

Effectiveness of Informational Module on Knowledge and Attitude regarding Selected Behavioral Disorders of Primary School children among Primary School Teachers in selected Schools at Kota (Rajasthan)

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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. 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. 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%. 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. The study was undertaken to find the Effectiveness of Informational module on knowledge and attitude regarding selected behavioral disorders of primary school children among primary school teachers in selected schools at Kota (Raj.)”

Methods: In view of the nature of the problem selected and to accomplish the objectives of the study, Quantitative research approach was utilized to assess the adequacy of informational programme. Pre experimental research design [one group pre -test – post -test] was utilized in the examination to evaluate the knowledge Regarding Among Primary School Teachers In Selected Schools at Kota (Raj.).

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. In the posttest after imparting Informational module, majority of sample 250 (83.33%) had favorable attitude and 50 samples (16.67%) had moderately favorable attitude regarding selected behavioral disorders of primary school children among primary school teachers. 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. The mean improvement attitude score was 26.66. The calculated paired t value was $t = 26.718$ 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 with in his reaches and interact among those who respond his gestures and body talks. Parents are the first contact person to whom a child show 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 found 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%.⁵

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 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.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 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.⁸

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.⁹ 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 of selected schools at Kota (Raj.) are chosen, who satisfied the choice standards were chosen as test for the examination. Advantageous inspecting procedure includes the choice of subjects who are accessible at the ideal spot during the hour of information assortment. The example for the examination was chosen dependent on the consideration and rejection standards by advantageous inspecting. An evaluative research approach was adopted for this study in order to accomplish the objectives. Evaluative research deals with the question of how well the program is meeting the objectives. The primary objective of the evaluative research is to determine the extent to which a given program or procedure is effective. Hence the evaluative research approach was considered most appropriate. The research design selected for present study was pre-experimental in nature i.e., one group pre-test post-test design. This study is intended to find out the gain in knowledge by primary school teachers of selected schools at Kota after administering informational module, 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.

SELECTION AND DEVELOPMENT OF TOOL

Tools were prepared on the basis of objectives of the study. An organized survey was utilized for the information assortment as it is viewed as the most fitting instrument to evoke the reaction from educated members. In this study a non- probability convenient sampling technique was used to select the sample. Convenient sampling is strategy in which researcher's knowledge of the population and elements are used to select sample which are easy to the population. An outline was set up to help in the development of the device. Knowledge questionnaire featuring the three domains of learning i.e., knowledge, application and comprehension were formed. The Questionnaire poll was comprised of 30 numerous choice item to assess the level of knowledge on behavioral disorders of children. A five-point rating scale was prepared by the investigator to assess the attitude of primary school teachers regarding selected behavioral disorders of primary school children. It consists of 10 statements.

FINDINGS AND CONCLUSION

The analysis and interpretation of data of this study are based on data collected through Structured Knowledge Questionnaire and attitude scale 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.

Section -I

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

SECTION II

Assessment Of Pretest and Post Test Knowledge and Attitude Score Regarding Selected Behavioural Disorders of Primary School Children

This section manages the examination and understanding of the information to assess the viability of STP among grade teacher's conduct issue in youngsters regarding gain in knowledge and attitude scores. knowledge in regards to the pre-test and post-test information scores are investigated as far as recurrence rate and introduced in tables and figures.

Table 2: Frequency, percentage and cumulative frequency distribution of pre-test and post-test knowledge scores

N= 300

Knowledge scores	Pre-test			Post-test		
	Frequency	%	Cumulative frequency %	Frequency	%	Cumulative frequency %
1-6	00	00	00.00	-	-	-
7-12	20	06.66	06.66	-	-	-
13-18	265	88.33	94.99	-	-	-
19-23	15	05.00	100.00	25	8.33	8.33
24-30	00	00	100.00	275	91.66	100
	300	100.00		300	100.0	

Maximum total scores = 30

Table 3: 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.

Table 4: Frequency and percentage distribution of pre-test and post-test level of Attitude regarding selected behavioural disorders of primary school Children among primary school teachers

N=300

Attitude	Unfavorable (< 50%)		Moderately Favorable (50 - 75%)		Favorable (>75%)	
	No.	%	No.	%	No.	%
Pretest	250	83.33	50	16.67	0	0
Post Test	0	0	50	16.67	250	83.33

Data shows that in the pretest, majority of subjects 250 (83.33%) had unfavorable attitude and 50 subjects (16.67%) had moderately favorable attitude whereas in the posttest

majority of sample 250(83.33%) had favorable attitude and 50 samples (16.67%) had moderately favorable attitude regarding selected behavioral disorders.

SECTION III

Effectiveness Of Informational Module on Knowledge and Attitude Regarding Selected Behavioural Disorders of Primary School Children Among Primary School Teachers

This section manages the investigation and understanding of the information to assess the viability of STP among grade teacher's social issue in youngsters as far as increase in information and demeanor scores.

Table 5: Comparison of pre-test and post-test knowledge scores with respect to selected Behavioral disorders primary school children

N=300

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

** $p < 0.001$, S = Significant

Table -6: Comparison of pre-test and post-test attitude scores regarding Selected Behavioral disorders of primary school children

N=300

Knowledge	Mean	S.D.	Mean Improvement score	Paired t Value
Pretest	20.0	7.42	26.66	t = 26.718**
Post Test	46.66	7.58		p = 0.000, S

** $p < 0.001$, S = Significant

SECTION IV

Relationship Between Post Test Knowledge and Attitude Score Regarding Selected Behavioral Disorders of Primary School Children

Table-7: Correlation between post-test knowledge and attitude scores regarding selected behavioral problems of primary school children among primary school teachers

N = 300

Variables	Mean	S.D.	"r" Value
Knowledge	25.50	1.59	r = 0.91 p = 0.000, S**
Attitude	46.66	7.58	

** $p < 0.01$, HS = Highly Significant

Data shows that in the post test, the mean score of knowledge was 25.5 with S.D 1.59 and the mean score of attitudes was 46.66 with S.D 7.58. The calculated Karl Pearson's correlation value of $r = 0.91$ between knowledge and attitude shows a positive correlation and it was found to be statistically significant at $P < 0.01$ level. This clearly indicates that when the knowledge level regarding selected behavioral problems of primary school children among primary school teachers increases, their attitude level also increases in the post test.

SECTION-V

Table 8: Chi-square test showing the association between pre-test knowledge scores and selected segment factors

(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			

Table 9: Chi-square test showing the association between pre-test Attitude scores and selected demographic variables

N=300

S. No	Variables	Pre-test Attitude scores		χ^2 (Chi-Square) Chi-Square	df	Level of significance
		< mean	> mean			
1	Age (in years)					
	21-30	20	05	35.1429	3	YES
	31-40	135	40			
	41-50	30	45			
	51-60	15	10			
2	Gender					
	Male	85	35	1.5625	1	No
	Female	115	65			
3	Educational Status					
	BSTC	25	20	13.125	3	YES
	B.Ed.	115	65			
	M.Ed.	32	13			
	Others	28	02			
4	Years of Teaching Exp.					
	0-5 Years	68	12	47.55	3	YES
	6-10 Years	55	65			
	11-15 Years	40	20			

	16 or more Years	37	03			
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5	Previous Sources of Information On Behavioral disorders					
	Newspapers	06	04	53.6923	2	YES
	T.V./Internet	175	50			
	Workshop/Seminar/Conference	19	46			
	Others	0	0			

From table 9 it 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.

From table 10 it is obvious 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 data on chosen Behavioral scatters, the determined chi square worth is higher than the basic incentive at $p < 0.05$ level of hugeness, 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:

- 1) The study can be directed on huge example for better appraisal.
- 2) A comparable examination should be possible by and by with respect to selected behavioral disorders in kids among elementary teachers.
- 3) This examination will be utilized as a kind of perspective for specialists.
- 4) Evidence based nursing practice must take more prominent so as to build mindfulness among open with respect to selected behavioral disorders in youngsters.
- 5) 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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