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A study to evaluate the effectiveness of educational intervention program on knowledge regarding behavioral problems of school children among primary school teachers of selected government schools Hubballi

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Abstract

Behavioural problem is often seen as less stigmatizing, less severe, more socially acceptable and more practical than the term emotionally disturbed. The term grew out of a behavioural model which process the teacher can see and describe behavioural disorder, but cannot easily describe disturbed emotions. In common usage today behavioral problems is usually attributed to less severely disturbed student whereas emotionally disturbed is reserved for the most seriously impaired. An evaluative study was conducted among 45 Primary school teachers of selected schools, Hubballi. The research design used for the present study was pre-experimental: one group pre-test, post-test design. Non- Probability, purposive sampling technique was used to select the sample. The data was collected by using structured knowledge questionnaire. Data analysis was done by using descriptive and inferential statistics. Overall result of the study revealed that, in the pre-test, Majority of them in the pre-test 25(55.56%) had average knowledge, 11(24.44%) had good knowledge and 9(20%) had poor knowledge. Where as in Post-test 44(97.78%) had good knowledge and 1(2.22%) had average knowledge and none of them had poor knowledge scores regarding Behavioural problem of school children. There was a significant gain in knowledge of school teachers who were exposed to the educational intervention program i.e. 25.27%. The paired 't' value ($t_{cal}=17.21^*$) at $p<0.05$ level of significance for knowledge proved that the stated hypothesis i.e. the mean post-test knowledge scores of school teachers in Selected schools who were exposed to the educational intervention program will be significantly higher than the pre-test knowledge scores at 0.05 level of significance. The study concluded that Educational Intervention Program was more effective for Primary school teachers to increase and update their knowledge regarding Behavioural problems of school children.

Keywords: Behavioural problems, primary school teachers, knowledge, effectiveness, educational intervention program

Introduction

Children's are like buds in a garden and should be carefully and lovingly nurtured as they are the future of the nation and citizen of tomorrow ^[1]. Each child is a unique person, a person whose future will be affected for better or worse by the influences that mould his or her life during the early years. Children can be lovable one minute, and thoroughly disagreeable the next. They can be the source of immense joy but the cause of the much frustration and irritation, they can make enormous demand on their parents but equally they can give you unconditional love and an immeasurable sense of importance ^[2].

Normal behaviour in children depends on the child's age, personality and physical and emotional development. Normal or good behaviour 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 behaviour is normal. Developmental and behavioural issues requires an in- depth examination of a child's medical, social, and family history ^[3].

All young children behave badly from time to time, and occasional temper tantrums, aggression and defiance of authority are a normal part of growing up. Developing a consistent approach to diagnosis in the area of problem behaviour is thus fraught with difficulty and not without controversy, since many 'problems or disorders' are hard to define

and assign to a single medical condition or syndrome ^[4].

School children are emerging as creative person who are preparing for their future role in the society. During the school years the child develops while some attitude toward self as a person and learn appropriate masculine or feminine social role. The school years are a time of new achievement and experiences in their needs and preferences should be respected. In our country most of the population are children and they are considered as the future of our country, so their safety, basic needs and the development is our priority that relies great deal on it is human resource strength. Therefore, it is necessary in the interest of our country to look after the health and welfare as they form the most endangered segment of the population ^[5]. A child's behavioural problem represent a conflict between his developing personality and that of his parents, teachers and siblings and of other children with whom he comes into contact. The teachers, who are young, relatively inexperienced, bachelors coming from broken homes, unsatisfied in them may make a child more vulnerable to psychological mal development. Children's who are secure and emotionally satisfied in their home relationship are not usually affected by unstable ^[6].

School teachers are the second mother to every child. So children listen to every point that teacher teaches, the unhealthy child cannot be expected to take full advantages of schooling. Health education must remain in the hands of the teachers and school health workers. Health education is part of general education. A growing understanding of the physical, mental, emotional, and normal nature of the children is the essence of professional teaching ability ^[7]. The term behaviour refers to the way a person responds to a certain situation or experience. Behaviour is affected by temperament, which is made up an individual's innate and unique expectations, emotions and beliefs. Behaviour can also be influenced by a range of social and environmental factors including parenting practices, gender, and exposure to new situations, general life events and relationships with friends and siblings ^[8].

Behaviour problems among children are a deviation from the accepted pattern of behaviour on the part of the children when they are exposed to an inconsistency social and cultural environment. But these are not to be equated with the presence of psychiatric illness in the child as these are only symptoms or reaction to emotional and environment stress. But these behaviours are allowed to continue, they are like to pose problems of adjustment to the child in school age ^[9].

There are various behavioural disorders evident in children. Major concerns of them are Temper Tantrum, Attention deficit hyperactivity disorder, Conduct disorder, Learning disorder, School Phobia, Tics, Pica, and Juvenile delinquency which are mainly found in school age children ^[10].

ADHD is a one of the most common neurodevelopment disorders of childhood. It is usually first diagnosed in childhood and often last into the adulthood. Children with ADHD may have trouble paying attention, controlling impulsive behaviour (may act without thinking about what the result will be), or be overly active ^[10].

A school phobia is when child is very nervous and refuse to go to school is called school phobia. The reasons behind why the child has school phobia can be many, and it is important to understand them from the child's perspective ^[11].

Conduct disorder is a group of behavioural & emotional problems that usually begins during childhood. Children's with these disorders have a difficult time following rules and behaving in a socially acceptable way. They may display aggressive, disruptive, and deceitful behaviours that can violate the rights of others. Child may perceive them as "having a mental illness" ^[12].

Autism spectrum disorder (ASD) is a complex development conditions that involves persistent challenges in social interaction, speech and non-verbal communication and restricted / repetitive behaviours ^[13].

The etiological factors for behavioural problems of children are usually biologically risk factors, family relationship risks, experimental risks and social environmental risk factors ^[8].

The severity and nature of these problems vary very much from child to child and consequently, the methods used to deal with behavior problems must vary accordingly. To determine the most effective program of management for any one child, the teacher needs to use his observations of that child to first decide what the main problems are and the circumstances in which they occur. The application of an individual treatment approach to the problems shown by children involves an analysis of the problems in a specific way ^[14].

The National Survey on Drug Use and Health (NSDUH) Report, States that during the past two decades, there have been marked changes in Inpatient services for school children with emotional and behavioral problems. It indicated that an estimated 2.6% are receiving home services for emotional and Behavioral Problems in the past 12 months in a hospital ^[15].

A Survey reports that 51% of the primary school teachers had an average knowledge regarding Behavioral Problems among that 9% had Good knowledge, 37% had poor knowledge & 3% had very poor knowledge regarding Behavioral Problems. Thus study concluded that, it is advisable to provide Educational Programs for primary school teachers regarding Behavioral Problems ^[7].

Behavioral 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 disturb children. It is generally noted that in developing countries more and more children's 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 important in the mental health of the children, especially true in case of Indian situation where there is a considerably shortage of the mental health facilities for the children. So school teachers can make important contributions in the promotion of mental health of the children ^[3].

From the above Statistical information and reviews researcher understood that behavior problems are potentially serious but treatable disease. It is in these contents, the importance of teachers become vital in Safeguarding and promoting the mental health of children and early identification of deviations from normal. Hence, I hope the trained teacher can manage and prevent behavioral problems of school children a certain extent, if they get adequate and sufficient knowledge regarding behavioral problems among school children.

Materials and Methods

Study Design

The research design is a blue print for conducting the study that maximizes control over factors that can interfere with the validity of the findings. It is an overall plan investigator used to obtain valid answers to research questions [16]. The research design used for the present study was pre-experimental: one group pre-test, post-test design.

Setting and Sample

In the present study, 45 samples of Primary school teachers of selected schools, Hubballi, were selected through Non – Probability; Purposive Sampling Technique.

Measurements

The subjects were given Socio-demographic sheet and the structured knowledge questionnaires. Section I consists of 12 items for obtaining information about socio demographic variables. Section II consists of 45 items for measuring the level of knowledge of primary school teachers regarding Behavioral problem of school children. Each correct answer carries 1 mark and incorrect answer with 0 marks. The tool and Educational intervention programme were validated by the experts in the field of Pediatric Nursing & Mental Health Nursing and by the members of the research committee of KLE’S Institute of Nursing Sciences, Hubballi. The tool was tested for reliability by using Split Half Method and applying Karl Pearson’s Correlation Coefficient formula. The reliability of Structured knowledge questionnaire was $r = 0.80$.

Data Collection

The research investigator had taken formal permission from the principal of Govt. H.P.S. Santoshnagar, Govt. H.P.S. Bharidevarkoppa, Govt. M.P.S. Goppankopa and Govt. M.P.S. Amargoal, Hubballi. The investigator introduced herself and explained the purpose of the study written consent was obtained from the participants. Data was collected using the structured knowledge questionnaires. The collected data was tabulated and analyzed.

Data Analysis

The data obtained were analyzed in terms of the objectives of the study using descriptive and inferential statistics. Tabulation of data in terms of frequency, percentage, mean, median, mode, standard deviation and range to describe the data. Classification of the knowledge scores (level of knowledge) were as follows:

Good Knowledge = $(\bar{X} + SD)$ and above

Average knowledge = $(\bar{X} - SD)$ to $(\bar{X} + SD)$

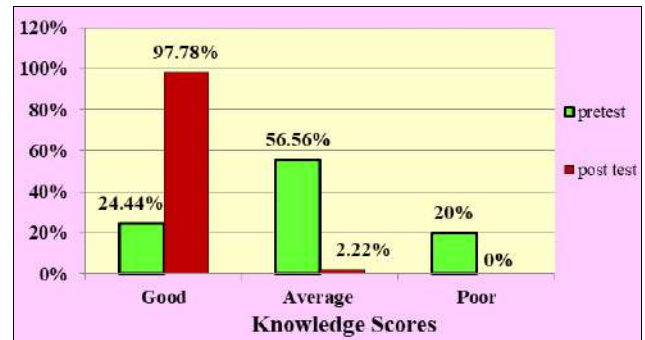
Poor knowledge = $(\bar{X} - SD)$ and below

[Note: \bar{X} =Mean, SD= Standard Deviation]

Inferential statistics used to draw the following conclusions Paired ‘t’ test for testing the effectiveness of Educational Intervention Program on Knowledge regarding behavioral problems of school children.

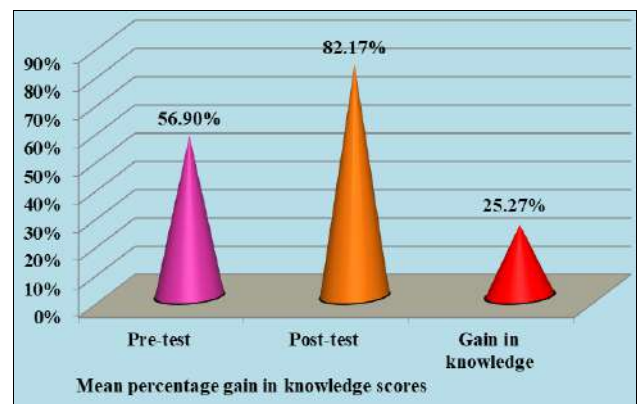
Chi- square test to find out an association between pre-test knowledge scores with their socio demographic variables.

Results



Graph 1: The column graph represents percentage distribution of subjects according to their level of knowledge scores in pre-test and post-test.

The level of knowledge on primary school teachers regarding Behavioral problems in school children during pre-test and post-test. Most of them in the pre-test 25(56.56%) had average knowledge, 11(24.44%) had good knowledge and 9(20%) had poor knowledge. After EIP, in post-test 44(97.78%) had good knowledge and 1(2.22%) had average knowledge and none of them had poor knowledge scores.



Graph 2: The cone graph represents the mean percentage gain in knowledge scores of subjects according to their knowledge scores.

The graph 2, reveals that there was 25.27% gain in knowledge after administration of Educational Intervention Program.

Table 1: Mean difference (\bar{d}), Standard Error of difference and paired ‘t’ values of knowledge scores of subjects regarding behavioral problems of school children.(n=45)

Mean Difference (\bar{d})	Standard error of difference (\bar{SdE})	Paired ‘t’ values	
		Calculated	Tabulated
10.5	4.11	17.21*	2.021

The data presented in table 05 reveals that the calculated paired ‘t’ ($t_{cal} = 17.21^*$) was greater than the tabulated value ($t_{tab} = 2.0211$). Hence, H_1 was accepted. This indicates that the gain in knowledge score was statistically significant at 0.05 level of significance. Therefore, the Educational intervention program was effective to improve the knowledge of subjects.

With regard to the computed chi-square test revealed that there was an association found between one variable i.e. sources of information. Hence hypothesis was accepted in

this variable. Whereas, there was no statistical association with other variable such as Age, Gender, Religious, Education, Monthly Income, Marital status, Family type, Number of children, Habitat, Experience and Previous exposure to Educational intervention programme, hence H_2 were rejected for above variables.

Discussion

The present study was undertaken to evaluate the effectiveness of an Educational Intervention Program on Knowledge regarding Behavioural problems of school children among Primary school teachers in selected government schools, Hubballi.

The overall pre-test knowledge scores revealed that Majority of subject 25(55.56%) had average knowledge, 11(24.44%) had good knowledge and 9(20%) had poor knowledge. Where as in post-test 44(97.78%) had good knowledge and 1(2.22%) had average knowledge and none of them had poor knowledge scores. These findings were supported through a study conducted by Joseph M, Nutun P, who observed, in pre-test, 33 (66%) had average knowledge, 16(32%) had poor knowledge and 1(2%) had good knowledge. In post-test, 44(88%) had good knowledge and 6 (12%) had average knowledge^[17].

There was a significant gain in knowledge i.e. 25.27% among the primary school teachers who were exposed to the educational intervention program. The calculated paired 't' value ($t_{cal}=17.21^*$) was greater than the tabulated value ($t_{tab}=2.0211$). Hence, H_1 was accepted. This indicates that the gain in knowledge scores was statistically significant at 0.05 level of significance. Therefore, the Educational Intervention Program was effective in terms of gain in knowledge scores of the subjects. These findings are supported through a study conducted by Bindu Y, Shantvan P. who observed that there was a significant gain in knowledge i.e. 20.92% among the subjects who were exposed to the structured teaching programme. The calculated paired 't' value ($t_{cal}=26.572^*$) was greater than the tabulated value ($t_{tab}=2.04$). Therefore, this showed that Structured Teaching Programme on knowledge regarding Behavioural problems in school children has brought about significant gain in knowledge of the subjects^[18].

The computed chi-square test revealed that there was association found between one variable. i.e. sources of information hence hypothesis was accepted in this variable. Where as in regards with reaming variable there was no association found, hence H_2 were rejected. These findings are supported through a study conducted by Dhsmukh P, who observed that there was statistical association found between two variables i.e. Education qualification & source of information. Hence hypotheses were accepted in these variables. Where as in regards with remaining variable there was no association found, hence H_2 were rejected^[2].

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Conflict of Interest

Not available

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Not available

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