

Effect of Educational Guidelines on Newly Mother's Knowledge and Practices regarding Behavioral Problems of Children

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Abstract

Children in the age group of 5 to 14 years constitute 30% of the total population. Children undergo a dynamic period of physical, mental, emotional, and social changes. These changes influence the child's overall development, specifically the academic and social outcomes. **The aim was to** evaluate the effect of educational guidelines on newly mothers' knowledge, practices regarding behavioral problems of children. **Subjects and method: Design:** A quasi-experimental research design was utilized to achieve the aim of this study. **Setting:** the study was conducted in the pediatric outpatient clinic at Mansoura University Hospital. **Subjects:** A purposive sample of 50 **newly mothers** were included. **Three tools were used:** Tool (I) an interview questionnaire, Tool (II) mothers' knowledge regarding behavioral problems of children (pre/post), and Tool (III) mothers' practice regarding behavioral problems of children (pre/post). **Results:** The study result showed that newly mothers' levels of knowledge regarding behavioral problems of children and practice have dramatically improved after the implementation of the educational guidelines with statistically significant differences between pre-post educational guidelines implementation. There were statistically significant relations between newly mothers' level of knowledge regarding behavioral problems of children and practice. **Conclusion:** The present study concluded that educational guidelines implementation had a positive effect on improving newly mothers' knowledge and practices regarding behavioral problems of children. **Recommendations:** The study recommended educational guidelines regarding behavioral problems of children should be conducted, discussed, integrated into the educational programs, and taught to the newly mothers using the booklet and illustrated pamphlets for each one to improve their knowledge and practices.

Keywords: Behavioral problems of children, Educational guidelines, knowledge and practice, newly mothers.

Introduction:

Parents' most prized possessions and future nation builders are their children. A happy, healthy child contributes to a happy, healthy society. Due to changes in human living styles, behavioral problems in children have taken on new dimensions in recent years. Identification of behavioral issues and early intervention will go a long way toward improving those children's quality of life (Prakash et al., 2018). Children under the age of 15 make up around one-third of the world's population, with 5-15 percent of them suffering from these socially crippling behavioral problems. It is estimated that 80 percent of the world's youngsters reside in underdeveloped nations with few mental health facilities.

According to a study of current studies, children's mental health problems range from 6.33 percent to 43.1 percent ((Psychguides, 2020).

Every society or social organization is characterized by the basic and essential unit i.e. family. Families are the first and may be the most crucial socializing unit in any person's life. Families present structural and internal dynamics that may contribute to either risk or protective outcomes in terms of child development (Sathya & Ananthi, 2019). Normal children are healthy, happy, and well-adjusted. This adjustment is developed by providing basic emotional needs along with physical and physiological needs for his/her mental well-being. The children depend on

their parents, so parents are responsible for the fulfillment of their emotional needs. Every child should have tender loving care and a sense of security about protection from the parent and family. Parents especially mothers should be aware of the achievements of their children (**Datta, 2018**).

The term behavior refers to the way a person responds to a certain situation or experience. Behavior is affected by temperament, which is made up of an individual's innate and unique expectations, emotions, and beliefs. Behavior can also be influenced by a range of social and environmental factors including parenting practices, gender, exposure to new situations, general life events, and relationships with friends and siblings (**Psychguides, 2020**).

The prevalence rate of behavioral problems is 43.1%, 14.5% conduct disorder, 29.7% attention deficit hyperactivity disorder, 12.5% emotional disorder, 7.1% scholastic disorders, 2% adjustment disorder, 9.5% pervasive developmental disorder. The behavioral problem is seen in school children in the age group of 6-10 years. Many factors are affecting the behavior problems, especially the type of family. Family and family members are the most important people in young children's lives. Families assume critical roles that significantly affect children's well-being and development. The investigator felt the need of conducting this study to find out the relationship of behavioral problems of school children and type of family (**Kauts A, Kaur, 2020**).

According to the National Survey of Children's Health, 2018, to understand mental disorders and their treatment received. The report showed that 7.4% of children aged 3-17 years (approximately 4.5 million) have diagnosed behavioral problems. More than 5 in 10 children (53.5%) aged 3-17 years with behavioral disorders received treatment. Behavior problems are more common among children aged 6–11 years than younger or older children. Among children aged 2-8 years, boys were more likely than girls to have a mental, behavioral, or developmental disorder. Family, community, and healthcare factors are related

to children's mental health (**Data and statistics on children's mental health, 2021**).

The etiological factors for behavioral problems of children are usually biological risk factors, genetic risk factors, family relationship risks, experiential risks, and social-environmental risk factors. Several specific biological factors are associated with behavioral and developmental problems; mainly they contribute to behavioral & emotional difficulties. Prenatal exposure to alcohol, tobacco smoke & drugs also has been found to have an impact on the neurocognitive process & is associated with a variety of behavioral problems. There are various behavioral disorders evident in children. Major concerns of them are autism, attention deficit hyperactivity disorder, and school phobia which are mainly found in school-age children. The Centers for Disease Control and Prevention estimates that 1 in 88 children in the United States has been identified as having an autism spectrum disorder, according to a new study released today that looked at data from 14 communities. Autism spectrum disorders are almost five times more common among boys than girls – with 1 in 54 boys identified (**Ladwig & Khan, 2017**).

Rarely will a child under 5 years old receive a diagnosis of a serious behavioral disorder? However, they may begin displaying symptoms of a disorder that could be diagnosed later in childhood. These may include attention deficit hyperactivity disorder (ADHD), oppositional defiant disorder (ODD), autism spectrum disorder (ASD), anxiety disorder, depression, bipolar disorder, learning disorders, and conduct disorders (**Sharma, 2018**).

As was reported that knowledge and practices research approaches are used to understand what people know, belief, and do related to a specific topic. In health research, this helps us to understand the knowledge and practices of a target group, provide data on how to improve quality and accessibility of services, current health and cultural practices (**Launiala 2019**).

As a result, mothers must be aware of the behavioral problems, as their role in the management process is critical. Because mothers are the primary carers for their

children, nurses as primary health care professionals can help improve mothers' knowledge and practices about their behavioral problems affecting children. Furthermore, giving a unique mothers program was linked to decreased levels of their dysfunction, increased self-efficacy, reduced distress, and reduced relationship conflict (Prakash et al., 2018).

Behavioral problems of school-going children should be observed by parents and teachers. Parents should have more knowledge of behavioral problems of childhood because the children will spend more time in homes. So parents should be able to find out the abnormal behavior of the child and they can provide some related mental health services to the child with guidance from psychologists. Early diagnosis and early screening help the prevention of the progress of the disease for the treatment of the child and effective mental health service (National Institute of Mental Health, 2020).

Significance of the study:

According to the integrated child morbidity rate, the overall prevalence of mental and behavioral disorders in children was to be 12.5%. Studies conducted in rural and urban areas of different parts of Karnataka suggest the prevalence of behavior disorder ranges from 1.6%-41.3% (Tirkey & Johan 2017). Childhood is the most significant period in everyone's life. Every child needs a caring and conducive environment to grow into a potentially healthy human being in every perspective as the behavioral problem is a potentially serious but treatable disease.

The evidence of behavioral problems is increasing day by day in children. Mothers are having little knowledge regarding behavioral problems. Mothers need more knowledge regarding behavioral problems to help prevent them before starting. Mothers play a very important role in the early diagnosis and promotion of behavioral problems among their children. By keeping all these points in the brain, the researcher has selected the topic of behavioral problems of children. Hence, this study was designed to evaluate the effect of educational guidelines on newly mothers' knowledge, practices regarding behavioral problems of children.

Operational definitions:

Behavioral problems: In this study, it refers to the behavioral problems exhibited by the children concerning habits, emotional problems, learning problems, attention problems, conduct disorder, social problems, which is measured using the information given by the mother based on the Achenbach System of Empirically Based Assessment (ASEBA) and Eyberg child behavior inventory (ECBI).

Aim of the study

To evaluate the effect of educational guidelines on newly mother knowledge, practices regarding behavioral problems of children through:

- Assessing newly mothers' knowledge regarding behavioral problems of children.
- Assessing newly mothers' practices regarding behavioral problems of children.
- Designing and implementing educational guidelines based on the newly mother's needs.
- Evaluating newly mothers' knowledge and practice level regarding behavioral problems after implementing educational guidelines.

Research hypothesis:

Educational guidelines regarding behavioral problems of children would have a positive effect on newly mothers' knowledge and practices regarding behavioral problems of children.

Subjects and Method:

Research design:

A quasi-experimental research design was utilized to achieve the aim of this study. Quasi-experimental research is a prospective or retrospective study in which patients self-select or are selected into one of some different treatment groups to compare the real effectiveness and safety of non-randomized treatments (Maciejewski, 2020).

Setting:

The study was conducted at the pediatric outpatient clinic at Mansoura University Hospital, Egypt, this setting was selected due to the high prevalence of patients in the selected

setting, and also it serves the biggest region of the population.

Subjects:

A purposive sample of 50 newly mothers were included from a population who have met the inclusion criteria within six months and received care from the previously mentioned setting. Their children' age range from 2-12 years, their children suffered from one or more behavioral problems. In addition to exclusion criteria e.g their children suffered from any medical, neurological diseases

Sample size calculation:

The sample size was calculated based on considering the level of significance of power analysis of 0.95($\beta=1-0.95=0.5$) at alpha .05 (one-sided) with a large effect size (0.5) was used as the significance, 0.001 was used as the high significance.

The inclusion criteria included:

- Newly mothers their ages ranged from 18-40 years old
- Who visited the previously mentioned setting
- Agreed to participate in this study.

Exclusion criteria included:

- Mothers not available at the time of data collection

Data collection tools:

Three tools were used to collect the data of the study as the following:

Tool I: An interview questionnaire was developed by the researchers after reviewing the related literature and research studies; it included two parts:

Part (1): It included demographic data of newly mothers such as age, educational level, occupation, and residence.

Part (2): It included demographic data of newly mothers' children such as age, educational level, and gender.

Tool (II): Mothers ' knowledge regarding behavioral problems of children (pre/post) (Tirkey & Johan 2017; Datta, 2018; Sathya & Ananthi, 2019): It was developed by the researchers and included 12 questions (multiple choice questions).

It was designed to assess newly mothers' knowledge regarding behavioral problems of children such as Introduction about behavioral problems of children, the definition of behavioral problems of children, types of behavioral problems of children, causes of behavioral problems of children, complications of behavioral problems of children, and methods of treatment.

Scoring system:

The newly mothers were given 1 when the answer was correct and if the answer was incorrect the score was given 0. A newly mother who scored from 1 to less than 6 was considered to have unsatisfactory knowledge (< 50%), and those who scored between 6 to 12 were considered to have satisfactory knowledge ($\geq 50\%$).

Tool (III): Mothers ' practice regarding behavioral problems of children (pre/post): (Tirkey & Johan 2017; Sathya & Ananthi, 2019; Ann-Louise, 2022): It included six questions (multiple choice questions) was developed by the researchers. It was designed to assess newly mothers' practice regarding behavioral problems of children related to ways to prevent behavior problems before they start such as developing a healthy relationship, making the rules clear, explaining the consequences ahead of time, providing structure and a schedule, praise good behavior, work as a team with other caregivers, teach the child about feelings, teach impulse control, and create a reward system, how to deal with behavioral problems of children, effective communication, and routine follow-up.

Scoring system:

The scoring system was calculated as zero for "not done answer", and one for "done answer". The total score was categorized into adequate and inadequate practices" as follows: inadequate less than 50% and adequate for more than 50%.

Methods of data collection:**Preparatory phase:**

It included reviewing related literature and theoretical knowledge of various aspects of the study using books, articles, the internet, periodical, and magazines to develop tools of data collection. This also helped with the creation of the testing tools and the creation of the instructional guideline for the mothers.

Validity of the tools:

The content validity of the tools and the educational guideline, its clarity, comprehensiveness, appropriateness, and relevance were reviewed by five experts professor; three experts in pediatric nursing, one expert in the psychiatric and mental health nursing field, and one expert in the community health nursing field. Modifications were made according to the panel judgment to ensure sentence clarity and content appropriateness.

Reliability of the tools:

The Cronbach's α test was used to assess the reliability of the knowledge questions, which was 0.90, and the reliability of the practice questions was 0.88.

A pilot study

A pilot study was conducted on 10% (5 newly mothers) of the total sample to test the clarity and feasibility of the research process. No modifications were carried out to develop the final form of the tools. Newly mothers who were in the pilot were excluded from the research study.

Ethical considerations:

Before the research started, Approval from the Faculty of Nursing was obtained before conducting the study. The researchers met both medical and nursing directors of the selected settings to clarify the purpose of the study and take their approval. Written consent was obtained from newly mothers to gain their cooperation. The aim of the study was explained and the expected outcomes from the implementation of the study were included in this letter to obtain permission for data collection. The aim of the study was explained to newly mothers. The researchers informed the newly mothers that, the study was voluntary;

they were allowed to refuse to participate in the study. Newly mothers had the right to withdraw from the study at any time, without giving any reason. Newly mothers were assured that their information would be confidential and used for research purposes only.

Administrative design:

Administrative permission was obtained through an issued letter from the Dean of Faculty of Nursing, Mansoura University to the Director of the Pediatric Outpatient Clinic affiliated to Mansoura University Hospital to achieve this study.

Fieldwork:

The study included 50 newly mothers. The researchers collected data from the newly mothers who attended previously selected settings two days / a week from 9 am to 1 pm on the morning shift (Sunday and Tuesday). Data were collected within 6 months from the beginning of May 2021 to the end of October 2021. Approximately, 40-50 minutes were taken to complete each interview questionnaire.

II-Implementation Phase:

The researchers met newly mothers individually at waiting areas present at previously selected settings and explain the aim of the study after introducing themselves to patients. The researchers used face-to-face interviews and they read the questions and possible answers to the patients to help them fill their responses in the tools.

The data collection tools were distributed to the studied newly mothers twice; (1) pre-test to assess their knowledge and practices before implementing educational guidelines. (2) Post-test to assess newly mothers' knowledge and practices level after implementing educational guidelines.

The simplified booklet was used as a supportive material and given to newly mothers in the Arabic language to cover all items regarding the knowledge and practice regarding behavioral problems of children after reviewing the related literature based on the assessment of the actual needs of the studied newly mothers. Different teaching methods such as lectures, discussion, pictures, and posters were used.

The researchers designed and implemented the educational guidelines regarding behavioral problems of children in the form of a theoretical part and practical part. The subject contents have been sequenced through 5 sessions (3 sessions for the theoretical part and 2 sessions for the practical part), and each session took about 20-30 minutes. The total time was 2 hours and a half for each one. At the beginning of the first session, an introduction about the educational guidelines regarding behavioral problems of children was given and each session started with summary feedback about the previous session.

The educational guidelines included knowledge regarding behavioral problems of children as follow:

- Introduction about behavioral problems of children
- Definition of behavioral problems of children
- Types of behavioral problems of children
- Causes of behavioral problems of children
- Complications of behavioral problems of children
- Methods of treatment.

The practical part was contained information regarding the behavioral problems of children. The interview took approximately 25-35 minutes for each mother to answer and fill out the questionnaire to assess the practices of the studied newly mothers. It was implemented through lectures, posters, educational films.

The educational guidelines included practices regarding behavioral problems of children as follow:

- Ways to prevent behavior problems before they start such as developing a healthy relationship, making the rules clear, explaining the consequences ahead of time, providing structure and a schedule, praising good behavior, working as a team with other caregivers, teaching the child about feelings, teach impulse control, and create a reward system
- How to deal with behavioral problems of children
- Effective communication
- Routine follow up

Evaluation phase:

It occurred after two months, each newly mother was re-interviewed to assess their knowledge and practices. Re-assessment of newly mothers was done using the same tool (II and III) to evaluate the effect of educational guidelines on newly mother's knowledge, practices regarding behavioral problems of children.

Statistical analysis:

Data collected were scored, organized, tabulated, and analyzed. Data analyzed using "Statistical Package for the Social Science" (SPSS for Windows), version 20. Numerical data were expressed as mean \pm SD. Qualitative data were presented as frequency and percentage. Chi-square (X^2) test was used to compare the variables between the study phases. P-value was considered significant at ≤ 0.05 .

Results:

Table (1): Portrayed that 60% of the studied mothers were between 18 < 30 years old, (56%) of them had secondary education. Concerning occupation, 68% of the studied mothers were housewives.

Figure (1): illustrated that 62% of the studied mothers were living in urban residences.

Table (2): Revealed that 70% of the children were between 2 < 6 years old. About two-thirds, 64% of children were in nursery school. Concerning gender, 66% of children were boys.

Table (3) demonstrated the effect of educational guidelines' implementation on newly mothers' knowledge regarding behavioral problems of children. It was observed that the highest percentage of the mothers had satisfactory knowledge regarding behavioral problems in all items post guidelines implementation than pre-implementation. A highly statistically significant difference was detected between newly mothers' knowledge regarding behavioral problems pre and post-implementation of the educational guidelines ($P < 0.001$).

Figure (2): Illustrated that the most common behavioral problems among cases'

children was attention deficit hyperactivity disorders (44%) followed by autism (36%), emotional problems (11%), and conduct disorders (9%)

Figure (3): Showed that there was an improvement in the studied newly mothers' total knowledge post implementing educational guidelines as compared to pre-implementing guidelines pre/post two months of educational guidelines implementation regarding behavioral problems of children (P-value <0.001).

Table (4) portrayed the effect of educational guidelines' implementation on newly mothers' practice regarding behavioral problems of children. A highly statistically significant difference was detected between newly mothers' practice regarding behavioral problems pre and post-implementation of the educational guidelines (P<0.001).

Figure (4) revealed the newly mothers' total practice score pre and three-month post-instructional guidelines implementation regarding behavioral problems of children. It observed that 92% of the studied mothers had inadequate practice regarding behavioral problems of children pre- instructional guidelines implementation and decreased to become 14% three-months post- instructional guidelines implementation. On the other hand, 8% of the studied mothers had adequate practice pre-educational guidelines implementation compared to 86 % post-three-months post-educational guidelines implementation with a statistically significant difference.

Table (5): Highlighted that there was a significant positive correlation (P=0.002) between newly mothers' total knowledge and total practices post-three-months educational guidelines implementation.

Table (1): Frequency and percentage distribution of the studied newly mothers regarding their demographic characteristics (n=50)

Demographic characteristics	No.	%
Mothers' age in years		
18< 30 years	30	60
30< 40 years	20	40
Education level		
Read and write	7	14
Secondary education	28	56
Higher education	15	30
Occupation		
Working	16	32
Housewives	34	68

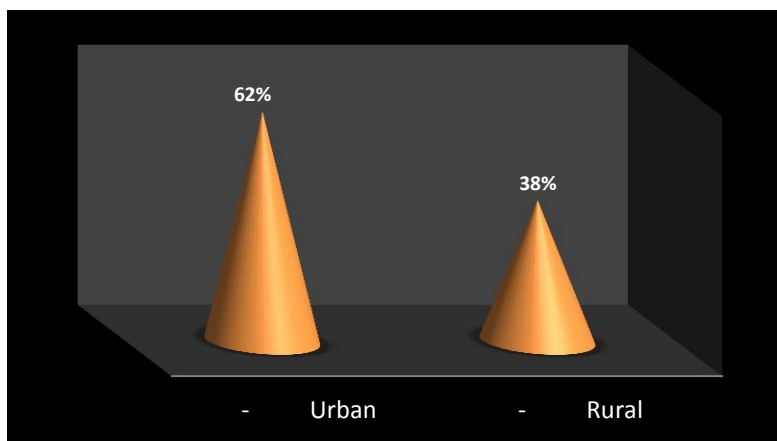


Figure (1): Percentage distribution of the studied newly mothers regarding their residence (n=50)

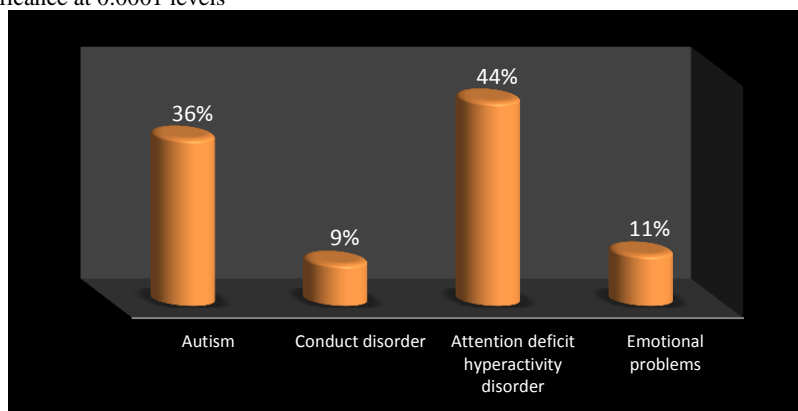
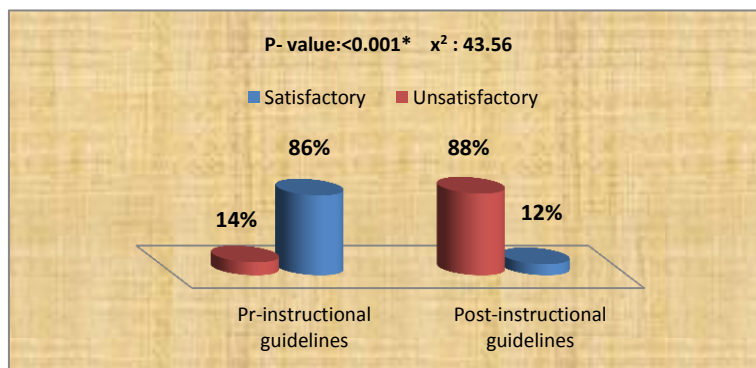
Table (2): Frequency and percentage distribution of the children of newly mothers regarding their demographic characteristics (n=50)

Demographic characteristics	No.	%
Age in years		
2< 6 years	35	70
6< 12 years	15	30
Education level		
Nursery school	32	64
Primary education	18	36
Gender		
Boys	33	66
Girls	17	34

Table (3): Frequency and percentage distribution of newly mothers' knowledge regarding behavioral problems of children pre and post educational guidelines' implementation

Newly mothers' knowledge	No =(50)		X ²	p-value
	Pre (No/%)	Post (No/%)		
Introduction about behavioral problems	4 (8%)	42 (84%)	22.45	<0.001*
Definition of behavioral problems of children	13 (26%)	45 (90%)	32.57	<0.001*
Types of behavioral problems of children	15 (30%)	44 (88%)	45.78	<0.001*
Causes of behavioral problems of children	10 (20%)	47 (94%)	43.58	<0.001*
Complications of behavioral problems of children	9 (18%)	42(84%)	66.89	<0.001*
Methods of treatment	16 (32%)	43(86%)	47.77	<0.001*

*highly significance at 0.0001 levels

**Figure (2):** Percentage distribution of different behavioral problems among cases' children (n=50)

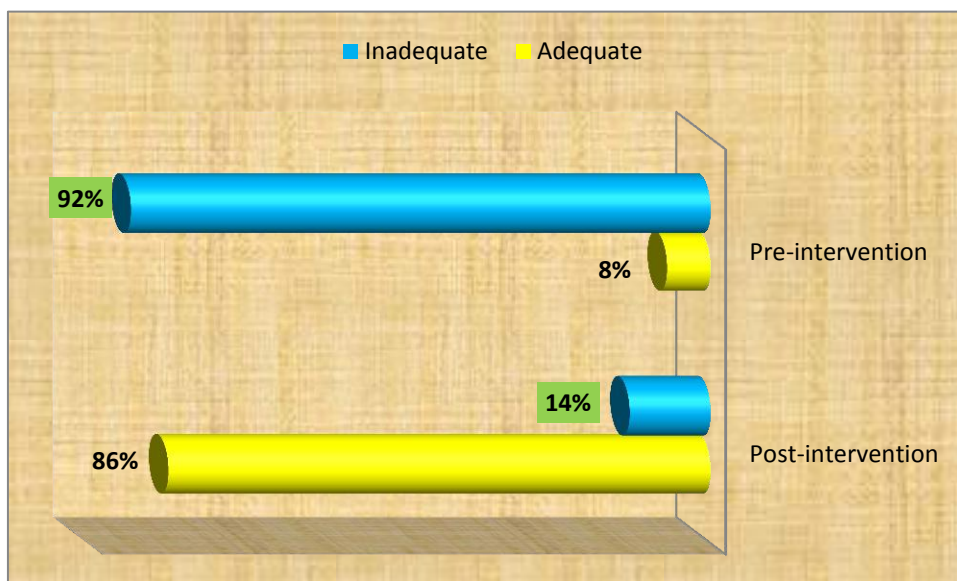
*Statistically significant level at P < .05

Figure (3): Differences between newly mothers' total knowledge of the studied newly mothers' regarding behavioral problems of children pre and post- educational guidelines implementation

Table (4): Frequency and percentage distribution of newly mothers' practice regarding behavioral problems of children pre and post educational guidelines' implementation

Newly mothers' practice	No =(50)		X ²	p-value
	Pre (No/%)	Post (No/%)		
1-Ways to prevent behavior problems before they start such as				
• Developing a healthy relationship	5 (10%)	43 (86%)	22.33	<0.001*
• Making the rules clear	14 (28%)	46 (92%)	32.45	<0.001*
• Explaining the consequences ahead of time	16 (32%)	40 (80%)	45.64	<0.001*
• Providing structure and a schedule	11 (22%)	41 (82%)	43.23	<0.001*
• Praising good behavior	9 (18%)	43(86%)	66.42	<0.001*
• Working as a team with other caregivers	15 (30%)	44(88%)	47.34	<0.001*
• Teaching the child about feelings, teach impulse control, and create a reward system	12 (24%)	46 (92%)	32.76	<0.001*
2-Effective communication	15 (30%)	45 (90%)	45.89	<0.001*
3-Routine follow up	20 (40%)	47(94%)	47.66	<0.001*

*highly significance at 0.0001 levels



*highly Significance at 0.001 levels

Figure (4): Differences between newly mothers' total practice regarding behavioral problems of children pre and post-three-month educational guidelines implementation (n=50)

Table (5): Correlation coefficient between total studied newly mothers' knowledge and practice pre and post-three-month of educational guidelines implementation

Total Knowledge	Total Practices			
	Pre-educational guidelines implementation		Post three-month educational guidelines implementation	
	R	P	R	P
- Total knowledge pre-test	0.046	0.702 (N.S)	---	---
- Total knowledge post-test	---	---	0.406	0.002*

*highly Significance at 0.0001 levels

Discussion:

Infancy and childhood are of paramount importance in determining and patterning the future behavior and character of the children. Behavioral disorders are caused by multiple factors. No single event is responsible for this condition. The important contributing factors are faulty parental attitude, inadequate family environment, mentally and physically sick or handicapped conditions, the influence of social relationships, influence of mass media, and influence of social change (**Ogundele, 2018; Better health, 2020; & Psychguides, 2020**).

Concerning newly mothers' knowledge regarding behavioral problems of children, the result of the current study revealed that the highest percentage of the mothers had satisfactory knowledge with a highly statistically significant difference pre and post-implementation of the educational guidelines. From the researchers' point of view, this result reflects the positive effect of educational guideline implementations, which meet the newly mothers' needs and provide them with sufficient knowledge.

These findings are similar to the result in a study conducted by **Garg et al., (2017)** entitled "Effectiveness of Structured Teaching Program on Selected Common Behavioral Problems of Children Sandeep" and found that majority of mothers had adequate knowledge regarding behavioral problems of children in the posttest.

This result is in the same line with **Nithya, (2019)** who studied the "effectiveness of structured teaching program on knowledge and attitude regarding selected behavioral problems of primary school children among primary school teachers" and found that the studied sample knowledge improved after structured teaching program implementation.

Similary, Kauts &Kaur (2018) found in a study about "children's behavior concerning family environment and technology exposure on the behavior of children at the pre-primary stage." That parent's knowledge had improved after the study implementation. **Sathya & Ananthi (2019)** also, found in their study conducted to assess the behavioral problems of children among mothers in the nuclear family

and joint family at selected areas in Bangalore. A similar study supporting the effectiveness of the Structured Teaching Program was also done by **Manpreet et al., (2015) Negi, et al., (2019) Maheswari, (2016) Vasanthakohila, & Hemavathy, (2014), Sharma, & Kaur (2014), and Dumbray et al., (2014)**.

The finding of the present study indicated that there was an improvement in the studied newly mothers' total knowledge post implementing educational guidelines. This improvement is the emphasis on the fact that mothers have a strong desire to learn more knowledge about their children and show the positive effect of the program.

This result is matched with **Anet et al., (2021)** who conducted a study about "Structured teaching program and its effect on mothers' knowledge regarding behavioural problems of children among mothers in selected areas at Kollam" and found that the mean post-test knowledge score value is greater than the mean pre-test knowledge score value. Similar findings were observed in the studies done by **Manivannan et al., (2017) and Godara & Chouhan (2018)**.

The present study results revealed an improvement in newly mothers' total practice score and the majority of them had adequate practice post-three-months educational guidelines implementation. From the researchers' point of view, it reflected the good impact of the educational guidelines on improving practices. These are confirmed the significant modifications in the mothers' practice that reflected the main goals of the implementation of the educational guidelines. This result agreed with **Fan et al., (2020)** who reported that health behavior change when gaining the right knowledge and adopting the practice. Also, a recent study by **Rana et al., (2020)** reported that sufficient individual knowledge is associated with effective management of disease and promotion of a child's health. A study by **Ricardo et al., (2018)** supported that; knowledge deficit is associated with poor health and maladaptive disease preventive behavior. This result is supported by **Monika et al., (2017) who performed a study about** behavioral problems of secondary school children and found that

mothers' practice has improved after intervention

The present study revealed that there was a significant correlation between newly mothers' total knowledge and total practices post-three-months educational guidelines implementation. From the researchers' point of view, this reflected the importance of improving mothers' knowledge and practice to help them learn and acquire good knowledge and apply it. This association is explained that when the studied mothers had sufficient knowledge they can practice well. This result is in accordance with **Anet et al., (2021)** who investigate the effect of structured teaching program on mothers' knowledge and found that the program was effective in improving the knowledge of subjects regarding behavioral problems.

Conclusion:

Based on the results and hypotheses of the present study, the study findings concluded that the results support the research hypothesis in that implementing educational guidelines implementation had a positive effect on improving newly mothers' knowledge and practices regarding behavioral problems of children.

Recommendations:

Based on the results of the present study, the following recommendations are suggested:

- The study recommended educational guidelines regarding behavioral problems of children should be conducted, discussed, integrated into the educational programs, and taught to the newly mothers using the booklet and illustrated pamphlets for each one to improve their knowledge and practices.
- Early counseling should be directed to newly mothers regarding behavioral problems of children, especially for families with positive history of behavioral problems of children among their members.
- Replication of the current study with a larger sample of a newly mothers in different settings is required for generalizing the results.

Limitations of the study:

This study had a limitation, the sample was relatively small and the result cannot be generalized.

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