

Effectiveness of Video Assisted Teaching Module on Knowledge of Mothers of School Going Children Regarding Management of Behavioral Disorders

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ABSTRACT

A pre experimental study was conducted in Ankuli, Berhampur, Ganjam, Odisha. Data was collected from 50 mothers of school going children, selected by convenient sampling technique and structured interview schedule to assess the effectiveness of VATM regarding management of behavioral disorders. Findings revealed that highest percentage 52% of mothers of school going children were in the age group of 20 – 30 years, 44% mothers had primary level education, 100% of mothers belong to Hindu religion, majority i.e. 76% of mothers belong to nuclear family, 64% of mothers had per capita monthly income Rs 1001 – 2000, 52% of mothers got information from health personnel. Area wise overall pre-test mean score (17.4 ± 1.77) which was 45.78% of maximum score whereas in post-test mean score (26.4 ± 2.75) which was 69.47% of the maximum score showing a difference of 23.69% of effectiveness. It was observed that difference between pre and post-test knowledge score from area wise mean values vary from 17.4 to 23.69. Hence, it depicts that VATM was effective in improving knowledge of mothers. Further highly significant ($P < 0.01$) difference was found between pre and post-test knowledge score and no significant association was found between post-test knowledge score and all the demographic variables of mothers of school going children, when compared to age, general education, religion, type of family, per capita monthly income, previous source of information ($P < 0.05$).

Key Words: Video assisted teaching module, behavioral disorder.

INTRODUCTION

“Children are like wet cement whatever falls on them makes an impression.”

Children problems are often multifactorial and the way they express may be influenced by a range of factors including developmental stage, temperament, coping and adaptive abilities of the family, the nature and duration of illness. Parents are child's first teacher. Mothers have a vital role in molding the behavior of the children. Homes are one of the first places where kid's behavior and future educational success is shaped. A mother can imply positive attitude to the children by

identifying negativism and behavioral problems. ^[1] The child's mind may vary in temperament, development and behavior. It is very difficult to identify normal and abnormal behavior in children. It stresses that the mother's reaction plays an important role in improving the behavior of the child. Different mothering styles may influence a child's behavior and inadequate attention may result in abnormal behavior in children. Sometimes such children show a wide variety of behavior which may even create problems to parents, family members and society. ^[2] The children under 15 years of age constitute about 40% of the population. The child is not a miniature, but

an individual in his own right. The quality of childhood one has lived will determine the ultimate nature of the adulthood. Now days, because of the rapid industrialization and urbanization, majority of young couples are employed, so unavoidably they get less time to look after their children. Under these circumstances, emotional, behavior and psychiatric problems are on the rise. [3] The warning sign of behavioral disorder includes aggression to people and animal, harming & threatening themselves and other people, damaging and destroying properties, lying and stealing, not doing well in school, skipping school, early smoking, drinking or drug use, early sexual activity, frequent tantrums and arguments etc. symptoms must be present for 12 months and fall into one of the sub types depending on the age at onset. [4]

OBJECTIVE:

To assess the knowledge regarding behavioral disorders among mothers of school going children in a selected area, Berhampur. To evaluate the effectiveness of VATM regarding management of behavioral disorders of school going children. To find out the association between post-test knowledge score of mothers on management of behavioral disorders with their selected demographic variables.

HYPOTHESIS:

H0₁: There will be no significant difference between pre and post-test knowledge scores of mothers of school going children on management of behavioral problems.

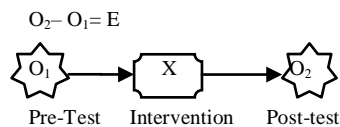
H0₂: There will be no significant association between the post-test knowledge score of mothers regarding in the management of behavioral problems with their selected demographic variables.

METHODS

Research design

A pre experimental design was used to evaluate the effectiveness of VATM on

knowledge of mothers of school going children regarding management of behavioral disorders.



Sample

In the present study the samples were the selected mothers of school going children of Ankuli, Ganjam, Odisha.

Sample size

The sample comprised of 50 mothers of school going children.

Sampling technique

Convenient sampling technique was used for the present study.

Methods of data collection

The tools used for the present study was: Structured interview schedule & Video assisted teaching module

Description of the structured interview schedule

Part – A: It contains demographic characteristics of mothers of school going children.

Part – B: It consists of 38 items pertaining to management of children with behavioral disorders. Each item has four options, with only one appropriate answer. The maximum score will 38.

Data collection procedure

Permission was obtained from mayor and CDPO. The list of total mothers of school going children staying in Ankuli were collected from CDPO office and from Anganwadi workers, in which 50 mothers were selected through convenient sampling technique. Self-introduction was given to mothers and purpose of questionnaire was explained to them before collecting the data. An informed consent was taken from all participants. The investigator then done pre test. A video regarding management of behavioral disorders was shown to mothers and post was done after 7 days.

RESULT

Table 1: Description of demographic characteristics of mothers of school going children.

N=50

Sample characteristics		Frequency	Percentage
Age	20 – 30 years	26	52
	31 – 40 years	24	48
	41 years & above	Nil	-
General education	No formal education	Nil	-
	Primary	22	44
	Secondary	18	36
	Higher secondary	10	20
	Graduation & above	Nil	-
Religion	Hindu	50	100
	Muslim	Nil	-
	Christian	Nil	-
	Any others	Nil	-
Type of family	Nuclear	38	76
	Joint	12	24
	Extended	Nil	-
Monthly per capita income	Below 1000	8	16
	1001 - 2000	32	64
	2001 - 3000	3	6
	3001 - 4000	7	14
	4001 - 5000	Nil	-
	5001 & above	Nil	-
Previous source of knowledge	Books & journal	Nil	-
	Mass media	14	28
	Health personnel	26	52
	Family & friends	10	20

Findings revealed that highest percentage 52% of mothers of school going children were in the age group of 20 – 30 years, 44% mothers had primary level education, 100% of mothers belong to Hindu religion,

majority i.e. 76% of mothers belong to nuclear family, 64% of mothers had per capita monthly income Rs 1001 – 2000, 52% of mothers got information from health personnel.

Table 2: Area wise comparison of pre and post-test knowledge score of mothers of school going children regarding management of behavioural disorders.

N=50

Area	Maximum Score	Pre-Test			Post-Test			Difference in Mean %
		Mean	SD	Mean %	Mean	SD	Mean %	
Concept & classification of behavioural disorders.	16	7.6	0.94	47.5	10.68	1.65	66.75	19.25
Causes of behavioural disorders.	11	4.82	1.11	43.81	7.4	0.96	67.27	23.46
Management of behavioural disorders.	11	4.98	1.07	45.27	8.32	1.01	75.63	30.36
Overall total	38	17.4	1.77	45.78	26.4	2.75	69.47	23.69

Area wise comparison of mean, SD, mean percentage of pre-test and post-test knowledge scores of mothers shows that, during post-test highest mean score was (8.32±1.01) in area of management of behavioural disorders.

Table 3: Paired “t” value of pre and post-test KS of mothers of school going children regarding management of behavioural disorders.

N=50

Sl. No.	Area	“t” Value	Remark
1	Concept and classification of behavioural disorders.	15.19	Highly significant
2	Causes of behavioural disorders	11.39	Highly significant
3	Management of behavioural disorders.	12.32	Highly significant
4.	Overall	19.42	Highly significant

(The table value= 2.68, Df= 49, P=< 0.01)

Paired “t” test shows highly significant difference in all areas i.e. concept & classification, causes & management of behavioural disorders as the tabulated value is 2.68.

Table 4: Association between post-test knowledge scores (KS) of mothers of school going children with their demographic variables. N=50

Sl. No.	Demographic Variables	Chi-Square Value	Level of Significance
1	Age	0.08	Not Significant
3	General educational status	0.62	Not significant
4	Type of family	0.43	Not significant
5	Monthly per capita income	2.89	Not significant
6	Previous source of information	0.29	Not significant

(DF= 1, p<0.05, Tabulated value- 3.84)

Chi-square reveals there was no significant association between selected demographic variables of mothers of school going children with their post-test knowledge scores.

Percentage wise distribution of pre and post-test knowledge shows that during pre-test 28% of mothers of school going children had poor knowledge whereas during post-test 68% of mothers of school going children had good knowledge on management of behavioural disorders. Hence it can be interpreted that the video assisted teaching module was effective in improving the knowledge of mothers of school going children regarding management of behavioural disorders.

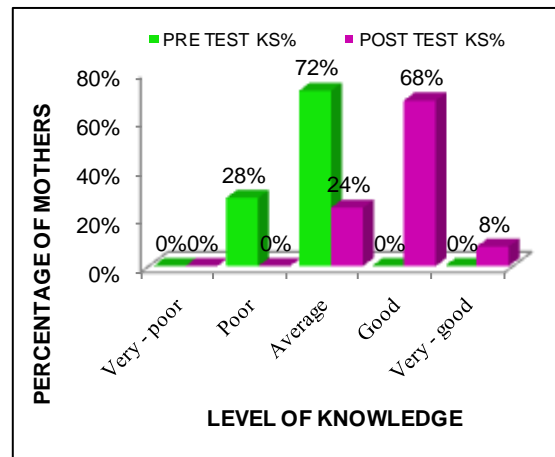


Figure No 1: Comparison of pre and post-test knowledge scores of mothers of school going children.

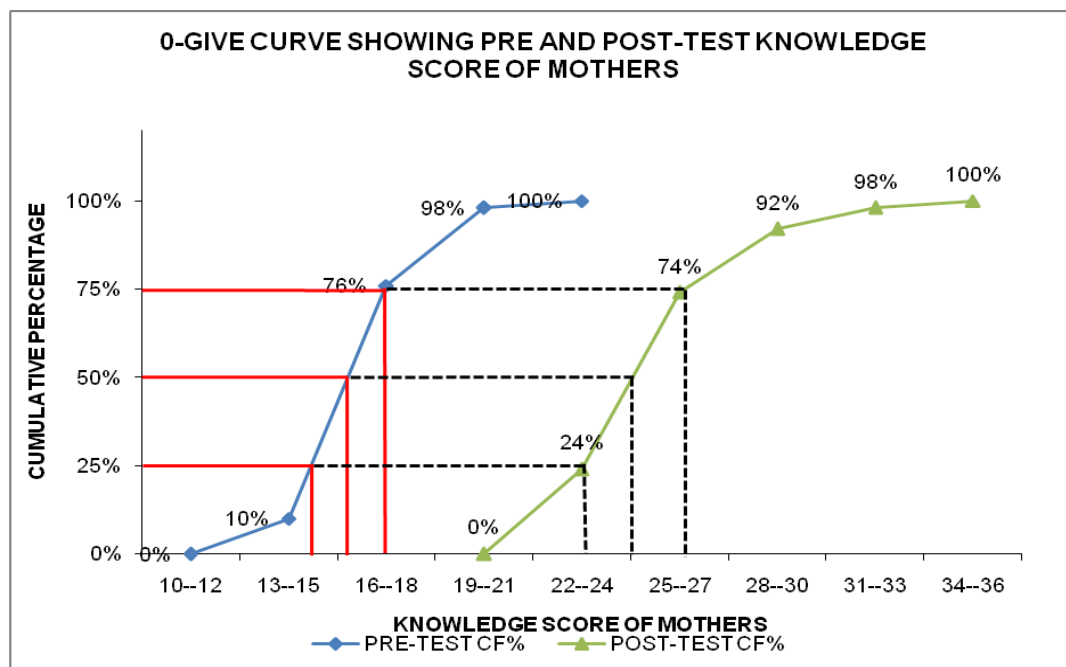


Figure 2: O-Give curve showing pre and post-test knowledge scores of mothers.

O-give curve showing the comparison of pre and post cumulative percentage of knowledge score among mothers of school going children on management of behavioural disorders shows

that in pre-test 25th percentile score was 14.9 whereas it was 23.8 for the post-test. The 50th percentile score for the pre-test was 15.4 which were 25 for the post-test, revealing a difference 10.4. Similarly 75th

percentile score for the pre-test was 17.9 which were 27 for the post-test revealing a difference 10.9. It depicts that the difference of lower extremes of the two scores of knowledge is more when compared to the middle and upper extremes revealing the effectiveness of video assisted teaching module on management of behavioural disorders among mothers of school going children.

DISCUSSION

Area wise comparison of pre and post-test knowledge score of mothers of school going children regarding management of behavioural disorders shows pre-test mean score (17.4 ± 1.77) which was 45.78% of maximum score and average knowledge, whereas in post-test mean score (26.4 ± 2.75) which was 69.47% of the maximum score showing a difference of 23.69% of effectiveness and having good knowledge. It was also observed that difference between pre and post-test knowledge score from area wise mean values vary from 17.4 to 23.69. Hence, it depicts that video assisted teaching module was effective in improving knowledge of mothers of school going children. This is supported by a study conducted by Sandeep Garg, et al, 2011, on Effectiveness of structured teaching programme on knowledge of mothers regarding Selected Common Behavioural Problems of Children, shows that in pre-test, mean score was 14.82 ± 3.37 and were having on average 49.40% knowledge and in post-test, mean score was 22.75 ± 2.802 which was 75.83% knowledge regarding selected common behavioural problems of children shows the effectiveness of structured teaching programme. [5]

Paired "t" test was calculated to assess the significant difference between pre and post-test knowledge scores which shows highly significant difference in all areas of behavioural disorders as concept and classification, causes and management of behavioural disorders as the T calculated value is more than the tabulated value of

2.68 at $p < 0.01$. Thus, the difference in mean score value related to the above mentioned area were true difference. Hence it states that null hypothesis is rejected and statistical hypothesis is accepted. This is supported by a study conducted by Sandeep Garg, et al, 2011, on Effectiveness of structured teaching programme on knowledge of mothers regarding Selected Common Behavioural Problems of Children, shows T calculated value is 33.23 which is more than the tabulated value and study concluded that structured teaching programme is effective tool to improve the knowledge of mothers regarding Selected Common Behavioural Problems of Children. [5]

Chi-square reveals there was no significant association between selected demographic variables i.e. age, general educational status, type of family, per capita monthly income, and previous source of information regarding management of behavioural disorders of mothers of school going children with their post-test knowledge scores. Hence it can be interpreted that the difference in mean score related to their demographic variables were not true difference and only by chance and the null hypothesis was accepted.

CONCLUSION

Prior to implementation of video assisted teaching module the mothers of school going children had average knowledge (51.8%) on management of behavioural disorders. Overall pre-test mean score (17.4 ± 1.77) which was 45.78% of maximum score and average knowledge, whereas in post-test mean score (26.4 ± 2.75) which was 69.47% of the maximum score showing a difference of 23.69% of effectiveness and having good knowledge. It was also observed that difference between pre and post-test knowledge score from area wise mean values vary from 17.4 to 23.69. Hence, it depicts that video assisted teaching module was effective in improving knowledge of mothers of school going children. Highly significant difference was found between pre and post-test knowledge

score ($p < 0.01$). No significant association was found between post-test KS when compared to age, general education, religion, type of family, per capita monthly income, previous source of information.

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