Effect of Structured Teaching Regarding Childhood Emotional and Behavioral Problems among Parents

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Abstract

Background of Study: Emotional and behavioural problems are a common concern for guardians and family members. Emotional and behavioural problems in early childhood tend to continue into middle childhood and adolescence and can predict later social and academic problems or other difficulties such as substance use.

Objectives: Assess the knowledge regarding Childhood Emotional and Behavioral Problems before the structured teaching program. Assess the knowledge regarding Childhood Emotional and Behavioral Problems after the structured teaching program. Assess the effectiveness of structured teaching on knowledge regarding childhood emotional and behavioural problems among parents. To find the association between knowledge with selected socio-demographic variables.

Research Methodology: This research was a quantitative evaluatory study. A Pre-experimental study design was used to obtain an accurate and meaningful description of the study. The study population was parents of children. The setting for the present study is three villages. The nonprobability purposive sampling technique approach was brought to be most appropriate for the study. The sample size included in the study consist of 100 parents of children Parents having children age group 5–18 years were enrolled as study participants.

Result: The pre-test mean score is 11.6, the Mean percentage is 29, and the standard deviation is ±6.45. The post-test mean score is 31.9, the Mean percentage is 79.75, and the standard deviation is ± 4.88. the majority of subjects, 48% (48) had poor knowledge regarding childhood emotional and behavioural disorders in the pre-test, 42% (42) had an average of knowledge, and only 10% (10) subjects had good knowledge in the pre-test. After one week of the planned teaching program, 60% (60) of the subject had excellent knowledge, 36% (36) had good knowledge, and 4% (4) had average knowledge. There is significant association between sociodemographic variable and knowledge score as the calculated chi-square value is greater than the table values at 0.05 level of significance.

Conclusion: In our study, we found that the majority of subjects, 48%, had poor knowledge regarding childhood emotional and behavioural disorders in the pre-test, and 42% had an average of knowledge. Only 10% of subjects had good knowledge in the pre-test, and none of them had excellent knowledge regarding childhood emotional and behavioural disorders in the pre-test. After one week of the planned teaching program, 60% of the subject had excellent knowledge, 36% had good knowledge, and 4% had average knowledge. In this study, we found that parents gain knowledge about emotional and behavioural disorders.

Keyword: Emotional disorder; Behavioural disorder; Childhood mental problems.

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INTRODUCTION

Background of Study

Emotional and behavioural problems are a common concern for guardians and family members. The variety of problems sometimes differ based on the child's age and include various issues such as behaviour problems, aggression, antisocial behaviour, anxiety, depression and drug use. A study result shows that emotional and behavioural problems in early childhood may continue into middle childhood and adolescence and can predict later social and academic problems or other difficulties such as substance use.[1] Emotional and behavioural problems increase the risk of substance use, high-risk sexual activity, poor academic performance, and suicide. Research has shown that family relationships and parenting play a key role in child development.[1] Family processes, particularly parent child relationships, appear to be an essential part of developing emotional and behavioural problems in young children and predicting emotional and behavioural problems in later childhood and adolescence. It is clear that the family is an important focus for the prevention and treatment of emotional and behavioural problems in children. Indeed, interventions targeting parenting have had the most consistent success in treating these disorders. Parenting interventions targeting families have shown positive effects on parenting skills and, subsequently, on adolescent mental health and substance use. Recognizing behavioural problems and treating them earlier goes a long way in improving the quality of life of children. All parents have stressed the importance of home in the child's early education. The quality and type of parenting that brings a child to life profoundly impact its future development.

Recent child health surveys have documented a high prevalence of emotional, developmental, and behavioural problems in children in America.[2] The most commonly diagnosed problems among children 6–17 years of age were learning disabilities (11.5%), attention deficit/hyperactivity disorder (8.8%), and behavioural problems (6.3%); among preschoolers, speech problems (5.8%) and developmental delay (3.2%) were most common. A study in Karachi, Pakistan, concluded that children attending private schools are more likely to be normal than community school children.[3] In younger children, behavioural and emotional problems are more common in boys, but during adolescence, it occurs as often in boys and girls. A recent study has shown that the prevalence of behavioural and emotional problems in preschool children has increased over the past two decades to more than 10%.

In the studies conducted over the last fifty years, the prevalence rate of behavioural and emotional problems varied from 5% to 51%.[4,5] The prevalence rate varied from 13 per thousand to 431 per thousand in the Indian studies.[6,7] Analysis of the pediatric outpatients' department revealed behavioural and emotional problems in the range of 3.36% to 50%.[8,9] According to the study of ICMR carried out in 2009, the overall prevalence of behavioural and emotional disorders in Indian children is 12.5%.[10] Studies conducted in rural and urban areas of different parts of India suggest the prevalence of behavioural and emotional disorders ranges from 1.6%-41.3%.[11] An epidemiological study by Shoba Srinath suggests a prevalence rate of 12.5 per cent among children aged 0-16 yrs.[12] The psychiatric morbidity among 0-3-year-old children was 13.8 per cent, with the most common diagnoses being breath holding spells, pica, behaviour disorder NOS, expressive language disorder, and mental retardation.

Another cross-sectional analytical study suggests that the prevalence of psychological morbidity based on the total difficulties score is 9.75% (95% confidence interval 8.33–11.39) in the 13–15 age group. The prevalence of emotional, conduct, hyperactivity, peer, and prosocial problems was 5.42%, 5.56%, 3.78%, 4.40%, and 4.26%, respectively.[13] A School Based Study of the Western Uttar Pradesh Region expressed that the total prevalence of psychiatric disorders is 11.48%.[14] A cross-sectional study of northeast India among school going adolescents aged between 13 and 19 from private and government schools suggests.[15] The prevalence of mental health status based on the total difficulties score is 17.2% at the abnormal level, whereas 28.8% was at the borderline level. The study results also revealed that in the adolescent population, the emotional problem was present in 17.1%, hyperactivity in 16.1%, conduct problem in 15.2%, peer problem in 5.6%, and prosocial behaviour in 5.1%. A cross-sectional study of the rural community of Lucknow, India. 16.9% showed one or the other behavioural disorders. The prevalence of disorders did not differ much in boys (16.2%) and girls (17.6%).[16] A meta-analysis result suggests the prevalence rate of child and adolescent psychiatric disorders in the community is 6.46%, and in the school, it is 23.33%.[10] A longitudinal analysis of teacher-child relationships indicates that higher levels of problem behaviour in the first part of the school

year predicted lower levels of closeness. Next, when looking at the association between teacher-child conflict and problem behaviour, results also indicated that higher levels of conflict predicted increased levels of problem behaviour later in the same school year.[17] In many studies, low parental education was found regarding emotional and behaviour disorders. Many investigators felt that parents with behavioural and emotional problems child should acquire proper knowledge to take care of their children. The aim of conducting this study was to upgrade parents' knowledge regarding emotional and behavioural disorders and evaluate the effect of structured training sessions.

OBJECTIVES

1. Assess the knowledge regarding Childhood Emotional and Behavioral Problems before the structured teaching program.

2. Assess the knowledge regarding Childhood Emotional and Behavioral Problems after the structured teaching program.

3. Assess the effectiveness of structured teaching on knowledge regarding childhood emotional and behavioural problems among parents.

4. To find the association between knowledge with selected socio-demographic variables.

RESEARCH METHODOLOGY

This research was a quantitative Evaluatory study. A Pre-experimental study design was used to obtain an accurate and meaningful description of the study. The study population was parents of children. The setting for the present study is three villages. The non probability purposive sampling technique approach was brought to be most appropriate for the study. The sample size included in the study consist of 100 parents of children

Parents having children age group 5–18 years were enrolled as study participants.

Research Tool

The self-structured knowledge questionnaires were prepared. Data collection was made up of two sections: Section A Included Socio-demographic data, and Section-B included Self Structure knowledge Questionnaires related to parents' emotional and behavioural problems. Tools are constituted with 40 questions to assess the knowledge level with one mark for correct answer and 0 mark for the wrong answer, respectively, with maximum marks of 40.

The score was categorized into four subdivisions. Poor knowledge (0–10 score) Upto 25%, Average knowledge (11-20 Score) Above 25–50%, Good knowledge (21-30 score) Above 50–75%, and Excellent knowledge (31-40 score) Above 75%.

The reliability was calculated by using 'the split-half method. The reliability was - 0.9', which is significant for applying tools to collect the main study data.

RESULT

The result is organized and Presented under the following section

i.   Description of socio-demographic variables in frequency and percentage.

ii. Analysis of Knowledge through the mean, mean score, mean %, and standard deviation.

iii. "t" test assesses the difference between pre and post-test knowledge scores.

iv. Chi-square for an association between knowledge with selected socio-demographic variables.

Section-I Distribution of subjects according to socio-demographic variables

Table 1: Distribution of subjects according to age in years

(N = 100)

Variables	Category	Frequency	Percentage (%)
Age in Years	20-25	24	24%
	26-30	44	44%
	31-35	26	26%
	36-40	6	6%
Sex	Male	36	36 %
	Female	64	64%
Religion	Hindu	76	76%

	Muslim	14	14%
	Christian	6	6%
	Sikh	4	4%
Education qualification	High school	4	4%
	High secondary school	38	38%
	Graduation	44	44%
	Post-graduation	14	14%
Family income in INR	Below rs. 10,000	44	44%
	Rs.10,001-20,000	18	18%
	Rs. 20,001 - 40,000	24	24%
	Above rs. 40,000	14	14 %
Family type	Nuclear Family	48	48%
	Joint Family	52	52%
Occupation	Government job	38	38 %
	Private Job	14	14 %
	Agriculture	32	32 %
	Self-Occupation	16	16 %
Source of information	Television and Internet	24	24 %
	Newspaper/magazine	26	26 %
	Health professional	16	16 %
	Friends/relatives	34	34 %

Table 1 represents that the majority of parents, 44% (44) belong to the age group 26-30 year, 26% (26) belongs to 31-35 years, 24% (24) was 20-25 years, 6% (6) belong to age group 36-40. In terms of gender majority of parents, 64% (64) were female, whereas 36% (36) were male. Regarding 76% (76) subjects were Hindus, 14% (14) were Muslim, 6% (6) were Christian, and 4% (4) were Sikh. In terms of Educational qualifications, the majority of parents, 44 (44) were Graduates, 38% (38) were higher secondary school certificate passes, 14% (14) were post-graduates, and 4% (4) were high school passes. Regarding family income majority of parents, 44% (44) have income below 10000 rupees, 24% (24) have family income between 20001-30000 Rs. 18% (18) have income between 10001 - 20000 Rs, and only 14% (14) subject having income more than 40000 Rs. In terms of family types majority of parents, 52% (52) belong to a Joint family, and 48% (48) belong to a Nuclear family. Regarding occupation majority of parents, 38% (38) were govt. Employees, 32% (32) were farmers, 14% (14) were private firm employees, and 16% (16) subjects were self-employed. Regarding the source of information majority of parents, 34% (34) got knowledge from Friends and relatives, 26 % (26) from Newspapers, 24% (24) got information from television and the Internet, and 16% (16) got knowledge from Healthcare workers.

Section-II: Knowledge Analysis

Table 2: Knowledge Analysis using mean, Mean% and Standard Deviation

(N = 100)

Analysis	Mean	Mean %	Standard deviation
Pre-test	11.6	29	± 6.45
Post-test	31.9	79.75	± 4.88

Table 2 depicts the analysis of knowledge score through mean, Standard Deviation, and Mean percentage, where the pre-test mean score is 11.6, the Mean percentage is 29, and the standard deviation is ±6.45. The post-test mean score is 31.9, the Mean percentage is 79.75, and the standard deviation is ± 4.88.

Table 3: Analysis of knowledge according to criteria of knowledge level

(N = 100)

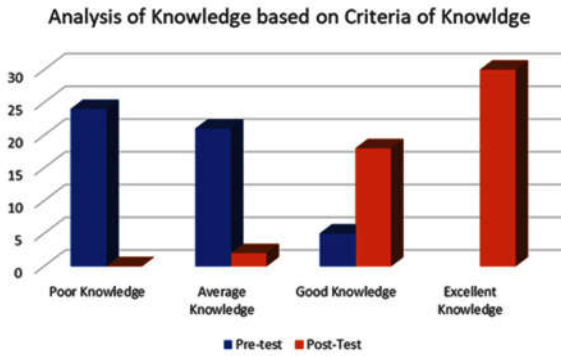| Grade	Poor Knowledge	Average Knowledge	Good Knowledge	Excellent Knowledge
Score Percentage	(0 – 10 score) 0- 25 %	(11- 20 Score) 26 – 50 %	(21 - 30 score) 51 – 75 %	(31 - 40 score) Above 75 %
Pre-test	48 % (48)	42 % (42)	10 % (10)	—
Post test	—	4 % (4)	36 % (36)	60 % (60)

Fig. 1: Comparative analysis of pre-test and post-test knowledge scores.

Fig. 1: and Table 3 represent that majority of subjects, 48% (48) had poor knowledge regarding childhood emotional and behavioural disorders in the pre-test, 42% (42) had an average of knowledge, and only 10% (10) subjects had good knowledge in the pre-test. After one week of the planned teaching program, 60% (60) of the subject had excellent knowledge, 36% (36) had good knowledge, and 4% (4) had average knowledge.

Section-III: Evaluation of Effectiveness of Teaching

Table 4: represent that a significant difference exists between pre-test and post-test knowledge score as

Table 4: T" test for assessing the difference between pre-test and post-test knowledge.

(N = 100)

"T" test	Mean	Standard deviation	D.F	Calculated 't' value	Table 't' value	Significance
Pre-test	11.6	6.45	99	23.17	1.98	< 0.05 **
Post-test	31.9	4.88				

*** Significant** at 0.05 level.

the calculated t value of 23.17 is greater than the table value (1.98) at D.F (99) at the 0.05 level.

Section IV: Analysis of Association between the knowledge score with selected demographic variables.

Table 5: Chi-square analysis for the association between the knowledge score with selected socio-demographic variables.

(N = 100)

Socio-demographic data	D.F.	Calculated Chi-square	Critical Chi-Square Value	Significance at 0.05 Level
Age group	6	8.21	12.59	Not significant
Gender	2	3.84	5.99	Not significant
Religion	6	4.88	12.59	Not significant
Educational Status	6	22.76	12.59	Significant
Family Monthly Income	6	30.09	12.59	Significant
Family type	2	4.02	5.99	Not significant
Occupation	6	31.35	12.59	Significant
Source of information	6	14.49	12.59	Significant

Table 5 Depicts that

1. There is no significant association between age and knowledge score as the calculated chi-square value is 8.21 (df 6) is less than the table value of 12.59 at 0.05 level of significance.

2. There is no significant association between gender and knowledge score as the calculated chi-square value is 3.84 (df 2) is less than table value 5.99 at 0.05 level of significance.

3. There is no significant association between religion and knowledge score as the calculated chi-square value is 4.88 (df 6) is less than table value 12.59 at 0.05 level of significance.

4. There is significant association between educational status and knowledge score as the calculated chi-square value is 22.76 (df 6) is greater than the table value 12.59 at 0.05 level of significance.

5. There is a significant association between family monthly income and knowledge score as the calculated chi-square value is 30.09 (df 6) is less than the table value 12.59 at 0.05 level of significance.

6. There is no significant association between family type and knowledge score as the calculated chi-square value is 4.02 (df 2) is less than the table value 5.99 at 0.05 level of significance.

7. There is a significant association between occupation and knowledge score as the calculated chi-square value is 31.35 (df 6) is less Greater table value 12.59 at 0.05 level of significance.

8. There is a significant association between source of information and knowledge score as the calculated chi-square value is 14.49 (df 6) is less than the table value 12.59 at 0.05 level of significance.

DISCUSSION

Our study revealed that the majority of subjects, 48% had poor knowledge regarding childhood emotional and behavioural disorders, 42% had an average knowledge, and only 10% subject good knowledge and none of them had excellent knowledge regarding childhood emotional and behavioural disorders in the pre-test in the pre-test which is similar to other Indian studies. Teaching was effective where 60% of the subject had excellent knowledge, 36% had good knowledge, and 4% had average knowledge. Our study found that knowledge level is associated with Education status, family monthly income, occupation, source of information and post-test knowledge level. Based on the finding, we recommend that regular structured training is required for parents to upgrade their knowledge. This study was limited to selected villages of Gwalior for more awareness; the training can be conducted by mass media to upgrade the knowledge of parents. The study includes only parents who have children aged between 5-12 years. In the light of the study, the following recommendations were made; A similar study can be undertaken with a large sample size for wider generalization, A similar study can be done by comparing urban and rural areas, and A similar study can be done by giving some interventions to reduce the burden.

CONCLUSION

The primary aim of the study is to evaluate the effectiveness of a planned teaching program on Childhood Emotional and Behavioural Problems in terms of knowledge among Parents living in the selected area of Gwalior district, Madhya Pradesh. In our study, we found that the majority of subjects, 48%, had poor knowledge regarding childhood emotional and behavioural disorders in the pre-test, and 42% had an average of knowledge. Only 10% of subjects had good knowledge in the pre-test, and

none of them had excellent knowledge regarding childhood emotional and behavioural disorders in the pre-test. After one week of the planned teaching program, 60% of the subject had excellent knowledge, 36% had good knowledge, and 4% had average knowledge. In this study, we found that parents gain knowledge about emotional and behavioural disorders.

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