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EFFECTIVENESS OF INFORMATION EDUCATION COMMUNICATION ON KNOWLEDGE REGARDING BENEFITS OF OUTDOOR GAMES AMONG MOTHERS OF MIDDLE AGE SCHOOL GOING CHILDREN (10-15YEARS) IN A SELECTED RURAL AREAAT KANCHIPURAM

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INTRODUCTION

Outdoor games have been an integral part of human civilization since ancient times, offering not only entertainment but also a plethora of physical, social, and mental benefits. As society progresses with technological advancements and urbanization, the allure of outdoor games remains timeless, serving as a vital avenue for individuals of all ages to engage with nature and each other. From traditional sports like soccer and cricket to recreational activities such as hiking and cycling, outdoor games encompass a wide spectrum of physical activities that foster holistic development. This essay explores the multifaceted advantages of participating in outdoor games, emphasizing their impact on physical health, social interaction, and overall well-being

Outdoor games are synonymous with physical activity, providing an effective means to combat sedentary lifestyles prevalent in today's digital age. Engaging in activities such as running, jumping, and throwing not only improves cardiovascular health but also enhances muscular strength and coordination. The natural terrain and varying environments of outdoor settings further challenge the body, promoting agility and balance. Unlike indoor alternatives, outdoor games encourage unrestricted movement and exploration, allowing participants to reap the benefits of fresh air and sunlight, which are essential for vitamin D synthesis and overall immune function.

Moreover, outdoor games play a pivotal role in nurturing social skills and fostering interpersonal relationships. Team-based sports like basketball and volleyball promote collaboration, communication, and strategic thinking among players, cultivating essential qualities that are transferable to both personal and professional realms. These games encourage individuals to work towards common goals, manage conflicts, and build trust—a crucial component of effective teamwork. Additionally, recreational outdoor activities such as picnics and nature walks provide opportunities for social bonding and relaxation, creating cherished memories that strengthen familial and community ties.

Beyond physical and social benefits, outdoor games offer significant advantages for mental well-being and cognitive development. The natural environment serves as a therapeutic backdrop, alleviating stress and anxiety associated with urban living. Research indicates that exposure to green spaces enhances mood and reduces symptoms of depression, underscoring the restorative power of outdoor activities. Furthermore, engaging in outdoor games stimulates cognitive functions such as problem-solving and decision-making, as individuals navigate challenges presented by their surroundings. This cognitive stimulation is particularly beneficial for children, aiding in their academic performance and overall intellectual growth.

The benefits of outdoor games are manifold, encompassing physical fitness, social interaction, and mental rejuvenation. As society continues to embrace technological advancements, the importance of reconnecting with nature through outdoor activities cannot be overstated. Whether participating in competitive sports or leisurely pursuits, individuals stand to gain invaluable experiences that contribute to their holistic development. This essay will delve deeper into each of these aspects, examining how outdoor games positively impact individuals of all ages and backgrounds. By embracing the outdoors and embracing physical and social health

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METHODOLOGY

- **Population**

Population is an aggregate of totality of all subject that possess a set of specification

Target population is the people in selected rural area.

Accessible population for the present study is selected from mothers of middle age school going children

- **Sample**

A mother of middle age school going children atPalavarmedu, Kanchipuram.

- **Sample Technique:**

Purposive sampling technique.

- **Sample size:**

A sample consist of a upset of unit that comprises the population, sample size of the study was 30 mothers of middle age school going children

- **Sampling criteria:**
- **Inclusion criteria:**

A mothers of middle age school going children who are willing to participate.

- **Exclusion criteria:**

A woman doesn't have child.

An un married women.

SELECTIONOFINSTRUMENTSAND TOOLS:

Section-A-Demographicvariables.

Section-B-StructuredKnowledgequestionnaire

DESCRIPTIONOFTHETOOL

SECTION-A:

It is deal with DEMOGRAPHIC DATA of the student ,year of the study, gender, type of family, residenc onthly income in rupees and source of information.

STRUCTUREDKNOWLEDGEQUESTIONNAIRE:

The questions were selected and four options were given below each question. The structured questionnaire consisted of 25 multiple choice questions, and each questions had four options which included correct answers. The participants were free to choose any one option for each question. The score was calculated by dividing the total number of obtained score by the totalnumber of maximumscoreand expressed in percentage. Based on thescores theknowledge was graded.

S.NO	SCORE	PERCENTAGE%	LEVELOFKNOWLEDGE
1	1-10	<50%	Inadequate
2	11-20	51-70%	Moderatelyadequate
3	Above21	>70%	Adequate

VALIDITY

Validityrefershowwellan instrument asmeasures whatitisintended tomeasure the content of the instrument was validated by two experts in the field of nursing.

DATACOLLECTIONPROCESS:

The prior permission was obtained from the head of the department. After obtaining a consent from the study samples, the samples were selected by using purposive sampling technique. The researchers will collect the demographic data of the sample and administer the structure knowledge questionnaire on level of knowledge regarding benefits of outdoor games by pre-test and intervention was given and post test was conducted after the intervention. Thesamples were informedthattheanonymitywasmaintained. The collected data was data analysed by using descriptive and inferential statistics.

PLAN FOR DATA ANALYSIS:

Data analysis enables the researcher to organize summarize evaluate interpret and communicate numerical information. Data analysis was done by using quasi experimental and inferential statistics

RESULTS

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Table 1 Sociodemographic details

S.NO	DEMOGRAPHIC VARIABLES	FREQUENCY(F)	PERCENTAGE(%)
1.	1. Age A. below 30 years B. 30-35 years C.35-40 years D. abovee 40 years	5 17 07 1	17% 56% 27% 3.3%
2.	Education A. Uneducated B.S.S.L.C C. Higher Secondary D. Graduate	 1 13 14 2	 3.3% 43.3% 50% 3.3%
3.	Occupation A. Monthly Wages B. daily wages C.. Unemployed	 14 11 5	 47% 37% 16%
4.	Age of the child A.10 years B.11 years C.12years D.13 above	 11 15 3 1	 36.7% 50% 13.3% -
5.	Number of children A. 1 B. 2 C.3 D. more than 3	 07 21 2 0	 23.3% 76.7% 0 0
6.	Annual income of the family A.Rs. Less than 1,00,000 B. Rs 1,00,000-1,50,000 C Rs.1,50,000-2,00,000 D. Rs Above 2,00,000	 20 8 2 0	 66.7% 26.7% 6.6% 0

Depicts the frequency and percentage distribution of demographic variables among mothers of middle age school going children based on demographic variables. This table consists of Age, education, occupation, age of children, number of children and family annual income.

Table 2 comparison of level of Knowledge

SL.NO	DEMOGRAPHIC VARIABLES	LEVEL OF KNOWLEDGE						d(x)	X2(df)	Table value	
		I		M		A					
		F	%	F	%	F	%				

1.	1. Age A. below 30 years B. 30-35 years C.35-40 years D.above40 years	1 1 0 1	3.3 % 3.3 % 0% 3.3 %	3 5 2 0	10% 16.7 % 6.7% 0%	1 1 1 5 0	3.3% 36.7 % 16.7 % 0%	6	X2=13.33 P-value=0.0003	12.59	N S
2.	Education A. Uneducated B.S.S.L.C C. Higher Secondary D. Graduate	1 0 1 1	3.3 % 0% 3.3 % 3.3 %	0 6 3 1	0% 20% 10% 3.3%	0 7 1 0 0	0% 23.3 % 33.3 % 0%	6	X2=15.857 P-value=0.0001	12.59	N S
3.	Occupation A. Monthly Wages B. daily wages C..Unemployed	1 2 0	3.3 % 6.7 % 0%	6 0 4	20% 0% 13.3 %	7 9 1	23.3 % 30% 3.3%	4	X2=11.189 P-value=0.0008	9.49	N S
4.	Age of the child A.10years B.11 years C.12years D.13 above	1 1 0 1	3.3 % 3.3 % 0% 3.3 %	5 5 0 0	16.7 % 16.7 % 0% 0%	5 9 3 0	16.7 % 30% 10% 0%	6	X2=12.228 P-value=0.0005	12.59	S
5.	Number of children A. 1 B. 2 C.3 D. more than 3	1 1 1 0	3.3 % 3.3 % 3.3 % 0%	5 5 0 0	16.7 % 16.7 % 0% 0%	1 1 5 1 0	3.3% 50% 3.3% 0%	6	X2=11.234 P-value=0.0008	12.59	S

6.	Annual income of the family A.Rs. Less than 1,00,000 B. Rs 1,00,000-1,50,000 C Rs.1,50,000-2,00,000 D. Rs Above2,00,000	2 1 0 0	6.7 % 3.3 % 0% 0%	5 5 0 0	16.7 % 16.7 % 0% 0%	1 3 2 2 0	43.3 % 6.7% 6.7% 0%	6	X2=5.7 P-value=0.017 0	12.59	S

S-Significant
NS-Non-Significant

DISCUSSION

among mothers of middle age school going childrenbased on demographic variables. consists of Age, education, occupation, age of children, number of children and family annual income. percentage distribution of mothers of middle age school going children according to their age.5(16.7%) are below 30 age,17(56.6%) are between 30 to 35age and 7(23.3%) between 35-40 age group.1(3.3%) are above 40 age group.percentage distribution of mothers of middle age school going children according to their education ..1(3.3%) are uneducated,13(43.3%) are S.S.L.C,15(50%) are higher secondary, and 1(3.3%)are graduated.percentage distribution of mothers of middle age school going children according to their occupation .14(47%) are montlywages,11(37%) are daily wages,5(16%) are unemployed. percentage distribution of mothers of middle age school going children according to their children age .11(36.7%) are age of 10 years,15(50%) are age of 11 years,3(13.3%) are age of 12 years.1(3.3%) are age of 13 above. percentage distribution of mothers of middle age school going children according to their No.of children 7(23.3%) are having one child,21(76.7%) are having 2 children,2(6.7%) are having children. percentage distribution of mothers of middle age school going children according to their Annual income of their family 20(66.7%) are getting below 1,00,000,8(26.7%) are getting 1,00,000-1,50,000,2(6.6%) are getting 1,50,000-2,00,000.Health Promotion: Nurses can use IEC strategies to educate mothers about the importance of outdoor games for children's physical and mental development, thus promoting a healthy lifestyle in the community.Preventive Health: Nurses play a key role in guiding families on how to incorporate outdoor activities to reduce the risk of sedentary behaviours and related health issues.Behavioural Change: Nurses can implement IEC strategies to help mothers understand the positive impact of outdoor games in improving children's immunity, social skills, and overall health.

Community Health Initiatives: Nurses can actively participate in rural health programs, organizing IEC sessions and campaigns to raise awareness about the benefits of outdoor games for children.

Health Counselling: Nurses can offer personalized advice to mothers during home visits or in healthcare settings, addressing misconceptions abououtdoor activities and guiding families on proper safety measures during playtime.Monitoring and Evaluation: Nurses can assess the effectiveness of the IEC interventions in changing mothers' attitudes

Curriculum Enhancement: Nursing schools can incorporate health promotion techniques, including IEC strategies, into the curriculum, specifically focusing on rural health education and community outreach.

Training Nurses for Community Engagement: Nurses should be trained in communication skills to effectively deliver educational content in rural settings, ensuring that they are culturally sensitive and capable of addressing diverse barriers to outdoor activity.

Research and Evidence-Based Practices: Nursing students should be encouraged to explore similar health education projects, helping to bridge the gap between theoretical learning and real-world community health issues.

Nursing Administration:

Policy Development: Nurse administrators can advocate for policies that support the integration of outdoor play programs into community health plans, ensuring that these programs are accessible to children in rural areas.

Resource Allocation: Administrators can allocate resources for IEC programs, including educational materials, transportation for outdoor activities, and community health staff training.

Leadership in Community Health Programs: Nurse leaders can coordinate multi-disciplinary teams to organize outdoor play initiatives and IEC sessions that effectively address health issues in rural communities.

Nursing Research:

Continued Study on IEC Effectiveness: Research should focus on evaluating the long-term effectiveness of IEC on improving health knowledge among mothers, particularly regarding physical activity for children.

Exploration of behavioural Factors: Nursing research can delve into the cultural, socio-economic, and educational barriers that prevent mothers from encouraging outdoor activities for their children.

Impact Assessment: Research should explore how different forms of IEC (e.g., visual aids, workshops, group discussions) impact knowledge retention and behavior change among rural mothers.

Recommendations:

Expand IEC Programs: It is recommended that healthcare authorities expand IEC programs in rural communities to raise awareness about the benefits of outdoor games and encourage mothers to engage children in these activities.

Engage Community Leaders: Collaborating with community leaders and local organizations can help spread the message effectively, as these figures can influence behavior in rural settings.

Long-Term Follow-Up: Follow-up studies should be conducted to assess whether the knowledge gained from IEC programs results in sustained behavioral change regarding outdoor play.

Tailor Communication to the Audience: IEC strategies should be adapted to the literacy and cultural preferences of the rural population to ensure better understanding and application of the information

CONCLUSION

The findings of the study show effectiveness of information education communication on knowledge.

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