



“Effectiveness Of Structured Teaching Program On Knowledge Regarding Home Care Of Mentally Challenged Children Among Their Caretakers Coming To Psychiatric OPD Of Tertiary Care Hospitals In City.”

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ABSTRACT

Background: A mentally retarded child in the family is usually a serious stress factor for the parents. It often requires a reorientation and re-evaluation of family goals, responsibilities and relationships. In India the majority of persons with mental retardation have traditionally been cared for by their families. Throughout the world, parenting today is more complicated than it was in the past. Many adults or parents do not live with extended families and thus there is little opportunity for parents, grandparents, aunts, and uncles of older generations to give advice and emotional support. Economic and social conditions encourage or require both parents to have jobs outside the home. This greater burden placed on the people working in mentally disabled home to provide tender care and love towards the children as a caretakers.

Material And Method: The research aimed at assessing the effectiveness of structured teaching program on knowledge regarding home care of mentally challenged children among their caretakers coming to psychiatric OPD of tertiary care hospitals in city, the research design used for study was pre experimental, one group pre-test post-test design with quantitative research approach. Convenient sampling method is used to select samples.

Result: The present study shows that, in pretest, 13% of the caretakers had poor knowledge (score 0-10), 66% of them had average knowledge (score 11-20) and 21% of them had good knowledge (score 21-30) regarding home care of mentally challenged children. In posttest, 99% of them had good knowledge (score 21-30) and 1% of them had poor knowledge (score 0-10) regarding home care of mentally challenged children. This indicates that the knowledge regarding home care of mentally challenged children among caretakers improved remarkably after structured teaching program.

Conclusion: The main aim of the study was to assess the knowledge among caretakers regarding home care of mentally challenged children and to administer a structured teaching program based on knowledge of home

care of mentally challenged children. The structured teaching program helps the caretakers to enhance their knowledge regarding home care of mentally challenged children. The conclusions were drawn on the basis of the findings of the study are the knowledge scores among most of caretakers were poor and average. And the structured teaching program for caretakers helps them to learn more about home care of mentally challenged children.

Introduction

Among the challenges facing many parents is support and care of young children who are either born with special needs or develop such needs early in life. They recognize that their child's characteristics may demand special skills in addition to the general knowledge, attitudes and practices needed by parents. One parent noted that, parents of special needs children need to take on many roles and responsibilities.¹

About 10 percent of the mentally challenged population is considered moderately challenged. Moderately challenged individuals have IQ scores ranging from 35 to 49. They can carry out work and self-care tasks with moderate supervision. They typically acquire communication skills in childhood and are able to live and function successfully within the community in a supervised environment such as a group home.²

A descriptive study was carried out with the aim to determine the perception of care-givers of mentally retarded person towards mental retardation. One hundred care-givers of mentally retarded persons participated randomly. Data were collected using self-made questionnaire of perception of care-givers through face-to-face interview. Most of care-givers (56.0%) had neutral perception towards mental retardation. In addition, a significant relation was observed between the education level and occupation of caregivers with their perception connected to mental retardation ($p=0.001$), while, no significant relation was observed between the age and sex of mental retarded person and age and sex of caregivers with their perception. The study concluded that the caregivers with lower education level and housekeepers had a lower perception towards mental retardation. Therefore, it is necessary to consider supporting programs by health caregivers in order to increase adaptation and reduce tension for a foresaid groups.³

Background of Study

Mental retardation has long been a problem in modern society. Nearly 83 million of world's population is estimated to be mentally retarded. Among them, 41 million are having long-term of permanent disabilities. One in four families is likely to have at least one member with the behavioural or mental disorder Mental retardation is a highly disabling condition.⁴

According to American association of mental deficiency, "Mental retardation can be defined as a significantly sub average general intellectual functioning, resulting or association with concurrent impairment in adaptive behaviour and is manifested during the developmental period". Mental retardation is a highly prevalent condition. It is generally considered that 2% of the Indian population constitutes persons with mental retardation. In India prevalence of mental retardation varies from 0.22%-32.7% per thousand populations. Living with and caring for an individual with a psychiatric disorder seems inherently stressful. Relatives of psychiatric patients report a wide range of reactions to their situations. On the whole, these family members endorse significantly higher level of psychological distress than the general population.⁵

A mentally retarded child in the family is usually a serious stress factor for the parents. It often requires a reorientation and re-evaluation of family goals, responsibilities and relationships. In India the majority of persons with mental retardation have traditionally been cared for by their families. Throughout the world, parenting today is more complicated than it was in the past. Many adults or parents do not live with extended families and thus there is little opportunity for parents, grandparents, aunts, and uncles of older generations to give advice and emotional support. Economic and social conditions encourage or require both parents to have jobs outside the home. This greater burden placed on the people working in mentally disabled home to provide tender care and love towards the children as caretakers.⁵

Need for Study

Mentally challenged children have special needs and they need supervision in many day-to-day home activities. Caretakers may not be having specific knowledge regarding home care of mentally challenged children needs for the physical, mental, social development of the child.

Nearly 83 million of the world's population is estimated to be mentally challenged, with 41 million having long-term or permanent disability. It Ranks fourth in the list of leading causes of disability. The overall prevalence of mentally challenged children is between 1-3%. It is more common in developing countries because of the higher incidence of injuries and anoxia around birth, and early childhood brain infections. Population studies have shown that overall prevalence of mild to severe mentally challenged ranges from 2.5 to 5 per thousand.⁶

In a survey in the general population in India, it is found that around 2% are mentally challenged whereas it is estimated about 3% among children under 18 yrs of age. Mild mentally challenged are much more common than severe. Mentally challenged accounts for 65-75% of all cases. It has been found that mild mentally challenged is more common in rural areas, & in low-income groups.⁷

Statement of Problem

“Effectiveness of structured teaching program on knowledge regarding home care of mentally challenged children among their caretakers coming to psychiatric OPD of tertiary care hospitals in city.”

Objectives

- 1) To assess knowledge regarding home care of mentally challenged children among their caretakers.
- 2) To determine the effectiveness of structured teaching program on knowledge regarding home care of mentally challenged children among their caretakers.
- 3) To find association between pre-test knowledge regarding home care of mentally challenged children among their caretakers and selected demographic variables.

Hypothesis

- H0: There is no significant difference between the pre-test and posttest knowledge score regarding home care of mentally challenged children among caregivers.
- H1: There is significant differences between the pre-test and post-test knowledge score regarding home care of mentally challenged children among caregivers.
- H2: There is significant association between pretest knowledge score with selected demographic variables.

Research Design and Approach

Research design is the master plan specifying the method and procedure for collecting and analyzing the need information⁵⁶ as the research aimed at assessing the effectiveness of structured teaching program on knowledge regarding home care of mentally challenged children among their caretakers coming to psychiatric OPD of tertiary care hospitals in city, the research design used for study was pre experimental, one group pre-test post-test design with quantitative research approach.

Setting of the Study

The physical location and condition in which data collection takes place in the study⁵⁹ the present study was conducted in the psychiatric OPD of tertiary care hospitals.

Population

The total group of individual people or things meeting the designated criteria of interest to the researcher 60 the population for the study was all caretakers of mentally challenged children.

Sample and Sample Size

Caretakers of mentally challenged children coming to psychiatric OPD of tertiary care hospitals in city and sample size was 100.

Sampling Technique

Non- probability convenient sampling technique was used, because this technique was found to be appropriate for the present study.

Study Instrument/ Tool of Data Collection

Section A -Informed written consent Form

Section B – part I: this section consists of 08 items for obtaining information about socio demographic profile of caretakers like, age, relation, educational status, occupation, monthly family income, type of marriage, type of family, duration of care.

Section B – part II: Socio demographic data of mentally challenged childlike age, IQ level, special school attending status, comorbid disorder and its medications.

Section C – self structured questionnaire, it consists of 30 questions on knowledge regarding home care of mentally challenged children. Each item has four options. The correct response carries the score of one and the wrong responses carries zero score. The maximum obtainable score was 30.It consists of the following components as depicted below in the

Results: The data was analysed and presented in the following sections

Section I: Description of samples (caretakers of mentally challenged children) based on their personal characteristics.

Section II: Analysis of data related to knowledge regarding home care of mentally challenged Children among their caretakers.

Section III: Analysis of data related to the effectiveness of structured teaching program on knowledge regarding home care of mentally challenged children among their caretakers.

Section IV: Analysis of data related to association between knowledge regarding home care of mentally challenged children among their caretakers and selected demographic variable.

Section I

Description of samples (caretakers of mentally challenged children) based on their personal characteristics

Table 4.1: Description of samples (caretakers of mentally challenged children) based on their personal characteristics in terms of frequency and percentage

N=100

Sr.No	Demographic Variables	Frequency(f)	Percentage%
1.	Age		
	Up to 30 years	11	11%
	31-40 years	44	44%
	41-50 years	25	25%
	51-60 years	20	20%
2.	Relation		
	Father	53	53%
	Mother	39	39%
	Sibling	5	5%
	Others	3	3%
3.	Education		
	Primary	17	17%
	High school	27	27%
	Junior college	24	24%
	Graduate/Professional/ Diploma	28	28%
	Postgraduate and above	4	4%
4.	Occupation		
	Service	26	26%
	Self employed	35	35%
	Daily wages	18	18%
	Unemployed	21	21%
5.	Income		
	10,000 and less	35	35%
	10,001 to 20,000	15	15%
	20,001 to 30,000	25	25%
	30,001 and more	25	25%
6.	Type of marriage		
	Marriage in family relations	32	32%
	Marriage outside family relations	68	68%
7.	Type of family		
	Nuclear	47	47%

	Joint	38	38%
	Single	9	9%
	Blended	6	6%
8.	Duration of care		
	Less than 1 year	1	1%
	1-5 years	10	10%
	6-10 years	31	31%
	11 years and more	58	58%

Section II

Analysis of data related to knowledge regarding home care of mentally challenged children among their caretakers

Table 4.2: Knowledge regarding home care of mentally challenged children among their caretakers
N=100

Knowledge	Pretest	
	Frequency	Percentage
Poor (score 0-10)	13	13%
Average (score 11-20)	66	66%
Good (score 21-30)	21	21%

Figure 4.2 shows the pretest knowledge regarding home care of mentally challenged children among their caretakers. It shows that 13% of the caretakers had poor knowledge (score 0- 10), 66% of them had average knowledge (score 11-20) and 21% of them had good knowledge (score 21-30) regarding home care of mentally challenged children.

Section III

Analysis of data related to the effectiveness of structured teaching program on knowledge regarding home care of mentally challenged children among their caretakers.

Table 4.3: Effectiveness of structured teaching program on knowledge regarding home care of mentally challenged children among their caretakers
N=100

Knowledge	Pretest		Post test	
	Frequency	%	Frequency	%
Poor (score 0-10)	13	13%	1	1%
Average (score 11-20)	66	66%	0	0%
Good (score 21-30)	21	21%	99	99%

The figure 4.3 shows the pretest and posttest knowledge regarding home care of mentally challenged children among their caretakers. It shows that, in pretest, 13% of the caretakers had poor knowledge (score 0-10), 66% of them had average knowledge (score 11-20) and 21% of them had good knowledge (score 21-30) regarding home care of mentally challenged children. In posttest, 99% of them had good knowledge (score 21-30) and 1% of them had poor knowledge (score 0-10) regarding home care of mentally challenged children. This indicates that the knowledge regarding home care of mentally challenged children among caretakers improved teaching program.

Table 4.4: Paired t-test for the effectiveness of structured teaching program on knowledge regarding home care of mentally challenged children among their caretakers.

	Mean	SD	T	df	p-value
Pretest	15.9	5.3	18.5	99	0.000
Posttest	26.8	2.8			

The figure 4.4 shows Average knowledge score in pretest was 15.9, which increased to 26.8 in posttest. T-value for this test was 18.5 with 99 degrees of freedom. Corresponding p-value was small (less than 0.05), null hypothesis is rejected. It is evident that the knowledge among caretakers regarding home care of mentally challenged children improved significantly after structured teaching program.

Table 4.5: Item analysis:

N=100

Knowledge item	Pretest		Posttest	
	Frequency	%	Frequency	%
What do you mean by mentally challenged?	36	36%	92	92%
What is the IQ of mentally challenged children?	75	75%	98	98%
What kind of disease do mentally challenged children have?	28	28%	90	90%
When providing home care for mentally challenged children, what should you keep in mind?	24	24%	84	84%
What is the best place to take care of mentally challenged children?	63	63%	88	88%
What is difficult to learn by mentally challenged children?	71	71%	98	98%
Which activity is easily learned by mentally challenged children?	41	41%	85	85%
Which method will make it easier for mentally challenged children to tie a shirt?	31	31%	91	91%
What do you think is the most important factor in developing the proper bathing habits of mentally challenged children?	29	29%	76	76%
When teaching a child how to brush, what part of the brush should he/she hold?	49	49%	90	90%
Which type of toothbrush is to select while brushing?	45	45%	94	94%
How often caretaker should be present while toilet training?	44	44%	87	87%
How will you teach to mentally challenged girl about her physical changes?	56	56%	89	89%

What sort of eating habits should be encouraged?	62	62%	88	88%
How will you improve eating habit of mentally challenged children?	33	33%	80	80%
What kind of diet is necessary for mentally challenged children?	60	60%	88	88%
What is the best way to identify hunger in mentally challenged children?	61	61%	88	88%
What exercises can mentally challenge children can do?	47	47%	81	81%
Knowledge item	Pretest	Posttest		
	Frequency	%	Frequency	%
What will be the differences in the steps of growth and development of mentally challenged children compared to normal children?	71	71%	94	94%
Which type of toys are safe for mentally challenged children?	65	65%	90	90%
What is most important for children's intellectual Development?	43	43%	87	87%
What can be done if mentally challenged child Completes given task successfully?	60	60%	87	87%
What is the benefit of rewarding mentally challenged children?	37	37%	86	86%
What is the benefit of family conversations for children with mental disabilities?	53	53%	94	94%
How mentally challenged children will express feelings, when unable to speak?	61	61%	83	83%
What is the purpose of watching television by mentally challenged children?	47	47%	91	91%
What entertainment method cannot be used by mentally challenged children?	58	58%	90	90%
What is the most important thing to improve the social development of mentally challenged children?	70	70%	92	92%
How can mentally challenge children develop social habits?	70	70%	97	97%
How can you make your children happy?	97	97%	99	99%

In pretest, 36% of the caretakers of mentally challenged children knew meaning of mentally challenged. In posttest, 92% of them knew the meaning of mentally challenged. In pretest, 75% of them knew the IQ of mentally challenged children. In posttest, 98% of them knew the IQ of mentally challenged children. In pretest, 28% of them knew the kind of disease do mentally challenged children have. In posttest, 90% of them knew the kind of disease do mentally challenged children have. In pretest, 24% of them knew when providing home care for mentally challenged children, what should you keep in mind. In posttest, 84% of them knew when providing home care for mentally challenged children, what should you keep in mind. In pretest, 63% of them knew the best place to take care of mentally challenged children. In posttest, 88% of them knew the best place to take care of mentally challenged children. In pretest, 71% of them knew what is difficult to learn by mentally challenged children. In posttest, 98% of them knew what is difficult to learn by mentally challenged children. In pretest, 41% of them knew which activity is easily learned by mentally challenged children. In posttest, 85% of them knew which activity is easily learned by mentally challenged children. In pretest, 31% of them knew which method will make it easier for mentally challenged children to tie a shirt. In posttest, 91% of them knew which method will make it easier for mentally challenged children to tie a shirt. In pretest, 29% of them knew the most important factor in developing the proper bathing habits of mentally challenged children. In posttest, 76% of them knew the most important factor in developing the proper bathing habits of mentally challenged children. In pretest, 49% of them knew when teaching a child how to brush, what part of the brush should he/she hold. In posttest, 90% of them knew when teaching a child how to brush, what part of the brush should he/she hold. In pretest, 45% of them knew which type of toothbrush is to select while brushing. In posttest, 94% of them knew which type of toothbrush is to select while brushing. In pretest, 44% of them knew how often caretaker should be present while toilet training. In posttest, 87% of them knew how often caretaker should be present while toilet training. In pretest, 56% of them knew how to teach to mentally challenged girl about her physical changes. In posttest, 89% of them knew how to teach to mentally challenged girl about her physical changes. In pretest, 62% of them knew what sort of eating habits should be encouraged. In posttest, 88% of them knew what sort of eating habits should be encouraged. In pretest, 33% of them knew how to improve eating habit of mentally challenged children. In posttest, 80% of them knew how to improve eating habit of mentally challenged children. In pretest, 60% of them knew what kind of diet is necessary for mentally challenged children. In posttest, 88% of them knew what kind of diet is necessary for mentally challenged children. In pretest, 61% of them knew the best way to identify hunger in mentally challenged children. In posttest, 88% of them knew the best way to identify hunger in mentally challenged children. In pretest, 47% of them knew what exercises mentally challenged children can do. In posttest, 81% of them knew what exercises could mentally challenged children do. In pretest, 71% of them knew the differences in the steps of growth and development of mentally challenged children compared to normal

children. In posttest, 94% of them knew the differences in the steps of growth and development of mentally challenged children compared to normal children. In pretest, 65% of them knew the type of toys safe for mentally challenged children. In posttest, 90% of them knew the type of toys safe for mentally challenged children. In pretest, 43% of them knew what is most important for children's intellectual development. In posttest, 87% of them knew what is most important for children's intellectual development. In pretest, 60% of them knew what can be done if mentally challenged child completes given task successfully. In posttest, 87% of them knew what can be done if mentally challenged child completes given task successfully. In pretest, 37% of them knew the benefit of rewarding mentally challenged children. In posttest, 86% of them knew the benefit of rewarding mentally challenged children. In pretest, 53% of them knew the benefit of family conversations for children with mental disabilities. In posttest, 94% of them knew the benefit of family conversations for children with mental disabilities. In pretest, 61% of them knew how mentally challenged children will express feelings, when unable to speak. In posttest, 83% of them knew how mentally challenged children will express feelings, when unable to speak. In pretest, 47% of them knew the purpose of watching television by mentally challenged children. In posttest, 91% of them knew the purpose of watching television by mentally challenged children. In pretest, 58% of them knew what entertainment method cannot be used by mentally challenged children. In posttest, 90% of them knew what entertainment method cannot be used by mentally challenged children. In pretest, 70% of them knew the most important thing to improve the social development of mentally challenged children. In posttest, 92% of them knew the most important thing to improve the social development of mentally challenged children. In pretest, 70% of them knew how could mentally challenged children develop social habits. In posttest, 97% of them knew how could mentally challenged children develop social habits. In pretest, 97% of them knew how one could make their children happy. In posttest, 99% of them knew how one could make their children happy.

Section IV

Analysis of data related to association between knowledge regarding home care of mentally challenged children among their caretakers and selected demographic variables

Table 4.6: Fisher's exact test for the association between knowledge regarding home care of mentally challenged children among their caretakers and selected demographic variables
N=100

Demographic variable	Knowledge			P-value	
	Poor	Average	Good		
Age	Up to 30 years	2	8	1	0.220
	31-40 years	3	30	11	
	41-50 years	7	14	4	
	51-60 years	1	14	5	
Relation	Father	8	32	13	0.949
	Mother	5	27	7	
	Sibling	0	4	1	
	Others	0	3	0	
Education	Primary	2	14	1	0.137
	High school	7	16	4	
	Junior college	3	16	5	
	Graduate/ Professional/ Diploma	1	18	9	
	Postgraduate and above	0	2	2	
Occupation	Service	1	16	9	0.272

	Self employed	5	24	6	
	Daily wages	4	10	4	
	Unemployed	3	16	2	
Income	10,000 and less	3	27	5	0.182
	10,001 to 20,000	4	9	2	
	20,001 to 30,000	5	14	6	
	30,001 and more	1	16	8	
Type of marriage	Marriage in family relations	4	23	5	0.655
	Marriage outside family relations	9	43	16	
Type of family	Nuclear	4	30	13	0.082

Conclusion

The main aim of the study was to assess the knowledge among caretakers regarding home care of mentally challenged children and to administer a structured teaching program based on knowledge of home care of mentally challenged children. The structured teaching program helps the caretakers to enhance their knowledge regarding home care of mentally challenged children.

The following conclusions were drawn on the basis of the findings of the study:

1. The knowledge scores among most of caretakers were poor and average.
2. The structured teaching program for caretakers helps them to learn more about home care of mentally challenged children.

Researcher found that after giving the structured teaching program regarding the home care of mentally challenged children was found that level of knowledge of the caretakers was increased which was statistically significant and hence the structured teaching program was found to be effective in increasing the knowledge of caretakers regarding home care of mentally challenged children.

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