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"THE EFFECT OF INTERVENTIONAL PROGRAM ON KNOWLEDGE REGARDING GROWTH AND DEVELOPMENT OF TODDLER AMONG MOTHER'S"

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Abstract:

Child health is a corner stone of the national progress of the country. When it is neglected it neglects the future programme. The age group of 1 – 3 years is an important period of life. Research Approach:- QuantitativeResearch Approach Research Design: -True Experimental Research Design Population:- Mother's in selected community areas of Korba, Chhattisgarh. Sampling Technique:-Non-probability Purposive Sampling technique. Sample Size:- 400 Mother's in selected community areas of Korba, Chhattisgarh. At each stage for the child's growth and development appropriate care is important. This main study presentation deals with the statement of problem, the objectives under the study, hypothesis, data analysis and interpretation. The main study was conducted in 400 samples.

Keywords: H: Hypothesis, Df: Degree of freedom

INTRODUCTION GIVING PURPOSE OF RESEARCH

Growth and development are the most important factors to be considered in the care of infants and children. All children pass through predictable stages of growth and development as they mature. The fundamental learning process develops, the child begins to explore the world, learns how things work, begins to tolerate limitation, expresses desires, develops relationship and seeks autonomy.

Growth is the best general index of the health of an individual child, and regular measurements of growth permit the early detection of malnutrition. Then remedial action is relatively easy. Although acute signs of malnutrition are easily noted by health workers, it is often too late, and always more expensive, to help the severely malnourished child. During infancy and childhood, there are many important physical and developmental changes that take place. Studies have shown that in healthy full-term children, developmental milestones are generally always achieved within certain age ranges.

In the context of childhood development, growth is defined as an irreversible constant increase in size, and development is defined as growth in psychomotor capacity. Both processes are highly dependent on genetic, nutritional, and environmental factors. Evaluation of growth and development is a crucial element in the physical examination of a patient. A piece of good working knowledge and the skills to evaluate growth and development are necessary for any patient's diagnostic workup. The early recognition of growth or developmental failure helps for effective intervention in managing a patient's problem.

NEED OF THE STUDY

Growth and development is an issue, which is characteristically unique to pediatric assessment and also it is an important tool for early identification of abnormalities in children. Nurse theorist, Imogene King in his theory defined growth and development as "continuous changes in individuals at the cellular, molecular and behavioral levels of activities "conducive to helping individuals more toward maturity. Hence, the study focuses on assessment of growth and development of school children. Growth monitoring will help to evaluate and improve nutrition. It enables early detection of conditions manifested by growth disorders and to facilitate regular contact with primary health care givers. According to the Indian census in 2001, the child population 0 - 6 years was 15.9% of the total population.

In underdeveloping countries, stunting is usually associated with poor development in young children, and delayed neurosensory integration. When social background is controlled for, the association between stunting and poor development remains. In a recent Jamaican study, nutritional supplementation given to stunted children for 2 years produced an improvement in psychomotor development.

According to the American Academy of Pediatrics (AAP), pediatricians have identified about 9 percent of their patients under the age of 36 months as having a possible developmental problems, such as difficulty learning, communicating, playing, or performing physical activities or practical skills.

OBJECTIVE OF THE STUDY

1. To assess the level of knowledge regarding growth and development of toddler among Mother's
2. To determine the effectiveness of interventional program on knowledge regarding growth and development of toddler among mother's of selected community areas of Korba, Chhattisgarh
3. To compare post test results with pre-test result on growth and development of toddler among mother's
4. To find out the association between level of knowledge regarding growth and development of toddler among mother's with their selected socio demographic variables

HYPOTHESES

Hypothesis will be tested at 0.05 level of statistical significance:

H_{01}: There will be no significant association between pre test and post test level of knowledge regarding growth and development of toddler among mother's and selected socio demographic variables

$H_{1:}$ There will be no significant association between pre test and post test level of knowledge regarding growth and development of toddler among mother's and selected socio demographic variables

RESEARCH METHODOLOGY

Research Approach:- QuantitativeResearch Approach

Research Design: -True Experimental Research Design

Population:-Mother's in selected community areas of Korba, Chhattisgarh.

Sampling Technique:-Non-probability Purposive Sampling technique.

Sample Size:- 400 Mother's in selected community areas of Korba, Chhattisgarh.

Nursing Theory:- Imogene's King's theory.

Inclusion criteria for sampling:

1. Mother's who are residing in selected areas of Korba, Chhattisgarh
2. Mother's who are willing to participate in the study
3. Mother's who are available during the time of data collection.
4. Mother's who can understand Hindi or English.

Exclusion Criteria for sampling:

1. Mother's who are not residing in selected areas of Korba, Chhattisgarh
2. Mother's who are not willing to participate in the study
3. Mother's who are not available during the time of data collection.
4. Mother's who cannot understand Hindi or English.

Variables under the study:

Independent variables (IV): Interventional program

Dependent variable: (DV): knowledge

Extraneous / Attribute variables: Personal characteristics such as Age, Gender, Level of understanding, Educational background, occupation, Family income, Type of Family, Residence, Awareness regarding growth and development

Tool:

Section A –It consists of thedemographic data of the samples under the study

Section B – It consists of a self structured knowledge questionnaire to assess effect of interventional programme on growth and development

Result:

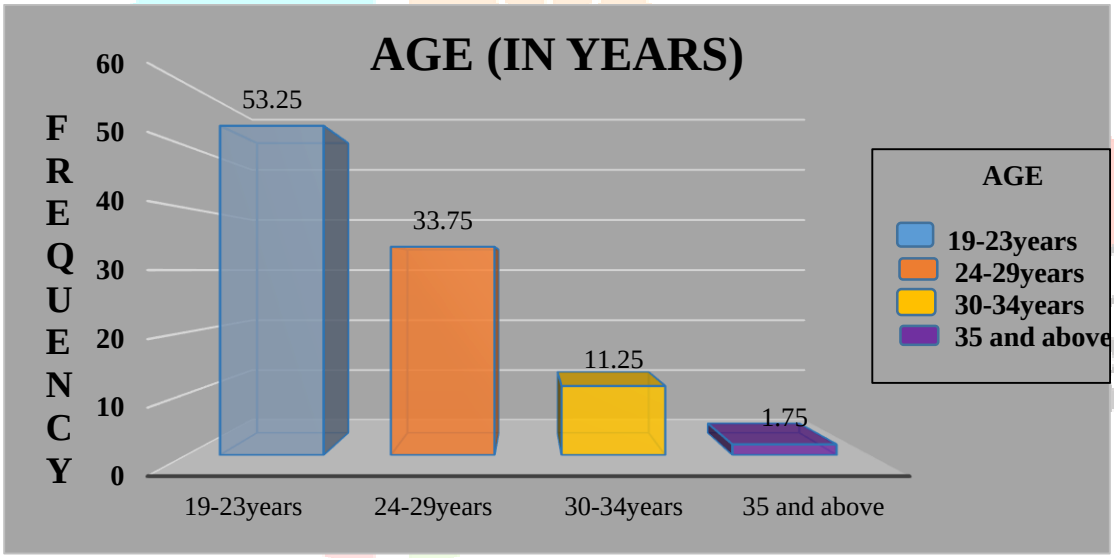
Distribution of subject according to socio demographic variable by frequency and percentage.

TABLE 1

Distribution of subjects according to Age

N=400

S.NO.	AGE (IN YEARS)	FREQUENCY (f)	PERCENTAGE (%)
1.	19-23	213	53.25
2.	24-29	135	33.75
3.	30-34	45	11.25
4.	35 and above	7	1.75
	Total	**400**	**100**

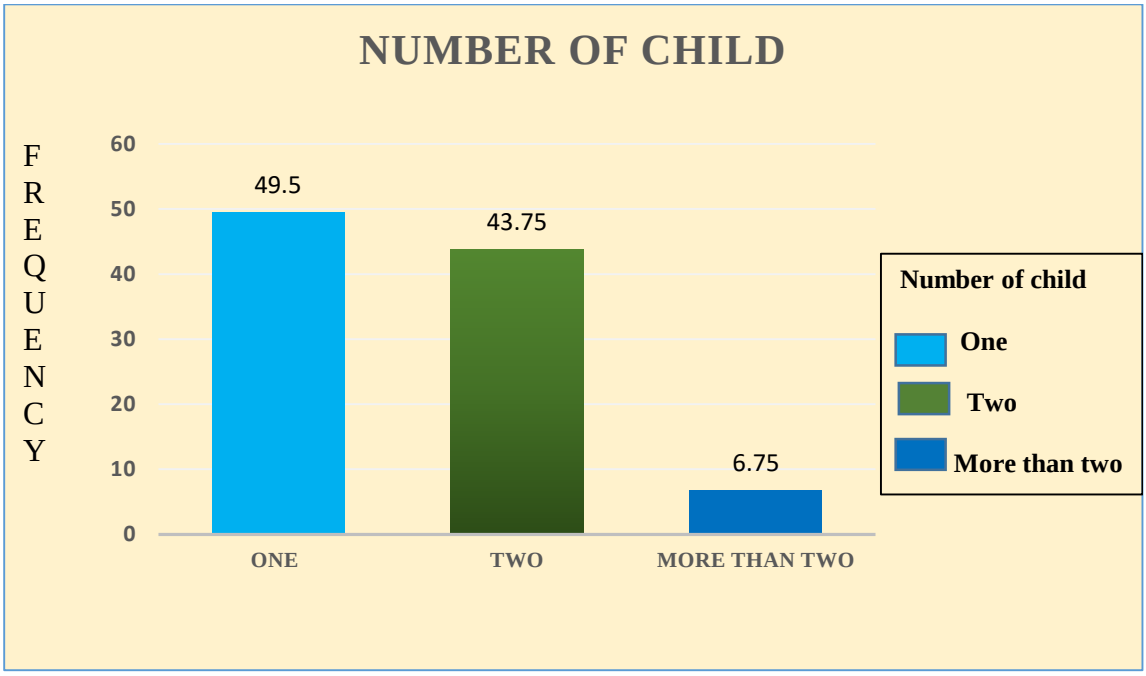


Clustered column diagram showing the percentage distribution of the age groups.

Distribution of subjects according to number of child

N= 400

S.NO	NUMBER OF CHILD	FREQUENCY (f)	PERCENTAGE (%)
1.	One	198	49.5
2.	Two	175	43.75
3.	More than two	27	6.75
	Total	**400**	**100**

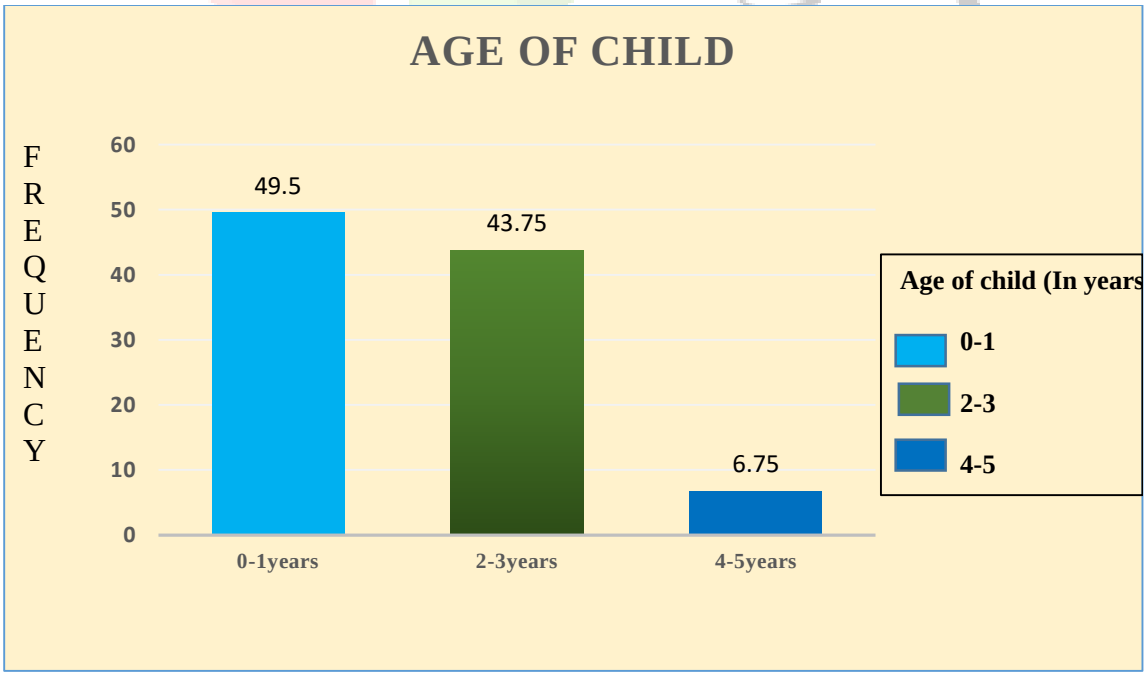


Bar diagram showing percentage distribution of mothers according to number of child.

Distribution of subjects according to Age of child

N= 400

S.NO	AGE OF CHILD	FREQUENCY (f)	PERCENTAGE (%)
1.	0-1	198	49.5
2.	2-3	175	43.75
3.	4-5	27	6.75
	Total	**400**	**100**

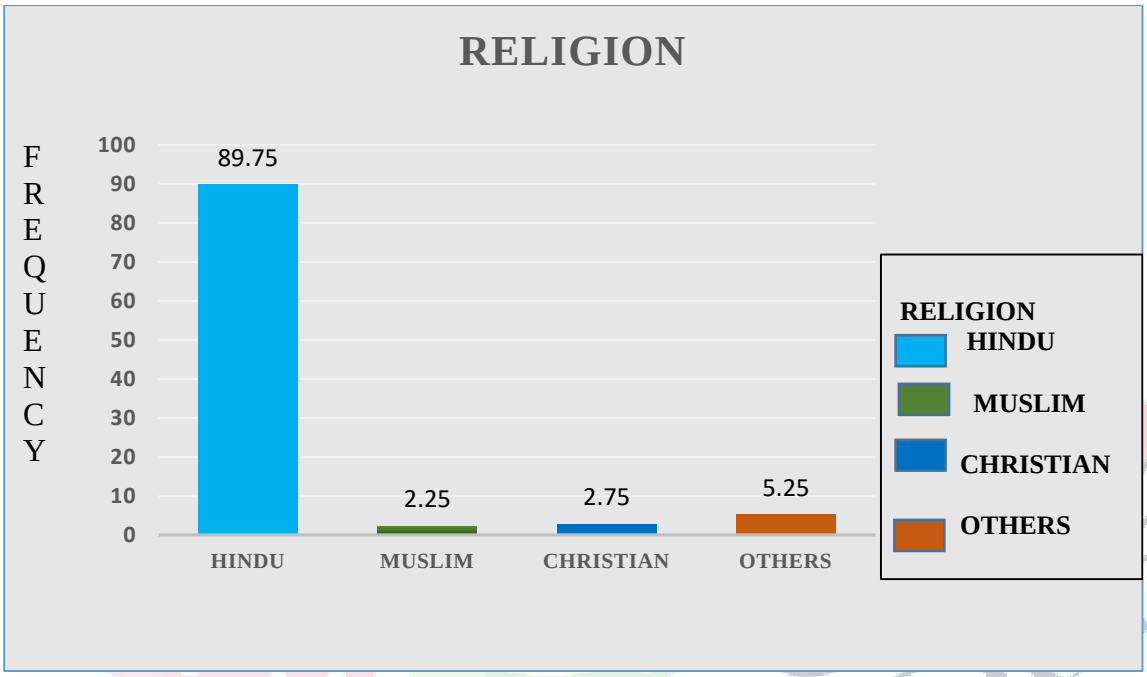


Bar diagram showing percentage distribution of mothers according to age of child.

Distribution of subjects according to religion

N= 400

S.NO	RELIGION	FREQUENCY (f)	PERCENTAGE (%)
1.	Hindu	359	89.75
2.	Muslim	9	2.25
3.	Christian	11	2.75
4.	Others	21	5.25
	Total	**400**	**100**

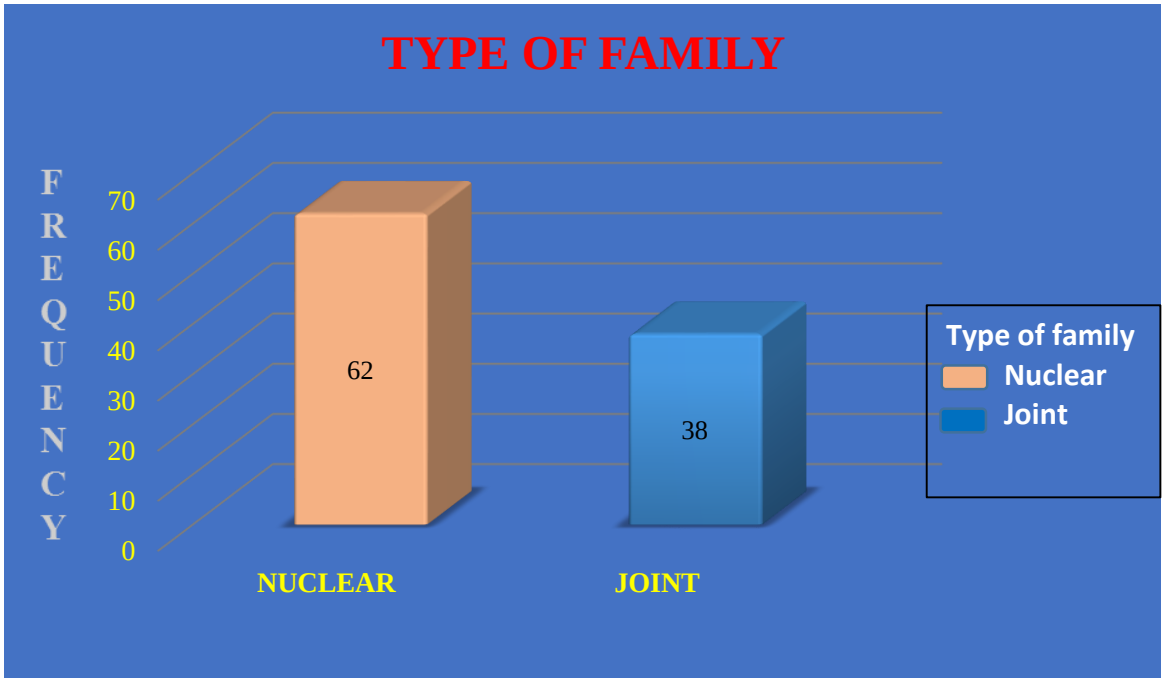


Bar diagram showing percentage distribution of mothers according to religion.

Distribution of subjects according to Type of family

N= 400

S.NO	TYPE OF FAMILY	FREQUENCY (f)	PERCENTAGE (%)
1.	Nuclear	248	62
2.	Joint	152	38
	Total	**400**	**100**

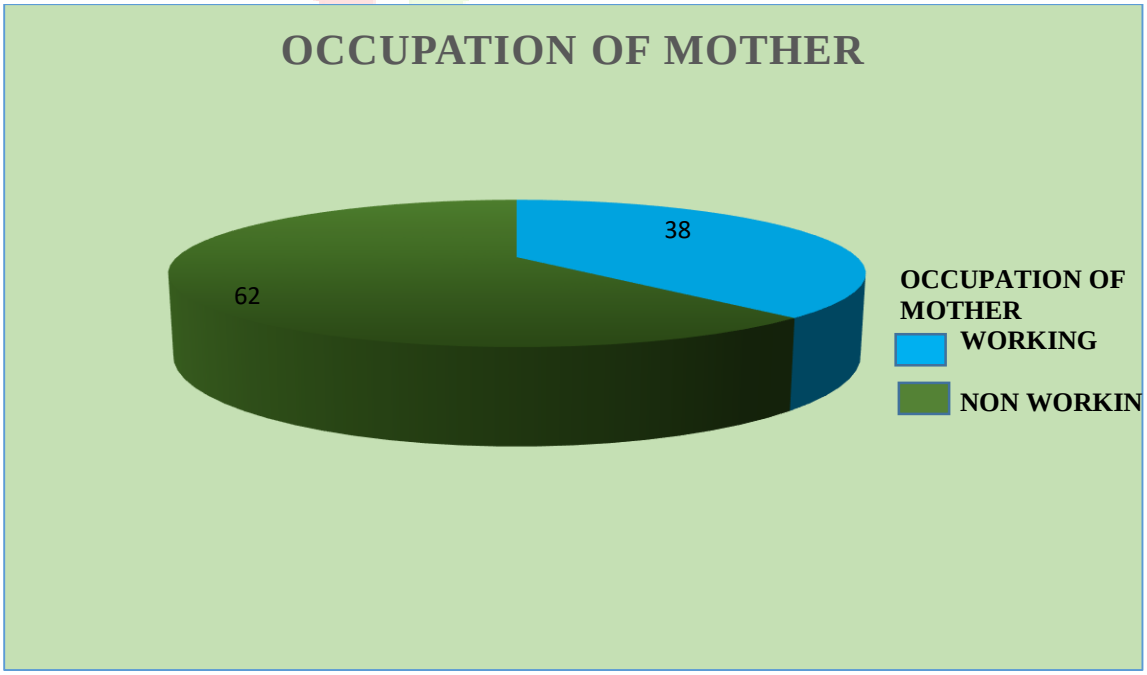


Column diagram showing according to type of family

Distribution of subjects according to occupation of mother

N= 400

S.NO	OCCUPATION OF MOTHER	FREQUENCY (f)	PERCENTAGE (%)
1.	Working	152	38
2.	Non working	248	62
	Total	**400**	**100**

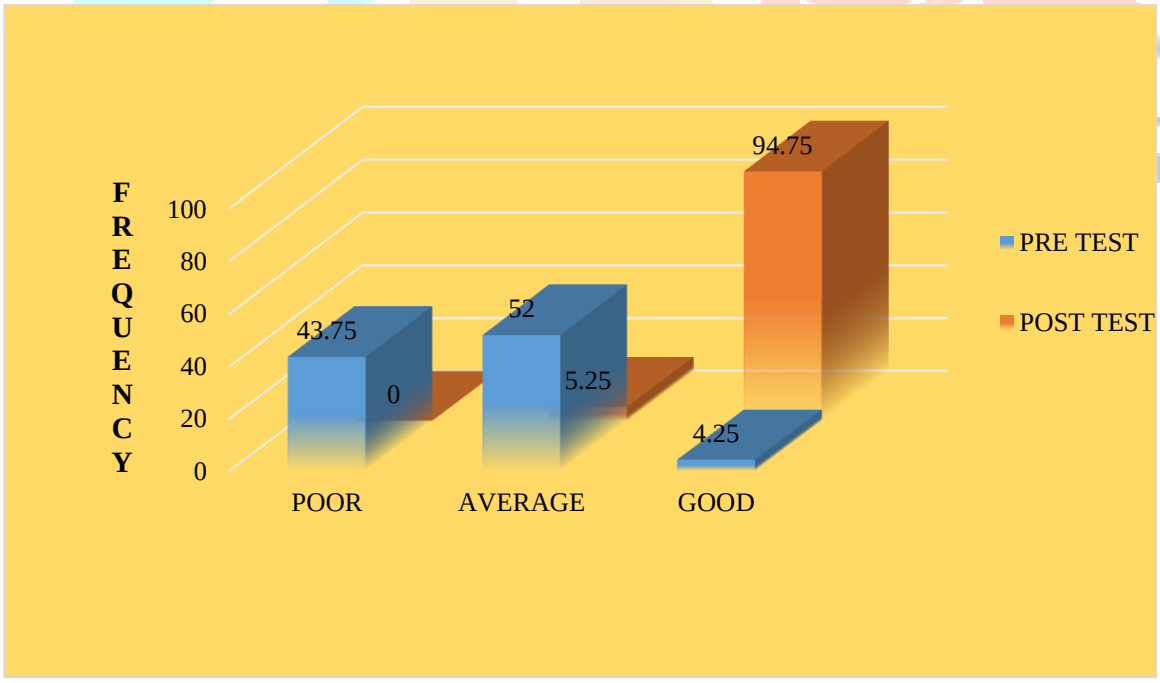


Pie diagram showing percentage distribution of mothers according to Occupation of mother.

Over all analysis of pretest and posttest knowledge score of mother regarding growth and development of toddler

N=400

S.NO	CATEGORY	PRE-TEST					POST-TEST				
		(f)	(%)	Mean	Mean score %	SD	(f)	(%)	Mean	Mean score %	SD
1.	Below average (0-10)	175	43.75	8.8	22	0.7	0	0	0	0	0
2.	Average (11-20)	208	52	16.7	41.75	2.3	21	5.25	27.6	69	0.5
3.	Good (21-30)	17	4.25	25	62.5	0.2	379	94.75	35.7	89.25	1.6
	TOTAL	**400**	**100**	**16.8**	**42.08**	**3.2**	**400**	**100**	**31.65**	**79.12**	**1.0**



Multiple bar diagram showing percentage distribution of overall analysis of pre test and post test knowledge score.

Analysis of effectiveness of interventional programme of pre-test and post-test knowledge score of mother regarding growth and development of toddler by using "t test"

Knowledge	Mean	SD	df	Paired t test	P value	Table value	Inferences
Pretest	16.8	3.2	399	24.52	0.05	2.04	Significance
Posttest	31.6	2.0					

Chi square analysis to find out the association between pre-test knowledge score with their selected socio-demographic variables

N= 400

Socio demographic variables	Chi-square value	Df	Value at p=0.05	Inference
Age	15.87	6	12.59	**Significant**
Number of child	6.45	6	12.59	Not significant
Age of child	3.24	4	9.49	Not significant
Religion	2.10	4	9.49	Not significant
Type of family	8.92	8	15.51	Not significant
Occupation of mother	8.74	10	18.31	Not significant

SUMMARY-

This main study presentation deals with the statement of problem, the objectives under the study, hypothesis, data analysis and interpretation. The main study was conducted in 400 samples.

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