

A Study to Evaluate the Effectiveness of Self Instructional Module (SIM) in Terms of Knowledge Regarding Causes and Remedies for Poor Academic Performance of School Children among the Teachers of Selected Schools at Moradabad

Sony Verma¹, Pro. Dr. N. V. Muninarayanappa², Mrs. Ramya Vasanth³

¹M.Sc. (Nursing) Student, ²Principal, ³Assisst Professor,
^{1,2,3}Teerthanker Mahaveer College of Nursing, Teerthanker Mahaveer University, Moradabad, Uttar Pradesh, India

ABSTRACT

BACKGROUND OF THE STUDY

Banicoo PK (et al.), (2016), some factors are known to influence the academic performance of children with Sickle Cell Anaemia (SCA). Information on their effects in these children is limited in Nigeria. The factors which influence academic performance of children with SCA in Enugu, Nigeria are determined in this study. Consecutive children with SCA aged 5-11 years were recruited at the weekly sickle cell clinic of the University of Nigeria Teaching Hospital (UNTH) Enugu, Nigeria. Their age and sex matched normal classmates were recruited as controls. The total number of days of school absence for 2009/2010 academic session was obtained for each pair of pupils from the class attendance register

OBJECTIVES

- To evaluate the effectiveness of SIM in terms of knowledge regarding the causes and remedies for poor academic performance of school children between the experimental group & control group of teachers.

How to cite this paper: Sony Verma | Pro. Dr. N. V. Muninarayanappa | Mrs. Ramya Vasanth "A Study to Evaluate the Effectiveness of Self Instructional Module (SIM) in Terms of Knowledge Regarding Causes and Remedies for Poor Academic Performance of School Children among the Teachers of Selected Schools at Moradabad" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-5 | Issue-5, August 2021, pp.1270-1273, URL: www.ijtsrd.com/papers/ijtsrd45076.pdf



IJTSRD45076

Copyright © 2021 by author (s) and International Journal of Trend in Scientific Research and Development Journal. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0) (<http://creativecommons.org/licenses/by/4.0>)



MATERIAL AND METHODS

RESEARCH APPROACH- A quantitative research approach

RESEARCH DESIGN- The study is a true experimental study and adopted the pre-test and post test design.

POPULATION: TARGET POPULATION-The study is targeted to the teachers working in various schools at Moradabad district, U.P.

ACCESSIBLE POPULATION- The accessible population of the study was the teachers working at various schools of Pakbada, Moradabad district, U.P.

RESEARCH SETTING: The site of the study was selected schools at Pakbada and the setting was the

teacher's staff room. The setting was selected according to the convenience of the samples and easy accessibilities to each sample by the researcher.

SAMPLE AND SAMPLE SIZE: In this study the samples were Teachers working in selected schools of Pakbada at Moradabad District. 60 teachers were participated as study participants.

SAMPLE TECHNIQUE: For the present study, sampling is done by the Probability sampling technique adapting simple Random type.

VARIABLES

- Independent variable- Self Instructional Module (SIM)

- Dependent variable- The knowledge regarding causes and remedies for poor academic performance of school children among the teachers.
- Other variables- (recognised as demographic variables): age, gender, marital status of teacher, professional education, teaching experience of the teachers.
- In section 1, in experimental group, among the teachers of school going children most of the were 30-34 years of age, 12(40%), gender of teachers male, 57(17%), marital status of the teachers married, 20(67%), professional qualification of the teachers B.Ed., 16(53%), teaching experience of the teachers 2-5 years of age, 19(63%)

DESCRIPTION OF DATA COLLECTION TOOL:

Part 1: Demographic characteristics:

A demographic perform (5 items) was developed to collect data on sample characteristics. It include mainly: Age of the teachers, gender, marital status, professional qualification and teaching experience.

Part 2: Structured knowledge questionnaire:

The structured knowledge questionnaire was consist of multiple choice questions with four alternatives to each.

RESULTS AND DISCUSSION

PRESENT STUDY RESULT

Upon completion of the data analysis of this study is was found that in experimental group mean post test knowledge score was 13.8 which were higher than the pre-test knowledge score of 10.3. The mean difference obtained was 3.5 and calculated 't' value was 5.3 with df of 29 which was significant as 2.05.

In control group the mean post test knowledge score was 10.7 which were higher than the pre-test knowledge score of 10.1. The mean difference obtained was 0.6 and calculated 't' value was 33.01 with df of 58 which was significant as 2.02.

This suggests that SIM is effective to increase the knowledge among the teachers regarding causes and remedies for poor academic performance of school age children.

COMPARATIVE STUDY RESULT

A research study done by B.K. Sharma in 2013. The pre-test findings it can be concluded that most of the teachers had poor or average knowledge regarding causes and remedies for poor academic performance of school age children. After administration of the self-instructional module (SIM), knowledge of majority of teachers in the experimental group considerably increased to a higher score, whereas in the control group the pre-test and post-test scores remained approximately similar. Comparison between pre-test score & post-test scores of samples from control and experimental group

MAJOR STUDY FINDING INCLUDE

- In section 1, in control group, among the teachers of school going children most of them were 25-29 years of age, 14(47%), gender of teachers male and female, 15(50%), marital status of the teachers married, 18(60%), professional qualification of the teachers B.Ed., 18(60%), teaching experience of the teachers 2-5 years of age, 14(47%)

- In section 2, in experimental group, pre-test knowledge scores of school teachers were 57% poor, 43% average and 0% excellent while in post-test the knowledge score of school teachers were 53% average, 37% excellent and 10% poor.

In control group, pre-test knowledge scores of school teachers were 57% poor, 43% average and 0% excellent while in post-test the knowledge score of school teachers were 47% average, 47% poor and 6% excellent.

- In section 3, In experimental group the mean post test knowledge score was 13.8 which were higher than the pre-test knowledge score of 10.3. The mean difference obtained was 3.5 and calculated 't' value (paired t- test) was 5.3 with df of 29 which was significant as 2.05. Calculated 't' value (unpaired t-test) was 33.01 with df of 58 which was significant as 2.02.

In control group the mean post test knowledge score was 10.7 which were higher than the pre-test knowledge score of 10.1. The mean difference obtained was 0.6.

- In section 4, In experimental group, the association between pre-test knowledge with selected demographic variables that is age, gender, professional qualification, teaching experiences non- significant and marital status of the teachers is significance. Hence H2 is accepted.

In control group, there is no significant association between the knowledge on causes and remedies for poor academic performance of school children among the control group with their selected demographic variables. Hence H2 is not accepted.

TABLE: EFFECTIVENESS OF SELF INSTRUCTIONAL MODULE REGARDING CAUSES AND REMEDIES FOR POOR ACADEMIC PERFORMANCE OF SCHOOL CHILDREN AMONG SCHOOL TEACHERS.

(N1=30), (N2=30)

Group	Pre-test/ Post-test	Mean	Standard deviation	Mean difference	't' value	df
Experimental group	Pre-test	10.3	2.06	3.5	5.3	29
	Post-test	13.8	2.79			
Control group	Pre-test	10.1	3.6	0.6	33.01	58
	Post-test	10.7	3.017			

Table reveals that in experimental group the mean post test knowledge score was 13.8 which were higher than the pre-test knowledge score of 10.3. The mean difference obtained was 3.5 and calculated 't' value (paired t- test) was 5.3 with df of 29 which was significant as 2.05.

In control group the mean post test knowledge score was 10.7 which were higher than the pre-test knowledge score of 10.1. The mean difference obtained was 0.6 Calculated 't' value (unpaired t-test) was 33.01 with df of 58 which was significant as 2.02.

ACKNOWLEDGEMENT- I would like to thank my guide Mrs. Ramya Vasanth, co-author Pro. Dr. N. V. Muninarayanappa and my sample.

REFERENCES

- [1] Ryan C, Vega A, Longstreet C, Drash A, Journal of Psychology, 1998, Pp-335–342
- [2] Holmes CS, Richman L, Journal of paediatric nursing, 1985, Pp-323–326
- [3] Hagan JW, Barclay CR, Anderson BJ, Freeman DJ, Segal SS, Bacon G, Journal of paediatric nursing, 1990, Pp-1714–1727
- [4] Bickel G. W., Nord M., Price C., Hamilton W., Journal of Food and Nutrition Services, 6, March 2000, Pp- 180-184
- [5] Nord M., Andrews M., Carlson S., Journal of Food Assistance and Nutrition, October 2004, Pp- 78-80
- [6] Nadan C., Journal of Food Assistance and Nutritional effects, July 2003, Pp- 118- 120
- [7] Sahyoun N., Basiotis P., Journal of Food Insufficiency and the Nutritional Status of the Elderly Population, 2010, Pp- 90- 100
- [8] Bratti M., Staffolani, Journal of Student Time Allocation and Educational Production Functions, Pp- 118 127
- [9] C. Rampersaud, Journal of child behaviour, 2014, Pp- 77-78
- [10] B. Vagor., Human Nutrition Department, Institute of food & Agricultural Sciences, University of Florida, Gainesville.
- [11] M. A. Pereira is an assistant professor, Division of epidemiology, University of Minnesota, Minneapolis.
- [12] B. L. Girard is director of Food & Nutrition Services, The School Board of Sarasota Country.
- [13] Dunkle MC, Nash MA., Journal of child with hyperactive disorder, 1991, Pp- 80-90
- [14] Carlson SA, Fulton JE, Lee SM, Maynard M, American Journal of Public Health 2008, Pp- 721–727.
- [15] MacLellan D, Taylor J, Wood K., Journal of Dietetic Practice and Research 2008, Pp- 141-144.
- [16] Spriggs AL, Halpern CT. Timing of sexual debut and initiation of postsecondary education by early adulthood. Perspectives on Sexual and Reproductive Health 2008; 40(3): 152–161.
- [17] Srabstein J, Piazza T., Journal of Adolescent Medicine and Health 2008, Pp-223–233.
- [18] Azanha, J. M. P., Journal of child health care, 1995, Pp- 300-335
- [19] Bourdieu, P., Journal of prevention of poor academic performance of school age children, 1989, Pp- 330-337
- [20] Cabral V., Sawaya P., Journal of behaviour disorders in children, 2001, Pp-143-55
- [21] Cagliari, L. C. O, N. Jaggu, Journal of children health and welfare, 1997, Pp- 50-55
- [22] Carraher, T. N., D. W. Shlieman, T. M. Jhon, Journal of school health care, Pp- 79-86
- [23] Collares, C. A. L., Moyses, Journal of children welfare in society, 1996, Pp- 90-100
- [24] Cunha, L. A., Journal of school health in nursing, 1977, Pp- 104-110

- [25] Dobbing, Robbor, Journal of Nutrition the nervous system and behaviour, 1992, Pp-251
- [26] Ezpeleta, J., Rockwell, Journal of Nutrition the gastrointestinal system and behaviour, 1992, Pp-25- 27
- [27] Houston, S. Hussen, Journal of children welfare in community, 1997, Pp- 171-191.
- [28] Machado, A. M., Journal of Nutrition the endocrine system and behaviour, 1994, Pp- 70-78
- [29] Mello, S. L., Hoben Saw, Asad V., Journal of social health in paediatric, 2017, Pp- 123-30
- [30] Moyses, M. A., LIMA, Poka hanta, International Journal of child welfare, 1982, Pp. 57-61,
- [31] Moyses, M. A., Collares, Kanda V., International health and education for children, 1997, Pp- 70-80
- [32] Patto, M. H. Vactor, "International health and welfare", 1990, Pp- 80-90
- [33] Edward B., Vasanth C., "International health and welfare", 1997, Pp- 90-100
- [34] Para M., Pollor M., " Indian Health in society", 2000, Pp- 80-90
- [35] Velloso, J. P., R. C. Vactor, "Article based on healthy child and its illness", 1993, Pp- 90-100
- [36] Sawaya, S. M., Lodo R., "Indian Health in society", 2015, Pp- 85-95.
- [37] Sawaya, S. M., Isha L., Article based on child welfare, 2001, v. 12, Pp-153-78,
- [38] Ramira C., Vaibhavi Rai, Article in general health and welfare, 2002, Pp- 600-612
- [39] Oliveira, M. K., Souza, D. T. R., Journal of child health and development, 2002, Pp- 1187-1190
- [40] Stein, Z. A. et al., Journal of Famine and human development, 1975, Pp- 187-190
- [41] Sao Paulo, Martins Fontes, Journal of Disease Control and Prevention, 2013, September 30, 2013.
- [42] Krieb-Smith S, Guenther P, Subar A, Journal of nutrition and sciences, 2010, Pp- 1832-1838.
- [43] Neinstein S Lawrence, "Adolescent Health Care", a practical guide, 3rd edition, Lippincott Williams and Walkins publishers, New York- Pp- 49-54
- [44] Polit and Hungler, "Textbook OF Research", South Asian Edition, Reed Elsevier, India Pvt Ltd., Pp- 885-890
- [45] Neinstein S Lawrence, "Adolescent Health Care", A practical guide, 3rd edition, Pp- 41-44
- [46] Sharma K Suresh, "Nursing Research and statistics", 3rd edition, Elsevier publication
- [47] Basavanthappa B T, "Paediatric child health nursing", Ahuja Publication House, Pp- 971-972