

A STUDY TO EVALUATE THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMMES ON THE KNOWLEDGE OF MOTHERS REGARDING THE GROWTH AND DEVELOPMENT OF TODDLERS FROM SELECTED ANGANWADIS S OF RATIA. HARYANA

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Abstract:

The primary objective of this study is to assess the efficacy of a structured instructional program in enhancing the understanding of mothers relevant to the growth and development of toddlers in certain Anganwadi centres located in Ratia, Haryana. The study employed a pre-experimental research design. The samples were chosen using the convenience sampling method. The study included a total of 60 moms who had toddlers as participants. The interview method was employed to obtain data pertaining to the growth and development of toddlers. The study devised a test to evaluate the level of information had by mothers pertaining to the growth and development of toddlers. The Statistical Package for Social Sciences, Version 20, was used to analyse the collected data. The findings of the study indicate that the average pre-test value was 1.32, whereas the average post-test value was 2.73. The calculated result for the mean difference was 1.41. There was a 0.469 standard deviation on the pre-test and a 0.446 standard deviation on the post-test. 't' was worth 17.737 and 'p' was worth 0.000. This proves the effectiveness. Demographic factors and pre-test information level did not show any statistically significant links.

Key Words: Evaluate, Effectiveness, Structured Teaching Programme, Knowledge, Mothers, Growth and Development, Toddler, Anganwadi.

Introduction:

Every new member of a family is a blessing from God. Adults lack the vitality, gentleness, joy, trust, curiosity, courage, and inventiveness of children. Children, on the other hand, have all of these qualities in abundance. The addition of children to a family both increases its level of satisfaction and completes it. The health of the family as a whole is greatly affected by the health

of the children. It is dependent on the family's lifestyle, customs, culture, traditional practices, and mainly their understanding of child parenting, which includes knowledge regarding growth and development. Both the family's physical and social environments are important factors to consider. The health of the nation's children is a reflection of the nation's overall health and wealth. The youngsters of today will become the citizens of tomorrow. The contribution that a healthy, fully grown child makes to the general welfare of the nation is an irreplaceable national resource. Our hopes and goals for the future are embodied in our children. Children will be the next generation. The vulnerable members of society are they. On account of their delicate health indicators, children have garnered particular scientific attention. Physically and mentally healthy children typically develop into healthy individuals.

A person's growth and development can be defined as the aggregate of all the changes that occur throughout the course of their lifetime. As a person develops physically, their body and its organs swell in size; this phenomenon is known as growth. It happens as a result of an increase in intracellular material and cell proliferation. This is a measurable shift in bodily mass, expressed in units of inches or centimetres or kilogrammes. This phenomenon is both measurable and progressing.

The term "development" refers to the natural progression of an organism towards full physical and mental maturity. In other words, it's a steady improvement in competence and capability. It has something to do with the nervous system's maturity and myelination. Emotional, social, and bodily changes are all a part of it. This part of growing up is hard to quantify since it is qualitative. It flows smoothly from one step to the next and is well-organized. Emotional, linguistic, visual-spatial, and gross-motor skills, as well as the ability to understand and solve complex problems, are all components of a well-rounded development.

A toddler is a young child who is of age of learning to walk between infancy and childhood. Toddling usually begins between the age of 12 months and 24 months. During the toddler stage, the child also learns a great deal about social roles, develops motor skills and first starts to use language.

The first three years of a child's existence are considered to be the most formative years of their lives. As a result, the care that a kid receives during these years has a significant impact on the child's subsequent growth and development. The majority of moms, especially those living in rural areas, lack knowledge regarding the fundamentals of proper child care, such as proper

feeding and weaning procedures, healthcare, and dietary requirements. A person's entire life is impacted by feeding, especially in the early years of life. This is because it has been demonstrated that undernutrition and malnutrition can cause growth retardation in newborns and children to varying degrees. Since a nation's development and prosperity are reliant on the quality of care it provides for its children, the childcare developmental programme ought to be given top attention.

Parents with little understanding of child development tend to be neglectful and abusive. Knowledgeable parents exhibit high levels of competence and self-efficacy, which is crucial for pediatric treatment. When parents are aware of developmental milestones, interaction with physicians is more fruitful, and early treatment can be initiated. However, there is a dearth of information on parental awareness of developmental milestones, especially in nursing literature. The purpose of this study is to determine the awareness levels of parents in select areas of Haryana regarding children's developmental milestones.

Objectives:

1. To conduct a thorough assessment of mothers' knowledge regarding their toddlers' growth and development before and after administering a test.
2. To investigate the substantial impact of implementing a structured teaching program on the growth and development of toddlers.
3. To examine the association between mothers' pre-test knowledge of their toddlers' growth and development and selected socio-demographic factors.

Methodology:

A pre-experimental design was conducted on mothers of toddlers visiting the Anganwadi's of the Ratia, Haryana, India, for 4 weeks (23 -04-2018 to 30-04-2018).

Study Population and Criteria:

The target population of this investigation was mothers of toddlers. The study population consisted of mothers who brought their children to one of many area Anganwadi centers in and around Ratia, Haryana. Children between the ages of one and three were used in the study. Participants who can read and write in Hindi are readily available for the duration of the study. Non-participants and those who were absent from the Anganwadi during data collection were eliminated from the samples.

Sample Size and Sampling Technique:

In this investigation, a convenience sampling technique was used. The study's sample was comprised of mothers of toddlers and those who met the sample criteria.

Study tools and technique:

The researcher made tools and sent them to four nursing experts and medical professionals to make sure the information was correct. Based on their suggestions and advice, the required changes were made. The changed tools were used to gather information. The following parts make it up.

Section - A: Demographic Variable It deals with demographic data which was used to collect the characteristics of the samples. Age, Educational Status, Occupational Status, Number of Children, Religion, Previous knowledge regarding growth and development. **Section - B: Structured Interview Schedules on Growth And Development** This questionnaire includes a total of thirty questions as well as possible answers. The structured interview schedule was divided into general growth and development information, physical development, cognitive development, fine motor development, social development, and linguistic development.

Section – C: Scoring and Interpretation

Level of Knowledge	Scores
Inadequate	0 - 10
Moderate	11 - 20
Adequate	21 - 30

Data collection Process and Data Analysis;

The pilot study was carried out in a similar context. Six samples that met the study's requirements were selected and data was gathered, followed by a structured teaching program and a post-test on the seventh day to evaluate the study's effectiveness and practicality. The researcher first received permission from the authority. The data was collected from 23-04-2018 to 30-04-2018 when the researcher visited the selected Anganwadi on day 1 and informed the samples about the study and obtained signed informed permission. A pre-test was then gathered from samples via interview. Data

collection from each sample took 25–30 minutes. Later, audio-visual aids were used to teach the samples. A post-test was conducted on selected samples on the seventh day of intensive training. Standard deviation, mean, and percentage are examples of descriptive statistics that are used to organise and summarise sample numerical data. Using inferential statistics tests like the chi-square test, the hypothesis's level of significance and the relationship between sociodemographic factors and moms' understanding of toddler growth and development will be examined.

Results:

Table – I: Frequency and Percentage Distribution of Samples According to Socio–Demographic Variables.

(n = 60)

S. No	Demographic Variable	Frequency (f)	Percentage (%)
1.	Age (Years)		
	a. 25 – 27	27	45.00
	b. 28- 30	24	40.00
	c. Above 30	9	15.00
2.	Education of Mother		
	a. Illiterate	4	6.66
	b. Primary	15	25.00
	c. Secondary	24	40.00
	d. Senior – Secondary	11	18.34
	e. Degree / Diploma	6	10.00
3.	Occupation of Mother		
	a. House Wife	31	51.66
	b. Government Job	10	16.67
	c. Private Job	19	31.67
4.	Number of Children		
	a. One	12	20.00
	b. Two	36	60.00
	c. More than two	12	20.00
5.	Previous Knowledge regarding growth and development of children.		
	a. Yes	42	70.00
	b. No	18	30.00
6.	Source of Information		
	a. Family	11	18.33
	b. Friends	14	23.33
	c. Personnel	9	15.00
	d. TV/Radio/Newspapers	8	13.34
	e. No Source	18	30.00

Table – I shows the frequency and percentage distribution of samples according to socio-demographic variables.

Most samples (45%) were 25–27 years old. Samples aged 28–30 were 24 (40.00%). Only 9 samples (15.00%) were over 30. Samples were mostly secondary level 24 (40.00%). 15 (25.00%) samples were primary schooled. Eleven (18.34%) samples were senior-secondary. The few degree/diploma samples were 6 (10%). Few samples were illiterate 4 (6.66%). For mother occupation, 56.66% of the participants were house wives, whereas 19 (31.67%) worked in private. Ten (16.67%) government workers were sampled. Most samples have 36 children (60.00%). Twelve samples (20%) had one or more children. Samples' child growth and development knowledge shows majority 42 (70.00%) samples have prior knowledge, while 18 (30.00%) do not. Most samples (30.00%) have no sources for toddler growth and development information. Friends informed samples 14 (23.33%). Family provided information for 11 (18.33%). The 9 (15.00%) samples obtained information from other personnel. Few samples (8/13.34) used TV/Radio/News-Paper.

Table – II: Frequency and percentage distribution of samples pre-test and post-test knowledge.



Level of Knowledge	Pre-Test		Post-Test	
	Frequency	Percentage	Frequency	Percentage
Inadequate	41	68.33	0	0.00
Moderate	19	31.67	16	26.66
Adequate	0	0.00	44	73.34

The table displays the frequency and percentage distribution of pre-test and post-test knowledge levels.

In terms of the pre-test, 41 (68.33%) of the sample has an inadequate level of knowledge. There were 19 (31.67%) samples with a moderate degree of understanding. None of the samples had a sufficient level of knowledge. In terms of the post-test, 44 (73.34%) of the sample has a sufficient level of knowledge. There were 16 (26.66%) samples with a moderate degree of understanding. None of the samples had an insufficient level of expertise.

Table – III: Mean, Mean Difference, Standard Deviation, ‘t’ test score, and ‘P’ Value of samples in Pre-Test and Post-Test

(n=60)

Test	Mean	Mean Difference	Standard Deviation	‘t’ Value	‘P’ Value
Pre-Test	1.32	1.41	0.469	17.737*	0.001*
Post-Test	2.73		0.446		

*-Significant at ‘P’ level < than 0.05

The table above displays the average pre-test and post-test values, the average difference between them, the standard deviation values, and the ‘t’ test values.

The average pre-test value was recorded as 1.32, whereas the average post-test value was seen to be 2.73. The calculated result for the mean difference was 1.41. The standard deviation number for the pre-test was 0.469, whereas for the post-test it was 0.446. The calculated t-value was 17.737. The p-value obtained from the statistical analysis was determined to be 0.000. This demonstrates the efficacy.

Table – IV: Level of Association between Pre-Test Level of Knowledge and Selected Socio-Demographic Variables

(n=60)

S. No	Demographic Variables	Level of Knowledge		χ^2 Value	Level of Significance
		Inadequate	Moderate		
1	Age (Years)			0.116 ^{NS}	0.944
	a. 25 – 35	18	9		
	b. 36 – 45	17	7		
	c. 46 - 55	6	3		
2	Education of Mother			9.418 ^{NS}	0.51
	a. Illiterate	4	0		
	b. Primary	12	3		
	c. Secondary	18	6		
	d. Senior – Secondary	4	7		
	e. Degree / Diploma	3	3		
3	Occupation of Mother			6.117 ^{NS}	0.47
	a. House Wife	25	6		
	b. Government Job	4	6		
	c. Private Job	12	7		

4	Number of Children				
	a. One	7	5		
	b. Two	25	11		
	c. More than Two	9	3	0.822 ^{NS}	0.663
5	Previous Knowledge regarding Growth and Development				
	a. Yes	30	12	0.620 ^{NS}	0.310
	b. No	11	7		
6	Source of Information				
	a. Family	10	1		
	b. Friends	11	3		
	c. Personnel	3	6	8.962 ^{NS}	.386
	d. TV/Radio/Newspaper	6	2		
	e. No Sources	11	7		

NS = Not Significant at 0.05 level of significance

Table – V: Shows the level of association between pre-test knowledge and selected socio-demographic variables.

To test the association between pre-test knowledge and age the null hypothesis can be stated as follows.

Ho: There will be no significant association between pre-test knowledge and socio-demographic variables.

In the above we could find that none of the socio-demographic variables are associated with pre-test knowledge. So we accept null hypothesis in this case.

Discussion:

The point of this study was to find out how well an organized teaching program helped mothers learn about the growth and development of toddlers.

Based on the ages of the samples, most of them were between the ages of 25 and 27 (45.00%). Based on the education levels of the samples, most of them (40.00%) were from the middle school level.

In terms of what their mother did for a living, just over half of the samples (56.66%) were wives. The number of children in the samples shows that most of them had 36 (60.00%). Knowing about the growth and development of toddlers before the sample shows that most of the people

(42/70.00%) already knew this. The samples' sources of information show that most of them (30.00%) did not have any means for getting information about the growth and development of toddlers. Friends were the ones who told the samples 14 (23.33%) the information. Other studies have come to the same conclusions as this one.

Ertem I.O. et al. (2017) did a study to find out how much mothers in a developing country knew about how young children grow and learn. The study's results showed that there were 1,200 mothers of children younger than 3 years old. Most of the moms had kids between the ages of 25 and 36 months, which is 258 (24.5%). Most of the mothers (574 of them) were having more than two children. The mother had most of her schooling up to elementary school level 462 (43.8%). A huge majority of the mothers (935, or 88.6%) do not have jobs.

The study aimed to evaluate the knowledge of toddler growth and development before and after the test.

Most sample 41 (68.33%) lacks pre-test knowledge. There were 19 (31.67%) moderately knowledgeable samples. No sample had enough knowledge. Most of the sample had adequate post-test knowledge 44 (73.34%). There were 16 (26.66%) somewhat knowledgeable samples. None of the samples were ignorant. The following studies supported the conclusions.

Meshram K, Maurya A., and Kumari D. (2017) evaluated a structured education program on milestone development among infant mothers in rural Wardha District. The study found that pre-test knowledge scores were bad, average, good, and exceptional. Pre-test knowledge scores were bad for 8.33% of baby moms, average for 71.67%, and good for 20%. The mean knowledge score was 6.93 ± 1.83 . Post-test knowledge scores for baby mothers were 26.67% good and 73.33% outstanding.

Deepika D, Khushlata J, Toppo, and Saini K (2014) assessed Ludhiana mothers' understanding of child milestone development. The survey found that 53% of moms had good toddler milestone development knowledge.

The objective of the study was to assess the effectiveness of a structured teaching program on the growth and development of children.

According to Table – III, the mean value before the test was 1.32, whereas the mean value after the test was 2.73. 1.41 was the value that represented the mean difference. The value of the

standard deviation for the pre-test was 0.469, whereas the value for the post-test was 0.446. 17.737 was the value of the letter 't' The value of 'P' was found to be 0.000. It demonstrates the usefulness of the method.

Studies supporting the above results are below.

Betageri K and Tata S (2013) examined the effectiveness of structured toddler milestone development training. Pre-test mean knowledge score and standard deviation of mothers regarding ICDS program was 14.3 1.78, which rose post-test to 23.3 2.03. Pre- and post-test scores show considerable improvement in mothers' knowledge (paired 't' value = 38.684 & p value <0.0001). **B Shams, S Golshiri, A Najmi (2013)** This study assessed the Isfahan Mothers' Participation Project after two years. The study found significant differences between the two groups in maternal self-esteem, training performance, weekly study time, education program participation, knowledge of growth monitoring cards, ability to draw growth curves, and knowledge of growth curve types ($P < 0.001$).

Conclusion:

The primary insights gained from this investigation led the researchers to arrive at the following conclusions. Before participating in a structured training program, the vast majority of moms lacked insufficient understanding regarding their children's growth and development. Following participation in the structured training program, there was an increase in the mothers' level of knowledge regarding child development and growth.

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