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A STUDY TO ASSESS THE EFFECTIVENESS OF SELF INSTRUCTIONAL MODULE ON CHILD REARING PRACTICES AMONG PRIMIGRAVIDA MOTHERS ATTENDING ANTENATAL OUTPATIENT DEPARTMENT IN SELECTED MATERNITY HOSPITAL AT BANGALORE

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Abstract : This study has been undertaken to Evaluate The Effectiveness Of Self Instructional Module On Practice Regarding Child rearing Among Primigravida mothers attending OPD In A Selected Hospital At Banglore ". A quasi experimental research design was chosen for the present study to assess the Knowledge on child rearing practices. In this study the Independent variable is Self Instructional Module and Dependant variable is Knowledge level of the primigravida mothers regarding child-rearing practices.The sample of this study comprised of 60 Primigravida mothers those who fulfilled the inclusion and exclusion criteria. Purposive sampling technique was used to draw the sample for the study .A pilot study was conducted for 8 samples at Jupiter hospital, Maternity ward at Nelamangala, Bangalore. This helped to establish the reliability of the tool and to test the feasibility and practicability of the whole research design

INTRODUCTION

Future destiny of the child is always the work of the mother" -Napolean

Children are the future citizens of India. For every mother, her child is a favored one. It is natural that the parents want to give their best to their children. Happy family life lies in the successful upbringing of children. Every child, on provision of a conducive and enabling environment, may blossom into an ever fragrant flower to shine in all sphere of life. This reminds us of the onerous responsibility that we have to mold and shape their present conditions in the best possible way"[1]

At present most of the families are having only two children. New concept is one child norm. With restricted number of children and with the present socio - economic condition, childcare assumes greater importance. The first week of life is the most crucial period in the life of an infant. In India, 50% – 60% of all infant deaths occur within the first month of life. More than half may die during the first week of life. To ensure good health of the child, the mother should know that care starts even before the child is born .United Nations International Children's Emergency Fund (UNICEF) believes that future of mankind depends on the well being of our children. Its slogan is 'The child of today for the world of tomorrow'.[2]

Child-rearing practices and child care in every society occurs in accordance with the cultural norms of the society. In most societies, however, child-rearing practices and child care share common values: the preservation of life and maintenance of health and well-being of children.[3]

"Infant care and feeding practices represent the beginning of socialization. This socialization is deemed to begin before children develop verbal skills. The pregnant women and young children are considered very vulnerable to society and precautions are taken during and after pregnancy to avoid complications. From very young age, rituals are performed with children who are intended to socialize them. Elaborate care is taken with children's spiritual development until a child speaks and runs, demonstrating physical independence. There are many food prescriptions and prohibitions for women. This is a period of postpartum abstinence. Children and mothers are very close to each other until weaning which is basic and essential for social interactions."[4]

"Beliefs about child-rearing are usually bound up with beliefs about life itself. They are culturally transmitted and culturally learned". It is important, therefore, that nurses who work with children and their families are familiar with different child-rearing practices, in order that they can make accurate assessments, plan culturally appropriate care arrangements, deliver safe and competent health care, and evaluate their practice to the advantage of clients for whom they care.[5]

Therefore, an awareness of various cultural practices is essential if a good standard of care is to be provided. Ignorance will lead to naive assumptions, stereotyping and discrimination. Being misinformed, or relying upon information which is now regarded as out of date, is also dangerous. Culture is never static butconstantly changing and evolving and often involves the assimilation of aspects of two or more cultures.[6]

Childrearing after birth is considered primarily a maternal role. A child's infancy is the most pivotal period in developing a healthy body, mind, and spirit. It suggested basic skills training in infant care and parenting competence for mothers to understand infant behavior and interpret and respond to infant cues. The ability to nurture and ensure an infant's physical, emotional, behavioral, and social development is a successful adaptation to the maternal role. Confident and happy parents respond to their baby's needs and improve their baby's development. When mothers cannot effectively respond to an infant's needs, infants run the risk of becoming sick with preventable diseases.[7]

Despite encouragement from doctors and midwives that 'Breast milk is best', infant breast-feeding is declining worldwide. Breast-feeding is more common and lasts longer in rural communities and declines in both length and frequency in urban industrialized countries. Reasons not to breast - feed can include poor maternal health, especially in countries where there is a high incidence of HIV infection, mothers return to work, the perception that breast milk is inferior to formula milk, social embarrassment or intolerance, lack of privacy and overcrowding, pain or insufficient breast milk production.[8]

World breast-feeding week Breastfeeding and family foods says Loving and Healthy. The theme of this year's World Breast feeding Week is continued breastfeeding and giving other foods after six months of age. Weaning is an important milestone in most cultures and the progression from milk feeds to solids may be marked by specific ceremonies.[9]

Colostrum is still considered by some Asian mothers to be inferior, and not good for the baby, as it appears thin and weak. This results in the discarding of the 'first milk' and not breast-feeding until three or more days after delivery when the thicker breast milk is produced. This should not be interpreted as a lack of desire to breast-feed, and information should be given in a sensitive and tactful manner which allows the mother and her female relatives to make an informed choice. The resulting decision needs to be respected and formula milk made available if required. Older female members of the family are often highly regarded and their advice and opinion sought after; they can be the defenders of cultural norms and exert a great deal of influence with regard to health care practices and beliefs. This can be particularly helpful for ensuring that the mother receives the diet and rest she requires in the postnatal period.[10]

NEED OF THE STUDY- The aim of child-rearing is to provide adequate nurturance and support for the growth and development of the child and to make it capable for the adjustment to the socio-cultural system to which the child belongs. The care of the child starts from the inception itself. The practices of child-rearing may differ from culture to culture. It is also influenced by family traditions, caste and religion. The ultimate aim, however, is the healthy growth of the baby in its formative years. The general handling of the child is very important. The infant should feel that the child is cared with love and affection. The child must feel secure with parents.[14]

Research has suggested that there is a maternal sensitive period immediately and for a short time after birth when parents have a unique ability to attach to their infants. The link between high infant mortality and excessive population growth has been recognized by the National Health Policy (1983), and the National Population Policy (2000), India. Infant Mortality Rate (IMR) in India is 72 per 1000 (1998), which is much higher than in developed and many developing countries of the world . Deaths in infancy constitute 18.5% of total deaths in India. More than 50% of these occur in neonatal period. Neonatal mortality rate in India constitutes 47.7 (1994), post neonatal mortality rate 26 (1994), and child mortality rate 23.9 (1996). Infant mortality rate of the country is not representative of its states. Orissa and Madhya.Pradesh, contribute maximally to the infant mortality (98 per 1000 live births) with the minimum infant mortality rate being achieved by Kerala (16 per 1000 live births).[19]

Department of Reproductive Health and Research (RHR), World Health Organization recommends on cord care. Cord infections and neonatal tetanus contribute significantly to high neonatal mortality rates in developing countries. These infections are preventable and can be reduced by practicing clean delivery and clean cord care, by avoiding harmful practices, and by increasing tetanus toxoid immunization coverage.[19]

Three fourths of all neonatal deaths occur during the first week of life. Thus nearly 50% of all infant deaths occur by the end of the first week of life. With awareness and concerted efforts of government and non-governmental sources, some changes have began to emerge on post neonatal mortality rates, but very little impact has been made on neonatal morbidity and mortality, which still continues to be high.[20]

There are three major aspects of child rearing- (i) Child care (ii) Child discipline (iii) General Child rearing attitude. In that important one is child care, Child care includes Thermoregulation, Breast Feeding,Care Of the Umbilical Cord,Immunization and Weaningetc. Mothers are crucial for the development of children. Hence, it is imperative, that a mother should know when her child can be trained to use toilet, be able to eat meals, play alone, etc. As a child grows and begins to walk around in a faltering manner, he starts to pull down anything that is within his reach and as a mother a woman has to cope patiently with the phase of child development. The care a child receives is directly dependent on the knowledge, perception, abilities, skills and motivation of the mother. Mother's involvement is the key factor in child's emotional development. She should respond to child vocalization. She has to speak to the child and teach the words and praise when needed, embrace, hug and express that she has affection towards him.[21]

Every child needs healthy and happy parents who understand and practice good health habits. The first year of life is crucial in laying foundation of good health. At this time certain specific biological and psychological needs must be met to ensure the survival and healthy development of the child into a future adult. At each stage of child's growth and development, appropriate care is very essential. The primigravida mother's knowledge regarding child-rearing practices will be less and also mothers living in nuclear family will have less knowledge regarding child-rearing practices and the working women have to prepare her child before her post-natal leave.

It is the personal experience of the investigator and also along with her long period of experience felt the need for this study

3.1 Population and Sample

The targated population for the study primigravida mothers more than 30 weeks who regularly attended antenatal clinic at Nelamangala general hospital at Bangalore were selected as sample The sample was 60 Primigravida mothers those who fulfilled the inclusion and exclusion criteria.

3.2 Data and Sources of Data

Formal administrative permission was taken permission from medical superintendent, Nelamangala general hospital Bangalore. The data collection period is ranging from24-02-2020 to 24-03-2020. 60 Mothers were selected from selected Hospital by Purposive sampling technique

3.3 Theoretical framework

Variables of the study contains dependent and independent variable. The study used Knowledge level of the primigravida mothers regarding child-rearing practices as dependent variable. Independent variable was Self Instructional Module regarding child-rearing practices among primigravida mothers.

3.4 Statistical tools and self instructional modules

This section elaborate the proper Statistical / self instructional modules which are used to forward the study from data toward interference. The detail of methodology is given as followes

3.4.1 Descriptive Statistics

Descriptive Statics has been used to The collected data was organized, tabulated. Analyzed and interpreted using descriptive and inferential statistics. The findings were organized and presented in two parts with Tables and graphs (paired t test and chi square which helped to find out the effectiveness of Self Instructional Module regarding child rearing practices among primigravida mothers

IV. RESULTS AND DISCUSSION

4.1 Descriptive Statics of Study

Section I

This section deal with the distribution of primigravida mothers according to demographic variables by frequency and percentage

Table :4.1

Table -4.1- Distribution of the age among Primigravida mothers

n=60

S.No	Demographic variables	Frequency No	Percentage (%)
1	Age in years		
	a) Less than 20	10	16.67
	b) 20-24	15	25.00
	c) 25-29	22	36.67
	d) Above 30	13	21.67

Table 4.1shows the age group,16.67% were distributed minority were less than 20 years, 25% were distributed in the in the 20-24 years ,36.67% distributed Majority in 25-29 years, 21.67% distributed in above 30 years of age.

Section II

This section deals with the Classification of Respondents on Pre test Knowledge level regarding child-rearing practices among primigravida mothers.

Table 5.1

Level of knowledge	Score	No of Respondents	
		No	%
Inadequate	< 50%	48	80.00
Moderate	50-75%	12	20.00
Adequate	>75%	0	0.00
Total		60	100

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Table -5.1 -shows that The Majority of pre-test knowledge score was 48(80%) had inadequate knowledge and Minority 12(20%)had moderate knowledge.

Table 5.2
Aspect wise Pre test Mean Knowledge regarding child-rearing practices among primigravida mothers.

n=60

Domain	Max statements	Max Score	Range	Mean	SD	Mean%
Thermoregulation	8	8	1—4	2.2	1.9	36.7
Breast feeding	8	8	1—7	4.2	3.2	38.2
Care of the umbilical cord	8	8	1—3	2.8	1.4	46.7
Immunization	8	8	2—5	3.7	2.2	52.9
Weaning	8	8	2—5	3.2	2.8	52.0
Overall	40	40	7—24	18.1	3.6	45.3

Table-5.2-shows that the percentage, in the pre-test, ThermoregulationMean is 2.2 SD 1.9 and Mean percentage 36.7 %,Breast feedingMean is 4.2 SD 3.2 and Mean percentage 38.2 %, Care of the umbilical cord Mean is 2.8 SD 1.4 and Mean percentage 46.7%,ImmunizationMean is 3.7 SD 2.2and Mean percentage 52.9%, Weaning Mean is 3.2 SD 2.8 Mean percentage 52% and Over all pre test knowledge Mean is 18.1 SD 3.6and Mean percentage 45.3%.
From the above results according to the first objective of the study, the existing level of knowledge regarding child-rearing practices among primigravida mothers before administration of self instructional module.

Table5.3

Table-5.3 -Classification of Respondents on Post test Knowledge level regarding child-rearing practices among primigravida mothers.

n=60

Level of knowledge	**Score**	**No of Respondents**	
		No	**%**
Inadequate	< 50%	0	0.00
Moderate	50-75%	32	53.33
Average	>75%	28	46.67
Total		60	100

Table-5.3-Shows that The majority post-test knowledge score was 32(53.33%) had Moderate knowledge and minority were 0(00%) had Inadequate knowledge.

Table : 5.4

Table -5.4 - Aspect wise Post test Mean Knowledge regarding child-rearing practices among primigravida mothers.
n=60

Domain	Max statements	Max Score	Range	Mean	SD	Mean%
Thermoregulation	8	8	3--6	4.9	1.9	81.7
Breast feeding	8	8	6--10	8.5	3.2	77.3
Care of the umbilical cord	8	8	3--6	4.8	1.4	80.0
Immunization	8	8	3--7	5.1	2.2	72.9
Weaning	8	8	3--6	5.2	2.8	86.6
Overall	40	40	22--36	31.9	3.6	79.8

Table-5-.4- shows that the percentage, in the post-test, Thermoregulation Mean is 4.9 SD 1.9 and Mean percentage 81.7%,Breast feeding Mean is 8.5 SD 3.2 and Mean percentage 77.3%, Care of the umbilical cordMean is 4.8 SD 1.4 and Mean percentage 80.0%,ImmunizationMean is 5.1SD 2.2and Mean percentage 72.9%, WeaningMean is 5.2 SD 2.8 Mean percentage 86.6% and Over all post test knowledge Mean is 31.9 SD 3.6 and Mean percentage 79.8%.
From the above results according to the objective study, the post test percentage of knowledge was assessed after the administration ofs elf instructional module regarding child-rearing practices among primigravida mothers.

Table:5.4

Table -5.5 - Aspect wise mean Pre test and Post test Knowledge regarding child-rearing practices among primigravida mothers.

n=60

Domain	Mean	SD	Mean%	Paired 't' test
Thermoregulation	2.7	0.73	45.0	28.6**
Breast feeding	4.3	1.6	39.1	20.8**
Care of the umbilical cord	2	0.8	33.3	19.3**
Immunization	1.4	0.93	20.0	11.6**
Weaning	2	1.4	33.3	11.1**
Overall	13.8	3.2	34.5	32.4**

**Significant at $P<0.01$ level, df 59, t value 2

Table-5.5- shows that comparing the knowledge level of Mean, SD, Mean percentage between the pre test and post test aspect wise
In the Effectiveness, ThermoregulationMean is 2.7 SD 0.73 and Mean percentage 45.0 %,Breast feedingMean is 4.3 SD 1.6 and Mean percentage 39.1 %, Care of the umbilical cordMean is 2 SD 0.8 and Mean percentage 33.3%,Immunization Mean is 1.4 SD 0.93 and Mean percentage 20.0%, WeaningMean is 2 SD 1.4 Mean percentage 33.3%, and Over all pre test knowledge Mean is 13.8 SD 3.2 and Mean percentage 34.5%.
The paired‘t’test values obtained are 28.6, 20.8, 19.3, 11.6, 11.1and over all paired‘t’ test value is 32.4. The paired ’t’ test value shows that by comparing the pre test and post test values there is a significant increases in the knowledge regarding child-rearing practices among primigravida mothers.

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