"A Quasi Experimental Study to Assess the Effectiveness of Planned Teaching Programme on Knowledge of Primary School Teachers Regarding Selected Emotional and Behavioural Disorders of Children in Selected School of Karauli District Rajasthan"

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Abstract— *The finding of the present study were analyzed and discussed with finding of similar studies. This helped the investigator to prove that the findings were true and the planned teaching programme was effective in improving knowledge of Primary School Teachers. It included statement, objective, assumption, hypothesis and tool used for the study and findings.*

The study made use of a quasi- experimental approach with one group pre-test and post-test design. The population of the study consisted of Primary School Teachers at selected school of Alwar. Convenient sampling technique was utilized to select 158 Primary School Teachers based on certain pre-determined criteria.

Keywords— Emotional behavior disorder, behavioral disorder, karauli district study, children early age growth, children behavior, health care of children.

I. INTRODUCTION

1.1 Background of Study

The early years of a child's life are very important for his or her health and development. Healthy development means that children of all abilities, including those with special health care needs, are able to grow up where their social, emotional and educational needs are met. Having a safe and loving home and spending time with family—playing, singing, reading, and talking—are very important. Proper nutrition, exercise, and sleep also can make a big difference.

1.1.1 Emotional and Behavior Disorders (EBD)

Emotional and Behavioral Disorders (EBD) are typically referred to when a child is experiencing emotional disorders having behavioral issues. Emotional and Behavior Disorders, is also referred to as Emotional and Behavioral Disorders, Behavioral and Emotional Disorders, Mental and Behavioral Disorders, and Emotional Behavioral Disability, also abbreviated EBD. In the criteria for special education for children aged 3 to 12 years, "emotional disturbance" is one of the eligible disabilities.

Emotional and Behavioral Disorder (EBD) refers to a condition in which behavioral or emotional responses of an individual in school are so different from his/her generally accepted age appropriate, ethnic or cultural norms that it adversely affects performance in such areas as self care, social relationships, personal adjustment, academic progress and classroom behavior or work adjustment **(Forness & Knitzer.,1992)**. EBD is mainly divided into three types: Attention Deficit Disorder (ADD), Anxiety Disorder and Conduct Disorder.

1.1.2 EBD and ICD

Section F90-F98 of the ICD-10, which has the title mentioned above tying it to our topic, contains seven categories of disorders. Here they are, with clarifying examples of the subtopics:

- Hyperkinetic disorders, including Attention-deficit hyperactivity disorder (ADHD)
- Conduct disorders, including those confined to the family, those not so confined, and Oppositional Defiant Disorder (ODD)
- Mixed disorders of conduct and emotions, including Depressive Conduct Disorder
- Emotional disorders with onset specific to childhood, including separation anxiety disorder, sibling rivalry disorder, and social anxiety disorder
- Disorders of social functioning with onset specific to childhood and adolescence, including elective or selective mutism
- Tic disorders, including Tourette's Disorder
- Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence, including stuttering, pica, cluttering, thumb-sucking, and Attention Deficit Disorder without hyperactivity (ADD).

1.1.3 EBD and DSM-IVR

The DSM-IVR has a different organizational system for the most closely corresponding section, which it calls "Disorders usually first diagnosed in infancy, childhood, or adolescence." First, it includes learning disabilities that are clearly not emotional or behavioral disorders or disabilities, like autism and mental retardation. In addition, EBD disorders are not sorted out from other disabilities and placed in separate categories, as you will see in this summary of the seven categories that contain EBD disorders:

- Communication disorders including not only stuttering, but also expressive language disorder (which the ICD categorizes as a disorder of psychological development)
- Attention-deficit and disruptive behavior disorders, including ADHD, Conduct Disorder, and Oppositional Defiant Disorder (ODD)
- Feeding and eating disorders of infancy or early childhood, including pica
- Tic disorders, including Tourette's Disorder
- Elimination disorders
- Other disorders of infancy, childhood, or adolescence, including separation anxiety disorder and selective Mutism

1.2 Need of the Study

1.2.1 Mental Sickness In Children In India : An Overview

Research from the Indian Council of Medical Research reported that **12% children between 4 to 16 years suffered from psychiatric disorders** in India. Similar studies from around the globe supported the fact that around 15% children suffer from significant mental health problems, affecting their social and physical functioning. Global studies show (Published in June 2011 of *The Lancet)* that one in every two adolescents globally suffers from neuro-psychiatric disorders. It further added that, one in five adolescents has an emotional, learning or development disorder while one in every eight has a serious mental disorder.

1.2.2 Some Facts Pertaining To Mental Illness in Children

- Most common causes of disorders especially in adolescents could be depression, alcohol abuse, schizophrenia and bipolar disorders
- Other studies show close **to 20 % Indian children suffer from some form of mental disorder**, of which about **2-5 % is serious disorders including cases like autism, Schizophrenia** etc. - which could also be at different levels.
- Irritability, sleeping and eating disorders and obsessive compulsive disorders that seem insignificant to most, if ignored, could also later manifest as more serious concerns.
- WHO has estimated that by 2020, mental depression will be the largest cause of disability worldwide **By 2025, mental illness will catch up with heart disease or may even overtake it as the biggest global health concern.**
- **Only 1 in 50 people with mental health problems have access to treatment in developing countries** (and 1 in 3 in wealthy nations).
- India is awfully short of psychiatrists with just 4,000 present all over the country. **District mental health programmes are placed in only 123 of 640 districts, with total coverage anticipated only by 2017**.
- As per the National Mental Health Survey, 2015 conducted by WHO, 1 in 20 children in India suffer from mental disorder. The prevalence of mental disorders in the 5-12 age group was 7.3%. As per the report, nearly 9.8 million young Indians in the age group 13-17 were in need of active intervention. The prevalence of mental disorder was almost twice in urban areas (13.5%) in comparison to rural areas (6.9%). Some of the most common prevalent problems were Attention Deficit Disorder (1.8%), Intellectual Disability (1.7%), Autism Spectrum Disorder (1.6%), Phobic anxiety disorder (1.3%) and Psychotic disorder (1.3%).

II. OBJECTIVES OF THE STUDY

- To assess the knowledge level of **Primary School Teachers** regarding selected emotional and behavioural disorders of children.
- To find out the association between pre-test knowledge and selected demographic variables of **Primary School Teachers** regarding selected emotional and behavioural disorders of children.
- To evaluate the effectiveness of planned teaching programme on knowledge of **Primary School Teachers** regarding selected emotional and behavioural disorders of children.

III. METHODOLOGY

Research approach: - Quasi experimental Research approach was used.

Research design: - Quasi experimental, one group pre- test and post-test design was used.

TABLE: 1
SCHEMATIC REPRESENTATION OF THE STUDY DESIGN

Pre-test (Day 1)	Administration of Planned Teaching Programme	Post – test (After 7 Day)
O1	X	O2

O1 = Pre-test knowledge on first day.
X = Intervention was Planned Teaching Program on first day.
O2 = Post-test knowledge after Seventh day.

The schematic representation of the study design shows that study was conducted in three phases and represented in figure number- 1.

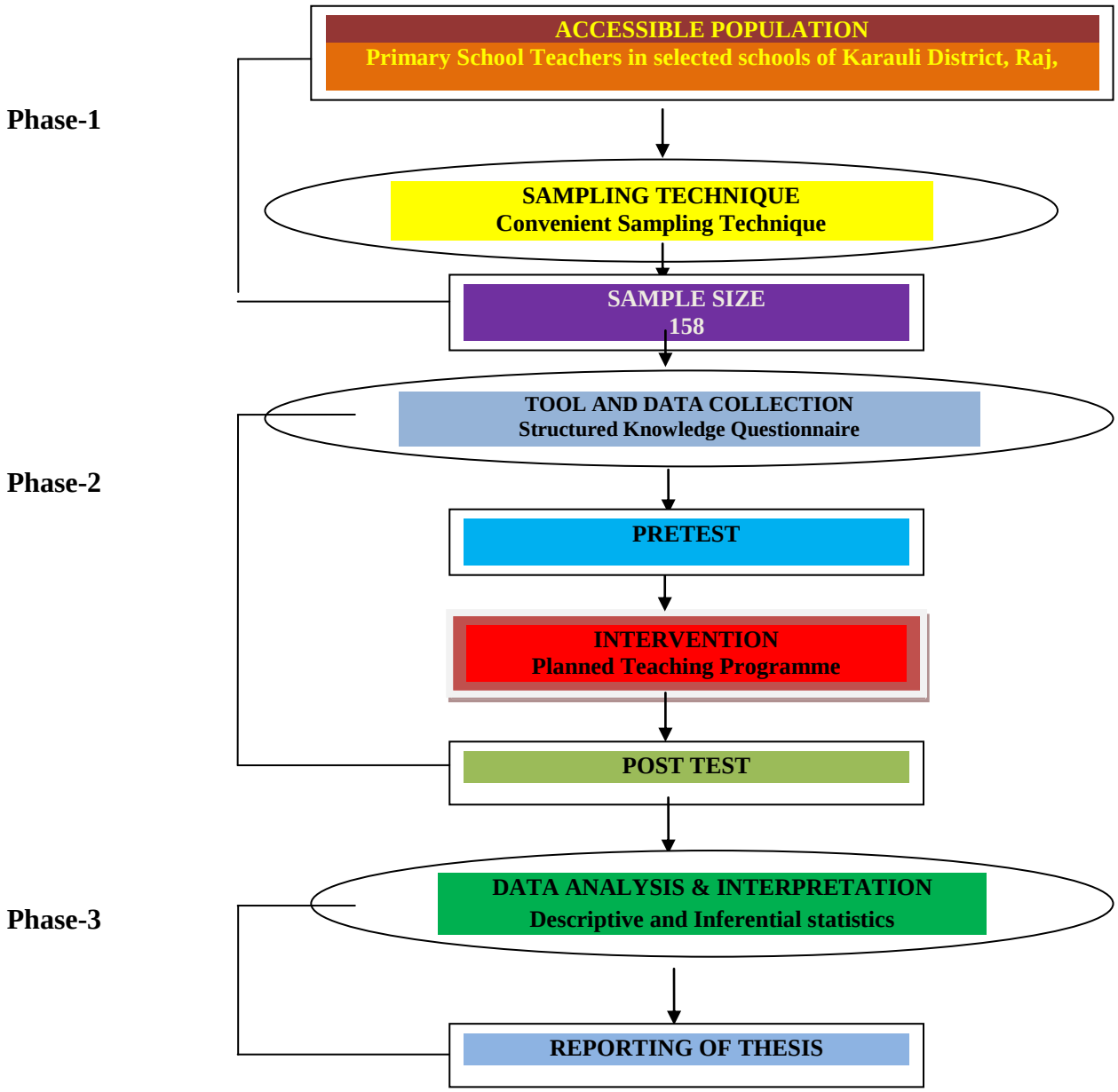

FIG 1. Schematic presentation of Research Design

3.1 Variables

Independent variables: - Independent variable in the study was the Plan Teaching Program.

Dependent variables: - Dependent variable in the study was Knowledge regarding selected emotional and behavioral disorders of children.

Extraneous variable: In this study, extraneous variable refers to such as age, educational status, marital status, income, teaching experience etc.

Setting:-This study was conducted in Rajni Public School, Danal Pur, Vishkarma Public School, Shri Mahaveer Ji, Adarsh Public School, Shri Mahaveer Ji, Gyandeep Sr. Sec. School, Banwari Pur, Kamla Devi Sr. Sec. School,Banwari Pur, Jai

Ambey Sr. Sec. School, Banwari Pur Mod,Shrimahaveer Ji , etc. Karauli District, Rajasthan.

Population: - The population was Primary School Teachers, who were working in selected primary schools of Karauli District, Rajasthan.

Sample: - Sample consists of Primary School Teachers.

Sampling techniques: - Convenient sampling technique was used to select the sample

Sample size: - sample size comprised of 158 Primary School Teachers

Development and description of tool: - The tool was developed by –Review of literature which provided adequate content area and information. Consultation and discussion with experts from nursing, psychologists and psychiatry and Personal experiences of the investigator were an added advantage for tool development.

Description of final tool

The final tool used in the study consists of four sections:

Section –A: Demographic variable

Section-B Structured Knowledge questionnaire regarding Attention deficit hyperactive disorder

Section –C structured knowledge questionnaire on Anxiety disorder

Section –D structure knowledge questionnaire on conduct disorder

Each item in the tool consisted of multiple choice questions to respondents and were requested to place tick mark (√) against one single answer for each question and each question carried one score. The maximum total score of the questionnaire was 24.

Score was graded as follows- Good (17-24 scores), Average (9-16 scores) and Poor (0-8scores)

Validation of the tool: - The tool was validated by 5 experts from psychiatric nursing specialty, and other 2 were psychologists and 2 were psychiatrists.

Reliability of tool: - The reliability of the tool obtained 0.89 by Karl Spearman prophecy formula proved that the tool was reliable.

Procedure for data collection: - Written permission was obtained from the concerned authorities before data collection. The investigator established rapport with Primary School Teachers and obtained an informed written consent after explaining the importance and purpose of the study. Pretest questionnaire was administered to Primary School Teachers. The data was collected by structured Knowledge questionnaire tool. Average time taken for pretest was 20-25 minutes. Planned teaching programme was given to the group of Primary School Teachers. The Post test was obtained on after 7^{th} day of the pre-test by administering the same knowledge questionnaire.

IV. RESULTS

The collected data from the Primary School Teachers are organized and presented under the following sections:-

4.1 Section I: Description of Socio-Demographic Variables of Primary School Teachers

TABLE-2

FREQUENCY AND PERCENTAGE DISTRIBUTION OF SUBJECTS ACCORDING TO SOCIO- DEMOGRAPHIC VARIABLES.

N=158

S. No.	Demographic variables	Frequency(N)	Percentage (%)
1	**Age in years**		
	•<25 Yrs	17	10.75
	•25-30 Yrs	49	31.01
	•31-35 Yrs	53	33.54
	•> 35 Yrs	39	24.68
2	**Gender**		
	• Male	60	37.97
	• Female	98	62.02
3	**Religion**		
	• Hindu	98	62.02
	• Muslim	38	24.05
	• Christian	22	13.92
4	**Marital Status**		
	• Married	118	74.68
	• Unmarred	40	25.31
5	**Education**		
	• Master degree with B.Ed.	85	53.79
	• Master degree with M.Ed.	15	9.49
	• Undergraduate with B.Ed.	58	36.70
6	**Teaching experience in number of years**		
	• <10 Yrs	56	35.44
	• 10-20 Yrs	84	53.16
	• 20-30 Yrs	14	8.86
	• > 30 Yrs	4	2.53
7	**Income**		
	• <10000	64	40.50
	• 10001 - 20000	56	35.44
	• 20001 – 30000	25	15.82
	• >30001	13	8.22
8	**Attended in-service education programme on Emotional and Behavioral Disorders of Children**		
	• Yes	9	5.69
	• No	149	94.90
9	**Resident area**		
	• Urban	93	58.86
	• Rural	65	41.13
10	**Refer if the child has Emotional and Behavioral Disorders**		
	• Psychiatrist	27	17.08
	• Psychologist	42	26.58
	• Child specialist	89	56.32

- Table 2 depict that the majority of 53 (33.54 %) Primary School Teachers in age group of 31-35 years and only 17 (10.75%) Primary School Teachers in the age group of < 25 years.

- It showed 62.02 % of Primary school teachers were females and 37.97% were male. Hence, it can be interpreted that most of the Primary School Teachers under study were females.
- Table- 2 reveals that majority of Primary School Teachers, 98 (62.2 %) belonged to Hindu and 38 (24.05%) belonged to Muslim religion. While 22(613.92 %) were from Christian religion.
- Table-2 show that 118 (74.68 %) Primary School Teachers were Married while 40 (25.31%) were Unmarried.
- It reveal that majority of Primary School Teachers, 85 (53.79%) were from Master degree with B.Ed and 58 (36.70 %) were from Undergraduate with B.Ed. and 15 (9.49 %) were from Master degree with M.Ed .
- Table 2 reveal that majority of Primary School Teachers, 84 (53.16 %) ,had 10 – 20 year teaching experience,56 (35.44%) had <10 year teaching experience,14 (8.86%) had 20 – 30 year experience and 4 (2.53 %) had > 30 year teaching experience.
- Table 2 show that the maximum number, 64 (40.50 %) and 56 (35.44 %) of Primary School Teachers had monthly income Rs. <10,000/- and Rs. 10,001/--20,000/ respectively. 25 Primary School Teachers (15.82 %) and 13 Primary School Teachers (8.22 %) had monthly income of Rs.20,001/- to 30,000 /- and More than Rs.30,001/respectively.
- Table 2 show that the most of Primary School Teachers, 93 (58.86 %) belonged to Urban Area and 65 (41.13 %) belonged to Rural Area.

4.2 Section Ii: Assessment of Pretest Knowledge Regarding Emotional and Behavioural Problems Among Primary School Teachers

Table 2 depicts that 85(53.79%) had poor knowledge, 65 (41.13%) had average knowledge and 8 (5.06%) had good knowledge regarding Emotional and Behavioral Disorders of children among Primary School Teachers.

TABLE: -2

PERCENTAGE DISTRIBUTIONS OF PRE-TEST KNOWLEDGE SCORE OF PRIMARY SCHOOL TEACHERS REGARDING SELECTED EMOTIONAL AND BEHAVIORAL DISORDERS OF CHILDREN

Knowledge Score	Grade	Pretest			
		Frequency	Percentage	Mean score	S.D
0-8	Poor	85	53.79	8.60	±4.93
9-16	Average	65	41.13		
17-24	Good	8	5.06		

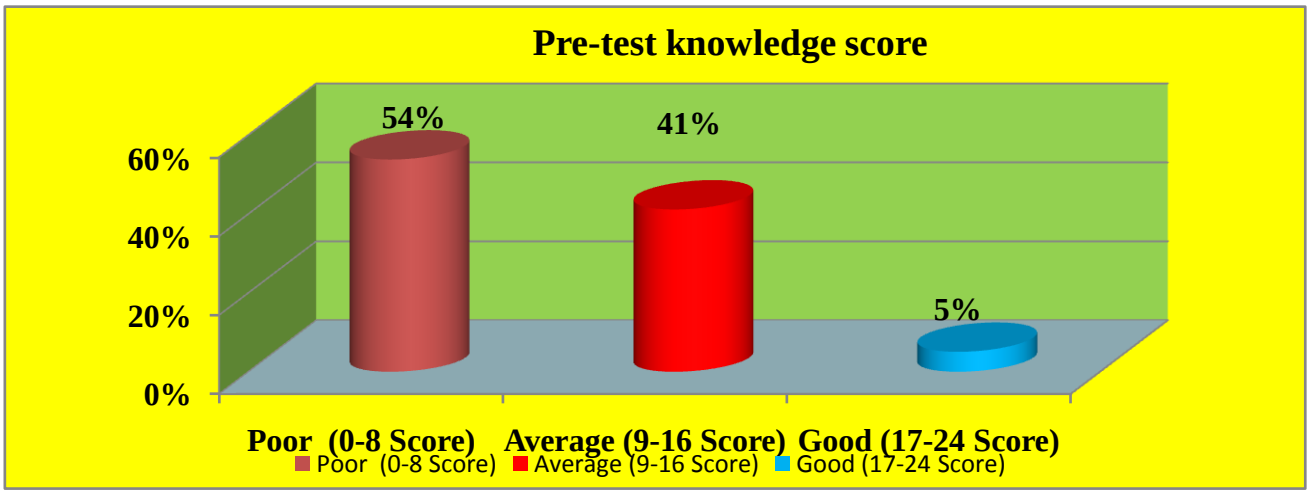

FIGURE 2: Bar Diagram showing Pre-test knowledge score of Primary School Teachers regarding emotional and behaviour problems of children.

4.3 Section Iii: Assessment of Post Test Knowledge Regarding Selected Emotional And Behavioral Disorders Of Children Among Primary School Teachers.

TABLE: 3

FREQUENCY AND PERCENTAGE DISTRIBUTION OF POST –TEST KNOWLEDGE REGARDING SELECTED EMOTIONAL AND BEHAVIORAL DISORDERS OF CHILDREN.

N=158

Knowledge Score	Grade	Post-test			
		Frequency	Percentage	Mean score	S.D
0-8	Poor	0	0	15.34	±4.70
9-16	Average	96	60.75%		
17-24	Good	62	39.24%		

Table 3 depicts that after Planned Teaching Programme on the knowledge of the Primary School Teachers regarding the Emotional and Behavioral Disorders in children has increased to average 96 (60.75%) and good 62 (39.24%).

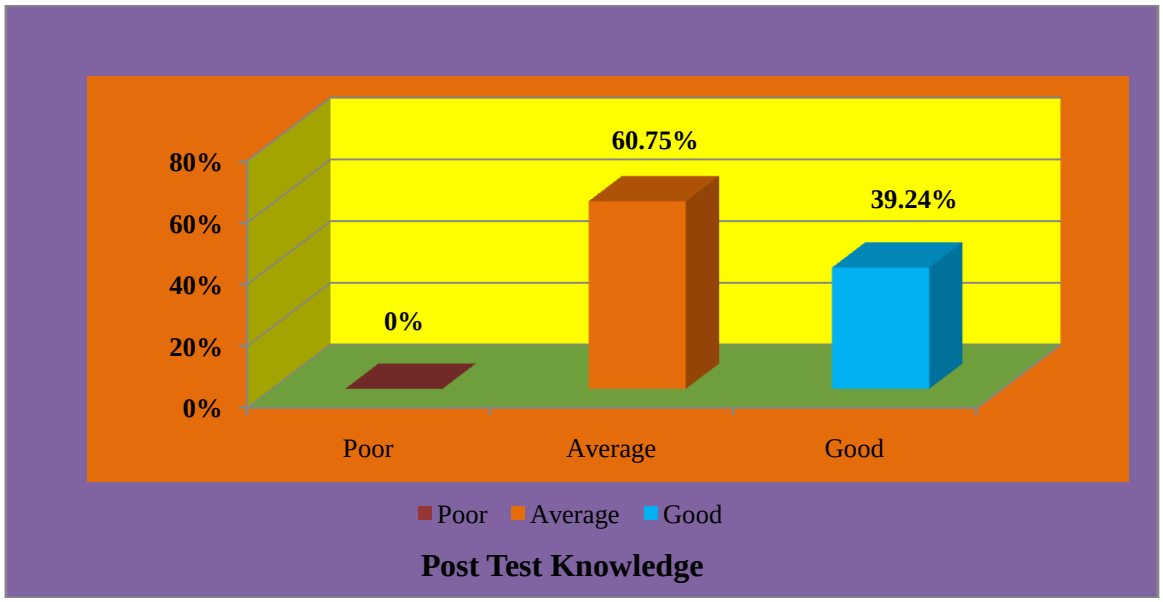

FIGURE 3: Bar diagram showing the Post test knowledge score of Primary School Teachers regarding emotional and behavior problems of children.

4.4 Section IV-Association between Pretest Knowledge Score With Selected Socio-Demographic Variables.

Significant at the level of $p<0.05^{*}$

Table No. 4 reveals that the computed chi-square value in all areas indicates no significant association between pre-test knowledge scores with Age ,Gender, Religion, Marital Status, Educational Qualification, Teaching experience , Income, Attended in-service education programme, Resident area etc. Hence research hypothesis $\mathbf{H_2}$ was rejected and null hypothesis $\mathbf{H_{02}}$ was accepted.

TABLE NO. 4

CHI-SQUARE VALUE SHOWING ASSOCIATION BETWEEN PRE-TEST KNOWLEDGE SCORES AND SELECTED SOCIO-DEMOGRAPHIC VARIABLES.

N=158

S.No. No.	Demographic variables	Poor	Average	Good	df	χ^2 Value
1	**Age in years** • <25 Yrs • 25-30 Yrs • 31-35 Yrs • > 35 Yrs	9 (6.32%) 26 (17.72%) 29 (20.25%) 21 (14.55%)	7 (4.43%) 21 (13.29%) 21 (13.29%) 16 (10.12%)	1 2 3 2	6	χ2Value:0.2339 Not significant
2	**Gender** • Male • Female	32 (22.15) 53(36.70)	25 (15.82) 40(25.31)	3 5	2	χ2Value:0.0112 Not significant
3	**Religion** • Hindu • Muslim • Christian	53 (36.70%) 20(13.92) 12 (8.22)	40 (25.31%) 16(10.12) 9(5.69)	5 2 1	4	χ2Value:0.0397 Not significant
4	**Marital Status** • Married • Unmarried	63(43.67) 22(15.18)	49(31.01) 16(10.12)	6 2	2	χ2Value:0.0317 Not significant
5	**Educational Qualification** • Master Degree with B.Ed., • Master Degree with M.Ed., • Undergraduate with B.Ed.	45(31.01%) 8 (5.69%) 32 (22.15%)	36(22.78%) 6 (3.79%) 23 (14.55%)	4 1 3	4	χ2Value:0.1978 Not significant
6	**Teaching experience in number of years** • <10 Yrs • 10-20 Yrs • 20-30 Yrs • >30 Yrs	30 (20.88%) 46(31.01%) 7 (5.06%) 2 (1.89%)	23 (14.55%) 35 (22.15%) 6 (3.79%) 1 (0.63%)	3 3 1 1	6	χ2Value:3.9707 Not significant
7	**Income** • <10000 • 10001-20000 • 20001-30000 • >30001	34 (23.41%) 31 (20.88%) 13 (9.49%) 7 (5.06%)	27 (17.08%) 23 (14.55%) 10 (6.32%) 5 (3.16%)	3 2 2 1	6	χ2Value:0.9607 Not significant
8	**Attended in-service education programme on Emotional and Behavioral Disorders of Children** • Yes • No	4 (3.79%) 81(55.6%)	3 (1.89%) 62 (39.24%)	2 6	2	χ2Value:5.8461 Not significant
9	**Resident area** • Urban • Rural	50 (34.81%) 35 (24.05%)	38 (24.05%) 27 (17.08%)	5 3	2	χ2Value:0.0481 Not significant
10	**Whom do you refer if the child has Emotional and Behavioral Disorders problems?** • Psychiatrist • Psychologist • Child Specialist	15 (10.12%) 23 (15.82%) 47 (32.91%)	11 (6.69%) 17 (10.75%) 37 (23.41%)	1 2 5	4	χ2Value:0.2087 Not significant

4.5 Section V- Effectiveness of Planned Teaching Programme On Pre-Test and Post-Test Knowledge Score

TABLE NO. 5
MEAN, SD, MEAN DIFFERENCE,'T' VALUE OF PRETEST & POST-TEST KNOWLEDGE SCORES REGARDING EMOTIONAL AND BEHAVIORAL DISORDERS OF CHILDREN AMONG PRIMARY SCHOOL TEACHERS

(N=158)

Knowledge	Mean	SD	Mean Difference	df	't' Value
Pretest	8.60	±4.93	6.74	157	
Post-test	15.34	±4.70			

*** p<0.05**

The data of table 5 depicted, that mean post-test knowledge score (15.34) is apparently higher than the mean pre-test knowledge score of (8.60). The dispersion of pretest scores (SD±4.93) is more than that of their post-test scores (SD±4.70) and the computed paired value shows that there is highly statistically significant difference between pre-test and post-test mean knowledge score ($t_{(157)}$= 13.80, *p<0.05* level). This indicates that planned teaching programme through planned teaching programme is effective in increasing knowledge score of Primary School Teachers regarding selected Emotional and Behavioral Disorders of children.

V. CONCLUSION

The main aim of the study was to evaluate the knowledge regarding the selected Emotional and Behavioral Disorder of children among Primary School Teachers. Planned teaching program was found as an effective method for information.

RECOMMENDATIONS

1. A similar study can be conducted by using true experimental design.
2. A study can be conducted to find out the factors that lead to selected Emotional and Behavioral Disorder of children.
3. A study can be conducted on parenting style to assess the selected Emotional and Behavioral Disorder of children.
4. A similar study can be done on a large sample.

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