JETIR.ORG ISSN: 2349-5162 | ESTD Year : 2014 | Monthly Issue
JOURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR)
An International Scholarly Open Access, Peer-reviewed, Refereed Journal

"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING BEHAVIORAL PROBLEMS OF CHILDREN AMONG PRIMARY SCHOOL TEACHERS IN SLECTED SCHOOLS IN KALYANPUR."

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ABSTRACT

BACKGROUND OF THE STUDY:

School age is the period of 6-12 years. Young scholars are emerging as creative persons who are preparing for their future role in society. The school years are a time of new achievement and new experiences. Individual children's needs and preferences should be respected.[1]

Behavioral problems are the reactions and clinical manifestations which are resulting due to emotional disturbances or environmental maladjustments. The term behavior problems cover a range of workplace issues, including the emotional appearance of hygiene problems, insubordination verbal abuse, physical abuse or violence **(K.P. Neeraja, 2000).**[1]

Behavior means all the convert and overt activities of human beings that canbe observed. Behaviors may be classified as cognitive, affective and psychomotor, cognitive refers to knowing, effective refers to feeling and psychomotor relates to doing **(Bimla Kapoor, 1996).**[3]

OBJECTIVES:

- To assess the level of knowledge regarding behavioral problems of school children amongprimary school teachers.
- To deliver a structured teaching program on knowledge regarding behavioral problems ofchildren among primary school teachers.
- To evaluate the effectiveness of structured teaching program on knowledge regardingbehavioral problems of children among primary school teachers.
- To find out the association between the knowledge regarding behavioral problems of childrenamong primary school teachers with selected demographic variables.

METHODS:

Researcher used experimental one-group pre-test post-test design to conduct the study. The investigator used a quasi-experimental research approach for the study. The study was conducted in Primary School Kalyanpur. 40 teachers were selected as samples and were selected by using convinience sampling technique. The data was collected using structured knowledge questionnaire.

RESULT:

From the study it is found that the During the pre-test 3 (7.5%) teachers showed inadequate knowledge, most of the teachers 35 (87.5%) demonstrated moderately adequate knowledge and 2 (5%) adequate knowledge regarding behavioral problems. The mean pretest of score knowledge was 14, SD (3.6) and the mean post-test score of knowledge was 24.35, SD (2.89) for 39 degrees of freedom at the 5% level of significance, the calculated t value 14.02. Hence the calculated t value was more than the expected table value (2.064). It revealed that there was a significant difference between the pre-test and post-test level of knowledge and the hypothesis is accepted.

CONCLUSON:

The calculated “t” value of knowledge score was 14.02 at 29 degrees offreedom at 0.05 levels of significance which indicates the structured teachingprogramme was effective in improving the knowledge regarding behavioral problems.There was a significant association between post-test knowledge with age, previously identified children with behavioral problems. There was no significantassociation between post-test knowledge with age, sex, qualification year of experience, qualification year of experience

KEYWORDS:-Effectiveness, behavioural disorder, Primary school teachers, school going children.

CHAPTER I

INTRODUCTION

School age is the period of 6-12 years. Young scholars are emerging as creative persons who are preparing for their future role in society. The school years are a time of new achievement and new experiences. Individual children's needs and preferences should be respected.[1]

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Danger Signs of Behavioral Disorders Include

- Damaging or destroying property
- Lying or stealing
- Not doing well in school, skipping school

The main behavioral problems in the primary school children are thumb sucking, nail biting, sleepwalking, temper tantrums, attention deficit hyperactivity disorders, encopresis, enuresis, nightmares, night terrors, antisocial personality, etc. One can notice behavior like this beginning around the child first year; it may happen more and more before the second year. At this age, most children do not yet havegood language skills. **(Bimala Kapoor, 2000).[2]**

Teachers play the very important role in the early diagnosis of mental health problems, giving reference to medical personnel and also the promotion of mental health among children in their schools. School children will spend their most time with their respective school teachers. The early detection and treatment of children with behavioral

problems at an early age may reduce treatment costs and improve the quality of life of those children. An effective way of reducing behavioral problemscan be through behavior plan developed by parents, teachers, children administrators and school staff **(Saraswathi. K. N, 2015).**

BACKGROUND OF THE STUDY

According to the World Health Report, 15 % of children have a serious emotional disturbance.

Epidemiological studies of child and adolescent psychiatric disorders conducted by ICMR indicated the overall prevalence of mental and behavioral disorders in Indian children to be 12.5%. Mental disorders account for 5 of the top 10 leading causesof disability in the world for children above 5 years of age.[5]

Besides the increase in the number of children seeking help for emotional problems, over the years, the type of problems has also undergone a tremendous change.

Children are mirrors of a nation. They are our future and our most precious resources. The quality of tomorrow's world and perhaps even its survival 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 consultthe stars; it can more easily and plainly be read in the faces of its children.[5]

The planned teaching programme will be positively influenced on primary school teachers to know more about the behaviour indicating emotional problems among children who manifest complex psychopathology characterized by attachment difficulties, relationship insecurity, sexual behavior, trauma-related anxiety, conduct problems, defiance, inattention/hyperactivity, and less common problems such as self- injury and food maintenance behaviors.[8]

Behavioral and emotional problems in primary school-aged children can cause significant difficulties in children's healthy development. For many children, they are also predictive of long-term antisocial behaviors and mental health problems. Some children show symptoms that are consistent with diagnoses of Anxiety, Depression, Oppositional Defiant Disorder (ODD), Attention-Deficit Disorder (ADHD), and Conduct Disorder (CD) (American Psychiatric Association, 1994). As well as causing significant distress for children and families during their childhood, children with emotional and behavioral problems face an increased risk of low self-esteem, relationship problems with peers and

family members, academic difficulties, early school leaving, adolescent homelessness, the development of substance abuse issues and criminality. A child's personality is considerably influenced by the character and conduct of their parents. Surveys reveal that the parents are often more concerned about their behavior than about their physical well being **(Robbinowits, 2011).**[9]

Benedict (2015) explained that normal behavior in children depends on the child's age, personality, and physical and emotional development. A child's behavior may be a problem if it doesn't match the expectations of the family or if it is disruptive. [12]

NEED FOR THE STUDY

Health Promotion of India (2000) stated that one-third of the population in India are school-age children; out of this 14% belong to the age group of 6-10 years of which99% is primary education.[18]

Conduct disorder is seen inappropriate 5-8% of the general child population.In that review of prevalence indicated that the estimated rate of conduct disorder in children aged 4-18 years have ranged from 2-6% conduct disorder in youth under the age of 18. And school refusal also occurs at all ages appropriately 1-5% of all school- aged children. The average age of onset is 7.5 years and 10.5 years **(American Psychiatry Association,2000).**[10]

Studies conducted on the prevalence of behavioral problem in India and neighboring countries showed that there are behavioral problems existing among school children and are quite common. These behavioral problems are not often identified in school setting due to lack of awareness of school teachers on a behavioral problem or lack of awareness of mental health service. The disturbed characteristics in their behavior are through not affecting much presently, it will, of course, affect individual, family, and society as a whole later. The early identification and management is the best way to present them from harming self and society.[13]

Statistical Information regarding Behavioral Problems:

- Night terrors will be observed in 3% of children up to 1-8 years of age.
- Nightmares occur 10-50% of children who have ages between 3-5 years
- Temper tantrums occur in 20-25% in 2-12 years of age. It is common up tothe first 5 years socially, culturally and developmentally appropriate. Knowing what to expect fromthe child at each will help to decide whether his or her behavior is normal.[15]

During childhood, the child undergoes a remarkable transformation from a helper, dependent infant to an independent self-sufficient individual with his own views and outlooks. Everyone wishes their children to be well behaved. But some amount of behavior problems occurs among children in the age group of 6-12 years. These psychological disturbances in the childhood are usually defined as anabnormality in at least one of these areas, emotions, behavior or relationship **(Roberts, 2002).**[16]

David (2016) stated that behavioral problems commonly occurduring childhood. It is defined as thoughts or feelings which differ quantitatively fromthe normal and as a result of this difference the child is either suffering significantly or development is being significantly impaired.[17]

All children misbehave sometimes, but behavioral disorders go beyond mischief and rebellion. Warning signs can include 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, and frequent tantrums and arguments **(Haydon, 2005).**[18]

Jacoby (2016) conducted a study in Ethiopia and revealed that the prevalence of childhood behavioral problems is 17.7%. behavior problem is found to be more common in boys than in girls. The prevalence increases with age.[19]

The level of the emotional disorder in children has been found to be 2.5%, which increase in large town and cities and in adolescences. Emotional disorders range from anxiety, phobia to school refusal. The increased necessity of independence, the autonomy in young children may lead to a more emotional problem. Habit disorders are characterized by repetitive, motor behavior such as sucking the thumbs or other objects, head rocking, nail-biting enuresis **(Puri, 2013).**[20]

- 15 % of children between the age of 5-10 years are known to be enuresis wet only during the night while 15% during night and rest during the day only.
- The prevalence of encopresis among children is 4 to 8 %. There is important to identify certain cases, mental illness is exhibited in the formof behavioral problems (M.S. Bhatia 2004).[21]

Taylor (2014) described that sleep problems, temper tantrums, hyperactive disorder and toilet training are the most prevalent behavior problems among school going children. The parents and caregivers who have difficulties can be empowered to promote their self-confidence by conducting various education programs.[22]

Kaufman (2013) revealed that childhood maltreatment is a nonspecific risk factor for a range of different emotional and behavior problems. A three- generation longitudinal study of the intergenerational transmission of child abuse was also highlighted and it was found the association of genetic, environmental risk and protectivefactors at home and school with childhood behavior.[23]

Early recognition can prevent behavioral problems from severe what's more, considering the strong relationship between childhood social and emotional problems and later delinquency and criminality, early interventions may reduce the staggering social costs associated with criminal behavior **(Mendez, 2016).**[25]

Behavioral problems are first brought to the attention of parents by teachers or school officials. Children who are easily distracted, unwilling or unable to cooperate with school rules, or are disruptive to classroom activities can make it difficult notonly for teachers but also for other students. Parents of children with behavioral problems can work with teachers, child psychologists, and their child to help formulate a plan to help children get the most benefit from the educational process **(Beharmann, 2000).**[26]

So the investigator felt that the teachers should have adequate knowledge regarding various aspects of primary school children's behavioral problems. So the investigator decides to conduct a study on knowledge regarding the behavioral problems among primary school teachers

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of structured teaching programme on knowledge regarding behavioral problems of children among primary school teachers in selected schools in Kalyanpur.

OBJECTIVES

- To assess the level of knowledge regarding behavioral problems of school childrenamong primary school teachers.
- To deliver a structured teaching program on knowledge regarding behavioral problems ofchildren among primary school teachers.
- To evaluate the effectiveness of structured teaching program on knowledge regardingbehavioral problems of children among primary school teachers.
- To find out the association between the knowledge regarding behavioral problems ofchildren among primary school teachers with selected demographic variables.

HYPOTHESIS:

- **H_1:** There will be a significant difference between pretest and post-test knowledge scores on knowledge regarding behavioral problems of children among primary school teachersin selected schools.
- **H_2:** There will be a significant association between post-test knowledge scores and selected demographic variables.

OPERATIONAL DEFINITIONS

Assess

The act which is planned by the researcher to evaluate the knowledge of school teachers regarding behavioral problems by using a structured questionnaire.

Effectiveness

In this study, it refers to find out a desired or intended result of structured teaching programme regarding behavioral problems among primary school teachers.

Structured Teaching Programme

It refers to a systematically planned group of instructional design to provide information regarding behavioral problems among primary school teachers.

Behavioral Problems

In this study, behavioral problems mean abnormal developmental characteristics of children. It includes habit problem, problems of movements, problems of speech, problems of sleep, problems of toilet training, conduct disorder, problems of schooling and psychosomatic problems

Primary School Teachers

This refers to the professionals who have completed the diploma or related degree in education, certified by the Kalyanpur government who imparts knowledgefrom 1st to 5th standard.

ASSUMPTIONS

- Primary school Teachers have inadequate knowledge regarding the management ofbehavioral problems of school children.
- Primary School teacher's knowledge regarding behavioral problems will help them torecognize and detect the disorders among the school children at an early stage.
- Structured teaching programme will enhance the knowledge of primary school teachersregarding selected behavioral problems of primary school children.

DELIMITATIONS:

- Teachers who are working at time of data collection
- Who are willing to participate in the study.
- Who are available at the time of data collection.

LIMITATIONS:

- The size of the sample only 40 hence the finding should be generalized with caution.
- The study was limited to one month; improvement in knowledge takes place slowly.
- The study can be generalized was limited to the teachers of a selected school, hence, the findings can be generalized only to the selected schools.
- The study did not use any control group. There was a possibility of a threat to internal validity, such as events occurring between pretestand posttest session like mass media or other people can influence the primary school teacher's knowledge.

CONCEPTUAL FRAMEWORK

The conceptual framework enables the researcher to create adistinct relationship between theoretical and empirical literature in addressing spiritual care in nursing practice(Christenson, 2007)

The present study aims at developing and evaluating structured teaching programme in improving the knowledge regarding behavioral problems of primary schoolchildren.

The conceptual model for the study was based on the general system theory by Ludwig Von Bertalanffy (1969). In this theory, the main focus is on the discrete parts and their interrelationship. Which

consist of input, throughput and output.

Input

It is the first phase in the system. Based on Ludwig Von Bertalanffy input can be an information, material or energy that enters the system. In this study input is considered to be information related to selected behavioral problems among primary school children. It includes,

- Development of the structured questionnaire regarding selected behavioralproblems among primary school children.
- Development of the structured teaching programme on selectedbehavioralproblems.
- Validity, Reliability.

Throughput

It refers to the process by which the system processes input and release an output. In this study the throughput considered for the processing the inputs are:

- Pilot study
- Pretest by using the structured questionnaire
- Administering a structured teaching programmed on selected behavioural problems
- Post test

Output

It refers to energy, matter and information that leave a system. In the present study output is considered to be the gain in knowledge obtained through the processing of the post test. It will be received in the form of post-test knowledge scores.

In this study, the effectiveness of structured teaching program is tested by interrelated elements such as input, throughput and output efficiency of the input such as structured teaching programme regarding selected behavioral problems will be assessed. The process of teaching as throughout will be assessed in terms of its effectiveness.

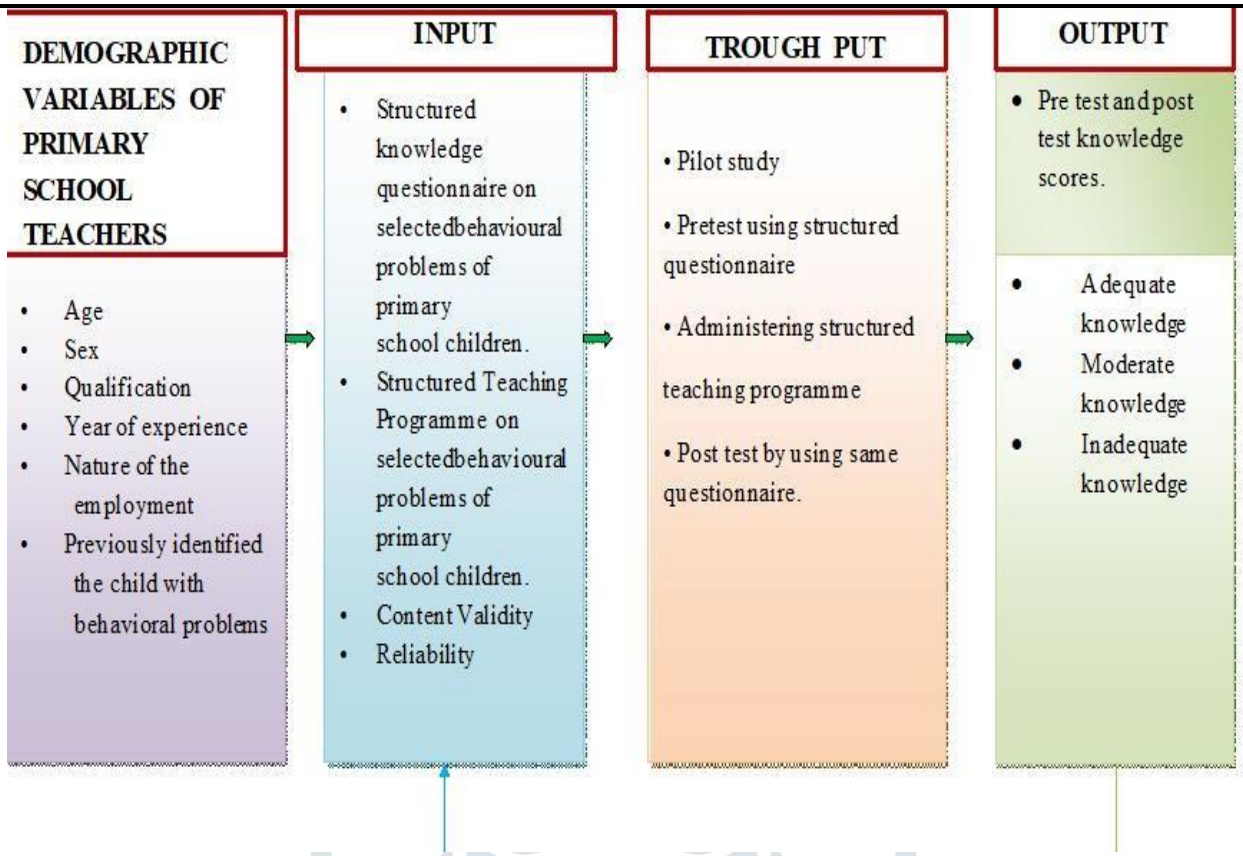


FIG-1.1 CONCEPTUAL FRAMEWORK BASED ON GENERAL SYSTEM THEORY BY LUDWIG VON BERTALANFFY, (1968)

CHAPTER II

REVIEW OF LITERATURE

Review of literature is a critical summary of research on a topic of interest generally prepared to put a research problem is content to identify gaps and weakness is prior studies so as to justify a new investigation (Polit and Beck, 2010). The researcher presents the review of related literature which helps the studying of problems in depth. It also serves as a valuable guide to understanding what has been done, what is still unknown and untested. Review of literature is a critical summary of research on a topic of interest generally prepared to put a research problem is content to identify gaps and weaknessis prior studies so as to justify a new investigation (Polit and Beck, 2010)

The literature review is discussed as under the following headings:Section– A: Review related to behavioral problems

Section– B: Review related to the school teacher's knowledge regarding behavioralproblems

Section– C: Review related to structured teaching programme regarding behavioralproblems

SECTION–A: LITERATURE REVIEW RELATED TO BEHAVIORALPROBLEMS:

Akpan M U (2014) conducted a comparative study of the academic performance of primary school children with behavioral disorders with thatof their controls. A total of 132 primary school pupils aged 6-12 years with behavioral disorders using the Rutter scale for teachers (Scale B (2) and their matched-controls were selected. Their academic performance was assessed and compared using the overall scores achieved in the first and second term examinations in the 2005-2006 academic sessions, as well as the scores in individual subjects. The number of days absent from school was documented. While 26.5% and 12.9% of pupils with behavioral disorders had high and poor academic performance respectively, 38.6% and 9.1% of pupils without such disorders had high and poor performances respectively. Behavioral disorders are associated with poor academic performance in school children in the USA.

N C Niranjan (2012) a cross-sectional study was carried out among 572people from six primary schools selected randomly from private and government schools in the USA. Peoples with a normal IQ were selected using a systematic sampling method. The Rutter behavioral scale for teachers (b2) was completed by their teachers, to determine the prevalence and pattern of behavioral problems among children living in the USA, a town in south-south Nigeria methods. According to the " scale 132 pupils (23.1%) had scored within the range indicating behavioral problems. She finds out that there is a high prevalence of behavioral problems among primary school children in the USA.

Al Hamshad (2016), Attention Deficit Hyperactivity Disorder (ADHD) is one of the most common mental disorders that develop in children and becomes apparentin the preschool and early school years. The aim of the present study was to determine the prevalence of ADHD. A sample size of 1287 students aged 6-13 years in 67 government and 10 private primary schools were selected by multistage systematic random sampling. At Saudi Arabia. Data were collected using two types of questionnaires: the modified Arabic version of the Attention Deficit Disorders Evaluation Scale (ADDES) school version, and Parents' questionnaire to diagnose the three main subtypes of ADHD namely: inattention, hyperactivity-impulsivity, and combined ADHD. The majority of the boys were from government schools (83.0%), were of age 6-<9 years (40.5%) and of Saudi nationality (80.7%). The overall prevalence of combined ADHD was 16.4%, with a prevalence of 12.4% of hyperactivity-impulsivity and 16.3% for inattention disorders respectively. The study also revealed a variety of family factors to be significantly associated with the development of ADHD. The prevalence of each subtype of ADHD was higher if the child was the 6th one in the family.

Woo BS, et, al (2015) conducted a study in Singapore on Emotional and behavioral problems in Singaporean children based on parent, teacher and child reports. The Child Behavior Checklist (CBCL), Teacher Rating Form (TRF) and child report questionnaires for depression and anxiety were administered to a community

sample of primary school children. 60 Parents of a sub-sample of 203 children underwent a structured clinical interview. The result was that the higher prevalence of emotional and behavioral problems was identified by CBCL (12.5 percent) than by TRF (2.5 percent). According to parent reports, higher rates of internalizing problems (12.2 percent) compared to externalizing problems (4.9 percent), were found. Correlations between child-reported depression and anxiety, and parent and teacher reports were low to moderate but were better for parent reports than for teacher reports.

J Atten Disord (2016) a cross-sectional descriptive study was conducted from March 2004 to February 2005. A total of 2,000 primary school students, ages 6 to 12, are selected, and 1,541 students (77.1%) give consent to participate in this study. The aim of this study is to identify Attention Deficit Hyperactivity Disorders among primary school children in the State of Qatar An Arabic questionnaire is used to collect the socio-demographic variables and a standardized Arabic version of the Conners' Classroom Rating Scale for ADHD symptoms of the students surveyed, 51.7% are males and 48.3% females. The data reveal that 112 boys (14.1%) and 33 girls (4.4%) scored above the cutoff for ADHD symptoms, thus giving an overall prevalence of 9.4%. The study reveals that ADHD is found to be a common problem among school children in Qatar.

PP Panda (2016) a cross-sectional observational study was carried out in primary school children of the slum-dwelling area of Kathmandu Valley which included 454 students. The aim of the study was to find out morbidity inhabit disorders in the age group of 6-10 years, so that early detection will be helpful to correct them to prevent it from further personality maladjustment. There was no statistical difference in gender wise habit disorders. The morbidity is due to multiple factors of physic- social environment. However, the severity of disease is not morehere in this area.

Gupta, Indira, et al. (2015) the present study was conducted on 957 schoolchildren aged 9-11 years from an urban area of Ludhiana, India to assess the prevalence of behavioral problems. The study was conducted in two stages. In the first stage, a screening instrument Rutter, B, Scale was used to detect common emotional, conduct and behavioral problems in children. Based on the screening instrument results and parents' interviews, 45.6% of the children were estimated to have behavioral problems, of which 36.5% had significant problems. Conduct disorders (5.4%), Hyperkinetic syndrome (12.9%), scholastic under-achievement (17%), and enuresis (20.3%) were detected to be the main behavioral problems in children. Close co-operation between school teachers, parents, and healthcare providers is suggested to ensure the healthy development of children.

Bose, V.S. (1999) study was to examine the nature of behavioral problems manifested by children at each class level. 837 children (410 girls and 427 boys) between the age of 6-11 years from Classes I - V studying in an English medium school were the subjects of the study. A behavioral problem checklist including Attention,

Disciplinary, Academic and Emotional problems, etc. was developed for use by teachers in a classroom setting. The average occurrence of each problem was calculated by dividing the frequency of occurrence by the sample size. Results revealed that the most prevalent types of problems that were faced by teachers at the primary school level were those related to attention, study, discipline and emotional problems.

Shanta, K, (1999) the study examined behavioral problems and disciplining among children with scholastic skills difficulties (SSD) as compared to a group of normal controls. The sample consisted of 20 children between 5-8 years of age in each group. Data were obtained regarding the child's personal, family and social background. The maternal report was obtained on the Child Behavior Checklist. Results revealed a higher prevalence of behavioral problems in children with SSD. These problems were externalizing and internalizing types of dysfunctions, namely attention seeking behavior, hyperactivity, impulsivity, and oppositional behavior and conduct problems in the first domain of dysfunction, and depression and anxiety in the second domain of dysfunction.The study group also had a higher prevalence of learning and miscellaneous behavioral problems.

Literature review Related to Teachers Knowledge Regarding BehavioralProblems

Lindsay G, et.al, (2017) conducted a study in the UK on Longitudinal patterns of behavioral problems in children with specific speech and language difficulties A sample of children with SSLD was assessed for BESD at ages 8, 10 and 12 years by both teachers and parents. Language abilities were assessed at 8 and 10 years. Results showed: High levels of BESD (Behavioral, emotional and social difficulties) were found at all three ages, but with different patterns of trajectories for parents' and teachers' ratings. Language ability predicted teacher- but not parent-rated BESD. So study result that there is a need of education for care of children with behavioral problems.

Vickie E. Snider (2003) this study was designed to assess general and special education teachers' knowledge, opinions, and experience related to the diagnosis of attention- deficit/hyperactivity disorder (ADHD) and its treatment with stimulant medication. A random sample of 200 general educators and 200 special educators from Wisconsin were surveyed. Results revealed that teachers had limited knowledge about ADHD and the use of psychostimulant medication. Teachers' opinions about the effect of stimulant medication on school-related behavioral were generally positive, although special education teachers were more positive than general educators. The survey confirmed previous research indicating that teachers were the school personnel who most frequently recommended an assessment for ADHD. The results are discussed in terms of their educational significance and implications for teacher preparation and continuing education.

Parthasarathy R (1994) conducted a study on school teacher’s knowledge, attitudes and practices on childhood developmental and behavioral disorders in Singapore. 503 preschool teachers are evaluated, most aged 30-44 yearswith experience of‟ 6years. As a result, a pass rate in know1edge achieved in 50%with overall median total scores of 50. Antistic spectrum disorder, 6% attention deficit, 68% and hyperactive

disorder, 32%, at last, they concluded that this study demonstrated an educational deficit in childhood developmental and behavioral disorder among our - school teachers.

Literature review Related to Structured Teaching Programme Regarding Behavioral Problems

Deelip Natekar (2013) conducted a study to assess the knowledge of primary school teachers regarding behavioral problems and their prevention among children in Bangalore. The self-administered structured questionnaire was prepared and administered to 50 primary school teachers between 1-7th standard based on purposive sampling technique. The outcome of this study was shown that the teachers are getting the adequate knowledge regarding behavioral problems.

Priyesh Bhanwara (2015) described that the planned teaching is effective in increasing the knowledge regarding behavioral problems. The study was conducted in selected schools in Pune city. The samples were teachers, both male and the female sample size was 60.non convenient purposive sampling technique was used. The results were teachers are getting the adequate knowledge regarding behavioral problems.,

Walter SG (2017) conducted a study on reducing behavioral problems in early care and education programme among 144 school teachers in the Tolland Pre School showed that 76% of the teachers improved their ability to identify children in need of mental health referral, and 88% reported that the education programme reduces the likelihood suspensions and expulsion. **Syed, et.al, (2016)** conducted a community study based on developinga programme to train sensitize and mobilize the parents to manage a child's psychological emotional and behavioral problems. A total of 675 parents participated in that study and he found that the training programme was effective for reducing behavioral problems.

Child Psychiatry wards of Central Institute of Psychiatry (2004) a clinical study were conducted to assess the effectiveness of the planned teaching programme for the caretakers of children admitted with minor mental health disorders in the Child Psychiatry wards of Central Institute of Psychiatry, Ranchi. A total of 80 samples were selected by convenient sampling technique. The outcome of the study proved a marked increase in the knowledge level of the caretakers after the intervention.

CHAPTER - III

RESEARCH METHODOLOGY

INTRODUCTION

This chapter explains the methodology adopted by the researcher to assess the effectiveness of structured teaching programme on behavioral problems among primary school teachers of selected schools in

Kalyanpur. It deals with research approach, research design, a setting of the study, population, sample size, sampling technique, criteria for selection of the sample, description of tools, testing of the tool, pilot study, data collection procedure and plan for data analysis.

RESEARCH APPROACH

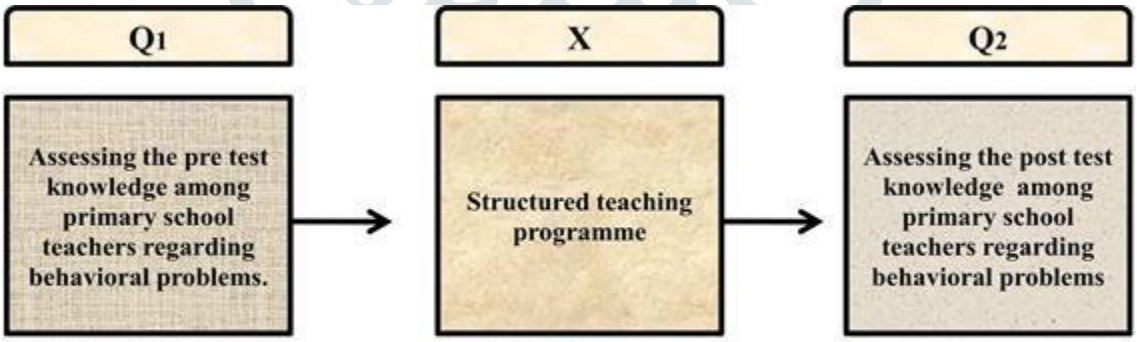
A quasi-experimental approach, a subtype of quantitative approach was usedfor the study. Quasi-experiment involves the manipulation of independent variablesthatare implementing an intervention.

RESEARCH DESIGN

One group pre-test post-test research design was adapted for this study. It involves the randomization, manipulation of independent variables that is by implementing an intervention.

Q1 Pre-test assessmentX Intervention

Q2 Post-test assessment



The Schematic Representation of the Research Design

RESEARCH VARIABLES

The Independent variables were structured teaching programme on behavioral problems among primary school teachers. The dependent variable is the knowledge among primary school teachers regarding behavioral problems and the influencing variable is demographic variables.

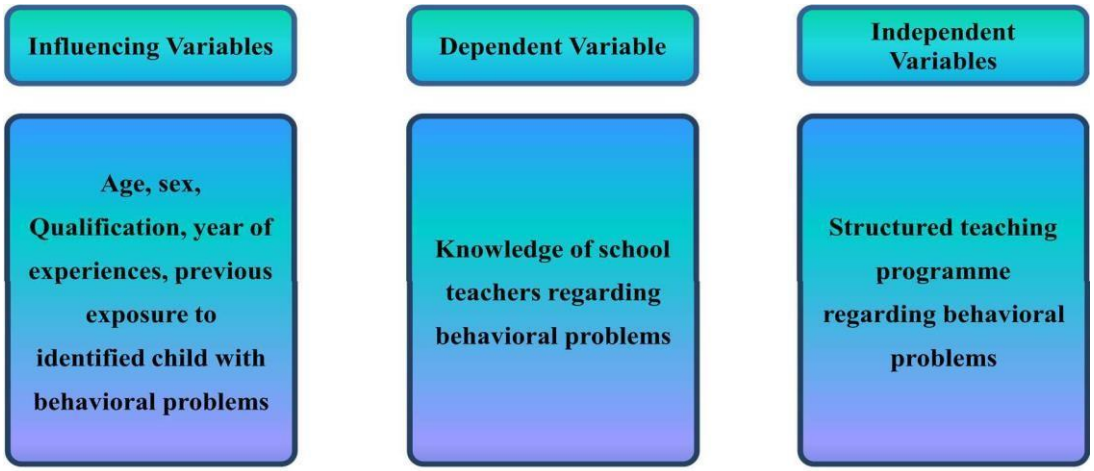


Figure 1.2: the schematic representation of Research Variables

SETTING OF THE STUDY

The study was conducted in Mews Matriculation School located at Kalyanpur,and which have a total strength of 469 students in primary classes and 40 teachers.

POPULATION

The accessible population includes the primary school teachers at selectedschools in Kalyanpur.

SAMPLES AND SAMPLE SIZE

The sample size included in the study consists of 40 primary school teachers.

CRITERIA FOR SELECTION OF SAMPLES

Inclusion Criteria

- Both male and female teachers.
- Teachers who are willing to participate in this study

Exclusion Criteria

- Teachers who have attended previous behavioral classes
- The teachers who are not available at the time of data collection

SAMPLING TECHNIQUE

The samples were selected by using Purposive Sampling Technique; it is atype of probability sampling method.

Description of the Tool

The researcher has developed a structured questionnaire after reviewing the literature and considering the opinion of psychiatric nursing experts to assess the knowledge regarding behavioral problems. The tool consists of two sections

Section –A Demographic Variable

It includes age, sex, nature of employment, years of experience, qualification,previous children identified with behavioral problems.

Section – B Structured Questionnaire

To assess the knowledge regarding behavioral problems. It contains 30 multiple choice questions to assess knowledge regarding behavioral problems among primary school teachers. Each question has 4 options in which one option is correctand the other three options are wrong. Each correct answer carries one mark, the wrong answer carries a zero mark, the possible maximum mark is 30 and the minimum score is zero.

Table 1. 1: Grading of Knowledge Level

Level of Knowledge	Score
Inadequate	1-10
Moderately adequate	11-20
adequate	21-30

TOOL VALIDITY AND RELIABILITY

Content Validity

The tool was given to five experts in the field of psychiatric nursing and psychiatrist for content validity. All the comments and suggestions given by the expert were duly considered and correction was made after discussion with the research guide.

Reliability

The reliability of the tool was determined by Brown Spearman split-half method, showing knowledge questionnaire reliability with +0.98. So the reliability of the tool was satisfactory.

PILOT STUDY

The pilot study was a trial run for a major study to test the reliability, practicability, appropriateness, and flexibility of the study and the tool. A pilot study was conducted from 4/10/2022 to 09/10/2022 in Primary School, Kalyanpur. The sample size was 5 of primary school teachers. Prior to the study, formal permission was obtained from the principal of the school. Knowledge of primary school teachers was assessed by using a structured questionnaire. Structured teaching programme was given for three days from 1/11/2022 to 0 4/11/2022. The post-test assessment was carried out from 18/11/2022 to 20/11/2022 by using the same questionnaire. The pilot study finding revealed that there was a significant increase in the knowledge of primary school teachers after the structured teaching programme. Pilot study shows there is a feasibility of the research project.

DATA COLLECTION PROCEDURE

The researcher explained the purpose of the study in a compassionate manner and informed consent was taken from the teachers 40 samples were selected from the school by using purposive sampling technique. The first phase of data collection was conducted in Kalyanpur with 20 samples. The knowledge was assessed by using a structured questionnaire. After that structured teaching programme was given to the primary school teachers regarding behavioral problems. After a period of 14 days, the post-test was conducted using the same questionnaire to determine the extent of the effects of STP.

By using the similar technique the study conducted at the Saran Public School with 20 samples. The pre-test section was conducted on 10/11/2022 with the structured questionnaire following these 4 days continuous STP was given for a period of 45 minutes and the primary school teachers were encouraged to clarify their doubts.

PLAN FOR DATA ANALYSIS

The data analysis was done by using descriptive statistics and inferential statistics. The demographic variables were analyzed by using the frequency and percentage. The effectiveness of structured teaching programme regarding behavioral problems and an association between demographic variables was analyzed by using "t'' test and X^2test respectively.

ETHICAL CONSIDERATION

In ethical consideration the researcher planned to do research in Primary School. Prior permission was obtained from the Principal of Primary School, submitting an application giving assurance to abide by the rules and regulation. Confidentiality of the sample and the collected data are maintained.

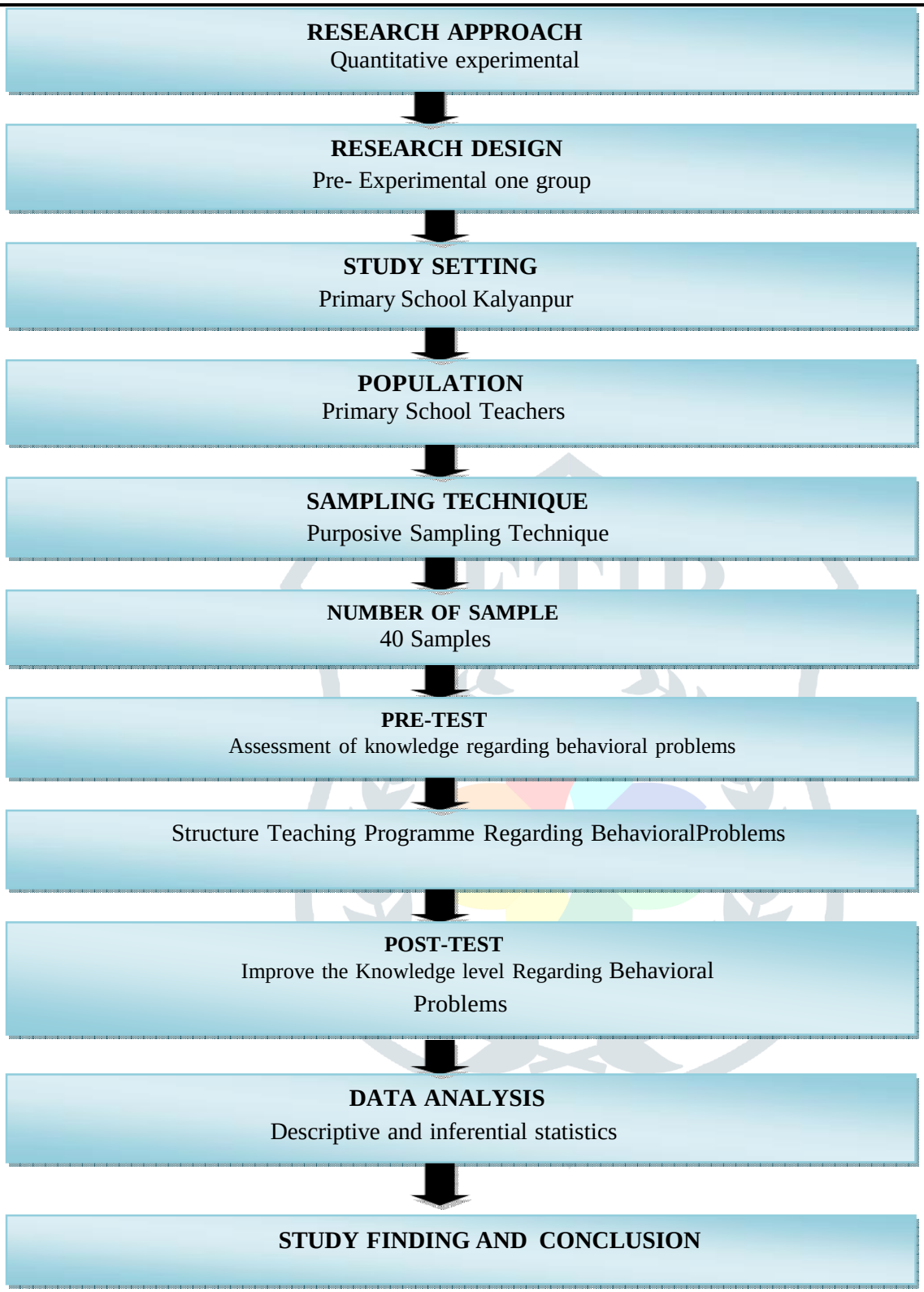


Fig: 1.2 SCHEMATIC REPRESENTATION OF RESEARCH METHODOLOGY

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATIONS

This chapter deals with the analysis and interpretation of the data collected from the primary school teachers regarding the knowledge on behavioral problems of children in selected schools in Kalyanpur. Analysis and interpretation of data were tested based upon the objectives and hypothesis of the study. The findings, based on the description an inferential analysis are tabulated as follows-

Section – I: Distribution of demographic variables of primary school teachers

Section-II: Description regarding the knowledge of primary school teacher's onbehavioral problems of children.

Section-III: Comparison of Statistical value of pre-test and post-test knowledge scoresof primary school teacher's on behavioral problems of children.

Section-IV: Association of demographic variables with the post-test score of knowledgeregarding behavioral problems of children among primary school teachers.

Section–V: Association of demographic variables with the post-test score of knowledgeregarding behavioral problems of children among primary school teachers.

Section- I

Distribution of demographic variables of primary school teachers

Table: 1. Frequency and percentage distribution of samples with the selectedDemographic variables

S.No	Demographic Variable	Frequency	Percentage %
1	**Age in years**		
	a. 26-30 years	21	53%
	b. 31-35 years	6	15%
	c. 36 – 40 years	10	25%
	d. Above 40 years	3	7%
2	**Sex**		
	a. Male	0	0%
	b. Female	40	100%

3	**Qualification**		
	a. TTC	9	23%
	b. B.Ed	26	65%
	c. M.Ed	0	0%
	d. BTC	5	12%
4	**Year of experience**		
	a. Less than 2 years	19	48%
	b. 4-6 years	8	20%
	c. 7-10 years	8	20%
	d. 11-13 years	5	12%
5	**Nature of the employment**		
	a. Temporary	28	70%
	b. Permanent	12	30%
6	**Previously identified the child with behavioral problems**		
	a. Yes	14	35%
	b. No	26	65%

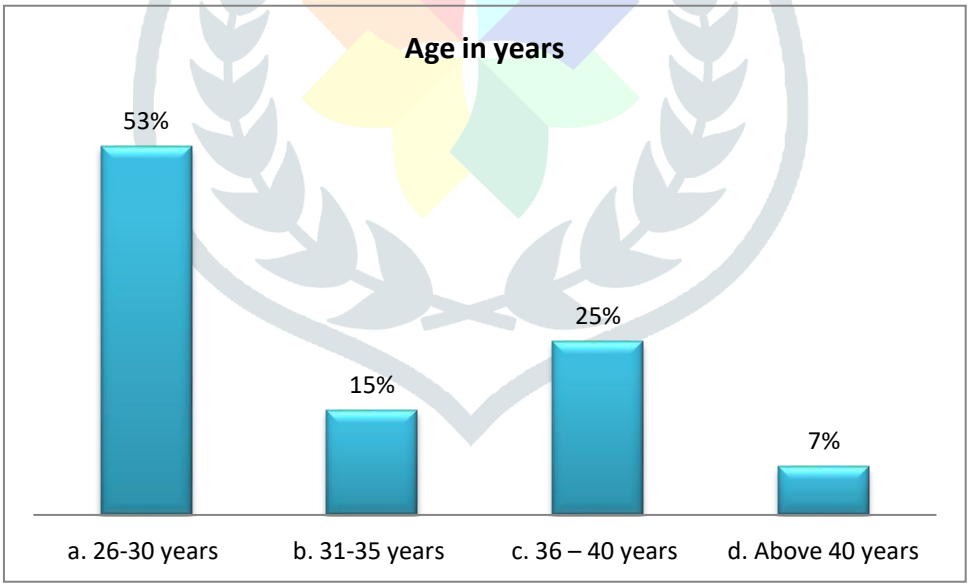


Fig. 1: Bar diagram shows the frequency and percentage distribution of schoolteachers with age in years.

The given bar chart reveals that with regard to the distribution of age of school teachers, 21 (52.5%) belongs to 26-30 years, 6 (15%) belonged to 31-35 years 10 (25%) werebelongs to 36-40 years, 3 (7.5%) belonged to 36-40 years, 3 (7.5%) belonged to <40years.

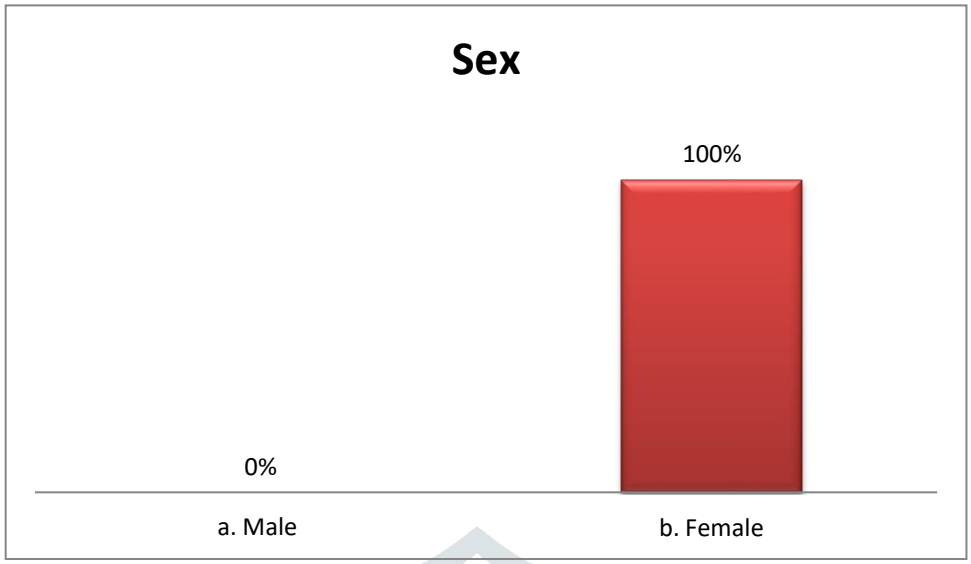


Fig.2: Bar diagram shows the frequency and percentage distribution of schoolteachers with sex.

This bar diagram shows that while considering the sex of all primary school teacherswho had participated in this study 40 (100%) were female.

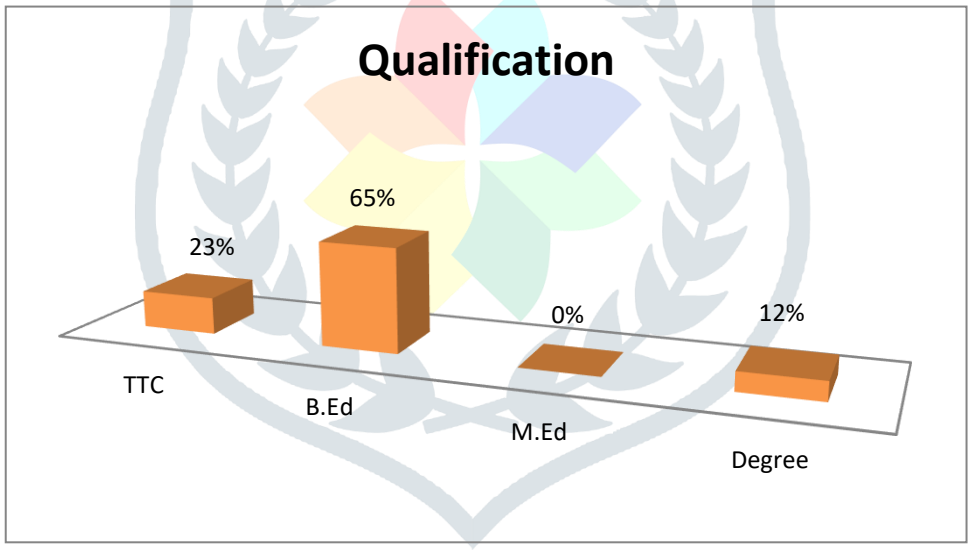


Fig. 3: Bar diagram shows the frequency and percentage distribution of schoolteachers with educational qualification.

This bar chart shows that about qualification of teachers 9 (22.5%) teachers werecompleted TTC, 26 (65%) were completed B.Ed and 5 (12.5%) were completed degree.

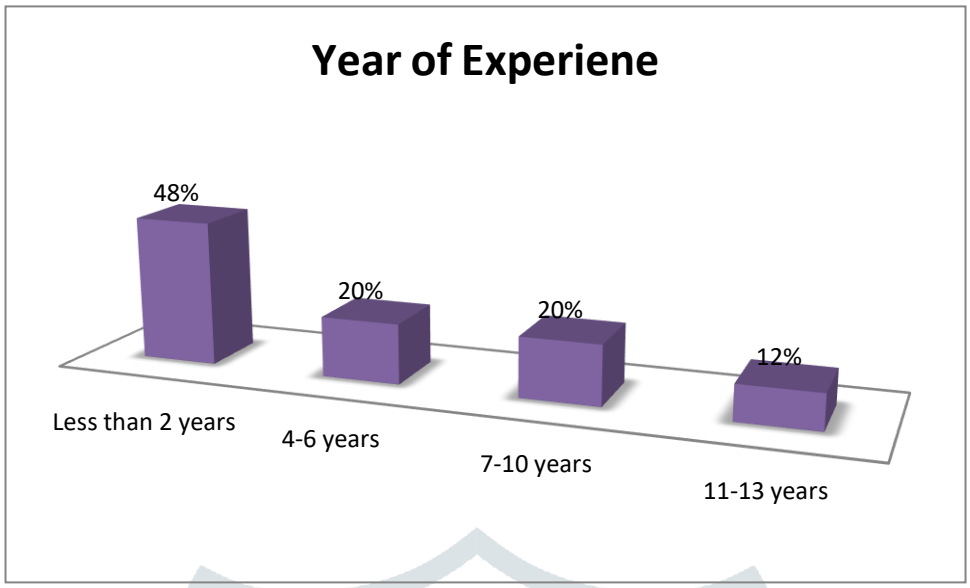


Fig. 4: Bar diagram shows the frequency and percentage distribution of schoolteachers with years of experience.

Looking to the years of experience, this bar chart shows that 19 (47.5%) were havingbelow 3 years of experience, 8 (20%) were having 4 bytes of experience, 8 (20%) were having 7-10 years and 5 (12.5%) were having 11-13 years of experience.

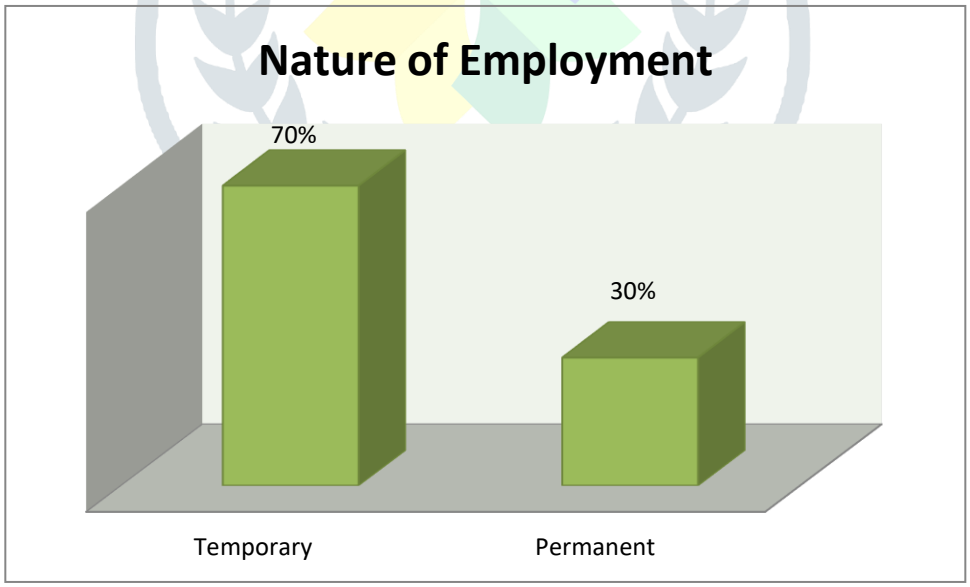


Fig. 5: Bar diagram shows the frequency and percentage distribution of schoolteachers with nature of the employment.

In the nature of employment the bar diagram reveals that 28(70%) of the teachers aretemporary and 12(30%) of the teachers are permanent employees of the school.

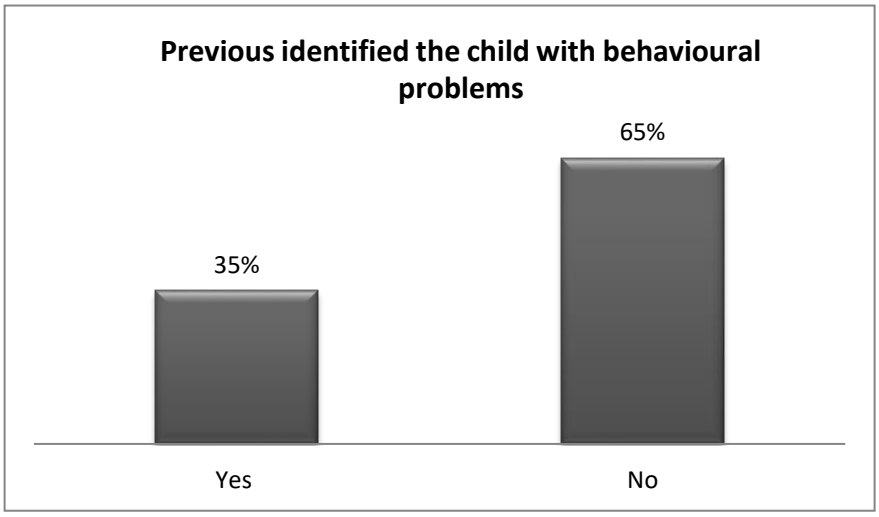


Fig. 6: Bar diagram shows the frequency and percentage distribution of schoolteachers with previously identify children with behavioral problems

SECTION – II

Description regarding the knowledge of primary school teacher's on behavioralproblems of children.

Table No.2: Frequency and percentage distribution of pre and post test knowledgescores of primary school teacher's on behavioral problems of children.

n =40

Level of Knowledge	Inadequate		Moderately adequate		Adequate	
	F	%	F	%	F	%
Pre test	3	7.5	35	87.5	2	5
Post test	0	0	4	10	36	90

This table 4.2 shows that the distribution of levels of knowledge before the administration of the structured teaching programme. During the pretest 3 (7.5%) primary school teachers showed inadequate knowledge most of the primary school teachers 35 (87.5) demonstrated moderately adequate knowledge, and 2 (5%) teachers had adequate knowledge regarding behavioral problems during the posttest, 0 (0) were demonstrated inadequate knowledge, 4 (10%) of primary school teachers had moderately adequate knowledge and most of the primary school teachers 36(90%) had adequate knowledge about behavioral problems.

SECTION - III

Comparison of pre-test and post-test knowledge scores of primary school teacher's on behavioral problems of children.

Table 4.3 Mean, standard deviations and 't' value of pre and post test Knowledge scores of primary school teacher's on behavioral problems of children.

S.NO	Knowledge	Mean	SD	't' Value
1	Pre-test	14	3.72	14.02
2	Post-test	25.29	3.12	

This table shows that the mean pretest score of knowledge was 14, SD 3.6 and a post-test mean score of knowledge was 24.35 SD (2.89). For 29 degrees of freedom at the 5% level of significance, the calculated 't' value was (14.02).Hence the calculated "t" value is more than the table value (2.064). This clearly shows that the structured teaching programme on knowledge regarding selected behavioral problems of primary school children among primary school teachers had significant improvement in their level of knowledge in the post test.

SECTION – IV

Association of demographic variables with the post-test score of knowledge Regarding behavioral problems of children among primary school teachers.

Table-: Association of post-test level of knowledge score regarding selected behavioral problems of children among primary school teachers with their selected demographic variables.

N=40

S.NO	Knowledge	Mean	SD	t' VALUE
1	**Pre-test**	14	3.72	**14.02**
2	**Post-test**	25.29	3.12	

This table shows that the mean pretest score of knowledge was 14, SD 3.6 and a post-test mean score of knowledge was 24.35 SD (2.89). For 29 degrees of freedom at the 5% level of significance, the calculated 't' value was (14.02).Hence the calculated "t" value is more than the table value (2.064). This clearly shows that the structured teaching programme on knowledge regarding selected behavioral problems of primary school children among primary school teachers had significant improvement in their level of knowledge in the post test.

SECTION – V

Association of demographic variables with the post-test score of knowledge regarding behavioral problems of children among primary school teachers.

Table-4.4: Association of post-test level of knowledge score regarding selected behavioural problems of children among primary school teachers with their selected demographic variables.

S.No	Demographic Variable	Above Mean	Below Mean	X2
1	**Age in years**			
	a. 26-30 years	5	9	
	b. 31-35 years	7	1	8.55*
	c. 36 – 40 years	12	3	
	d. Above 40 years	1	2	
2	**Sex**			
	a. Male	25	15	1.25
	b. Female	0	0	
3	**Qualification**			
	a. TTC	8	2	
	b. B.Ed	15	9	2
	c. M.Ed	0	0	
	d. BTC	2	4	
4	**Year of experience**			
	a. Less than 2 years	12	7	
	b. 4-6 years	4	3	0.74
	c. 7-10 years	4	3	
	d. 11-13 years	5	2	
5	**Nature of the employment**			
	a. Temporary	18	11	1.88
	b. Permanent	7	4	
6	**Previously identified the child with behavioral problems**			
	a. Yes	15	11	4.02
	b. No	9	5	

The study shows that there is a significant association between the age of the primary school teachers and previously identified child with behavioral problems with the knowledge of the post-test score is significant at 0.05 levels. There is no significant association between sex, qualification, year of experience, and the nature

of employment with the post-test score.

CHAPTER – V

DISCUSSION

This is a pre-experimental study indented to evaluate the effectiveness of structured teaching programme regarding behavioral problems among primary school teachers at selected schools in Kalyanpur. The results of the study are discussed according to the objectives.

FIRST OBJECTIVE:

The first objective of the Study to assess the level of knowledge regarding behavioral problems of children among primary school teachers. Structured questionnaire was used to assess the pretest score of knowledge regarding behavioral problems among primary school teachers. During the pre-test 3 (7.5%) teachers showed inadequate knowledge, most of the teachers 35 (87.5%) demonstrated moderately adequate knowledge and 2 (5%) adequate knowledge regarding behavioral problems.

Joshua Yeldose (2010) conducted a study to assess the effectiveness of structured teaching programme regarding behavioral problems among primary school teachers. The study conducted among 40 teachers. The study revealed that teaching was effective in increasing the level of knowledge and practice of teaching.

SECOND OBJECTIVE:

The Second Objective of the Study was to deliver a structured teaching program on knowledge regarding behavioral problems of children among primary school teachers.

The structured teaching programme was given to the teachers in Primary School Kalyanpu. Teaching was given for two days through power point presentation. It included the definition, types, etiology and risk factors, symptoms, diagnostic evaluation, treatment and teacher's instructions regarding behavioral problems. The teaching duration was for one week in four sections which were for about 1 hour in two schools. It was found to be effective as they were communicating and clarifying their doubts relatedto behavioral problems.

Vekidesh K (2015) conducted a study to assess the knowledge of primary school teachers regarding behavioral problems and their prevention among children in Kolkata. The self-administered structured questionnaire was prepared and administered to 50 primary school teachers between 1-7th standard based on purposive sampling technique.

THIRD OBJECTIVE:

The Third Objective of the Study was to evaluate the effectiveness of structured teaching program on knowledge regarding behavioral problems of children among primary school teachers. Structured questionnaire method was used to assess the knowledge among school teachers in selected schools after the structured teaching programme. The mean pretest of score knowledge was 14, SD (3.6) and the mean post-test score of knowledge was 24.35, SD (2.89) for 39 degrees of freedom at the 5% level of significance, the calculated t value 14.02. Hence the calculated t value was more than the expected table value (2.064). It revealed that there was a significant difference between the pre-test and post-test level of knowledge and the hypothesis is accepted.

Pradeesh Bhanwara (2014) described that the planned teaching is effective in increasing the knowledge regarding behavioral problems. The study was conducted in selected schools in Banglore city. The samples were teachers, both male and female. The sample size was 60. The non-convenient purposive sampling technique was used. The Fourth Objective of the Study was to find out the association between the knowledge regarding behavioral problems of children among primary school teachers with selected demographic variables.

FOURTH OBJECTIVE:

The fourth objective of the study was to find out the association between demographic variables with the post-test score of knowledge of behavioral problems. There is a significant association between the age of the primary school teachers and previously identified child with behavioral problems with the knowledge of the posttest score is significant at 0.05 level. There is no significant association between sex, qualification, year of experience, the nature of employment shows no significant association with the post-test score.

CHAPTER - VI

SUMMARY, CONCLUSION, NURSING IMPLICATIONSLIMITATIONS AND RECOMMENDATIONS

SUMMARY

The purpose of the study was to help the teachers to improve the knowledge regarding thebehavioral problems.

OBJECTIVES:

- To assess the level of knowledge regarding behavioral problems of school childrenamong primary school teachers.
- To deliver a structured teaching program on knowledge regarding behavioralproblems of children among

primary school teachers.

- To evaluate the effectiveness of structured teaching program on knowledgeregarding behavioral problems of children among primary school teachers.
- To find out the association between the knowledge regarding behavioral problemsof children among primary school teachers with selected demographic variables.

HYPOTHESES

- **H1**: There will be a significant difference between pretest and post-test knowledge scores on knowledge regarding behavioral problems of children among primary school teachers in selected schools.
- **H2**: There will be a significant association between post-test knowledge scores and selected demographic variables.

MAJOR FINDINGS OF THE STUDY

- The pretest means a score of knowledge was 14.
- The post-test mean score of knowledge among school teachers was 24.35
- The calculated "t" value for knowledge score was 14.02 at 29 degrees offreedom at 0.05 levels of significance
- There was a significant association between post-test knowledge with age,previously identified children with behavioral problems.
- There was no significant association between post-test knowledge with sex,qualification year of experience, the nature of employment.

CONCLUSION

The calculated "t" value of knowledge score was 14.02 at 29 degrees offreedom at 0.05 levels of significance which indicates the structured teachingprogramme was effective in improving the knowledge regarding behavioral problems. There was a significant association between post-test knowledge with age, previously identified children with behavioral problems. There was no significantassociation between post-test knowledge with age, sex, qualification year of experience, qualification year of experience.

NURSING IMPLICATIONS

Behavioral disorders in children are not cured but must be managed through early identification by timely health education. The findings of the study have implications for nursing practice, nursing education, nursing administration and nursing research.

NURSING PRACTICE

- This study emphasis on improving the knowledge regarding behavioral problemsthrough educative measures.
- Teaching programme can be conducted for primary school teachers.
- More knowledge regarding behavioral problems will help in early identification of the children with behavioral problems.
- Health education can also provide with media, pamphlets which will help the client to increase the knowledge regarding behavioral problems among primary school teachers.
- Nurses, active participation in school health programmes by providing direct and indirect care helps to achieve the goals of health services.
- Teachers deficits in knowledge regarding behavioral problems indicate the needsfor arranging health education session on related topics.
- Nurses should focus on psychiatric rehabilitation in the community setting byusing health teaching regarding behavioral problems.

NURSING EDUCATION

- Nurse educator should emphasize more on preparing students to impact health information to the public regarding behavioral problems.
- The study has clearly proved that a structured teaching programme was effective in improving the knowledge regarding behavioral problems. To practice this, nursing, personal needs to be equipped with adequate knowledge and practice regarding structured teaching programme.
- The curriculum of nursing education should enable student nurses to equip themselves with the knowledge of behavioral problems.
- The nursing education should give more importance to the application of theory to practice.

NURSING ADMINISTRATION

- Nurse as an administrator should take limitation in formulating policiesand protocols for short and long-term health teaching.
- The nursing administration should motivate the subordinate forparticipating in various educational programmes and improve their knowledge and skills.

- The administrator serves as a reserved person for young nursing students, parents and school teachers for proving guidance and counseling for children withbehavioral problems
- The nurse administrator has the power to formulate pamphlet andflashcards for the awareness of behavioral problems among schoolteachers.
- Cassettes of behavioral problems could be made available to nurse educator in a nursing education institution.

NURSING RESEARCH

- There is a good scope for the nurse to conduct research in this area, to find out theeffectiveness of various teaching strategies to educate the teachers and the parents
- The effectiveness of the research study can be made by further implicationof thestudy.
- Can be used for evidence-based nursing practice as a rising trend

LIMITATIONS

- The study can be generalized was limited to the teachers of a selectedschool, hence, the findings can be generalized only to the selected schools.
- The size of the sample only 40 hence the finding should be generalizedwithcaution.
- The study was limited to one month, improvement in knowledge takes placeslowly.
- The study did not use any control group. There was a possibility of a threat to internal validity, such as events occurring between pretest and posttest session like mass media or other people can influence the primary school teacher's knowledge.

RECOMMENDATIONS

- A similar study can be conducted in a large group to generalize the studyfindings.
- The study can be conducted to assess the attitudes and coping strategy ofschoolteachers towards children with behavioral problems.
- A comparative study can be done between urban and rural areas.
- A quasi-experimental study can be conducted with a control group for the effectivecomparison.
- This study can be conducted as a descriptive study to assess the extent nature ofbehavioral problems of primary school children.
- A study can be conducted in term of knowledge, attitude, and practice ofbehavioral modification among school teachers of primary school children.
- A study can be conducted in the community about the prevalence andtypes of behavioral problems among children.

CHAPTER-VII

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SAAII
COLLEGE OF MEDICAL SCIENCE & TECHNOLOGY

To,

The Principal

Primary school Kalyanpur Kanpur U.P.

Subject: Application seeking permission to conduct research study

Ref.No...../Project/Nursing/SCMAT/2022

Respected sir,

With due to respect this is to inform you that I am student of M.Sc. Nursing 2nd Year At Saaii College of Medical Science & Technology Kanpur . I am conducting a research study and my problem statement is –

"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING BEHAVIORAL PROBLEMS OF CHILDRENS AMONG PRIMARY SCHOOL TEACHERS IN SELECTED SCHOOL AT KALYANPUR"

As a partial Fulfillment of master of science in nursing degree which is to be submitted to AtalBihariVaijpayee Medical University Lucknow. I want to conduct research study in The Primary school kalyanpur Kanpur U.P.

So, kindly Grant me permission for the same. I will maintain confidently of the data and will not this close to any body. I will adhere rules and regulations of the school

Kanpur U.P.

Thanking you.

Your's sincerely

Shalini

Forwarded by

Principal of

Saaii College of Medical Science& Technology

Vill- Bhinduri P.O. Chaubepur , NH-91,26 Km Milestone, Kanpur U.P.209203 Ph: 91 8303151151
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ANNEXURE II

SAAII
COLLEGE OF MEDICAL SCIENCE & TECHNOLOGY

To,

Chairman

The Saaii College of Medical Science& Technology

Chaubepur Kanpur U.P.

Subject: Application seeking permission to conduct research study

Ref.No.....3389...../Project/Nursing/SCMAT/2022

Respected sir,

With due respect this is to inform you that I am student of M.Sc. Nursing 2nd Year at SAAII College of Medical Science& Technology Kanpur . I am conducting a research study and my problem statement is –

"A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING BEHAVIORAL PROBLEMS OF CHILDRENS AMONG PRIMARY SCHOOL TEACHERS IN SELECTED SCHOOL AT KALYANPUR"

As a partial Fulfillment of master of science in nursing degree which is to be submitted to AtalBihariVaijpayee Medical University Lucknow. I want to conduct research study in primaryschool kalyanpur,Kanpur.

So, kindly Grant me permission for the same. I will maintain confidentialty of the data and will not disclose to anyone. I will adhere rules and regulations of the SAAII College of Medical Science&Technology , Kanpur.

Thanking you.

Your's Sincerely
Shalini

Forwarded by

Principal of

SAAII College of Medical Science&

Technology , Kanpur U.P.

Vill- Bhinduri P.O. Chaubepur , NH-91,26 Km Milestone, Kanpur U.P.209203 Ph: 91

LIST OF EXPERTS FOR ESTABLISHING THECONTENTVALIDITY

1. Mr. Sunil DC
   Professor Cum Principal
   Department of Mental Health Nursing
2. Mrs. ShubhaProfessor
   Department of Child Health Nursing

3. Mrs. Niladrita Associate Professor
   Department of Medical Surgical Nursing
4. Mrs. Annapurna Associate Professor
   Department of Mental Health Nursing
5. Ms. PragyaStatiscian

CERTIFICATION OF VALIDATION

This is to certify that the research tool developed by Miss Shalini M.sc (N) 2nd year SAAII college of medical science and technology, Kanpur.is validated by undersigned faculty and they can proceed with this for data collection which is entitled **"A study to assess the effectiveness of structured teaching programme on knowledge regarding behavioral problems of children among primary school teachers in selected schools in Kalyanpur."**

Signature of the expert …….

Name ……

Designation……..

Place ……..

Consent of ParticipantsANNEXURE III

SECTION-A

SOCIO-DEMOGRAPHIC VARIABLES

Instruction: Please read the following item carefully and select the appropriate answerby placing a tick mark in the bracket provided against each option.

1. **Age**
   a. 26-30 years
   b. 31-35 years
   c. 36-40 years
   d. Above 40 years

2. **Sex**
   a. Male
   b. Female

3. **Qualification**
   a. TTC
   b. B.Ed
   c. M.Ed
   d. Degree

4. Year of experience

a. Less than 3 years ☐
b. 4-6 years ☐
c. 7-10 years ☐
d. 11-13 years ☐

5. Nature of the employment

a. Temporary ☐
b. Permanent ☐

6. Previously identified the child with problems of behavioralproblems

a. Yes ☐
b. No ☐

SECTION-B

STRUCTURED QUESTIONNAIRE FOR ASSESSMENT OFKNOWLEDGE

1. What is the behavioral problem?

a) Physical problem ☐
b) Psychiatric problem ☐
c) Emotional problem ☐
d) Emergency problem ☐

2. What is an oppositional defiant disorder?

a) Argumentive and disobedient behavior ☐
b) Violation of rules ☐
c) Run away from school ☐
d) Criminal activity ☐

3. What do you mean by attention deficit hyperactivity disorder?

a) Medium attention span and hyperactivity ☐
b) Fewer actives of child and hyperactivity ☐
c) Over-attention span and less hyperactivity ☐
d) Short attention span and less hyperactivity ☐

4.is called enuresis.

a) Constipation ☐

b) Involuntary passage of urine ☐

c) Involuntary passage of stool ☐

d) Excessive sweating ☐

5. Stammering is a ---------- Disorder

a) Speech ☐

b) Sleep ☐

c) Physical ☐

d) Social ☐

6. What is voluntary mutism?

a) Eye blinking ☐

b) The absence of articulate speech ☐

c) Clenching of fists ☐

d) Problems of eating behavior ☐

7. What is somnambulism?

a) Early morning riser ☐

b) Sleep Walking ☐

c) Night terrors ☐

8. Which condition the does child eat mud, chalk, paper?

a) Pica ☐

b) Marasmus ☐

c) Anorexia ☐

d) Iron deficiency ☐

9. What do you mean by TICS?

a) Sudden, quick, involuntary repeated movement ☐

b) Voluntary repeated movement ☐

c) Over-enthusiastic movement ☐

d) Restriction of movement ☐

10. What do you mean by encopresis?

a) Loss of sphincter muscle control ☐

b) Involuntary passage of feces ☐

c) Lack of toilet training ☐

d) Bowel irritation ☐

11. What are the physical problems of school going children?

a) Constipation & diarrhea ☐

b) A headache and abdominal pain ☐

c) Nausea and vomiting ☐

d) All of the above ☐

12. What are the causes of enuresis?

a) Mental disorder ☐

b) Fear related to toilet ☐

c) Poor toilet training and anatomical defects ☐

d) Stress ☐

13. What are the causative factors for school phobia?

a) Fear of teacher ☐

b) Forced teaching ☐

c) The stress of the examination

d) All the above

14. What is the complication of nonfood substance in the children?

a) Cancer ☐
b) Leprosy ☐
c) Diabetes mellitus ☐
d) Intestinal obstruction ☐

15. What are the main features of conduct disorder?

a) Physically cruel to people ☐
b) Angry ☐
c) Argue with others ☐
d) None of the above ☐

16. What is the complication of nonfood substance in the children?

a) Cancer ☐
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c) Poor toilet training and anatomical defects ☐
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20. What is the complication of nonfood substance in the children?

a) Cancer ☐

b) Leprosy ☐

c) Diabetes mellitus ☐

d) Intestinal obstruction ☐

21. What are the main features of conduct disorder? ☐

a) Physically cruel to people

b) Angry ☐

c) Argue with others ☐

d) All of the above ☐

22. _____is the causative factor for thumb sucking

a) Anger and jealousy ☐

b) Tension and fear ☐

c) Emotional insecurity ☐

d) Hunger and thirst ☐

23. What are the reasons for attention deficit hyperactivity disorder?

a) Genetic predisposition and behavior in heredity ☐

b) Physical problem ☐

c) Stress of examination ☐

d) Feeling of restlessness ☐

24. What is the cause of nail-biting?

a) Strict punitive parents and teacher ☐

b) Social fear ☐

c) Psychological hyperactivity ☐

d) Psychological unconsciousness ☐

25. What are the causes of the temper tantrum?

a) Sibling jealousy ☐
b) Overprotection and inconsistency ☐
c) Harsh discipline ☐
d) None of the Bove

26. Which is the main causative factor for oppositional defiant disorder?

a) Attachment deficit by parents ☐
b) Rejection by peers ☐
c) Heredity ☐
d) Gang formation ☐

27. What is the main clinical feature of the attention deficit disorder?

a) Kicking ☐
b) Make a careless mistake in school work ☐
c) Hammering ☐
d) Screaming ☐

28. How will you manage PICA in children?

a) Beating the child ☐
b) Scolding the child ☐
c) Providing medication ☐
d) Provision of proper food ☐

29. How will you manage the child with enuresis?

a) Restricting the fluid ☐
b) Proper toilet training ☐
c) Proving coffee before sleep ☐
d) Proving a calm environment ☐

30. Which of the following is the main complication of nail-biting?

a) Throat pain ☐

b) Infection of the oral cavity ☐

c) Worm infestations ☐

d) Tongue lesions ☐

31. How many hours is the school going children will sleep?

a) 12 hours ☐

b) 13 hours ☐

c) 11 hours ☐

d) 14 hours ☐

32. Which method is used to treat improper school performance?

a) Teacher and parents should avoid criticizing the child ☐

b) Remove the precipitating factors ☐

c) Individual psychotherapy ☐

d) All the above ☐

33. How will you approach when the child steals?

a) Isolating the child ☐

b) Do not allow the child to mingle with the peer group ☐

c) Praise and reward the child ☐

d) Tell appropriate way getting what he wants and treat the child ☐

34. How can you improve the school performance of the child?

a) Early of the child and remedy of the difficulty ☐

b) Accepting the decimal ☐

c) Isolating for the above ☐

d) None of the above ☐

35. How will you approach when a child says a headache at school time?

a) Do not mind it always ☐

b) Provide a relaxation technique ☐

c) Provide chocolate and make him go to school ☐

d) Talking to the hospital ☐

36. What is the management of a temper tantrum?

a) Physiotherapy ☐

b) Electroconvulsive therapy ☐

c) Behavior therapy ☐

d) Sociotherapy ☐

31. In childhood disorders there are different types of problems such as Symptom-BasedDisorders. One such disorder is known as enuresis, which means:

a) Sleepwalking ☐

b) Bedwetting ☐

c) Lack of bowel control ☐

d) Stammering ☐

32. In childhood disorders there are different types of problems such as Symptom-BasedDisorders. One such disorder is known as encopresis, which means:

a) Lack of bowel control ☐

b) Bedwetting ☐

c) Stammering ☐

d) Sleepwalking ☐

33. Attention deficit hyperactivity disorder (ADHD) is a childhood disorder known as:

a) Hypokinetic disorders ☐

b) Hyperactivity disorders ☐

c) Hyperkinetic disorders ☐

d) Hyperstasis disorders ☐

34. Which of the following are risk factors for childhood psychiatric disorders?

a) Parental psychopathology ☐

b) Repeated early separation from parents ☐

c) Harsh or inadequate parents ☐

d) All of the above ☐

35. Children with ADHD are known to have deficits in which of the following brainareas?

a) Perception ☐

b) Motor functioning c)Executive ☐

functioning ☐

d) Memory ☐

36. Which of the following is an area of the brain that regularly exhibits abnormalities inassociation with ADHD symptoms?

a) Meninges ☐

b) Corpus callosum ☐

c) Cerebellum ☐

d) Limbic system ☐

37. Which of the following characteristics are present in conduct disorder?

a) Violent or aggressive behaviour ☐

b) Deliberate cruelty towards people or animals c)Vandalism or ☐

damage to property ☐

d) All of the above ☐

37. Obsessive Compulsive Disorder (OCD) is now recognised as a relatively common anxiety disorder found in childhood, with the main features of the disorder in children manifesting as intrusive, repetitive thoughts, obsessions and compulsions. In children,the most common obsession themes in children are:

a) Contamination ☐

b) Aggression ☐

c)Symmetry and exactness ☐

d) All of the above ☐

38.Which of the following is a widely-used classical conditioning method for treatingnocturnal enuresis?

a) Bell-and-whistle technique ☐

b) Bell-and-battery technique ☐

c) Alarm system technique ☐

d) Bell book and candle technique ☐

39. Which of the following is behaviour technique that has been successfully adapted totreat anxiety-based problems in children?

a) Systematic desensitization ☐

b) Systemic family therapy ☐

c) Cognitive behavioural therapy ☐

d) Electro-convulsive therapy ☐

40. An effective means of reducing disruptive behaviours inluding aggressiveness,destruction of property, and non-compliance in the classroom is?

a) Time-out (TO) from positive reinforcement ☐

b) Time-out (TO) of the classroom ☐

c) Corporal punishment ☐

d) Detention ☐

41. Teaching parents to identify and reward positive behaviour also helps to prevent parents from focussing on the negative and disruptive behaviourS exhibited by childrenwith both ADHD and conduct disorder. This can be achieved through:

a) Time-out (TO) from positive reinforcement ☐

b) Systemic family therapy c)Behaviour management ☐

techniques ☐

d) Parent training programs ☐

42. Which of the following interventions is based on the view that childhood problemsresult from inappropriate family structure and organisation?

a) Systemic family therapy ☐

b) Parent training programmes ☐

c) Functional family therapy ☐

d) All of the above ☐

43.Which of the following teaches parents a range of techniques for controling and managing their children's symptoms, especially with children diagnosed with conductdisorder?

a) Systemic family therapy ☐

b) Functional family therapy ☐

c)Parent training programmes ☐

d) All of the above ☐

44. Which of the following is a technique that can be used with younger children who areless able to communicate and express their feelings verbally?

a) Play therapy ☐

b) Cognitive behaviour therapy ☐

c) Systemic family therapy ☐

d) Psychodynamic therapy ☐

45. Which of the following is the most well-known of the Personality disorders?

a) Borderline Personality Disorder b)Melancholic

Personality Disorder c)Associative Personality Disorder

d) Dissociative Personality Disorder

46. The main difference between juvenile delinquency and conduct disorder is:

a. juvenile delinquents start fires and use weapons

b. to be diagnosed with conduct disorder the adolescent must be engaged in apattern of behavior over an extended period of time

c. to be considered a juvenile delinquent the adolescent must commit numerousdelinquent acts

d. none of the above

47. Child supposed to be Problematic Child if he:a often harms other

students in the class

b does not speak his problemsc speaks to much in

the class

d does not participate in school activities

48. For whom the Special Education is necessary?a Disable students

b Bright students

c Naughty studentsd Slow learners

49. A student may get rid of his mis-behaviour, the best method isa to hand over him

to police or some aggressive person

b to criticize him continuously for his mis-behaviourc to educate him

constantly

d to punish him severely

50. Which of the following is the problem of a learning-disabled child?a Figure-Ground differentiation h Symbol recognition

b visual abstruction and auditory associationc Left-Right orientation

d All of these

ANNEXURE-IVSCORING KEY

Question No.	Answer	Score
1.	b	1
2.	a	1
3.	b	1
4.	b	1
5.	a	1
6.	b	1
7.	b	1
8.	a	1
9.	a	1
10.	b	1
11.	b	1
12.	c	1
13.	a	1
14.	a	1
15.	b	1
16.	c	1
17.	d	1
18.	d	1
19.	a	1
20.	a	1
21.	b	1
22.	d	1
23.	b	1
24.	c	1
25.	c	1
26.	a	1
27.	d	1
28.	a	1
29.	b	1
30.	c	1
31.	b	1
32.	a	1
33.	d	1
34.	c	1
35.	d	1

36.	**c**	**1**
37.	**c**	**1**
38.	**a**	**1**
39.	**d**	**1**
40.	**b**	**1**
41.	**a**	**1**
42.	**d**	**1**
43.	**b**	**1**
44.	**c**	**1**
45.	**c**	**1**
46.	**d**	**1**
47.	**a**	**1**
48.	**c**	**1**
49.	**d**	**1**
50.	**d**	**1**

ANNEXURE-V

$$Mean = \sum \frac{xf}{\sum x}$$

where:

i = mean S frequency of each class =mid-interval value of each class

n= frequency

fx = sum of the products of mid interval values and their corresponding frequency

$$Median = (\frac{n+1}{2})$$

Where:

n=no. of observations

$$Standard\ deviations = \sqrt{\sum \quad (x-x)\mathbf{2}}$$

Where:

X =mean

n=no. of observations

ANNEXURE-VI

HEALTH EDUCATION ON BEHAVIOURAL DISORDER

Topic: Behavioural Problems

Time: 1 Hour

Place: Primary School,Kalyanpur**AV aids:**

PowerPoint Presentation **Group:**

Primary School Teachers

General Objectives

At the end of health education, the group/individual will be able to gainknowledge about behavior problems.

Specific Objectives

The teachers able to

define behavior problems

enumerate the developmental causes of behavior problemsexplain the classification of behavior problems

briefly explains the problems of habitdescribe the problems of movement narrate the conduct disorder

discuss the problems of toilet training explain about the problems of speechnote the problems of schooling

list out the psychosomatic disorder

brief the behavior modification technique used for behavior problems

Time	Specific objectives	Content	Teachers activities	Learner activities	AV aids	Evaluation
5 minutes 5 minutes	Define behavior and behavior	**Introduction** In an individual's life from birth to end of life at every stage of growth and development there is part of passing from one stage of development to another child. Who changes from the life of helpless to gradual independence may have a certain adjustment problem which has to be solved. **Definition** A behavior is the product of a relationship of a living organism with the environment .behavior is learned both good and bad.Behavior is observable and measurable.	Teaching	Listening	PPT	What is mean by behavior?
		Behavioral problems Behavioral problems are the reactions and manifestation which are resulting due to emotional disturbances or environmental maladjustment.				

15 mts	Explain briefly about the disorder of habit	**Classification of behavioral problems** **Problems of habit:** **Thumb sucking** **Definition** Thumb sucking is a habit of disorder due to feelings of insecurity and tension-reducing activities and attention, sucking in a normal reflex which is a soothing and calming effect for the child. **Incidence** Most of the children who habituated thumb sucking will give up this habit when they are 2 years old or the maximum by the time of schooling after the age of 7-8 years if the child continuous the habit it indicates the sign of stress.	teaching	listening	PPT	What is thumb sucking?

Time	Specific objectives	Content causes	Teachers activities	Learner activities	AV aids	Evaluation
		➢ Emotional insecurity ➢ Boredom feeing the child ➢ Isolation ➢ Lack of stimulation **Developmental causes** Grafting action under unpleasant and unsatisfied feeling situation. Psychological causes A model of infantile sexual manifestation (Freud) correlates with adulthood derive for preserve kissing,smoking, and drinking. **Family causes** ➢ Neglect ➢ Strictness of parents ➢ Overprotection ➢ Loneliness ➢ Rivalry ➢ Boredom **Clinical manifestations** ➢ Hunger ➢ Fear ➢ Anxiety ➢ Intestinal infection **Complications** ➢ Teething problems –delayed dentition, premature loss of teeth ➢ Respiratory infections-pneumonia, bronchitis ➢ Gastrointestinal tract infection-nausea,vomiting,diarrhea,				

constipation.

Management

- Parents should avoid excessive anxiety
- Encourage the child to relieve fear
- Anxiety and others stress
- Meeting the emotional needs
- Reward techniques have to be used e.g appreciation, praising the child for constructive behavior

Nail biting:

Biting the fingernail is one of the most common habits of childhood. Nail biting has suggested as an extension of thumb sucking.especially in school-age children signs of tension and self-punishment to cope up with the hostile feeling towards parents.

Incidence

- Mostly common in 3-12 years of child
- Mainly affected in 7-12% of children
- More common in females

Causes:

- Parental neglect or separation
- Strict punitive parents and teachers
- Stress of examination
- Excessive tear
- Disharmony among parents
- Beloved or overprotected child

Clinical manifestation

Teeth

- Bruxism

		➢ Delayed dentition ➢ Missing of teeth ➢ Increasing space between teeth ➢ Premature loss of teeth Tongue ➢ Strawberry tongue ➢ Tongue lesions ➢ Weak tongue protections Gums ➢ Gingival ulcer ➢ Edema of buccal mucosa **Associated behavioral problems:** ➢ Motor restlessness ➢ Disturbance in sleep (jerking, tossing, gritting the teeth talking, crying out, walking) ➢ Ties (involuntary muscular movement) ➢ Thumb sucking ➢ They are pulling ➢ Bet wetting ➢ Soiling **Complications:** • Many children bite the skin of the end phalanges or on other parts of the fingers of hard instead of the nails produce excoriation and scans. • Worm infestations • Cholera • Enteric respiratory infection				

Treatment:

Identification and removal of causes of tension, responsible forthe origin and maintenance of this habit.

- Giving toys and healthy association with other children.
- Punishment should be avoided
- Parents and teacher have to encourage the child to express true/open feelings
- Parents have to increase self-confidence among children recognition, encouragement and praise the child for their achievements

Mud eating (PICA)

Mud eating is not always just a habit, but it may be an adverse outcome of faulty rearing.

The child used to eat

- Dirt or clay
- Plaster or paint
- Paper or clothing
- Wood or pencils
- Talcum powder or toothpaste
- Cigarette ashes and butts
- Animal dropping, graying, strings
- Body leaves hair etc.

Frequency:

Mud eating was 26.4% among children of age group 1-12 years. With peerage of 20-26 months.

Male children, it was slightly higher as compared to their female counterparts.

		Psychodynamic factors: ✓ Emotional factors ✓ Organic etiological factors **Emotional factors**: ➢ Neglected child Disharmony among patients **Hair plucking (Trichotillomania)** Some people commonly pull their hair whenever they are tense.Some may public them while others may even eat them. This irresistible urge to pull one's hair is known as trichotillomania **Frequency:** More common in females, is prevailed from early childhood to adulthood. **Causative stress factors:** ➢ Parent-child conflict. It is said to be the expression of the conflict between the personality of their child with a mother and or father. ➢ Inadequate, emotional satisfaction during childhood because of loneliness, boredom, rejection from parents ➢ The extreme degree of aggression towards self. ➢ Illness or separation from parents ➢ Birth or death of a sibling ➢ Strict parents or teachers ➢ The stress of the examination ➢ Critical or overprotective parent ➢ Parental disharmony, depression ➢ Mental retardation **Treatment:** ➢ The treatment is directed at the cause, the child's developmental				

		struggles, and distributed parent-child relationship rather than at the symptoms itself. ➢ Family therapy and behavioral modification were found to be the most successful with us, in treating this problem. **Stealing:** Young children have a natural desire to achieve what they want andwith maturation, they learn to respect the property of others. Thus, in a preschool child, this act is normal developmental behavior while in a school-age child the act will be considered as stealing **Causes:** ➢ Dishonesty at home ➢ Insecurity ➢ Bad example from friends or other persons ➢ Revenge ➢ Antisocial personality, poverty **Treatment:** ➢ Domestic conflicts, particularly between the parents, must be resolved. ➢ Tell appropriate way getting what he wants and treat the child **Problems of movements**: **Temper tantrums:** Open resentment and displeasure of small children are expressed. Frequency in the form of dramatic outbursts, commonly called temper tantrums. Anger and frustration are the basic causes of temper tantrums. **Incidence:** Temper tantrum was found to be 22.8% in children aged 3-12 years.				

		The tantrum is more common up to the age of 5 years after that there is a decline with increasing age. **Etiology:** ➢ The personality of the child ➢ The period of resistance ➢ Imitativeness ➢ Insecurity ➢ Attitude of parents ➢ Parental inconsistency				

15 minutes	describe the problems of movements	**Other factors:** ➢ Sibling jealousy ➢ Heredity ➢ Physical illness ➢ Postnatal trauma **Associative problem:** ➢ Feeding problems ➢ Bed Wetting ➢ Fear reaction ➢ Night terrors ➢ Nail biting, nail plucks **Management:** Underling insecurity, overprotection overindulgence, over-strictness and another faulty attitude of the parents has to be remedied first. The opportunities for resistance must be cut down to a minimum as the essence of treatment lies in prevention The best way to treat a tantrum is to ignore it. He should certainly not be given what he wanted after the tantrum. **Hyperactivity (Attention deficit hyperkinetic disorder (ADHD)** These children suffer from a disease of hyperkinetic child syndrome or attention deficit disorder commonly characterized by ➢ Inattention ➢ Impulsivity ➢ Hyperactivity	teaching	listening		What is the meaning?

		Causative factors: Genetic predisposition **Behavior disinhibition:** ➢ It results in a problem with memory self-regulation of affect motivation .e.g memory impairment.				

		Neurodevelopmental difficulties ➢ It is related to activation focus, sustains effects modulating emotions.e.g seizure, meningitis **Early neurodevelopment problems** e.g obstetric complication,prematurity,genetic abnormalities **Intrauterine exposure to logic substances** e.g alcohol, cocaine **disruption is bonding during the first three years of life** e.g separation from parents **clinical manifestation** **Inattention** ➢ make careless mistakes in school work ➢ difficulty in organizing tasks or play activities ➢ not listen when spoken to directly ➢ does not follow the instruction ➢ forgets in daily activities **hyperactivity/impulsivity** ➢ feeling of restlessness ➢ difficulty in playing ➢ gives answers before questions have been completed ➢ interrupts others ➢ impairment in social academic and occupational functioning. **Complications:** ▪ School failure ▪ Temper tantrum ▪ Conduct disorders ▪ Antisocial behavior				

		▪ Drug abuse **Treatment:** The family situation should be reviewed and parental differences of opinion about a child's misbehavior should be clarified. ➢ The parents should keep the valuable, breakable or dangerous object out of reach of the children we are more prone to accidents. ➢ Some children do better in progressive schools(where more freedom to move about is given). But for most, a strict regime with clear-cut rules, definite assignment, and directions are preferable. Even routine activities such as sharpening pencils are going to the bathroom have a place in a days regime. ➢ Encouragement and recognition of achievements are essential for success. ➢ The excessive intake of synthetic drinks, tea, coffee, chocolates food preservatives and additives etc should be avoided ➢ The children are not responding to the above measures should be shown to a specialist as some drugs alleviate the problem **Contact disorder:** Contact disorder encompasses some of the most severe behavior disorders in childhood. Contact disorder is the most common diagnosis of child and adolescent patients in both clinic and hospital settings. This disorder entails repeated violations of personal rights or societal rules, including violent and nonviolent behaviors. **Features of contact disorder:** 1.Aggressive people and animals 2.Destruction of property 3.Deceitfulness or theft				

		4. Serious violations of rules **Etiology**: ➢ Social deprivation ➢ Substance abuse ➢ Gang formation ➢ Earthy rejection by peers ➢ Harsh discipline ➢ Parental over stimulation or under stimulation ➢ Single parent home ➢ Separation from parents **Diagnostic criteria for conduct disorder** ➢ Offenses ranging from frequently lying ➢ **Cheating** ➢ And truancy to vandalism ➢ Runaway ➢ Car theft ➢ Arson				

15 minutes	Explain conduct disorder	**Management** • Pharmacotherapy can involve virtually any psychotropic drug, depending on the concomitant neuropsychiatric findings in the individual. Psychostimulants for ADHD, lithium or anticonvulsants for bipolar disorder, antidepressants for depressive disorders, narcoleptics for psychotic features or impulsive behavior and beta-adrenergic blocking agents for severe aggression. • Cognitive behavioral therapy • Individualized educational programming, vocational training, and remediation of languages and learning disorders. **Complication:** • School failure, • school suspension, • legal problems, • injuries due to fighting or retaliation, • accidents, • sexually transmitted disease • teenage pregnancy, • prostitution, • being raped or murdered, • criminal activity • drug addiction • suicide or homicide	Teaching and asking questions	listening and answering question		What is conduct disorder?

		oppositional defiant disorder children with oppositional defiant disorder show argumentative and disobedient behavior but unlike children with conduct disorder respect the personal rights of other people. **Prevalence**: • Along with ADHD, it is the most prevalent psychiatric disorder in 5-9 years old children Etiology : • Parental problems(too harsh or inadequate) in discipline structuring and limit setting • Identification by the child with an impulse disordered or aggressive parent who set a role model for oppositional and defiant interactions with other people • Attachment deficits caused by parents emotional or physical emotional or physical unavailability (depression, separation, evening work hours) • Impairment in the development of affect regulation and social cognition. **TREATMENT** • Behavioral techniques can modify oppositional behavior .parent training has been particularly useful in ameliorating oppositional behavior in children. **HABIT SPASMS(TICS)** Tics are a sudden, quick, involuntary and frequently repeated movement of circumscribed groups of muscles, serving no apparent purpose.				

		Causes: Parental rigidity or disapprovals Emotional disturbance **Organic factors:** **Endogenous factors :** • Hereditary • Neurological • Biochemical • Neurophysiologic **Exogenous factors** • Mechanical • Toxic • Infection • Traumatic • Nutritional **Treatment** Parents should avoid nagging or warning as it may cause further deterioration. Improvement in the situation difficulties in which the tics were developed and maintained. A constructive plan for the adequate occupation, play and rest should be worked out. **Problems of toilet training** **Bed wetting (Enuresis)**				

		Definition Involuntary passage of urine by children more than three years old. Etiology : • Lack of training • Over-enthusiastic early training • Heredity • Folk medicine • Organic causes Associated behavioral problem • Thumb sucking • Nail-biting • Problems of eating behavior • Temper tantrum • Stealing **Treatment** **Bladder training** It is best started at 12-16 months of age after bowel control has been to some extent established **Guidelines for bladder training** • Bladder control during daytime should be taught by the middle of the second year. • The child is placed on the toilet at definite times eg after wakening, before and after meals etc. • Toilet seat should be comfortable with adequate back support.				

		• The child should not be placed very frequently on the toilet and not more than 2-3 mts **Treatment guidance**	Teaching			What do

15 mts	Discuss the problems of toilet training	**Situational manipulation** Which stresses on waking the child up during the night to empty the bladder and restriction of fluids at least two hours before going to the bed. **Parental counseling** : Which include avoiding the stress like separation from parents, parental neglect, excessive punishment or criticism by the caretakers etc.toilet training should be tried as described. **Behavior modification techniques:** Include use of an alarm buzzer apparatus which is kept on the bed and starts ringing as soon as it becomes wet by patient urine. **Encopresis** **Definition** Encopresis is the repeated voluntary or involuntary passing of feces inappropriate places after the age at which bowel control as usual, in the absence of organic cause. Causes Emotional disturbance Too rigid toilet training School stress Constipation Fissures Over aggressiveness Fear related to toilet Attention deficit **Clinical manifestation** If the child withholds defecation, abdominal becomes distended with	and clarifying doubts			you mean enuresis?

		feces and gas. Asthenic look Spend little time with peer Withdrawn and stubborn **Diagnosis:** Obtain developmental history of bowel training Collect information about the current pattern of toilet use Eg: where child passes stools, how long ascertain about the family situation. **Management:** Establish regular bowel habits.eg: ask the child to sit on the toilet seat for at least 10minutes twice a day. Re-establish a pattern of bowel elimination. **Problems of sleep disorder** Sleepwalking(somnambulism) **Definition** The disorder of sleepwalking is characterized by the performance of motor activity initiated during sleep in which the individual may leave the bed and walk about, the dress goes to the bathroom, talk screamer even drive. **Causes** • Fatigue • Lack of sleep • Exhaustion Clinical manifestation • The child walks while asleep with blank open eyes. • A child will not able to coordinate when awakened				

		• During the episode, the child cannot be awakened in spite of any effort. Management • The product the child from accidents • Avoid exhaustion Eliminate the child distressing sleep patternBowel training				

15 mts	List down the problems of sleep disorder	**Problems of speech**: **Stammering** Stammering Stammering is a disorder of speech rhythm and fluency caused by intermittent blocking, convulsive repetition or prolongation of sounds, syllables,words or phrases. **Incidence and frequency:** Common in the age group 2-10 years Stammering at school age : It involves nouns, verbs, adjectives or adverbs of speech. **Associated movements :** ➢ Eye blinking ➢ Jerking of arms ➢ Jerking of head ➢ Swallowing ➢ Clenching of fists ➢ Stamping of feet **Etiology :** ➢ Emotional ➢ Hereditary ➢ Local anomalies ➢ Anomalies of central nervous system **Treatment** • The parents should make the child realizes his speech was approved regardless of how he speaks. • Individual psychotherapy	Explaining and asking questions			What do you mean by somnambulism?

		• Speech therapy is needed **Voluntary mutism (elective mutism)** Autism is the absence of articulate speech but when a mentally and				

10 mts	Explain about problems of speech	physically sound child forced himself into mutism it is called as elective mutism or voluntary silence. **Causes:** • Separation from the family • Emotional trauma • An attention seeking mechanism • Anger reliving device **Treatment** The stress factor is to be identified and removed. The quality of the mother-child relationship should be improved. in some cases, the child has to be removed from the home and placed in another suitable environment. Do not shame the child in front of the others. **Problems of schooling** **School phobia(school refusal)** The reluctance or fear of a child to go to school is seen in every family this is known as school phobia. **Etiology :** problems at school: ▪ fear of a teacher ▪ threats by classmates ▪ discrimination on the basis of caste, religion or race ▪ improper dress ▪ fear of eating in the school dining hall or going to the toilet ▪ transfer to a new school or class ▪ prolonged absence from school **problems at home**	Explaining and clarifying doubts			What is stammering ?

		▪ the feeling of insecurity ▪ birth of a sibling ▪ hospitalized of the mother ▪ parental overprotection or neglect				

10 mts	Enumerate the problems of schooling	▪ Worsening of family's finances. Problems in the child ▪ Mental subnormality ▪ Burden of homework ▪ The anticipation of failure in exams ▪ Physical illness **Management** • Identify and remove the precipitating factor • Parents and teachers are advised to review their family attitude. • Cooperation between parents and teachers **Improper school performance:** **Causes** • Physical problems • Emotional interference • Forced teaching • Excessive criticism by parents • Parental neglect, the death of near and dear teacher rudeness **Management** • Advice the parents to accept and adapt their expectation to the child ability and the transfer of class or school should be avoided as it not helpful and may impair the child confidence. • The teacher should avoid criticizing the child. • Parents also should avoid criticizing the child. **Psychosomatic disorder:** A non-organic headache	Teaching and asking a question			32 What are the problems of schooling?

		Causes School strict teacher, incomplete homework scholastic backwardness. Family stress parental neglect,overprotection parentless child. **Treatment** Attention to possible stress at home at school Counseling both the parents Where it seems possible that the pain has arisen from muscular tension, relaxation techniques may be useful. **Recurrent psychological abdominal pain:** The condition usually presents in children aged between 5-12 years. when abdominal pain forms a part of a generalized emotional disorder anxiety, consideration should be given to receiving known stress factor at home and teaching the child relaxation techniques. **Behavioral Modification Therapy** **Definition** It is the systematic application of scientific principles of learning and form of psychotherapy aims of changing maladaptive behavior by substituting, it with adaptive behavior. **Four Aspects of Behavior Therapy** **1. Classical Conditioning**				33

		2. In classical conditioning certain respondent behaviors, such as knee jerks and salivation, are elicited from a passive organism **3. Operant Conditioning** Focuses on actions that operate on the environment to produceconsequences If the environmental change brought about by the				

5 mts	Enumerate the psychosomatic problems	behavior is reinforcing, the chances are strengthened that the behavior will occur again If the environmental changes produce no reinforcement, the chances are lessened that the behavior will recur **3. Social Learning Approach** Gives prominence to the reciprocal interactions between an individual's behavior and the environment **4. Cognitive Behavior Therapy** Emphasizes cognitive processes and private events (such as client's self-talk) mediators of behavior change **Guidelines:** **Identify the behavior** ➢ Which is harmful self ➢ Which is harmful to others ➢ Which is age inappropriate ➢ Which is not socially accepted ➢ Which is interfering with cleaning task or process 1.Violent and destructive behavior Tears books Break thing 2. Temper tantrum Rolls on floor Cricks excessively Scream 3. Misbehavior with other 4. Self-injury behavior 5. Repetitive behavior	teaching			What is the psychosomatic disorder?

		6. Overactivity 7. Odd behavior 6. 8. Fear □ Place, objects, animals, and person **Criteria** **Intensity** □ Severity of the behavior **Frequency** □ Number of time occurrence of the behavior **Duration of the behavior** How long behavior has existed **Functional analysis of behavioral problems** **ABC Analysis** Following criteria for intensity, frequency and duration times of behavior **An** antecedent **B** behavior **C** consequences **Management** There are two types of management **Direct punishment**				

		Ignore Timeout Response prevention Physical preparation Physical restriction Response cost Overcorrection Aversion Environmental manipulation There are two types of management **Non-direct punishment** DROI – differential reinforcement of incompatible behavior DRO- differential reinforcement of other behavior DRA – differential reinforcement of alternative behavior DRL- differential reinforcement of low rate of response **Therapeutic Techniques** Relaxation Training – to cope with stress Systematic Desensitization – for anxiety and Avoidance reactions Modeling – observational learning Assertion Training – social-skills training **Relaxation Training** –to cope with stress Aimed at achieving muscle & mental relaxation & is easily learned After learning, it is essential that clients practice exercises daily to obtain maximum results Jacobson (1938) credited with initially developing the progressive relaxation procedure Since it has been refined & modified, & frequently used in combination with a number of other behavioral techniques				

		Systematic desensitization Assertion training Self-management programs Audiotape recordings of guided relaxation procedures, computer simulation programs, biofeedback-induced relaxation, hypnosis, meditation **Systematic Desensitization – for Anxiety and Avoidance reactions** Developed by Joseph Wolpe (one of pioneers of behavior therapy) Clients imagine successively more anxiety-arousing situations at the same time that they engage in a behavior that competes with anxiety (I.e., relaxation) Gradually (systematically) clients become less sensitive (desensitized) to the anxiety-arousing situation This procedure can be considered a form of exposure therapy because clients are required to expose themselves to anxiety-arousing images as a way to reduce anxiety. reciprocal inhibition principle in a response incompatible with anxiety is made to occur at the same an anxiety providing stimulus. Then anxiety Is reduced by reciprocal inhibition. It involves three Stages Training the patient to relax Constructing with patient a hierarchy or anxiety-arousing situation (stimuli) The patient is advised to a signal whenever anxiety is produced with each signal he is asked to relax. After if you triad patient is able to control insanity **Modeling – Observational Learning** observe therapist, others in the group, of videotape models' or self Very				

		powerful technique, especially for clients with severe skills deficits. The acquisition of new behavior by the processor imitation. In this form of treatment, the patient observes someone else carrying out an action which the patient currently find s difficult to perform. **Time-outs** The reinforcement is withdrawn for sometimes contingent upon the undesired response Response prevention Exposing the patient to the contaminating object Environmental manipulation Environmental manipulation is the way of influencing the client **Flooding** It involves exposing the patient to phobic object institution in a non- the graded manner with no attempt to reduce anxiety. It is casually given in a non-graded, manner or reverse hierarchy. **Indication** □Obsessive-compulsive neurosis □Stammering □Range it spacing situation □Dysmenorrhea □ Homosexual **Therapeutic Techniques** **Assertion Training** –social-skills training It is designed to encourage direct but socially acceptance expression of thoughts and feelings by people who are shy or socially				

		awkward. **Indication** □ Chronic depression □ Socially anxious person **Can be used for those** Who cannot express anger or irritation Whom have difficulty saying no Who are overly polite & allow others to take advantage of them Who finds it difficult to express affection & other positive responses Who feel they do not have a right to express their thoughts, beliefs, & feelings Who has social phobia A basic assumption is that people have the right (not the obligation)to express themselves **Shaping** The successive approximation to the required behavior with contingent positive reinforcement **Indication** Rehabilitation of physically handicapped children with neurotic, Autism **Self-control techniques** Self-monitoring keeping daily records of the problem behavior and the circumstance in which it appears Self re-enforcement identifying stressor through stopping Self-evaluation making records of progress and it helps to bring about				

		change **Summary** Till now we have discussed definition of behavioral problems, classification, etiology, clinical manifestation, diagnostic evaluation, behavioral modification techniques, etc **Conclusion** Behavioral problems among due to emotional disturbance or environmental maladjustments .so teachers should maintained the goodenvironment and provide proper care to the school going children and maintain an intimate relationship with the child to prevent some of the emotional disturbance.