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Responsive Teaching of Responsively Teaching for Child Development and their Parents

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Abstract

Responsive teaching is a program that teaches parents how to support the development of their children's communication, cognitive, social and emotional skills by being more responsive in the way they interact with their children. Responsive teaching is designed for children under six years old who have developmental or social-emotional problems. Initially, parents must complete a two-day workshop called Getting Started with Responsive Teaching. Parents deliver responsive teaching with the support of a trained professional, so involvement is high. Results from these studies indicated that during the early childhood years, parents promote their children's development by engaging in highly responsive interactions throughout their daily routines. It refers to the extent to which the children acquire knowledge on worm infestation after structured teaching programme or Child-to-child teaching programme which can be measured using a structured knowledge questionnaire. The Programme is based on the concept that children in schools and family members need to be considered as partners in spreading health messages as well as benefiting them. Imparting health information during childhood remains longer in their life and the concept will be transmitted to their offspring's. For communicating health information, one has to adopt an appropriate strategy.

Key words: Responsive teaching • Children illiteracy • Poverty • Ignorance • Misconception • Superstition.

Introduction

Infants and toddlers need constant and affectionate company provided by an intimate relationship with their caregivers, and experiences of positive relationships in infancy have far-reaching consequences. Every child has the right to grow up in the healthy home, school and community. Our country is one of the developing countries. In most of the developing countries worm infestation, which is referred to as the infection or the infestation occurring in the intestine due to helminthic has become the major health problem. In Indian society, it is a common cause of malnutrition, especially in rural areas where there is practice of open field defecation. Helminthic or worms live as parasites in the human body bare a fundamental cause of human disease associated with health and nutrition problems beyond gastro intestinal tract disturbances [1-3].

Responsive Teaching is a primary involvement program designed to address the cognitive, language, and social emotional needs of young children with growing problems. This ground-breaking interference ideal was resulting from research conducted chiefly with children with down syndrome and their mothers. This study indicated that during the initial childhood years, parents promote their children's growth by charming in greatly reactive connections throughout their daily habits. The properties of awareness are mediated by the impact it has on children's use of numerous essential evolving activities, such as social play, attention, initiation and persistence. Responsive Teaching helps parents learn to use Responsive Teaching strategies to promote the pivotal developmental behaviours that are relevant to their children's developmental needs. Research with 50 children with progressive problems and their parents indicated that Responsive Teaching was highly effective at talking children's developmental and social emotional needs. The effects of this interference were mediated by the impact that RT strategies had on children's pivotal developmental behaviours [4,5].

Worm infestation remains one of the main problems of child development. Impure water, low socio-economic state, poor sanitation coupled with low literacy rates of parents particularly the mothers are the main causes of this prevalent malady. Worm infestation is one of the major causes of childhood malnutrition, anaemia, stunted physical and mental growth, psycho-social problems and this along with repeated gastrointestinal and upper respiratory tract infection contributes to high morbidity in children and remains a major cause of high infant and child mortality in India [4].

In India almost 74% of the people live in rural area. It is observed that because of illiteracy, poverty, ignorance, misconception and superstition people of rural area have developed undesirable attitudes and practices. About 30-50% of rural school children suffer from much morbidity like Anaemia, Worm infestation, Under Nutrition and Dental Caries. Approaching every Child in Rural area is herculean with poor sustainability. The WHO has given the report of world prevalence rate and mortality rate of worm infestation-hook worm of 15.1 million that contributes to 65%, round worm of 250 million which is about 60%, tape worm of 127 million equivalents to 45%, pinworm 80 million that contributes to 10% and whip worm 4.5 million [5,6].

Health workers and educators in India have long been receptive to the ideas inherent in the Child-to-child approach. One reason why Child-to-child has found such fertile ground in India is that the twin concerns of the program—to promote preventive health care for children and to encourage activity-based approaches to learning—support the goal to design more effective health and educational services throughout India. Mass media have their limitations in such populations. Under these circumstances Child- to-child Program offers most cost effective strategy to approach every family. Through this method it is possible to improve the health and nutrition awareness of the people, change their attitudes and help them to implement basic health principles in practice [7-9].

The concept of Child- to-child Programme was developed by David Morley in the year 1978. Child-to-child is learning rather than an outreach project; no systematic attempt is made to use the children as health messengers or change agents. Nevertheless, because of the stress on internalizing learning through activity and practice, outreach is beginning to occur spontaneously. The program is relatively informal, and participation is voluntary. The communication of health messages is a central component of the Child-to-child Programme [10].

Worm infestation refers to the infection or infestation occurring in the intestine due to helminthes. Prevention is the key step but early intervention

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can improve the outcomes. Positive hygienic practices are essential for the prevention of worm infestation. Worm eggs are passed through the human faeces of infected person and grow on soil and water. These parasitic infections manifest themselves as reduced growth rates through impaired nutrient utilization. Consequently the children are not able to achieve their full potential in physical performance and education [11,12]. Heavy hookworm burden is the major aetiology for iron deficiency anaemia in young children. Over one quarter of the world's population is most likely suffering from some form of parasitic infestation. The prevalence of different parasitic diseases depends on environmental, social and economic factors.

Tamil Nadu worm infestation is particularly heavy in the areas with warm damp climates and where people are practicing open field defecation. Southern districts have more prevalence i.e., 65% of worm infestation. Intestinal worm infestation is widely prevalent in developing countries and can result in impaired nutrition and development. The World Health Organization (WHO) estimates that infection with round worm *(*Ascaris lumbricoides*)*, whipworm *(*Trichuris trichiura*)* and hookworms *(*Ancylostoma duodenale and Necator americanus*)* with associated morbidity, affect approximately 250 million, 46 million and 151 million people, respectively. About half the population in South India and 50% of school children in tribal areas of Central India are infected with Ascaris lumbricoides, Trichuris trichiura and/or hookworm. In the western part of Nepal, 86.7% of the pre-school children are infected with a single geohelminth infection and 13.3% with mixed infections. Thus, worm infestation is a Public health problem that needs immediate attention from policy makers in India and other South Asian countries [13-15].

Materials and Method

The research methodology includes, the strategies to be used, in collecting and analyzing data to accomplish the research objectives and to test research hypothesis. It has crucial implications for the validity and credibility of the study findings. This chapter gives a brief description of the methodology for the study to compare the effectiveness of structured teaching programme Vs. Child-to-child teaching programme on worm infestation among school children at selected Government Higher Secondary Schools, Chennai.

The content of the chapter includes the description of the research design, variables, setting of the study, population, sample, criteria for sample selection, sampling technique, development and description of instruments, method of data collection, development of teaching plan, pilot study, data collection procedure and plan for data analysis.

Setting of the Study

Setting-1: Study was conducted in Government Higher Secondary School, Thabaram, and Chennai.

Setting-2: Government Higher Secondary School, Thambaram, Chennai.

Sample sizes are 40. The samples were selected based on the inclusion criteria. The sampling technique that was adopted for the study is simple random sampling technique by using lottery method.

Inclusion criteria

Children studying in 7th standard at selected Government Higher Secondary Schools, Chennai. Children who can understand and speak Tamil. Children present at the time of data collection. Both the sexes.

Exclusion criteria

Children who are having visual, speech and hearing impairment

The tool was developed based on review of literature, opinion from experts in the field of Paediatrics. The following steps were undertaken to prepare the final tool. A blue print was prepared prior to the construction of knowledge questionnaire based on which items were developed. Content validity is an approach for establishing the validity of a quantitative measuring instrument that determines the extent to which the instrument represents the phenomena under study.

The knowledge questionnaire was submitted to four experts in the field of Paediatrics, along with blue print, criteria checklist and scoring key, to establish the content validity. Among the experts, One was doctor and three were nursing personnel. The modifications were made as per the experts' opinion and in discussion with the guide. The final tool consisted of 25 questions.

Plan for Data Analysis

Analysis is the systematic organization and synthesis of research data and the testing of research hypothesis using these data.

Based on the objectives and hypothesis of the study the following steps are taken to analyze the data.

- ✓ Organize the data in a master sheet.
- ✓ Calculate frequencies and percentages to show distribution of subjects according to baseline variables.
- ✓ Calculate mean, median and standard deviation of pre-test and post test scores, and paired 't' test and coefficient of variance to compare the effectiveness of structured teaching programme and Child-to-child teaching programme.
- ✓ Find out the association between the knowledge on worm infestation among school children with the selected demographic variables by using chi-square test.

Results

Results are explained in the form Figures 1 to Figure 6.

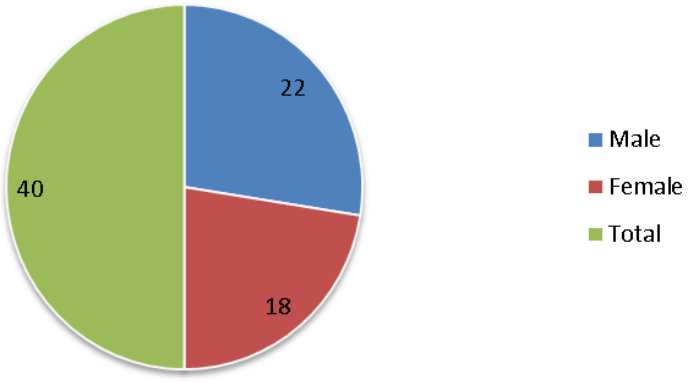

Figure 1. Distribution of sex among school children.

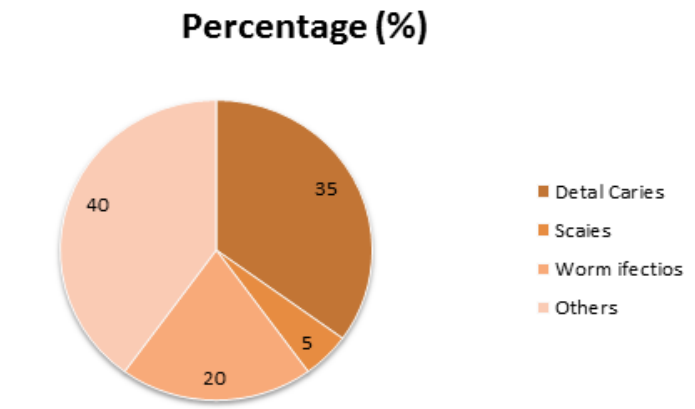

Figure 2. Type of defecation among school children.

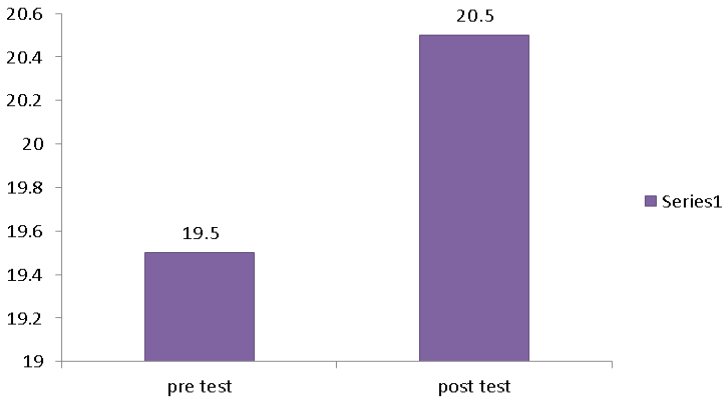

Figure 3. Pre Test knowledge on worm infestation before structured teaching programme among school children.

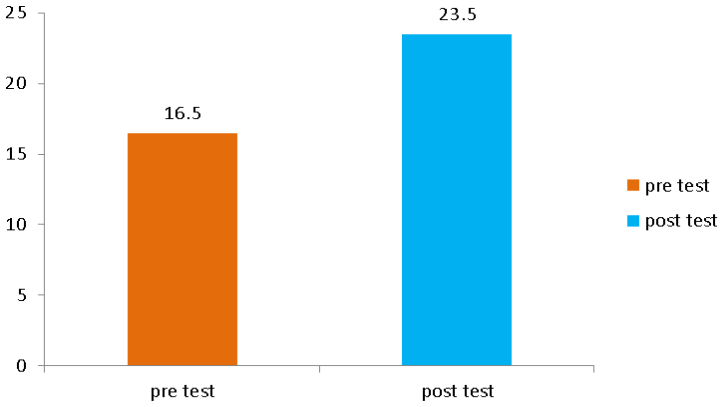

Figure 4. Pretest knowledge on worm infestation before child to child teaching programme among school children.

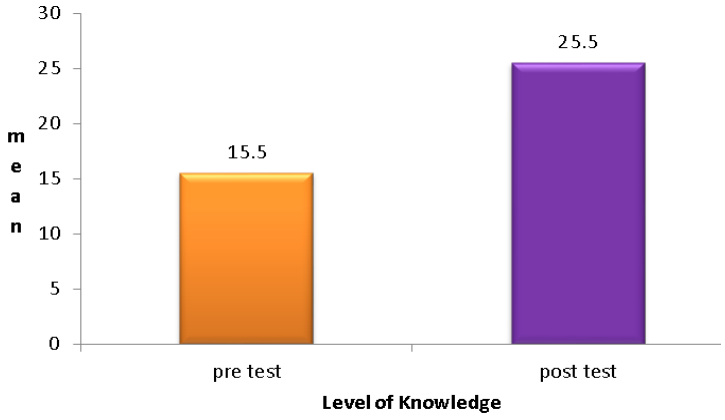

Figure 5. Effectiveness of structured teaching programme on knowledge regarding worm infestation.

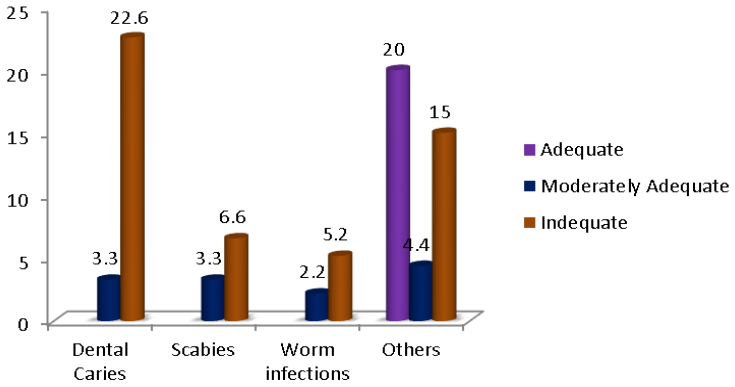

Figure 6. Association of knowledge on worm infestation in structured teaching programme among school children with type of defecation.

Discussion

The research findings and also explains various similar studies conducted by other researchers. The main aim of the present study was to compare the effectiveness of structured teaching programme with Child-to-child teaching programme on worm infestation in selected schools, Chennai. One group pretest-posttest design was adopted for the study. The population of the study was Children who are studying in 7th standard at selected Government Higher Secondary Schools, Chennai and the sample size was 40. A structured questionnaire with interview was schedule to assess the knowledge on worm infestation among school children [16,17].

The data was analysed through both descriptive statistics (Mean, Frequency, Percentage and Standard deviation) and inferential statistics (paired 't'test and chi-square,co-efficient of variance).Discussion of this work findings is grounded on goals of the study.

The first detached of the present study was to identify the level of knowledge before structured teaching programme on worm infestation among school children [18].

It is therefore inferred that most of the children had inadequate knowledge before structured teaching programme on worm infestation. This may be due to lack of proper awareness regarding good maintenance of personal hygiene, proper sanitation and a conducive environment [19]. The second objective was to identify the level of knowledge before Child-to-child teaching programme on worm infestation. The study revealed that out of 30 samples in Child-to-child teaching programme most of them (22.6.7%) had moderately adequate knowledge,(6.6%)had inadequate knowledge, and (20.0%) of them had adequate knowledge during pretest. So it was clearly identified that most of the children had moderately adequate knowledge and none of them had adequate knowledge on worm infestation. So it is inferred that most of the children had inadequate knowledge regarding worm infestation. This again shows that they have not got adequate information regarding worm infestation. They have not been emphasized on personal hygiene, environmental sanitation, etc

The sample were selected by lottery method and interviewed. The study findings revealed that the mean posttest knowledge score is 25.48 was higher than mean pretest knowledge score 12.46 of the subjects which is significant at $p<0.05$ level. It implied that the self-instructional module had significant effect in increasing the knowledge of subjects [13]. This study was supported by previous authors who have conducted a research to assess the impact of Child-to-child programme in increasing the knowledge, change in the attitude and practice with respect to diarrhea among rural school children at Belgaum, Karnataka. Controlled trial was done. Results showed that Child-to-child program had made significant improvement in the knowledge, change in the attitude and practice of study group students after the intervention when compared to control group students.

The coefficient of variance for structured teaching programme was Hence it is proved that the Child-to-child teaching programme was effective when compared with structured teaching programme [19]. Hence it was inferred that the Child-to-child teaching programme is much more effective when compared to structured teaching programme as the younger children shows more interest in learning thing from the older children may be due to bonding and lack of fear. Moreover when we impart knowledge to children rather than adults it will be beneficial to them throughout their lifespan and they will try to follow what they have learnt. They also will act as a change agent in spreading the learnt information not only to other children but also to their family [20-22].

The sixth objective was to associate the level of knowledge after structured teaching programme on worm infestation with selected demographic variables. The study revealed that the 'p' value for mother's occupation was 0.044, the 'p' value for type of defecation was 0.004, the 'p' value health problems was 0.009, and the 'p' value for information obtained was 0.035. Hence it was proved that there was significant association between the Mother's occupation, type of defecation, health problems and the source information. It reveals that the knowledge on worm infestation depends upon the mother's occupation, type of defecation, health problems and the source of information. The seventh objective was to associate the level of knowledge after Child-to-child teaching programme on worm infestation with selected demographic variables. The study revealed that there was no significant association between Child-to-child teaching programme with the Demographic variables [22,23]. Children are our future citizens. So, imparting knowledge to a child means that we are imparting knowledge to a family. Family acts as a change agent to the community. A healthy community acts as a ladder for the country's development.

Conclusion

This chapter deals with the research approach, research design, setting of the study population, sample, criteria for sample selection, sampling technique, development and description of the tools, data collection procedure and plan for data analysis. This chapter deals with summary, conclusion and recommendations of the study. Further, it includes implications for nursing practice, nursing education, nursing administration and nursing research. The main aim of the present study confirms the effectiveness of Child-to-child teaching programme on worm infestation among School children. This study revealed that the Child-to-child teaching programme on worm infestation has surely improved the knowledge on worm infestation which will prevent the early complications among School children.

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Ethical Approval

The study was approved by the Institutional Ethics Committee.

Conflict of Interest

The authors declare no conflict of interest.

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