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EFFECT OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING MENTAL RETARDATION AMONG MOTHERS OF MENTALLY RETARDED CHILDREN BETWEEN 3-12 YEARS

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ABSTRACT

A one group pretest - posttest study was conducted in mothers of mentally retarded children between 3- 12 years in selected rural area, Tumkur. Based on the availability, 60 mothers of mentally retarded children were selected for the study those who met the inclusive criteria were taken for the study, using non probability convenient sampling. Tools used for data collection were; Information on demographic data, knowledge questionnaire and data has been collected regarding attitude. Total of 48 scores allotted under attitude scale. Prior to collection of the data, permission was obtained from the PHC of the selected rural area Tumkur. The investigator collected both pre-test and post-test group data and also implemented the structured teaching programme. Results revealed that there is significant effect in improving knowledge and attitude of mothers.

KEYWORDS

Knowledge, attitude, mental retardation.

INTRODUCTION

Mental retardation (MR) is a common finding, affecting about 3% of the population. The most commonly used definition of mental retardation is a 'significant sub average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period,' as stated by the American Association on Mental Deficiency.

According to the World Health Organization; approximately 156 million people or 3 percent of the world's population have mental retardation. Mental retardation knows no boundaries. It cuts across the lines of racial, ethnic, educational, social and economic backgrounds. It can occur in any family. One out of ten American families is directly affected by mental retardation. During the past 30 years, significant advances in research have prevented many cases of mental retardation. For example, every year in the U.S., we prevent: 250 cases of mental retardation due to phenylketonuria (PKU) by newborn screening and dietary treatment; 1,000 cases of mental retardation due to congenital hypothyroidism by newborn screening and thyroid hormone replacement therapy; 1,000 cases of mental retardation of deafness by use of anit-Rhogam to prevent Rh disease and severe jaundice in newborn infants; 4,000 cases of mental retardation due to measles encephalitis through measles vaccination; and untold numbers of cases of mental retardation caused by rubella during pregnancy through rubella vaccination.

A descriptive study was conducted in Mangalore to determine the relationship between the characteristics of behavior of children at school and the attitudes of their mothers toward their children. To this end, a sample of 357 mothers of non-handicapped children, and 93 mothers of mildly retarded children were interviewed. Further, an assessment was made of certain characteristics of behavior at school of the children of mothers from both groups. Results showed that behavior at school of non-handicapped children was strongly related to the attitude of the parent towards the child. This primarily refers to the relation between the child's achievement at school and those dimensions of the attitude of the parent in which the emotional component predominates. However, on the second sample it could be determined that, although there was a relation between behavior at school and the attitude of the parent, it was much less marked. In this case, those dimensions of the parental attitude with a more pronounced cognitive component are in question.

MATERIALS AND METHODS

The research design selected for this study was one group pretest, posttest design. This study was conducted in mothers of mentally retarded children between 3- 12 years in selected rural area, Tumkur. Based on the availability, 60 mothers of mentally retarded children were selected for the study those who met the inclusive criteria were taken for the study, using non probability convenient sampling. Tools used for data collection were; Information on demographic data was collected from the selected patients on 6 variables and this was not scored but used for descriptive analysis, knowledge questionnaire It consists of 30 multiple choice questions. Mothers were interviewed and the answers were written in the box provided against each question. Each correct answer was given a score of one and wrong answer was given a score of zero and the mentally retarded children mothers interviewed and data has been collected regarding attitude. Total of 48 scores allotted under attitude scale. The maximum score is 4 and minimum score is 0. Prior to collection of the data, permission was obtained from the PHC of the selected rural area Tumkur. The data was collected for a period of 6 weeks. The investigator collected both pre-test and post-test group data and also implemented the structured teaching programme. Pre-test was conducted on the mothers of mentally retarded children between 3-12 years in selected rural area Tumkur by using questionnaire regarding mental retardation during the first 2 weeks. Immediately after pre-test, through structured teaching programme on mental retardation was taught to the mothers of mentally retarded children between 3-12 years in group. Time period was 60 minutes for the period of 1 week. Evaluation was done by conducting post-test after one week after structured teaching programme in the last 2 weeks.

RESULTS

Socio demographic variables

- In the present study majority 28 (46.67%) were in the age group of 20- 25 years, 19 (31.66%) were in the age group of above 25 years and least 13 (21.67%) were in the age group of below 20 years.
- In the present study 40 (66.67%) of mothers are Hindus, 14 (23.33%) of mothers are Muslim and 6 (10%) mothers are other religion
- In this study 27(45%) members had primary education, 24 (40%) members had secondary education and a 9 (15%) of mothers had higher secondary and above education. Nearly 23 (38.33%) of subjects had family income between 2501- 5000 and 19 (31.67%) of mothers had below 2500 and 18 (30%) mothers had 5001-7500 of family income. Nearly two third 40 (66.67%) of mothers were from nuclear family and 20(33.33%) of subjects belongs to joint family.
- A majority, 44 (73.3%) of the subjects had no previous family history of mental retardation and 16(26.67%) of subjects had previous family history of mental retardation.

Knowledge regarding mental retardation

Table 1: Mean and Mean score percentage of pre and posttest knowledge regarding mental retardation

Knowledge	Maximum Possible	Pretest		Post test		Gain in mean score percentage
		Mean	Mean score%	Mean	Mean score %	
Introduction	8	3.48	43.5	6.53	81.63	38.13
classification	10	3.65	36.5	7.42	74.2	37.7
Prevention	5	1.42	28.4	3.07	61.4	33
Rehabilitation	7	1.78	25.43	5.68	81.14	55.71
OVERALL	**30**	**10.33**	**34.43**	**22.7**	**75.67**	**41.24**

The posttest means score percentage in prevention is 61.4% and the pretest level (28.4%) with the gain of 33%. The knowledge with regard to rehabilitation of mental retardation the mean score before teaching programme was only 1.78 and it was increased to 5.68 at post test level. The paired't' test was worked out to the statistical significance among

the pre and post test scores for all the assessment variables. Invariably in all cases the test is significant at (i.e. P<0.05), and null hypothesis is rejected and research hypothesis is accepted. It evidently supports the statistical significance of STP is promoting knowledge regarding mental retardation at various dimensions. In other words, it is inferred that the interventional programme is very much effective in increasing the knowledge of mental retardation.

Attitude of mothers towards mental retardation

Table 2: Mean and Mean score percentage of pre and posttest attitude of mothers towards mental retardation

Knowledge	Maximum Possible	Pretest		Post test		Gain in mean score percentage
		Mean	Mean score%	Mean	Mean score %	
Attitude of mothers towards mental retardation	48	17.85	37.19	38.08	86.55	49.36

The post test attitude of mothers towards mentally retarded child is 86.55%, which is comparatively more than the pre test attitude of 37.19% with the increase of 49.36%. The paired't' test was carried out to assess the statistical significance among the pre and post test scores attitude scores of mothers towards mental retardation. It was significant at (i.e. P<0.05), and null hypothesis is rejected and research hypothesis is accepted. It evidently supports the statistical significance of STP is improving the attitude of mothers towards mental retardation.

Association between knowledge and attitude with socio demographic variables

In order to examine the association between these variables the chi-square test was worked out. Among these variables accounted for association, the variables family income ($\chi^{2 = .12.90,}$ df =1), educational status (χ2=0.173, df=1) history of mental retardation (χ^{2}=5.48, df=1), were found to be statistically significant with pre-test knowledge on prevention of risk factors of mental retardation at 5% level i.e., P<0.05. The remaining characters were not found to be statistically significant i.e., P>0.05. It is evidenced that the knowledge on mental retardation influenced by family income, and history of mental retardation and educational status.

In order to examine the association between these variables the chi-square test was worked out. Among these variables accounted for association, the variables were not found to be statistically significant i.e., P>0.05. It is evidenced that the knowledge on mental retardation on attitude scores was not influenced by age, religion and type of family. Significant association was found to be with educational status, history of mental retardation, family income.

DISCUSSION

It was observed from the paired t Test analysis of pre and post test scores on knowledge (t cal=31.32, P<0.01) was significant .And also pre and post test scores on attitude (t cal=14.46), p<0.01) was significant.

Recent research which examines the effects of mentally handicapped children upon families is reviewed. The studies are grouped into three categories based on the underlying conceptions which appear to guide them. The first category examines which families are most vulnerable to the presumed stress of a mentally handicapped child. The second category emphasizes the material and practical problems families' experience. The third category stresses the competence of families and describes the resources used to develop coping strategies. Links are drawn between these three categories and to parallel developments in related areas, and implications for future research are discussed.

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