



“A study to assess the effectiveness of structured teaching programme on knowledge regarding selected behavioral disorders of primary school children among primary school teachers in selected schools at Nagaur.”

¹ Nitesh Kumar Sharma, ²Gajendra Singh S.R

¹Ph.D. Scholar (Nursing), Tanta University, Shri Ganganagar

² Professor, R. V. College, Bangaluru

ABSTRACT

BACKGROUND: Behavioral disorders of children lead to abnormality in their Personality, emotions or behavior, which is dangerous and affect to him, family and society. Behavioral disorders are caused by multiple factors like faulty parental attitude, inadequate family environment (broken families, low socio economic status, lack of love and affection), mentally and physically sick or handicapped, influence of social relationship, influence of mass media, and influence of social change. In worldwide, the prevalence rate of behavioral disorders is 16% and 12.3% conduct disorder, 9.6% attention deficit hyperactivity disorder, 8.4% emotional disorders, 0.5% scholastic disorders, 1.8% adjustment disorder, 1.3% pervasive developmental disorder.²⁶ In India, the prevalence rate of behavioral problems is 43.1% and 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. **METHODS:** Quantitative research approach and Pre experimental research design was utilized to assess the adequacy of structured teaching programme. 300 primary school teacher selected by non probability convenient sampling method. **RESULTS and CONCLUSION:** Majority of the respondents (95%) had scores underneath 18 and just 5% had scores between 19-23 and none of them had scores over 23 in pre-test. Whereas majority of subjects (91.66%) had scores going between 24-30 in post-test while in the pre-test none of them had scored over 23. The mean improvement in knowledge score was 11.74. The calculated paired t value was $t = 29.088$ was found to be statistically significant at $P < 0.001$ level.

INTRODUCTION

Background of the study

Children normal behaviors depend on various situational, developmental, natural and environmental circumstances in which a child observes and grows. The ways for his best possible conduct within his reaches and interact among those who respond to his gestures and body talks. Parents are the first contact person to whom a child shows and reflects his concerns regarding his desires and needs. Normal behavior developments required normal circumstances and equal participations of parents.¹

Period of Infancy and Childhood are of remarkable importance in determining the future behavior and personality of the children. Childhood is the stage of dependency; gradually children learn to adopt and adjust in the surroundings. But when, there is any crisis situation around them they find difficulty to cope up with those circumstances. Then they are unable to behave in the socially acceptable way and develop behavioral problems with them.²

It is important to realize that all children go through periods of behavioral and emotional disturbances in the process of their growth and development. The most common complaint of parents in the present scenario is child never sits still. These days any child who has extra energy to burn is often wrongly labeled as hyperactive child or as a child with attention deficit disorder which is the popular term used.³

The worldwide morbidity due to behavioral problems has been more widely examined in developed countries with an overall prevalence of around 12%. But it is more increased in developing countries due to urbanization and industrialization.⁴ In general child population the prevalence of behavioral problems has been estimated at between 3% and 6% and higher incidence among preschool children from low-income families that is 30%. The worldwide morbidity due to behavioral problems has been more widely examined in developed countries with an overall prevalence of around 12%. But it is more increased in developing countries due to urbanization and industrialization.⁷ In general child population the prevalence of behavioral problems has been estimated at between 3% and 6% and higher incidence among preschool children from low-income families that is 30%.⁵

Behavioral disorders of children lead to abnormality in their Personality, emotions or behavior, which is dangerous and affects him, family and society. Behavioral disorders are caused by multiple factors like faulty parental attitude, inadequate family environment (broken families, low socio economic status, lack of love and affection), mentally and physically sick or handicapped, influence of social relationship, influence of mass media, and influence of social change.⁶

The 9th conference of central council of health and central family welfare resolved that the teachers in primary and secondary classes should be trained to observe and screen the students for detect and deviation from normal physical and mental health to maintain effective surveillance. The supportive training programme can be planned for the teachers about prevention of behavioral problems and to develop desirable psychological wellbeing with the group and to the society.⁷

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Behavioral problems among children may be due to genetic factors, psychological factors or environmental factors of the particular child. General practioners, community practioners including teachers are seeing may children with behavioral problems. Most of these problems are treatable, if they are identified early.^{10\}

MATERIAL AND METHODS

In the current investigation, 300 primary school teachers participate from selected 22 schools at Nagaur city (Raj). An evaluative research approach was adopted for this study in order to accomplish the objectives. The research design selected for present study was pre experimental in nature i.e., one group pre-test post-test design. Samples were selected by non probability convenient sampling method. This study is intended to find out the gain in knowledge by primary school teachers of selected schools at Nagaur city (Raj) after administering STP, who was subjected for the study. Thus the group is observed twice. The effect of treatment would be equal to the level of phenomenon after the treatment minus the level of the phenomena before treatment.

DESCRIPTION OF THE TOOL

After an extensive review of literature and discussion with the experts, structured knowledge questionnaire was developed. Two section of tool prepared as section-A for collecting data regarding socio- demographic variables and section- B used to assess the knowledge regarding behavioral disorders among primary school teachers in selected schools at Nagaur city (Raj).

RELIABILITY:

The reliability of the Structured Knowledge Questionnaire was 0.91. Since the score is certain; the tool was viewed as higher, genuinely reliable for the present assessment.

OBJECTIVES OF THE STUDY

Objective of the study was assess the pre-test knowledge, and assess the effectiveness of structured teaching programme on regarding selected behavioral disorders of primary school children among primary school teachers. Find out association between pre-test knowledge regarding selected behavioral disorders of primary school children among primary school teachers with their selected demographic variables also objective of study.

FINDINGS AND CONCLUSION

The analysis and interpretation of data of this study are based on data collected through Structured Knowledge Questionnaire regarding selected behavioral disorders of primary school children. The results were computed using both descriptive and inferential statistics based on the objectives of the study. The data obtained will be analyzed using frequency, percentage, mean, median, mean percentage, standard deviation in terms of descriptive and inferential statistics.

The findings of the study were grouped and analyzed under the following sections:

Section I: Baseline characteristics of primary school teachers.

Section II: Assessment of pre-test and post-test level of knowledge regarding selected behavioral disorders of primary school children among primary school teachers.

Section III: Effectiveness of structured teaching programme on knowledge regarding selected behavioral disorders of primary school children among primary school teachers.

Section- IV: Association of pretest knowledge score regarding selected behavioral disorders of primary school children among primary school teachers with selected socio-demographic variables.

Section –I BASELINE CHARACTERISTICS OF PRIMARY SCHOOL TEACHERS.**Table 1: Frequency and percentage distribution of primary school's teachers according to baseline characteristics****(N=300)**

S.N	Socio-demographic variables	Categories	Frequency	Percentage
1.	Age (yrs)	21-30	25	8.33
		31-40	175	58.33
		41-50	75	25.00
		51-60	25	8.33
2.	Gender	Male	120	40.00
		Female	180	60.00
3.	Educational status	BSTC	45	15.00
		B.Ed.	180	60.00
		M.Ed.	45	15.00
		Other	30	10.00
4.	Years teaching experience of	0-5 years	80	26.66
		6-10 years	120	40.00
		11-15 years	60	20.00
		> 16 years	40	13.33
5.	Previous sources of Information	Newspaper	10	3.33
		T.V/ internet/ media	225	75.00
		Workshop/seminar/conference	65	21.66
		Other	00	0.00

Table-1 indicates the frequency and percentage distribution of age, gender, educational status, year of teaching experienced and previous sources of information .

Regarding age, majority of primary school teacher 58.33% (175) belong to the age group of 31-40 years, 25% belong to age group 41-50, 8.33%(25) belong to age group 21-30 and 8.33%(25) belong to age group 51-60

Regarding gender, majority of primary school teacher 60% (180) were female and 40% (120) were male.

With respect to educational status majority of primary school teacher 60% (180) were B.Ed., 15% (45) were BSTC and same were M.Ed., 10% (30) were other

With regard to year of teaching experience majority of primary school teacher 40% (120) had 6-10 years experience, 26.66 (80) had 0-5 years experience, 20% (60) had 11-15 years experience and 13.33 (40) had more than 16 years experience.

Regarding previous sources of information majority of primary school teacher 75% (225) had information from T.V/ internet/ media, 21.66(65) had information from Workshop / seminar / conference, 3.33% (10) had information from Newspaper.

SECTION II: ASSESSMENT OF PRETEST AND POST TEST KNOWLEDGE SCORE REGARDING SELECTED BEHAVIOURAL DISORDERS OF PRIMARY SCHOOL CHILDREN AMONG PRIMARY SCHOOL TEACHERS

Table 2: Grading of pre and post-test knowledge scores knowledge among primary School Teachers regarding behavioral disorders in children

N=300

Grade	Range	Pre-test		Post-test	
		Frequency	%	Frequency	%
Good	24-30	00	00.00	275	91.66
Average	16-23	155	51.66	25	8.33
Poor	1-15	145	48.33	0	00.00

Data in table 4 shows that larger part of subjects (91.66%) had scores running between (24-30) in post-test though in the pre-test none of them had scored over 23.

SECTION III: EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING SELECTED BEHAVIOURAL DISORDERS OF PRIMARY SCHOOL CHILDREN AMONG PRIMARY SCHOOL TEACHERS

Table-3

N=300

Knowledge	Mean	S.D.	Mean Improvement score	Paired t Value
Pretest	13.76	2.07	11.74	t = 29.088** p = 0.000, S
Post Test	25.50	1.59		

**p<0.001, S = Significant

The table 3 shows that in the pretest, the mean score of knowledge was 13.76 with S.D. 2.07 whereas in the post test the mean score of knowledge was 25.50 with S.D 1.59. The mean improvement score was 11.74. The calculated paired t value was $t = 29.088$ was found to be statistically significant at $P < 0.001$ level. This clearly shows that the structured teaching programme on knowledge regarding selected behavioral disorders of primary school children among primary school teachers had significant improvement in their level of knowledge in the posttest.

SECTION-IV ASSOCIATION OF PRETEST KNOWLEDGE SCORE REGARDING SELECTED BEHAVIORAL DISORDERS OF PRIMARY SCHOOL CHILDREN AMONG PRIMARY SCHOOL TEACHERS WITH SELECTED SOCIO-DEMOGRAPHIC VARIABLES.

Table 4 Chi-square test showing the association between pre-test knowledge scores and selected socio-demographic variables of primary school teacher.

(N= 300)

S. No	Variables	Pre-test knowledge scores		χ^2 (Chi-Square) Chi-Square	df	Level of significance
		< mean	> mean			
1	Age (in years)					
	21-30	20	05	12.8238	3	YES
	31-40	85	90			
	41-50	30	45			
	51-60	10	15			
2	Gender					
	Male	50	70	3.5595	1	No
	Female	95	85			
3	Educational Status					
	BSTC	25	20	18.3537	3	YES
	B.Ed.	70	110			
	M.Ed.	28	17			
	Others	22	08			
4	Years of Teaching Exp.					
	0-5 Years	48	32	10.7786	3	YES
	6-10 Years	55	65			
	11-15 Years	20	40			
	16 or more Years	22	18			

5	Previous Sources of Information On Behavioral disorders					
	Newspapers	07	03	11.4325	2	YES
	T.V./Internet	118	107			
	Workshop/Seminar/Conference	20	45			
	Others	0	0			

From table 4 is evident that the segment factors, for example, Gender, the determined chi square worth is not exactly the basic incentive at $p < 0.05$ level of hugeness, So null hypothesis is accepted and research hypothesis is rejected. In Demographic variables such as Age, educational status, year of teaching experiences and sources of information data on chosen Behavioral clutters, the determined chi square worth is higher than the basic incentive at $p < 0.05$ level of centrality, So null hypothesis is rejected and research hypothesis is accepted.

RECOMMENDATIONS

Based on the discoveries of the current examination and remembering the impediments of the investigation, the accompanying suggestions were proposed for additional exploration. The accompanying exploration based suggestions are drawn:

- The study can be directed on huge example for better appraisal.
- A comparable examination should be possible by and by with respect to selected behavioral disorders in kids among elementary teachers.
- This examination will be utilized as a kind of perspective for specialists.
- Evidence based nursing practice must take more prominent so as to build mindfulness among open with respect to selected behavioral disorders in youngsters.
- A similar examination among urban and rustic educators on information, attitude and practice on in regards to selected behavioral disorders in kids can be directed.

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