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A Study to Assess the Effectiveness of Planned Teaching Program Regarding Knowledge of Child Health Schemes Among the mothers of Children Attending Pediatric Inpatient Department of KHI Ghataprabha

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Abstract **Original Research Article**

Background: Child health plays an essential role in shaping the future of community for this reason, government worldwide have made child health care a priority studying the trends of utilization and benefits of child health care schemes is therefore, impairative to assess its impact on the community. Article 45 of the Indian constitution states that: "The state shall endeavour to provide the early childhood care and education for all the childrens, until they complete age of 6years." The Integrated Child Development Services [ICDS] Schemes, which is the largest programme for promotion of maternal and child health and nutrition in India. A major component of this scheme is the BalSanjeevini Program [BSP]. ***Methodology:*** Pre-experimental i.e one group pre-test and post-test design was used. The sample includes 30 mothers. convenient sampling technique was used residing at selected rural areas of Ghataprabha. Data collected using structured knowledge questionnaire and analyzed using Descriptive and Inferential statistics. ***Findings:*** The calculated knowledge t value (t=17.05, P<0.7862%), hence health education assisted teaching programme proved to be effective. ***Conclusion:*** The finding of the study concluded that there was significant difference was found between the pre-test and post-test knowledge scores of women after the administration of health education. Therefore, study showed that health education was highly effective in improving the knowledge of mothers regarding child health schemes.

Keywords: Assessment, Knowledge, Child Health Scheme, Mother, Socio-Demographic Variables.

INTRODUCTION:

The Integrated Child Development Service Scheme was started in Karnataka on 2nd October 1975 with a pilot project at T. Narasipur in mysore district with just 100 anganawadi centers [1].

Child health plays an essential role in shaping the future of community for this reason, government worldwide have made child health care a priority studying the trends of utilization and benefits of child health care schemes is therefore, impairative to assess its impact on the community. Article 45 of the Indian constitution states that: "The state shall endeavour to provide the early childhood care and education for all the childrens, until they complete age of 6 years." The Integrated Child Development Services [ICDS] Schemes, which is the largest programme for promotion of maternal and child health and nutrition in India. A major component of this scheme is the Bal Sanjeevini Program [BSP].

Understanding the trend of utilization and non-utilization of this scheme as well as ascertaining the advantages this scheme has to offer to the beneficiaries, would help promote the utilization of this scheme, thereby increasing quality of pediatric child and alleviating the financial burden on families with children admitted in tertiary care hospitals.[2]

The health and well-being of Childrens are vital indicators of a nation's overall development and prosperity. In India numerous child health schemes and programs have been launched by the government to Assess the challenges of child morbidity and mortality. Improve nutrition, ensure immunization coverage, and promote overall child welfare. This Include schemes such as Janani Suraksha yojana (JSY), Rashtriya Bal Swastha karyakram (RBSK), Nava jatshi shusuraksha karyakrama and many more.

While these schemes are designed to support children health needs health needs across the country, there effectiveness greatly depends on public awareness – especially among mothers who are primary care givers.

Mothers' knowledge about these programs can significantly influence the utilization of services, family intervention in health issues and improvement in child health outcomes.

Despite the availability of these beneficial schemes, many womens, particularly in rural and semiurban areas remain on awair or only partially informed about them. This lack of awareness can lead to underutilization of services, which in turn affects childs health and development.

Janani surakshayojana (JSY) is a safe motherhood intervention under the national rural health mission (NRHM). It is being implemented with the objective of reducing maternal and neonatal mortality by promoting institutional delivery among poor pregnant women.

JSY was launched in April 2005 by modifying the national maternity benefits schemes (NMBS) the NABS provides for financial assistance of 500/- per birth up to live births to the pregnant women who have attained 19 years of age and belong to the below poverty line.[3]

Sukanya samriddhi yojana is small dispoit scheme for girl child, launched as a part of 'Beti Bachao Beti Padho' campaign which would fetch an attractive interest rate and provide income tax Result: the main benefits of this program high interest rate: SSY provides an attractive interest rate of 8.2% per annum, compounded annually, making it a lucrative saving option.

As we all know, health is wealth. Physical, mental and physiological fitness will make a person more productive and it will also helpful for their individual empowerment and total society improvement. World's 19% of children belongs to our country.

In our world, the pediatric category is one of the vulnerable groups. Healthy childrens are fundamental to a prosporous country, necessitating attentive care during their times of illness. Proper health care guarantees both safe treatment and holistic wellness for every child. [4]

In 1951, the India was the first country in the world to launch a child health programme. Comprehensively integrated interventions that improve child health and nutrition status and factors contributing to a neonatal child, Infant. The purpose of child health scheme is to improve survival, development and quality of life of children.

The ministry of health, government of India central health counsel launch programmes aimed of controlling the disease which cause considerable mortality and morbidity in India.[5]

MATERIAL AND METHODS:

Study design:

Research design incorporates the most important methodology design researcher make in conducting a research study. It depends upon the overall planned for the organization of scientific investigation.

In the present study explorative research design was selected in order to assess the knowledge of mother who are attending pediatric inpatient department regarding child health scheme.

PRE-TEST	INTERVENTION	POST-TEST
01	X	02

01=PRE-TEST LEVEL OF KNOWLEDGE OF MOTHER REGARDING CHILD HEALTH SCHEME
X=PLANNED TEACHING PROGRAMME
02=POST-TEST LEVEL OF KNOWLEDGE OF MOTHER REGARDING CHILD HEALTH SCHEME

Setting of the study: The study was conducted in selected KHI Hospital areas of Ghataprabha. It is nearly Less then 1km from the KHI institute of College of Nursing Ghataprabha. The study setting was selected according to the availability of mothers of childrens.

Participants: Sample consists of 30 mothers of children's

Sampling technique:

Simple random technique was used to select the area(village), and convenient sampling technique was used to select the samples for the study. the sample size was 30 mothers of children.

Criteria for sample selection

Inclusion criteria:

1. Willing to participate in the study.
2. Available at the time of data collection.
3. Able to speak Kannada or English.

Exclusion criteria:

1. Who are not able to co-operative throughout the period of study.
2. Not able to read and write Kannada or English language.
3. Sick and not able to provide information.

Sample size Estimation:

The sample size was calculated by power analysis by using the results of previous

Study conducted by. By Miss. Arpita Malachapure, Miss. Divya Jagajampi, Miss. Joyce Thomas, Miss. Kaveri Kambi, Miss. Padmashri Madhale, Miss. Pranali Palkar, Miss. Vivita Narvekar Under the Guidance of Miss Bhuvaneshwari S. Badiger M.Sc Nursing Lecturer, Karnatak Health Institute College of Nursing Ghataprabha.

G power software was used for power analysis.
The effected size=1.62
Level of significance =0.05
Power of the test=80% (0.80)
The sample size calculated was 53

Researcher considering possible attritons or possibility of data increased
The sample size to 60.
Hence the final sample size was 30 mothers of children in KHI Hospital Ghataprabha
The pilot study conducted in KHI Hospital (Maternity Ward)

Description of data collection instrument:

The instrument for present study consists of 2 sections.
SECTION I: It related to socio-demographic data of mothers
SECTION II: Self-administer knowledge questionnaire was prepared in the form of multiple-choice questions. It consists of 20 items regarding knowledge of Child Health Schemes Total score is 28.

For every right answer the score is-1
For every wrong answer the score is -0
The knowledge level has been divided into three categories based on the knoweldge score.
*Good knowledge :14-20
*Average knoweldge:8-13
*Poor knoweldge:1-7

STATISTICAL ANALYSIS:

Section A: Distribution of subject according to demographical characteristics.
Section B: Findings of pre-test knowledge of mother regarding child health schemes.
Section C: Findings related to effectiveness of planned teaching program on child health Schemes.
Section D: Findings related to association between pre-test knowledge score of mothers with selected demographical variables.

ETHICAL CONSIDERATION:

Ethical clearance certificate was obtained from. Karnatak Health Institute College of Nursing Ghataprabha. Written consent was obtained from each participant.

RESULT:

The study was begun with selection of 30 mothers who are attending Paediatric inpatient department Ghataprabha.

TABLE 1: Description of socio demographic characteristics

SR NO	DEMOGRAPHY	VARIABLES	FREQUENCY	PERCENTAGE
01	Age	Below 20 years 24-28 years 28-32 years 32 and above	10 6 11 3	33.3% 20% 36.6% 10%
02	Religion	Hindu Muslim Christian Others	15 6 5 4	50% 20% 16.6% 13.3%
03	Educational status	Illiterate Primary Secondary	9 10 6	30% 33.3% 20%

SR NO	DEMOGRAPHY	VARIABLES	FREQUENCY	PERCENTAGE
		Graduate	5	16.6%
04	Occupation	House wife Farmer Government job Others	15 8 3 3	50% 26% 10% 10%
05	Family income	5000 &above 5000 -7000 7000 & above 10000- 12000	3 12 12 3	10% 40% 40% 10%
06	Type of family	Nuclear Joint	17 13	56.6% 43.3%
07	No of live birth childrens	1 2 More than 2 0	17 8 2 3	56.6% 26.6% 6.6% 10%
08	Source of information	Books Family & friends Mass media Health worker	10 8 5 7	33.3% 26.6% 16.6% 23.3%

TABLE 2: Percentage wise distribution of study mothers of children according to level of knoweldge in pre-test and post-test n=30

Score	Pre-test		Post-test	
	Frequency	Percentage	Frequency	Percentage
Good	0	0%	21	70%
Average	21	70%	9	30%
Poor	9	30%	0	0%

In pre-test, out of 30 mothers, highest percentage (0%) of children mothers with good knowledge, followed by (70%) subject with average knowledge, (30%) subjects had poor knowledge

However, after administration of health education (post-test) highest percentage 70% 0f mothers were having good knowledge, followed by 30% subjects with average knowledge ,0% of mothers were having poor knowledge.

TABLE 3: Significant difference between the pretest knoweldge and post-test knoweldge scores of mothers of children.

N=30

	Max score	Mean	SD	Mean%	SE of mean	"t"	df	''p'' Value
Pre-test knowledge	11	8.23	1.94	41.15%	0.35	17.05	1	0.7862
Post test knowledge	18	14.2	1.9	71%				

TABLE 4: Association between post-test knoweldge scores and selected socio demographic variables.

SR NO	DEMOGRAPHIC VARIABLES	KNOWLEDGE SCORE (Below Median)	KNOWLEDGE SCORE (Above Median)	INFERENCE (Below Median)	INFERENCE (Above Median)	Df	$\chi 2$	SIG
1	**Age of the mother**							
	Below 20 years	55	39	102	70			
	24-28 years	35	16	57	30	**3**	**7.141**	**Significant**
	28-32 years	57	41	102	77			
	32 and above	26	7	43	14			
2	**Religion**							
	Hindu	73	57	124	95			
	Christian	49	28	60	32	**3**	**5.39**	**Significant**
	Muslim	37	18	59	30			

SR NO	DEMOGRAPHIC VARIABLES	KNOWLEDGE SCORE (Below Median)	KNOWLEDGE SCORE (Above Median)	INFERENCE (Below Median)	INFERENCE (Above Median)	Df	χ2	SIG
	Others	23	8	40	17			
3	**Educational Status**							
	Illiterate	55	36	86	53			
	Primary	57	43	87	61	**3**	**1.27**	**Significant**
	Secondary	37	18	61	32			
	Graduate	33	17	59	32			
4	**Occupation**							
	House wife	76	52	129	102			
	Farmer	43	37	82	57	**3**	**49.23**	**Significant**
	Government job	23	8	42	17			
	Others	18	8	46	17			
5	**Family income**							
	5000 and above	28	10	45	16			
	5000 to 7000	65	49	98	72	**3**	**9.8**	**Significant**
	7000 and above	55	42	96	74			
	10000 to 12000	22	8	45	17			
6	**Type Of Family**							
	Nuclear Family	77	60	138	117	**1**	**0.46**	**Significant**
	Joint Family	81	57	104	77			
7	**No. Of Live Births**							
	1	80	69	133	113			
	2	47	26	74	46	**3**	**31.57**	**Significant**
	More Than 2	13	0	31	0			
	0	25	8	45	13			
8	**Source Of Info**							
	Books	47	36	79	59			
	Family and Friends	48	28	78	48	**3**	**2.07**	**Significant**
	Mass Media	34	18	58	29			
	Health Workers	40	26	71	41			

Highly significant

The findings in the above table reveal that the post –test mean % knowledge
(mean % = 71% and SD = 1.9%) was found higher than pre-test percentage knowledge score (mean % = 41.15% and SD = 1.94 %)

The statistical paired ‘’t’’ test implies that the difference in the pre –test value was found to be statistically highly significant at 0.05 level of the significance ($p<0.7862$) with a paired ‘’t’’ test value of -17.05. This shows a statistician enhancement in knowledge score and indicating the positive impact of planned teaching program

The above table summarizes the X^2 test values to find out association between knowledge score with selected demographic variables.

Above all the variables are the significant to the research study.

DISCUSSION:

The chapter discusses the major findings of the study and reviews them in relation to findings from the results of other studies.

From the findings of the study revealed that although a majority of mothers had heard about certain child health schemes, the overall level of knowledge regarding the objectives, benefits,eligibility criteria and utilization of these schemes was found according to their level of knowledge 70% of mothers had good knowledge, 30% mothers had average knowledge, 0% of mothers had poor knowledge.

The study highlights the need for strengthening health education and awareness programs through healthcare professionals especially nurses and community health workers, to improve mothers understanding and utilization of child health schemes.

Enhancing knowledge among mothers can contribute to better utilization of available services, early prevention of childhoodillnesses and improved child health outcomes. hence, continuous educational interventions and effective dissemination of information are essential to ensure the success of child health schemes and promote overall child wellbeing.

CONCLUSION:

The following conclusion drown based on the findings of the present study was conducted to assess the knowledge regarding child health schemes among mothers of children attending the paediatric in

patientdepartment. the findings showed that the many mothers had inadequate knowledge about the child health schemes. This lack of awareness may affect the proper utilization of these schemes.The study emphasizes the need of health education by mothersknowledge, which in turn can help in better utilization of child health services and promote the overall health of children

RECOMMENDATIONS:

Based on the findings of the study the following recommendations are made:

1. A similar study can be conducted with large sample size
2. A similar study can be conducted with other groups
3. Present study provides the base for future experimental study
4. Structured teaching programme can be conducted in large group of women
5. A study can be carried out to evaluate the efficiency of various teaching strategies like health education, and flashcard.

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