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Effectiveness of structured teaching programme on knowledge regarding selected behavioral disorders in school children among primary school teachers of selected schools at Udaipur, Rajasthan

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Abstract

Worldwide the behavioral disorders such as mania, anxiety, aggressiveness, agitation, delusions, alogia, phobia, affect labiality, and apathy is raised day by day. **Aim:** A pre-experimental one group pre-test post-test design to assess the effectiveness of structured teaching programme on knowledge regarding selected Behavioral disorders in School children among Primary school Teachers of selected schools at Udaipur Rajasthan. **Materials and methods:** A standardized tool was used for data collection which was validated by the experts. The consisting of 60 primary school teachers in selected schools at Udaipur by using purposive sampling technique method. The tool comprised of using structured questionnaire. The pre-test was conducted and the structured teaching programme administered. The collected data were analyzed with descriptive statistics using frequency, percentage, mean and inferential analysis using "chi-square" test. **Results:** The result showed that the mean post-test knowledge score is 22.5 (75%) is greater than the mean pre-test knowledge score 8 (26.7%). The above table also depicts that the enhancement in the knowledge of participants is 14.5 (48.3%) supporting the post-test knowledge score are higher than the pre-test knowledge score. The data further represent that the't' value of 28.43 is significantly higher than the tabular value 2.00 at 0.05 level of significance. **Conclusion:** The structured teaching programme was significantly effective in increasing the knowledge regarding selected Behavioral disorders in School children among Primary school Teachers. The mean difference 14.5 between pre-test and post-test knowledge score of the Primary school Teachers was found to be significant.

Keywords: Structured teaching programme, primary school

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1. Introduction

Children are the mirror of a nation. The quality of tomorrow's nation and perhaps even its development will be determined by the well-being, safety and the physical and intellectual development of children today. To predict the future of a nation, it has been remarked, one need not consult the stars; it can more easily and plainly be read in the faces of its children. So the health of children is very important. [1]

According to WHO, health is defined as a state of complete physical, mental, social and spiritual well-being not merely the absence of disease or infirmity. The main determinants of health include the social and economic environment, the physical environment, and the child's individual characteristics and behaviors. [2]

A good health can never be achieved without the normal behavioral health. Sometimes there will be some deviations from normal behavior in school children which is not accepted by the society. These behavioral problems occur mainly due to failure to adjust to external environment and presence of internal conflicts, which are directly affected on child's behavioral health. [3]

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Normal behavior in children depends on the child's age, personality and physical and emotional development. Normal or good behavior is usually determined by whether it is socially, culturally and developmentally appropriate. Knowing what to expect from a child at each age will help you to decide whether his or her behavior is normal. Developmental and behavioral issues require an in-depth examination of a child's medical, social, and family history. Difficult behaviors and academic concerns may develop secondary to medical problems, behavioral problems, delayed cognition & mood disorders. All of these issues must be explored to create a comprehensive diagnostic and treatment plan. [3]

A child's behavior may be a problem, if it does not match the expectations of the family or if it is disruptive. The growing years of a child are perhaps the most difficult time a family ever has. It is during these years that a child comes to terms with various concepts of life, like family belonging, discipline, social norms etc. It is necessary to differentiate between mischievous children and child behavioral problems. There is no known medical treatment for such behavioral problems in children. However, management at the proper time may help to solve this problem. [4]

Behavioral disorders are very common in childhood. Children can have mental, emotional, and behavioral problems that are real, painful, and costly. These problems often called disorders are sources of stress for children and their families, schools, and communities. The number of children and their families who are affected by mental, emotional, and behavioral disorders is significant. Child behavioral problems are serious and may have an indirect effect in the child's life in the future if not taken care of fast. It is estimated that as many as one in five children and adolescents may have a behavioral disorder that can be identified and treated earlier. Children under 16 years of age constitute over 40% of India's population and information about their mental health need is a national imperative. [5]

Behavior service facilities available in India are very few. Although children institute 40% of the population of India, there are very low child guidance facilities to provide psychological care to behaviorally disturbed children. It is generally noted that in developing countries more and more children are brought into the school system, but at the same time, every section of the school is likely to have around 15-20% students, who are not able to maintain a satisfactory scholastic progress. Therefore here the teacher becomes vital in safeguarding the mental health of children, especially true in the case of Indian situation where there is a considerable shortage of mental health facilities for children. So school teachers can make important contributions in the promotion of mental health of the children. [6]

Family and society are the two main institutions which mold one child's development and behavior and in that, schools play a primordial position. These disorders must be identified and treated early in schools in order to allow children to learn effectively. [7]

In the effort to deal with deviant and devious behavior and create safe environments, the school has increasingly adopted social control practices. These include some discipline and management practices that analysts see as "blaming the victim" and modeling behavior that foster negative effects on children usually these misbehavior disrupts school environment, sometimes; it may be harmful; it may inhibit other children. When a student misbehaves, a natural reaction is to wait for that child to experience and other students to see the consequences of misbehaving, As a result, primary intervention focus is in schools, where teachers directly dealing with children. [8]

Need for the study

Studies conducted over last fifty years regarding behavioral problems of children invite our attention towards them. Beyond our calculations, the prevalence of different types of behavioral problems is extremely high among them. [9]

According to Census of India 2011 around 13 to 14 percent of all school children suffer from learning disorders.10 a study conducted in rural and urban areas of different parts of Bangalore suggest the prevalence of behavior disorder ranges from 1.6%-41.3%. [10]

Syed EU (2006), a cross-sectional survey of school children conducted in Karachi metropolitan area, with the aim to the prevalence of emotional and behavioral problems among primary school children. In this study, 7 private and 8 community schools agreed to participate. A total of 675 parents and teachers agreed to participate in the study. The response rate was 45.3%. Strength and Difficulties Questionnaire (SDQ) was filled out by parents and school teachers for the same children. The study concluded that there is a need for developing programs to train, sensitize and mobilize teachers and parents regarding child's psychological, emotional and behavioral problems. [11]

Shoba Srinath (2005), A study was conducted among selected school teachers of Bangalore city to assess the knowledge and attitude of school teachers on behavioral problems of children and to identify the prevalence of behavioral problems. In this study 1535 children aged between 5 to 8 years were screened by 48 teachers using Children's Behavior Questionnaire in two phases. In the second phase, 279 Children were identified as disturbed compared to 281 children in the first phase. The study concluded that School teachers indefinite in knowledge and attitude about behavioral disorders in school children. [12]

So the importance of a teacher is become vital in safeguarding and promoting the mental health of children and early identification of deviations from normal. Hence, the researcher hopes that the trained teachers can manage and prevent behavioral problems of

school children to a certain extent if they get adequate and sufficient knowledge regarding behavioral problems among school children.

Objectives:

1. To assess the pre-test knowledge score of primary school teachers regarding Selected Behavioural disorders in School children.
2. To administer structured teaching programme on primary school teachers regarding selected Behavioural disorders in School children.
3. To assess the post-test knowledge score of primary school teachers regarding selected Behavioural disorders in School children.
4. To determine the effectiveness of structured teaching programme on knowledge of primary school teachers regarding selected Behavioural disorders in School children.
5. To find out the association between pre-test knowledge score of the primary school teachers regarding selected Behavioural disorders in School children with selected baseline variables.

Hypothesis:

H1- The mean post-test knowledge score of school teachers who have received structured teaching programme will be significantly higher than their mean pre-test Knowledge score at 0.05 levels.

H2- There will be a significant association between pre-test knowledge score with selected baseline variables.

Variables of the study

I. Dependent variable: Knowledge of primary school teachers regarding selected behavioral disorders in school children.

II. Independent variable: Structured teaching programme on selected behavioral disorders in school children.

III. Baseline variable: The baseline variable confounds the relationship between the independent and dependent variable and that need to be controlled either through building in research design or through the statistical procedure.

In this study, the selected baseline variables are age, gender, education qualification, years of teaching experience, attended any training programme regarding behavioral disorders etc.

Delimitations

The study was delimited to

- The primary school teachers of the selected school of Udaipur.
- Generalization of the findings will be delimited to the population studied.
- The period of data collections was only for 6 Weeks.

Population

In the present study, the population consists of primary school teachers working in selected schools at Udaipur.

Sample and sample size

The sample consists of a subset of a population selected in a research study. In the present study sample comprise 60 primary school teachers has been selected from Springdale's upper primary school (9), Gurukul upper primary school (13), Paul Henny children school (9), Nav Jeevan public sec school (13), Aadinath senior secondary public school (16), at Udaipur.

Research setting

The present study has been conducted in Springdale's upper primary school, Gurukul upper primary school, Paul Henny children school, Nav Jeevan public sec school, Aadinath senior secondary public school, at Udaipur.

The selection of the schools was done on the basis of:

- Geographical proximity
- Feasibility of conducting a study
- Availability of sample

Sampling technique

The Sample was selected through a purposive sampling technique because of the limited amount of time and availability of subjects according to the sampling criteria. In the present study 60 primary school teachers working in selected schools at Udaipur. Were selected by purposive sampling technique.

2. Method

The method adopted for the present study was evaluative approach as the study aimed at the development of an intervention (structured teaching programme) for assessing the knowledge of 60 primary school teachers working in selected schools at Udaipur. This approach would help the investigator to evaluate the effect of a specific intervention that is "structured teaching programme" on the variable that is 'knowledge' regarding selected Behavioral disorders in School children in selected schools at Udaipur. In this study, samples were drawn by using the non probability purposive method.

Data were collected by using structured knowledge questionnaire.

Research approach

The present study was evaluative approach as the study aimed at the development of an intervention (structured teaching programme on selected Behavioral disorders in School children) for assessing the knowledge of primary school teachers in selected schools at Udaipur. This approach would help the investigator to evaluate the effect of a specific intervention that is "structured teaching programme" on the variable that is 'level of knowledge' of primary school teachers regarding selected behavioral disorders in school children.

Research design

The term 'research design' refers to the plan or organization of a scientific investigation. Research design helps the researcher in the selection of subjects, manipulation of experimental variables, control of extraneous variables, the procedure of data collection and the type of statistical analysis to be used to interpret the data. In the present study, one group pre-test post-test pre-experimental design was selected for the study. The primary objectives of the study were to find the effectiveness of structured teaching programme.

The design chosen for the study is presented in the table as:

Group	Pre-test	Intervention	Post-test
	O_1	X	O_2

Table no 1: Pre- experimental one group pre and post test design.

Key:

O_1- Assessment of knowledge by pre-test.
X- Structured teaching programme on selected behavioral disorders in school Children
O_2- Assessment of knowledge by post test.

The study design depicts that a pre-test was given in the form of structured Knowledge questionnaire on selected behavioral disorders in school children, after That as an intervention structured teaching programme was administered in two Sessions & amp; a post-test was given after 7 days to assess gain in knowledge using the same structured knowledge questionnaire.

Ethical consideration

After obtaining permission from research committee of Geetanjali College of Nursing, prior permission was obtained from principal/headmistress of Springdale's upper primary school, Gurukul upper primary school, Paul Henny children school, Nav Jeevan public sec school, Aadinath senior secondary public school and consent was taken from each participant who had participated in the study.

3. Result

Description of baseline variables

This part deals with distribution of participants according to their baseline variables. The obtained data on sample characteristics were described under the sub-headings of Age in years, gender, educational qualification, and years of teaching experiences & attendance of any training programme related to behavioral disorders in school children.

N=60

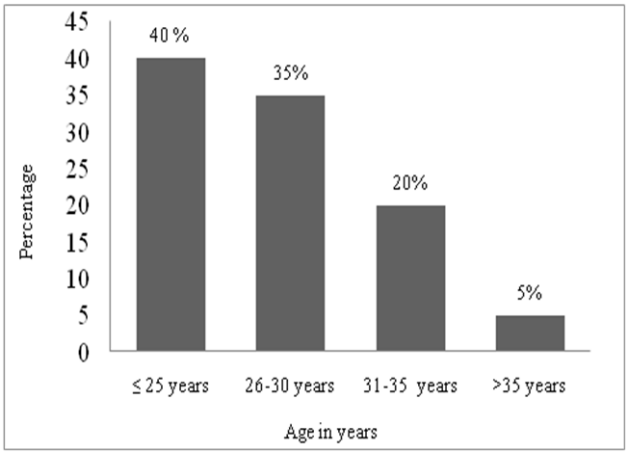

Figure no 1: Distribution of participants by age in years

Figure 1 shows that majority of percentage 40 % belongs to the age group of ≤ 25 years, 35 % participants to the age group of 26-30 years, 20% belongs to the age group of 31-35 years & 5% belongs to the age group of above 35 years.

N=60

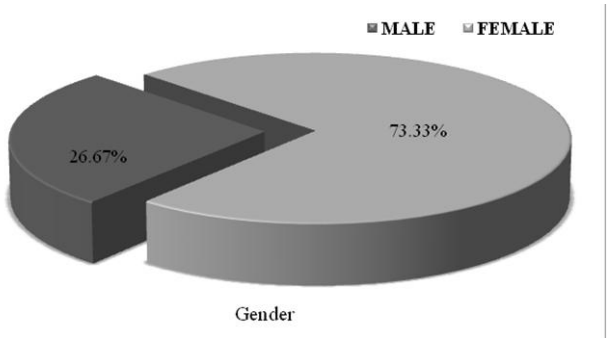

Figure 2: Distribution of participants by gender

Figure 2 shows that majority of the participants 73.33% were females, 26.67% participants were males.

N=60

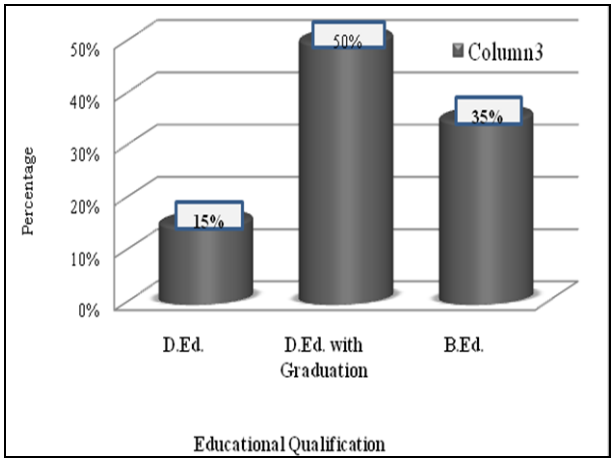

Figure no 3: Distribution of participants by educational qualification

Figure 3 shows that 50% of the participants have completed D.Ed. with Graduation, 35% of the participants have completed B.Ed. alone, & 15% of the participants have completed only D.Ed.

N=60

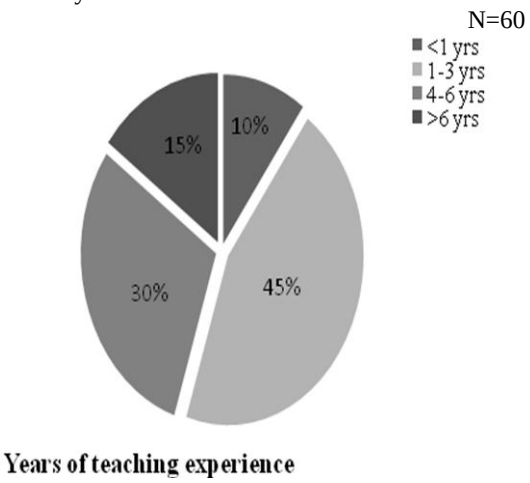

Figure no 4: Distribution of participants by years of teaching experience

Figure 4 depicts that majority of the participants 45% were having experience of 1-3 years, 30% were having experience of 4-6 years, 15% were having experience more than 6 years & 10% participants were having experience below 1 year.

N=60

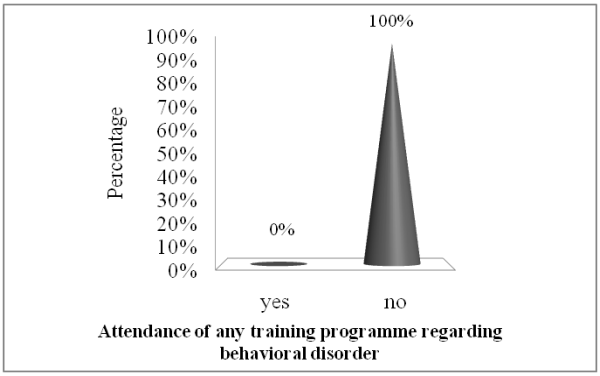

Figure no 5: Distribution of participants by attendance any training programme regarding behavioral disorders

Figure 5 shows that all the participants (100 %) have not attended any training programme regarding behavioral disorders.

Table no 2: Comparison of the level of pre-test & post-test knowledge score regarding behavioral disorders in school children

N=60

Level of knowledge	Number of respondents			
	Pre-test		Post-test	
	Frequency	%	Frequency	%
Inadequate knowledge (0-50%)	36	60	0	0
Moderately adequate knowledge (50-75%)	24	40	25	41.67
Adequate knowledge (>75%)	0	0	35	58.33

Table 2 the result showed that in the pre-test most of the participants had no adequate knowledge regarding behavioral disorders in school children, 40% participants had moderately adequate knowledge & 60% participants had inadequate knowledge regarding behavioral disorders in school children.

In the post-test, after giving structured teaching programme, the participants gain adequate knowledge regarding behavioral disorder that was 58.33% whereas 41.67% participants had moderately adequate knowledge & 0 % participants had inadequate knowledge regarding the behavioral disorder.

Table no 3: Effectiveness of structured teaching programme regarding behavioral disorders in school children

N= 60

	Mean	Mean%	SD	Enhancement	Enhancement%	df	"t" value	Inference
Pre test	8	26.7	3.01	14.5	48.3	59	28.43	S
Post test	22.5	75	2.61					

S = Significant

Table 3: The result showed that the mean post-test knowledge score is 22.5 (75%) is greater than the mean pre-test knowledge score 8 (26.7%). The above table also depicts that the enhancement in the knowledge of

participants is 14.5 (48.3%) supporting the post-test knowledge score are higher than the pre-test knowledge score.
The data further represent that the't' value of 28.43 is significantly higher than the tabular value 2.00 at 0.05 level of significance. This indicates that there was the difference in the pre-test and post-test knowledge score of participants and structured teaching programme is effective in improving the knowledge score of primary school teachers regarding behavioral disorders in school children.

The obtained $\chi 2$ value of age group (8.70) is more than the table value (7.82) which indicates that there is a significant association between the pre-test knowledge score with selected baseline variable such as Age in years at df (3 p>0.05 level).

The obtained $\chi 2$ value (3.08) of the gender is lesser than the table value (3.84) which indicates that there is a non-significant association between the pre-test knowledge score and gender at df (1 p>0.05 level) and the obtained $\chi 2$ value (1.06) of Educational qualification of the participants is lesser than the table value (5.99) which indicates that there is no significant association between the pre-test knowledge score with educational qualification of primary school teachers.

The obtained $\chi 2$ values of Years of teaching experience and Attended any training programme regarding Behavioral disorder (7.82, 0) is lesser than the table value (7.82, 3.84) which indicates that there is no significant association between the pre-test knowledge score with selected baseline variables such as Years of teaching experience, and Attended any training programme regarding behavioral disorder at df (3, 1 p>0.05 level).

H_1 - The mean post-test knowledge score of school teachers who were received structured teaching programme will be significantly higher than their mean pre-test knowledge score. The hypothesis was tested at 0.05 levels. The calculated't' value 28.43 was significantly higher than the table value 2.00 at 0.05 level of significance. This indicates that there was a significant difference between the pre-test and post-test knowledge score hence the hypothesis was accepted and the null hypothesis was rejected.

H_2 – There is a significant association between knowledge of pre-test score with selected baseline variables.

The Chi-square test was carried out to determine the association between the pre-test knowledge and baseline variables such as age in years, gender, educational qualification, years of teaching experience, and attended any training programme regarding behavioral disorders in school children.

Out of which age in years ($\chi^2 = 8.70$) design was found to be significantly associated with posttest knowledge at 0.05 levels and the rest of the baseline variables were not significant. Hence research hypotheses H_2 is accepted.

4. Discussion

The present study has been undertaken to assess the effectiveness of structured teaching programme on knowledge regarding selected Behavioral disorders in School children among Primary school teachers of selected schools at Udaipur.

The findings of the study are discussed under the following headings:

Section I: Description of baseline variables of participants
Section II: Pre-test knowledge score of Primary school teachers regarding selected Behavioral disorders in School children
Section III: Post-test knowledge score of Primary school teachers regarding selected Behavioral disorders in School children
Section IV: Comparison between pre-test and post-test knowledge scores of Primary
School teachers regarding selected Behavioral disorders in School children
Section V: Association between pre-test knowledge score with a selected baseline variables

Section I: Description of baseline variables of participants

Age in years: The majority of the participants 40 percent belongs to the age group of ≤ 25 years, 35 percent participants to the age group of 26-30 years, 20 percent belongs to the age group of 31-35 years & 5 percent belongs to the age group of above 35 years.

Gender: The majority of the participants 73.33 percent were females and 26.67 percent belongs to males.

Educational qualification: The majority of the participants 50 percent have completed D.Ed. with graduation, 35 percent of the participants have completed B.Ed. & 15 percent of the participants have completed only D.Ed.

Years of teaching experience: The majority of the participants 45 percent were having experience of 1-3 years, 30 percent were having experience of 4-6 years, 15 percent were having experience more than 6 years & 10 percent participants were having experience below 1 year.

Attendance of any training programme regarding behavioral disorders: All participants (100 percent) have not attended any training programme regarding behavioral disorders in school children.

Section II: Pre-test knowledge score of primary school teachers regarding selected behavioral disorders in school children

The level of knowledge among primary school teachers regarding selected the behavioral disorder was assessed in the pre-test, out of 60 participants 60 percent had

inadequate knowledge, 40 percent primary school teachers had moderate knowledge and no teachers had adequate knowledge regarding selected behavioral disorders in school children. The overall mean of pre-test knowledge among primary school teachers regarding selected behavioral disorders were 8 with a standard deviation of 3.01.

Section III: Post-test knowledge score of primary school teachers regarding selected behavioral disorders in school children

The level of knowledge among primary school teachers regarding selected the behavioral disorder was assessed in post-test, out of 60 participants 41.67 percent had the moderately adequate knowledge, 58.33 percent primary school teachers had adequate knowledge and no teachers had inadequate knowledge regarding selected behavioral disorders in school children. The overall mean of post-test knowledge among primary school teachers regarding selected behavioral disorders was 22.5 with a standard deviation of 2.61.

Section IV: Comparison between pre-test and post-test knowledge scores of primary school teachers regarding selected behavioral disorders in school children

The mean score of post-test knowledge 22.5 was apparently higher than the mean score of pre-test knowledge 8.0, suggesting that the structured teaching programme was effective in increasing the knowledge of the primary school teachers regarding selected behavioral disorders in school children. The mean difference 14.5 between pre-test and post-test knowledge score of the primary school teachers was found to be significant.

This result was consistent with the study conducted by Mary, Varghese in Bangalore, to evaluate the effectiveness of structured teaching programme. The study concludes that the post-test knowledge score was higher than pre-test knowledge score so the structured teaching programme was significantly effective in improving the knowledge regarding scholastic disorders and its management among primary school teachers.[13]

Section V: Association between pre-test knowledge score with a selected baseline variables

There is a significant association between knowledge of primary school teachers and selected baseline variable such as Age in years ($\chi 2 = 8.70$), Hence the research hypothesis is accepted and the null hypothesis is rejected.

This result was consistent with the study conducted by Mathai, Aswathy in Bangalore, to assess the knowledge and practice of school teachers regarding management of specific learning disorders among children. The study revealed that there was a significant association between practice & socio-demographic variables such as age in years and years of experience. [14]

There is no significant association between knowledge of primary school teachers and selected baseline variable such as Gender ($\chi 2 = 3.08$), Educational qualification ($\chi 2 = 1.06$), Years of teaching experience ($\chi 2 = 2.19$) and Attended any training programme regarding behavioral disorder ($\chi 2 = 0$) were not significant at 0.05 level of significance. Hence the research hypothesis is rejected at the 0.05 level of significance.

This result was consistent with the study conducted by Patil Prashant B in Karnataka, to assess the effectiveness of structured teaching programme on knowledge and attitude of primary school teachers regarding ADHD. The study revealed that there was no association between pre-test knowledge and attitude score with selected socio-demographic variables like age, sex, and education of teachers, teaching experience and articles read on ADHD. [15]

Conclusion

This study concludes that there is an improvement in the level of knowledge of Primary school Teachers which indicates that the structured teaching programme is effective. The demographic variables of Primary school Teachers significantly associated with the pre-test knowledge score. The development of Primary school Teachers will help the improvement of knowledge regarding Behavioral disorders in School children.

References

[1] Tirkey L, Jahan M. Behavioral problems in school going children in India. Eastern J Psychiatry. 2007; 10:11-4.

[2] Neeraja K.P. Essentials of Mental Health and Psychiatric Nursing: Behavior disorders in children. Jaypee publication; 2009, New Delhi: 2; p134.

[3] Javelin C.M.S, Jon Roth M.D. Medical practice in Edmond, Oklahoma, dedicated to helping families by evaluating children with developmental and behavioral issues.

[4] Roy D'Silva. Child Behavior-Behavior Problems in children. May 2012.

[5] Usha P, Kuruvilla M. Supporting system and certain behaviors problems of preschool children in Malappuram District. India. Project Report.

[6] Rao PS, Richard J. An Introduction to Biostatistics: A manual for students in health sciences. Prentice/Hall of India; 1996.

[7] Ladwig RJ, Khan KA. School avoidance: Implications for school nurses. Journal for Specialists in Pediatric Nursing. 2007 Jul 1; 12(3):210.0

[8] Stanhope, Lancaster. Community health nursing. 4th ed. Missouri: Mosby Publications. 2006; p537.

[9] Palo Alto Medical foundation. Available from: http//:www.pamf.org.http://www.merinews.com/article/learning-disability-in-india/15781618.shtml&cp

[10] World Health Organization. The World Health Report 2001: Mental health: new understanding, new hope. World Health Organization; 2001.

[11] Syed EU,Hussein SA,Haidry SE. Prevalence of

emotional and behavioral problems among primary school children. Karachi, Pakistan-multi informant survey; 2006.
[12] Shoba Srinath et al. Epidemiological study of child and Adolescent psychiatric disorders in urban and rural areas of Bangalore, India. Indian Med Res. 2005; 122: p67-79.
[13] Praveena P. S. A study to assess the effectiveness of structured teaching programme on knowledge regarding anorexia nervosa and its management among adolescent girls in bes pre-university college, Bangalore. 2013 May; RGUHS Bangalore.
[14] Saravanabhavan S, Saravanabhavan RC. Knowledge of Learning Disability among Pre-and In-Service Teachers in India. International Journal of Special Education. 2010; 25(3):132-8.
[15] N V. Sunithamma. A study to assess the effectiveness of structured teaching programme on knowledge of school phobia among the parents of primary school children. 2012; RGUHS Bangalore.