



Effectiveness of Structured Teaching Programme on Promotion of Mental Health in Children among Mothers of Rural Community

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ABSTRACT

"No health without mental health"

The tender the age; more probability of getting affected"

Promotion of mental health is a recommended intervention and a step lead ahead in primary level prevention. Latest National survey of children's mental health found that 1 in 10 children and young child aged 5-16 had a clinically recognizable mental disorder.

OBJECTIVES OF THE STUDY:

1. To assess the existing knowledge regarding promotion of mental health in children among rural mothers.
2. To assess the post test knowledge regarding promotion of mental health in children among rural mothers.
3. To assess the effectiveness of structured teaching programme of mental health in children among rural mothers.
4. To associate the pre-test knowledge regarding promotion of mental health in their children.

METHODS

The modified conceptual framework for the present study was based on General System Model by Ludwig Von Bertalanffy's(1968).Quasi experimental one group pretest posttest research design was adopted for the study.The structured Interview Schedule was

developed to collect the data validated by various experts. Pilot study was conducted among 6 mothers in Byrohalli village-Kengeri, Bangalore to find the feasibility of the study. The main study was conducted at Somannahalli and ChikkaGolahalli rural community in Bangalore from among 60 rural mothers, who were selected by using non probability convenience sampling technique and the data collected was analyzed and interpreted based on descriptive and inferential statistics.

RESULTS:

The assessments of knowledge level of mothers on mental health promotion revealed that the mean pre-test was 10.81 with standard deviated 1.57. Mean post-test was 21.48 with standard deviation 1.76.

INTERPRETATION & CONCLUSION:

The study shows that the structured teaching programme was effective in improving the knowledge regarding promotion of mental health in children among the rural mothers. there was significant association between the knowledge scores of rural mothers who attended the structured teaching programme at p level <0.05 .The present study attempted to assess the effectiveness of structured teaching programme (STP) on knowledge of mothers regarding promotion of mental health in children and found that the developed STP was effective in improving the knowledge of rural mothers regarding

promotion of mental health in children.

Keywords: *structured teaching programme, knowledge, mental health*

INTRODUCTION:

“No health without mental health”.

A good beautiful mind is the core for successful good life. Good mental health leads to good child and this leads to development of a good healthy and developing nation. Child is the mirror for the Nation. Good mental health contributes to qualities of our lives as individuals, as community and as a society in general. Good child is nurtured from seeds of good nutrition, good hygiene, healthy life style and practices in home and those seeked and grasped from surroundings. UNICEF estimates that over 220 million children aged less than 5 years in the developing world have significantly impaired growth. This evidence shows, for the first time, that a common and potentially treatable mental health problem in mothers is one of the causes of infant failure to thrive. We use this evidence to present a case that child focused interventions, largely aiming to provide supplementary nutrition, may need to be combined with mother focused interventions that target maternal mental health. Childhood is a period of huge variations, they are neither small infant nor mature adult, these raises their demand of good attention and guidance by the parents.¹ About 31000 people especially child in growing age complete the suicidal act each year. An average of one person every 18 patients, at least 1000 suicides occur each day and teen suicides in US is nearly 5 times as common among boys and girls.⁵

In India 12,000 children ages 5 to 14 may be hospitalized in this country every year for deliberate self – destruction acts and 125,000 deaths and contributes to 10-25% of hospitals and nursing home admissions (Indian journal of psychiatry -2001).³

WHO states that problem increases fourfold when the population is in slums and rural area .the inability to cope with urban life, loss of loved ones and property and lack of education and work leads to the hell of mental illness. Although mothers try to feed and care for good rearing and basic needs of their children, even this is often not possible as sometimes mothers are also underfed and unable to develop good mental habits as they lack the knowledge. Global attention is

now focused on the development of strategies to reduce mental ill health and promote mental health and promote mental health.⁵

The following ‘positive steps’ for achieving and maintaining positive mental health have been described as the ‘five fruit and vegetables of mental health’: During the last two decades many studies in India shows they mental disorders prevail in 18-267 /1000 with median 65.4/1000 at any given time about 31,000 people specially child in growing age complete the suicidal act each year an average one person every 18 patients at least 1000 suicides occur each day

- keeping physically active
- eating well
- for doing something creative
- taking a break
- asking for help¹

METHOD:

A quasi-experimental one group pretest posttest design with non –probability convenience technique was used in 60 rural mothers with 6-12 years children in Somannahalli and ChikkaGollahalli. Tools used for sociodemographic data sheet, structured interview schedule to assess revised knowledge on promotion of mental health. Data were gathered on individually basis after obtaining official permission from nodal officer, DMHP analysis was done by using descriptive and inferential statistics.

RESULTS:

Table 1.1& 1.2 section A: Shows frequency and percentage of rural mothers:

Table 1.1: Frequency and Percentage distribution of Demographic variable of rural mothers according to mother's and children's age, no. of children, religion and occupation. n=60

Sl.No.	Demographic details	Frequency	Percentage
1)	Mother's age(in years)		
a.	Below 25	16	26.6
b.	26-30	21	35.0
c.	31-35	13	21.6
d.	36-40	10	16.8
2)	Children's Age(in years)		
a.	6-8	23	38.3
b.	9-11	16	26.7
c.	12	21	35.0
3)	Number of children		
a.	1	15	25.0
b.	2	37	61.0
c.	3	8	14.0
4)	Religion		
a.	Hindu	43	71.6
b.	Muslim	14	23.4
c.	Christian	3	5.0

Table 1.2: Frequency and Percentage distribution of Demographic variable of rural mothers according to occupation, education, income and type of family n=60

Sl.No.	Demographic details	Frequency	Percentage
5.	Occupation		
a.	Working	9	15.0
b.	Daily wages	16	26.7
c.	Unemployed	35	58.3
6.	Education		
a.	Illiterate	17	28.3
b.	Primary	37	61.7
c.	Secondary	6	10.0
7.	Income (in rupees/ month)		
a.	<1000 Rs.	25	41.6
b.	1001 -3000Rs.	23	38.4
c.	3001-5000Rs.	12	20.0
8.	Type of families		
a.	Nuclear family	44	73.3
b.	Joint family	16	26.4

to 26-30 years, 13(21.6%) were below 25, 14(23.3%) belong to 31-35 years and 10 were in age group of 36-40 with regard to children's' age 23 belong to 6-8 years, 21 belong to 9-11 years and 26.7.5 were in the age group of 12 years. In relation to number of children, 37(61%) mothers had 2 children, 15(25), mothers' had 1 child and 8 (14%) had 3 children. In relation with religion majority 43(71.6%) were hindu, 14 (23.4%) were muslim and 3(5%) were Christian.

Table 2 Section-B shows: frequency, percentage distribution of level of knowledge and mean and standard deviation of rural mothers regarding promotion of mental health before STP.

SECTION -2.1 Assessment of Knowledge Regarding Promotion of Mental Health In Children Among Mothers Before STP

Table 2.1.1: Frequency and percentage distribution of level of knowledge of mothers regarding promotion of mental health before STP n= 60

Level of knowledge	Distribution of mothers	
	Frequency	Percentage
Inadequate knowledge [$<50\%$]	60	100
Moderate knowledge [51-75%]	0	0
Adequate knowledge [$>75\%$]	0	0

It is evident from the above table 2.1.1, that in the pretest all 60 (100%) mothers had inadequate knowledge regarding mental health promotion in children.

Table 2.1.2: Mean and Standard deviation for the Knowledge among rural mothers regarding promotion of mental health in children before STP n=60

Sl.No	Aspects of knowledge	of Statements	Max. Score	Range Score	Respondents Knowledge			
					Mean	SD	Mean (%)	
1	General information	5	5	1-4	2.56	0.74	51.2	
2	Factors influencing promotion of mental health	17	17	3-7	4.92	1.12	28.8	
3	Strategies of promoting mental health.	8	8	1-6	3.36	0.94	42.0	
Overall Knowledge			30	30	8-13	10.81	1.57	36.0

The table 2.1.2 shows that regarding, the overall knowledge, out of maximum score 30, the range score was 8-13, with mean of 10.81, mean% 36 and SD of 1.57.

Above Table shows the frequency and percentage distribution of demographic variables of mothers. Regarding age, majority of mothers 23(38.3%) belong

Table 2.1.3: shows frequency and percentage distribution of level of knowledge of mothers after STP

Knowledge Regarding Promotion Of Mental Health In Children Among Mothers After STP

Table 2.1.3: Frequency and percentage distribution of level of knowledge of mothers regarding promotion of mental health in children after STP n= 60

Level of knowledge	Distribution of mothers	
	Frequency	Percentage
Inadequate information [$<50\%$]	0	0
Moderate information [$51-75\%$]	33	55%
Adequate information [$>75\%$]	27	45%

In the above table 2.1.3, with regard to overall knowledge level, 33(55%) of the rural mothers had moderate knowledge and 27 (45%) of rural mothers had adequate knowledge regarding promotion of mental health in children.

Table 2.1.4 Shows mean and mean % for the knowledge among rural mothers regarding promotion of mental health in children before and after STP

Table 2.1.4: Mean and Mean % for the Knowledge among rural mothers regarding promotion of mental health in children before and after STP. n=60

Sl. no.	Aspect knowledge of	Maximum Possible score	Pretest		Post test		Gain in mean score percentage
			Mean	Mean score %	Mean	Mean score %	
1	Knowledge on General information	5	2.56	51.2	4.07	81.4	30.2
2	Knowledge on factors promoting mental health	17	4.92	28.8	11.38	66.94	38.0
3	Knowledge on strategies regarding promotion of mental health	8	3.36	42	6.02	75.25	41.25
4.	Overall Knowledge	30	10.81	36	21.48	71.6	35.5

It's evident from the above table that in pretest, with regard to, general information mean scores obtained by mothers was 2.56 with mean percentage 51.2. In relation to factors influencing mental health, mean obtained was 4.92 with mean percentage 28.8, and with regard to, strategies of promoting mental health mean obtained was 3.36 with mean percentage 42.

In posttest, average scores obtained by mothers with regard to, general information was 4.07 with mean percentage 81.4. In relation to, factors influencing mental health, mean obtained was 11.38 with mean percentage 66.94, and with regard to, strategies of promoting mental health, mean obtained was 6.02 with mean percentage 75.25.

Table 2.1.5. Shows level of knowledge regarding promotion of mental health before and after STP

Table 2.1.5: Level of knowledge of mothers regarding promotion of mental health before and after STP. n= 60

Level of knowledge	Distribution of mothers			
	Pretest		Posttest	
	Frequency	Percentage	Frequency	Percentage
Inadequate [$<50\%$]	60	100	0	0
Moderate [$51-75\%$]	0	0	33	55%
Adequate [$>75\%$]	0	0	27	45%

Above table 2.1.5 shows that in pretest all the 60(100%) mothers had inadequate knowledge scores and after posttest 33 (55%) mothers gained moderate information and 27(45%) gained adequate information regarding promotion of mental health in children.

Table 2.1.6 Mean and Mean % for the knowledge among rural mothers regarding promotion of mental health in children before and after STP.

Table 2.1.6: Mean and Mean % for the Knowledge among rural mothers regarding promotion of mental health in children before and after STP. n=60

Sl. no.	Aspect knowledge of	Maximum Possible score	Pretest		Post test		Gain score percentage
			Mean	Mean score %	Mean	Mean score %	
1	Knowledge on General information	5	2.56	51.2	4.07	81.4	30.2
2	Knowledge on factors promoting mental health	17	4.92	28.8	11.38	66.94	38.0
3	Knowledge on strategies regarding promotion of mental health	8	3.36	42	6.02	75.25	41.25
4	Overall Knowledge	30	10.81	36	21.48	71.6	35.5

It's evident from the above table that in pretest, with regard to, general information mean scores obtained by mothers was 2.56 with mean percentage 51.2. In relation to factors influencing mental health, mean obtained was 4.92 with mean percentage 28.8, and with regard to, strategies of promoting mental health mean obtained was 3.36 with mean percentage 42.

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Table 2.2.1 shows the effectiveness of STP.

Section 2.2: Effectiveness of STP

Table 2.2.1: Mean and SD of knowledge scores before and after STP and statistical significance. n=60

S.No.	Aspects knowledge of	Pretest		Post test		paired 't' value	P- Value
		Mean	SD	Mean	SD		
1.	General information	2.56	0.74	4.07	0.88	4.65*	P<0.05
2.	Factors influencing promotion mental health of	4.92	1.12	11.38	1.58	2.51*	P<0.05
3.	Strategies of promoting mental health	3.36	0.94	6.02	1.21	3.72*	P<0.05
4.	Total Score	10.83	1.57	21.48	1.76	6.95	P<0.05

N.S = Not significant, S =Significant * P>0.05 level, ** P>0.01 level, *** P>0.001 level

The above table 2.2.1 represented the mean pre and post test knowledge regarding mental health promotion. The paired t-test was carried out and it was found to be invariably significant at P< 0.05 level, hence research hypothesis H₁ was accepted. It evidenced that the Structured Teaching Programme (STP) is significantly effective on improving all the areas of knowledge regarding promotion of mental health in children among mothers.

The overall mean score in posttest(21.48) was higher than pretest mean scores (10.81)and there was enhancement in knowledge .there was significant difference between posttest and pretest level of knowledge scores with "t" value of 41.9 significant at 0.05 P level. This reveals that there is a significant difference in mean pretest and posttest knowledge scores thus H1 research hypothesis is accepted.

Table 3.1 shows association of demographic Variables with pretest knowledge scores

Section 3: Association of Demographic Variables with Pre Test Knowledge Score

Table 3.1: Association of knowledge levels of rural mothers with demographic variables n=60

Sl. No	Demographic Variables	Sample no.		Knowledge level of respondents				Chi-Square value	
		No.(60)	%	Less than Median		Greater and equal to Median			
				No. (27)	%	No. (33)	%		
1.	Mother's age:	a. below 25	16	26.6	9	33.3	7	21.2	1.75
		b. 26-30	22	35.0	9	33.3	12	36.4	NS*
		c. 31-35	13	21.6	6	22.2	7	21.2	4df=7.7
		d. 36-40	9	16.8	3	11.2	7	21.2	
2.	Children 's age:	a. 6-8	23	38.3	8	29.6	15	45.5	6.47
		b. 9-11	16	26.7	9	33.3	7	21.2	S*
		c. 12	21	35.0	10	37.1	11	33.3	2df=5.9
3.	No. of children	a. 1	15	25.0	19	70.3	24	72.7	1.71
		b. 2	37	61.0	5	18.5	9	27.3	NS*
		c. 3	8	14.0	3	11.2	0	0.0	2df=5.9
4.	Religion	a. Hindu	44	71.6	6	22.2	9	27.2	2.56
		b. Muslim	13	23.4	18	66.6	19	57.5	NS*
		c. Christian	3	5.0	3	11.2	5	15.3	2df=5.9
5.	Occupation	a. Working	9	15.0	6	22.2	3	9.0	9.07
		b. Daily Wages	34	26.7	7	25.9	9	27.2	S*
		c. Unemployed	17	5.0	14	51.9	21	63.8	2df=5.9
7.	Income	a.< 1000	25	41.6	11	40.7	14	42.4	1.16
		b.1001-3000	23	38.4	9	34.3	14	42.4	NS*
		c.3001- 5000	12	20.0	7	25.0	5	15.2	2df=5.9
8.	Family Type	a. Joint family	44	73.3	21	77.7	23	69.6	0.48
		b. Nuclear family	16	26.4	6	22.3	10	30.4	NS*
									2df=5.9

N.S = Not significant, S =Significant * P>0.05 level, ** P>0.01 level, *** P>0.001 level

Association of the pretest knowledge score of the subjects, with majority of selected demographic variables, evidenced that there was statistically significant association at the level of $p < 0.05$. Hence the research hypothesis stating, that there will be significant association between the pretest knowledge score with selected demographic variables was accepted.

DISCUSSION:

In this study knowledge of rural mothers was assessed regarding promotion of mental health in children revealing; in pretest analysis all 60(100%) of the mothers had inadequate knowledge regarding mental health promotion. The assessment revealed that the mean pretest was 10.81 and standard deviation was 1.57 and mean posttest was 21.48 and standard deviation was 1.76, this shows that with the application of teaching program, knowledge level and understanding on promoting mental health in children was improved in all mothers. There was a significant

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difference between pre and posttest knowledge scores among rural mothers and statistical significant association was found between the knowledge scores of rural mothers who attended the structured teaching programme at 0.05 level of significance.

CONCLUSION:

Health education programmers, training camps at community level needs to be practiced by all the nursing personnel's. Nurse practitioner should be actively involved in organizing based training programmes,role plays and other various activities with primary level, secondary level and tertiary level integrated implication so that new cases ,identified risk factors and barriers in implementing a programme, effectiveness of therapies can be sorted out.

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