

A Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Promotion of Child Mental Health among the Mothers at Selected Area of, Bhubaneswar, Odisha

Sushama Rani Jena¹, Sinmayee Kumari Devi²

¹Tutor, DERIEMS School and College of Nursing, Tangi, Cuttack, ²Associate Professor, Department of Obstetrics and Gynaecology, Vice-principal, LJM School and College of Nursing, Mancheswar, Rasulgarh, Bhubaneswar

Abstract

The aim of this study to assess the effectiveness of structured teaching programme on knowledge regarding promotion of child mental health among The mothers at selected area of, Bhubaneswar, Odisha. The main objective is to find out the maximum knowledge of mothers regarding promotion of child mental health. The data were collected from 60 mothers by purposive sampling technique by using close ended knowledge questionnaire. 't' test and Chi square test has been done for descriptive and inferential statistics. The study finding reveals that the pre test scores is 12.43±2.98 which is 31% of the total mean score, where as in post-test the total mean score is 36.95±0.8 which is 92% of the total mean score. From the finding of the present study it is concluded that structured teaching programme on promotion of child mental health is effective for improving the level of knowledge among mothers.

Keywords – effectiveness, knowledge, structured teaching programme, mother, promotion, child mental health

Introduction

Children are considered as the building blocks of the strong nation. Children are very small but have capability to change the nation positively. They are the responsible citizens and leaders of tomorrow as development of the country lies in their hands, so they need special care & protection from their parents. Children are important asset of nation. Their nurture and solitude are our responsibility. Hence, programmes for children should find prominent part in our policies for the development of human resources in each sector, so that our children grow up to become responsible citizens.¹

Mental health includes our emotional psychological & social well-being. It affects how we think, feel & act. Mental health is important at every stage of life, from childhood and adolescences through adulthood. Mental health is a level of psychological well-being or an absence of mental illness. Child mental health the complete well being & optimal development of child in the emotional, behavioural, social & cognitive domains. Mental health is an essential part of children's overall health. It has a complex interactive relationship with their physical health and their ability to succeed in school, at work and in society. Both physical and mental health play a pivotal role, how child thinks, feels and behaves from inside & outside²

Corresponding author:

Sushama Rani Jena

Tutor, DERIEMS school and college of nursing, Tangi, Cuttack, Address – Vss nagar, Bhubaneswar, pin- 751007, Email id- sushamaranijena001@gmail.com

Mental health problems are common in infancy and childhood. It may be because of maternal psychosocial health, which can have a significant effect on the mother-infant relationship, and that this in turn can

have consequences for both the short and long term psychological health of the child's. It is particularly important to take up the issue of parent child mental health as a part of the maternal and child healthcare, as it will also lead to the prevention of psychological problems in children. Two major problems exist in the mental health aspects of maternal and child health care. They are the anxieties of parents about child-rearing and the relationship between parental stress and the mental state of the child. Till date most of population in our society perceive mental illness is because of God, or evil spirit, curse, witch-craft and black-magic. It has been estimated that eighty percent of rural population uses magic-religious as treatment.^{2,3}

Sigmund Freud (1856-1939) an Austrian neurologist categorized his personality theory according to structure, dynamics and development. Freud organized the structure of personality into three major components: the id, ego, and superego. A person, who is well-adjusted or mentally healthy, has all three components of personality. Freud would expect anyone in whom any of the components is absent or out of balance to display maladaptive behaviours. Defense mechanisms have been associated strongly with Freud's theories. One of the Freud's main beliefs is that behaviours resulting from ineffective personality development are unconscious. He believed that ineffective personality development was in some way related to the relationship of the child with the parent and that it was related to what he called psychosexual development.^{4,5}

So, for developing a child to a mentally healthy personality and to maintain a healthy mental status, the role of family is most important. Among the entire family member the mother is the most important person who can promote the child mental health in the early stage of life. She can resolve all the conflict and frustration that may arise with in her child during these stages.^{6,7}

Child mental health is a shared responsibility, and for any intervention to be effective there should be a synergy between efforts being made by different stakeholders to address the issues. There is a need to create a mechanism that will make such a synergy possible. These may

include child mental health prevention and promotion mechanisms at village, block, district and state levels which involve parents, elected representatives of urban and rural local bodies, teachers, *anganwadi* workers, medical practitioners, police and social workers and responsible members of public among others.^{8,9}

Effective prevention programs have been identified which may help to reduce the risk of children developing a mental problem or disorder. Some prevention programs are even more effective than later treatments, particularly in the area of conduct disorders. Significant advancements can be made when both the early years of life and the early stages of disorders are targeted.⁴ Mental health prevention and early intervention are relatively new fields in mental health. Progression of these initiatives involves supporting health and related staff and the community in the acquisition of the knowledge and skills needed to meet the challenges of new service directions and programs, including the provision of resources to assist implementation.^{10,11}

Child's mental health may be affected by events such as death of a family member, marital discord or separation, environmental disasters and economic disadvantage. Children and adolescents may require interventions to ameliorate the effects of abuse or neglect, parental substance abuse or mental health problems or domestic violence.¹²

Objectives-:

1. To identify the existing knowledge of mothers regarding promotion of child mental health.
2. To administer structured teaching programme on knowledge regarding promotion of child mental health among mothers in a selected rural area.
3. To evaluate the effectiveness of structured teaching programme on knowledge regarding selected personality disorders among mothers in a selected rural area.
4. Find out the association between pre-test knowledge score among mothers with their demographic variable.

5. To find out the significance difference between pre test and post test knowledge score.

Hypothesis:

All hypotheses will be tested at 0.05 level of significance

H₀- there will be significant difference between pre-test and post test knowledge score.

H₁- There will be significant association between the pre-test knowledge score and selected demographic variables.

Material and Methods

The research approach adopted for the study is quantitative research approach. The design used for the study is one group pre-test and post-test design which belongs to the pre-experimental study.

Study was conducted in chakeisihani, Bhubaneswar. the sample size of the study comprised of 60 mothers having children between 4-12 year, who met the inclusive criteria were selected through non-probability purposive sampling technique. Structured questionnaire was used as a research tool. Since, it is considered to be most appropriate instrument to elicit the response from subject. The reliability of the tool was established by using spit half method by using cronbach's alpha formula. The tool was found to be highly reliable ($r=0.8$) for data collection and for proceeding with the main study.

A letter of request was sent to the concerned authority of the area chakeisihani, Bhubanrswar, prior to the data collected during the month of November 2018 and permission was granted for the same. The data was collected in the month of January 2019 at Chakeisihani, Bhubanrswar. The data was collected from 60 mothers having children between 4-12 year, using non-probability purposive sampling technique. The purpose of questionnaire was explained to the sample with self introduction.

The questionnaire was distributed to the mothers and they took 20-30 minutes to fill up the answers for

the questions and they were very co-operative. After conducting the pre-test, they were given structured teaching programme and post-test was conducted with in one week using the same tool used for the pre-test.

Findings

Ø Most of the mothers were(56.66%) in the age group 20-30years, (31.66%) were in the age group 31-40years, (8.33%) were in the age group 41-50 years and (1.66%) were in the age group more than <50 years.

Ø 60% of mothers had primary school education, 38.33% mothers had secondary school of education, and 1.66% mother had graduation and above education.

Ø Highest percentage of mothers are from hindu religion 100%

Ø (51.66%) Maximum percentage of mothers monthly income 6327-18989, 43.33% mothers monthly income >6323, and 5% mothers monthly income is 31595-47262.

Ø 55.66% of mothers were house wife, 28.33% mothers are had their own business, 15% mothers were had government job and 5% mothers were had private job.

Ø Maximum (68.33%) mothers were belongs to joint family % and 31.66% mother belongs to nuclear family.

Ø 73.33% mother were having 2 children, 20% mothers were have 1 children, 6.66% mothers were having, <2 children.

Ø Previous knowledge shows that 20% mothers were got knowledge from media, 20% from family member and friends,15% were from other sources and 45% were having No knowledge.

Discussion

Structured teaching programme was found to be an effective educative method for improving the knowledge of mothers regarding promotion of child mental health. The findings were similar to others studies, which shown that mothers having less knowledge on promotion of

child mental health. In the present study results revealed that obtained [t] value was 63.07, which were found with statistically significant at 0.05 levels.

Conclusion

The study concluded that the structured teaching programme on knowledge regarding promotion of child mental health among mothers carried out was effective in improving the knowledge of mothers as evidenced by significant change between pre-test and post-test knowledge score.

Conflict of Interest : None

Source of Funding- This study was self financed

Ethical Clearance:- Ethical permission was taken from the councillor of the area. The study was conducted keeping all the ethical issues in mind. The information provided by the sample was kept strictly confidential and were used for the purpose of research onl

References

1. Malhotra S. Child psychiatry in India: An approach to assessment and management of childhood psychiatric disorders. Macmillan; 2002.
2. Bauermeister JJ, So CY, Jensen PS, Krispin O, El Din AS. Development of adaptable and flexible treatment manuals for externalizing and internalizing disorders in children and adolescents. *Brazilian Journal of Psychiatry*. 2006 Mar;28(1):67-71.
3. Beesdo K, Knappe S, Pine DS. Anxiety and anxiety disorders in children and adolescents: developmental issues and implications for DSM-V. *Psychiatric Clinics*. 2009 Sep 1;32(3):483-524.
4. Bower P, Garralda E, Kramer T, Harrington R, Sibbald B. The treatment of child and adolescent mental health problems in primary care: a systematic review. *Family practice*. 2001 Aug 1;18(4):373-82.
5. Belfer ML, Saxena S. WHO Child Atlas project. *Lancet* (London, England). 2006 Feb 1;367(9510):551-2.
6. Tadesse B, Kebede D, Tegegne T, Alem A. Childhood behavioural disorders in Arnbo district, western Ethiopia. I. Prevalence estimates. *Acta Psychiatrica Scandinavica*. 1999 Apr;100:92-7.
7. Vreeman RC, Carroll AE. A systematic review of school-based interventions to prevent bullying. *Archives of pediatrics & adolescent medicine*. 2007 Jan 1;161(1):78-88.
8. Wachs TD, Black MM, Engle PL. Maternal depression: a global threat to children's health, development, and behavior and to human rights. *Child Development Perspectives*. 2009 Apr;3(1):51-9.
9. Walker SP, Chang SM, Younger N, GRANTHAM-MCGREGOR SM. The effect of psychosocial stimulation on cognition and behaviour at 6 years in a cohort of term, low-birthweight Jamaican children. *Developmental Medicine & Child Neurology*. 2010 Jul;52(7):e148-54.
10. Rojas G, Fritsch R, Solis J, Jadresic E, Castillo C, González M, Guajardo V, Lewis G, Peters TJ, Araya R. Treatment of postnatal depression in low-income mothers in primary-care clinics in Santiago, Chile: a randomised controlled trial. *The Lancet*. 2007 Nov 10;370(9599):1629-37.
11. Roman LA, Gardiner JC, Lindsay JK, Moore JS, Luo Z, Baer LJ, Goddeeris JH, Shoemaker AL, Barton LR, Fitzgerald HE, Paneth N. Alleviating perinatal depressive symptoms and stress: a nurse-community health worker randomized trial. *Archives of women's mental health*. 2009 Dec;12(6):379-91.
12. Rutter M. Research review: Child psychiatric diagnosis and classification: concepts, findings, challenges and potential. *Journal of Child Psychology and Psychiatry*. 2011 Jun;52(6):647-60.