IOSR Journal of Nursing and Health Science (IOSR-JNHS)
e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 12, Issue 3 Ser.7 (May. – June. 2023), PP 21-30
www.iosrjournals.org

A Study to Assess the Effectiveness of Self Instructional Model on Care of Children during Lockdown among Their Parents in Selected Community Area, Puducherry.

Ms.N.Nandhini[1], Mrs. K. Deepalakshmi [2], DR. G. Muthamilselvi[3]
1Final year B.Sc., (N), SMVNC, Puducherry – 605 107
2Assistant Professor, Department of Medical Surgical Nursing, SMVNC, Puducherry – 605 107
3Principal, Sri Manakula Vinayagar Nursing College, Puducherry – 605 107
Corresponding Author: Mrs. . K. Deepalakshmi - Mail id:deepalakshmik@smvnc.ac.in

I. INTRODUCTION

Be Informed Be Prepared Be Smart Be Safe Be Ready to fight for COVID 19

On 30th of January 2020, WHO declared a Public Health Emergency of International Concern after the first clusters of people infected by COVID-19 were diagnosed in China (WHO, 2020). The day after, the Italian Government started to define the first containment measures, such as checking people entering the country from China, in order to prevent the expansion of the contagion in the country (Government, 2020). However, from the second half of February the number of Italian cases increased, especially in Northern Italy. This led the Government to announce on February 21st the first restrictive measures in what was defined as the first Red Zone, including defined territories in the regions of Lombardia and Veneto, the areas most affected by the infection.

Since the pandemic kept spreading around the country, the Prime Minister issued on March 9th a decree which extended to the entire national territory the restrictions already in force locally. The rules were supposed to last until April 3rd, but were extended by two more decrees firstly until April 13th and, later, until May 3rd (Government, 2020). At the time of writing (April 26th, 2020), there were in Italy 199,000 confirmed cases and 26,977 deaths, more than half of which occurred only in Lombardia and Veneto. When the data of the present study were collected (between the 2nd and the 7th of April), those numbers were still increasing, showing that the end of the pandemic is still a long way off.

The measures, known as include the closure of shops, except those selling crucial necessities, the cancellation of all sports events, and the shutdown of schools and universities across the country (Government, 2020). With schools, all the educative supporting services directed to children of all ages were closed, with teachers from primary grade onwards providing online lectures. Quarantine began for the entire population; everyone was banned from leaving home except for non-deferrable and proven work or health reasons, or other urgent matters. Smart working has been incentivized, but since most activities are closed many people lost their job or went through a severe reduction of their income.

II. REVIEW OF LITERATURE:

Perran boran, et.al.,(2021) was conducted a study on the containment measures against the COVID-19 pandemic, the aims were to examine the impact of lockdown and school closures on childs' and adolescents' health and well-being and social inequalities in health.Literature review by searching five databases until November 2020. Twenty-two studies,including high-income, middle-income and low-income countries, fulfilled our search criteria and were judged not to have an increased risk of bias. There was a decrease in the number of visits to the emergency department in four countries, an increase in child mortality in Cameroon and a decrease by over 50% of immunisations administered in Pakistan. A significant drop of 39% in child protection medical examination referrals during 2020 compared with the previous years was found in the UK, a decrease in allegations of child abuse and neglect by almost one third due to school closures in Florida, and an increase in the number of children with physical child abuse trauma was found in one centre in the USA.

STATEMENT OF THE PROBLEM:

A study to assess the effectiveness of self instructional model on care of children during lockdown among their parents in selected community area, Puducherry.

OBJECTIVES:

- To assess the effectiveness of self instructional model on care of children during lockdown among parents at selected community area.

- To associate the effectiveness of self instructional model on care of children during lockdown among parents at selected community area

ASSUMPTIONS:
Investigator assumes,
-Parents have inadequate care during lockdown period
-self instructional model may improve knowledge on care of children during lockdown

III. MATERIALS AND METHODS

This chapter deals with methodology adopted to assess the effectiveness of self instructional model on care of children during lockdown among parents : research approach, research design, population, and setting sample, sample size, sampling technique ,selection and development of tool and data collection techniques and plan for data analysis.

- **SECTION A**: Description of the demographic variables among parents.
- **SECTION B:** Assessment of the level of effectiveness of self instructional model on care of children during lockdown among their parents.

RESEARCH APPROACH:
A quantitative research approach was selected for the present study.
RESEARCH DESIGN:
A Pre-Experimental research design was adapted for this study.
SETTING OF THE STUDY:
The study was conducted in kalitheerthalkuppam, Community area. Near by the Sri Manakula Vinayagar Nursing College and 2 km away from my college and around 10000 people living in kalitheerthalkuppam.
SAMPLE:
In this study ,the sample comprises of school age children parents living in kalitheerthalkuppam, Puducherry
SAMPLING TECHNIQUE:
A convenient sampling technique was adopted for this study.
SAMPLE SIZE:
In this study ,the sample size consists of 50 parents.
CRITERIA FOR SAMPLE SELECTION:
Inclusion criteria:

- Parent both male and female.
- Parent who are willing to participate in data collection.
- Parent include all of the school age children.

Exclusion criteria:

- Parents who are not willing to participate in the study.

IV. RESULTS:

The findings reveals that Out of the 50 parents who were interviewed, Majority of the children 17(34%) of study population were in the age group are 5-10 years. Majority of the children were Male 27(54%). Most of the children were 5 -9th standard and 10-12 th standard in education 14(28%). Most of the Father's Occupation were Private sector 34(68%). Most of the Mother's Occupation were Private sector 31(62%). Most of the Father income were 20(40%) 15000-20000. Most of the Mother income were 26(52%) 5000-10000. Most of the parents were middle class 45(90%). Most of the parents were Hindu 48(96%). Majority of the children were 1 st child and 2 nd child 22(44%). Majority of the children were schooler 26(52%). Most of the parents were joint family and small family 21(42%). Most of the parents were rural 36(72%)

Frequency and percentage wise distribution of demographic variables among parents.

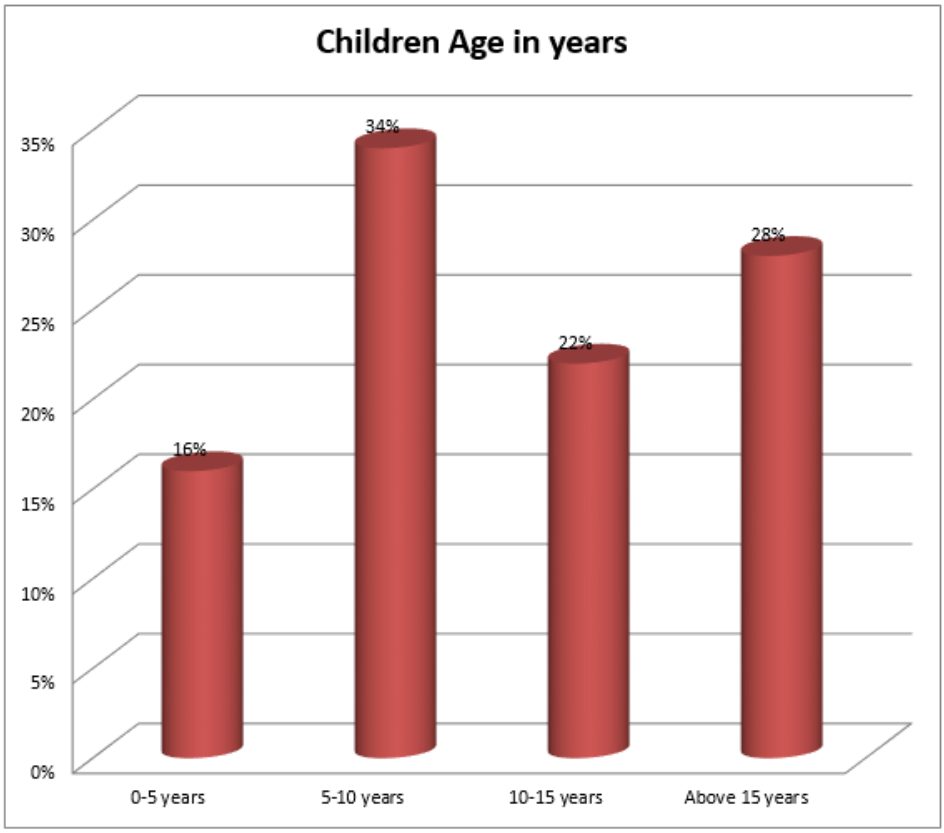
(N=50)

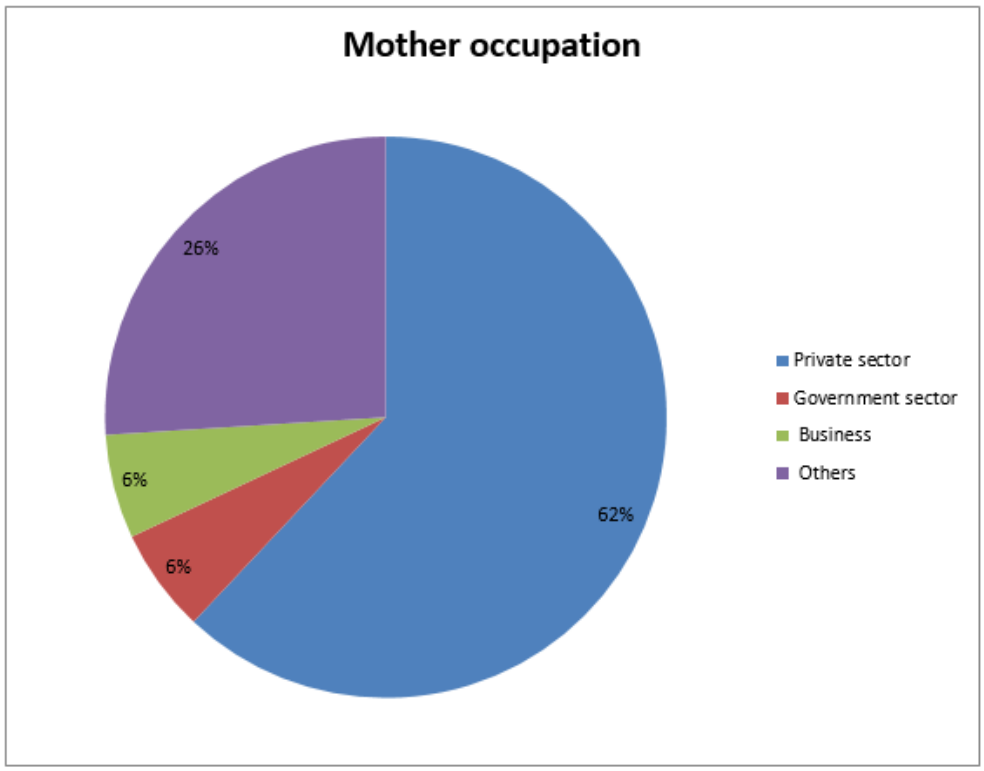
SL. NO	DEMOGRAPHIC VARIABLES	FREQUENCY (N)	PERCENTAGE (%)
1	**Children Age in years**		
	a) 0-5 years	8	16
	b) 5-10 years	17	34
	c) 10-15 years	11	22
	d) above 15 years	14	28

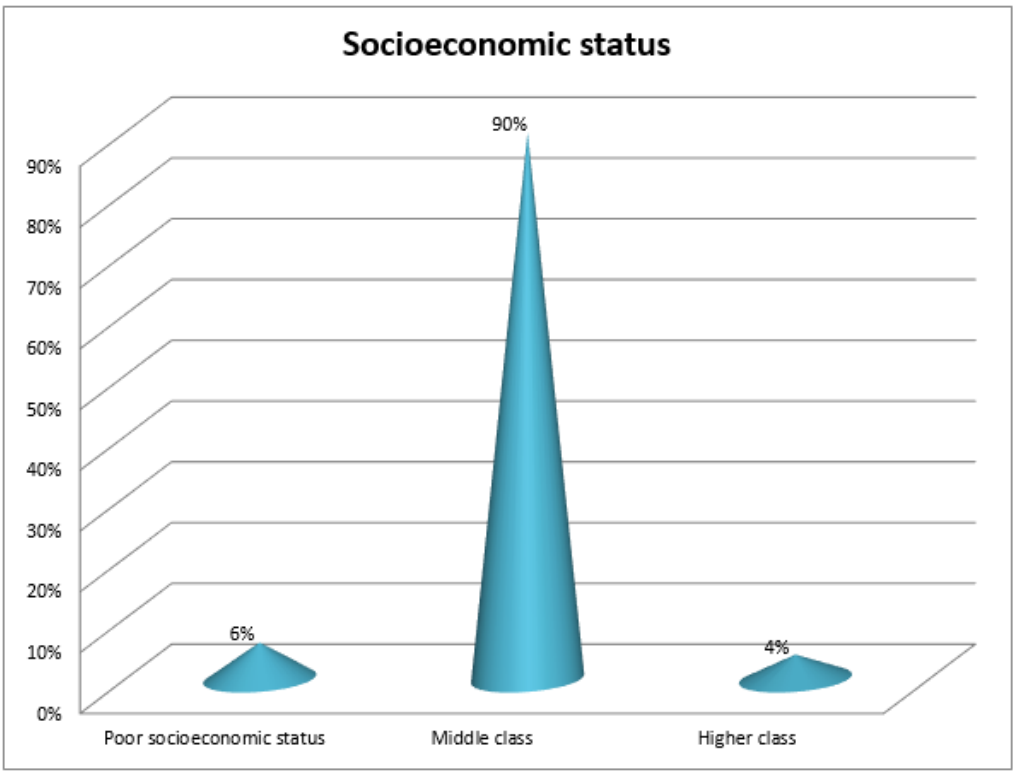
2	**Gender**		
	a) Male	27	54
	b) Female	23	46
3	**Educational status**		
	a) 1-2 nd standard	9	18
	b) 3-4 th standard	13	26
	c) 5 -9th standard	14	28
	d) 10-12 th standard	14	28
4	**Father occupation**		
	a) Private sector	34	68
	b) Government sector	8	16
	c) Business	6	12
	d) Others	2	4
5	**Mother occupation**		
	a) Private sector	31	62
	b) Government sector	3	6
	c) Business	3	6
	d) Others	13	26
6	**Father income**		
	a) 5000-10000	11	22
	b) 15000-20000	20	40
	c) 25000-30000	14	28
	d) above 30000	5	10
7	**Mother income**		
	a) 5000-10000	26	52
	b) 15000-20000	14	28
	c) 25000-30000	7	14
	d) above 30000	3	6
8	**Socioeconomic status**		
	a) Poor socioeconomic status	3	6
	b) Middle class	45	90
	c) Higher class	2	4
9	**Religion**		
	a) Hindu	48	96
	b) Christian	2	4
	c) Muslim	0	0
	d) Others	0	0
10	**Birth order**		
	a) 1 st child	22	44
	b) 2 nd child	22	44
	c) above	6	12
11	**Classification**		
	a) Infant	3	6
	b) Toddler	2	4
	c) Pre schooler	10	20
	d) Schooler	26	52

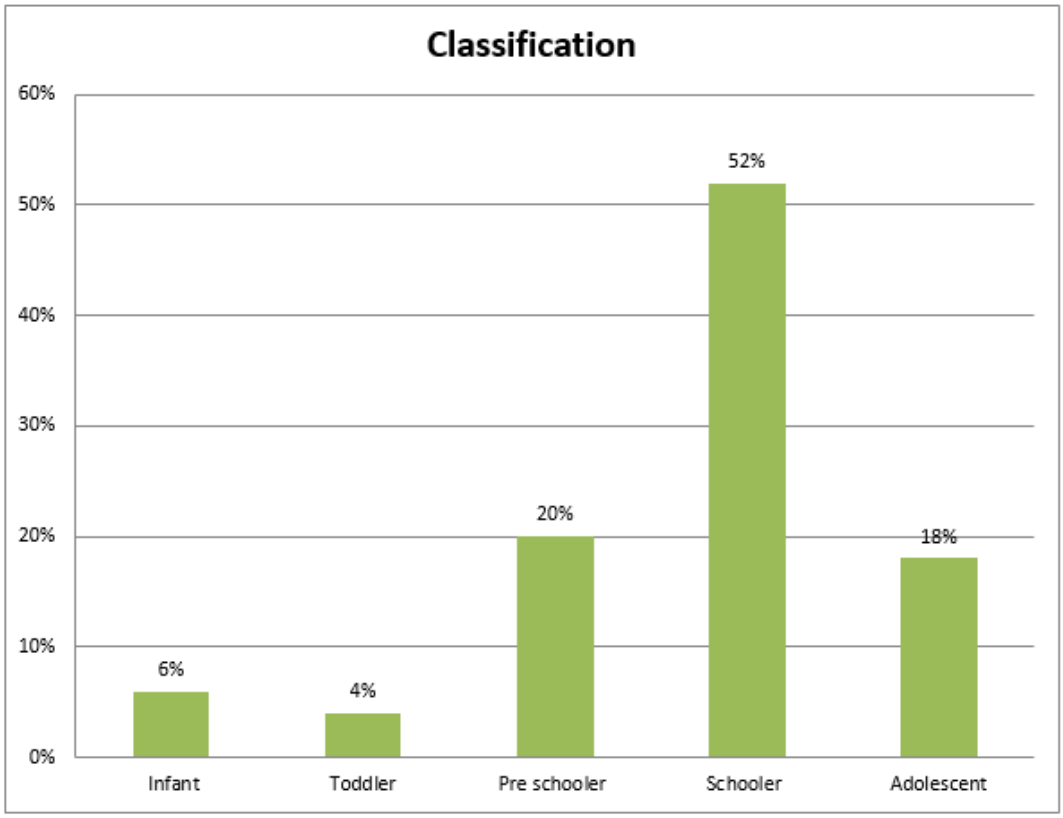
	e) Adolescent	9	18
12	**Type of family**		
	a) Joint family	21	42
	b) Large family	8	16
	c) Small family	21	42
13	**Residency**		
	a) Urban	14	28
	b) Rural	36	72

Table 1 shows frequency and Percentage wise distribution of demographic variables among parents. Out of the 50 parents who were interviewed, Majority of the children 17(34%) of study population were in the age group are 5-10 years. Majority of the children were Male 27(54%). Most of the children were 5 -9th standard and 10-12 th standard in education 14(28%). Most of the Father's Occupation were Private sector 34(68%). Most of the Mother's Occupation were Private sector 31(62%). Most of the Father income were 20(40%) 15000-20000. Most of the Mother income were 26(52%) 5000-10000. Most of the parent**s** were middle class 45(90%). Most of the parent**s** were Hindu 48(96%). Majority of the children were 1 st child and 2 nd child 22(44%). Majority of the children were schooler 26(52%). Most of the parent**s** were joint family and small family 21(42%). Most of the parent**s** were rural 36(72%) respectively.




Mother occupation
26%
6%
6%
62%
Private sector
Government sector
Business
Others


Socioeconomic status
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
90%
6%
4%
Poor socioeconomic status
Middle class
Higher class

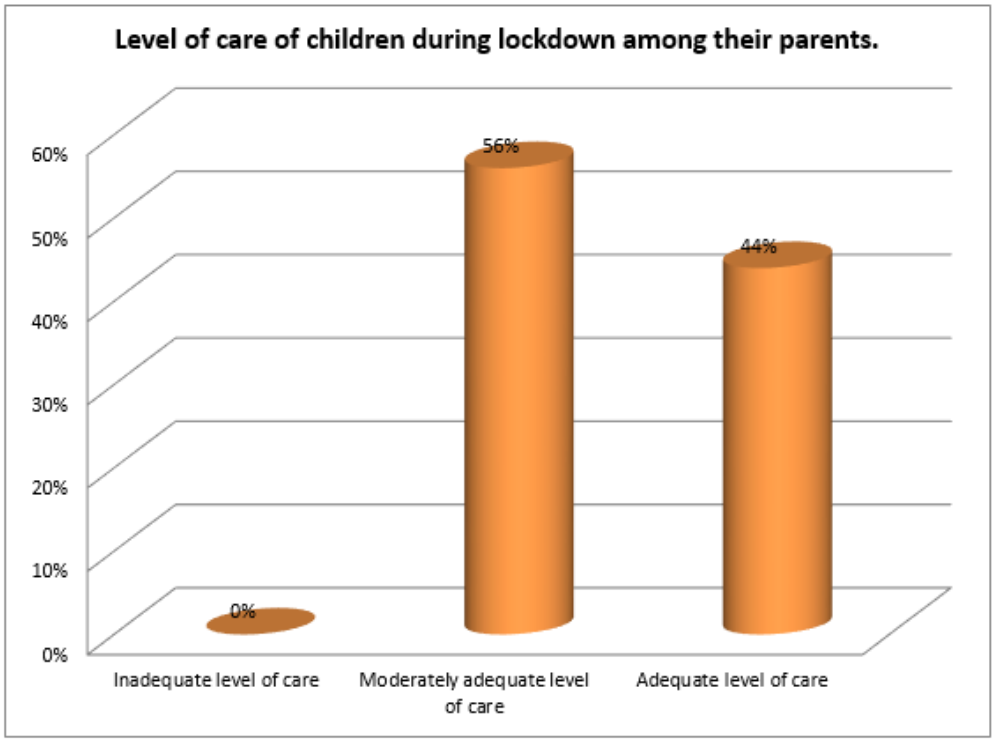


Frequency and percentage wise distribution of level of care of children during lockdown among their parents.

(N = 50)

LEVEL OF CARE OF CHILDREN DURING LOCKDOWN AMONG THEIR PARENTS	FREQUENCY (n)	PERCENTAGE (%)
Inadequate level of care	0	0
Moderately adequate level of care	28	56
Adequate level of care	22	44
Total	50	100
Mean±Standard deviation	14.36+1.549	

Table –2 shows frequency and percentage wise distribution of level of care of children during lockdown among their parents. Majority of the parents 28 (56%) had moderately adequate level of care and 22(44%) had adequate level of care and the mean and standard deviation level of care of children during lockdown among their parents is (14.36+1.549) respectively.



Association between the level of care of children during lockdown among their parents with selected demographic variables.

(N=50)

SL. NO	DEMOGRAPHIC VARIABLES	LEVEL OF CARE OF CHILDREN DURING LOCKDOWN				Chi-square X^2 and P-Value
		Moderately Adequate		Adequate		
		N	%	N	%	
1	**Childrens Age in years**					**X^2=7.84 Df=2 p =0.012 *S**
	a) 0-5 years	4	14.3	4	18.2	
	b) 5-10 years	8	28.6	9	40.9	
	c) 10-15 years	9	32.1	2	9.1	
	d) above 15 years	7	25	7	31.8	
2	**Gender**					X^2=0.005 Df=1 p =0.945 NS
	a) Male	15	53.6	12	54.5	
	b) Female	13	46.4	10	45.5	
3	**Educational status**					X^2=0.62 Df=3 p =0.892 NS
	a) 1-2 rd standard	5	17.9	4	18.2	
	b) 3-4 th standard	7	25	6	27.3	
	c) 5 -9th standard	9	32.1	5	22.7	
	d) 10-12 th standard	7	25	7	31.8	
4	**Father occupation**					X^2=0.254 Df=3 p =0.968 NS
	a) Private sector	19	67.9	15	68.2	
	b) Government sector	5	17.9	3	13.6	
	c) Business	3	10.7	3	13.6	
	d) Others	1	3.6	1	4.5	
5	**Mother occupation**					

	a) Private sector	15	53.6	16	72.7	**X^2=12.30 Df=3 p =0.001** HS**
	b) Government sector	1	3.6	2	9.1	
	c) Business	1	3.6	2	9.1	
	d) Others	11	39.3	2	9.1	
6	**Father income**					X^2=0.505 Df=3 p =0.918 NS
	a) 5000-10000	7	25	4	18.2	
	b) 15000-20000	11	39.3	9	40.9	
	c) 25000-30000	7	25	7	31.8	
	d) above 30000	3	10.7	2	9.1	
7	**Mother income**					X^2=1.44 Df=3 p =0.694 NS
	a) 5000-10000	16	57.1	10	45.5	
	b) 15000-20000	6	21.4	8	36.4	
	c) 25000-30000	4	14.3	3	13.6	
	d) above 30000	2	7.1	1	4.5	
8	**Socioeconomic status**					**X^2=10.2 Df=2 p =0.003 *S**
	a) poor socioeconomic status	1	3.6	2	9.1	
	b) middle class	25	89.3	20	90.9	
	c) higher class	2	7.1	0	0	
9	**Religion**					X^2=0.030 Df=1 p =0.861 NS
	a) Hindu	27	96.4	21	95.5	
	b) Christian	1	3.6	1	4.5	
	c) Muslim	0	0	0	0	
	d) Others	0	0	0	0	
10	**Birth order**					X^2=0.192 Df=2 p =0.909 NS
	a) 1 st child	13	46.4	9	40.9	
	b) 2 nd child	12	42.9	10	45.5	
	c) above	3	10.7	3	13.6	
11	**Classification**					**X^2=8.154 Df=1 p =0.005 *S**
	a) infant	2	7.1	1	4.5	
	b) toddler	0	0	2	9.1	
	c) pre schooler	5	17.9	5	22.7	
	d) schooler	16	57.1	10	45.5	
	e) Adolescent	5	17.9	4	18.2	
12	**Type of family**					X^2=1.828 Df=3 p =0.609 NS
	a) joint family	10	35.7	11	50	
	b) large family	6	21.4	2	9.1	
	c) small family	12	42.9	9	40.9	
13	**Residency**					X^2=0.010 Df=1 p =0.919 NS
	a) urban	8	28.6	6	27.3	
	b) rural	20	71.4	16	72.7	

S-*-p < 0.05 significant, HS- **-p < 0.001 Highly significant NS-Non significant

The table3 depicts that in the evident of chi-square of the demographic variable ***Age in years, Mother occupation, Socioeconomic status and Classification*** had shown statistically significant association between the level of care of children during lockdown among their parents with selected demographic variables.
The other demographic variable had not shown statistically significant association between the level of care of children during lockdown among their parents with selected demographic variables respectively.

V. CONCLUSION AND RECOMMENDATIONS:

A study to the assess the effectiveness of self instructional model on care of children during lockdown among their parents in selected community area, Puducherry . The findings of the study revealed that out of 50 samples. Majority of the parents 28 (56%) had moderately adequate level of care and 22(44%) had adequate level of care and the mean and standard deviation level of care of children during lockdown among their parents is (14.36+1.549) respectively.

NURSING IMPLICATIONS:

The study had implications for nursing practice, nursing education, nursing administration and nursing research.

NURSING SERVICES:

The parents must have adequate knowledge about self instructional module on care of children during lockdown.

NURSING EDUCATION:

The nurse educated the clients about the self instructional model on care of children during Lockdown period. Provide a necessary health education, provide a activity therapy or routine works etc.,

NURSING ADMINISTRATION:

Nurse's administrators can make necessary steps to spread awareness about self instructional model on care of children during lockdown period. Nurse's administration can organize awareness program or some participation events about self instructional model on care of children during lockdown period.

NURSING RESEARCH:

Numbers of studies are being conducted to a study to assess the effectiveness of self instructional model on care of children during lockdown among their parents in selected community area, Puducherry.Parents are mostly inadequate in knowledge .Different studies have to be conducted further self instructional model on care of children during lockdown period.

RECOMMENDATIONS FOR THE STUDY:

Based on the findings of the study, following recommendation have been made for future study.

- A similar study can be conducted by large number of sample in future.
- The study was conducted to particular group of people at particular age.
- A prospective study can also be conducted
- Study based on daily life of clients to do their daily task.

BIBLIOGRAPHY

BOOK REFERENCE:

[1]. Assuma. T.M." text book of pediatric nursing" published by Elsevier (2009)
[2]. B.T Basavanthappa "Management of nursing service & Education" jaypee publication.
[3]. Dorothy R.M. (2006). "text book of pediatric nursing", 6" edition. New Delhi. Elsevier publications.
[4]. Eliason, MJ., Hardin, M.A., Olin, W.H. (1991). Factors that influence ratings of facial
[5]. Ghai.O.P (2007). "Essentials pediatries". (6 edition). New Delhi: Jaypee brother's publishers.
[6]. Hockenberry,M. Wilson, D (2009) Wong's essentials of pediatric nursing (8th ed) pg 846.Missouri: Mos.
[7]. 1.Clement, A Basic concept on nursing procedure, Ist edition 2007, jaypee publication.
[8]. K.P.Neeraja, "telxt book of growth and development for nursing", jaypee publications 2006 Ist edition
[9]. Kavitha.K. A Comprehensive manual of pediatric nursing procedure', 5th edition. 2015, jaypee publication.
[10]. Mathews "text book of plastic surgery" volume 4. 7th edition 2014
[11]. Parthasarathy "text book of pediatrics" jaypee publishers (2005)
[12]. Parul Datta Pediatric nursing Second edition, Jaypee publications 2009
[13]. Polit O.F. Hungler BP (1999). "Nursing Research Principles and Method (6th Ed.)
[14]. Philadelphia, Lippincot Publications.
[15]. Tambulwadkar, (1993). "Paediatricnusing", Bombay ;vora medical publications.

JOURNAL REFERENCE:

[16]. Agrawal, K. (2010). A status report on management of cleft lip and palate in India. Ind J Plast Surg. 43, 66-75. doi: 10.4103/0970-0358.63938
[17]. Barbara Andersoon. Aa guidelines on cleft lip and palate, 3dr edition 2010.published by Seattle children hospital, Washington.
[18]. Gupta, K., Bansal, P., Dev, N., Tyagi, S.K. (2010). Smile Train project: blessing for.Patricia D. Chibbaro. The cleft palate-craniofacial journal volume 43,issue5. september 2006
[19]. Patricia L... Bender,the journal of pediatric nursing, 2000 by W.B.Saunders company
[20]. Population of lower socio-economic status. J Indian Med Assoc, 11, 723- 5.

[21]. Rrivkin cj,british dental journal January 20000
[22]. Millar, K., Bell, A., Bowman, A., Brown, D., Lo, T., Siebert, P. Ayoub, A. (2013) psychological Status as a Function of Residual Scarring and Facial Asymmetry After Surgical Repair of Cleft Lip and Palate. Cleft Palate Craniofacial Journal, 50, 150-157.
[23]. Mossey, P., Little, J. (2009). Addressing the challenges of cleft lip and palate research in India. Indian J Plast Surg. 42. doi: 10.4103/0970- 0358.57182.
[24]. Murthy, J. (2009). Management of cleft lip and palate in adults. Indian J Plast Surg, 42, 116-122. doi: 10.4103/0970-0358.57202.
[25]. Nair, P.M.C., Narang, A., Mahajan, R., Arora, U. (1994), Spoon Feeds-An Alternative to Bottle Feeding. Indian Pediatrics, 31, 1566-1567.

NET REFERENCE:

[26]. http://www.nlm.nih.gov/medlineplus/ency/article/000991.htm
[27]. http://www.unicef.org
[28]. www.childhealth.org
[29]. http://dx.doi.org/10.1016/S2468-2667(19)30145-8
[30]. http://dx.doi.org/10.1080/13548506.2016.1153679
[31]. http://dx.doi.org/10.1002/nur.21832
[32]. www.currentnursing.com
[33]. www.google.com
[34]. www.med.help.com
[35]. www.medline.com