

Prevention Of Emotional And Behavioural Problems Among Children

¹Mrs.V.Revathy, ²Mrs.S.Suvitha

¹ Asst.Professor ,Dept.of Pediatric Nursing,

² Asst.Professor ,Dept.of Psychiatric Nursing,

^{1,2} Mother Theresa Post Graduate and Research Institute of Health Sciences, Puducherry, INDIA

Abstract: Children's mental and emotional disorders or problems that affect not only children's behaviour, emotions, moods or thoughts, but can also affects the entire family and adversely affects educational or developmental performance which includes intrapersonal, academic, vocational or social schemes; Thus prevention of emotional and behavioural problems enables the good community .So a study was taken to assess the effectiveness of structured teaching programme on prevention of emotional and behavioural problems of children among ANMs. Quasi experimental study with one group pretest posttest design was used for this study. Sample size was 30 and convenient sampling technique was used in this study. The results depicts that before the intervention, 30% (n=10) had poor knowledge, 70 %(n=20) had average knowledge regarding the prevention of behavioural and emotional problems of children. After structured teaching program, 63.33 %(n=29) had average knowledge and 36.66% (n=11) had good knowledge. It was concluded that structured teaching programme was effective in increasing knowledge of ANMs regarding prevention of emotional and behavioural problems of children. ((t=18.8, p<0.05 level).

Keywords: The Emotional, behavioural problems, quasi experimental research design, ANMs.

1. INTRODUCTION

Childhood is generally regarded as carefree time of life, many children and adolescents experience emotional and behavioural difficulties growing up. Emotional and behavioural disorder (EBD) refers to a condition in which behavioural or emotional responses of an individual in school are so different from his / her generally accepted age appropriate, ethnic or cultural norms that it adversely affects performance in such areas as self-care, social relationships, personal adjustment, academic progress and classroom behaviour or work adjustment (Forness & Knitzer)

Psychological disturbances in childhood are most usefully defined as an abnormality in at least one of three areas; emotions, behaviour or relationships. Auxiliary nurse midwives who work closely with the community people must know what to do to help the parent of the child with emotional and behavioural disorders or where to go for help. Possibly parents may worry because they don't even know if their child's problem is something they should be concerned about in the first place. This research study helps the auxiliary nurse midwives to broaden their knowledge and redefine their roles and functions and expand the ways which contribute to the well-being of children and society in preventing emotional and behavioural disorders and disseminate the message among community people.

2. OBJECTIVES

1. To assess the level of knowledge of auxiliary nurse midwives regarding emotional and behavioural problems of children.
2. To evaluate the effectiveness of structured teaching programme on prevention of emotional and behavioural problems of children.
3. To find out the association between pretest knowledge and selected demographic variables of ANMs regarding emotional and behavioural problems of children.

3. METHODOLOGY

Research Approach and Design:

Quasi –experimental with one group pre-test post-test design was used.

Population:

All ANMs at Puducherry, Karaikal, Mahe & Yanam at selected primary health centers.

Sample:

30 ANMs at selected primary health centers who were present during the time of data collection

Sampling Technique:

Convenient sampling technique

Setting:

MTPG&RIHS, Puducherry

Data Collection Tool:

Structured knowledge questionnaire

4. RESULT

Table: I Frequency and percentage distribution of subjects according to demographic variables (n=30)

SL.NO	DEMOGRAPHIC VARIABLES	FREQUENCY (n)	PERCENTAGE (%)
1	AGE (in years) 24-30 years 31-40 years >40 years	7 23	23.3 76.67
2	EDUCATION Diploma in Multi-purpose Health Worker (F) GNM B.Sc., (N)	30	100
3	WORK EXPERIENCE < 5 years 6-10 years >10 years	3 10 17	10 33.33 56.67
4	RELIGION Hindu Christian Muslim	17 10 3	56.67 33.33 10
5	PLACE OF RESIDENCE Urban Rural	27 3	90 10
6	AREA OF WORKING Urban Rural	23 7	76.67 23.33
7	PREVIOUS SOURCE OF INFORMATION TV/Radio Newspaper Health Personnel None	7 7 11 5	23.33 23.33 36.67 16.67

Description of socio-demographic variables of ANMs:

This section deals with the data pertaining to the baseline information of ANMs. It is analyzed and presented in terms of frequency and percentage distribution.

Table -I depicts maximum ANMs 76.67% belonged to the age group of >40years. Almost all ANMs, 30(100 %) had completed diploma in multipurpose health worker (Female). Maximum ANMs have work experience of more than 10 years, 17 (56.67%) and only 3(10%) of them have work experience less than 5 years. Majority of ANMs, 17(33.33%) were Hindu and only 3(10%) were Muslims. Most of the ANMs, 27(90%) were from urban area and only 3(10%) were

from rural area. Large group of ANMs, 23(76.67%) were working in urban area and only 7(23.33%) were working in rural area. most of the ANMs, 11(36.67%) have got information about emotional & behavioural problems from health personnel & equal numbers of ANMs got information from TV/radio & newspaper.

Table.:II Assessment of pretest and post -test knowledge regarding behavioural & emotional problems among ANMs

Mean, SD, Mean difference, 't' value of pretest and post-test knowledge scores regarding behavioural and emotional problems of children among ANMs. (n=30)

Knowledge	Mean	SD	Mean Difference	't' value
Pretest	9.46	±1.92	6.67	18.8*
Post test	16.13	±1.88		
*p<0.05				

Pretest mean score of ANMs was 9.46 and post test mean knowledge score was 16.14. The results depicts that in pre test, 9(30%) had poor knowledge, 21(70%) had average knowledge and in post test 63.33% (n=29) had average knowledge and 36.66% (n=11) had good knowledge regarding the prevention of behavioural & emotional problems of children among ANMs.

Effectiveness of Structured Teaching Programme on Pretest and Post Test Knowledge Score:

The data of table II depicts that mean post test knowledge score (16.13) was apparently higher than the mean pretest knowledge score of 9.46. The dispersion of pretest scores (SD ±1.92) was more than that of their post test scores (SD ±1.88) and the computed paired 't' value shows that there was highly statistically significant difference between pretest and post test mean knowledge score (t=18.8, p<0.05 level). This indicates that structured teaching programme was effective in increasing knowledge score of ANMs regarding emotional and behavioural problems of children.

Association between Pretest Knowledge and Selected Demographic Variables of Anms:

There was no significant association found between pretest knowledge score and demographic variables like age, education, work experience, religion, and place of residence, area of working and previous source of information.

5. DISCUSSION

The demographic variables of ANMs were, ANMs 76.67% belonged to the age group of >40 years. And lowest, 7(23.33%) 31 yrs to 40 yrs. Almost all ANMs, 30(100%) had completed diploma in multipurpose health worker (Female). Maximum ANMs have work experience of more than 10 years, 17 (56.67%) and only 3(10%) of them have work experience less than 5 years. Majority of ANMs, 17(33.33%) were Hindu and only 3(10%) were Muslims. Most of the ANMs, 27(90%) were from urban area and only 3(10%) were from rural area. Large group of ANMs, 23(76.67%) were working in urban area and only 7(23.33%) were working in rural area. most of the ANMs, 11(36.67%) have got information about emotional & behavioural problems from health personnel & equal numbers of ANMs got information from TV/radio & newspaper i.e., 7(23.33%) and 5(16.67%) had got no information.

Pretest mean score of ANMs was 9.46 and post test mean knowledge score was 16.14. The results depicts that **9(30%)** had poor knowledge, **21(70%)** had average knowledge regarding behavioural & emotional problems of children among ANMs. In post test, after structured teaching programme, the knowledge of the ANMs regarding the behavioural and emotional problems in children was average of about **19(63.3%)** and good of about **11 (36.66%)**.

The computed paired 't' value shows that there was highly statistically significant difference between pretest and post test mean knowledge score (**t=18.8, p<0.05 level**). This indicates that structured teaching programme was effective in increasing knowledge score of ANMs regarding emotional and behavioural problems of children

The study revealed that ANMs had average knowledge regarding emotional & behavioural problems of children as evident from the pretest knowledge score. The findings of the present study indicated that after administering structured teaching programme, ANMs had increased in their knowledge.

6. RECOMMENDATIONS

- ✓ A similar study can be conducted on school teacher's knowledge regarding selected emotional and behavioural problems of children.
- ✓ A study can be conducted to find out the factors that lead to emotional and behavioural problems of children.
- ✓ A study can be conducted on parenting style to assess the emotional and behavioural problems of children.
- ✓ A similar study can be done on a large sample.

7. CONCLUSION

30 ANMs were selected by convenient sampling techniques. A Structured Teaching Programme was administered which included all information about emotional and behavioural problems of children. It was found as an effective method for information.

REFERENCES

- [1] Alan Glasper, & Jim Richardson, (2006). A Textbook of children and young people nursing. 4thed, London: Elsevier publications.
- [2] Denise Polit, Cheryl Beck, (2006). Essentials of nursing research methods, Appraisal and utilization. 6thed, London: Lippincott Williams and Wilkins.
- [3] Gander et al, (1981). Child and Adolescent Development. 5thed, Toronto: Little Brown and Company publications.
- [4] David Shaffer. R., (1996). Developmental psychology of childhood and adolescence. 2nded, New York: Broke publishers.
- [5] Townsend M C. Psychiatric (2000), mental health nursing-concepts of care, 3rd ed, F.H. Davis publishers: Philadelphia. Mosby publishers.
- [6] Behrman, Kleigman & Jenson. D., (2004). Text book of paediatric. 4thed, London: Elsevier publications.
- [7] Fortinash KM, (2007), Patricia A and woret H. Psychiatric mental health nursing, 3rd ed, Mosby publications.
- [8] Roger Watson, (2008). Nursing research designs and methods. 2nded, London: Elsevier publications.
- [9] Hutchings J (2007). Parenting intervention in sure start services for children at risk of developing conduct disorder. British Medical Journal. 334-646.
- [10] <http://www.ncbi.nlm.nih.gov/pubmed>.