



# **A Study To Evaluate The Effectiveness Of Outlined Teaching Program Regarding Identification Of Signs And Symptoms Of Mental Retardation In Young Buds‘ In Terms Of Knowledge Among Teachers In Selected English Medium Primary Schools At Sagar Madhyapradesh,India.**

**Dr.K.Anilet Anandhy Professor,Dr.Eric Angel Professor**

**Bhagyoday Tirth Nursing College Sagar MP**

**ABSTRACT :**To a parent, every child is special in his or her own way. All parents want his or her buds to be physically and developmentally perfect. But discovery that the child has a Mental Retardation or any disability can have profound effects on the family. There is perhaps no event more devastating to a family than a child born with birth defects and hence causes crisis in the family. The case of mental retardation is increasing around the world and in India.A Study To Evaluate The Effectiveness Of Outlined Teaching Program Regarding Identification Of Signs And Symptoms Of Mental Retardation In Young Buds‘ In Terms Of Knowledge Among Teachers In Selected English Medium Primary Schools At Sagar with the objectives: To assess the knowledge of Primary school Teachers regarding Identification of signs and symptoms of Mental Retardation in Children, To administer structured teaching program regarding identification of signs and symptoms of Mental Retardation in children. H<sub>1</sub>:The mean post-test knowledge score of English medium Primary School teachers exposed to outlined teaching program will be significantly

higher than the mean pre-test knowledge score measured by structured knowledge questionnaire at 0.05 level of significance. H<sub>2</sub> There will be significant association between pre-test knowledge scores and selected demographic variables of Primary School teachers at 0.05 level of significance. The research design used for the study was pre experimental (one group pre test and post test design) 60 primary school teachers and lottery method of sampling technique was used. The tool used for the study consists of two sections, section-I: consisted of demographic variables and section –II: Structured knowledge questionnaire for assessing the knowledge of Teachers on Identification of Signs and Symptoms of Mental Retardation in Children. RESULT : In the present study demographic findings was found that majority of subjects 21 (35%) belonged to the age group of 26 – 30 years. Majority of the subjects 56 (93.33%) were females. Majority of the subjects 26 (43.33%) were qualified as graduates. Most of the teachers 41 (68.33) worked in urban area. 3 (5%) teachers had MR Child in their family. Most of the teachers 23 (38.33) had experiences of 11 to 15 years. In the pre test conducted among 60 subjects, none had good knowledge, 52 (86.67 %) had average knowledge scores while 8 (13.33%) had poor knowledge scores. In the post test conducted after administering PTP, 21 (35%) had good knowledge score, 39 (65%) had average knowledge score and none had poor knowledge score. The gain in knowledge score was significant at 0.05 level of significance and calculated paired  $t$  value was 23.1 which was more than the tabulated value 1.66. Hence the research hypothesis H<sub>1</sub> was accepted. Majority of them 32 (53.33%) had previous knowledge on MR.

## INTRODUCTION

Young buds are the supreme assets of our country. India is home to the largest child population in the world. The development of young buds is the first priority on the Country's development Agenda, not because they are the most vulnerable but because they are our supreme assets and also the future human resource of our country. Young buds comprise one third of our population and all of our future and their health is our foundation. Forty percentages (40%) of India's population is below the age of 18 years which at 400 million is the world's largest child population.

Mental deficiency is one of the most frequent handicaps among young buds and can be a serious and lifelong disability placing heavy demands on the society and the health system. It is a common disorder, which imposes a large medical, psychological and social burden. It affects about 3% of the population, yet the pathogenesis is poorly understood. It is a frequently occurring disorder with a major impact on the life of the affected person, their family, and society. Establishing an etiologic diagnosis of patient is usually a challenge for every specialist, as the spectrum of possible underlying disorders is enormous and the range of

available additional investigations is extensive. The costs of a complete diagnostic work-up in a child with mental deficiency are considerable and can be a major burden to many health care systems. Therefore usefulness of every diagnostic investigation is very important. Aetiologic diagnosis for a disorder is a distinct diagnosis that can be translated into useful clinical information for the family, including providing information about prognosis, recurrence risk, and preferred modes of available therapy. The ability to determine a cause of mental deficiency is based largely on the use of distinct diagnostic tools. In a given diagnostic setting, the physician or clinician depends on their availability and guidelines for application. There are no such clear cut guidelines available for diagnostic testing of mentally retarded patients. Such guidelines can be established on information from empirical studies.

deficiency is a generalized disorder appearing before adulthood characterized by significantly impaired cognitive functioning and deficits in two or more adaptive behaviors. It has historically been defined as an intelligence quotient score under 70. Once focused almost entirely on cognition the definition now includes both a component relating to mental functioning and one relating to individuals functional skills in their environment.

Childhood mental problems can be treated and managed. There are many evidence- based treatment options, so parents and doctors should work in close with everyone involved in the youngsters treatment — teachers, coaches, therapists, and other family members. Taking advantage of all the resources available will help parents, health professionals and educators guide the child towards success. Early identification and appropriate services for young buds and their families can make a difference in the lives of young buds with mental disorders.

A family may suspect mental retardation if the child's motor skills, language skills, and self help skills do not seem to be developing at a far slower rate than the child's peers. Failure to adopt normally and grow intellectually may become apparent early in a child's life. In the case of mental retardation these failures may not be recognizable until school age or later.

## **NEED FOR THE STUDY**

There are over 30 million (3%) mentally retarded young buds in India, of whom hardly a fringe attend special schools or get vocational training. For vast majority there is no help because of the lack of resources. The -Delhi Society for the Welfare of Mentally Retarded Young buds was founded in 1964 to organize the efforts of parents, doctors, social workers and well-wishers for providing care, education, and training and rehabilitation facilities for the mentally retarded. It has set up a Day School, Diagnostic and Child Guidance Clinic, Vocational Training Centre and Transport Service at OKHLA CENTRE, Okhla Marg, New Delhi. The cost of supporting the care for one child is \$150 per year.

Globalization and industrialization have increased the incidence of Mental Retardation. Some young buds have special needs that challenge parents to find ways to best prepare these young buds for the future and to handle any problems that may arise. This will lead to a lengthy stay in a foster care. Parents totally entrust their young buds to the childcare schools. They rely on the teachers as their second parents in the institute. On the other hand, the teachers have the responsibility to keep an eye on their students. They should make sure that they are comfortable and secured within the premises of their school. School is an important institution for imparting child health. School health services are commonly neglected due to lack of awareness and education.

The Nurses and allied health care professionals play an important role to bring global awareness about Mental deficiency. Having many benefits attached with awareness of Mental deficiency, its causes, treatment and prevention, the investigator observed that there is necessity to evaluate knowledge of teachers under selected English medium Primary schools in Sagar. So an outlined Teaching Programme on Identification of Signs and Symptoms of Mental deficiency will equip them with needed knowledge and skills its Identification.

## STATEMENT OF THE PROBLEM

A Study To Evaluate The Effectiveness Of Outlined Teaching Program Regarding Identification Of Signs And Symptoms Of Mental Retardation In Young Buds' In Terms Of Knowledge Among Teachers In Selected English Medium Primary Schools At Sagar.

## OBJECTIVES

To assess the knowledge of Primary school Teachers regarding Identification of signs and symptoms of Mental Retardation in Young buds.

To administer outlined teaching program regarding identification of signs and symptoms of Mental Retardation in young buds.

To evaluate the effectiveness of outlined Teaching Program on the Knowledge regarding Identification of Signs and Symptoms of Mental Retardation in Young buds.

To find out the association between the pre-test knowledge score with selected demographic variables

## HYPOTHESIS

H<sub>1</sub>: The mean post-test knowledge score of English medium Primary School teachers exposed to outlined teaching program will be significantly higher than the mean pre-test knowledge score measured by structured knowledge questionnaire at 0.05 level of significance.

H<sub>2</sub>: There will be significant association between pre-test knowledge scores and selected demographic variables of Primary School teachers at 0.05 level of significance.

**MATERIALS AND METHODS:** A study was conducted by using was One Group Pre-test Post test design which is a Pre-experimental design to Evaluate The Effectiveness Of Outlined Teaching Program Regarding Identification Of Signs And Symptoms Of Mental Retardation In Young Buds' In Terms Of Knowledge Among Teachers In Selected English Medium Primary Schools At Sagar. By a non-probability convenience sampling technique and the sample size is 60. The structured knowledge questionnaire comprised of two sections namely section I and section II. Section I had demographic data on 7 items namely age, sex, educational status, area of work, presence of MR child in the family, years of experience and presence of previous knowledge on MR. Section II contained structured knowledge questionnaire on the knowledge regarding identification of signs and symptoms of mental retardation in young buds. To elicit the knowledge, 30 —multiple choices were framed.

**RESULTS:**

The study results that majority of subjects 21 (35%) belonged to the age group of 26 – 30 years. Majority of the subjects were females 56 (93.33%). Majority of the subjects 26 (43.33%) were qualified as graduates. Most of the teachers 40 (68.33) worked in urban area. 3 (5%) teachers had MR Child in their family. Most of the teachers 23 (38.33) had experiences of 11 to 15 years. Majority of them 32 (53.33%) had previous knowledge on MR.

**Table -1** Frequency and percentage distribution of teachers according to demographic data.

n = 60

Sl. No.	Demographic variables	Frequency (f)	Percentage(%)
1	<b>Age of the Teacher (in yrs)</b>		
	1.1 21 – 25	11	16.67
	1.2 26 – 30	22	35
	1.3 31 – 35	17	28.33
	1.4 36 and above	12	20
2	<b>Sex</b>		
	2.1 Male	4	6.67
	2.2 Female	56	93.33
3	<b>Educational status of the teacher</b>		

	3.1 D.Ed/TCH	17	28.33
--	--------------	----	-------

	3.2 Graduate	26	43.33
	3.3 Post – Graduate	6	10
	3.4 Other	11	18.33
4	<b>Area of work</b>		
	4.1 Rural	20	31.67
	4.2 Urban	40	68.33
5	<b>Anyone with MR in the family</b>		
	5.1 Yes	3	5
	5.2 No	57	95
6	<b>Year of Experience</b>		
	6.1 0 to 5 years	10	16.67
	6.2 6 to 10 years	19	31.67
	6.3 11 to 15 years	23	38.33
	6.4 16 years and above	8	13.33
7	<b>Presence of previous knowledge about MR</b>		
	7.1 Yes	32	53.33

7.1 No	28	46.67
--------	----	-------

**Table 2:** Mean, median, mode, standard deviation and range of knowledge scores of subjects of PTP.

n = 60

Area Of Analysis	Mean	Median	Mode	SD	Range
Pre- test(x)	11.24	11	10.4	3.28	13
Post- test(y)	21.92	23	25.15	3.84	14
Difference (y-x)	10.67	11	11	3.74	18

Table 2 depicts that mean, median, mode, standard deviation and range of pre-test and post-test knowledge scores of subjects of OTP. The pre-test standard deviation is 3.29 and post test standard deviation is 3.94 and the differences of standard deviation is 3.74.

**Table 3:** Distribution of knowledge scores of subjects on pre test and post test indifferent items of OTP.

n = 60

Sl. no.	Items on MR	Total no. of Items	Mean % of knowledge scores of primary school teachers		
			Pre-test (X)	Post-test(Y)	Gain in knowledge (Y-X)
1	Meaning, definition and classification of MR.	480	20	55.25	36.25
2	Incidence and causes of MR.	420	50.48	87.81	37.33
3	Signs and symptoms of MR.	480	39.79	72.5	32.71
4	Diagnostic evaluation and prevention of MR.	420	41.90	75.32	35.48



**Table 4:** Distribution of knowledge scores of subjects of outlined teaching program on identification of signs and symptoms of mental retardation in young buds.

n = 60

Knowledge score	Pre-test		Post-test	
	Frequency	%	Frequency	%
Good (Mean+ SD) (25 - 30)	0	0	21	35
Average (Mean- SD to Mean + SD) ( 08 - 24)	52	85.67	39	65
Poor (Mean - SD) (00 - 07)	8	13.32	0	0

Table 6 revealed that in pre-test, none had good knowledge, 52 (85.67%) had average knowledge and 8 (13.32%) had poor knowledge on identification of signs and symptoms of mental retardation in young buds.

In the post test 21(35%) had good knowledge, 39(65%) had average knowledge and none had poor knowledge on identification of signs and symptoms of mental retardation in young buds.

**Table 5** Standard error of difference (SEd), paired t' values of knowledgescores on identification of signs and symptoms of mental retardation in young buds.

n = 60

Mean Difference	Standard Error Difference	Paired t' values	
		Calculated value	Tabulated value
10.67	0.66	23.1*	1.66

\*p<0.05

Table 5 reveals that there was significant increase in post test knowledge scores after administering planned teaching program. The gain in knowledge score was significant at 0.05 level of significance and calculated paired  $t'$  value was 23.1 which is more than the tabulated value 1.66. Hence the research hypothesis  $H_1$  was accepted

**Table 6:** Associations of Knowledge Score and Demographic Variables.

n = 60

Sl. No.	Demographic variables	Chi – Square		Df
		Calculatedvalue	Tab value	
1)	Age of the Teacher (in years)	7.12*	7.815*	3
	Sex	0.66	3.741	1
2)	Educational Status of theTeacher	5.6	7.815	3
3)		Area of Work	0.15	3.841
4)	Anyone with MR in thefamily	0.48	3.541	1
5)		9.21*	7.815*	3
6)	Year of Experience			
7)	Presence of previous knowledge about MR	0.04	3.641	1

Table No: 6 revealed that there is significant association between the knowledge scores on teachers regarding identification of signs and symptoms of mental retardation in young buds with the age of the teachers and years of experience.

### Conclusion:

In the pre test conducted among 60 subjects, none had good knowledge scores. In the post test, 21(35%) had good knowledge scores on identification of signs and symptoms of mental retardation in young buds after administration of outlined teaching program. There was significant increase in post-test knowledge scores through outlined teaching program. The gain in knowledge score was significant at 0.05 level of significance and calculated paired  $t'$  value is 23.1 which is greater than table paired  $t'$  value 1.66. Findings revealed that outlined teaching program on identification of signs and symptoms of mental retardation in young buds was effective to improve knowledge of teachers under study. There was significant association between the knowledge scores identification of signs and symptoms of mental retardation in young buds with age of the teachers and years of experience.

### RECOMMENDATIONS

On the basis of the findings of the study, it is recommended that,

A similar study can be replicated with a large sample in order to generalize the data.

A comparative study can be conducted with rural and urban areas

A similar study can be conducted among parents

A comparative study can be conducted in different settings.

A similar study can be replicated with a control group

A similar study can be conducted with different teaching strategies.

## REFERENCES

1. WHO Healthy adolescent population. [online]. [cited 2012 Nov16]. Available from: <http://www.who.int>
2. Statistics Situation of young buds in India. [online]. [cited on 2012 Nov14]. Available from: [http://america.cry.org/site/knowus/cryamerica\\_and\\_child\\_rights/statistics\\_under\\_privileged\\_chi.html](http://america.cry.org/site/knowus/cryamerica_and_child_rights/statistics_under_privileged_chi.html)
3. Akiko Yoshida, Tomoko Sugano Takeshi Matsuishi Keiko Endo Yoshiteru Yamada, Department of Special Education, Faculty of Education and Human Sciences, Yokohama National University <http://www.docstoc.com/docs/83153296>
4. Micheal Craft, Tredgold's. Mental Retardation, 12<sup>th</sup> ed. 1979: p. 236-240
5. Cummings, Nicholas A.; Rogers H. Wright (2005). "Chapter 1, Psychology's surrender to political correctness". Destructive trends in mental health: the well-intentioned path to harm. Wikipedia, the free encyclopedia. 2h.com. Retrieved 2010-12-1 Hub pages Available from [http://en.wikipedia.org/wiki/Mental\\_retardation](http://en.wikipedia.org/wiki/Mental_retardation)
6. Donna K. Daily, M.D., Holly H. Ardinger, M.D., and Grace E. Holmes, identification and Evaluation of Mental Retardation M.D., University of Kansas Medical Center, Kansas City, Kansas Am Fam Physician. 2000 Feb 15;61(4):1059- 1067.
7. Micheal Craft, Tredgold's. Mental Retardation, 12<sup>th</sup> ed. 1979: p. 236-240
8. Shapiro BK, Batshaw ML. Mental retardation (intellectual disability). In: Kliegman RM, Behrman RE, Jenson HB, Stanton BF, eds. Nelson Textbook of Pediatrics. 18th ed. Philadelphia, Pa: Saunders Elsevier;2007:chap 38.
9. Yadav and Vashist / Research Journal of Biology (2011), Vol. 01, Issue 01, pp. 7-10 Available online at : <http://www.scientific-journals.co.uk>
10. Nimhans BISP Fact Sheet child injury. [online]. [cited 2011 Nov5]. Available from: <http://www.nimhans.kar.nic.in/epidemiology/bisp/fs2.pdf>
11. Vidhya R, Raju S. Adjustment and Attitude of Parents of Young buds with Mental Retardation. Journal of the Indian Academy of Applied Psychology. 2007 Jan; 33(1) : 137 – 41.
12. Mental health care for young buds and adolescents worldwide; a review. World Psychiatry. Official journal of the world psychiatric association. 2005 October; 4(3): 147–153.
13. Vani N, Rani. Preventing Mental Retardation in Young buds: Strategies in Perinatal Care. Nightingale Nursing Times. 2009 Mar ; 4(12) : 39 – 40.
14. Bhatia V, Puri S, Mangat C, Kaur AP. An interventional study to strengthen First aid care in school of Chandigarh, India. The internet Journal of Family Practice [online]. 2010 [cited 2011 Nov 6]; 8(1). Available from: <http://www.ispub.com/journal/the-internet-journal-of-family-practice/volume-8-number-1/an-intervention-study-to-strengthen-first-aid-care-in-schools-of-chandigarh-india.html>
15. Madhulika K, Sheffali G. Mental Retardation. Indian Journal of Pediatrics. 2003 Feb ; 70(2) : 153 – 158
16. Anjali C. Should Mentally Challenged Kids be alienated from their families (document in the internet). HubPages. Available from <http://hubpages.com/hub/mentally-challenged>.
17. Harpar DC, Wardsworth JS. Improving Health Care Communication for persons with Mental Retardation. Public Health Report. 1992 May – Jun ; 107(3) : 297 -302.
18. Kiely M. The Prevalence of Mental Retardation. Epidemiologic Reviews. 1987 ; 9 : 194 – 218.
19. Delhi Society for the Welfare of Mentally Retarded Young buds Okhla Centre New Delhi. <http://everythingindian.blogspot.in/2006/06/welfare>.
20. Smyth R. Exploring the usefulness of a conceptual framework as a research tool: A researcher's reflection issues in Education Research. 2004; 14. mentally-retarded- young buds.
21. Centre for Diseases control and prevention 24/7; Saving Lives. Protecting People Mental health surveillance among young buds — United States 2005–2011. MMWR 2003; 62(Suppl; May 16, 2013):1-35.

25. Basavanthappa B T, Nursing Research, 1<sup>st</sup> Edition, Jaypee Brothers Medical Publishers (P) Ltd, New Delhi - 02.
26. Basavanthappa B T, Nursing Research, 1<sup>st</sup> Edition, Jaypee Brothers Medical Publishers (P) Ltd, New Delhi - 02.
27. Sheema Aleem and Lubna Danish, Jamia Millia Islamia, New Delhi, Marital Satisfaction and Anxiety among Single and Dual Career Women, Journal of the
28. Indian Academy of Applied Psychology, April 2008, Volume 34, Special Issue, 141- 144.
29. Kothari C.R. Research Methodology. 2<sup>nd</sup> ed. New Delhi: New age international (P)limited; 2004.p.38.
30. Yaqoob m, Bashir A, Tareen K, Gustavson K H, Nazir RJalil fvon DobeIn U, Ferngren H Department of Social and Preventive Paediatrics King Edward Medical College, Lahore, Pakistan Available on , <http://www.ncbi.nlm.nih.gov/pubmed>.
31. Hagberg B. Ciba Found Symp. 1978;(59):29-51. [http://www.ncbi.nlm.nih.gov/pubmed/ ;84\(3\):267-72..](http://www.ncbi.nlm.nih.gov/pubmed/;84(3):267-72..)
32. Mita M, Yvonne Da Silva P, John F. Stress and Anxiety in Parents of Mentally Retarded Young buds. Indian Journal of Psychiatry. 2005 ; 47(3) : 144 – 147.
33. Blomquist HK, Gustavson KH, Holmgren G, J Ment Defic 1981 Sep;25(Pt 3):169- 86 [http://www.ncbi.nlm.nih.gov/pubmed 15\(1\):23-6. doi: 10.4103/0972-2327.93271](http://www.ncbi.nlm.nih.gov/pubmed 15(1):23-6. doi: 10.4103/0972-2327.93271)
34. Narayan J, Madhavan T, Prakasham BB (1993). Factors influencing expectations of parents of their mentally retarded young buds. Journal of Intellectual Disabilities Research, 37:161-68.
35. Temple VA, Frey GC, Stanish H. I. Physical Activity of Adults with Mental Retardation: Review and Research Needs. American Journal of Health Promotion (AJHP). 2006 Sept-Oct ; 21(1) : 2 – 12.
36. Raina S K, Razdan S, Nanda R Dr. Rajendra Prasad Department of Community Medicine Government Medical College, Kangra, Himachal Pradesh, India. [http://www.ncbi.nlm.nih.gov/pubmed 15\(1\):23-6. doi: 10.4103/0972-2327.93271](http://www.ncbi.nlm.nih.gov/pubmed 15(1):23-6. doi: 10.4103/0972-2327.93271).
37. Avoglu S L, Cabuk F, Kiran S, Sahin Z, Dursun 2008 Jan;13(1):57-60. Available on , <http:// www. ncbi.nlm.nih.gov/pubmed:21063288>.
38. Stromme P, Magnus P Soc Psychiatry Psychiatr Epidemiol. 2000 Jan;35(1):12-8. Available on , <http:// www. ncbi.nlm.nih.gov/pubmed 107415>.
39. Akiko yoshida , Tomoko sugano , Takeshi Matsuishi, Keiko , Endo Yoshiteru, Yamada Department of Special Education, Faculty of Education and Human Sciences, Yokohama National University. Available on , <http://www.matsuishi-lab.org/Epidemiological>.
40. Taggart L, McMullan P. An exploratory study of teachers' knowledge about the symptoms of depression in young people with and without intellectual disabilities. University of Ulster, N. Ireland.
41. Dr Alice Masillo Evaluation of secondary school teachers' knowledge about psychosis: a contribution to early detection . Early Intervention in Psychiatry 2012; 6: 76–82.
42. Leppert T, Probst P Psychologisches Institut II am Fachbereich Psychologie der Universität Hamburg. Z Kinder Jugendpsychiatr Psychother 2005 Jan; 33(1) :49-58.
43. Gupta CS. A study to assess the effectiveness of teacher's skill training program regarding care of mentally retarded young buds. The Nursing Journal of India 2006 Sep; (9): 22.
44. Abraham L. Planned teaching Programme on Environmental Health. The nursing journal of India. 2009 June; (6):124-126.
45. Dsouza A, Prabha B, Priyadarshini S. Effectiveness of Planned Teaching Programme on Knowledge and Attitude about Complementary Feeding among Mothers on Infants. The nursing journal of India [online] 2008 March 6-7 [cited 2012 Sep 29]. Available from: <http://www.tnaionline.org/nov-09/4.htm>.
46. Anil k. Effectiveness of Planned Teaching Programme on knowledge and Practice of Basic Life Support among Students in Mangalore. The Nursing Journal of India [online]. Feb 2010 [cited 2012 Sep 25]; 2. Available from: <http://www.tnaionline.org/feb-10/10.htm>.
47. Erst, Chirst F. Significant improvement in the quality of bystander first aid as the effect of a training programme Resuscitation. 2007; 74(2): 286-95.
48. Devi MK. Effectiveness of Planned Teaching programme on Knowledge Regarding First Aid In Selected Conditions Among Primary School Teachers Working In Schools. Rajiv Gandhi University Of Health Sciences, Bangalore, 2006. Unpublished Thesis.
49. Hornby G, Murray R. Group programmes for parents of young buds with various handicaps. Child : Care, Health Development. 1983 Jul – Aug; 9(4) : 185 – 98.

50. Chakraborty P. Planned Teaching Program on knowledge and attitude of mothers of mentally retarded young buds. Indian Journal of Psychiatry 1995; 28(7): 255

