttest knowledge on Behavioral Problems in children 1 - 12 years of mothers in Selected Hospital in Moradabad.
- The present study confirms that the overall knowledge in pre - test is 27.33 %, which is less. This shows that there is lack of information in children 1 - 12 years of mothers on behavioural problems. Although mothers understand that behavioural problems affect the normal growth and development of children, but they do not have clear idea about it.
- To evaluate the effectiveness of structured teaching programme on behavioral problems in children 1 - 12 years mothers in selected hospital in Moradabad.
- The present study confirmed that there was a considerable improvement of knowledge after the structured teaching programme and is statistically established as significant. The overall mean percentage knowledge score in the pre - test was 27.33% and 82.07% in the post - test with 54.74% mean percentage knowledge enhancement. The mean knowledge score during pre - test is 8.2 and 24.62 in the post - test.

- To find out the association between the posttest knowledge of mothers of children 1 - 2 years with selected socio demographic variables in selected hospital in Moradabad.

Among the demographic variables analysed in this study there was no significant association between age, religion, education of mother, education of husband, occupation of mother, occupation of husband, location of home, type of family, monthly family income, parity and knowledge scores as the Chi - square computed value is not statistically significant.

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