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Original Research

A study to assess the effectiveness of structured teaching programme on the knowledge and attitude regarding childhood behavioral disorders among primary school teachers in selected schools at district Amritsar, Punjab

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ABSTRACT:

Behaviour is a manner in which child is behaving or acting. If a child behaves normally in their growing period, the parents are not worried about their future, if child is having any abnormal behaviour their parents are worried about them. During their growing period, if child have problems related to behaviour and these problems are not managed on time it will further affect their family, parents and the child also. Our research study was to assess the effectiveness of structured teaching programme on the knowledge and attitude regarding childhood behavioural disorders among primary school teachers in selected schools at district Amritsar, Punjab. The result of the study revealed that the mean post-test knowledge and attitude scores of primary school teachers after structured teaching programme regarding childhood behavioural disorders was significantly higher than their mean pre-test knowledge. There was no significant association between the mean pre-test and post-test knowledge and attitude of childhood behavioural disorders among primary school teachers after structured teaching programme. Pre-test knowledge score maximum number of primary school teachers 30(46.9%) had good knowledge & 24(37.5%) had adequate knowledge, and 6(10.0%) had excellent knowledge. After structured teaching program Post-test knowledge score maximum number of primary school teachers 48(80%) had excellent knowledge, 8(13.3%) had good knowledge and 4(6.7%) had adequate knowledge. Pre-test attitude score maximum number of primary school teachers 46(76.6%) had negative attitude score, 10(16.7%) had positive attitude and 4(6.7%) had neutral attitude. Whereas Post-test attitude score maximum number of primary school teachers 49(81.7%) had positive attitude score, 6(10.0%) had negative attitude and 5(8.3%) had neutral attitude. The post-test mean attitude score (20.00) was higher than pre-test mean attitude score (17.85). The mean difference between Post-test knowledge and attitude not found statistical significant at $p < 0.05$. There was no association between post-test knowledge & attitude level with their selected socio demographic variables regarding childhood behavioural disorders.

Key words: Childhood Behaviour Disorder, Primary School Teachers, Knowledge, Attitude, Structured Teaching Programme.

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INTRODUCTION

Rearing of kids is a difficult job, because kids learn about so many aspects during their growing period. One aspect is behaviour learning. Some kids having behavioural problems till 5 years of age which disappear automatically according to their growing period. Example a temper tantrum doesn't automatically mean your 2-year-old child has a problem with authority or an attention disorder. When it comes to understanding our children's behaviour,

experts say diagnoses.¹

Behaviour problems are viewed as discrepancy between the child's behaviour and demands placed on him by his parents, teachers and colleagues.²

Many challenges and problems in child's life may generate from behavioural disorders. Some problems show social problems, academic difficulties, and disciplinary issues in different settings. If parents or family members are concerned about their child's behaviour, it can be helpful to learn more about some

of the conditions that can contribute to behavioural issues in childhood. If proper intervention given to the child on time, then child develop skills that will help them deal with some of these challenges and help you adapt as a parent so that you can better support your child.³

Sometimes all kids misbehave. Because of stress some children may have temporary behaviour problems. For example: divorced family or a death in the family, the birth of a sibling, may cause a child to act out. If child suffering from any behaviour problem, sometime it will become more serious. They involve a pattern of hostile, aggressive, or disruptive behaviours for more than 6 months. The behaviour is also not appropriate for the child's age. Some warning signs included in this problem are: Harming or threatening themselves, other people or pets, Damaging or destroying property, Lying or stealing, Not doing well in school, skipping school, Early smoking, drinking or drug use, Early sexual activity, Frequent tantrums and argument, Consistent hostility toward authority figures. If parents or family members can assess any signs of a problem, they can consult psychologist and doctors. Kids who have behaviour problems are at higher risk for school failure, mental health problems, and even suicide. Classes or family therapy may help parents learn to set and enforce limits. Speech therapy and behaviour therapy given to your child can also help.⁴

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of structured teaching programme on the knowledge and attitude regarding childhood behavioural disorders among primary school teachers in selected schools at district Amritsar, Punjab.

OBJECTIVES

1. To assess the pre-test of knowledge and attitude regarding childhood behavioural disorders among primary school teachers.
2. To assess the post-test knowledge and attitude regarding childhood behavioural disorders among primary school teachers.
3. To compare pre-test and post-test knowledge regarding childhood behavioural disorders among primary school teachers.
4. To find out the relationship between post-test knowledge and attitude on childhood behavioural disorders among primary school teachers.
5. To find out the association between knowledge and attitude regarding childhood behavioural disorders with their selected socio- demographic variables of primary school teachers.

HYPOTHESIS

H₀: There will be no significant association between knowledge and attitude of childhood behavioural disorders among primary school in selected schools at district Amritsar, Punjab.

H₁: There will be significant association between

knowledge and attitude of childhood behavioural disorders among primary schools in selected schools at district

Amritsar, Punjab.

DELIMITATIONS

1. The study was limited to primary schools teachers.
2. The study was limited to those primary schools teachers who will be willing to participate in the study.

MATERIAL AND METHODS

RESEARCH APPROACH: The quantitative research approach was used to assess effectiveness of structured teaching programme on the knowledge and attitude regarding childhood behavioral disorders among primary school teachers in selected schools at district Amritsar, Punjab.

RESEARCH DESIGN: A pre experimental research design (one group pre-test post-test design). 01 X 02 (Experimental Group) was used to achieve the objective of study.

STUDY SETTING: The present study was conducted in among the primary school teachers working in selected schools at district Amritsar, Punjab (Guru Sagar Public School, village Pandher, Amritsar).

POPULATION: The population of the study was Primary School Teachers in the selected schools at district Amritsar, Punjab

SAMPLE SIZE: The sample size was 60 Primary School Teachers in the selected schools at district Amritsar, Punjab.

SAMPLING TECHNIQUE: The sampling technique used for the data collection was non-probability purposive sampling technique was used to select the sample.

SAMPLING CRITERIA

Inclusion Criteria

The study included Primary school teachers who were,

- Between the age group of 25 to 60 years, both male and female. Available on the day of study.
- Willing to participate in the study.

Exclusion criteria

The study excluded Primary school teachers who were, Less than 25 years of age.

- Absent on the day of study.
- Not willing to participate in the study.

DEVELOPMENT OF TOOL

Tool used for the present study was developed specifically as per the need of study by the

investigator.

Section A: Questionnaire to collect Socio demographic Performa Sheet.

Section B: Section B was divided into two parts.

Part 1:- Self Administered Knowledge Questionnaire was prepared to assess the effectiveness of structured teaching programme on knowledge regarding childhood behavioral disorders among primary school teachers.

Part 2:- Likert Scale was used to assess the effectiveness of structured teaching programme on knowledge regarding childhood behavioral disorders among primary school teachers.

The above mentioned tool were prepared by the investigator after an extensive review of literature from books, journals, online resources and other publications.

DESCRIPTION OF TOOL: Tool was divided into two parts.

PART 1:- Socio-demographic variables:-

It includes: This section consist of 7 items for obtaining personal information about subject such as Age, Sex, Qualification, Teaching Experience, Residence, Marital Status and Any Prior information regarding childhood behavioural disorders.

Section B: - This section divided into two parts:

Part 1:- Self Administered Knowledge Questionnaire: This part consisted of multiple choice questions regarding childhood behavioural disorders. The total 20 questions were included and each question carried one marks. Maximum score 20 and minimum score 0.

Part 2:- Likert Scale : This part consisted of questions regarding childhood behavioural disorders by the use of Likert scale. The total 12 questions were included and each question carried 2 marks. Maximum score 24 and minimum score 0.

CONTENT VALIDITY

To ensure content validity of tools it was submitted to various experts in the field of mental health nursing. Experts were requested to judge the tool for clarity, relevance, appropriateness, relatedness and meaningfulness for the purpose of study and to give their opinion and suggestions on the content, its

coverage, organization, presentation, language and feasibility. Necessary modifications were made as per expert's advice.

RELIABILITY OF THE TOOL

Reliability of tools was determined by split half technique, which included Karl Pearson's co-relation coefficient which was found to be $r = 0.93$ for structured questionnaire and Likert scale questions. Statistical validity of structured questionnaire and Likert was 0.8238.

DATA COLLECTION PROCEDURE

Data collection was done in the month of March. The researcher gave instructions to primary school teachers and purpose of gathering information. They were ensured that their responses was kept confidential and used for research purpose only. The sample consisted of 60 subjects. Non-probability purposive sampling technique was used to select the sample from population. Firstly the personal information of all primary school teachers was taken. The pre-test of subjects was taken to assess their knowledge and attitude regarding childhood behavioural problems. Then subjects were given structured teaching programme on childhood behavioural disorders was 45 minutes. After seven days, the post test was taken to assess the effectiveness of structured teaching programme on knowledge and attitude regarding childhood behavioural problems

ETHICAL CONSIDERATIONS

- Written permission was taken from primary schools of Amritsar.
- Written informed consent were taken from each study sample.
- Confidentiality of the study sample was maintained.

PLAN FOR DATA ANALYSIS

The data was analyzed in terms of objectives of the study by using descriptive statistics mean, percentage and standard deviation inferential statistics ('t' test, chi-square test).

TABLE -1: FREQUENCY AND PERCENTAGE DISTRIBUTION OF SOCIO- DEMOGRAPHIC VARIABLES OF PRIMARY SCHOOL TEACHERS.

N=60

SOCIO DEMOGRAPHIC VARIABLES	N	%
Age (in years)		
<30	17	28.3
31-35	30	50.0
36-40	08	13.3
>40	05	8.3
Gender		
Male	45	75.0
Female	15	25.0
Qualification		

Graduation	46	76.7
Post-Graduation	14	23.3
Teaching Experience (In Years)		
1-5	28	46.7
6-10	22	36.7
>10	10	16.6
Residence		
Rural	15	25.0
Urban	45	75.0
Marital status		
Married	44	73.4
Unmarried	14	23.3
Widow	02	3.3
Prior information about childrenbehavior disorder		
Yes	20	33.3
No	40	66.7

Table 1 showed According to Age (in years) of primary school teachers, maximum number of primary school teachers 50(50%) in age group of 31-35 year, followed by 17(28%) in age group of less than 30 years, 8(13%) in age group of 36- 40years and 5(8.2%) in age group of more than40 year.

According to Gender of primary school teachers, 45(75%) majority of primary school teachers were male and 15(25%) were female.

According to Qualification of primary school teachers, maximum 46(76.7%) of primary school teachers were graduated and others 14(23.3%) were post graduated.

According to teaching experience (in years) of primary school teachers, 28(46.7%) of primary school teachers had (1-5) years teaching experience, followed by 22(36.7%) had (6-10) years teaching experience

and 10(16.6%) had more than 10years teaching experience.

According to residence of primary school teachers, majority 45(75%) of primary school teachers were living in urban area and others 15(25%) were living in rural area.

According to marital status of primary school teachers, maximum 44(73.4%)of primary school teachers were married, followed by 14(23.3%) were unmarried and 2(3.3%) of primary school teachers were widow.

According to prior information about children behavioral disorders, 40(66.7%) of primary school teachers had no prior information about children behavioral disorders and others 20(33.3%) had prior information about children behavioral disorders.

SECTION – II

Table 2 (a): FREQUENCY AND PERCENTAGE DISTRIBUTION OF PRE-TEST KNOWLEDGE SCORES REGARDING CHILDHOOD BEHAVIOURAL DISORDERS AMONG PRIMARY SCHOOL TEACHERS.

N=60

Level of Knowledge	F	%	Mean SD
Excellent	6	9.4	10.15 ± 2.385
Good	30	46.9	
Adequate	24	37.5	

Maximum knowledge score =20Minimum knowledge score =0

Table 2(a) represent that Pre-test knowledge score maximum number of primary school teachers 30(46.9%) had good knowledge, followed by primary school teachers 24(37.5%) had adequate knowledge and 6(9.4%) had excellent knowledge regarding children behavioral disorders.

Table 2 (b): FREQUENCY AND PERCENTAGE DISTRIBUTION OF PRE-TEST ATTITUDE SCORES REGARDING CHILDHOOD BEHAVIORAL DISORDERS AMONG PRIMARY SCHOOL TEACHERS.

N=60

Level of Knowledge	F	%	Mean SD
Positive	10	16.7	9.40 ± 2.738
Negative	46	76.6	
Neutral	04	6.7	

Maximum Attitude Score: 24Minimum Attitude Score: 0

Table 2(b) represent that Pre-test attitude score maximum number of primary school teachers 46(76.6%) had negative attitude score, followed by primary school teachers 10(16.7%) had positive attitude and 4(6.7%) had

neutral attitude.

TABLE 3 (A): FREQUENCY AND PERCENTAGE DISTRIBUTION OF POST-TEST KNOWLEDGE REGARDING CHILDHOOD BEHAVIORAL DISORDERS AMONG PRIMARY SCHOOL TEACHERS.

N=60

Level of Knowledge	F	%	Mean SD
Excellent	48	80.0	17.83 ± 3.211
Good	8	13.3	
Adequate	4	6.7	

Maximum knowledge score =20 Minimum knowledge score =0

Table 3(a) represent that Post-test knowledge score maximum number of primary school teachers 48(80%) had excellent knowledge, followed by primary school teachers 8(13.3%) had good knowledge and 4(6.7%) had adequate knowledge regarding children behavioral disorders after administration of structured teaching program regarding childhood behavioral disorders.

TABLE 3 (B): FREQUENCY AND PERCENTAGE DISTRIBUTION OF POST-TEST ATTITUDE SCORES REGARDING CHILDHOOD BEHAVIORAL DISORDERS AMONG PRIMARY SCHOOL TEACHERS.

N=60

Level of Knowledge	F	%	Mean SD
Positive	49	81.7	20.00 ± 4.603
Negative	05	10.0	
Neutral	06	8.3	

Maximum knowledge score =20 Minimum knowledge score =0

Table 3(b) represent that Post-test attitude score maximum number of primary school teachers 49(81.7%) had positive attitude score, followed by primary school teachers 6(10%) had negative attitude and 5(8.3%) had neutral attitude after administration of structured teaching programme regarding childhood behavioral disorders.

TABLE 4 (A): COMPARISON OF PRE-TEST AND POST TEST KNOWLEDGE REGARDING CHILDHOOD BEHAVIORAL DISORDERS AMONG PRIMARY SCHOOL TEACHERS.

N=60

Test	Mean ± SD	Mean difference	t-value	df	p-value
Pre test	10.15 ± 2.385	7.767	17.341	59	.000**
Post Test	17.83 ± 3.211				

NB: ** Significant at 5% p value

Table 4(a) revealed that knowledge score regarding childhood behavioral disorders was highest (17.85) in post-test mean knowledge value whereas it was lowest (10.15) pre-test mean knowledge. The mean difference between Pre-test and Post-test knowledge was found statistical significant at $p < 0.05$. Hence, null hypothesis was rejected & alternative hypothesis was accepted. It is concluded that structured teaching program had significant effectiveness in increasing knowledge regarding childhood behavioral disorders among primary school teachers.

TABLE 4 (B): COMPARISON OF PRE-TEST AND POST TEST AT ATTITUDE REGARDING CHILDHOOD BEHAVIORAL DISORDERS AMONG PRIMARY SCHOOL TEACHERS.

N=60

Test	Mean ± SD	Mean difference	t-value	df	p-value
Pre test	9.40 ± 2.738	10.600	16.174	59	.000**
Post test	20.00 ± 4.603				

NB: ** Significant at 5% p value

Table 4(b) revealed that attitude score regarding childhood behavioral disorders was highest (20.00) in post-test mean attitude score value whereas it was lowest (9.40) pre-test mean knowledge. The mean difference between Pre-test and Post-test attitude score was found statistical significant at $p < 0.05$. Hence, null hypothesis was rejected & alternative hypothesis was accepted. Hence it was concluded that structured teaching program had significant effectiveness on attitude of primary school teachers regarding childhood behavioral disorders.

TABLE 5: RELATIONSHIP BETWEEN POST-TEST KNOWLEDGE AND ATTITUDE ON CHILDHOOD BEHAVIORAL DISORDERS AMONG PRIMARY SCHOOL TEACHERS
N=60

Relationship	Mean	SD	r-value	p-value
Knowledge	20.00	4.603	0.103	0.433 ^{NS}
Attitude	17.83	3.246		

NS: Non Significant

Table 5 revealed that the relationship between post-test knowledge and attitude regarding childhood behavioral disorders. The post-test mean knowledge value 20.00 was higher than post-test mean attitude value 17.85. The mean difference between Post-test knowledge and attitude was not found statistical significant at $p < 0.05$

TABLE 6 (A): ASSOCIATION BETWEEN KNOWLEDGE REGARDING CHILDHOOD BEHAVIORAL DISORDERS WITH SELECTED SOCIO- DEMOGRAPHIC VARIABLES OF PRIMARY SCHOOL TEACHERS.
N=60

Socio- demographic Variables	Level of Knowledge (Post Test)			χ^2 Value	Df	P- value
	Excellent	Good	Adequate			
Age (in years)				4.066	6	.668 ^{NS}
<30	15	01	01			
31-35	22	06	02			
36-40	07	00	01			
>40	04	01	00			
Gender				.778	2	.678 ^{NS}
Male	35	07	03			
Female	13	01	01			
Qualification				.606	2	.739 ^{NS}
Graduation	36	07	03			
Post- Graduation	12	01	01			
Teaching Experience:				3.635	4	.458 ^{NS}
1-5	22	05	01			
6-10	17	02	03			
>10	09	01	00			
Residence				5.000	2	0.082 ^{NS}
Rural	15	00	00			
Urban	33	08	04			
Marital Status				1.226	4	.874 ^{NS}
Married	34	07	03			
Unmarried	12	01	01			
Widow	02	00	00			
Prior Information				2.062	2	.357 ^{NS}
Yes	18	01	01			
No	30	07	03			

Table 6 (a) revealed that there was no association of post-test knowledge level with theselected socio demographic variables regarding childhood behavioral disorders.

TABLE 6 (B): ASSOCIATION BETWEEN ATTITUDE REGARDING CHILDHOOD BEHAVIORAL DISORDERS WITH SELECTED SOCIO- DEMOGRAPHIC VARIABLES OF PRIMARY SCHOOL TEACHERS.

Socio- demographic Variables	Level of Knowledge (Post Test)			χ^2 Value	Df	P- value
	Positive	Negative	Neutral			
Age (in years)				2.938	6	.817 ^{NS}
<30	14	02	01			
31-35	24	04	02			
36-40	07	00	01			
>40	04	00	01			
Gender						

Male	36	05	04	.350	2	.839 ^{NS}
Female	13	01	01			
Qualification						
Graduation	37	05	04			.897 ^{NS}
Post- Graduation	12	01	01	.217	2	
Teaching Experience:						
1-5	22	04	02		4	.782 ^{NS}
6-10	18	02	02			
>10	09	00	01	1.747		
Residence						
Rural	10	03	02		2	0.207 ^{NS}
Urban	39	03	03	3.151		
Marital Status						
Married	36	04	04		4	.937 ^{NS}
Unmarried	11	02	01	.813		
Widow	02	00	00			
Prior Information						
Yes	16	01	03		2	0.307 ^{NS}
No	33	05	02	2.360		

Table 6 (b) revealed that there was no association of post-test attitude level with the selected socio demographic variables regarding childhood behavioral disorders.

DISCUSSION

The level of Pre-test knowledge score maximum number of primary school teachers 30(46.9%) had good knowledge, followed by primary school teachers 24(37.5%) had adequate knowledge and 6(9.4%) had excellent knowledge regarding children behavioral disorders. In the attitude represent Pre-test attitude score maximum number of primary school teachers 46(76.6%) had negative attitude score, followed by primary school teachers 10(16.7%) had positive attitude and 4(6.7%) had neutral attitude. The above finding were similar with the study conducted by **Ritika Tomar, Arpana Devi** Showed that 53.3% of the primary school teachers had average knowledge, 46.7% of the primary school teachers had poor knowledge and none of the teachers had good knowledge regarding common behavioural problems. The findings of present study shows that the mean knowledge score regarding childhood behavioural disorders was highest (17.85) in post-test, whereas it was lowest (10.08) in pre-test mean knowledge. The supported study was conducted by **Garg Sandeep, H.N Ravindra** revealed that in pre test, primary school teachers were having on average 49.40% knowledge regarding selected common behavioural problems of children and mean score was 14.82±3.372 and in post test, average 75.83% knowledge regarding selected common behavioural problems of children and mean score was 22.75±2.802.

CONCLUSION

This study concluded that structure teaching program is effective tool to improve the knowledge and attitude of primary school teachers regarding childhood Behavioural Problems of Children.

SOURCE FUNDING

Self

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