

Effectiveness of Structured Teaching Programme Among Parents Regarding Emotional and Behavioral Disorder of Children and Adolescents

Rajendra Kumar Sahu

Abstract

Background: Emotional and behavioral problems are a common concern of parents. The types of problems often differ by the age of the child, and include a wide variety of issues such as conduct problems, aggression, anti-social behavior, anxiety, depression, and substance use. Research indicates that emotional and behavioral problems in early childhood tend to continue into middle childhood and adolescence and may predict later social and academic problems or other difficulties such as substance use.

Aims and objectives: The study aimed at assessing the knowledge of Parents regarding emotional and behavioral problem of Children, evaluate the effectiveness of Structure Teaching Programme on childhood emotional and behavioral problem and find out association between pretest knowledge score and selected demographic variables.

Material and Methods: A one group pre-test post-test pre-experimental design and evaluative approach was adopted. The study was conducted among 50 parents conveniently selected from two villages from Rajnandgaon District.

Results: The results of the study shows that in pre test 56% (28) were having good knowledge, 44% (22) need for improvement. after taking planned teaching program knowledge score were found in post test 70% (35) were having excellent knowledge and 30% (15) were having good knowledge about childhood emotional and behavioural problems. The effectiveness of planned teaching program on knowledge regarding childhood emotional and behavioral problem among parents and significant difference between pre test and post test knowledge score is evaluated by calculating t value 2.33, D.F (49) is greater than table value (2.02) at the 0.05 level of significance. So these finding shows there will be significant difference between pre test and post test knowledge regarding emotional and behavioral problem among parents. There was association between knowledge with selected socio-demographic variables was found that was calculated by Chi-square analysis. There is significant association between source of information and knowledge score was found. The association as the calculated chi square value is 7.92 (df 3) is greater than table value 7.82 at 0.05 level of significance.

Conclusion: This study concluded that structure teaching program is effective tools to improve the knowledge of parents regarding emotional and Behavioural Problems of Children.

Keywords: Assess; Effectiveness; Knowledge; Structured teaching programme; Selected common emotional and behavioral problems of children; Parents.

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Introduction

Emotional and behavioral problems are a common concern of parents. The types of problems often differ

by the age of the child, and include a wide variety of issues such as conduct problems, aggression, anti-social behavior, anxiety, depression, and substance use. Research indicates that emotional and behavioral problems in early childhood tend to continue into middle childhood and adolescence and may predict later social and academic problems or other difficulties such as substance use.¹

Furthermore, emotional and behavioral problems tend to occur in children, and children who suffer from both are at increased risk compared to children who suffer from either emotional or behavioral

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problems alone. These increased risks include substance use, high-risk sexual activity, poor academic outcomes, and suicide. Youth suffering from cooccurring emotional and behavioral problems are also more likely to be involved with the mental health and juvenile justice service systems.

Because of the prevalence of emotional and behavioral disorders and the seriousness of their effects, it is important to understand more about their prevention and treatment. Research has shown that family relationships and parenting play a key role in children's development. Family processes, in particular parent-child relationships, seem to be an important part of the development of emotional and behavioral problems in young children and in predicting emotional and behavioral disorders in later childhood and adolescence. For example, coercive social interactions within families have been shown to support the early development of problem behavior in the family setting, while parental monitoring of children is important for the prevention of behavioral problems. However, it has been demonstrated that parents tend to decrease monitoring of children and adolescents who are at highest risk and who are therefore most in need of supervision. Additionally, research suggests that youth with co occurring emotional and behavior problems are particularly likely to experience substantially disrupted family relationships, and therefore may be particularly likely to benefit from intervention efforts designed to improve family functioning.

It is clear that family is an important focus for prevention and treatment of emotional and behavioral problems among children. In fact, interventions that target parenting have had the most consistent success in addressing these disorders, and studies suggest that parents of children with cooccurring emotional and behavioral disorders are responsive to family focused interventions. Since emotional and behavioral problems in early childhood tend to predict problems in later childhood and adolescence and later in life, interventions aimed at families of young children hold potential for prevention. Additionally parenting interventions, aimed at families of older children and adolescents, have been shown to have positive effects on parenting abilities, and subsequently, on youth mental health and substance use.

However, despite these positive results, there remains work to be done to develop and implement such interventions so that they can reach the largest

number of families in need and have the broadest possible public health impact. Researchers at Case Western Reserve University are doing such work.

Children under 16 years of age constitute over 40% of India's population and information about their mental health need is a national imperative. Identification and handling of behavioral problems of childhood is very essential because nations most important and precious resource is its children who constitute its hope for continued achievement and productivity. Today we are passing through a stage where the mental health of youngsters is a matter of much concern for the educationists, psychologists & sociologists. Now a day's suicidal tendency is more common in school children and adolescent groups. It is a burning issue today. So early prevention & intervention is better then later remediation.

Early child hood is the crucial period in behavior formation. It is during this period - that the child is most malleable and it is then that many barriers to normal development are erected significant emotional or behavioral problems are often not detected until affected children being school. More over even in moderately severe cases children with emotional and behavioral problems may not revive appropriate screening and intervention until they have been in school for several years. So early recognition can prevent problem behavior from becoming the standard.

The behavior problems of children undertake different dimensions due to the changes of life style of human beings, these days. It becomes therefore imperative for parents and teachers to deal with children with a right mix of discipline and love. Identification of behavioral problems and its early intervention will go a long way in improving quality of life of those children. All education has stressed the importance of the home in the early education of the child. The quality and nature of the parental nurturance that a child revives will profoundly influence his future development. But only few homes provide the right type of environment to the growing child. Many children are denied the opportunities for healthy all round development.

Children with behavioral disorders are often tolerated by family how every when these children begin schooling they are identified as problematic because these behaviors interfere with the child's academic performance, and the maladaptive behaviors may provide negative feedback, which may generate low self esteem. A child's coping mechanism and influenced by the individual developmental level, temperament,

previous stress experiences, role models, and support of parents, teachers and peers. The dysfunctional behaviors lead to further physical or developmental problems. The common areas of behavior problems are the interplay of self-concept and self-esteem.² So behavioral modifications at home and school are teaching families techniques to support clear expectations, consistent routines, positive reinforcement for appropriate behaviors timeout and teachers to meet individual needs for remediation or alternate instruction methods if necessary, structure activities to respond to child's needs.³

Behavior problems among children are a deviation from the accepted pattern of behavior on the part of children when they are exposed to an inconsistent social and cultural environment (Verma 1964). But these are not be equated with the presence of psychiatric illness in the child as these are only the symptoms or reactors to emotional & environmental stress. In this age momentous change and stiffer competition most of the parents rely on pre-schools of different categories for childcare. The school experiences have an effective role in molding the behavior pattern of children.⁴

Materials and Methods

Research Approach: Evaluative research approach was used.

Research Design: A one group pre-test post-test Pre experimental research design was adopted.

Setting of the Study: The study was conducted in selected Villages of Rajnandgaon district in Chhattisgarh.

Target Population: The target population for this study consisted of parents.

Sample: The sample for the present study comprises of 50 parents of selected villages of Rajnandgaon, Chhattisgarh.

Sampling technique: Non-probability convenience sampling technique was used to select the sample for this study.

Development of tool for data collection: it consists of 2 parts, Section-A:-Socio demographic data. Section-B: Self Structure knowledge Questionnaires related emotional and Behavioural problem among parents. Section-A:-Comprises of 9 socio demographic data questions -age, sex, , education, , occupation, religious, type of residence, type of family, family monthly income, source of knowledge. Section-B:-Self Structure knowledge

Questionnaires related emotional and Behavioural problem among parents.

Criteria measures used in this study were as follows.

Self-Structured Questionnaires: Tools are constituted with 40 questions to assess the knowledge level with 1 mark for correct answer and 0 marks for wrong answer respectively with a maximum mark of 40.

Score was categorized in 3 sub divisions

- Need for Improvement-(0 - 13 score)
- Good -(14 - 27 score)
- Excellent- (28 - 40 score)

Results

The analysis is made on the basis of objectives and hypothesis. The data analysis is planned to include descriptive and inferential statistics. Data is analysis in following parts:

The analysis of data is organized and presented under the following broad headings.

- Section I: Description of socio demographic variables in frequency and percentage.
- Section II: Overall Knowledge analysis through mean, mean % and standard deviation.
- Section III: "t" test for assessing the significance difference between pretest and posttest knowledge score.
- Section IV: Chi-square analysis for association between the Knowledge with selected socio-demographic variables.

Section I: Description of the Demographic Variables of Parents:

- Distribution of respondents in relation to age in year the majority 20 (40%) respondents belongs to the age group of below 20 - 25 years of age while in the age group of 26 - 30 years 10 (20%) respondents belongs to this category and 12 (24 %) respondents belongs to 31 - 35 years. In the age group of 36 - 40 and above years 8 (16 %) respondents have been observed in this particular study.
- Distribution of respondents in relation to gender of the parents depicts that respondents are 23 (46%) male and 27 (54%) female.
- Distribution of respondents in relation to religion of parents depicts that 56% (28) are

belongs to Hindu. 20% (10) both belongs to Christian and Sikh and 4% (2) are belongs to Muslim.

- Distribution of respondents in relation to educational qualification revealed that majority of parents 36% (18) parents were pass higher secondary school, 24% (12) are illiterate and 20% (10) were pass both high school and graduation an above , 30% (18) were pass primary education.
- Distribution of respondents in relation to family income of parents depicts that majority of parents 68% (34) having income 10000-20000, 20% (10) having income >20000 rs, were as 12% (6) having income more than 10000.
- Distribution of respondents in relation to family type of parents majority of parents 64% (32) belong to nuclear family, 30% (15) were belong joint family, were as 6% (3) were extended.
- Distribution of subject according to occupation depicts majority of parents 36% (18) having private job, 32% (16) were unemployed, 20% (10) having business, were as 12% (6) having government job.
- Distribution of subject according to source of information revealed that majority of parents 42% (21) got knowledge from health professional, were as 30% (15) got from friends and relatives, and 18% (9) got from

T.V/ mass media and 10% (5) got knowledge from news paper/ magazine.

Section II: -Figure-1 represent 56% (28) were having good knowledge, 44% (22) need for improvement in pretest and in the posttest 70% (35) were having excellent knowledge and 30% (15) were having good knowledge.

Section III - Table -1 represent there is significant difference between pretest and posttest knowledge score as calculated t value 2.33, D.F (49) is greater than table value (2.02) at the 0.05 level of significance.

Section- IV- Table- 2 represents there is significant association between source of information and knowledge score as the calculated chi square value is 7.92 (df 3) is greater than table value 7.82 at 0.05 level of significance.

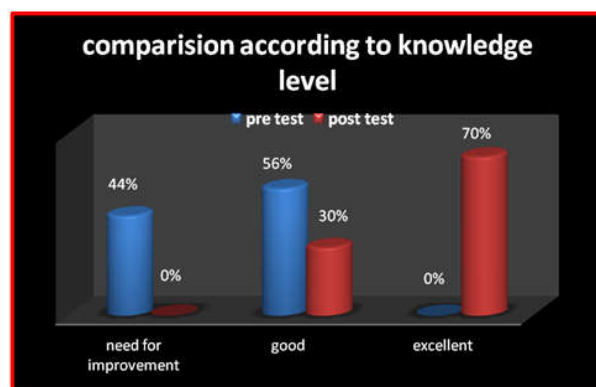


Figure 1: Comparison according to knowledge level.

Table 1: "t" test for assessing the significance difference between pretest and posttest knowledge.

"T" test	Mean	Standard deviation	D F	Calculated 't' value	Table 't' value	significance
Pre test	20.2	±6.7				
Post test	24.4	±6.4	49	2.33	2.02	P<0.05 significant

Table 2: Chi-square analysis for association between the knowledge score with selected socio-demographic variables.

S. No.	Socio demographic data	DF	Calculated Chi square	Critical Chi Square Value	Significance
1.	Age group	3	4.63	7.82	P>0.05 NS
2.	Gender	1	0.60	3.84	P>0.05 NS
3.	Area of residence	1	2.55	3.84	P>0.05 NS
4.	Education Qualification	3	1.87	7.82	P>0.05 NS
5.	Income	2	0.60	5.99	P>0.05 NS
6.	Family type	2	4.07	5.99	P>0.05 NS
7.	Occupation	3	2.02	7.82	P>0.05 NS
8.	Source of information	3	7.92	7.82	P<0.05 significant

Conclusion

The findings of this study have been discussed with reference to the objectives and hypothesis. The pre testing of Parents knowledge regarding selected common emotional and Behavioural problems of children show that parents have less knowledge about emotional and Behavioural problems of children. This indicates the need for imparting necessary education and information regarding selected emotional and Behavioural problems of children.

Discussion

Based on the findings of the present study recommendations offered for the future study in large sample.

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