Teaching Programme on Behavioural Problems

G. Sasikala*, Prema Krishnan**

*Associate Professor, Annai Veilankanni's College of Nursing, Chennai, India. **Research Guide, Maher University, India.

Abstract

In the present quasi experimental study a research design was used to achieve the objectives of the study which was conducted in selected schools of pune city. The sample comprised of 60 people. A structured questionnaire knowledge regarding behavioural problem was prepared to study the sample. Descriptive and inferential statistics had been used to analyze the data obtained through interviews. This study in increasing the knowledge of teachers regarding behavioural problems.

Keywords: Inferential Statistics; Behavioural Problems.

Introduction

The child's problems are often multi-factorial and the way in which they are expressed may be influenced by a range of factors including developmental stage, temperament, coping and adaptive abilities of family and the nature and duration of stress. In general, chronic stressors are more difficult to deal with than isolated stressful events. Children do not always display their reactions to events immediately; although they may emerge later. Children should be allowed to express their true fears and anxieties about impending events.

Statement of the Problem

"A study to assess the effect of planned teaching among the school teachers regarding behavioral problems in the selected schools of Chennai, Tamil Nadu, India".

Reprint Request: G. Sasikala, No. 11 Kambar illam, Sivaramakrishan Nagar, Iyyappanthangal, Chennai- 600122 Tamil Nadu.
E-mail: sasisaiharini@gmail.com

Objectives of the Study

The Objectives of the Study were:

- To identify the existing knowledge among school teachers related to behavioral problem in school children.

- To determine pre-test & post –test knowledge related to the behavioural problem in school children among teachers.

- To find a relationship between the level of knowledge of school teachers with selected demographic variables.

Hypothesis

H_0:There will be no significant difference between pre test and post test knowledge score.

H_1:There will be significant difference between pre-test and post-test knowledge score.

Research Methodology

A quasi experimental research design was used to achieve the objectives of the study. The study was

conducted in selected schools of Chennai, Tamil Nadu, and India. The samples were both male and female school teachers. Sample size was 60. A non probability convenient purposive sampling technique was used.

Tools and Techniques

The tools were prepared by referring internet, books, and related research. Blue print for the sections was prepared and then the items were finalized. For each section a separate criteria checklist was prepared.

Section 1

This section includes demographic profile of sample.

Section 2

This section comprised 20 knowledge items with a maximum score 20, categorized under two broad areas. One score was given for each correct response and zero for wrong response.

Planned teaching was prepared in English language. The language of the teaching was kept very simple. The title of the teaching was "Behavioral problems in school children".

Validity and Reliability

The validity was established by experts from different specialties i.e. from community health nurses, medical surgical nurses, mental health nurses, child health nurse and preventive social medicine and pediatric department and statistician, educationalist and school psychologist. The experts were selected based on their clinical expertise, experience and interest in the problem being studied. The suggestions were discussed with the guide and the tool was finalized. Reliability for the tool was calculated by using cronbac's rank correlation formula.

Data Gathering Process

The investigator himself administered the structured interview questionnaire for the pre-test. Everyday 10 samples were taken for pre-test respectively. The duration of data collection for pre–test was 30 minutes. Teaching was given to these study groups by keeping the language simple.

The instruction about post-test was given to the respective participants, after the seventh day of the pre-test.

Major Findings and Discussion

The collected data was analyzed under various sections. The analysis was done by using descriptive & inferential statistics. The majority (48%) of the teachers were above 35 yrs. Majority of the samples were (72%) females. Most of the samples were (62%) Hindus. Most of the samples had the educational qualification of B.Ed (47%) & only (4%) had M.Ed educational qualification. Majority of the teachers were married (74%). Majority of the teachers (48%) had teaching experience of 6-12 years. Majority of the teachers had basic knowledge from mass media (59%).

*Distribution of Samples According to the Demographic Variables*   N=61

Demographic Variables	Number	%
Age:		
21-25	05	8%
26-30	11	18%
31-35	16	26%
Above 35	29	48%
Religion:		
Hindu	38	62%
Christian	20	33%
Muslim	03	5%
Sex:		
Female	44	72%
Male	17	28%
Educational Qualification		
B. Ed	47	77%
M. Ed	14	23%
Marital Status:		
Married	45	74%
Unmarried	16	26%
Source of Information:		
Mass Media	36	59
Health personal	15	25
Peers	10	16
Teaching experience		
1-5 yrs	10	16
6-10 yrs	29	48
11-15 yrs	22	36

In pretest 46% of the teachers had inadequate knowledge & 54% had adequate knowledge, whereas in post test a majority 93% had adequate knowledge 7% had moderately adequate knowledge. The researcher applied paired 't' test to know the difference between the average scoring before and after planned teaching to respondents. Since P value is less than 0.05 (P value=0.00), there is significant difference in the average score. The researcher can conclude at 5% level of significance and 59 degrees of freedom that planned teaching provided by them is really increasing the average score. It means planned teaching has proved to be effective.

Pretest Level of Knowledge

- Inadequate
- moderately adequate
- Adequate
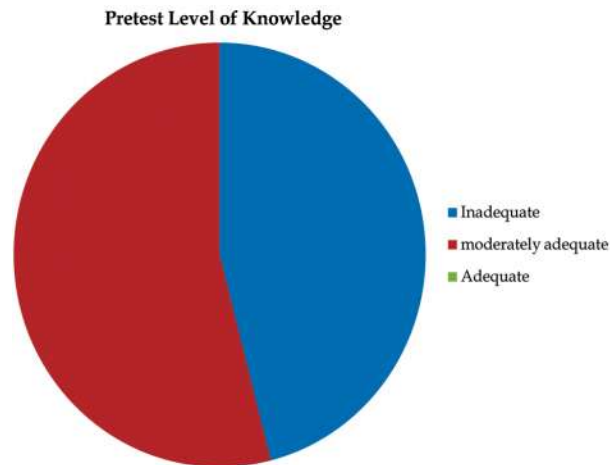
The calculated "P" value is 0.000 at 0.05 level of significance, So H_0 is rejected and H1 is accepted. There is a significant difference between the average values of pre and post, related to behavioral problems in school children. This gives an interpretation that there is a significant gain in the knowledge score of the samples in the post test phase. This indicates that the planned teaching is effective in increasing the school teacher's knowledge regarding behavioral problem seen in the school children. The findings on relationship of the selected variable of school teachers show that there is a significant association.

Post Test Level of Knowledge

- Inadequate
- Moderately adequate
- Adequate
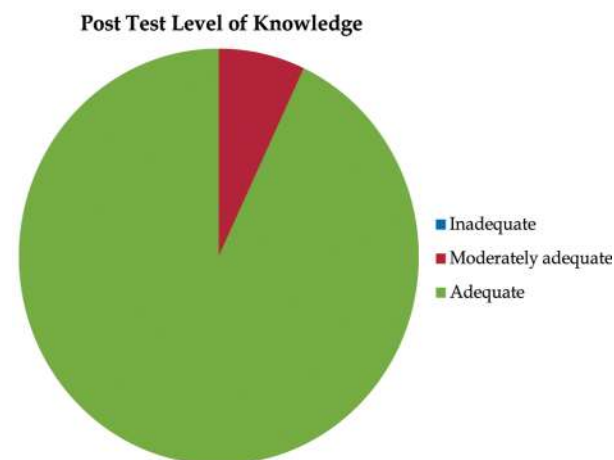
Conclusion

The knowledge of school teachers regarding behavioral problems improved through planned teaching. There is association between the knowledge level and variables such as age, designation and years of experience.

This study has shown that the knowledge in school teachers about the behavioral problem in school children is quite good, which can be updated through school teaching.

References

1. Rutter M, Graham P, Chadwick O, Yule W. Adolescent turmoil: fact or fiction? J Child Psychol Psychiatry. 1976; 17:35–56.

2. Steinberg D. Basic Adolescent Psychiatry. Oxford:Blackwell Scientific Publications. (1sted.) 1987.

3. Sadock VA, Sadock BJ. Kaplan and Sadock's Comprehensive textbook of Psychiatry. 7th ed. Philadelphia, USA: Lippincot Williams and Wilkins Publishers; 2000.p.2903–2954.

4. The World Health Report 2001. Mental Health:New Understanding, New Hope. Geneva, World Health Organization; 2001.p.39–44.

5. Robert E R, Attkinson C, Rosenblatt A. Prevalence of psychopathology among children and adolescents. Am J Psychiatry. 1998; 155(6):715–724.

6. Jenson PS, Watanabe HK, Richters JE, Cortes R, Roper M, Liu S. Prevalence of mental disorder in military children and adolescents: finding from a two stage community survey. J Am Acad Child Adolesc Psychiatry. 1995; 34:1514–1524.

7. Mishra A, Sharma AK. A clinico-social study of psychiatric disorders in 12-18 years school going girls in urban Delhi. Indian J Community Med. 2001; 26(2):71–75.

8. International Institute for population sciences (IIPS) and Macro international. 2007. National Family Health Survey (NFHS-3) Volume I. Mumbai: IIPS: 2005-06.

9. Achenbach TM, Rescorla LA. Manual for ASEBA School Age forms and profiles. Research centre for Children, Youth & families, University of Vermont, Burlington, VT, 2001

10. Canals J, Domench E, Carbajo G. Prevalence of DSM III-R and ICD-10 psychiatric disorders in a Spanish population of 18- year olds. Acta Psychiatr Scand. 1997; 96:287–294.

11. WHO Global Status Report on Alcohol 2004. Geneva: World Health Organisation. 2004.

12. Srinath S, Girimaji CS, Seshadri S, Subbakrishna DK, Bhola P, Kumar N. Epidemiological study of child & adolescent psychiatric disorders in urban & rural areas of Bangalore, India. Indian J Med Res. 2005; 122:67–79.

13. Cohen P, Cohen J, Kasen S. An epidemiological study of disorders in late childhood and adolescence- age and gender specific prevalence. J Child Psychol Psychiat. 1993; 34(6):851–867.

14. Rubin C, Rubeinstein JL, Stechler G. Depressive affect in normal adolescent: relationship to life stress, family and friends. Am J Orthopsychiat. 1998; 68(2):274–284.

Special Note!