

A Pre-Experimental Study to Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Human Rights of Mentally Challenged Client Caregivers at Selected Rural Community, Raipur, Chhattisgarh

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Abstract: **Background:** person with intellectual disability have the same human rights as all other individuals. However, due to lack of awareness, discrimination, and social stigma, their rights are often overlooked. Caregivers play an important role in protecting and promoting these rights. Adequate knowledge among caregivers is essential to ensure proper care, dignity, and protection of intellectually disabled clients. Therefore, this study was conducted to assess the effectiveness of a structured teaching programme on caregivers' knowledge regarding the human rights of mentally challenged clients in selected rural communities of Raipur (C.G). **Aim:** To assess the effectiveness of a structured teaching programme in improving the knowledge of caregivers regarding the human rights of mentally challenged client in a selected rural community of Raipur (C.G). **Setting and Design:** The study was conducted in the Dharsiva rural community Raipur (C.G). A Quantitative research design was adopted. **Material and Method:** 30 mentally challenged client caregivers were selected using non-probability convenience sampling technique and assigned into mentally challenged client caregivers (n=30). The data were collected using a self-structured socio-demographic questionnaire and a self-structured knowledge questionnaire to assess caregivers, knowledge regarding mentally challenged client and their human rights. Data are analyzed using descriptive and inferential statistics. **Result:** The study findings revealed that the Structured Teaching Programme (STP) was effective in improving caregivers' knowledge regarding the human rights of mentally challenged clients. The mean pre-test knowledge score was 10.93 ± 2.91 , which increased to 17.20 ± 5.96 in the post-test. Paired t-test analysis showed a statistically significant improvement in knowledge ($t = 27.359$, $df = 29$, $p < 0.001$). The findings indicate a significant difference between pre-test and post-test knowledge scores, demonstrating the effectiveness of the Structured Teaching Programme. Therefore, the research hypothesis (H1) was accepted. No significant association was found between knowledge scores and selected sociodemographic variables ($p > 0.05$). Hence, the null hypothesis (H02) was accepted and the research hypothesis (H2) was rejected.

Keywords: Effectiveness, structured teaching programme, client caregivers, intellectual disability.

1. Introduction

Human rights are essential for ensuring dignity, equality, and social inclusion of person with intellectual disabilities, despite legislative measures and constitution safeguards in India, challenges in protecting these rights persist. Caregivers play a crucial role in promoting and safeguarding the rights of mentally challenged individuals; therefore, enhancing their knowledge through structured educational interventions is of paramount importance.

2. Objectives

1. To assess the pre-test and post-test knowledge regarding human rights of mentally challenged client caregivers at selected rural community Raipur (C.G).
2. To assess the effectiveness of structured teaching programme knowledge regarding human rights of mentally challenged client caregivers at selected rural community Raipur (C.G).
3. To compare knowledge regarding human rights of mentally challenged client caregivers at selected rural community Raipur (C.G).
4. To find out the association between level of knowledge regarding human rights of mentally challenged client caregivers with selected socio demographic variables at selected rural community Raipur (C.G).

3. Material and Method

A Quantitative research approach was adopted where 30 mentally challenged caregivers were selected using non-probability sampling technique for the quantitative study. a self-structured socio-demographic questionnaire and a self-structured knowledge questionnaire to assess caregivers, knowledge regarding mentally challenged client and their human rights. Frequency and percentage analysis was done to describe the socio-demographic characteristic of mentally

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challenged caregivers. Paired 't' test was done to find out compare knowledge regarding human rights of mentally challenged client caregivers. Chi-square test was done to assess the association between level of knowledge regarding human rights of mentally challenged client caregivers.

4. Result and Discussion

A. Distribution of caregiver with regards to sociodemographic variables

In this study socio-demographical data elicit that among the study sample age maximum mentally challenged caregiver n=12 (40.0%) belongs to the age group of 26-35 yrs. and n=10 (33.3%) belongs to the age group of 36-45 yrs. and n=4 (13.4%) belongs to the age group of 18-25 yrs. and n=4 (13.3%) belongs to the age group of above 45 yrs. Gender show that, maximum n=19 (63.3%) subjects were male, and n=11 (36.7%) subject were female, n=0 (0%) subject were transgender. Marital status show that, maximum n=24 (80.0%) were married and n=4 (13.3%) were widow/widower, and n=2 (6.7%) were Divorced, and n=0 (0%) were transgender. Types of family member show that, maximum n=14 (46.7%) belongs to nuclear family and n=9 (30.0%) belongs to joint family and n=7 (23.3%) belongs to extended family. Religion shows that, maximum n=19(63.3%) belongs to Hindu and n=4(13.4%) belongs to others and n=4 (13.3%) belongs to Christian and n=3 (10.0%) belongs to others. Monthly income shows that, maximum n=10 (33.3%) family have income less than 5000-15000, and n=10 (33.3%) family have income between 15000-20000, and n=6 (20.0%) family have income between less than 5000 and n=4 (13.4%) family have income Above than 25000. Family history shows that, maximum n=26(86.7%) belongs to no history, and n=3 (10.0%) belongs to brother/sister, and n=1(3.3) belongs to father, and n=0(0%) belongs to mother. Place of residence show that, maximum n=30(100.0%) belongs to rural, and n=0 (00.0%) belongs to urban. Mass media show that maximum n=18 (60.0%) had information by mass media and n=6 (20.0%) had information by peer group and n=3 (10.0%) had information by newspaper and n=3 (10.0%).

B. The first objectives is to Assess the pre-test and post-test knowledge regarding human rights of mentally challenged client caregivers at selected rural community, Raipur (C.G).

The level of knowledge of caregivers as show that in pre-test knowledge regarding human rights of mentally challenged client caregivers at selected rural community n=19 (28.3%) were poor level of knowledge and n=11 (71.7%) were good. Mean 10.93 and standard deviation 2.912. and in post-test knowledge regarding human rights of mentally challenged client caregivers at selected rural community n=7 (23.3%) were poor level of knowledge and n=14 (46.7%) were good and n=9 (30%) were very good. Mean 17.20 and standard deviation 5.962.

C. The Second objectives is to assess the effectiveness of structured teaching programme knowledge regrading human

rights of mentally challenged client caregivers at selected rural community Raipur (C.G).

Shows that, in effectiveness of structured teaching programme. In pre-test mean 10.93 and standard deviation 2.912 and post-test mean 17.20 and standard deviation 5.962. t-value were 27.359 and df-29 with 0.001 level of significant.

D. The third objectives is to Compare knowledge regarding human rights of mentally challenged client caregivers at selected rural community Raipur (C.G).

Shows that in effectiveness of structured teaching programme knowledge regrading human rights of mentally challenged client caregivers at selected rural community. In pre-test mean 10.93 and standard deviation 2.912 and post-test mean 17.20 and standard deviation 5.962 with correlation value 0.081. t-value were 27.359 and df-59 significant with 0.001 level.

E. The fourth objectives is to Association between level of knowledge regarding human rights of mentally challenged client caregivers with sociodemographic variables at selected rural community Raipur (C.G).

Show that, association between level of knowledge regarding human rights of mentally challenged client caregivers with sociodemographic variables there is no significant at 0.05 level of significance. There was association found between age and knowledge and the calculated value i.e., 7.815 was less than the table value of chi square (3.517) at 0.05 level of significance. Hence H02 is accepted., There was association found between gender and knowledge and the calculated value i.e., 3.841 was less than the table value of chi square (2.391) at 0.05 level of significance. Hence H02 is accepted., There was association found between marital status and knowledge and the calculated value i.e., 5.991 was less than the table value of chi square (3.804) at 0.05 level of significance. Hence H02 is accepted., There was association found between type of family and knowledge and the calculated value i.e., 5.991 was less than the table value of chi square (0.745) at 0.05 level of significance. Hence H02 is accepted., There was association found between religion and knowledge and the calculated value i.e., 7.815 was less than the table value of chi square (4.805) at 0.05 level of significance. Hence H02 is accepted., There was association found between monthly income and knowledge and the calculated value i.e., 7.815 was less than the table value of chi square (3.804) at 0.05 level of significance. Hence H02 is accepted., There was association found between family history of mentally challenges and knowledge and the calculated value i.e., 5.991 was less than the table value of chi square (0.629) at 0.05 level of significance. Hence H02 is accepted., There was association found between place of residence and knowledge and the calculated value i.e., 3.841 was less than the table value of chi square (0.036) at 0.05 level of significance. Hence H02 is accepted., There was association found between previous source of information and knowledge and the calculated value i.e., 7.815 was less than the table value of chi square (2.249) at 0.05 level of significance. Hence H02 is accepted.

Table 1

Overall analysis to evaluate the effectiveness of structure teaching programme on knowledge regarding human rights of mentally challenged client caregivers

Pre-Test	Categories	Frequency	Percentage %	Mean	SD	't' Value	Table value	DF	Significant
Poor	1-8	19	28.3	10.93	2.912				
Good	9-16	11	71.7						
Very Good	17-24	0	0						
Excellent	Above 24	0	0						
Total		30	100.0						
Post-Test						27.359	3.396	29	0.001S
Poor	1-8	7	23.3	17.20	5.962				
Good	9-16	14	46.7						
Very-Good	17-24	9	30						
Excellent	Above 24	0	0						
Total		30	100.0						

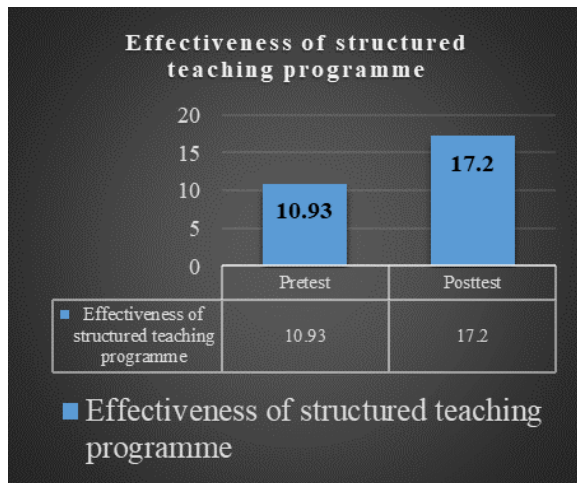


Fig. 1. Bar diagram showing the distribution of effectiveness of structured teaching programme on knowledge regarding human rights of mentally challenged client caregivers

5. Implication

A. Nursing Education

- The study reveals the importance of mass health education programme and community awareness programme.
- As a nurse educator, there are abundant opportunities for nursing professional to educate the clients and public in creating awareness on human rights for mentally challenged.
- Need to conduct in-service education for nurses and health workers.
- There is need to collaboration of nursing and medical professionals, and government organizations should ensure that regular teaching programme on human rights for mentally challenged is conducted.

B. Nursing Practice

- Community nurses play a key role in changing the health behavior of people by educating them about knowledge of human rights of mentally challenged and thereby improving success rate in early case identification and its treatment.
- Nursing professional working in the hospital as well as community can understand the importance of health education regarding human rights for mentally challenged.

- Public awareness is an important factor for achieving health and practicing healthy life style, this study reveals that importance of giving health education and community participant to develop healthy community.
- Workshop, health education related programme, can be conducted of human rights of mentally challenged to improve the knowledge of caregiver of community area.

C. Nursing Administration

- The nursing administrator can take part in developing protocols; standing order related to designing the health educated programme and strategies for client who are at risk of developing chronic diseases.
- The nursing administrator can mobilize the available resources and personnel towards the health education for caregivers on human rights for mentally challenged.
- Planning organization of education programme requires efficient team work in planning for man power, money, material and method to conduct saucerful educational programme both at the community and hospital. He/she must be encouraged and depute caregivers to participate in such programmers conducted by any other organization.

D. Nursing Research

The helps the future nurse researchers to develop appropriate health education tools for educating the caregivers and general public regarding human rights of mentally challenged according to their demographic, socio-economic, cultural and society characteristic.

6. Recommendation

- The study can be replicated on a large sample to generalize the findings.
- A comparative study can be taken up to assess the knowledge of caregiver regarding mentally challenged client.
- A teaching programme for the teachers about the consequences of mentally challenged in campus must be periodically done to enhance their knowledge.
- Similar study can be conducted by including management section as the sample to improve their knowledge on human rights for mentally challenged.

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