# A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Selected Child Welfare Programme in India among the Mothers of Under Five Children in Selected Rural Area at Lucknow

## Mrs Monika Bhushan[1], Ms Sony Verma[2]

[1]Lecturer, Faculty of Nursing,
[2]Assistant Professor, Faculty of Nursing,
[1,2]Uttar Pradesh University of Medical Sciences, Saifai, Etawah, Uttar Pradesh, India

## ABSTRACT

**BACKGROUND OF THE STUDY:-** Children's Development is as important as the development of material resources and the best way to develop national human resources is to take care of children. The general standard of living, the level of education, and the financial resources of the country are among the factors that determine child welfare standards. India contributes to about 5.6 million child deaths every year, more than half the world's total. Today child malnutrition is prevalent in 7% of children under the age of 5 years in China and 28% in sub-Saharan African compared to a prevalence of 43% in India. Under nutrition is found mostly in rural area and is concentrated in a relatively small number of districts and villages with 10% of villages and districts accounting for 27–28 % of all underweight children. Keeping this in view the investigator conducted a study to assess the effectiveness of structured teaching programme regarding selected child welfare programme in India among the mothers of under five children in selected rural area at Lucknow.

**OBJECTIVES OF THE STUDY.**
To determine the association between the pre test knowledge scores of mothers with selected demographic variables.

**METHODS**: Pre experiment design with one group pre test and post test design was adopted to evaluate the effectiveness of structured teaching programme on selected child welfare programme in India among the mothers of under five children in selected rural area at Lucknow. 60 samples were selected by using non-probability convenient sampling technique. A structured questionnaire was prepared and was used to collect the data and to assess the knowledge on selected child welfare programme in India

**RESULTS:** In pre-test, Out of 60 mothers of under five children 44 (73.3%) had inadequate knowledge and 16 (26.7%) had moderately adequate knowledge and none of subjects had adequate knowledge. In post test, out of 60 mothers of under five children, 41 (68.3%) had adequate knowledge, 19 (31.7%) had moderately adequate knowledge and none of the mothers of under five children had inadequate knowledge. Enhancement was computed by using paired "t" test at 0.05 level of significance and it was found to be 31.68, indicating that there is a significant improvement in the knowledge of mothers of under five children.

**CONCLUSION:** The study concluded that the post test knowledge of mothers of under five children were improved after undergoing the structured teaching programme regarding selected child welfare programmes. Thus the investigator would like to conclude that nurse plays a major role in enhancing the knowledge of the mothers of under five children and create an awareness regarding importance of child welfare programmes.

*KEYWORDS*: *Effectiveness, Self Instructional Teaching, Knowledge, Under Five Year Children*

## INTRODUCTION

"Let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these." Mathew Child welfare services seek to provide supportive service to families of children. It is one of the important responsibilities for the society and the state to assist the family for the welfare of the children. India has the largest child population in the world . The country renews its commitment and determination to give the highest priority to the basic needs and rights of all children. Some of the Schemes and programmes such as Integrated Child Development Services (ICDS) being implemented by Ministry of Women and Child Development is the world's largest programme aimed at enhancing the health, nutrition and learning opportunities of infants, young children (O-6) years and their mothers. It is the foremost symbol of India's commitment to its children. India's responsibility is to the challenge of providing preschool education on one hand and breaking the vicious cycle of malnutrition, mortality and morbidity. The services are provided at a centre called the „Anganwadi. The packages of services provided are: Supplementary nutrition, Immunization, Health check-up Referral services, Pre-school non-formal education and Nutrition and health education. It is a centrally sponsored scheme implemented through the State Governments with 100% financial assistance from the Central Government for all inputs other than supplementary nutrition.

## OBJECTIVES OF THE STUDY:

1. To assess the existing knowledge on selected child welfare programme in India among mothers of under five children by pre-test score.

2. To find the effectiveness of structured teaching programme regarding selected child welfare programmes in India among mothers of under five by post-test score. 2.2.3 To determine the association between the pre test knowledge scores of mothers with selected demographic variables.

## MATERIAL AND METHODS

**RESEARCH APPROACH**- A quantitative research approach

**RESEARCH DESIGN**- The study is pre experimental one group pre-test and post- test design.

**POPULATION**: Target population-The study is targeted to the Mothers of under five children in selected rural areas at PHC, Lucknow.

**Accessible Population**- The accessible population of the study was the Mothers of under five children in selected rural areas at PHC, Lucknow.

**RESEARCH SETTING**: The setting of this study was at PHC, Lucknow. The area Formal permission was obtained from the Administrative authorities for conduction of the study.

**SAMPLE AND SAMPLE SIZE:** Mothers of under five children in selected rural areas at PHC, Lucknow. The sample size for the present study is 60 mothers of under five children.

**SAMPLE TECHNIQUE:** For the present study, the samples were selected by using convenient 35 sampling technique.

## VARIABLES

➢ **Independent variable** - structured teaching programme (STP)

➢ **Dependent variable -** knowledge of mothers regarding selected Child welfare programmes.

➢ **Other Variables**- Extraneous variable: In this study the extraneous variables are age, religion, education, occupation, type of family, family monthly income, number of under five children, previous knowledge, Source of information.

## DESCRIPTION OF DATA COLLECTION TOOL:

**Part 1: Demographic profile of the Mothers of under five children.**

This part of questionnaire consist of 9 items to find out the information from all patients about their age, education, occupation, type of family, family income, no. of under five children, previous knowledge and source of information.

## Part - 2: Self instructional module Based Questionnaire

A structured questionnaire to assess the level of knowledge of mothers on selected child welfare programmes consists of 40 multiple choice questions. Each question is having four options from which instructions were clearly written to choose the best options. Each correct item was scored as "1" and "0" for wrong response. Thus a total of 40 score were allotted for knowledge items.

## RESULTS AND DISCUSSION

### Table 1: Frequency and percentage distribution of demographic variables-

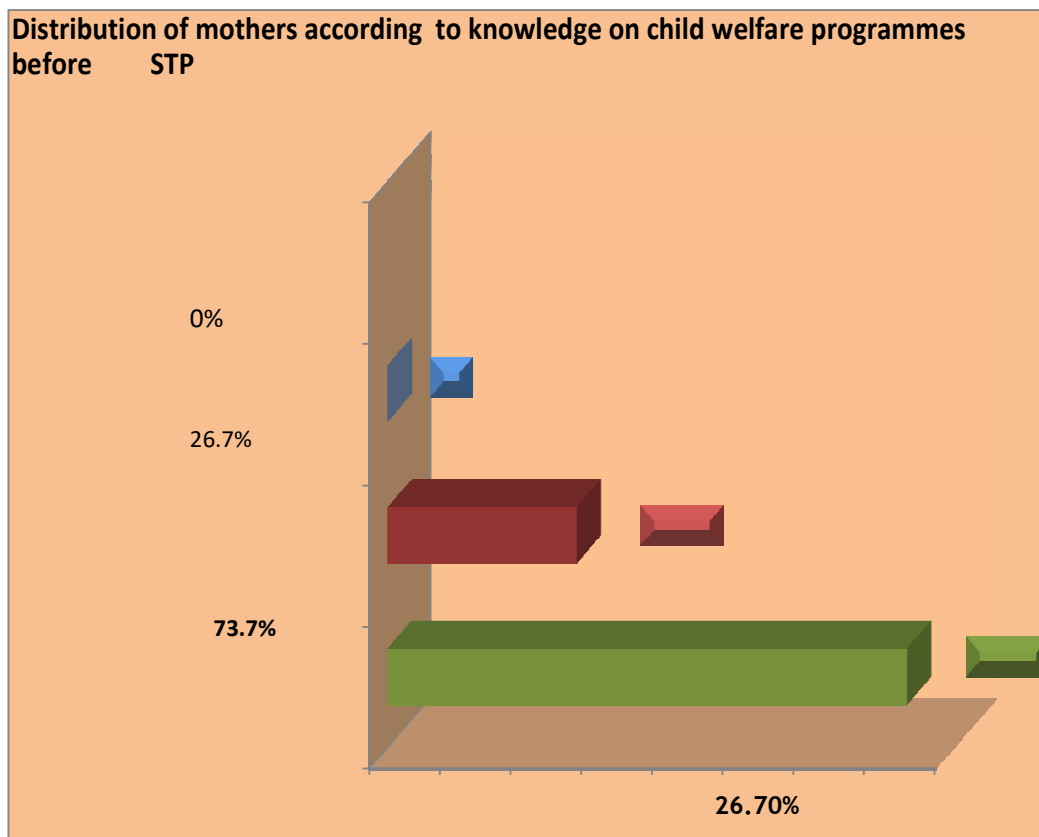| S.NO. | Demographic variables | Frequency | Percentage |
|---|---|---|---|
| 1 | Age | | |
| a | 18-25 | 30 | 50 % |
| b | 26-33 | 26 | 43.3% |
| c | 34-41 | 4 | 6.7% |
| 2 | Religion | | |
| a | Hindu | 48 | 80.00% |
| b | Muslim | 7 | 11.7% |
| c | Christian | 4 | 6.6% |
| d | Others | 1 | 1.7% |
| 3 | Education | | |
| a | Primary school | 18 | 28.4% |
| b | High school and above | 25 | 43.3% |
| c | P.U.C. | 12 | 20% |
| d | Degree and above | 5 | 8.3% |
| 4 | Family Income | | |
| a | <5000 | 10 | 16.7% |
| b | 5001-7000 | 21 | 35% |
| c | 7001-10000 | 24 | 40% |
| d | >10001 | 5 | 8.3% |
| 5 | Occupation | | |
| a | Housewife | 49 | 81.7% |
| b | Self employees | 6 | 10% |
| c | Private employees | 3 | 5% |
| d | Gov employees | 2 | 3.3% |
| 6 | Types of Family | | |
| a | Nuclear | 51 | 85% |
| b | Joint | 7 | 11.7% |
| c | Extended | 2 | 3.3% |
| 7 | No. Of under five children | | |
| a | One | 39 | 65% |
| b | Two | 17 | 28.3% |
| c | Three | 4 | 6.7% |

The data presented in table 1 that out of 60 mothers of under five children, majority of respondents 30(50.0%) were in the age group of 18-25 years, 26(43.3%) were in the age group o3years, and 4(6.7%) were in the age group of 34-41 years. The data presented in table 2 that religion indicates that majority of respondents 48(80.0%) were Hindu, 7(11.7%) were Muslim, 4(6.6%) were Christian and 1(1.7%) were in other category. Data presented in table 3 that educational status indicates that majority of respondents 25(43.3%) were having high school and above education,18 (28.4%) were having primary school education,12(20%) were P U C, 5(8.3%) were degree and above.

The data presented in table 4 that the family income shows that majority of mothers 24(40.0%) of mothers belonged to income range of 7501-10000, 21(35.0%) of mothers recorded the range of 5000-7001,10(16.7%) were below 5000, and 5(8.3%) recorded in the range above 10000. The data presented in table 5 that occupational status indicates that majority of respondents 49(81.7%) were house wives, 6(10.0%) were selfemployees,3(5.0%) were private employees and 2(3.3%) govt. employed. The data presented in table 6 that the majority of respondents 51(85.0%) were in nuclear family, 7(11.7%) were joint family and 2(3.3%) were extended family. The data presented in table-7 that number of under-five children, shows that majority of respondents were 39(65.0%) having only one and 17(28.3%) are having two and 4(6.7%) were having three.

**Table .2: Distribution of mothers of under five children according to knowledge on selected child welfare programmes before STP:**

| S.NO. | Knowledge | Frequedgy | Percentage |
|-------|-----------|-----------|------------|
| 1 | Inadequate | 44 | 73.3% |
| 2 | Moderate | 16 | 26.7% |
| 3 | Adequate | 0 | 0 |
| | Total | 60 | 100.0% |

**Table.2** shows the distribution of pre test level of knowledge on selected Child welfare programmes in India. Out of 60 mothers of under five children 44(73.3%) had inadequate knowledge and 16(26.7%) had moderately adequate knowledge and none of subjects had adequate knowledge.
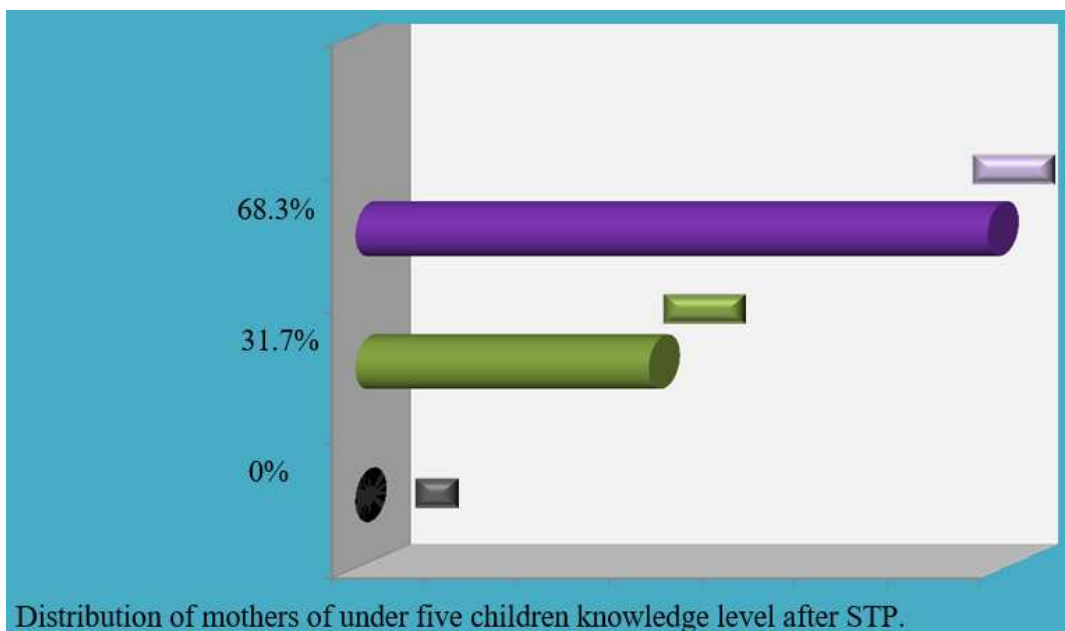


Distribution of mothers according to knowledge on child welfare programmes before STP

**Table 3: Distribution of mothers of under five children according to knowledge on selected child welfare programmes after STP.**
**N =60**

| S.NO. | Knowledge | Frequency | Percentage |
|-------|-----------|-----------|------------|
| 1 | Inadequate | 0 | 0.00% |
| 2 | Moderate | 19 | 31.7% |
| 3 | Adequate | 41 | 68.3% |
| | Total | 60 | 100.00% |

Table 3 shows that in the post test, out of 60 mothers of under five children,41(68.3%) had adequate knowledge, 19(31.7%) had moderately adequate knowledge and none of the mothers of under five children had inadequate knowledge.
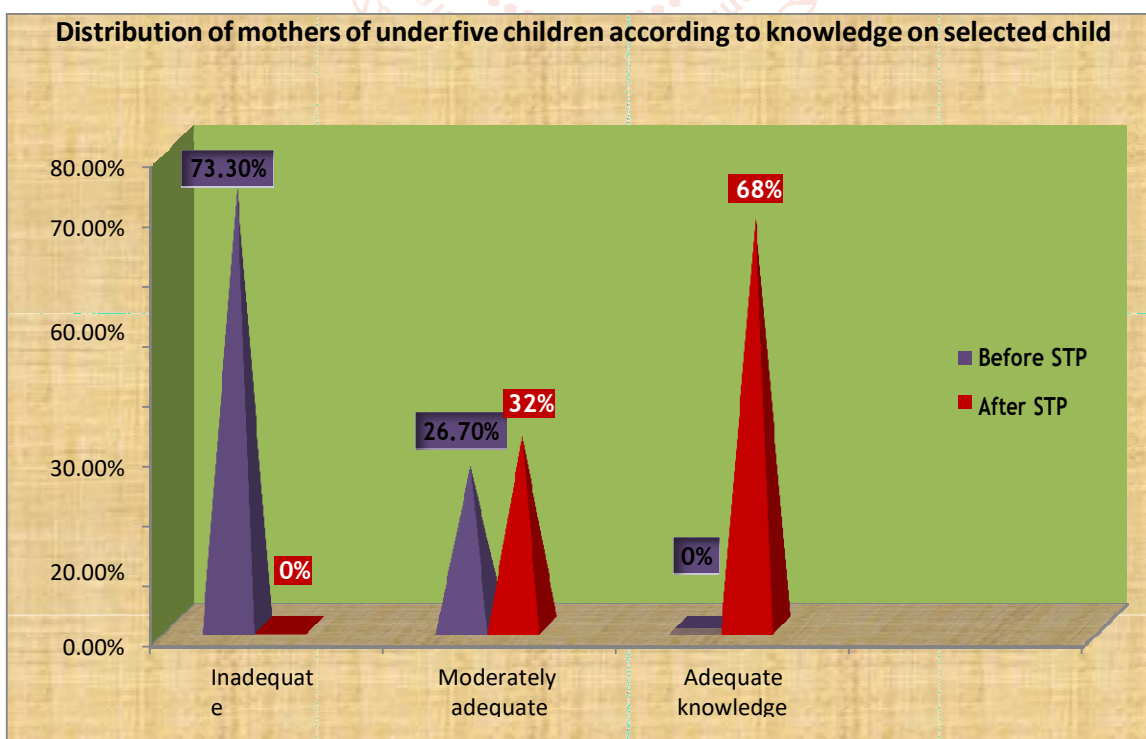
Distribution of mothers of under five children knowledge level after STP.

**Table.4: Distribution of mothers of under five children according to knowledge on selected child welfare programme before and after STP.**

**N= 60**

| S. No | Level of Knowledge | Before STP | | After STP | |
|---|---|---|---|---|---|
| | | Frequency | % | Frequency | % |
| 1. | Inadequate knowledge | 44 | 73.3 | 0 | 0.0 |
| 2. | Moderately adequate | 16 | 26.7 | 19 | 31.7 |
| 3. | Adequate knowledge | 0 | 0.0 | 41 | 68.3 |
| 4. | Total | 60 | 100.0 | 60 | 100.0 |

Table- 3 shows that in the pre-test out of 60 subjects majority of them 44(73.3%) had inadequate knowledge, 16(26.7%) of them had moderate knowledge and no subject had adequate knowledge. In the post-test majority 41(68.3%) of the subjects had adequate knowledge, 19(31.7%) of the mothers had moderately adequate knowledge and none of the subjects had inadequate knowledge.

**CONCLUSION-** The study concluded that that there was a marked increase in overall knowledge level scores (33.40) of post test than the pre test (15.47). The overall improvement in the mean score was 44.485% with the paired t value 31.689 which was highly significantly at $p<0.05$. Thus the structured teaching programme was significantly effective in improving the knowledge among mothers of under five children.

## REFERENCES

[1] Yadav Manoj. A text book of child health nursing. 1st edition. Jalandhar. Published by S Vikas and company medical publishers. 2011;18-30

[2] Basvanthappa B.T. Pediatric child health nursing. 1st edition. Delhi. Published by Ahuja.2005; 24-9.

[3] Park. K. The book of preventive and social medicine. 18t ed. Jabalpur. Published by Banarsida Bhanot.2005; 342-3.

[4] Manivannam. C. The text book of pediatric nursing. 1st edition. Published by EMMESS medical publishers.2009; 17-21.

[5] http://global hunger index key findings and facts-2008 (accessed on 17-11-2010)

[6] World Health Organization. Mortality and Burden of Disease Estimate for WHO Members states. 2002. (online)

[7] Chiovato. L. Effect of education in relation to success of iodine prophylaxis. Journal of Italian 1994; 30(3):327-9.

[8] Basker Amelya et al. child welfare and community participation in Trivandrum district. Research Abstracts on ICDS,1998 – 2009,2010.

[9] B.S Nagi et al. A final evaluation report on nutrition and health education project, Rajasthan. Research Abstracts on ICDS, 1998 – 2009,2010.

[10] Bhasin, et al. Long term nutritional effects of Icds. Research Abstracts on ICDS,1998 – 2009, 2010.

[11] Bharathi, et al. Evaluation of health services provided to preschoolers at Anganwadi centers, urban slums of Jammu city. Research Abstracts on ICDS, 1998 – 2009, 2010. Documentation Centre for Women and Children. (2003)

[12] Vinnarsan. Factors influencing non enrolment of children in ICDS anganwadi centers at Chennai corporation. Research Abstracts on ICDS, 1998 – 2009, 2010.Documentation Centre for Women and Children. (2007)

[13] Thakur J S et al. Persisting malnutrion, decadal under weight trends and impact of integrated child development program. Journel of Indian pediatrics 2011 Apr;48(4):315- 8.