

EFFECTIVENESS OF PLANNED TEACHING PROGRAMME ON KNOWLEDGE REGARDING CONDUCT DISORDER

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ABSTRACT:

Conduct Disorder has become a major health and social problem. Around the world wide the prevalence of conduct disorder is 5% (Scott, 2007). The disorder may be combination of genetic, environmental and psychological factors. The symptoms of the conduct disorders were majorly exhibited in the schools, because of the maladjustment. The schools teachers plays pivotal role in identifying the primitive symptoms among the children which will be highly helpful in treating them at an earlier stage. The present study focuses to evaluate the effectiveness of planned teaching programme on knowledge regarding the conduct disorders on adolescents among 40 higher school teachers who were selected using convenience sampling technique working at Government high school Puducherry. The pretest knowledge were assessed using self structured questionnaire. The planned intervention were given to the study participants on the same day. The post test knowledge was also assessed using the same questionnaire on day 7. The result shows that on post test 75% of the participants were acquired adequate knowledge and 25% were in moderate. The calculated 't' value ($t=-18.55$). The result clearly showed that the planned teachers programme significant improve the knowledge of school teachers on conduct disorders among adolescents

Key words: Knowledge, conduct disorders, school teachers.

INTRODUCTION:

Biologically, a child between the stages from birth and puberty, the legal definition of child "generally refers to minor otherwise known as person younger than the age of majority". The development of children during this age helps to build the personality in future. There are many social issues that affect the children such as, improper parenthood, child education, poverty, dysfunctional families, child labour, hunger and child homelessness. The variety of factors may pay a way for the child to land up in behaviour problem. Prevalence of conduct disorder:

Children (5 - 12 years)		Adolescent (13 - 18 years)	
Girls	0 - 3 %	Girls	2 - 5%
Boys	1 - 2 %	Boys	5 - 9%
Total	2%	Total	3 - 9%

In France, a single study conducted in 6-11 years old in 18 primary school characters reported a prevalence of 6.5% (9% boys & 3% girls) with 2.8% severe form the level of significantly higher in special classes (17%) than in normal classes. Conduct disorder is a group of behavioural and emotional problem that usually begins during childhood or adolescent. With the disorder have a difficult time following rules and behaving in a especially acceptable way.

If your child has a conduct disorder, they may appear tough and confident in a reality however, however, they are often insecure and inaccurately believe that people are being aggressive or threatening toward them.

There are three types of conduct disorder. There are categorized according the age at with symptoms of disorder first occur.

Childhood onset occurs when the signs of conduct disorder appear before age 10. Adolescent onset occurs when the signs of conduct disorder appear during the teenage year. Unspecified onset means the age of which conduct disorder first occurs in unknown.

Some children will be diagnosed with conduct disorder with limited pro-social emotion. Children with this specific type of conduct disorder are often described as callous and unemotional.

Causes of conduct disorder: genetic factor and environmental factor. Genetic factor: lack of impulse control, reduce ability to plan future action, decrease ability to learn from past negative experience. Environmental factor: child abuse, dysfunctional family, poverty, parents who abuse drug or alcohol. Risk factor: living in urban environment, living in poverty, having a history of experience in traumatic events, having family history of mental illness and conduct disorder.

Symptoms of conduct disorder: children who have conduct disorder are often hard to control and unwilling to follow rules. They act impulsively without considering the consequence of their action your child may have conduct disorder if they persistently display one or more of the following behaviour: aggressive conduct, deceitful behaviour, destructive behaviour, violation of rules.

Aggressive conduct: intimidating or bullying others, physical harming people or animals for own propose, committing rape, using weapon. Deceitful behaviour: lying, breaking an entering, stealing, forgery. Destructive behaviour: destructive conduct may include arson and other intentional destruction of property.

Violation of rules: skipping school, drug and alcohol use, running away from home. If your child is showing signs of conduct disorder they should be evaluate by a mental health professional. Check the child behavioural pattern by asking a question. Behavioural therapy, talk therapy. It is help to your children learn how to express or control their emotion. Medication and establishes attitude and behaviour pattern and long

term treatment should be provide. Long treatment: long term treatment depends on the severity and the frequency of your child behaviour and emotion problem.

Conduct disorder has become a major health and social problem; it is the most common psychiatric problem diagnosed among children. Around world the prevalence of conduct disorder is 5% (Scott,2007).A study conducted by Sujit et al., (2006) reveals 4.58% of boys and 4.5% of girls are diagnosed with conduct disorder worldwide. In their study of 240 students in four schools in Kanke childhood conduct disorder was found in 73% and in adolescent 27%. Mild conduct disorder was found in 36%, moderate in 64% and sever conduct disorder in none.

The symptoms of the conduct disorders were majorly exhibited in the schools, because of the maladjustment. The schools teachers plays pivotal role in identifying the primitive symptoms among the children which will be highly helpful in treating them at an earlier stage. Hence, the present study aims to assess the knowledge of school teaching regarding the conduct disorder among adolescents. The planned intervention were planned to provided to improve their knowledge which will be helpful in identifying the symptoms of the students who exhibit the condition at an earlier phase.

STATEMENT OF THE STUDY

“A study to evaluate the effectiveness of Planned teaching programme on knowledge regarding Conduct Disorder on adolescent among the school teacher working in selected higher secondary schools, at Puducherry”.

OBJECTIVES OF THE STUDY

- To assess the level of knowledge regarding conduct disorder on adolescent among the school teacher working at selected higher secondary school at Puducherry. □
- To evaluate the effectiveness of structured teaching programme on knowledge regarding conduct disorder on adolescent among the school teacher working at selected higher secondary school at Puducherry□
- To find out the association between the knowledge regarding conduct disorder on adolescent among the school teacher with their selected socio-demographic variables

SUBJECTS AND METHODS:

The quantitative research approach with one group pre and post were adopted for this study. The present study were conducted in the selected Government high schools at Puducherry. The population were the high school teachers and the sample of 40 high schools teaching selected using convenience sampling techniques who fulfill the inclusion criteria, from the selected high school at Puducherry. After obtaining formal permission from the institution ethical board and board of higher education. The selected schools HOI were approached to obtain permission. The total of 40 high school teachers were selected. On day 1, after explaining the purpose of the present study and obtaining consent. The demographic data were

collected from the teachers which includes age, gender, educational status of the teachers, working experience, student strength of the class which teachers handling etc.

The self structured questionnaire were provided to the teachers to assess their knowledge regarding the conduct disorders. The questionnaire contains 30 multiple choice statement which covers under six aspect. They are meaning of conduct disorders, causes, risk factors, primitive symptoms, management and prevention. The total of 45 minutes were allotted to the participants to answer the questionnaire. Each correct response carries one mark and the wrong response carries 0 mark.

Scroe interpretation: 0 - 15 - Inadequate knowledge; 16 - 22 - Moderate adequate knowledge; 23 - 30 - Adequate knowledge. On the same day, the planned intervention were provided to the participants for about 30 minutes and on day 7, the post test were conducted using the same questionnaire.

DESCRIPTION OF INTERVENTION:

The teaching programme planned for about 30 minutes which covers the sub topic of definition and meaning of conduct disorder, major causes of the disorder and high risk group. It also includes the primitive and late signs and symptoms exhibited by the children with conduct disorder. The major aspect includes the identification and management of the children by the teaching and prevention aspects were imparted to the participants.

RESULT:

Distribution of demographic variables:

According to the demographical variables, 13(32.5%) belongs to 20-30 years, 6(15%) belongs to 30-40 years, 15(37.5%) belong to 40-50 years, 6(15%) belongs to 50-60 years. Among all most of them were males 17(42.5) and 23 (57.5%) were females. The ratio of educational status among the teachers were 15(37.5%) belongs to B.ED, 6(15%) belongs to M.ED, 14(35%) belongs to B.Sc, 5(12.5%). The majority of working experience 7(17.5%) belong to 0-1 year, 12(30%) gained 1-3 year, 10(25%) obtained 3-5 year and 15(37.5%) were above 5 year. Strength of the student of their class were 9(22.5%) belongs to 30-40, 26(65%) belong to 50-60, 7(17.5%) belongs to above 60.

Pre test and Post test level of knowledge on conduct disorder:

In pre test, 34(85%) teachers were having inadequate knowledge, 6(15%) were having moderate knowledge. Post test result shows that majority of teachers 30(75%) were gained adequate knowledge and 10(25%) were having moderate knowledge.

KNOWLEDGE REGARDING CONDUCT DISORDER	LEVEL OF KNOWLEDGE			
	PRE-TEST		POST-TEST	
	F	%	F	%
Inadequate (0-12)	34	85%	0	-
Moderate (13-19)	6	15%	10	25%
Adequate (20-25)	0	-	30	75%

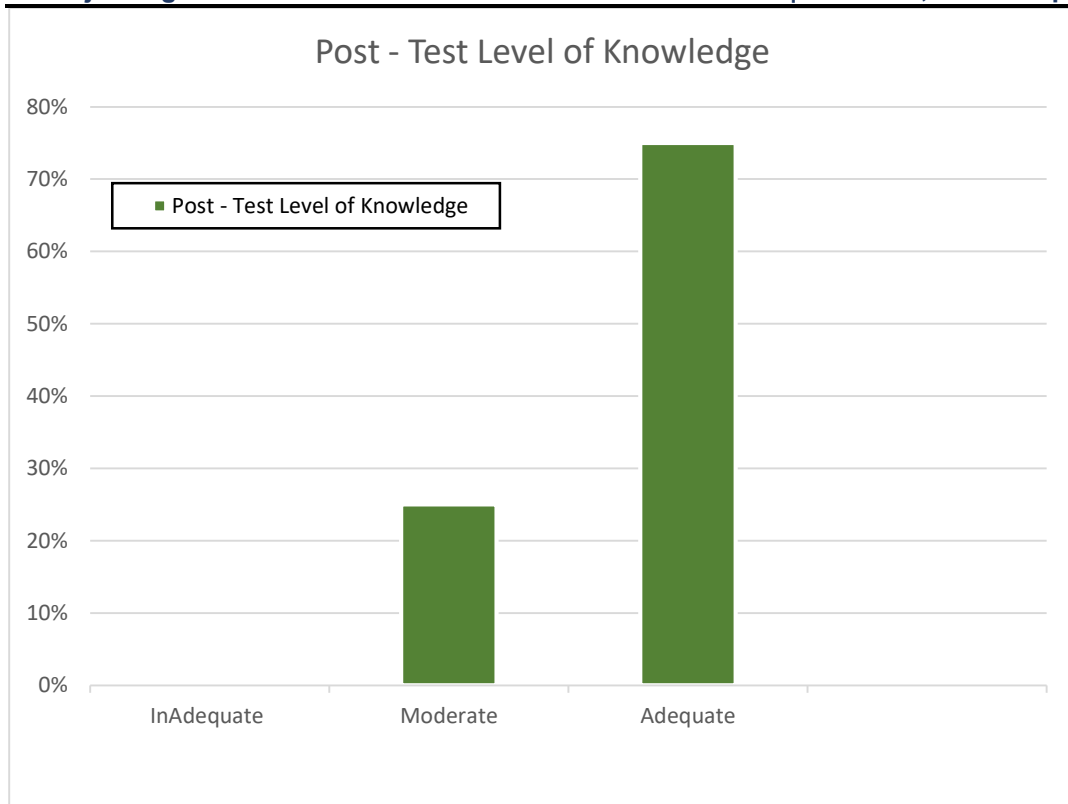


Figure : Percentage distribution of Post test level of knowledge on Conduct Disorder

The comparison between pre test and post test knowledge score, the mean pre test score is 7.825 and post test is 20.525. The mean difference between pre test and post test knowledge is -12.7. The standard deviation of pre test knowledge score is 3.961 and the post test is 1.8162. The calculated 't' is -18.55 and tabled 't' with 3 df. At 0.05 level of significance. The below table reveals that the mean post test knowledge score is significantly higher than the mean pre test knowledge score. The calculated 't' value (t=-18.55) is less than the tabled 't' (p=1.68)

S.No.	VARIABLES	MEAN	MEAN DIFFERENCE	STANDARD DEVIATION	T VALUE
1.	Pre-test	7.825	-12.7	3.961	-18.55
2.	Post-test	20.525		1.8162	df = 39 P = 1.68

Association between the post test level of knowledge with the selected demographic data of the study participants.

The demographic variable age had shown statistically significant association with post test level of knowledge on Conduct Disorder at the level of $p < 0.05$ level and other demographic variables had not shown statistically significant association with post test level of knowledge.

Discussion:

The result showed that, the pre test level of knowledge among selected 40 samples of higher secondary school teachers, reported 34(85%) inadequate knowledge, 6(15%) moderate knowledge and there was nil reported on adequate knowledge. After the planned teaching programme on knowledge regarding conduct disorder, the post test report shows 34(85%) adequate level, 6(15%) moderate level of knowledge and there was nil reported on inadequate knowledge. It also revealed that the mean score of pre test was 7.825 and post test was 20.525. The mean difference was -12.7. The standard deviation of pre test was 3.961 and post test was 1.8162. Degree of freedom (df) was 39. The obtained 't' value -18.55. Hence it was highly significant $p < 0.05$. with regards to the association, the demographic variable age had shown statistically significant association with post test level of knowledge on Conduct Disorder at the level of $p < 0.05$ level and other demographic variables had not shown statistically significant association with post test level of knowledge.

Conclusion:

The conduct disorder has markable prevalence. It needs to be noted in younger age instead correcting delinquency. Nowadays Gen' Z can able to access world in their hands via smart phone. There are lot of ways to misguiding the students with their hidden talent. This study may help to parents and the second parents i.e. teachers can improve their prespective to handling the children with conduct disorders.

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