



A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMMES ON BEHAVIOURAL PROBLEMS AMONG MOTHERS 1-12 YEARS OF CHILDREN IN SELECTED HOSPITAL DR. B. R. AMBEDKAR HOSPITAL MOHALI 6 PHASE.

Nursing

Mrs Poonam Malhotra

Vice Principal UIN

Mrs Nandini

Nursing Tutor UIN

Ms Varsha

Nursing Tutor UIN

ABSTRACT

Behaviour problem can be defined as an abnormality of emotion, behaviour 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 behavioural 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 labelled 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.

KEYWORDS

Behaviours, Environment, Children, Normal Behaviour

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.

Children normal behaviours depend on various natural and environmental circumstances in which a child grows and observes. The ways for his best possible conduct with in his reaches and interact among those who respond his gestures and body talks. Parents are the first to whom a child makes and develops his concerns regarding his needs and wants. Normal behaviour developments required normal circumstances and equal participations of parents. Infancy and Childhood are of paramount importance in determining and patterning the future behavior and character of the children. Childhood is the period of dependency; gradually children learn to adjust in the environment.

Behavioural problems of children lead to abnormality in their emotions or behaviour which is severe and cause distress to the child, family and community. Disorders are caused by multiple factors like faulty parental attitude, inadequate family environment (broken families, low socio-economic status, lack of love and affection), mentally and physically sick or handicapped, influence of social relationship, influence of mass media, and influence of social change. All kids misbehave some times, but behavior disorders go beyond mischief and rebellion. With behaviour disorders, child or teen has a pattern of hostile, aggressive or disruptive behaviours for more than 6 months.

Statement of Problem

A Study to Assess the Effectiveness of Structured Teaching Programmes on Behavioural Problems among Mothers 1-12 years of Children in Selected Hospital Dr. B. R. Ambedkar hospital Mohali 6 Phase.

Objectives of the Study:

1. To assess the level of pre-test and post-test knowledge on behavioural problems among the mothers of 1-12 years of children.
2. To evaluate the effectiveness of structured teaching Programmes on behavioural problems among mothers of 1-12 years of children.
3. To find out the association between the post-test knowledge of mothers of 1- 12 years of children with selected socio demographic variables.

Operational Definitions

Assess: In this study it refers to validating and estimating the collected data from the mothers of 1-12 years of children on behavioural problems by using various methods.

Effectiveness: In this study it refers to significant gain in knowledge of mothers of 1-12 years of children on behavioural problems as determined by significant difference between pre-test and post-test knowledge score.

Structured Teaching Program: It refers to organized group teaching to impart knowledge for mothers of 1-12 years of children on behavioural problems.

Behavioural Problems: It refers to an abnormality of emotions, behaviour or relationship which is sufficiently severe and persistent to handicap the child in his social or personal functioning and to cause distress to the child, their care givers and to the people in the community. Common behavioural problems are psychosocial behaviours, habit disorders, disruptive behaviour, sleeping problems and educational difficulties.

Mothers: It refers to those mothers who are having children of 1-12 years and admitted in the selected hospital at Dr. B. R. Ambedkar Mohali 6 phase.

Assumption

It is assumed that:

1. Most of the mothers may have some knowledge regarding behavioural problems.
2. There will be enhancement in the knowledge of the mothers after administration of Structured Teaching Program.

Hypothesis

H1: There will be significant difference between in pre-test and post-test knowledge score on behavioural problems among mothers of 1-12 years of children.

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

Research Methodology

Research Approach – Quantitative approach Research Design – a pre experimental research Research Setting – The study was conducted in civil hospital at district Dr. B. R. Ambedkar Hospital Mohali 6 phase (Punjab)

Population – The target population for the study was the mothers of 1-12 years of children in selected hospital at Dr. B. R. Ambedkar Hospital Mohali 6 phase (Punjab).

Sample – mothers of 1-12 years of children in selected hospital at Dr. B. R. Ambedkar Hospital Mohali 6 phase (Punjab).

Sample Size and Sample Technique – The study originated with a sample of 30 mothers as a sample size for explicating the effectiveness of structured teaching Programmes on knowledge regarding behavioural among the mothers in selected Hospital at Dr. B. R. Ambedkar Hospital Mohali 6 phase (Punjab), Purposive sampling technique was Used.

Sample Criteria

Inclusion Criteria

- Mothers of 1-12 years of children in selected hospital

- Mothers who are willing to participate
- Mothers who can read and write Hindi or English.

Exclusion Criteria

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

Method of Data Collection

Data Collection Technique: structured questionnaire

Tool For Data Collection

Part A: Demographic data consists of 10 questions

Part B: Knowledge items consists of 20 questions

4) Data Analysis and Interpretation

Section 1: This section describes the demographic characteristics of the sample under study. The data obtained describes the characteristics pertaining

Section 2: Description of pre-intervention and post- intervention score according to criterion measures.

Section 3: Comparison of frequency & percentage distribution of pre-test and post-test level of knowledge

Table: 1 Demographic Profile of the Subjects

Variables	opts	Percentage	Frequency
Age	18-21 Years	45.0%	9
	22-24 Years	10.0%	2
	Above 25 Years	45.0%	9
Marital Status	Married	90.0%	18
	Unmarried	10.0%	2
	Widows	0.0%	0
	Divorced	0.0%	0
Educational Status	Illiterate		
	Primary and Secondary School	30.0%	6
	Graduate	70.0%	14
	Master and above	0.0%	0
Religion	Hindu	65.0%	13
	Muslim	15.0%	3
	Sikh	15.0%	3
	Christian	5.0%	1
Family Type	Nuclear Family	45.0%	9
	Joint Family	50.0%	10
	Three Generation	5.0%	1
Socio-Economic Status	Low Socio-Economic Status	15.0%	3
	Middle Class	85.0%	17
	Upper Class	0%	0
Family Income per month	Rs. 1001-2000	0.0%	0
	Rs. 2001-3000	25.0%	9
	Rs. 3001-4000	30.0%	6
	Rs. >4000	45.0%	5
Occupation	Home worker	30.0%	6
	Cooli worker	20.0%	4
	Govt. Employee	5.0%	1
	Private Employee	45.0%	9
No. of Children	One	45.0%	9
	Two	20.0%	4
	Three	25.0%	5
	Twins	10.0%	2
Age of Child	0-1 Years	35.0%	7
	2-4 Years	25.0%	5
	5-10 Years	40.0%	8

Table-: 2 Frequency & Percentage Distribution of Pre-test Level of Knowledge

Criteria measure of pretest knowledge score	
Score Level (N= 20)	Pre-Test F (%)
Poor knowledge (0-7)	4(20%)
Average knowledge (8-14)	15(75%)
Good knowledge (15-20)	1(5%)

Maximum Score=20 Minimum Score=0

Table : 3 Descriptive Statistics of Pre-test Level of Knowledge

Descriptive Statistics	Pretest Knowledge
Mean	9.60

S.D.	2.371
Median Score	10
Maximum	15
Minimum	5
Range	10
Mean%	48.00

Maximum= 20 Minimum= 0

Table -:4 Frequency & Percentage Distribution of Post-test Level of Knowledge

Criteria measure of post-test knowledge score	
Score level (n= 20)	post test f (%)
Poor knowledge (0-7)	0(0%)
Average knowledge (8-14)	9(45%)
Good knowledge (15-20)	11(55%)

Maximum score=20 Minimum score=0

Table:5 Descriptive Statistics of Post-test Level of Knowledge

Descriptive Statistics	Posttest Knowledge
Mean	14.85
S.D.	2.498
Median Score	15.5
Maximum	19
Minimum	10
Range	9
Mean%	74.25

CONCLUSION

The focus of this study was to determine the effectiveness of structured teaching Programmes on behavioural problems among mothers of 1-12 years of children in selected hospital Dr. B.R. Ambedkar Hospital Mohali 6 phase(Punjab).A pre-experimental one group pre-test post-test design was used in the study. The data was collected from 30 samples through purposive sampling technique.

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