

“A STUDY TO ASSESS THE EFFECTIVENESS OF HEALTH EDUCATION PROGRAMME ON KNOWLEDGE REGARDING ILL EFFECTS OF CHILD LABOR AND ITS PREVENTION AMONG THE PEOPLE RESIDING IN SELECTED RURAL AREAS OF UDAIPUR CITY”

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Abstract

Descriptive study to assess the knowledge regarding modifiable risk factors of myocardial infarction among hypertensive clients attending medical OPD in PIMS at Udaipur with a view to develop an information booklet. To assess the level of knowledge regarding modifiable risk factors of myocardial infarction among hypertensive clients. To find association of knowledge regarding modifiable risk factors of myocardial infarction among hypertensive clients with selected Socio-demographic variables such as age, gender, education etc. To prepare and distribute an information booklet. The research design adopted for this study was descriptive research design and research approach adopted for this was to quantitative approach the size was 100 hypertensive clients were attending medical OPD in PIMS at Udaipur. Result shows that knowledge level (71.00%) of the sample had inadequate knowledge (score: <50%) regarding modifiable risk factors of myocardial infarction while moderately adequate (score: 50-75%) was observed in 23% of the sample and 6% have adequate knowledge (score >75%). Shows that the knowledge score was in the range of (6-24) The data also depicts that the mean knowledge score (11.63±2.53) This study has shows that majority of hypertensive clients is having inadequate knowledge regarding risk factor of myocardial infarction.

Keywords: Assess Effectiveness, Health Education Programme, Ill effects of Child labor, Prevention, People of rural areas

INTRODUCTION

It is difficult to define child labor since the terms “child” and “labor” both resist universal definition because of cultural and social differences from one country to another. ILO (International Labor Office) has specified the concept through its – Minimum Age convention 1973 – Where it encourages member states to set a minimum age that is not less than the completion age for compulsory schooling, or in any case not less than 15 years. So in India a child laborer is one who is below 18 years of age, out of school and has no avocation other than work. Although child work is not synonymous to child to labor, most children, in whatever society they live, work in one way or another. For example, in rural areas of India most of the children are involved in agriculture, cultivation forestry etc. Work of this kind is not considered child labour.¹

Neglecting children means paralyzing a society wholly. If children are deprived of this childhood-

socially, economically, physically and mentally- the nation gets deprived of potential human resources for the social progress, economic empowerment, peace and order social stability and good citizenry. Child labor is generally speaking work for children that harm them or exploits them in some way (physically, mentally or blocking access to education). A child today can't develop to be a responsible and productive member of tomorrow's society unless an environment which is conducive to his/her intellectual, physical and social health is assured to them. Child labor includes children prematurely leading adult lives.²

International Labor Organization (ILO) states that child labor may be defined in a number of different ways, and a different definition yields a different estimate of child labor in India as well as other countries. According to ILO, children or adolescents who participate in work that does not affect their health and personal development or interfere with their schooling, is not child labor; rather it may generally be regarded as being something positive. Such harmless work includes activities such as helping their parents around the home, assisting family or earning pocket money outside school hours and over holidays. These kinds of activities, suggests ILO, may contribute to children's development by providing them with skills and experience, and help to prepare them to be productive members of society during their adult life.

OBJECTIVES

- To assess pre-test knowledge regarding ill effects of child labor and its prevention among the people residing in selected rural areas.
- To prepare and administer health education programme regarding ill effects of child labor and its prevention among the people residing in selected rural areas.
- To assess post test knowledge regarding ill effects of child labor and its prevention among the people residing in selected rural areas.
- To assess the effectiveness of health education programme on knowledge regarding ill effects of child labor and its prevention among the people residing in selected rural areas by comparing pre-test and post-test knowledge scores.
- To find out the association between pre-test knowledge with selected demographic variables.

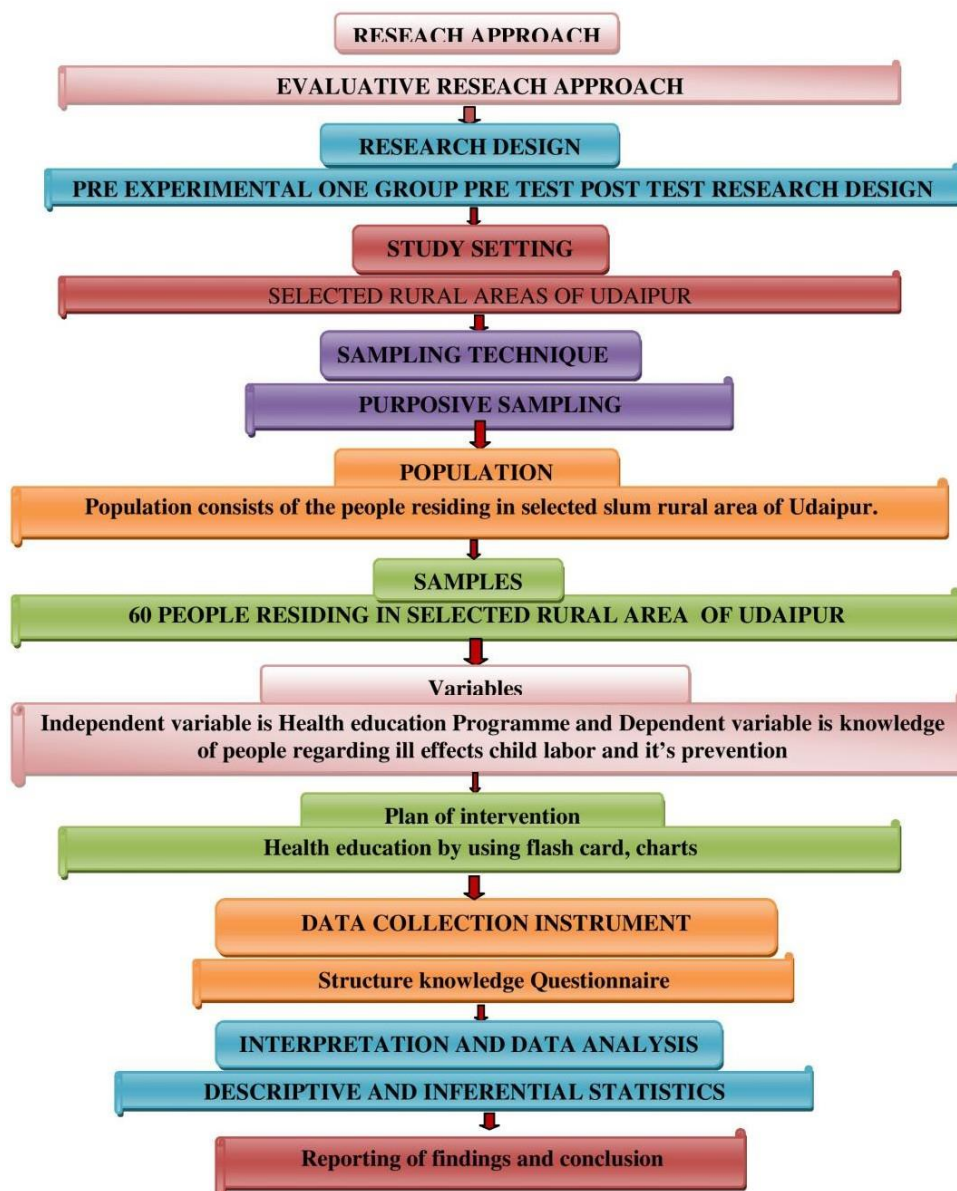
ASSUMPTIONS

- The people may have some knowledge about child labor.
- People knowledge may be enhanced through health education programme.
- Health education about child labor may help people to update their knowledge about ill effects of child labor and its prevention

HYPOTHESES

1. **H1:** There will be significant difference between the pre and post-test knowledge score regarding ill effects of child labor and its prevention among rural area.
2. **H2:** There will be a significant association between the pre test knowledge score of with their selected demographic variables.

RESEARCH METHODOLOGY



Schematic representation of research methodology

RESULT

Distribution of frequency and percentage analysis of selected variables

N=60

S.No.	Demographic Variables	Frequency	Percentage
1	Age		
	21- 25 Year	26	43.33 %
	26- 30 Year	13	21.67 %
	31-35 Year	12	20.00 %

	36 & Above Year	09	15.00 %
2	Gender		
	Male	17	28.33 %
	Female	43	71.67 %
3	Educational Qualification		
	No Formal Education	25	41.67 %
	Primary	16	26.67 %
	Secondary	09	15.00 %
	Senior Secondary	10	16.67 %
4	Monthly Income in `		
	< 3,000/- `	18	30.00 %
	3,001-3,500/- `	24	40.00 %
	3,501-4,000/- `	06	10.0
	>4,000/- `	12	20.00 %
5	Type of Family		
	Nuclear	11	18.33 %

	Joint	22	36.67 %
	Single Parents	20	33.33 %
	Extended	07	11.67 %
6	Occupation		
	Agriculture	14	23.33 %
	Domestic Work	19	31.67 %
	Mining	13	21.67 %
	Any Other	14	23.33 %
7	Previous knowledge		

	Yes	08	13.33 %
	No	52	86.67 %

Table – Data shows the following findings.

Age in years: The majority of the respondents 43.33 % belongs to the age group of 26-30years, 21.67 % respondents to age group of 21-25 years, 20.00 % belongs to the age group of 31-35years and 15.00% belongs to the age group of >36 years

Gender: The majority of the respondents 71.67% belong to female and 28.33% belongs to male.

Educational status: The majority of the respondent 41.67% belong to primary education, 26.67% belongs to formal education, 15.00% belongs to secondary and 16.67% belongs to seniorsecondary education.

Monthly Income: The majority of the respondent 30.00% belongs to below 3000, 40.00% belongs to 3001-3500, 10.00% belongs to 3501-4000 and 20.00% belongs to 4001 & above.

Type of Family: The majority of the respondent 18.33% belongs to nuclear family, 36.67% belongs to joint family, 33.33% belongs to single parent and 11.67% belong to extended family.

Occupation: The majority of the respondent 23.33% belongs to domestic, 31.67% belongs to agriculture, 21.67% belongs to miming and 23.33% belongs to other work

Previous Knowledge about Child Labor: The majority of the respondent 86.67% belongs to NO child labor and 13.33% belongs to YES previous knowledge about child labor

Distribution of people by the level of knowledge

N=60

LEVEL OF KNOWLEDGE	SCORE	FREQUENCY		PERCENTAGE	
		PRE TEST	POST TEST	PRE TEST	POST TEST
Inadequate knowledge(0-50%)	0-13	48	00	73.33	00
Moderate knowledge(51-75%)	14-20	12	00	26.67	00
Adequate knowledge(76%-100%)	21-28	00	60	00	100
TOTAL	28	60	60	100	100

The result showed that in the pre test most of the respondents had no adequate knowledge on ill effects of child labor and its prevention, 26.67 % respondents had moderately adequate knowledge & 73.33 % respondents had inadequate knowledge on ill effects of child labor and its prevention. After giving health education programme, in the post test most of the respondents gain adequate knowledge on ill effects of child labor and its prevention, that was 100% whereas 0 % respondents had moderately adequate knowledge & 0 % respondents had inadequate knowledge on ill effects of child labor and its prevention,.

Effectiveness of Health Education Programme by comparing pre test and post test knowledge score of respondents

N=60

	Mean	Mean %	SD	Enhancement	Enhancement %	t	Z
Pre test	10.55	50.38	3.16	13.25	42.66	21.28	18.57
Posttest	23.8	93.04	2.24				

The result showed that the mean post test knowledge score is 23.8 (94.46%) is greater than the mean pre test knowledge score 10.55(51.16%). The above table also depicts that the enhancement in the knowledge of respondents is 13.25 (43.3%) supporting the post test knowledge score are higher than the pretest knowledge score. The data further represent that the 't' value of 21.28 is significantly higher than the table value 1.96 at 0.05 level of significance. This indicates that there was difference in pre test and post test knowledge score of respondents and health education programme is effective in improving the knowledge score of people regarding ill effects of child labor and its prevention.

H₁ - There is a significant difference between the pre and post test knowledge score of people regarding on ill effects of child labor and its prevention. Hypothesis was tested at 0.05 levels. The calculated 't' value 21.28 is significantly higher than the table value 1.96 at 0.05 level of significance. This indicates that there is significant difference between the pre test and post test knowledge score hence H₁ is accepted.

Association between pre-test knowledge score with demographic variables such as Age in Year and Gender

N=60

S.No.	Demographic Variables	Chi- Square Value	Degree of Freedom	Tabulated Value	Level of Significance
1	Age	4.09	6	12.59	Not Significance
2	Gender	0.12	3	7.81	Not Significance
3	Educational Qualification	3.99	6	12.59	Not Significance
4	Monthly income in `	2.05	6	12.59	Not Significance
5	Type of Family	1.01	6	12.59	Not Significance
6	Occupational Status	0.09	6	12.59	Not Significance
7	Source of information	0.01	3	7.81	Not Significance

Findings revealed that the chi-square value was not significant at 0.05% level of significance. Hence the research hypothesis H₂ is rejected. It indicated that there is no association between the knowledge score and selected demographic variables of people of rural areas..

DISCUSSION

Pre test knowledge scores of people on ill effects of child labor and its prevention

The findings shows that in pre test the maximum mean percent obtained by the respondents were 73.33 percent with SD of 3.16 which shows that the respondents have inadequate knowledge regarding ill effects of child labor and its prevention. Hence it is necessary for the investigator to improve the knowledge of respondents by giving information about ill effects of child labor and its prevention. Post test knowledge scores of elderly people on prevention of stroke. The finding shows that in post test the maximum mean percent obtained by the respondents were 100 percent with SD of 2.24 which shows a gain in knowledge level of the respondents.

Comparison between pre test and post test knowledge scores of elderly people on prevention of stroke

The overall comparison of pre and post test knowledge scores on prevention of stroke shows that the mean post test knowledge score is 23.8 is greater than the mean pre test knowledge score 10.55. The enhancement in the knowledge level of respondents is 13.25 indicates gain in knowledge by respondents. The data further represent that the 't' value of 21.28 is significantly higher than the table value 1.96 at 0.05 level of significance. This indicates that there was significant difference in pre test and post test knowledge score of respondents and health education Program is effective in improving the knowledge level of people on ill effects of child labor and it's prevention.

Association between pre test knowledge score with selected demographic variables of elderly people. Findings revealed that the chi-square value was not significant at 0.05% level of significance. Hence the research hypothesis H₁ was accepted. It indicted that there was no association between the knowledge score and selected demographic variables of people of rural areas. Hence the research hypothesis is proved and accepted and null hypothesis was rejected.

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