

A Descriptive Study to Assess the Knowledge and Attitude regarding the Play Needs of Toddlers among Parents in a Selected Hospital of New Delhi

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Abstract

Introduction: Since ages, play is considered to be an essential aspect for a child's overall development including physical, cognitive, emotional and social development. The play needs of a child keep changing with the different stages of growth and development. For a healthy development of the child, it is important to assess and acknowledge the different play needs of children at different stages. Definitely, there can be no one better than the parents who can understand the play needs and facilitate them accordingly. Hence a need was felt to conduct a study to assess the knowledge and attitude regarding the play needs of toddlers among parents. The objectives of this study were to assess the knowledge and attitude regarding the play needs of toddlers among parents in a selected hospital of New Delhi.

Materials and Methods: The research approach selected for the study was quantitative. A descriptive survey design was selected. A total of 50 samples were selected by purposive sampling technique. The tool used for data collection comprised a structured knowledge questionnaire and structured attitude scale to assess the knowledge and attitude regarding the play needs of toddlers among parents, respectively.

Results: The findings related to knowledge revealed that 52% of the parents of toddlers had good knowledge while 48% had an average knowledge regarding the play needs of toddlers. In terms of attitude, 92% of the parents of toddlers had a highly favorable attitude while 8% had a moderately favorable attitude regarding the play needs of toddlers.

Conclusion: The study revealed that majority of the parents had good knowledge and a highly favorable attitude regarding the play needs of toddlers.

Keywords: Knowledge, Attitude, Play needs of toddlers, Parents

Introduction

Play is the highest form of research – Albert Einstein.

Play is a range of voluntary, intrinsically motivated activities normally associated with recreational pleasure and enjoyment. Play is often interpreted as frivolous; yet the player can be intently focused on their objective,

particularly when play is structured and goal-oriented, as in a game. Accordingly, play can range from relaxed, free-spirited and spontaneous through frivolous to planned or even compulsive. Play is not just a pastime activity; it has the potential to serve as an important tool in numerous aspects of daily life for adolescents, adults, and cognitively advanced non-human species (such as primates). Not only does play promote and aid in physical development (such

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as hand-eye coordination), but it also aids in cognitive development and social skills, and can even act as a stepping stone into the world of integration, which can be a very stressful process. Play is something that most children partake in, but the way play is executed is different between cultures and the way that children engage with play varies universally.¹

Convention on the Rights of the Child stated that the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community. Recognizing that, the child for the full and harmonious development of his or her personality should grow up in a family environment, in an atmosphere of happiness, love and understanding. Article 31 of the Convention on the Rights of the Child states that parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child, and to participate freely in cultural life and the arts.²

From the birth, till the child attains the age of three, the child is seen playing games that involve emotional, perceptive and biological motions. He is interested in playing with gaily colored objects which he throws around, breaks them and puts them in his mouth. The very small infant is capable only of throwing his arms and feet about. The infant in his age group also plays with colored charts, paints, brushes, etc. They take keen interest in listening to stories and studying pictures in books. Playing with dolls, making sand edifices is an equally engaging occupation for them.³

Play has been called “the work of children” because it is through play that children learn how to interact in their environment, discover their interests, and acquire cognitive, motor, speech, language, and social-emotional skills (American Academy of Pediatrics, 2007). Through various types of play, children learn to discover, create, and problem solve in a safe, caring environment. As children grow up and mature, their play skills also change, allowing for the development of new skills that are more varied and complex. It is important to acknowledge that there is variability in play development and these stages often overlap. However, at any stage, parents can play an important role in helping to facilitate growth of language skills that are important for later social and learning experiences.⁴

The Benefits of Play⁵

Play allows children to use their creativity while developing their imagination, dexterity, and physical, cognitive, and emotional strength. Play is important to healthy brain development. It is through play that children at a very early age engage and interact in the world around them.

Play allows children to create and explore a world they can master, conquering their fears while practicing adult roles, sometimes in conjunction with other children or adult caregivers. As they master their world, play helps children develop new competencies that lead to enhanced confidence and the resiliency they will need to face future challenges. Undirected play allows children to learn how to work in groups, to share, to negotiate, to resolve conflicts, and to learn self-advocacy skills. When play is allowed to be child-driven, children practice decision-making skills, move at their own pace, discover their own areas of interest, and ultimately engage fully in the passions they wish to pursue. Ideally, much of play involves adults, but when play is controlled by adults, children acquiesce to adult rules and concerns and lose some of the benefits play offers them, particularly in developing creativity, leadership, and group skills. In contrast to passive entertainment, play builds active, healthy bodies. In fact, it has been suggested that encouraging unstructured play may be an exceptional way to increase physical activity levels in children, which is one important strategy in the resolution of the obesity epidemic. Perhaps above all, play is a simple joy that is a cherished part of childhood.

Play and Child Development

Play is essential to development because it contributes to the cognitive, physical, social, and emotional well-being of children and youth. Play also offers an ideal opportunity for parents to engage fully with their children. Despite the benefits derived from play for both children and parents, time for free play has been markedly reduced. Children today receive less support for play than did previous generations, in part because of a more hurried lifestyle, changes in family structure, and increased attention to academics and enrichment activities at the expense of recess or free play.⁶

Mixed-age play offers opportunities for learning and development not present in play among those close in age, suggests psychologist Gray.⁷

Fathers and mothers each play differently with their children and each contributes to the child’s language, cognitive, and social development. During the first few years of life, parents have a critical role in influencing children’s play and developing social and communication skills.⁸

Parents directly affect the behavior of their young children when they engage the children in play. When playing with parents, infants’ and toddlers’ behavior is more complex, more conventional, of longer duration, and more symbolic than when playing with peers, siblings, or alone. When parents play with infants and young children, the complexity of children’s behavior increases substantially, both in the length of the social interactions, and in the developmental level of children’s social behavior.⁹

An understanding of the benefits of play can help parents allow for maximum potential in enhancing children's all-round development. Hence, a need was felt to assess the knowledge and attitude regarding the play needs of toddlers among parents.

Materials and Methods

The research approach selected for the study was quantitative. A descriptive survey design was selected to assess the knowledge and attitude regarding the play needs of toddlers among parents. A total of 50 samples of parents attending the Pediatric OPD and Ward of Hakeem Abdul Hameed Centenary (HAHC) Hospital, Jamia Hamdard, New Delhi, were selected by purposive sampling technique. The tools used for data collection comprised a structured knowledge questionnaire with two sections – Section A consisting of 10 items related to demographic data and Section B consisting of 30 questions to assess the knowledge regarding the play needs of toddlers among parents and a structured Attitude Scale consisting of 20 questions to assess the attitude regarding the play needs of toddlers among parents.

The tools used for the study comprised questions on demographic characteristics of the samples such as age, sex, education, occupation, family type, etc. The structured knowledge questionnaire consisted of multiple-choice questions and True/False questions such as that on the importance/need of play in development of toddlers, type and material of play for toddlers, play time, safety during play, group play, play and communication, other skill building activities, etc. The structured attitude scale was a 5-point Likert scale on aspects such as young children feel loved, happy and safe after playing; play demands the involvement of both the parents; the play of boys and girls is generally different; etc.

Structured Knowledge Questionnaire: There were 30 items to assess the knowledge regarding the play needs of toddlers among parents. The maximum possible score was 30. According to the percentage of score attained, the following criterion for interpreting the score was developed

Category	Score
Good	21–30
Average	11–20
Poor	0–10

Structured Attitude Scale: It consisted of 20 questions to assess the attitude regarding the play needs of toddlers among parents. A score of 5 was assigned for “strongly agree”, 4 for “agree”, 3 for “can’t say”, 2 for “disagree”, and 1 for “strongly disagree”. Negative questions were marked in the opposite manner. The maximum possible score was 100.

Category	Score
Highly Favorable	68–100
Moderately Favorable	34–67
Unfavorable	0–33

The purpose of the study was explained to the subjects and confidentiality was maintained.

Permission was obtained to conduct the study at HAHC Hospital, New Delhi. Validity of the tool was established by giving it to experts from the field of nursing and pediatrics. Purposive sampling technique was used to collect data from 50 parents attending the Pediatric OPD and ward of HAHC Hospital, Jamia Hamdard, New Delhi.

Results

The analysis and interpretation of data was done according to the objectives of the study:

- To assess the knowledge of parents regarding the play needs of toddlers
- To assess the attitude of parents regarding the play needs of toddlers

The study findings revealed that out of the 50 parents of toddlers, 44% were in the age group of 26–30 years, whereas when we compare the gender of the sample, 56% of the sample were female and 44% were male. Samples mainly comprised 60% Hindus and 38% Muslims. In regard to habitation, majority was from urban community, however, only 40% were graduates and above and over 70% were employed in some profession. A little above the halfway mark, i.e., 52% lived in a nuclear family whereas 62% had 1–2 toddlers in the family. When we draw our attention to the age group of toddlers, 28% lies in age group 30–36 months, followed by 26% in the age group 24–30 months, 24% in the age group 12–18 months and the rest 22% were from the group 18–24 months.

Section 1: Findings related to the Assessment of Knowledge of Parents regarding the Play Needs of Toddlers

This section describes the knowledge of parents regarding the play needs of toddlers.

Table 1. Frequency and Percentage Distribution of Knowledge Scores of Parents regarding Play Needs of Toddlers

Category of Knowledge	Range of Scores	Frequency	Percentage (%)
Good	21–30	26	52
Average	11–20	24	48
Poor	0–10	0	0
Total		50	100

n=50

The data depicted in Table 1 shows that 52% of the parents had good knowledge regarding the play needs of toddlers.

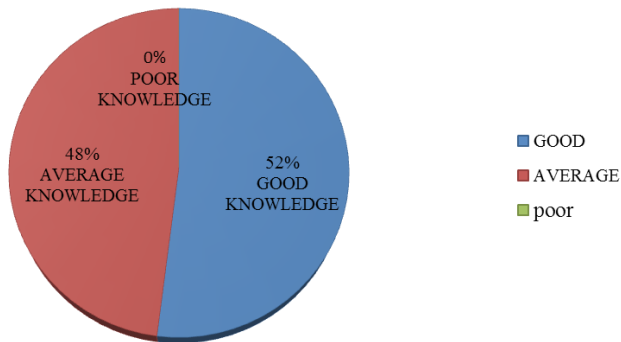


Figure 1. Pie Diagram Showing Percentage Distribution of Parents by their Knowledge Score

Section 2: Findings elated to the Assessment of Attitude of Parents regarding the Play Needs of Toddlers

This section describes the attitude of parents regarding the play needs of toddlers.

Table 2. Frequency and Percentage Distribution of Attitude Scores of Parents regarding Play Needs of Toddlers

Category of Attitude	Range of Scores	Frequency	Percentage (%)
Highly Favorable	68–100	46	92
Moderately Favorable	34–67	4	8
Unfavorable	0–33	0	0

n=50

The data depicted in Table 2 shows that majority of the subjects, i.e., 92% of the parents had a highly favorable attitude.

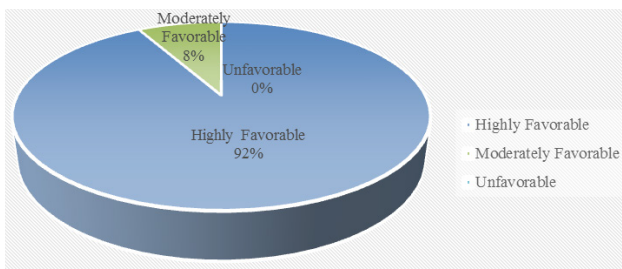


Figure 2. Pie Diagram Showing the Attitude of Parents regarding the Play Needs of Toddlers

Discussion

Proulx et al.¹⁰ conducted a study to examine the level of knowledge, the prevailing attitudes and current practices of parents in the Solomon Islands related to early childhood development. The study took a holistic approach by investigating key issues that influence children’s health, learning, psychosocial functioning and wellbeing in the first

five years of life. Specifically, the study investigated optimal breastfeeding and complementary feeding practices, family support and opportunities for early learning in the home environment, and issues related to child protection, including exposure to violent discipline and children left in inadequate care. One of the findings of the study suggested that family support for learning was strongly associated with maternal level of education: mothers who had formal schooling were more likely to engage in early learning activities with their children than mothers who did not have formal education. Family support for learning was also strongly associated with household assets. Fathers had limited involvement in early learning and school readiness activities with their child. Fathers did not engage in a single early learning activity with their child in 53% of households. This study suggests that mother’s education has an influence on child development which is consistent with our study where all the subjects were educated; hence they had adequate knowledge and favorable attitude towards play needs of toddlers.

Barzegary et al.¹¹ studied the effect of play therapy (watch ring) on attention-deficit hyperactivity disorder (ADHD) boys. Using randomized sampling, among ADHD boy had referred to Shams Clinic in Tabriz, Iran in 2010. Fourteen children were selected. They were randomly placed in two groups (experimentation and control group). CSI-4 questionnaire was performed by parents as pre- and post-test. Using of covariance analysis, results showed that there is significant difference between control and experimental group. The results showed that play therapy (watch ring) may be an effective method for treating children with ADHD. This study shows the importance of play in treating certain conditions in children; therefore, it can be used in therapy as well.

Salter et al.¹² studied the effects of child-centered play therapy (CCPT) on the social and emotional growth of three young children with autism aged 4–6 years. Parents sought private therapy for the emotional and behavioral difficulties these children were experiencing at home and in educational settings. All children participated in 10 weekly, individual therapy sessions, which focused on targeted goals set by parents. Two instruments, the Adaptive Behavior Assessment System (Second Edition) and the Developmental Behavior Checklist were used to formally measure social and emotional growth pre- and post-intervention. Informal data was also gathered on each child’s targeted goal, using Goal Attainment Scaling and weekly parent reflections. Data from both formal and informal measures showed positive improvements for all children in several areas of social and emotional functioning. Results indicated that CCPT was an effective intervention for this small sample of young children with autism. This reiterates the fact that play therapy can be effective in certain conditions where medicines are of no help.

Russell et al.¹³ examined parental attitudes to independent activity, factors that limit license to be independently active and parental strategies to facilitate independent activity. In-depth phone interviews were conducted with 24 parents (4 males) of 10–11-year-old children recruited from six primary schools in Bristol. Results showed parents perceived that a lack of appropriate space in which to be active, safety, traffic, the proximity of friends and older children affected children's ability to be independently physically active. The final year of primary school was perceived as a period when children should be afforded increased license. Parents managed physical activity license by placing time limits on activity, restricting activity to close to home, only allowing activity in groups or under adult supervision. It concluded that strategies are needed to build children's license to be independently active; this could be achieved by developing parental self-efficacy to allow children to be active and developing structures such as safe routes to parks and safer play areas. Future programs could make use of traffic-calming programs as catalysts for safe, independent, physical activity. This study strongly reaffirms the fact that parental attitude plays a strong role in child's access to active play area; hence, there is need to actively involve parents in child's play. These findings are consistent with the present study which also emphasizes on the importance of knowledge and attitude of parents towards play in the development of children.

Conclusion

On the basis of results of data analysis, the following salient conclusions were drawn. Many of the parents were well aware of the play needs of toddlers; moreover, majority of parents had highly favorable attitude towards play needs of toddlers depicting they were well aware of play needs and its importance in the overall development of child.

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Conflict of Interest: None

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