

Effect of Planned Teaching on Knowledge Regarding Care of Children with Cleft Lip and Cleft Palate Among Mothers Attending Pediatric Outpatient Department in an Urban Hospital

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Abstract: This paper presents the effect of planned teaching on knowledge regarding care of children with cleft lip and cleft palate among mothers attending pediatric outpatient department in an urban hospital.

Keywords: planned teaching, cleft lip, cleft palate

1. Introduction

“The face of child will give us hope to live” - Rohan Khar.

Newborn begins at birth and includes the first month of life. Infants thrive physically and psychologically only in the context of their social relationship. Therefore, any description of the newborns development status has to include consideration of the parent's role as well. Many expectant parents worry, consciously or unconsciously, that their baby will be born with a malformation. Cleft lip with or without cleft palate is one of the most common birth defects and is certainly the most visible. Cleft lip with or without cleft palate is the most common craniofacial malformation and occurs with a frequency of 1 in 700 live births. Every year 35000 children in India are born with clefts lip or palate. Without corrective surgery, these children are condemned to a life time isolation and suffering. Taunted and tormented for their disfigurement, they cannot attend the school, hold a regular job or get married. Many of these children are abandoned or killed at birth. Caring for a baby who cannot feed well can also be quite exhausting. It is important for parents, especially mothers, to take good care of them, accept help when it is offered and use the cleft lip and palate team advice and expertise. Mothers are the foundation of children's healthcare so they have to have a good knowledge. They need to be constantly provided with information through health education and teaching program.

2. Background of study

The individuality of the human face is an important phenomenon in one's life no part of our anatomy provides more information like face. In fact, no part of our anatomy is more vital to our success and existence. The treatment of cleft lip and palate patients starts from the very first day of life and continues

up to the age 20-21 years and its very heavy burden to the patients, family and also for the society.

3. Aim

To assess the knowledge on care of children with cleft lip and cleft palate among mothers before and after planned teaching.

4. Need for the study

Children with cleft lip and or palate require the coordinate services of a number of specialists. For this reason, many parents seek care for their child at a cleft palate or craniofacial treatment centre. At such a centre evaluation treatment planning and care provided by an experienced, multidisciplinary team composed of representatives from a variety of dental, medical and other health care specialists.

A study conducted on mother's attitude towards her child with a facial cleft could influence the management of the deformed child. Only 10 percent of mothers had right degree of concern. Ignorance about the mothers role in the management and about the possibility of successful treatment and also belief about the nature of facial clefts may be the contributing factors in the development of this undesirable attitudes.

Many of the pediatric hospital are developing their own cleft lip and palate clinics in order to provide patients with comprehensive multi-disciplinary care from birth through adolescence. Allowing an entire team to care for a child with cleft lip and palate allows for the best outcome in every aspect of a child's care. Timely treatment and care can develop the child like any other normal child.

5. Hypothesis

Ho- there is no significant change in mean pre test score on knowledge among mothers regarding care of children with cleft lip and cleft palate.

6. Sample

30 sample of mothers

A. Sampling technique

Non probability convenient sampling

B. Inclusive criteria

- 1) Mothers who are attending pediatric outpatient department before surgery of the cleft lip and palate.
- 2) Mothers who are willing to participate in study.
- 3) Mothers who are present at the time of study.
- 4) Mothers who know the language of Hindi, Marathi or English.

C. Exclusion criteria

- 1) Mothers who is having child with cleft lip and palate for more than one year.
- 2) Mothers who are attending outpatient department after surgery of the cleft lip and palate.

7. Tool

- 1) A structured questionnaire was used to find out the demographic data of mothers.
- 2) A structured questionnaire was used to find the knowledge of mothers regarding care of children with cleft lip and palate.

8. Materials and method

The pre experimental approach with group pre-test and post- test design was used for the study. Sample of 30 mothers who is attending pediatric outpatient department in an urban hospital were taken for the study using non probability convenient sampling. Data was collected using structured questionnaire to assess knowledge regarding care of children with cleft lip and palate. The data was analyzed in terms of the objectives and hypothesis using descriptive and inferential statistics.

9. Result

Most of the samples 14(46.7%) were from the age group of 25 year-35 years. 16 (53.3%) were belonged to Hindu. About 13 (43.3%) were having secondary education. Majority of mothers were house wife 28 (93.3%) and most of the mothers 24(80%) were having income only up to 5000. majority of the samples 27 (90%) had no previous experience of caring child with cleft lip and palate.

The mean knowledge score of mothers was 9.5 in the pre-test and 19.3 in the post test. The computed SD score was 4.39 in the pre test and post test and the calculated value 't' value (11.40) was more than the table value (t; 2.05).

Association of selected demographic variable and pre test knowledge score with age calculated 't' value (0.29) was less than the table value 't' (1.96). Association of selected demographic variable and pre test knowledge score with education, comparison of pre test score between secondary and illiterate calculated 't' value (3.86) was more than the table value 't' (2.10). Hence it concluded that knowledge was related

to the education of the sample.

A. Interpretation

Planned teaching is effective in enhancing the knowledge of sample regarding care of children with cleft lip and palate. There was no association seen between knowledge and selected demographic variables of sample.

B. Implication of the study

The nurse is the important member of the health team is responsible for imparting this knowledge. Hence nursing personnel should also conduct further studies by preparing additional instructional materials based on needs of the patients. The implications of the study can be discussed under four broad areas.

- 1) Nursing service
- 2) Nursing administration
- 3) Nursing education
- 4) Nursing research

10. Recommendations

On the basis of the findings of the present study, following recommendations for conducting further studies are made:

- 1) The study could be conducted by taking a larger sample, which would help to generalize the findings.
- 2) Same study can be done by using case and control method
- 3) Same study can be conducted using different population group like nurses.
- 4) The study can be done by focusing on knowledge on feeding and practice.
- 5) A study can be done to see the effect on information booklet on care of children with cleft lip and palate.

11. Conclusion

The findings of the study proved that planned teaching is effective in enhancing the knowledge of mothers regarding care of children with cleft lip and palate.

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