

Attitude of mothers on play therapy for pre-school children in selected Anganwadi Centers of Doiwala, Dehradun

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ABSTRACT

Background: Pre-school period is the important and critical period of life that has critical effects on personality of an individual. In this period, the children learn adaptive behaviors and effective communication skills. These skills can provide corrective emotional strategies and healing in conflicts. Play therapy is an effective therapeutic intervention of emotional and behavioral difficulties. Play therapy allows pre-school children to explore their feelings, increase positive interactions with others, and develop appropriate social skills using their natural form of communication. **Objective:** The main aim of the research is to assess the negative and positive attitude of mothers on play therapy for pre-school children in selected Anganwadi Centers of Doiwala, Dehradun. **Materials and Methods:** Descriptive research design was followed. A total of 60 mothers of pre-school children were taken by convenient sampling technique. Self-developed attitude scale was used to assess the negative and positive attitude of mothers on play therapy for pre-school children. **Results:** 54.32% of mothers have negative attitude on play therapy for pre-school children, and 51.87% of mothers have positive attitude on play therapy for pre-school children. **Conclusion:** The study concludes that 54.32% of mothers have negative attitude on play therapy for pre-school children and 51.87% of mothers have positive attitude on play therapy for pre-school children. There is a need to develop a positive attitude of mothers on play therapy for pre-school children.

KEY WORDS: Attitude; Mothers; Play Therapy; Pre-school Children

INTRODUCTION


The children of today will be adults of tomorrow. The wealth of a nation is not so much in its of economical and natural resources, but it lies more decidedly in the kind and quality of the wealth of its children. It is they who will be the creators and shapers of a nation's tomorrow. A child has to be pruned of its baser instincts and trained in a proper manner to make them beneficial to society.

For pre-school children, play is like the bridge between pre-school children's experiences and understanding, thereby providing the means for insight, learning, problem-solving, coping, and mastery.^[1]

Play therapy allows pre-school children to explore their feelings, increase positive interactions with others, and develop appropriate social skills using their natural form of communication. Play therapy helps to create change so that the pre-school child function is in a healthy way.^[2]

Benefits of play therapy include helping the pre-school child separate reality from fantasy, rectifying misconceptions, and addressing personal.^[3]

Through play therapy, pre-school children learn to gain control and mastery of their world, develop problem-solving skills and empathy, release tension, assimilate and accommodate

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past events, prevent or resolve psychosocial difficulties, and achieve optimal growth and development.^[4]

Play therapy improves pre-school children's self-concepts, external behavioral functioning, and language development. Through play therapy, stress in parent-child relationship is reduced. Pre-school children's can identify their own emotions, strengths, and gain confidence with the help of play therapy. Those pre-school children who received play therapy develop higher self-confidence, improved relationships with others, and develop a better understanding of self.^[5]

Parents, who have a positive attitude about play therapy, can help in the pre-school child's therapeutic goals, recognize the benefits of play therapy, and are able to give play therapy at home to build on the gains the pre-school child is making in the play sessions. It is important to encourage positive parenting skills and the effort exerted by parents to facilitate change and to encourage the parents to have a positive attitude regarding play therapy. How play therapy will be beneficial for the pre-school child and how parents can be involved in the process of play therapy? These all things the parents should understand. Parents should know how to utilize play therapy techniques in interacting with their pre-schooler child.^[2]

MATERIALS AND METHODS

Descriptive research design with quantitative research approach was used to assess the attitude of mothers on play therapy for pre-school children. The study population comprised of 60 mothers of pre-school children in selected Anganwadi Centers of Doiwala, Dehradun. A total of 60 mothers of pre-school children were conveniently taken from the selected Anganwadi Centers of Doiwala, Dehradun. Pre-school children mothers who were not present at the time of data collection were excluded from the study. Self-developed attitude scale was used to assess the attitude of mothers on play therapy for pre-school children. After explaining the purpose of the study, written consent was obtained from the participant. The proposed study was conducted after the approval of the Ethical Research Committee of Swami Rama Himalayan University. Written permission was taken from the proposed setting concerned authority.

RESULTS

Table 1 illustrates that 45% of participants were having formal education. 55% of participants were having no formal education. 53.3% of participants were homemaker, and 46.6% of participants were employed. 66.7% of participants husband were self-employed. 33.3% of participant's husband were doing private job. 36.7% participants were having nuclear family. 63.33% of participants were having joint family.

Table 1: Frequency and percentage distribution of personal profile characteristics of mothers

Variables	Frequency (f) (%)
Educational status of mother	
Formal education	27 (45)
No formal education	33 (55.0)
Occupation of mother	
Homemaker	32 (53.3)
Employed	28 (46.66)
Occupation of father	
Self employed	40 (66.7)
Private job	20 (33.3)
Type of family	
Nuclear	22 (36.7)
Joint family	38 (63.33)
Monthly income of family	
<5000	17 (28.3)
More than 5000	43 (71.66)
Number of children in the family	
1-2	31 (51.66)
3-4	29 (48.33)
Age of children	
24-36 months	23 (38.3)
36-48 months	13 (21.7)
48-60 months	24 (40.0)

28.3% of participants were having <5000 monthly income of family, and 71.66% of the participants were having more than 5000 monthly income of family. 51.66% of participants were having 1-2 number of children in the family. 48.33% of participants were having 3-4 number of children in the family. 38.3% of the participants were having children of 24-36 months. 21.7% of participants were having children of 36-48 months. 40.0% of participants were having children of 48-60 months.

Table 2 reveals that the mean percentage of negative attitude of mothers on play therapy for pre-school children is 54.32%. The mean percentage of positive attitude of mothers on play therapy for pre-school children is 51.87%. Hence, it is interpreted that majority of mothers were having negative attitude on play therapy for pre-school children.

Table 3a shows that there is a significant association between negative attitude score of participants and educational status of mother, occupation of participant's husband, type of family, and number of children in the family. Hence, it can be interpreted statistically that 81.48% of mothers who were having formal education were having negative attitude toward play therapy for pre-school children. 80% of participant's husband who were doing private job, 72.72% of the mothers who were having nuclear family, and 64.51% of mothers who

Table 2: Mean±SD and mean percentage of attitude scores of mothers on play therapy for pre-school children

Aspect	Statement	Maximum score	Mean±SD	Mean%	Confidence interval	
					Lower limit	Upper limit
Negative attitude	8	40	21.73±4.36	54.32	20.64	22.82
Positive attitude	8	40	20.75±7.83	51.87	18.78	22.72

SD: Standard deviation

Table 3a: Association between negative attitude score and selected personal profile of mothers on play therapy for pre-school children

Demographic data	Below median (<22)	At and above median (>22)	Chi-square	Df	P-value
Educational status of mother (%)					
Formal education	5 (18.51)	22 (81.48)	21.60	1	0.0001
No formal education	26 (78.78)	7 (21.21)			
Occupation of mother (%)					
Homemaker	20 (62.5)	12 (37.5)	3.22	1	0.07
Employed	11 (39.28)	17 (60.71)			
Occupation of father (%)					
Self employed	27 (67.5)	13 (32.5)	12.04	1	0.0005
Private job	4 (20)	16 (80)			
Type of family (%)					
Nuclear	16 (72.72)	6 (27.27)	6.17	1	0.013
Joint family	15 (39.47)	23 (60.52)			
Monthly income of family (%)					
More than 5000	18 (41.86)	25 (58.13)	0.02	1	0.88
<5000	13 (76.47)	4 (23.52)			
Number of children in the family (%)					
1-2	20 (64.51)	11 (35.48)	4.24	1	0.03
3-4	11 (37.93)	18 (62.06)			
Age of children (%)					
24-36 months	13 (56.52)	10 (43.47)	0.40	2	0.81
36-48 months	7 (53.84)	6 (46.15)			
48-60 months	12 (50)	12 (50)			

were having 1-2 number of children in the family are also having a negative attitude regarding play therapy for pre-school children.

Table 3b shows that there is a significant association between positive attitude score of participants on play therapy for pre-school children and educational status of mother.

DISCUSSION

The findings of the study reveal that 54.32% of the mothers were having a negative attitude on play therapy for pre-school children. It might be because the half of the mothers were not educated and do not believe that play therapy is necessary for the child. Most of the mothers believe that the play therapy is the least important activity for the development of the child. They mostly think that play therapy cannot modify the child's behavior. They believe that it is not a must for children. They

do not believe that play therapy helps in the growth and development of the child.

The findings of the study reveal that there is a significant association between negative attitude score of participants and educational status of mother, occupation of participant's husband, type of family, and number of children in the family. It might be because the mothers who were having formal education were having negative attitude toward play therapy for pre-school children, as they were never been exposed to this topic ever. The participant's husband who were doing private job, the mothers who were living in nuclear family, and those mothers who have 1-2 number of children in the family are having negative attitude toward play therapy as they think it is not necessary for the child. As they think that play therapy is the least important activity for the development of the child. They think that play therapy cannot modify the child's behavior and outdoor play activities are not must for

Table 3b: Association between positive attitude score and selected personal profile of mothers on play therapy for pre-school children

Demographic data	Below median (<24)	At and above median (>24)	Chi-square	Df	P-value
Educational status of mother (%)					
Primary school	13 (86.66)	2 (13.33)	93.59	1	0.0001
High school	1 (11.11)	8 (88.88)			
Intermediate	0 (0)	3 (100)			
No formal education	33 (100)	0 (0)			
Occupation of mother (%)					
Homemaker	30 (93.75)	2 (6.25)	0.0035	1	0.95
Employed	17 (60.71)	11 (39.28)			
Occupation of father (%)					
Self employed	33 (82.5)	7 (17.5)	1.22	1	0.26
Private job	14 (70)	6 (30)			
Type of family (%)					
Nuclear	20 (90.90)	2 (9.09)	0.105	1	0.74
Joint family	27 (71.05)	11 (28.94)			
Monthly income of family (%)					
More than 5000	31 (72.09)	12 (27.90)	0.08	1	0.77
<5000	16 (94.11)	1 (5.88)			
Number of children in the family (%)					
1-2	27 (87.09)	4 (12.90)	0.12	1	0.72
3-4	20 (68.96)	9 (31.03)			
Age of children (%)					
24-36 months	16 (69.56)	7 (30.43)	0.78	2	0.67
36-48 months	9 (69.23)	4 (30.76)			
48-60 months	14 (73.68)	10 (52.63)			

children, and it does not help in the growth and development of the child.

The finding of the study reveals that the mothers who were having no formal education and the mothers who have done intermediate were having positive attitude toward play therapy for pre-school children. It might be because the mothers who have done intermediate know about play therapy as they were educated. Moreover, the mothers who were having no formal education were having positive attitude toward play therapy for pre-school children. It might be because they think play therapy is important for the children.

There are several limitations in the study. First, the study was conducted with a small sample size, which restricts the generalization. Second, this study was limited to the mothers who were having children between the age group of 3-5 years. Third, researcher has to rely on verbal responses of subjects. Fourth, convenient sample selection technique. The strength of the study was the study was conducted in community setting.

CONCLUSION

The study concludes that 54.32% of mothers have negative attitude on play therapy for pre-school children and 51.87% of mothers have positive attitude on play therapy for pre-school children. There is a need to develop positive attitude of mothers on play therapy for pre-school children.

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