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## **A Study to Assess the Effectiveness of Structured Teaching Program on Knowledge Regarding Behavioural Problems of Pre-Schoolers Among Mothers in Selected Anganwadi Centres of the City**

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### **Abstract**

A Study to Assess the Effectiveness of Structured Teaching Program on Knowledge Regarding Behavioural Problems of Pre-Schoolers among Mothers in Selected Anganwadi Centres of the City.

### **Objectives**

#### **Primary Objective:**

To assess the effectiveness of Structured Teaching Program on knowledge regarding behavioural problems of pre-schoolers among mothers in selected Anganwadi centers of the city.

#### **Secondary Objectives:**

1. To assess the existing level of knowledge regarding behavioural problems of pre-schoolers among mothers in selected Anganwadi can.
2. To find out the association between the pre-test level of knowledge score regarding behavioural problems of pre-schoolers with their selected demographic variables.

**Material and Methods:** The research approach adopted in this study is quantitative research approach. Pre experimental research design one group pre- test & post-test design was chosen for the study. The sample were selected non probability conveniently sampling to suit the study Sample size was 60.

**Results:** The data was analysed by using inferential and descriptive statistics on the basis of objectives.

- At the time of pre-test, 18.33% they having Very good knowledge, 41.67% of them had Good knowledge, and 40.00% of the had Average knowledge. Average knowledge

score at the time of pre- test was 12.17 with mean percentage 71.57%.

- At the time of post-test, 18.33% of them had very good knowledge, 61.67% of them had good knowledge, and 20.00% of them having average knowledge. Average knowledge score at the time of post-test was 19.5 with mean percentage 19.5%.
- The p value more than 0.05, hence accept the null hypothesis and reject the alternative hypothesis. Conclude that, semi structured questionnaire on knowledge regarding behaviour problems of pre-schooler's among mothers in selected amganwadi centre.

**Conclusion:** This chapter presents brief summary of the study and its significant findings. Its also includes the implications and recommendations for further study.

The aim of the study was, A Study to Assess the Effectiveness of Structured Teaching programme on Knowledge Regarding Behaviour problems of Pre-schooler's among mothers in selected Anganwadi centres.

The design used for the study was pre experimental one group pre test and post test. The study was conducted at selected school. The sample size of the study was 60 pre-schooler among mothers.

The pilot study was conducted, to assess the feasibility of the study and to decide the statistical analysis and practicability of research. It was found feasible.

**Keywords:** Structured Teaching Program, Anganwadi Centres, WHO

### **Introduction /Background**

*“children are the wealth of tomorrow, take care of them you, wish to have a strong India, every ready to meet various challenges”.*

*-Lyman Abbott*

These issues are common, stable over time have a bed prognosis and are expensive for society and the person, all of which

emphasize the need for early effective treatment. The behaviours develop from intrauterine period life. The common behaviour problems among primary school children 6 to 10 year of age were 55 [12.1%] were failing nail biting, 35 [7.7%] thumb sucking, 27 [6.0%] bed wetting, 7 [1.5%] food fad, 16[3.2%] temper tantrum and 314 [69.2%] were none of problems [1]. The behaviour problem occurs due to over protection, rejection or pampering over discipline and disturbed parents' child interaction because of broken family (single family divorce) parents should follow middle path in provided guidance and emotional support to their children, unrealistic discipline modalities are likely to cause behaviour problem [2]. The working mother encouraged their children to be more independent, self sufficient and self independent from on early age work usually adds meaning to life this is a especially true for women who enjoy their work if a working mother is happy with her job to provide her child daily needs, they may perform as a parent as well or better than a non-working mother [3]. Development refers to change or growth that occur in a child during the life span from birth to adolescence. The cause for all behavioural problems in preschool children is due to parents' negligence, poor supervision, or poor attention, family conflict and maladjustment. To predict the future of a nation it has been remarked one need not consult the stars it can more easily and painly be read in the faces of its children. This includes cognitive, emotional, social and physical development [4]. Behavioural problems in pre-schoolers are increasingly recognized as a significant public health concern affecting child development, family functioning, and long-term health outcomes. The preschool period (ages 3-5 years) is a critical developmental phase characterized by rapid physical, cognitive, and emotional growth. During this period, children are developing self-regulation skills, social competence, and emotional expression, which form the foundation for future behaviour and academic success [5].

**Review of Literature**

**John V 2019**

USA Moral and Emotional Problems Among Preschool Children in Paediatric Primary Care. This study explored how independent paediatricians can identify emotional/behavioural problems among preschoolers, Children aged 2 to 5 (N=3876) were assessed during a visit to 1 of 68 children who provided feedback on emotional/ behavioural problems. Subsequently, children who experienced more than 90th percentile of behavioural problems in the child. behavioural assessment checklist, as well as children compared to age, gender, and previously marginalized races, were invited to a stronger second-phase assessment. There were 495 mothers and children taking part in the trial, which included a list of behavioural questions, maternal interviews, play recognition, and development assessments. PhD child psychologists provided independent opinions on the presence of emotional/behavioural disorder. Psychologists have identified the highest rates of total complications 13.0% where the condition was an independent agreement that the child had an emotional/behavioural problem and a general psychiatric diagnosis.

was given, vs 8.7% according to paediatric rates. The prevalence rate based on independent estimates of psychologists was significantly higher than paediatricians" both men and women, 4 to 5 years old, and whites, but not 2 to 3 year olds, Africans and Americans and all minors. The prevalence rate based on psychologists 'ratings was significantly higher than paediatricians in all groups where diagnoses of V-codes were included in psychiatric ratings. Overall, the sensitivity of paediatricians was. 20.5%, and data was 92.7%. At least 51.7% of children with emotional / behavioural problems based on an independent psychological agreement had not received counselling, medication, or referrals to a paediatrician. It concludes that a large number of preschool children with behavioural problems in primary care are not seen or treated [6].

**Lovava 2016**

Losangeles Prevalence Rates and Correlates of Psychiatric Disorders among Pre-School Children to find an increase in the prevalence of psychiatric disorders among preschool children during a sample of paediatric medical care. During the two-phase design, 3,860 preschool children were tested: 510 received a full test. To assess the severity of the disease (90th percentile), the prevalence of behavioral "Possible" incidence of Axis I DSM-III-disorder was 21.4% (9.1%, severe). Asset-deficit analysis showed a large population consolidation of measurement outcomes (age, infancy, male gender, low social status, father absence, small family size) but not to diagnose DSM-III-R. Maternal and family factors were generally insignificant. The level of the child's combined activity, shyness, persistence, and IQ. The overall prevalence of the disorder was based on the numbers of older children; correlates vary in the way they are used for classification [7].

**Result**

The data was analyzed by using inferential and descriptive statistics on the basis of objectives. Deals with analysis of data related to assessment of the knowledge regarding Helfer Skin Tap Technique to Reduce Pain, Anxiety, and Fear for Children Undergoing Intramuscular Injection in GNM Students of Selected Nursing School in terms of frequency and percentage.

**Table 1:** General assessment of Knowledge – Pre Test

	Group		Frequency	Percentage
	Very good	21-30	11	18.33%
	Good	11-20	25	41.67%
	Average	1-10	24	40.00%
<b>Pre test</b>				
	Minimum		17	
	Maximum		8	
	Average(SD)		12.17	
<b>Knowledge</b>	Mean percentage		71.57%	

For the assessment purpose the total score of knowledge was divided into three groups Very good (21-30), Good(11-20), Average(1-10). At the time of pre-test, 18.33% they having Very good knowledge, 41.67% of them had Good knowledge, and 40.00% of the had Average knowledge.

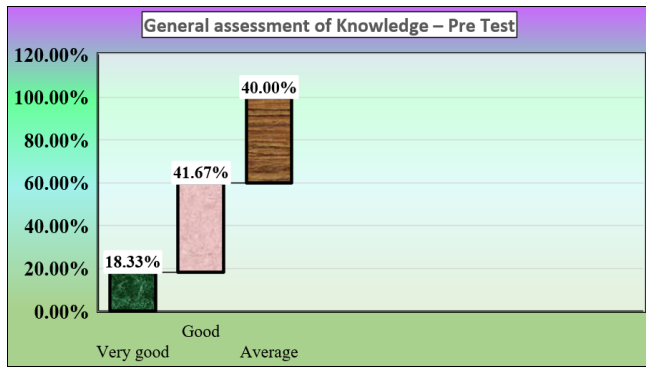


Fig 1: General assessment of Knowledge – Pre Test

Table 2: General assessment of Knowledge – Post Test

Post test	Group		Frequency	Percentage
	Very good	17- 25	11	18.33%
	Good	9 -16	37	61.67%
	Average	1-8	12	20.00%
Knowledge	Minimum		14	
	Maximum		25	
	Average(SD)		19.5	
	Mean percentage		19.5%	

For the assessment purpose, the total score of knowledge was divided into three groups very good (21 – 30), good (11 –20), average (1 - 10).

At the time of post test, 18.33% of them had very good knowledge, 61.67% of them had good knowledge, and 20.00% of them having average.

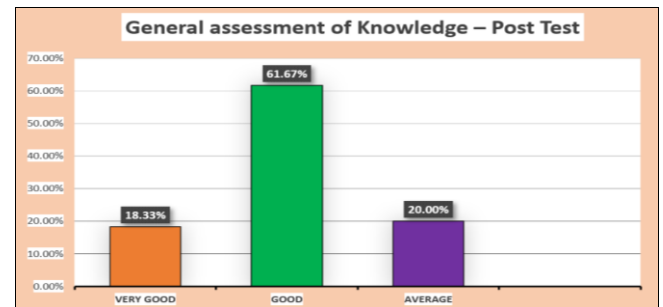


Fig 2: General assessment of Knowledge – Post Test

Deals with analysis of data related to assessment of the knowledge regarding Behaviour problems of pre-schooler’s among mothers in selected Anganwadi centres. in terms of frequency and percentage.

Table 3: General assessment of Pre Vs Post Test

Knowledge	Groups		Pre-test		Post-test	
			Frequency	Percentage	Frequency	Percentage
	Very good	21-30	11	18.33%	11	18.33%
	Good	11-20	25	41.67%	37	61.67%
	Average	1-10	24	40.00%	12	20.00%
Knowledge	Minimum		17		14	
	Maximum		8		25	
	Average(SD)		12.17		19.5	
	Mean percentage		71.57%		19.5%	

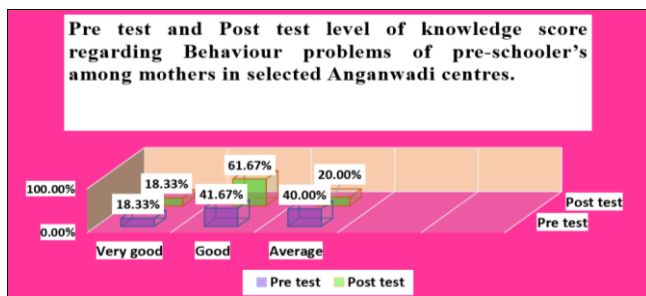


Fig 3: Distribution of Pre test and Post Test Knowledge score regarding Behaviour problems of pre-schooler’s among mothers in selected Anganwadi centres

For assessment purpose the total score of knowledge was divided in to five groups like Very good(21-30), good (11 - 20), Average(1 – 10).

**Pre- test**

At the time of pre-test, 18.33% they having Very good knowledge, 41.67% of them had Good knowledge, and 40.00% of the had Average knowledge.

Average knowledge score at the time of pre test was 12.17 with mean percentage 71.57%.

**Post-test**

At the time of post test, 18.33% of them had very good

knowledge, 61.67% of them had good knowledge, and 20.00% of them having average knowledge.

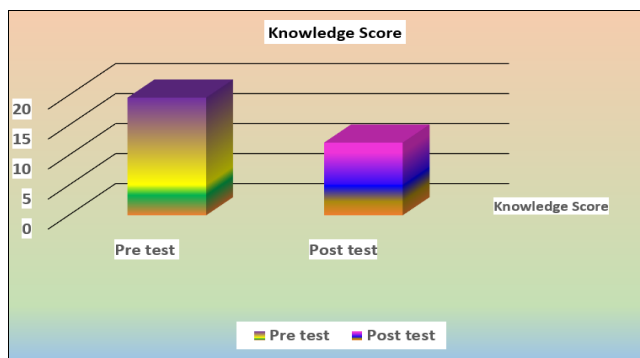
Average knowledge score at the time of post test was 19.5 with mean percentage 19.5%.

Table 4: Difference between mean Pre test and post test knowledge score Regarding Behaviour problems of pre-schooler’s among mothers in selected Anganwadi centres

	N	Knowledge score		Mean Difference	Paired t test
		Mean	Standard Deviation(SD)		
Pre test	60	19.63	2.36	7.50	t = -7.21, p < 0.0001
Post test	60	12.13	2.29		

The difference between pre-test and post-test means of the knowledge were done by the paired t-test. The pre test average score was 2.36 with standard deviation. The post-test average score was 2.29 with standard deviation. The test statistics value of the paired t test was 7.21, with p value was more than 0.05. The p value is 0.0001 (Not Significant), hence accept the null hypothesis and accept the alternative hypothesis.

**Shows that, Structured Teaching programme on Knowledge Regarding Behaviour problems of pre-schoolers among mothers in selected Anganwadi centres**



**Fig 4:** Show that significance of difference between knowledge score in pre-test and post-test regarding Behaviour problems of pre-schooler’s among mothers in selected Anganwadi centres

**Section: III**

**Table 5:** Association between level of Pre-test knowledge score with their selected demographic variables N=60

Demographic variables		Pre-score level of knowledge			Chi square	d. f.	P value	Significance
		Very good	Good	Average				
Age of student	Below 20 years	5	7	6	1.745	6	0.9416	P<0.05 Not Significant
	21 - 25 years	4	5	5				
	26- 30 years	4	3	4				
	Above 30 years	6	8	3				
Educational Status	No formal Education	3	5	2	3.176	6	0.7865	P<0.01 Not Significant
	Primary Education	6	10	7				
	Secondary Education	7	4	5				
	Graduate and beyond	3	6	2				
Occupation	House Wife	19	11	8	1.161	6	0.9788	P<0.01 Not Significant
	Labourer	2	1	1				
	Private Worker	3	1	1				
	Gorvn. Worker	5	4	4				
How many children do you have?	One	6	3	5	3.24	6	0.778	P<0.01 Not Significant
	Two	17	9	4				
	More than two	3	2	1				
	None	4	3	2				
Family type	Nuclear	5	4	4	1.952	6	0.924	P<0.01 Not Significant
	Joint	7	8	4				
	Blended	6	4	4				
	Extended	4	7	3				

The chi square test was conducted to see the association of knowledge regarding Structured Teaching programme on Behaviour problems of pre-schoolers among mothers in selected Anganwadi centres.

The chi-square test was conducted at 0.05% level of significance.

**Referances**

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