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Effectiveness of Educational Intervention on Road Safety Rules

Alpheena Pious¹, Beaula Benny², Varna P.V³, Shirley Prakash⁴, J Gladys⁵,
Drisya G.⁶, Lamya M.⁷

How to cite this article:

Alpheena Pious, Beaula Benny, Varna P.V, *et al.*/Effectiveness of Educational Intervention on Road Safety Rules/Int J Pediatr Nurs. 2023;9(3):99-103.

Abstract

Background: Children are generally care free and like to travel park and surroundings. A lot of children get hurt while cycling and crossing the road. The Awareness of road safety rules among high School children, help them to get an overall idea about road traffic rules and it also help them to practice in their daily life. In view of this fact, we aimed to assess the effectiveness of educational intervention on road safety rules among high school children in Thrissur.

Objective: Assess the pre and post interventional level of knowledge on road safety rules, evaluate the effectiveness of educational intervention on road safety rules and associate the pre interventional level of knowledge of high school children regarding road safety rules with their selected demographic variables.

Materials and Methods: The research approach used in the study was quantitative approach. Pre experimental pre test and post-test design was adapted. The setting of the study was St. Thomas Higher Secondary School, Thope, Thrissur. The sample were selected from 8 to 10 standard by using purposive sampling technique (150). Structured questionnaire was used for the study. After pre-test educational intervention regarding road safety rules was provided post test were collected.

Result: Findings of the study revealed that among the high school children 76 (50.7%) of the children belonged to the 14 years of age 35 (23.3%) of children to 13 and 15 years of age respectively and only 2.7% of high school children were in the age group of 12 years. 130 (86.77%) of children mode of travelling were using bus to reach the school; 16 (10.7%) of children were using cycle and only 2.6% were coming to the school by walking. Among the high school children 76 (50,7%) children were belongs to urban residence and 74 (49.3%) were belongs rural residence. In the pre-test, 19.3% have poor knowledge, 49.4% have average knowledge and 31.3% have good knowledge regarding road safety rules. In the post-test, 52% have good knowledge, 36% have average knowledge and 12% have poor knowledge regarding road safety rules. There is significant association between pre interventional level of knowledge among high school children with their age, mode of travelling and occupation of their father.

Conclusion: Mean post interventional knowledge (19.71%) was higher than pre interventional level of knowledge (17.10%). Here there is significant difference in the pre interventional and post interventional level of knowledge. This reveals that educational intervention regarding road safety rules was effective.

Keywords: Educational intervention; High school children; Road safety rules; Pre and post interventional knowledge; Demographic variables.

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Received on: 14.06.2023

Accepted on: 05.08.2023

INTRODUCTION

Children are generally care free and like to travel around parks and surroundings. Usually they don't pay much attention to their surroundings and do not know how to act when they are outdoors. Road safety is a major concern in young individual in India as well as other developed and developing countries. Implementation of new road safety regulations and law would not be able to reduce the number of deaths. Road safety is the term for preventing road accidents by obeying road safety rules and regulations.¹

The road crashes in the country from 2018 to 2019 shows an alarming increase in the number of children dying in such accidents. According to latest report by the ministry of road transportation and highways 11,168 children lost their lives in road crashes in 2019, which is an increase of 11.94% over the previous year, the global status report on road safety 2015 road traffic accident is a developmental issue for low and middle income countries that has lost approximately 3% of GDP. According to WHO the road accidents involving pedestrians constitute almost 50% of all accidents.²

The awareness of the road safety among school children help them to get an overall idea about the principles of crossing roads, importance of helmets, how to use zebra crossing and it also helps them to practice these rules in their daily life. Practicing the rules at a young age leads to habit formation which makes them responsible adults in future.

MATERIALS AND METHODS

A quantitative approach with pre experimental one group pre-test post-test design selected for conducting study among 150 high school children's who were studying in 8 to 10th Std. at St. Thomas higher secondary school Thope, Thrissur. The objective of the study were to assess the effectiveness of educational intervention on knowledge regarding road safety rules. The samples (150) were selected from 8 to 10th std. by using purposive sampling technique. Students between the age group 13 to 15 who were willing to participate included on the study. Students were absent during the time of data collection were excluded from the study.³

The informed consent was taken from the sample and assured anonymity and confidentiality of information provided them. The data were collected by using 2 tools which includes demographic

data of the high school student and structured questionnaire it took about 20 to 30 minutes to assess the knowledge regarding traffic rules. The pre test data from the samples were collected on 21/11/2022 following a educational intervention was given regarding road safety rules by using variety of AV aids, after a week using the same questionnaire the post test were collected from the same sample. The level of knowledge were assessed as either poor, average, good.³

Data analysis was carried out by using differential and inferential statistics. The mean and standard deviation was used to analysis the effectiveness of educational intervention on road safety rules among high school children's and fisher exact test was used to associate the pre interventional level of knowledge of high school children regarding road safety rules with their selected demographic variables.

RESULTS

Among the high school children 76 (50.7%) of children belonged to 14 years of age, 5 (23.3%) of children to 13 and 15 years of age respectively and only 2.7% of high school children were in the age group of 12 years. 130 (86.7%) of children's were coming to school by bus and 16 (10.7%) of children's were using cycle and only 2.6% were coming to the school by walking. Among the high school children 76 (50.7%) children were belongs to urban residence and 74 (49.3%) were belongs rural residence. Among 150 samples 130 (86.7%) students have previous knowledge regarding traffic rules and 30 (13.3%) students does not previous knowledge regarding traffic rules. In the pre test, 49.4% have average knowledge about road safety rules. In post test, majority 52.0% have good knowledge regarding road safety rules. Mean post interventional knowledge (19.71%) was higher than pre interventional level of knowledge (17.10%). The standard deviation of pre interventional level of knowledge was 5.54% and post interventional level of knowledge was 5.94%. The calculated 't' value is greater than the table value ($t=-6.21$, $p=0.000$). Here there is significant difference in the pre interventional and post interventional level of knowledge. This reveals that structured teaching program regarding road safety rules was effective and H1 is accepted.

- There is significant association between pre interventional level of knowledge among high school children with their age, mode of travelling and occupation of their father.

Hence H_2 is accepted

Percentage wise distribution of High school Children based on Pre and Post interventional level of knowledge regarding Road Safety Rules

According to the results, in the pre-test, 49.4% of high school children had an average knowledge

about road safety rules. However, in the post-test, the majority (52.0%) of children had good knowledge regarding road safety rules. This indicates that the educational intervention program was effective in improving the knowledge of high school children regarding road safety rules.

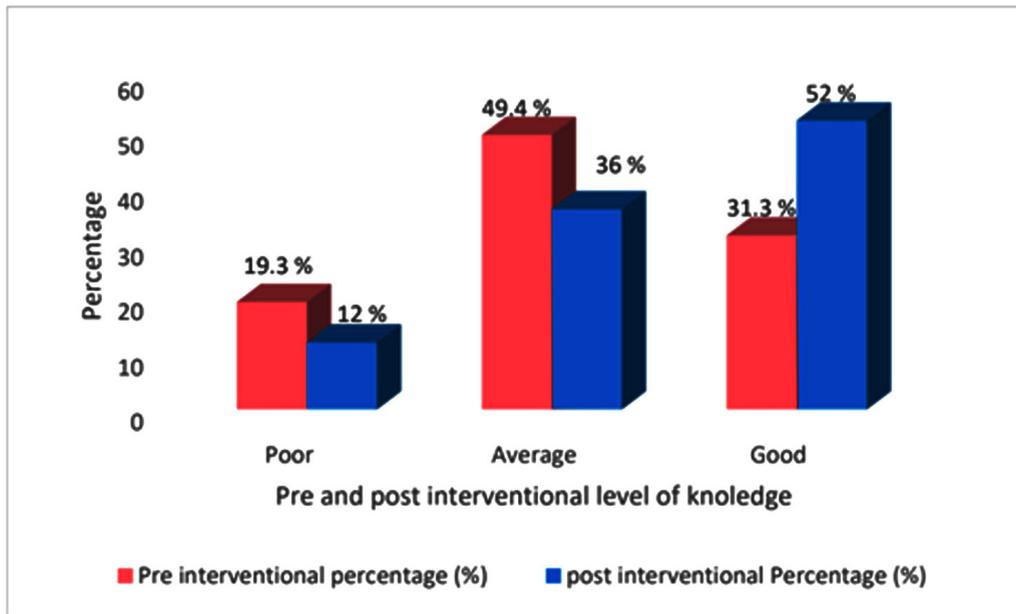


Fig. 1: Pre and post interventional level of knowledge

Comparison of Pre and Post Interventional level of knowledge on Educational Intervention on Road Safety rules among High School Children

The mean Post-interventional knowledge (19.71%) was higher than the Pre-interventional level of knowledge (17.10%). Additionally, the standard deviation of pre-interventional knowledge

was 5.54%, and post-interventional knowledge was 5.94%. The calculated 't' value is greater than the table value ($t=-6.21, p=0.000$). These results indicate that there is a significant difference between the pre and post interventional levels of knowledge. Therefore, the structured teaching program regarding road safety rules was effective.

Table 1: Association of pre-interventional level of knowledge on educational intervention on road safety rules among highschool children N=150

Interventional Level of knowledge	Mean	SD	t-value	p-value	Inference
Pre	17.1	5.54	-6.21	0.000**	S
Post	19.71	5.94			

**0.01 Level of Significance, S-Significant

The results show that there is a significant association between the pre-interventional level of knowledge among high school children and their age, mode of traveling, and occupation of their father. Therefore, the hypothesis (H_2) that there is a significant association between pre-interventional level of knowledge and these factors is accepted. This suggests that these factors may have an impact on the pre-interventional level of knowledge

regarding road safety rules among high school children.

Table 2 and 3 shows that there is significant association between pre interventional level of knowledge with age, mode of travelling to school and occupation of father. There is no significant association with other variables. Hence H_2 is accepted.

Table 2: Association between pre interventional level of knowledge among high school children with their age, mode of travelling and occupation of their father

N = 150

Demographic Variables	Pre-Interventional level of knowledge			Fisher exact test value	P-value	Inference
	Poor	Average	Good			
Age						
12	0	3	1	19.22	0.002**	S
13	2	27	6			
14	18	34	24			
15	9	10	16			
Mode of Traveling to School						
Bus	22	65	43	8.48	0.04*	S
Cycle	7	5	4			
Waling	0	4	0			
Area of Residence						
Urban	14	34	28	2.22	0.34	NS
Rural	15	40	19			
Education of Father						
Primary/Secondary	25	53	35	2.84	0.58	NS
Gaduate	4	16	9			
Post graduate	0	5	3			

*0.05 Level of Significance, S-Significant-Not Significant

Table 3: Association between pre-interventional level of knowledge among high school children with their age, mode of travelling and occupation of their father

N=150

Demographic Variables	Pre-Interventional level of knowledge			Fisher Exact Test value	P-value	Inference
	Poor	Average	Good			
Education of Mother						
Primary/Secondary	19	46	30	1.22	0.89	NS
Graduate	8	21	15			
Post Graduate	2	7	2			
Occupation of Father						
Own business	16	15	13	17.71	0.01*	S
Government job	6	8	6			
Private job	4	35	20			
Others	3	16	8			
Occupation of Mother						
Own business	4	2	3	12.63	0.1	NS
Government job	3	9	2			
Private job	4	16	15			
Home maker	13	42	25			
Others	5	5	2			
Previous knowledge Regarding Traffic Rules						
Yes	26	64	40	0.31	0.95	NS
No	3	10	7			

*0.05 Level of Significance, S-Significant-Not significant

DISCUSSION

The study assessed the effectiveness of educational intervention on road safety rules among high school children. In pre-test 49.4% of school children have good knowledge and in Post-test 52% got knowledge. Age and mode of traveling to school is significant to the pre interventional level of knowledge.

In this study Fisher exact test was used for the association of pre international level of knowledge on educational intervention on road safety rules among high school children. The findings revealed that there is significant association between pre interventional level of knowledge with age, mode of traveling to school and occupation of father. No significant association was elicited between area of residence, education of mother, occupation of mother and previous knowledge regarding traffic rules. Another study done at Kanyakumari on 2016 to assess the effectiveness of child to child program on school children regarding road safety measures. The study result also showed that educational intervention enhance the knowledge of children.⁴

CONCLUSION

Total of 150 samples were selected for the study. Out of them 76 (50.7%) of children were belongs to 14 years of age; 35 (23.3%) of children belongs to 13 and 15 years of age only 2.7% of children were

in the age group of 12 years of age. Majority of 130 (86.7%) of children's reach by bus 16 (10.7%) of children's were using cycle to reach the school and only 2.6% were coming to school by walking. 50.7% of high school children were lives in urban area and 49.3% of high school children were rural area. In the pre-test, 19.3% students have poor knowledge, 49.4% have average knowledge and 31.3% have good knowledge about roadsafety rules. In post-test, 12.0% students have poor knowledge, 36.0% have average knowledge and 52.0% have good knowledge.

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Effectiveness of an Educational Programme on Curriculum Development and Design for Health Professional Educators

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How to cite this article:

Assuma Beevi T.M, Naseem M./Effectiveness of an Educational Programme on Curriculum Development and Design for Health Professional Educators/Int J Pediatr Nurs. 2023;9(3):105-109.

Abstract

Health professional educators (HPE) and clinical faculty are facing different educational challenges in balancing their work profile of teaching, research and clinical duties with improper planning of curriculum. So a need assessment was conducted to find out the knowledge and skill of health science educators in a health science academy to empower them with an educational programme on curriculum development, design and mapping of core elements in a health professional education programme.

Main Objective: To identify the effect of planned educational programme on curriculum development and design for health professional educators.

Introduction: A curriculum is defined as a sophisticated blend of educational strategies, course content, learning outcomes, educational experiences, assessment, the educational environment, and the individual students' learning style personal timetable and programme of work 1.

Methodology: Pre-test post-test design was used with a teaching programme on curriculum design, development and mapping using convenient sampling with 18 faculty of HPEs. Comparison of Mean Pre-test and post-test score obtained by subjects shows significant difference with a p value of 0.0001 (P value <0.0001)

Study was conducted among faculty of a health science academy with convenient sampling. A total of 25 samples were taken who were working as faculty with a teaching experience of 3-10 years.

Results: Results were analysed using google itself.

Keywords: Health professional education; Health professional educators; Curriculum development; Curriculum planning; Curriculum design and models.

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Received on: 11.07.2023

Accepted on: 30.08.2023

INTRODUCTION

A curriculum is defined as a sophisticated blend of educational strategies, course content, learning outcomes, educational experiences, assessment, the educational environment, and the individual students' learning style personal time table and programme of work.¹ Curriculum

mapping help organize the curricular contents and can help both educators and learners identify key elements and their relationship between them. Learners identify the what, when, where, how, and why of their learning and educators see their role within the entire curriculum.¹

Health professional educators and clinical faculty are facing different educational challenges in balancing their work profile of teaching, research and clinical duties with improper planning of curriculum. They fail to plan and map the curriculum related to lack of knowledge on curriculum development. This is compounded by the increase in number of students, need of implementing evidence based practice and outcome based education.² Shift of the paradigm on clinical teaching from teaching hospitals to simulations, standardized patients and laboratory also make faculty the delivery of content cumbersome. The public expect to be served by an accountable health care professional, where their education should suitable to deliver cost effective quality health service.

Since health professions educators are not adequately prepared for different educational strategies and various aspects of curriculum development and design. Education as a scientific process and various methodologies used in education are not included in the syllabus or curriculum of these professionals. They are mainly prepared for service to society and not as educators. Many of them are learning education and teaching learning process through continuing education. They usually follow a medical model where the subject matter is arranged in a way that is not based on educational principles. So the graduates are familiar with core knowledge on their specialization to provide committed service to society as ethical human being. But when it comes to health professional education, programme delivery, they have to educate graduate based on educational principles and develop a programme that meets the educational and societal needs of the community where they are providing their services. So it is imperative that all health professional educators should have basic knowledge of curriculum development design, teaching and evaluation strategies. Now in many institutions, continuous training in educational technology and curriculum planning is given for many health professional educators. So a need assessment was conducted to find out the knowledge and skill of health science educators in a health science academy and develop and implement a programme

on curriculum development, design and mapping of core elements in a health professional education programme. Present study is intended to identify the knowledge and skill of the health professional educators in preparing a suitable, culturally sensitive curriculum for HPE in various streams of health science education.

MAIN OBJECTIVE

Identify the effect of planned educational programme on curriculum development and design for health professional educators.

Subsidiary Objectives

- Identify the knowledge of health professional educators on curriculum development for health professionals education.
- Identify the effectiveness of an educational programme on curriculum development, design and mapping of core elements in a curriculum.

METHODOLOGY

Study was conducted among faculty of a health science academy with convenient sampling. A total of 25 samples were taken who were working as faculty with a teaching experience of 3-10 years. The faculty who had undergone education as subject have been excluded. Pre-test post-test design was used with a teaching programme on curriculum design, development and mapping. Informed consent was taken from all participants and obtained ethical clearance from Institutional ethics committee.

Tool

Questionnaire was prepared by the investigator with 30 multiple choice questions based on the subject. The questionnaire was mainly prepared as A type MCQs. The content and construct validity of the questionnaire was done with 3 experts in educational technology and five items were deleted as three of them unanimously opined that they are bit confusing. The final 25 questions were retained with content and the construct validity was 1.

The questionnaire was piloted with 5 HPEs and found to be suitable for administration to measure the knowledge and skill of HPEs on curriculum development and design.

Researcher prepared and validated pre-test was administered to 25 faculty of an Allied Health Sciences. Pre-test was taken by all 25 educators. But the post-test taken by only 18 educators. So analysis of only eighteen candidates were done.

Out of the 25 questions 5 questions were based general awareness on curriculum, 5 questions were on outcome based curriculum development, 5 were on mapping on core elements integration with vertical and horizontal strands, 5 were on teaching learning principles, 5 were on learner centred and outcome based curriculum and 5 were reflection and curriculum assessment.

After administering the pre-test via google forms the teaching module was given to the educators with the help of power point presentation. A total of four hour session with lecture cum discussion with the help of power point was given to the participants. After the class the same questionnaire was administered to them via google forms after seven days.

Results were analysed using google itself. The results are tabulated below.

Demographic variables

Table 1: Frequency percentage distribution of Socio demographic characteristics *n=18*

Socio-demographic Variables	Frequency (Percentage)
Gender	
Male	01 (06)
Female	17 (94)
Professional Qualification	
Graduate	02 (11)
Post-graduate	15 (83)
Doctorate	01 (06)
Designation	
Clinical Instructor	01 (06)
Senior Lecturer	09 (50)
Assistant Professor	05 (27)
Associate Professor	02 (11)
Professor	01 (06)
Professional Experience (in years)	
0-3	05 (27)
4-8	02 (11)
9-12	01 (06)
More than 12	

Mean ±SD age of subjects was 31.95±4.65 Years

Table 2: Frequency and percentage distribution of pre-test and post-test responses from subjects

Sl. no.	Question	Pre-test responses		Post-test responses	
		Correct	Wrong	Correct	Wrong
General awareness on curriculum					
1	The word curriculum is derived from the Latin word:	18 (100)	0	18 (100)	0
2	Curriculum is all the learning experience planned and directed by the school to attain its educational goals	01 (06)	17 (94)	03 (17)	15 (83)
3	A plan of action that can be employed to structure a subject or a course area from a theory to practice is called a	0	18 (100)	07 (38)	11 (61)
4	A multi process of creating and improving a course taught at an educational institute is	07 (39)	11 (61)	16 (89)	02 (11)
5	The organization of the curriculum component into a whole is called	11 (61)	07 (39)	17 (94)	01 (06)
Mapping of Core Elements and Integration with Vertical and horizontal strands					
6	What are the models of Curriculum development?	14 (78)	04 (22)	18 (100)	0
7	What is SPICES model	06 (33)	12 (67)	11 (61)	07 (39)
8	Co-relation of the subject in previous class is called:	13 (72)	05 (28)	18 (100)	0
9	One of the important steps of process model of curriculum development is need assessment. What is the purpose of this?	04 (22)	14 (78)	15 (83)	03 (17)
10	Why is it important to have horizontal and vertical integration in a health science curriculum?	0	18 (100)	15 (83)	03 (17)
Teaching learning principles					
11	Behavioral objectives are meant for	07 (38)	11 (61)	15 (83)	03 (17)
12	A complete series of learning units is called	09 (50)	09 (50)	02 (11)	16 (89)

Table cont....

13	A dynamic and interactive process of teaching learning is	06 (33)	12 (67)	11 (61)	07 (39)
14	According to Lattuca and Stark concept of curriculum is also called as	13 (72)	05 (28)	17 (94)	01 (06)
15	The context of curriculum is based on	16 (89)	02 (11)	18 (100)	0
Learner Centered and Outcome based Curriculum					
16	The first part of the contextual filter of curriculum development is	07 (38)	11 (61)	01 (06)	17 (94)
17	The contextual filter that influences curriculum decisions are	14 (78)	04 (22)	15 (83)	03 (17)
18	Decision about aims, goals, objectives and selection of major areas of curriculum, choosing learning experience and evaluation procedures are reached after input:	04 (22)	14 (78)	09 (50)	09 (50)
19	Each institution has their own social, historical, economic and political context this means that curriculum decision should be based on	12 (67)	06 (33)	14 (78)	04 (22)
20	A broad or general statement reflecting the ultimate ends towards which the total educational programme is directed is called	06 (33)	12 (67)	12 (67)	06 (33)
Reflection and Curriculum Assessment					
21	Decision about aims, goals, objectives and selection of major areas of curriculum, choosing learning experience and evaluation procedures are reached after input:	07 (38)	11 (61)	06 (33)	12 (67)
22	Which of the following trait is not concerned with measurement:	12 (67)	06 (33)	17 (94)	01 (06)
23	Curriculum evaluation determines	13 (72)	05 (28)	17 (94)	01 (06)
24	A type of evaluation that is perfumed in the begging of any program is called	14 (78)	04 (22)	15 (83)	03 (17)
25	The worth of a student / person attaches to a particular object or phenomenon is:	02 (11)	16 (89)	18 (100)	0

Table 3: Comparison of Mean Pre-test and post test score obtained by subjects*n=18*

Category	Mean	SD	t value	df	p Value
Pre test	11.89	3.41	6.8034	17	<0.0001
Post test	17.89	1.64			

P value < 0.0001

The comparison of pre-test post test score is significant and shows that if the health care professions educators are trained well they will impart the teaching learning process scientifically and will provide learner centred, outcome based education.

The key to a really effective, integrated curriculum is to get educators to exchange information about what is being taught and to coordinate this so that it reflects the overall goal. This can be achieved through curriculum mapping, which has become an essential tool for the implementation and development of a curriculum. Faced with curricula which are becoming more centralized and less departmentally based, and with curricula including both core and optional elements, the faculty may find that the curriculum map is the glue which

holds the curriculum together.³

DISCUSSION

Presently, there are various models available for planning curriculum like SPICES model and PRISM model.^{4,5} So health professional educators to be prepared to use models that suitable for developing health care professional curriculum to fulfil societal needs with cent percent commitment and respect for adult learners. So it is imperative that the health care professional educators should have thorough knowledge on the curriculum development, design and mapping of the curriculum and must be trained adequately for curriculum development and educational strategies.

CONCLUSION

This study supports the importance of health care professional educators to be trained in curriculum development, design, and educational assessment so that the learners will be ethically competent professionals with societal commitment in a scientific manner. The faculty will identify that all teaching activities, whether big or small can represent a curriculum and will use educational strategies based on various frame work like SPICES and PRISM developed by Harden and Bligh.⁴⁻⁵

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To Study Learning Difficulties Experienced by Nursing Students in Online Class Teaching during COVID-19

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How to cite this article:

Switi Ashokrao Besekar, Prachi B Falke/To Study Learning Difficulties Experienced by Nursing Students in Online Class Teaching during COVID-19/Int J Pediatr Nurs. 2023;9(3):111-114.

Abstract

WhatsApp, Zoom and Google Meet are some of the apps used for conducting online classes. Some institutions have also developed their own software for online classes. It is almost a new notion for the nursing students to take online classes on a regular basis.¹

Objectives: (1) To study learning difficulties experienced by nursing students in online class teaching during COVID-19 pandemic. (2) To associate the findings with selected demographic variables.

Material and Methods: Research approach used for this study was an exploratory descriptive design. Population was nursing students who experienced online classes. Total 200 samples were selected by using non-probability convenient sampling technique.

Result: Majority of students 173 (86.5%) having negative experiences in online class teaching during COVID-19 pandemic whereas 27 (13.5%) of students having positive experiences in online class teaching during COVID-19 pandemic.

Conclusion: Majority of students 86.5% having negative learning experiences in online class teaching during COVID-19 pandemic whereas 13.5% of students having positive learning experiences in online class teaching during COVID-19 pandemic. There is a need for extended and intensive nursing research in the area of Online class room teaching and to counteract the various difficulties faced during online classroom teaching, so that improve the knowledge of students for providing better nursing care in family and community setting.

Keywords: Learning difficulties; Online class teaching; COVID-19 pandemic.

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Received on: 15.07.2023

Accepted on: 31.08.2023

INTRODUCTION

Online learning is the latest method of learning which encompasses the use of information technology in order to enhance the knowledge and academic performance of an individual. COVID-19 has impacted all aspects of human life such as physical, mental, economic, social, cultural and educational. Students' study was also affected with

COVID-19 as they have to state at home and needs to focus on self-paced online learning material. The Ministry of Human Resources Development (MHRD) is regularly emphasizing on e-learning with the tagline as "Let COVID The concepts of online classes are not new as it has been a part of many academic courses since a long time."³

Evidences indicate that worldwide many universities are offering online courses for the learners. The perceived barriers related to online teaching and learning are the key reasons for less use of online in certain part of our country. This includes skill deficit, time, cost, infrastructure, poor communication, collaboration, attitude and culture. Studies suggest that by developing strategies that ensure continuous engagement of students throughout the online study helps more to enhance performance of students. Electronic learning is categorized as synchronized and Non-synchronized e-learning. Synchronized Learning is a teaching learning activity in which both the student and teacher will be online at same time and hence it is more social and avoids frustration by asking and answering questions in real time. Non-synchronized Learning is an offline learning, which does not require active involvement of student and teacher at real time.⁶ Online learning nowadays considered as the potential method of learning especially in undergraduate medical & nursing teaching. There is no strong evidence that classroom teaching is better method of learning as compare to the online learning.⁶ This pandemic has left no options in front of institutions other than temporarily shut the doors or shift to online classes. Though online classes are adopted as an alternative for traditional classes but they must be the part of futuristic education so that students must be acquainted with technological skills.⁴ Online classes have shown an aspect of continuing the academic education. It has been shown in researches that students retain 25-60% more, when they learn online in comparison of 8-18% in traditional classroom teaching and 40-60% less time to learn than in classroom settings.²

Problem Statement:

To study learning difficulties experienced by nursing students in online class teaching during COVID-19 pandemic.

Objectives

1. To study learning difficulties experienced by nursing students in online class teaching during COVID-19 pandemic.

2. To associate the findings with selected demographic variables.

Assumptions

Nursing students faces various learning difficulties in online class teaching during COVID-19 pandemic.

MATERIAL AND METHODS

Research approach used for this study was an exploratory descriptive design. Population was nursing students who experienced online classes. Total 200 samples were selected by using non-probability convenient sampling technique.

Research Variable

Learning difficulties experienced by nursing students in online class teaching during COVID-19 pandemic.

Criteria for Sample Selection:

1. Inclusion Criteria

- Students who experience the online classes during COVID-19.
- Those who are available at time of data collection

2. Exclusion Criteria

- First year B.Sc. Nursing and 1st Year R.G.N.M. students

Tools of Data Collection:

The tools was divided into two sections

Section 1: Demographic variables

Section 2: Modified Likert Scale on learning difficulties experienced by nursing students in online class teaching during COVID-19 pandemic.

RESULT

Organization of Findings

The analysis and interpretation of the data are organized under three sections as per objectives of the study:

Section-I: Distribution of subjects with regards to their demographic variables.

Section-II: Assessment of learning difficulties

experienced by nursing students in online class teaching during COVID-19 pandemic.

Section-III: Association of findings with demographic variables.

Section-I: Distribution of Subjects with Regards To their Demographic Characteristics.

Table 1: Distribution of subjects with regards to their demographic characteristics *n =200*

Demographic Variables	No. of Nursing Students	Percentage (%)
Age (Years)		
19	26	13
20	63	31.5
21	55	27.5
22	33	16.5
23 and Above	23	11.5
Sex		
Male	50	25
Female	150	75
Religion		
Hindu	121	60.5
Muslim	5	2.5
Christian	2	1
Buddha	72	36
Other	0	0
Course and year of study (Nursing)		
2nd year B.Sc. (Nursing)	49	24.5
3rd year B.Sc. (Nursing)	32	16
4th year B.Sc. (Nursing)	31	15.5
2nd year R.G.N.M	57	28.5
3rd year R.G.N.M	31	15.5
Residence		
Urban	106	53
Rural	94	47

Section-II: Assessment of learning difficulties experienced by nursing students in online class teaching during COVID-19 pandemic.

Table 2: Frequency and percentage learning difficulties experienced by nursing students in online class teaching during COVID-19 pandemic. *n= 200*

Level of Experience	Frequency	Percentage (%)
Positive		
At and above mean 3	27	13.5
Negative		
Below mean 3	173	86.5

The above table number 2 shows Assessment of learning difficulties experienced by nursing students in online class teaching during COVID-19

pandemic. Majority of students 173 (86.5%) having negative learning experiences in online class teaching during COVID-19 pandemic whereas 27 (13.5%) of students having positive learning experiences in online class teaching during COVID-19 pandemic.

The students experienced following learning difficulties during online classroom teaching:

- Students were having less chances of communication with teacher, not able to concentrate, Eye problems, Students feel exhausted and stressful during Online Class Teaching.
- Students feel it is difficult to take notes during Online Class Teaching and feel overloaded with the content and it is time consuming.
- Students face internet connectivity issue and technical issues like electricity.
- Students were not able to give feedback to their teacher/ classmates while Online Class Teaching.

Section-III: Association of attitude score with demographic variables.

There was significant association between course and year of study (nursing) and no association between age, sex, religion, usual place of residence.

DISCUSSION

The result of current study supported by a study was conducted on Academic Crisis during COVID 19: Online Classes, a Panacea for Imminent Doctors. COVID 19 made a serious impact on many aspects of everyday life. The world saw a paradigm shift in the education system favouring online learning during the constrains of pandemic. To assess the attitude of the students towards online learning in subject of ENT, researcher conducted an observational study among 170 third year MBBS undergraduate students of our institute attending online classes through the student portal of our university website.⁵ Result of study survey revealed students favoured online learning to sustain their academic interest and development during this pandemic. Yet, they perceived many challenges during online learning like lack of face-to-face interactions, lack of socialization, distraction by social media, technology related issues etc. Students also opted for a combined approach of learning in the post pandemic period.

The study concluded the challenges faced during online learning and added the innovative methods that can be included to overcome the obstacles of online learning. During this period of COVID, one must embrace the alternative to classroom learning to keep up with one's academic development and can consider an integrated approach of learning after the pandemic.⁷

A descriptive cross-sectional study carried out at Universal College of Medical Sciences and Teaching Hospital among first and second year Bachelor in Medicine, Bachelor of Surgery and Bachelor in dental surgery students from 1st June 2020 to 30th August 2020. Ethical approval was taken from Institutional Review Committee of Universal College of Medical Sciences and Teaching Hospital (IRC UCMS, Ref: UCMS/IRC/025/20). Convenient sampling method was used. Semi-structured questionnaire was used. Statistical Package for Social Sciences 22 was used for analysis and frequency and percentage was calculated.

Result of study shows that one hundred fifty six (73.93%) students were enjoying online learning only to some extent, 135 (63.98%) felt online class not equally effective as face-to-face teaching. The students had disturbance during online classes as internet disturbance 168 (79.60%), and electricity problem 47 (22.3%). Similarly, many students 155 (73.50%) felt external disturbance, headache 26 (12.3%), and eye strain 26 (12.3%).

Study Concluded that most of the students suffered from disturbances during online classes probably because of internet and electricity problem. When compulsory to conduct online classes, students felt that not more than three online classes per day should be conducted to avoid eye strain and headache.⁸

CONCLUSION

Majority of students 86.5% having negative

learning experiences in online class teaching during COVID-19 pandemic whereas 13.5% of students having positive learning experiences in online class teaching during COVID-19 pandemic. There is a need for extended and intensive nursing research in the area of Online class room teaching and to counteract the various difficulties faced during online classroom teaching, so that improve the knowledge of students for providing better nursing care in family and community setting.

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A Study to assess the Effectiveness of Planned Teaching on Knowledge Regarding Importance of Breast Feeding & Weaning among the Primigravida Mothers

Gauri Kishor Waghmare¹, Rupali Subhashrao Walke², Ranjana Sadashiv Kamble³, Sanambi Alam Shaika⁴

How to cite this article:

Gauri Kishor Waghmare, Rupali Subhashrao Walke, Ranjana Sadashiv Kamble, *et al.*/A Study to assess the Effectiveness of Planned Teaching on Knowledge Regarding Importance of Breast Feeding & Weaning among the Primigravida Mothers/Int J Pediatr Nurs. 2023;9(3):117-120.

Abstract

Breast feeding is the most precious gift a mother can give her infant. "When there is illness or malnutrition it may be a lifesaving gift, when there is poverty, it may be the only gift. Breast feeding is the best natural feeding and breast milk is the best milk. The basic food of infant is of mother's milk. Breast feeding is the most effective way to provide a baby with a carrying environment and complete food it meets the nutritional as well as emotional and psychological needs of the infant. But recently there is tendency to replace the natural means of infant feeding and introduction of breast milk substitutes. Food is major concern of the mankind beginning from the time of conception and extending through the entire life span of the individual food supplies the energy for physical activity and other metabolic needs of the body. Food in early months of life is essential for maintaining life. The goal of this study was to identify the cultural and social norms and attitudes which mothers felt influenced their decision about weaning.

Objectives of the study: (1) To assess the existing knowledge regarding importance of breastfeeding and weaning among primigravida mother's in selected hospital of Wardha city. (2) To determine the effectiveness of planned teaching knowledge on regarding importance of breastfeeding and weaning among primigravida mother by comparing for the pretest and post test knowledge score. (3) To find out the association between knowledge regarding importance of breastfeeding and weaning among primigravida mother with their selected demographic variables.

Methods: A Pre-experimental one group pre-test and post-test design was used for the present study. Non probability convenient sampling technique was used to select the subject and the total population was 60. Tool used to collect the data was baseline proforma and structured knowledge questionnaire.

Results: Data was analyzed and interpreted by using both descriptive and inferential statistics. The mean score for the pretest was 11.28. The mean score for the post-test was 24.63. The gain in the knowledge based on difference in the pre-test and post-test mean was found to be 13.35 (Improvement). The calculated 't'

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Received on: 27.09.2023

Accepted on: 29.10.2023

value is 17.92, which are significant ($P < 0.001$). The results proved that the Planned Teaching was effective in improving the knowledge of primigravida mothers regarding Importance of breastfeeding and weaning. Age, Breast feeding is the first immunization to the baby have significant association with knowledge regarding Importance of breastfeeding and weaning.

Interpretation and Conclusion: This study was successful in achieving aims and objectives as well as using research appropriately.

Keywords: Importance of Breastfeeding & Weaning; Primigravida mothers.

INTRODUCTION

Breast feeding is a way of providing ideal food for the healthy growth and development of infant's; it is also an integral part of the reproductive process with important implication for the health of mothers. Breast milk is the possible food for the baby that promotes the baby physical and emotional growth to the fullest. Breast milk is thus nature most precious gift to the newborn.¹ Breast milk is free from contamination, safe, readily available to the needs of the infants because of its anti-infective properties and being free from contaminates the breast fed babies have low incidence of diarrhea and acute respiratory infection. There is reduced risk of allergy.²

WHO estimates that 1.5 million infant lives could be saved each year through increased breast feedings. One-fifth of neonatal deaths could be prevented by early initiation of exclusive breast feeding (breast feeding within the first hour). Most mothers want to breast feed their baby but they just don't know how to do it. Mostly new mothers do not realize breast feeding is a learned art that requires practice and patience. Optimal learning should take place before the baby enters the world not a week or two after the delivery.³

Weaning is a process of gradual and progressive transfer of the baby from breast milk to the family diet. It does not mean discontinuing the breast feeding. Weaning begins from the moment supplementary food is started and continues till the child is taken off the breast completely. Infants in India thrive on breast milk alone up to six months of life and their growth rate during this period is satisfactory. Breast milk alone is not able to provide sufficient amounts of all the nutrients needed to maintain growth after the first six months.⁴

OBJECTIVES OF THE STUDY

1. To assess the existing knowledge regarding

importance of breastfeeding and weaning among primigravida mother's in selected hospital of Wardha city.

2. To determine the effectiveness of planned teaching knowledge on regarding importance of breastfeeding and weaning among primigravida mother by comparing for the pre-test and post-test knowledge score.
3. To find out the association between knowledge regarding importance of breastfeeding and weaning among primigravida mother with their selected demographic variables.

MATERIALS AND METHODS

A Pre-experimental one group pre-test post-test design was used for the present study. Non probability convenient sampling technique was used to select the subject and the total population was 60. A structured knowledge questionnaire was used to assess the knowledge regarding importance of breastfeeding & weaning among the primigravida.

Inclusion Criteria

- Primigravida mother age between 18-30 years.
- Mothers who are available at the time of data collection.
- Primigravida mother who can read & write either Hindi, English & Marathi.
- Primigravida mother who are willing to participate.

Exclusion Criteria:

- Those who attain the same programmed.
- Those who are belong to health profession.

Data Collection Instruments

Tool 1: Baseline Performa

Tool 2: Structured Knowledge Questionnaire (Regarding Breastfeeding & Weaning)

Data Collection Process:

A formal written permission was obtained from the authority concerned and data was collected among Primigravida mothers in present study, 60 primigravida mothers were selected by convenient sampling technique. Prior to the data collection the investigators familiarized themselves with the subjects and explained to them the purpose of the study. They requested the participant's full co-operation and assured them confidentiality of their response. An informed consent was obtained from the subjects. Structured knowledge questionnaire on importance of breastfeeding & weaning was administered to the participants. The average time taken by the participants to complete the tool was 15-20 minutes and planned teaching was given and posttest also conducted after 7 days. The selected subjects were co-operative and the investigators expressed their gratitude for their co-operation. The collected data was compiled for analysis.

RESULTS

Part 1: Demographic variables

The result shows that 43.3% of the primigravida mothers come under the age group of 22-25 Years and 41.7% primigravida mothers from Hindu religion. Around 51.7% of primigravida mothers have from Secondary Education. Approximately 58.3% of them are from Joint family, 45% Primigravida mothers are housewife, around 48.3% of them have 3001-6000 family income, 60% of them from rural area and Approximately 75% of them know breastfeeding is the first immunization to the baby.

Table 1: Frequency distribution of the primigravida mothers in selected hospitals of Wardha city

Variable	Frequency	Percentage
<i>Age</i>		
18-21 years	14	23.3
22-25 years	26	43.3
26-29 years	19	31.7
30-33 years	1	1.7
<i>Religion of the Family</i>		
Hindu	25	41.7
Muslim	5	8.3

Buddhist	22	36.7
Others	8	13.3
<i>Educational Status</i>		
Illiterate	0	0
Primary	10	16.7
Secondary	31	51.7
Graduate and above	19	31.7
<i>Type of Family</i>		
Nuclear	24	40
Joint	35	58.3
Single Mothered	1	1.7
<i>Occupational status</i>		
Housewife	27	45
Daily Wages	13	21.7
Govt. Employ	16	26.7
Business	4	6.7
<i>Income of family</i>		
Below 3000 Rs	8	13.3
3001-6000 Rs	29	48.3
6001-9000 Rs	18	30
>9000 Rs	5	8.3
<i>Residence</i>		
Urban	24	40
Rural	36	60
<i>Breast feeding is the first immunization to the baby</i>		
Yes	45	75
No	15	25

Part 2: Effectiveness of Planned teaching

Summary of statistical outcome of pre-test & Post-test knowledge on Importance of breastfeeding and weaning. The overall pre-test knowledge score was found to be mean 11.28 with standard deviation 5.20 mean score percentage was 37.61. The overall post-test knowledge score was found to be mean 24.63 with standard deviation 3.07 mean score percentage was 21. Which indicates that the planned teaching was effective. The gain in the knowledge based on difference in the pre-test and post-test mean was found to be 8.93 (Improvement). The calculated 't' value is 17.92, which are significant (P< 0.001). Researcher concluded that the above data gives sufficient evidence to concluded that primigravida mothers who have received planned teaching on Importance of breastfeeding and weaning had

higher mean knowledge scores in post-test than in pretest.

Part 3:

The association between the levels of knowledge and demographic variables among primigravida mothers shows that Age, Breast feeding is the first immunization to the baby has significant association and Religion of the family, Educational status, Type of family, Occupational status, Income of family, residence had no association with knowledge regarding Importance of breastfeeding and weaning.

DISCUSSION

The findings with regard to pre-test knowledge of importance of breastfeeding and weaning among primigravida mothers mean score for the pretest was 11.28. The mean score for the posttest was 24.63. The gain in the knowledge based on difference in the pre-test and post-test mean was found to be 13.35 (Improvement). So the planned teaching was effective. However, the knowledge among the primigravida mothers when it's come to the association of knowledge with demographic variable is significance. There is need to create awareness regarding importance of breastfeeding and weaning.

However, this is contrast to a similar study done on knowledge regarding breastfeeding among mothers of under two years children which shows that there is a need to improve the knowledge. A study was conducted by Arpita Nag, *et al* showing the findings that the In pre-test the majority of mothers, 50.80% had moderate knowledge, 40.00% of mothers had inadequate knowledge whereas 9.20% of mothers had adequate knowledge. In post-test majority 92.30% mothers had adequate knowledge, 7.70% mothers had moderate knowledge whereas none of the mothers had inadequate knowledge. These findings highlight the need for teaching programme to improve

knowledge of mothers of under two year children.⁵

CONCLUSION

The result of this study show that the most of the primigravida mothers had excellent knowledge after giving planned teaching between pre and post test knowledge regarding importance of breast feeding and weaning among primigravida mothers. The various findings of the study show that in pre teaching phase almost all the sample, except a few were having lack of knowledge regarding breastfeeding and weaning, frequency and initiation, position technique of breast feeding, advantages of breast feeding and difficulty associated with breast feeding and weaning. The primigravida mothers, if gained knowledge in such basic things, can disseminate the knowledge among the family members, neighbours, community and ultimately to benefit the nation. Reinforced continuation is required to keep the update of gained knowledge.

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We need the Ethics committee approval letter from an Institutional ethical committee (IEC) or an institutional review board (IRB) to publish your Research article or author should submit a statement that the study does not require ethics approval along with evidence. The evidence could either be consent from patients is available and there are no ethics issues in the paper or a letter from an IRB stating that the study in question does not require ethics approval.

Abbreviations

Standard abbreviations should be used and be spelt out when first used in the text. Abbreviations should not be used in the title or abstract.

Checklist

- Manuscript Title
- Covering letter: Signed by all contributors
- Previous publication/ presentations mentioned, Source of funding mentioned
- Conflicts of interest disclosed

Authors

- Middle name initials provided.
- Author for correspondence, with e-mail address provided.
- Number of contributors restricted as per the instructions.
- Identity not revealed in paper except title page (e.g. name of the institute in Methods, citing previous study as 'our study')

Presentation and Format

- Double spacing
- Margins 2.5 cm from all four sides
- Title page contains all the desired information. Running title provided (not more than 50 characters)
- Abstract page contains the full title of the manuscript
- Abstract provided: Structured abstract provided for an original article.
- Keywords provided (three or more)
- Introduction of 75-100 words

- Headings in title case (not ALL CAPITALS). References cited in square brackets
- References according to the journal's instructions

Language and grammar

- Uniformly American English
- Abbreviations spelt out in full for the first time. Numerals from 1 to 10 spelt out
- Numerals at the beginning of the sentence spelt out

Tables and figures

- No repetition of data in tables and graphs and in text.
- Actual numbers from which graphs drawn, provided.
- Figures necessary and of good quality (color)
- Table and figure numbers in Arabic letters (not Roman).
- Labels pasted on back of the photographs (no names written)
- Figure legends provided (not more than 40 words)
- Patients' privacy maintained, (if not permission taken)
- Credit note for borrowed figures/tables provided
- Manuscript provided on a CDROM (with double spacing)

Submitting the Manuscript

- Is the journal editor's contact information current?
- Is the cover letter included with the manuscript? Does the letter:
 1. Include the author's postal address, e-mail address, telephone number, and fax number for future correspondence?
 2. State that the manuscript is original, not previously published, and not under concurrent consideration elsewhere?
 3. Inform the journal editor of the existence of any similar published manuscripts written by the author?
 4. Mention any supplemental material you are submitting for the online version of your article. Contributors' Form (to be modified as applicable and one signed copy attached with the manuscript)