

A STUDY TO ASSESS THE EFFECTIVENESS OF INFORMATIONAL PAMPHLET ON KNOWLEDGE AND ATTITUDE REGARDING MENTAL RETARDATION AMONG PRIMARY SCHOOL TEACHERS IN SELECTED SCHOOLS AT MANGALORE

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ABSTRACT:

Children are a nation's supremely important asset. They determine the future of the nation. All over the world 83 million people are mentally retarded. Failure to achieve developmental milestones is suggestive of mental retardation. These limitations will cause a child to learn and develop at a slower pace than a typical child. Teachers should therefore be given adequate orientation in early diagnosis of most of the common mental health problems. In the school environment a teacher may be the first adult to witness a child having a mental retardation.

Method: Pre-experimental one group pre-test post-test design was used for the study. Sixty primary school teachers in selected schools at Mangalore were selected by using purposive sampling technique. Data was collected by structured knowledge questionnaire and attitude scale towards mental retardation in selected primary schools in Mangalore.

Results: The mean post-test knowledge score (14.45) is significantly greater than pre-test knowledge score (8.20) and the obtained t value ($t_{59}=15.371$) is significantly higher than the table value. The mean post-test attitude score (98.92) was significantly greater than pre-test attitude score (85.65) and the obtained t value ($t_{59}=9.881$) is significantly higher than the table value. It also showed that the informational pamphlet on mental retardation was effective in increasing the knowledge and attitude of primary school teachers regarding mental retardation.

Interpretation and conclusion: The informational pamphlet is effective in improving the knowledge and attitude of primary school teachers regarding mental retardation of children. There was no association between demographic variables and knowledge and attitude of the primary school teachers regarding mental retardation.

Keywords: Knowledge; Attitude; Mental retardation, primary school teachers.

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INTRODUCTION

The Hindu philosophy places teacher on a pedestal even above God and just after the parents. A teacher is responsible for the integrated all round development of a child; much like a gardener he provides all suitable conditions for their best growth. According to Mahatma Gandhi, education means on all round drawing out of the best in child and man – body, mind and spirit. Only an efficient and an understanding teacher can identify the capacities, strengths and weaknesses innate in each student.

Mental retardation (MR) is an issue that concerns the entire mankind. The problem of MR is encountered by every country, race and society. MR is a delay or slowness in a child's mental development. A child with MR learns things at a slower pace than other children of the same age. The quality of life of children solely depends on the type of family environment, school and the neighbourhood. Unhealthy social surrounding can put them into stress and can increase their vulnerability to develop emotional disorder.

Trained teachers who have positive attitude and practical knowledge concerning individual needs (physical, emotional and intellectual) and problem can prevent and manage emotional and psychosocial problems of young children. While 1 to 3% of all children are born with congenital malformation that might not be preventable, many of other disabilities carrying MR can be prevented through good maternal and child health practices. In a country like India where resources are very limited, better and efficient utilisation of the available resources is the only solution for this problem.

Failure to achieve developmental milestones is suggestive of mental retardation. These limitations will cause a child to learn and develop at a slower rate than a typical healthy child. They are likely to have trouble in the school. They will learn, but it will take them longer. Teachers should therefore be given adequate orientation in early diagnosis of most of the common mental health problems.

Health education in school provides wide scope for joint training and initiative by health workers and teachers. Hence, training programmes should be incorporated in the school curriculum than being imposed from outside. Teachers can impart knowledge and information of health and can promote their health skills and behaviour more efficiently. In order to improve the knowledge of teachers regarding the health aspects, the appropriate information should be provided to them.

OBJECTIVES

1. To assess the pre-existing knowledge regarding mental retardation among the primary school teachers with the help of using structured knowledge questionnaire.
2. To identify pre-existing attitude towards mental retardation among primary school teachers with the help of attitude scale.
3. To evaluate the effectiveness of pamphlet in relation to the knowledge and attitude of the primary school teachers with the help of paired 't' test.
4. To determine the association between pre test knowledge and attitude scores of primary school teachers regarding mental retardation with selected demographic variables in demographic proforma by the use of chi square statistical test.

MATERIALS AND METHOD

Descriptive evaluative research approach with pre-experimental one group pre-test post-test research design was adopted for the study. The sample for the study comprised 60 primary school teachers selected by purposive sampling. Data was collected using demographic proforma, a structured knowledge questionnaire, and an attitude scale. Data was collected from 12/06/2015 to 20/06/2015. The sample consisted of 60 primary school teachers. The investigator obtained written permission from the authority prior to the main study. Background information was collected using demographic proforma. Knowledge regarding mental retardation was assessed using a structured knowledge questionnaire, and attitude regarding mental retardation was assessed using the attitude scale.

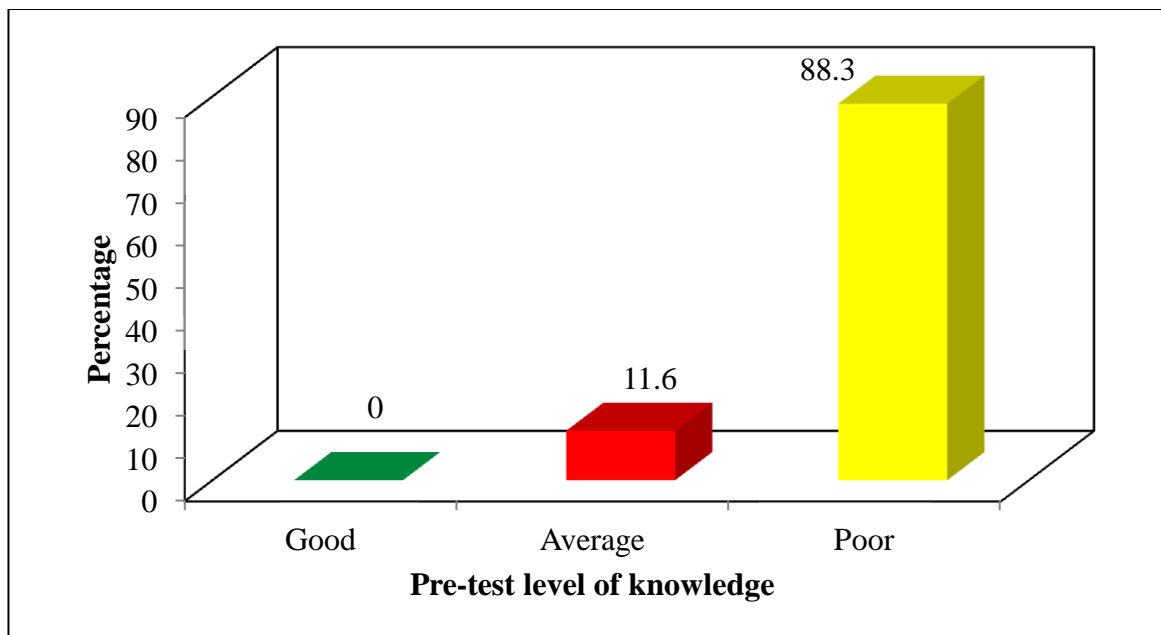
RESULTS**Description of demographic characteristics of the primary school teachers**

Highest percentage of the subjects were in the age group of 31-40 years (36.7%), nearly two-thirds were females and had TTC education (65% each). Majority had 2-5 years of experience (58.3%) as teachers. Most of the subjects had previous information regarding mental retardation (88.3%) and almost all subjects had experience of teaching in relation to mental retardation (96.7%).

Description of knowledge of primary school teachers regarding mental retardation:**Table 1: Frequency and percentage distribution of knowledge of Primary school teachers on mental retardation****N= 60**

Sl. No.	Level of knowledge	Frequency	Score	Percentage
1	Good	0	16-20	0.0
2	Average	7	11-15	11.6
3	Poor	53	1 -10	88.3

Maximum score = 20

**Figure 1: Distribution of the sample according to their pre-test level of knowledge of Primary school teachers**

In the pre-test none (0%) had good knowledge and 11.7% were having average and 88.3% were having poor knowledge.

Table 2: Mean, median, mean percentage and standard deviation of knowledge score of primary school teachers on mental retardation

N = 60

Grade	Mean	Median	Mean %	SD
Poor	8.20	15.50	49.13	2.216

Maximum score = 20

The data in Table 2 show the knowledge score of primary school teachers. Most of the primary school teachers had poor knowledge with mean 8.20, median 15.50 and SD 2.216.

Analysis of attitude of primary school teachers on mental retardation:

Table 3: Frequency and percentage distribution of attitude of primary school teachers on mental retardation

N = 60

Sl. No.	Grading	Frequency	Score	Percentage
1.	Favourable	1	101 – 150	1.7%
2.	Uncertain	59	51 – 100	98.3%
3.	Unfavourable	0	1- 50	0%

Maximum score = 150

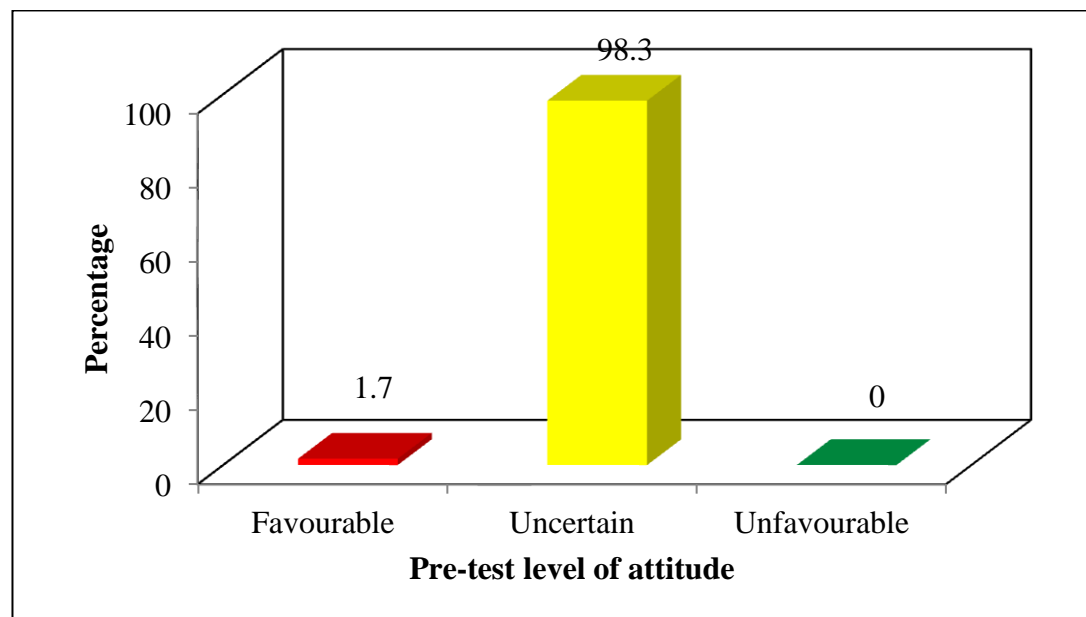


Figure 2: Distribution of the sample according to their pre-test level of attitude of primary school teachers

Table 4: Mean, median, mean percentage and standard deviation of attitude score of primary school teachers regarding mental retardation

N= 60

Grade	Mean	Median	Mean %	SD
Uncertain	85.65	15.50	89.13	5.018

Maximum score = 150

The data in Table 4 show the knowledge score of primary school teachers. Most of the primary school teachers had uncertain attitude with mean 85.65, median 15.50 and SD 5.018.

Effectiveness of informational pamphlet in terms of increase in knowledge as evidenced by post-test knowledge level**Table 5: 't' test showing difference in knowledge scores between pre & post-test**

N=60

Group	Mean knowledge score		Mean Diff.	SD of df	Std. Error	df	't' value
	Pre-test	Post-test					
Primary school teachers	8.20	14.45	6.250	3.150	0.407	59	15.371*

 $t_{(59)}=2.02, p \leq 0.05$

* Significant

The obtained t value (15.371) is significantly higher than the table value. This shows that the informational pamphlet was effective in improving the knowledge of primary school teachers regarding mental retardation.

Effectiveness of pamphlet in terms of gain in attitude scores as evidenced by post test attitude score**Table 6: 't' test showing differences in attitude scores between pre test & post test**

N=60

Group	Mean attitude score		Mean Diff.	SD of df	Std. Error	df	't' value
	Pre-test	Post-test					
Primary school teachers	8.20	14.45	6.250	3.150	0.407	59	15.371*

 $t_{(59)}=2.02, p \leq 0.05$

* Significant

The obtained 't' value (9.881) is significantly higher than the table value. This shows that informational pamphlet was effective in improving the attitude score of primary school teachers regarding mental retardation.

Association between pre-test levels of knowledge of subjects with selected demographic variables

Table 7: Association between demographic variables and pre-test level of knowledge

N=60

Sl. No.	Variables	df	Table value	χ^2 value
1.	Age	3	7.82	3.783
2.	Religion	1	3.84	1.425
3.	Educational status	1	3.84	0.051
4.	Work experience	2	5.99	0.708
5.	Previous information	1	3.84	2.105
6.	Taught experience	1	3.84	0.708

The data in Table 7 shows that there was no significant association between demographic variables and knowledge of the teachers.

Table 8: Association between demographic variables and pre-test level of attitude

N=60

Sl. No.	Variables	df	Table value	χ^2 value
1.	Age	3	7.82	6.496
2.	Religion	1	3.84	1.832
3.	Educational status	1	3.84	2.857
4.	Work experience	2	5.99	0.765
5.	Previous information	1	3.84	1.143
6.	Taught experience	1	3.84	1.018

The data in Table 8 shows that there was no significant association between demographic variables and attitude of the teachers.

IMPLICATIONS

Nursing education: The students when posted in psychiatric wards, community and schools should be able to give education to the public regarding mental retardation and other signs and symptoms of childhood disorders, early prevention, diagnosis, treatment and rehabilitation etc. The Informational pamphlet developed for this study can be used for educating health workers and community people during community health programmes.

Nursing practice: The nurses can conduct teaching programmes on importance of proper diet, immunisation, and proper antenatal check up during antenatal period, as well as on signs and symptoms of mental retardation, early diagnosis and management of mental retardation in community and schools. Psychiatric nurses should also involve themselves in counselling parents and to bring about favourable attitude in parents towards mentally retarded children and also help them to cope with the situation.

Nursing research: The body of knowledge regarding the knowledge and attitude of primary school teachers and public towards mental retardation is minimal. Many questions remain to be answered. The present study is just an initial attempt. Nurses should conduct more research in this area.

CONCLUSION

The informational pamphlet is effective in improving the knowledge and attitude of primary school teachers regarding mental retardation.

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