Original Article

Assess the effectiveness of planned health teaching on knowledge regarding temper tantrums among mothers of toddlers in the selected hospital Vadodara

Pratik s. Borase.[1], **Roma Patel***[2]

[1]Msc Nursing, Parul Institute of Nursing, Parul University, Vadodara. Gujarat.

[2]Assistant Professor, Department of Child Health Nursing, Parul Institute of Nursing, Parul University, Vadodara. Gujarat

Email: patelrp2306@gmail.com

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Abstract

Background: Temper tantrums are the common behaviour problem in pre-school children who may express their anger by lying on the floor, kicking, screaming and occasionally holding their breath. Tantrum is natural, especially in children who are not yet able to use words to express feelings through words. Tantrums typically peak between ages 2 to 3 and start to decline by Twenty-three to 83 percent of all 2–4-year-olds have temper tantrums at least occasionally (2,3,7,8,15 times), last 30 seconds to 2 minutes, most intense at the start.

Objectives: 1.To assess the knowledge of mothers on managing common temper problem among toddlers.

2.To find association between knowledge and selected demographic variable common temper problem among mothers of toddlers.

3.To Find out the effectiveness of planned health teaching on knowledge regarding temper tantrums among mothers of toddlers.

Methods: The Parul Sevashram Hospital in Vadodara served as the study's location. A practical simple random sampling procedure was used to select 60 primi mothers in total. Multiple choice questions and a checklist were included in the questionnaire used to gather the data. Age, religion, degree of education, place of residence, and other socio-demographic characteristics were taken into account when formulating the questions. For this examination, a quantitative descriptive research design was adopted.

Result: In this study, The mean improvement in knowledge score is 10.17 with SD 6.26. The structured teaching programme is an effective intervention to improve the knowledge of mothers on managing common behavioural problems among toddlers. comparison of mean score of pretest and post test of knowledge scores of mothers, pre-test mean score was 11.46 and post-test score mean was 21.63 and t calculated is greater than t table value therefore H1 hypothesis is accepted.

Conclusion: Despite the fact that more than half of mothers are well-informed. Mothers gain there knowledge how to prevention of temper tantrum.

Keywords: Knowledge, planned teaching programme, temper tantrums,Hospital.

INTRODUCTION

Tantrums are common in early childhood, often prompting parents to seek consultation with paediatricians. Parents are often unsure about whether behaviours that occur during tantrums could indicate a serious behavioural problem. Although the popular press pro ides much information, surprisingly little empirical research has been conducted in this area[1]. The scant literature provides little information about potential “red flag” tantrum behaviours that cross the threshold into clinically significant problems or symptoms. Research providing empirical evidence that distinguishes normative versus clinically significant tantrum behaviours has important implications for advising caregivers and professionals. Potegal and Davidson found that common tantrum behaviours exhibited by 18 to 60 month old children included behaviours such as crying and hitting, and occurred once a day on average, with a median duration of 3 minutes and with 75% of tantrums lasting between 1.5 and 5 minutes. Researchers have also found that 70% of 18- to 24-month-old children have tantrums[2]. Other authors have noted that the highest incidence of tantrums occur in the 3- to 5-year age range (75.3% of children). A study of children exhibiting severe tantrums, found that 52% of these children had other nontantrum-related behavioural/emotional problems[3].

Every teacher of young children and every new parent can expect to witness some temper tantrums in children from age 1–4 years. On average, temper tantrums are equally common in boys and girls, and more than half of young children will have one or more per week. At home, there are predictable situations that can be expected to trigger temper tantrums, such as bedtime, suppertime, getting up, getting dressed, bath time, watching TV, parent talking on the phone, It's hard for young children to hold strong feelings inside. When they feel frustrated or angry, they often cry, scream, or stomp up and down. This is a temper tantrum[4]. Temper tantrums are a normal part of your child's development. They usually begin around age 12 to 18 months, get worse between 2 and 3 years, then taper off after that, once children are able to use words to communicate their wants and needs. young children are busy learning about their world. They are eager to take control[5]. However, learning to control temper can be one of the hardest lessons of all. A lot of things can frustrate a child and lead to temper tantrums. For example, your child may, Not understand what you are saying or asking, Be upset when others cannot understand her, not know how to tell you how she feels or what she needs, not know how to solve problems on her own, have an illness or other problem that keeps her from expressing how she feels, be hungry, be tired, be anxious or uncomfortable, be reacting to stress or changes at home, be jealous, want what other children have, or want the attention others receive, not be able to do as much as she thinks she can, like walking, running, climbing, drawing, or making toys work[6].

In India according to world health report 2001, 15% of children have serious emotional disturbance. According to ICMR 2001, overall prevalence of mental and behavioural disorder in Indian children to be 12.5%. Studies conducted in rural and urban areas of different parts of India suggest prevalence of behaviour disorder ranges from 1.6%-41.3%[7]

Managing children's' behaviour problems is stressful and sometimes provokes anger in parents. Planning the solutions to reduce parents own stress levels will help them to deal more easily with their children. Parents may require extra effort at child disturbance times to stay tuned with them. It is a need to ensure that parents should[8].

Methods

Study location and time frame: In 2022, primi para mothers in Vadodara's Parul Sevashram Hospital participated in this study.

Study design

Hospital based study design was conducted among Mothers of toddlers

Population

Source population:

The source population was mothers who have toddlers in the parul sevashram hospital Vadodara.

Study population:

All sampled toddlers mothers who have children 1 to 3 years of age in parul sevashram hospital Vadodara during study period.

Inclusion criteria and Exclusion criteria:

Inclusion criteria

1. Mothers of toddlers who can read and write English and Gujarati.

2. Who was willing to participate will be included.

Exclusion criteria

Any care taker of the child other than mother

Sample size: The sample size was 200 mothers of toddler who fulfill the inclusion criteria

Variables

Independent Variable- Planned Health Teaching

Dependent Variable- Knowledge regarding temper tantrums among mothers of toddlers

DEMOGRAPHIC VARIABLES: In this study, demographic variables was Age of mother,

Education of Mother, Occupation of Mother, Family Income, Number Of toddlers in house,

Religious of family, Type of family, Attended any teaching program.

Data collection instrument and procedure

Structured and semi-structured English version questionnaire was prepared from the literature review by principal -

investigators. Translation to Gujarati version and again translated to English version were used by the principal investigators taken consents and before starting data collection time. This section included 26 items to assess the knowledge of mothers regarding temper tantrums. Each question has 4 options in which one option correct and other 3 options was wrong. Each correct answer carries one-mark, wrong answer carries zero mark

Data collection instrument and methods:-The data collector was the group members. Face to face interview held privately after verbal consent is obtained from each participant. The data was collected until the required sample size achieved.

Data processing and analysis

The coded data were entered to computer by using Statistical Package for Social Science (SPSS) version 23 statistical software for analysis. Frequency and percentage distribution was used to describe the demographic variables. The result presented by charts, figures, and tables. A Chi-square test was be used to find the association.

Ethical Consideration

The permission was taken from the concerned authority in the Parul University, Vadodara. Data collection permission was obtained from medical superintendent and concerned was taken from each respondent who was participate in study. Written consent was taken from the participants. All information was keep as confidential and use only for the present study.

Results:

Socio-Demographic Characteristics

The socio-demographic characteristic of the respondents is described in Table 1 demographical parameters of samples 63% of mothers had toddlers of 1 to 2 years age group and 37% of mothers had toddlers above 2 to 3 years age group. samples 20% mothers were from 20 to 25 year age group, 33.5% mothers were from above 25 to 30 years age group, 43.5% toddler mothers were from above 30-35 years age group and only 3% mothers were from 35 and above age group. samples 9.5% mothers were 12th passed, 34% mothers were diploma qualified and 32.5% mothers were graduates and 24% mothers were post-graduates. samples 69% mothers were employed and 31% mothers had their own business. samples 54% mothers had 1 child, 39% mothers had 2 children and 7% mothers had 3 children. (See table 1).

Table 1

Demographic Parameters	**Frequency**	**%**
Age of the Toddlers		
1-2 yrs.	126	**63**
Above 2-3yrs.	74	**37**
Total	**200**	**100**
Age of the mothers		
20-25 yrs.	40	20
Above 25-30 yrs.	67	33.5
Above 30- 35 yrs.	87	43.5
35 yrs and above.	06	3
Total	**200**	**100**
Qualification		
12^{th} passed	19	9.5
Diploma	68	34
Graduate	65	32.5
Post-graduate	48	24
Total	**200**	**100**

Occupation		
Employed.	138	69
Own Business.	62	31
Total	**200**	**100**
Number of children		
01	108	54
02	78	39
03	14	7
Total	**200**	**100**

Section II: To find association between knowledge and selected demographic variable common temper problem among mothers of toddlers.

This section presents the Analysis of data related to the association of selected demographic variables with pre-test knowledge scores of mothers on managing common behavioural problems among Toddlers. In order to find the association, the data were analyzed using Pearson's chi square test.

TABLE 2: CONTINGENCY TABLE FOR DEMOGRAPHIC DATA.

Demographic Parameters	**Pre-test knowledge scores**			**Total**
	Good (20-30)	**Average (10-20)**	**Poor (Below 10)**	
Age of the Toddlers				
1-2 yrs.	14	25	87	**126**
Above 2-3yrs.	16	35	23	**74**
Total	**30**	**60**	**110**	**200**
Age of the Mothers				
20-25 yrs.	5	12	23	**40**
Above 25-30 yrs.	9	15	43	**67**
Above 30- 35 yrs.	12	32	43	**87**
35 yrs and above.	4	1	1	**6**
Total	**30**	**60**	**110**	**200**
Qualification				
12^{th} passed	7	6	6	**19**
Diploma	3	8	57	**68**
Graduate	8	16	41	**65**
Post-graduate	12	30	6	**48**
Total	**30**	**60**	**110**	**200**
Occupation				
Employed.	20	35	83	**138**

Own Business.	10	25	27	**62**
Total	**30**	**60**	**110**	**200**
Number of children				
01	10	32	66	**108**
02	12	22	44	**78**
03	8	6	0	**14**
Total	**30**	**60**	**110**	**200**

TABLE 2: COMPARISON OF CHI SQUARE VALUE CALCULATED WITH TABLE VALUE.

Sr. No.	**Parameters**	**Chi square value calculated**	**df**	**Table value at**		**Inference**
				P= 0.05	**P= 0.01**	
1.	Age of the Toddlers	27.36	2	5.991	9.210	**highly significant association**
2.	Age of the Mothers	17.188	6	12.592	16.812	
3.	Qualification	68.421	6	12.592	16.812	
4.	Occupation	5.410	2	5.991	9.210	**No significant association**
5.	Number of children	28.278	4	9.488	13.277	**highly significant association**

Note: Df= (rows-1) X (Column-1) of contingency table

Table 3 shows that there was a highly significant association between knowledge of mothers on managing common behavioral problems among Toddlers and Age of the Toddlers As chi square calculated was greater than P value at 0.01 confidence interval. There was no significant association between knowledge of mothers on managing common behavioural problems among Toddlers and Occupation of samples.

Table 3: Comparison of Pre-test Post-test of planned health teaching on knowledge regarding temper tantrums among mothers of toddlers with inferential statistics paired t test

Knowledge scores of Mothers	**Mean± SD**	**Standard Errorof Mean**	**95% ConfidenceLimit**		**t- testcal**	**Inference**
			Lower	**Upper**		
Pre-test	11.46± 5.61	0.39	10.68	12.24	22.99	t calculated isgreater than ttable value at 0.001 probabilitylevel H1 is accepted at highly significant level.
Post-test	21.63± 5.21	0.37	20.91	22.35		

H1 accepted - There is a highly significant statistical difference between the pertest and post- test knowledge scores (t=n22.99, p<0.001). The mean improvement in knowledge score is

10.17 with SD 6.26. The structured teaching programme is an effective intervention to improve the knowledge of mothers on managing common behavioural problems among toddlers.

Discussion

Similar study by Davis-Kean, found that Parental educational level was an important predictor of children's educational and behavioral outcomes the majority of research on the ways in which parental education shapes child outcomes has been conducted through cross-sectional correlation analyses or short-term longitudinal designs in which parents and children are tracked through the child's adolescent years. Few theories and researches on family process models revealed that indices of family socioeconomic status, including parent education, had predicted the quality of family interactions and child behavior. Qualified parents are more conscious towards child physical as well as psychological development. Parental education and the quality of family interactions put lots of effect on child behavior for more formative and constructive shape [7].

Occupation of the mothers- study got 69% employed mothers at various institutes and companies and 31% mothers had their own business. Similar study was stated by Vanaja Kumari, Katari Kantha and Hemalatha[8].

Similar research by Ragnhild Bang Nes, Lars Johan Hauge , Prospective population-

based study examined associations between children's behaviour problems and maternal employment. Mothers reporting their child to have severe internalizing or severe combined behaviour problems (5 %) had excess risk of leaving paid employment irrespective of other important characteristics generally associated with maternal employment [9]. The attributable risk percent ranged from 30.3 % (internalizing problems) to 32.4 % (combined problems). Children's behaviour problems thus entail a range of immediate and long-term consequences for the financial and probably overall well-being of their mothers. Mothers have a vital role in molding the behaviour of the children [10].

Homes was one of the first places where kid's behaviour and future educational success is shaped. A mother can imply positive

attitude to the children by identifying negativism and behavior problem.

Conclusion:

Study indicates the structured teaching programme was effective in improving the knowledge regarding behavioral problems. There was no significant association between post-test knowledge with age, sex, qualification year of experience, qualification year of experience. toddler mothers increased their knowledge about prevention of temper tantrum after planned teaching programme.

Competing interest:

The authors report no conflicts of interest for this work.

Authors' contributions

All authors have read and approved the final version of the manuscript.

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