

## Effectiveness of STP regarding Selected Childhood Mental Disorders on Knowledge and Attitude among Primary School Teachers

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### Abstract

Mental disorder among children and adolescent are infrequently seen, yet they can be managed by trained primary care practitioners. The objectives of the study were - to assess the pre-test level of knowledge and attitude regarding childhood mental disorders among primary school teachers; to assess the post-test level of knowledge and attitude regarding childhood mental disorders among primary school teachers; to assess the difference of pre-test, post-test level of knowledge and attitude; to identify the relationship on post-test level of knowledge with attitude; to find association of post-test level of knowledge and attitude with selected demographic variables.

The samples were selected by using purposive sampling technique. The data were collected through questionnaire and Likert scale, developed by the researchers.

The collected data were analyzed by using descriptive and inferential statistics and the findings showed that the majority of school teachers 47(78.3%) had adequate knowledge and 13(21.7%) had moderately adequate knowledge, while 42(70%) had positive attitude and 18(30%) had neutral attitude. The study finding showed that the level of knowledge and attitude of the primary school teachers improved after the planned teaching program. And there was no significant association between level of knowledge and attitude with the selected demographic variables like age, experience, marital status, disorder in family

and place of residence. The study concluded that the structured teaching program can improve both knowledge and attitude level among primary school teachers on childhood mental disorders

**Keywords:** Structured Teaching Program; Knowledge; Attitude; Primary School Teachers.

### Introduction

Although it is sometimes assumed that childhood are times of carefree bliss, as many as 20% of children and adolescents have one more diagnosable mental disorder. Most of these disorders may be viewed as exaggerations of normal behaviors and emotions. The most common mental disorders of childhood and adolescence fall into three broad categories: Anxiety disorders, Mood disorders, disruptive behavioral disorders. However, most cases are not severe and can be competently managed by an appropriately trained primary care practitioner and severe cases are best managed in consultation with a child and adolescent psychiatrist [1].

Rates of mental health problems among children increase as they reach adolescence. Disorders affect 10.2% of boys aged 5-10, rising to 12.7% of boys aged 11-15, and 5.8% of girls, rising to 9.64% of girls aged 11-15, Mental Disorder more common in boys. The most frequently identified mental health problems were somatic complaints 7%, delinquent 7%, attention problems 6% and aggression behavior 5%. Overall rates in India and other middle and low income countries range between 6%-15% which are on the lower side as compared to reported rates from certain western countries such as Canada 18.1%, Germany 20.7%, Switzerland, 22.5%, and USA 21% [2].

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As per a study by Edward Raj. S. et al (2010) conducted study on perceptions about intellectual disability in Vellore, South India. Eight focus groups were conducted in three settings and included the mothers of children and adolescents with intellectual disability (four groups, n = 29), community health workers (two groups, n=17) and school teachers (two groups, n = 16). Our results suggest that cultural and religious beliefs perpetuated negative attitudes towards disability. Public awareness, education and community-level interventions for reducing the misconceptions and stigma related to intellectual disability are needed in addition to culturally sensitive treatment methods to improve the attitude towards and management of intellectual disability [3].

Khanna S et al (2007), conducted study on childhood obsessive-compulsive disorder. The obsessions and compulsions noted in 16 cases of obsessive-compulsive disorder in children were compared to the phenomenology seen in 398 cases during a decade. Fewer obsessions, more compulsions, more frequent washing and repeating compulsions characterized the childhood group [4].

Kalra V. et al (2005), conducted study to establish the diagnosis of autism amongst children with derangements of language, communication and behavior; ascertain and treat the co-morbidities; identify underlying cause and create a sensitivity and awareness among various health care professionals. Behavioral modification by early intervention and stimulation improved the core symptoms of autism. Important co-morbidities included mental retardation (95%), hyperactivity (53%) and seizures (10%) cases. Control of co-morbidities in these children facilitated child's periodic assessment and implementation of intervention program. In the registry initiated 62 patients were enrolled at AIIMS and 6 were identified from other hospitals [5].

Another study conducted in Sri Lanka to assess the knowledge and attitudes towards attention deficit hyperactivity disorder (ADHD) among primary school teachers in the Gampaha District. Descriptive cross sectional study was conducted in randomly selected schools of Gampaha district using a stratified sampling method. The knowledge and attitudes on ADHD were assessed by a self-administered questionnaire distributed among all the consenting primary school teachers in the selected schools [6].

The study reveals total of 202 completed questionnaires of 210 distributed were returned. The majority showed good understanding about ill effects of ADHD, teachers' role in management and counterproductive effects of punishment. Three-fourths had a positive attitude towards behavioral

therapy. However, only a minority had adequate knowledge about the presentation of ADHD and its treatment with medication. More than 80% of teachers believed that the parents were to be blamed for the child's ADHD. The majority of participating teachers also believed that behavioral disturbances caused by ADHD children were deliberate and malicious. Teachers who had training in child psychology recorded a significantly higher knowledge and had a more favorable attitude [7].

## Methodology

The research approach used for this study was experimental approach. A Quasi experimental design was adopted with one group pre-test, post-test design. The study was conducted at primary schools in Sirohi namely, St. Paul's primary school and Government primary school among 60 secondary grade teachers in primary schools. Purposive sampling method was used to select the samples.

The data collection tool had three parts:

Part A consist of a Questionnaire prepared by the investigator to collect the demographic data of study subjects such as age, sex, years of experience, marital status, prior information, disorders in family and place of residence.

PartB consisted of knowledge based structured questionnaire regarding childhood mental disorders, with 30 questions in the following conditions like, anxiety disorder, mental retardation, dyslexia, attention deficit hyperactivity disorder, autism, separation anxiety disorder, childhood depression disorder, and obsessive-compulsive disorder.

Part C was a three point Likert scale to assess the attitude among primary school teachers on childhood mental disorders.

## Findings

The pre test knowledge scores revealed that 38(63.3%) and 22(36.7%) study subjects had moderately adequate knowledge. And 41(68.3%) had negative attitude and 19 (31.7%) had neutral attitude before the administration of D.T.P. The pre test knowledge Mean was 13.08, SD was 3.93 and The pre test attitude Mean was 17.9, SD was 6.61 [8].

The post test knowledge scores revealed that 47(78.3%) study subjects had adequate knowledge and 13(21.7%) had moderately adequate knowledge, the post test attitude revealed 42(70%) had positive attitude and 18 (30%) had neutral attitude. The post

test knowledge Mean was 25.4, SD was 2.63. The post test attitude Mean was 34, SD was 3.20.

The Pre-post outcomes measured by teacher questionnaires indicated significant improvement on the Classroom Child Behavioral Symptom Scale as well as on the corresponding Classroom Teachers' Stress Reaction Scale. This is due to the fact of providing a planned teaching program to the primary school teachers was effective in improving their knowledge and attitude regarding the childhood mental disorder [9].

The above table reveals that the obtained knowledge pre-test mean score was 13.08 with a standard deviation of 3.93; post-test mean score was 25.4 with a standard deviation of 2.63 and the mean difference of pre and post-test was 12.32 and obtained attitude pre-test mean score was 17.9 with standard deviation of 6.61; post-test mean score was 34 with a standard deviation of 3.20 and the mean difference of pre and post-test was 16.1. It is inferred that there is a

significant difference between pre-test, post-test level of knowledge and attitude about childhood mental disorders among primary school teachers [10].

The co-efficient of correlation was computed to establish relationship between knowledge and attitude and the 'r' value was 0.55 which was positive, and statistically significant at 0.05 significant levels. It was inferred that there is a significant relationship between post-test knowledge and attitude on childhood mental disorders among primary school teachers.

Regarding the association between selected demographic variables with posttest level of knowledge and attitude among primary school teachers, the result revealed that there was no significant association between level of knowledge and attitude with all selected demographic variables like age, experience, marital status, disorder in family and place of residence [11].

S. No	Knowledge			Attitude		
	Mean	Mean difference	SD	Mean	Mean difference	SD
Pre test	13.08	12.32	3.93	17.9	16.1	6.61
Post test	25.4		2.63	34		3.20

### Discussion

The pre test knowledge scores revealed that 38(63.3%) and 22(36.7%) study subjects had moderately adequate knowledge. And 41(68.3%) had negative attitude and 19 (31.7%) had neutral attitude before the administration of D.T.P. The pre test knowledge Mean was 13.08, SD was 3.93 and The pre test attitude Mean was 17.9, SD was 6.61.

The post test knowledge scores revealed that 47(78.3%) study subjects had adequate knowledge and 13(21.7%) had moderately adequate knowledge, the post test attitude revealed 42(70%) had positive attitude and 18 (30%) had neutral attitude. The post test knowledge Mean was 25.4, SD was 2.63. The post test attitude Mean was 34, SD was 3.20.

The obtained knowledge pre-test mean score was 13.08 with a standard deviation of 3.93; post-test mean score was 25.4 with a standard deviation of 2.63 and the mean difference of pre and post-test was 12.32 and obtained attitude pre-test mean score was 17.9 with standard deviation of 6.61; post-test mean score was 34 with a standard deviation of 3.20 and the mean difference of pre and post-test was 16.1

The obtained post-test knowledge mean score

was 25.4 with a standard deviation of 2.63 and obtained attitude mean score was 34 with standard deviation of 3.20. The 'r' value was 0.55 which was positive, was significant at 0.05 significant levels.

The association between selected demographic variables with posttest level of knowledge and attitude among primary school teachers, the result revealed that there is no significant association between level of knowledge and attitude with all selected demographic variables.

### Conclusion

The main conclusion of this present study is that education plays fundamental role in bringing changes in knowledge and attitude of the primary school teacher. The investigator hopes that the planned teaching program could increase their level of knowledge and attitude on childhood mental disorders among primary school teachers.

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