

A Study to Assess the Effectiveness of Planed Teaching Program in a Terms of Knowledge and Attitude on Selected Habit Disorders Among Mothers of Under Five Children at Selected Area in Vadodara

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Key Words:

Sciences Effectiveness, Plan-teaching program, Habit disorder, knowledge, attitude.

Abstract:

Background of the study: The term "habit disorder" refers to a variety of stress-relieving behaviours that emerge during childhood at different stages of development. During the preschool years, children develop some habit disorders such thumb sucking, nail biting, and enuresis. Objectives: The assessment of mothers' knowledge and attitudes on a few habit problems in children at a chosen location in Waghodia was therefore deemed important and relevant by the researchers. Aims and objectives: 1. To assess the pre-test knowledge and attitude regarding habit disorders among mothers of under five children. 2. To assess post-test knowledge and attitude regarding habit disorders among mothers of under five children. 3. To assess the effectiveness of plan teaching program in terms of knowledge and attitude. 4. To find out the association between post-test score of knowledge and attitude on habit disorder among mothers of under five children with their demographic variables. Materials and method: This study used a pre-experimental pre-test post-test design. In addition, 145 mothers of under five children. It is structured knowledge questionnaires & attitude scales were data collecting along with the non-probability purpose sampling method. Result: In the post test the frequency & percentage value soared to 89% and 61.38% respectively, poor knowledge ratio was 128 frequency rate and 88.28 %. The data 32(22.07) mothers had negative attitude; however, it declined to 4(2.76) in the post-test. it rose in post-test with the frequency of 113 to 141 and from 77.93% to 97.24%. demographic variable were non-significant at 0.05 level of significance. Conclusion: The study's shows effectiveness among 145 mothers of under five children. The plan-teaching programme was successful in changing the knowledge and attitude of mothers in a way that was significant at the 0.05 level with regard to a particular habit problem.

1. Introduction

Repetitive behaviours that have no discernible social purpose but may have a harmful impact on the individual are referred to as habit disorders. A acquired activity that has been practised frequently enough to become automatic is known as a habit. Some routines, such as cleaning your teeth before bed or fastening your seatbelt when you get into a car, can be beneficial. These are behaviours that one develops consciously in order to accomplish a worthwhile goal.¹ The term "habit disorder" is used to describe a number of related disorders that are connected by the existence of recurrent and largely constant behaviours that appear to occur without the performer's knowledge. These actions degrade people and have detrimental effects on their health and/or social well-being, just like other

disorders do. The most widespread of the "nervous habits," which also include nose picking, hair pulling, and thumb sucking, is nail biting.² Many kids have taken up the stress-relieving habit of biting their nails. It is categorised as an obsessive-compulsive disorder by the DSM-5. Most frequently, children act out when they are anxious, worried, hungry, or bored. It is a difficult habit to break and instead shows severe anxiety or an inability to handle stressful situations. Numerous malocclusions involving the dentoalveolar section of the oral cavity may result from this abnormal habit. In this habit, the incisors are frequently crowded and rotated. According to studies, between 28% and 33% of kids between the ages of 7 and 10 display active nail biting.³ Children don't respond to environmental stress right away, but when they do, it may manifest as changes in their eating and

Journal of Coastal Life Medicine

sleeping habits. When environmental stress is ongoing, a child's habits could be a manifestation of their coping techniques. These behaviours are used by kids as a way to cope with stress and to make themselves feel better.⁴ Encopresis is the involuntary loss of solid, semi-solid, and liquid faeces in the child's pants or underwear, nearly usually during the daytime and without any obvious physical defect. Encopresis is frequently caused by functional constipation (retentive encopresis), but constipation is not always present (non-retentive encopresis). Retention of faeces can, in extreme situations, cause the colon to enlarge and cause psychosocial issues as a result of societal stigma and the inability of parents to fix the issue.⁵

2. Methodology

This study's methodology was quantitative, and pre-experimental one pre-test-post-test design was used. In addition, 145 moms with children under five make up

3. Result:

the subject. Speaking of methodology, structured knowledge questionnaires & attitude scales were employed for data collecting along with the non-probability purpose sampling method. Statistics, both descriptive and inferential, were used to analyse the data. The Sumandeep Vidyapeeth Institutional Ethics Committee (SVIEC), located in Vadodara, provided ethical approval for the study's execution. Administrative approval and permission were obtained from the relevant Vadodara authorities of the chosen location. Regarding the study participant's willingness to participate in the research study, a consent form was developed for them. The three sections of the research instrument for data gathering are as follows: Section-A: Description of samples according to their demographic characteristic. Section-B: Data on level of knowledge and attitude regarding habit disorder among mothers of under five children. Section-C: Data on association between post-test knowledge and attitude score with demographic variables.

Table 1: Frequency and percentage distribution of sample, according to their demographic characteristic.

Sr. No	Variable	Frequency	Percentage (%)
1.	Age of mother		
	a.20-25 year	96	66
	b.26-30 year	48	33
	c.31-35 year	1	0.7
	d.36 and to above	0	0
2.	Education of mother		
	a.Primary education	43	29
	b.Secondary education	61	42
	c.High secondary education	23	15
	d.Graduation	9	6.2
	e.Illiteracy	9	6.2
3.	Occupation of mother		
	a.Private job	47	32

Journal of Coastal Life Medicine

	b.Government job	17	11
	c.House wife	81	55
Types of family			
4	a.Nuclear family	58	40
	b.Joint family	76	52.4
	c.Extended family	11	7.6
Income of family per month			
5	a. Less then 4000/-	33	22
	b.4001-6000/-	47	32
	c.6001-10,000/-	44	30
	d.10,001 and above	21	14
6.	Do you know about the habit disorder ?		
	a. Yes	79	54
	b.No	65	44
	c.Neutral	1	0.7

Table -1 Above table represent the frequency and percentage distribution of samples, according to their socio-demographic characteristics. It was observed that among 145 mothers under five 96(66.2%) belonged to 20-25 years, 48(33.1%) belonged to 26-30 years, 1(0.7%) belonged to 31-35 years 0(0%) belonged to 36and above years. 43(29.7%) mothers had primary education, 61(42.1%) mothers had secondary education, 23(15.9%) mothers had high secondary education, 9(6.2%)mothers had graduation 9(6.2%)mothers had Illiteracy. 47(32.4%) mothers had private job,

17(11.7%) mothers had Government job,81(55.9%) house wife. 58(40%) had nuclear family, 76(52.4) had joint family, 11(7.6%) had Extended family. 33(22.8%) had less than 4000/- family income per month, 47(32.4%) had 4001-6001/- income per month, 44(30.3%) had 6001-10000/- income per month, 21(14.5) 10001 and above income permonth. 79(54.5%) had knowledge about habit disorder, 65(44.8%) had no knowledge about habit disorder, 1(0.7%) had some knowledge about habit disorder.

Table 2: Data on the level of knowledge regarding habit disorder

Sr. No	Knowledge level	Pre test		Post test	
		F	P	F	P
1	Excellent	00	00.0%	89	61.38%
2	Adequate	17	11.72%	56	38.62%
3	Poor	128	88.28%	00	00.0%

Journal of Coastal Life Medicine

Total	72	100	72	100
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Table2: shown the post-test level mean knowledge score is significantly higher than the pre-test level mean knowledge score.

Table 3: Data on the level of attitude regarding habit disorder

Sr. No	Attitude level	Pre test		Post test	
		F	P	F	P
1	Negative	32	22.07%	4	2.76%
2	Positive	113	77.93%	141	97.24 %
Total			100%	72	100%

4. Discussion

The post-test level mean knowledge score is significantly higher than the pre-test level mean knowledge score. The total pre-test mean knowledge score of the moms of under five children was mean 2.8828 and post test score was mean 1.3862. As a result, the instructional programme was successful. To determine the knowledge and attitudes of mothers of children under the age of five in the chosen Vadodara region regarding a certain habit disorder, the current study (plan-teaching programme) was undertaken. A descriptive design was chosen to help the study reach its goals. In addition, a convenience sampling procedure with random probability was applied. 145 respondents' information was gathered using structured knowledge and attitude questionnaires. The study's conclusions have been examined in relation to its goals, hypotheses, and previous research.

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Journal of Coastal Life Medicine

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