# International Journal of Advance Research in Community Health Nursing

E-ISSN: 2664-1666 P-ISSN: 2664-1658 www.communitynursing.net IJARCHN 2020; 2(2): 68-71 Received: 26-06-2020 Accepted: 11-08-2020

### Meena P

Department of Child Health Nursing, Saveetha College of Nursing, SIMATS, Chennai, India

### Ranjitha R

B. Sc(N) IV Year, Saveetha College of Nursing, SIMATS, Chennai, India

# Sofiya Jenifer B

B. Sc(N) IV Year, Saveetha College of Nursing, SIMATS, Chennai, India

# Effectiveness of structured teaching programme on knowledge regarding selected child welfare programme in India among the mothers of under five children in selected urban area at Saidapet

# Meena P, Ranjitha R and Sofiya Jenifer B

# **Abstract**

**Background:** 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. child welfare covers the entire spectrum of needs of children who are socially, economically, physically, or mentally handicapped, and are unable to avail the services provide by the community. The child welfare is the responsibility of community and nation.

# **Objectives**

- 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 programme in India among mothers of under-five by post-test score.
- To determine the association between the pretest knowledge scores of mothers with selected demographic variables.

**Methodology:** Pre experimental 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 urban area at Saidapet. 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. The tool consists of 9 demographic variables and 40 structured knowledge questionnaires. The data obtained was analyzed and interrupted in terms of the objectives and hypothesis of the study. Descriptive and inferential statistics were used for the data analysis.

**Result:** In pretest, out of 60 mothers of under five children 44(73.3%) had inadequate knowledge and 16(26.7%) had moderately 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. There is statistically significant association found between two demographic variables and pre-test level of knowledge on selected child welfare programmes. The variable education status of mother showed significant at p<0.05 level of significance with chi-square value 12.97 and the variable previous knowledge showed significance at p<0.05 level of significance with chi-square value 8.12.

**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 programme. 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: Assess, effectiveness, knowledge, child welfare programme, under five children

# Introduction

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. Child welfare covers the entire spectrum of needs of children who are socially, economically, physically, or mentally handicapped, and are unable to avail the services provided by the community.

### Corresponding Author: Meena P

Department of Child Health Nursing, Saveetha College of Nursing, SIMATS, Chennai, India. The child welfare is the responsibility of community and nation. India has largest child population in the world. Children constitute the assets of any country. Child 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. Child health in India is still in critical condition. Children under the age of 5 years are underweight.

IMNCI –Integrated management of childhood illness is a systematic approach to children's health which focuses on the whole child. This means focusing not only on curative care but also on prevention of disease. India's responsibilities 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 center called the 'Anganwadi'. The packages of services provided are: supplementary nutrition, Immunization, Health checkup 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 governments for all inputs other then supplementary nutrition.

The mid-day meal scheme is the popular name for school meal programme in India which started in the 1960s. it involves provision of lunch free of cost to school children on all working days. The key ejectives of the programme are: protecting children from hunger, increasing school enrolment and attendance, improved socialization among children belonging to all castes, addressing malnutrition.12 core (120 million) children are so far covered under the Mid-day meal scheme, which is the largest school lunch programme in the world.

Immunization programme in India was introduced in 1978 as 'Expanded programme of immunization' (EPI) by the ministry of health and family welfare, Government of India in 1985, the programme was modified as 'universal Immunization programme' (UIP) to be implemented in phased manner to cover all districts in the country by 1989-90 with the one of largest health programme in the world. Pulse polio Immunization programme-This scheme came into effect in 1995. Thus, the main was to eradicate poliomyelitis (polio) in India. So, it was done by vaccinating all children under five years of age against poliovirus. There is need to promote awareness about child welfare programmes among mothers of under-five children's from informing and encouraging those people.

Children under five years of age dying every day across the world, India tops the list of countries with highest number of 16.55 lakh such deaths in 2011, according to a UN agency.

# **Materials & Methods**

Pre experimental design with one group pretest 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 urban area at Saidapet. 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. The tool consists of 9 demographic variables and 40 structured knowledge questionnaires. The data obtained was analyzed and

interrupted in terms of the objectives and hypothesis of the study. Descriptive and inferential statistics were used for the data analysis.

# **Results and Discussion**

# Section-A: Description of the demographic variables

The data presented in that out of 60 mothers of under five children, majority of respondents 30(50.0%) were in the age of 18-25 years, 26(43.3%) were in the age group of 3 years, and 4(6.7%) were in the age group of 34-41 years. The 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. Religion indicates that majority of respondents 48(80.0%) were hind, 7(11.7%) were Muslim, 4(6.6%) were Christian and 1(1.7%) were in another category. Occupational status indicates the majority of responds 49(81.7%) were house wives, 6(10.0%) were self-employees, 3(5.0%) were private employees and 2(3.3%) govt. employed. Types of family indicates 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 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. Number of under five children, shows that majority of respondents were 39(65.9%) having only one and 17(28.3%) are having two and 4(6.7%) were having three. The data presented in that previous knowledge shows that majority of subjects 50(82%) were not exposed information and 10(18%) were exposed information. Majority of mothers, 6(60%) were received information by family & friends, 3(30%) were got information by electronic media and 1(10%) was got from print media.

# Section-B: Assessment of knowledge on selected child welfare Programmes before STP

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.

# Assessment of Mean Knowledge on Selected Child Welfare Programmes before STP

mean and SD of aspects of knowledge of mothers of under five children regarding selected child welfare programmes in India. Regarding the mid-day meal programme the mean score was 3.73 with SD of 1.02 and mean percentage was 41.44%. regarding integrated child development scheme, mean score was 3.95 withSD of 1.21 and mean percentage was 39.5%. regarding national immunization programme the mean score was 4.50 with SD of 1.51 and mean percentage was 40.91%. regarding vitamin-A prophylaxis the mean score was 3.28 with SD of 1.26 and mean percentage was 32.80%. the overall mean score was 15.47 with SD of 4.196 and mean percentage was 38.68. it evident that there is gross inadequacy of knowledge regarding prevention of skin disorder among mothers of under five children.

# Section-C: Assessment of knowledge on selected child welfare Programme after STP

**Table 1:** Distribution of mothers of under five children according to knowledge on selected child welfare programmes after STP.

n=60

S.No	Level of Knowledsge	Number	%
1.	Inadequate knowledge	0	0
2.	Moderately knowledge	19	31.7
3.	Adequate knowledge	41	68.3
4.	Over all	60	100

The table 1 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 nine of the mothers of under five children had adequate knowledge.

# Section-D: Comparison of knowledge before and after STP

# Assessment of Mean Knowledge on Selected Child Welfare Programmes after STP

The mean and SD of aspects of knowledge of mothers of under five children regarding selected child welfare programmes in posttest. Regarding mid-day meal programme, mean score was 7.07 with SD of 1.47 and mean percentage was 78.56. Regarding integrated child development scheme, mean score was 8.13 with SD of 1.25 and mean percentage was 81.30. Regarding National Immunization programme, mean score was 9.78 with SD of 1.18 and mean percentage was 88.91. Regarding Vitamin-A prophylaxis, mean score was 8.42 with SD of 1.030 and mean percentage was 84.20. The overall mean score was 33.40 with SD of 4.08 and mean percentage was 83.50. it evident that there is an increase in the mean score after the administration of structured teaching programme.

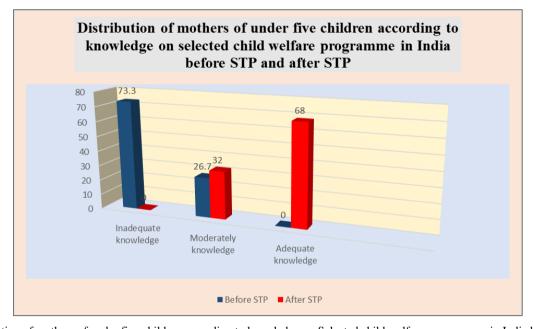


Fig 1: Distribution of mothers of under five children according to knowledge on Selected child welfare programmes in India before and after STP

Figure 1: shows, the pretest out of 60 subject's 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 moderate adequate knowledge and none of the subjects had inadequate knowledge.

# Overall Comparison Of Mean, Ad, Mean Score Percentage Of Knowledge Level Of Mothers Of Under Five Children On Selected Child Welfare Programme.

The pretest, the highest enhancement knowledge score found on mid-day meal programme (41.44%) followed by national immunization programme (40.91%) and lowest score was obtained in the aspects of ICDS and vitamin-A prophylaxis. This indicates that inadequate knowledge score was obtained on selected child welfare programme in the pretest.

The post test results show that the highest enhancement knowledge score on National Immunization programme (88.91%) followed by vitamin-A prophylaxis (84.20%), ICDS (81.30%) and lowest found in the mid-day meal

programme (78.56%). The findings also indicate the impact of intervention programme was statistically significant at 0.05 levels for all knowledge aspect under study. Therefore, the findings reveal that the knowledge of mothers of under five children improved after administration of structured teaching programme.

# Section-E: Assessment of effectiveness of STP

The comparison of pre and post test knowledge and statistical significance regarding selected child welfare programmes in India among mothers of under five children. The findings indicate that with regard to knowledge variable, on mid-day meal programme aspect, the percentage of mean difference (enhancement) score obtained was 37.11 and the obtained 't' value was 16.45 which was significant at p<0.05. The percentage of mean difference score for knowledge variable on ICDS programme was 41.8 and paired value was 21.91 which was significant at p<0.05. In relation to national immunization programme, the percentage of mean difference was 48.0 and paired t-test value was 26.89. And it was found to be remaining significant p<0.05. With regard vitamin-A

prophylaxis, the percentage of mean difference obtained was 51.4 and the obtained value was 26.89 which was significant p<0.05. overall knowledge, the percentage of mean difference was 44.82 and the obtained 't' value was 31.68

Which was significant at p<0.05. It is evident that the structured teaching programme is significantly effective in improving the knowledge regarding selected child welfare programmes among mothers of under five children.

# Section-F: Association of pretest knowledge with demographic variables

Hence that stated hypothesis H2: There is significant association between the pretest knowledge level of knowledge regarding selected child welfare programmes and selected socio demographic variables are accepted for educational status of the mothers with chi-square value of 12.9 for df 4, at p<0.05, previous knowledge with chi-square value of 8.12 for df 1, at p<0.05, and sources of information with chi-square value of 8.34 for df 3, at p<0.05, and other variables are found to be non-significant.

### Conclusion

The study proved that structured teaching on child welfare programme in improving knowledge of mothers of under five children. The study findings revealed that knowledge was significantly improved by structured teaching on child welfare programme. Include the how the studies will helpful the study and recommendation can made.

# Acknowledgement

We would like to extent our gratitude to the authorities of Saveetha College of Nursing and Saveetha Medical College Hospital for this study.

# **Authors Contribution**

All the authors actively participated in the work of the study. All the author read and approved the final manuscript.

# **Conflict of Interest**

The authors declare no conflict of interest.

# Reference

- 1. Yadav Manoj. A text book of child health nursing, 1st edition, published by S Vikas and company medical publishers, 2011, 18-30.
- 2. AK Sharma *et al.* Impact of NGO run mid-day meal program on nutrition status and growth of premilitary school children, Indian journal pediatrics 2010; 77(7):763.
- 3. Chutani AM. school lunch program in india: background, objectives and components, Asia Pac journal nutrition 2012;21(1):151-154.
- 4. Afridi farzana *et al.* child welfare programmes and child nutrition in mandated school meal programme, journal of development economics 2010;92(2):152-165.
- 5. Rameshwar Sharma KV. Impact of mid-day meal programme on educational and nutritional status of school going children, journal of public health 2011;23(6):54-59.
- 6. Takum T *et al.* conducted a study on programmatic and beneficiary-related factors for low vaccination coverage in papum pare district, Arunachal Pradesh, Indian

- journal of trop pediatrics 2011;57(4):251-257.
- 7. Kumar D *et al.* Immunization status of children admitted to a tertiary-care hospital of North India, reasons, or partial immunization and non-immunization popular nutrition 2010;28(3):300-304.
- 8. Khandait DW. Risk factors for sub clinical vitamin-A deficiency in children under the age of six-year, American journal 2002:46(4);339-241.
- 9. Arlappa N *et al.* Clinical and sub-clinical vitamin-A deficiency among rural pre-school children of Maharashtra, India, Annual human biology 2010:37(2):282.
- 10. Singh MC *et al.* Immunization coverage and the knowledge and practice of mothers regarding immunization on rural area; Indian journal 2016;32(3):103-107.
- 11. Vinnarasan. Factors influencing non enrolment of children in ICDS anganwadi centers at Chennai corporation, research abstracts on ICDS 2010;31(3):112-115.