



## Efficacy of Teacher Training Module on Knowledge and Self-Expressed Practices Regarding Selected Behavioral Problems in Children among School Teachers-A Pilot Study

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### ABSTRACT

Children are human beings below the age of eighteen years. In India, children up to 15 years of age contribute 59% of total population followed by 11.14% in Himachal. World Health Organization estimated that behavioral problems among children contribute 12 % of the global burden of disease. To determine the efficacy of teacher training module on knowledge and self-expressed practices regarding selected behavioral problems in children among school teachers and to find the association of the pre test knowledge and self-expressed practices regarding selected behavioral problems in children with selected demographic variables of school teachers. This study has used a quantitative approach and pre-experimental design (one group pre-test and post-test design). The sample of 10 school teachers was recruited by convenient sampling technique from selected schools of District Sirmour, Himachal Pradesh. The data was collected using knowledge questionnaire and self-expressed practice scale on selected behavioral problems in children. The teacher training module was administered to the school teachers for 3 hours in 4 sessions. Findings of the study showed that 50% of the school teachers in pre-test were having good knowledge, in post-test, 50% of the school teachers were having good knowledge. Regarding the self-expressed practices scores of school teacher, in the pre-test and post test 80% of the school teachers were having satisfactory self-expressed practices. The results of the present study indicated that school teachers have limited knowledge regarding the selected behavioral problems in children. The teacher training module developed by the investigator had shown significant increase in knowledge of the school teachers. With regard to self-expressed practices, there was no significant improvement was seen in the post test.

**KEY WORDS:** Teacher training module, Behavioral problems, knowledge and self-expressed practices.

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### INTRODUCTION

Globally, children till 14 years of age constitute 25.94% of total population. In India, children up to 15 years of age contribute to 59% of total population followed by 11.14% in Himachal<sup>2</sup>. There is great emphasis on the children because they contribute to huge portion of the global population. The future of our country relies on the positive mental health in children. Childhood is categorized as early childhood from 6-8 years of age, middle childhood from 8-10 years and late childhood from 10-12 years of age [1]. There are various theories that explain the development of childhood. Freud's psychosexual development theory, argues that the child's development takes place in a series of stages which includes oral stage, anal stage, phallic stage, latency stage and genital stage based on various pleasure areas of the body. In each stage, children face conflict that plays an important role in the course of child's development [2]. The achievement of developmental tasks at each stage can favor healthy personality later during adulthood. If the child fails to overcome psychic conflicts of a specific stage can lead to fixations that can later affect the child's behavior<sup>3</sup>. Early experiences play the greatest role to shape development [3-5]. According to Erikson's psychosocial development theory, there are 5 developmental stages during childhood, such as development of trust towards the mother and the environment, which occurs as a result of caring attitude of mother towards the child, if it does not happen the child may develop mistrust, the next stage is autonomy versus shame and doubt, the child takes initiative to perform new tasks at the same time if it experiences failure then they develop guilt, The children interact with others outside the family, their social role widens leads to industry if not successful they develop inferiority and the next stage is identity versus role confusion. During each stage, children face developmental conflict that impacts later functioning and further growth<sup>6</sup>. For each stage there are two possible outcomes which can be healthy or

unhealthy based on the needs being fulfilled in each stage which further influence the behavior and social relationship of a child<sup>3,4,5</sup>. Piaget's theory of cognitive development explains that there are 4 developmental stages such as sensorimotor, pre-operational, concrete operational and formal operational. He believed that the child's view of the world is greatly influenced by the age and maturational ability. The child incorporates the new behavior via assimilation and changes in behavior are influenced by the process of accommodation. [4] Behavior is the specific reaction of a person to respond to a particular situation or experience. It can also be defined as the way an individual act towards people, society or objects<sup>5</sup>. According to Classical conditioning of B.F. Skinner, the basic assumption was the reflex response connects the behavior with environment. According to this theory, behavior is conditioned through the application of positive and negative reinforcers associated with behavior. The behavior can also be learned through shaping [4, 5]. The behavior has influence of family pattern and practices. The family pattern may include the type of family; the joint family may lead to shortage of domestic resources and frustration. Poverty is the major factor for behavioral problems in children. Parenting practice, gender of the child, exposure to various situations, life events and relationship with peers and siblings influence the behavior of an individual [3]. 6-14 years of age children almost spend their time in school. School helps the growing children in development of behavior and this integrate them to the society. Schools should be a safe place for the children and it protects them from all harms which further facilitates learning and enhances psychological well-being. The relationship with peers and school's environment such as teacher's and resources are involved in child's well-being. If a child gets rejected by peer and friends later, develops antisocial behaviors and the popular children among the group are having decreased chance of developing aggressive behavior and can able to easily handle any social problems [6]. According to Bandura's social learning theory, children form their contact with family members, adults and children. The children imitate the behavior they see (modeling). If the behavior is reinforced positively, they repeat the behavior. The external environment and child's internal processes are the key elements of behavior development [4].

**Background of the Study:** National Mental Health and Special Education Coalition define behavioral problems as a disability characterized by emotional or behavioral responses in school programs that are inappropriate for child's age, culture or ethnic norms and adversely effects child's educational performance [7]. According to World Health Organization 12% of the children are having behavioral problems globally. 7.4% of 3-17 years children are diagnosed with behavioral problems. Studies have quoted that nearly 20% of children have behavioral problems globally in 2011 [2] School teachers were considered as a special person after their parents. The teachers have tremendous influence on the child because of the emotional bonding that takes place between the teacher and the child. Many children make their teacher as a role model and follow their opinions and instruction. Teachers may undergo some training programme in identification and management of behavioral problems in children. This prepares the teachers to recognize and manage children with behavioral problems.<sup>6</sup> Teachers should use appropriate techniques to handle children with behavioral problem. The teachers should not provide painful punishments; instead they can provide a compassionate care and take appropriate measure to help the children with behavioral problems. The behavioral problems among children need to be detected as early as possible and treatment needs to be initiated immediately as it may prevent disability, reduce the need for expensive treatment and the children may develop better quality of life. The prevalence of behavioral problems among the children can be reduced through collaborative approaches to correct behavioral problems, the intervention strategies can be developed in coordination with parents, school teachers, staff, school health nurse and management staffs. These strategies may help the people to handle children with behavioral problems, avoid threatening environment, develop confidence among children, better role modeling and create a favorable learning environment for the child [7].

**Need for the study:** Worldwide, population of children less than 15 years of age is 1.8 billion (28%) of world's population. It has been reported that 18.1%, 20.7%, and 21% are the prevalence rates of behavioral problems in children at Canada, Germany, and the USA respectively [8]. A study reported that the prevalence rate of behavioral problems in Brazil was found to be 23.5%.<sup>9</sup> In Sri Lanka it was 11.7-13.7% and 34-36% in Pakistan [10] and in India 30% of children have behavioral issues [11]. Studies from India have revealed the prevalence rates of behavioral problems among children of age group 0-16 years to be 12.5% in Bangalore [12], 9.4% in 8-12 years old in Kerala [13], and 6.3% in 4-11 years old school children in Chandigarh [14]. The evidences of literature review showed that, overall rates of behavioral problems among children across the various states in India vary between 5% and 6% [15]. A study results on prevalence of behavioral problem in children of rural community of Lucknow shows bed wetting (11.6%), thumb sucking (3.1%), nail biting (1.6%) and food fad (0.5%) the prevalence of behavioral problem in school going children was found to be 11.0%<sup>16</sup> According to the interventional studies conducted in India, school teacher of primary school were having an average scores in knowledge

regarding common behavioral problems after the intervention they gain better scores in knowledge about common behavioral problems in school children [17]. In another study findings showed that primary school teachers had considerably moderate knowledge (58.82%) regarding behavioral problems [18]. Bhanwara P (2011) reported that among the school teachers, majority 93.34% had average knowledge [19]. Edwin JJ (2016) stated that 92% of the primary schools teachers had inadequate knowledge regarding behavioral problems of children [20]. By extensive review of literature, it was found that no specific training is available for teachers in management of children with behavioral problems. Thus, the present study aims to prepare the teacher training module and evaluate the effectiveness of the module on knowledge and self-expressed practices of school teachers regarding selected behavioral problems in children.

**Statement of the Problem:** Efficacy of Teacher Training Module on Knowledge and Self-Expressed Practices Regarding Selected Behavioral Problems in Children among School Teachers - A Pilot Study

**Objectives of the Study:** To determine the efficacy of teacher training module on knowledge and self-expressed practices on selected behavioral problems in children among school teachers and to find the association of the pretest knowledge and self-expressed practices regarding selected behavioral problems in children with selected demographic variables of school teachers.

## MATERIAL AND METHODS

In this study quantitative approach was used and pre-experimental one group pre-test post-test design was used to evaluate the efficacy of teacher training module on knowledge and self-expressed practices of school teachers. The study was conducted in Government Middle School and Primary School, Kotla and Kangra, Himachal Pradesh. The sample consists of 10 School Teachers teaching in Government School of Kotla and Kangra, Himachal Pradesh. School teacher were recruited by convenient sampling. Data was collected by the researcher developed socio-demographic data sheet, knowledge questionnaire and self-expressed practice scale on selected behavioral problems in children. The teacher training module on behavioral problems was administered to the school teachers for 3 hours in 4 sessions, using different methodologies. Pre test was conducted before administration of the module and the post test was conducted immediately after the session. Data analysis was done by using Statistical Package for Social Science (SPSS) version 17.0. Frequencies and percentages were used to analyze socio-demographic data, knowledge and self-expressed practice on selected behavioral problems and the findings were presented in tables and figures. Mean and standard deviation were used to determine the effectiveness of teacher training module on selected behavioral problems. The statistical significance of the effectiveness of teacher training module on selected behavioral problems was assessed by paired 't' test.  $\chi^2$  test was used to determine the association of pre test knowledge and self-expressed practice on selected behavioral problems with selected demographic variables of school teachers.

## RESULTS AND INTERPRETATION

### Section A - Description of sociodemographic characteristics of school teachers

**Table 1: Percentage and frequency distribution of sociodemographic characteristics of school teachers (N-10)**

S.No	Sociodemographic Characteristics	f	%
1.	<b>Age (yrs)</b>		
	25-30	9	90%
	31-35	1	10%
2.	<b>Gender</b>		
	Male	5	50%
	Female	5	50%
3.	<b>Education Status</b>		
	Degree with TET	4	40
	Master degree & B. Ed	5	50
	Master degree & M.Ed.	1	10
4.	<b>Marital Status</b>		
	Unmarried	4	40
	Married	6	60
5.	<b>Residential Area</b>		
	Rural	6	60

	Urban	4	40
6.	<b>Experience</b>		
	1-3 years	7	70
	4-5 years	2	20
	More than 5 years	1	10
7.	<b>Monthly Income (Rs.)</b>		
	4000-6000	5	50
	6001-8000	3	30
	8001-10000	2	20
8.	<b>No. of children between the age of 6-12 years at home</b>		
	No children	5	50
	1	3	30
	2	2	20

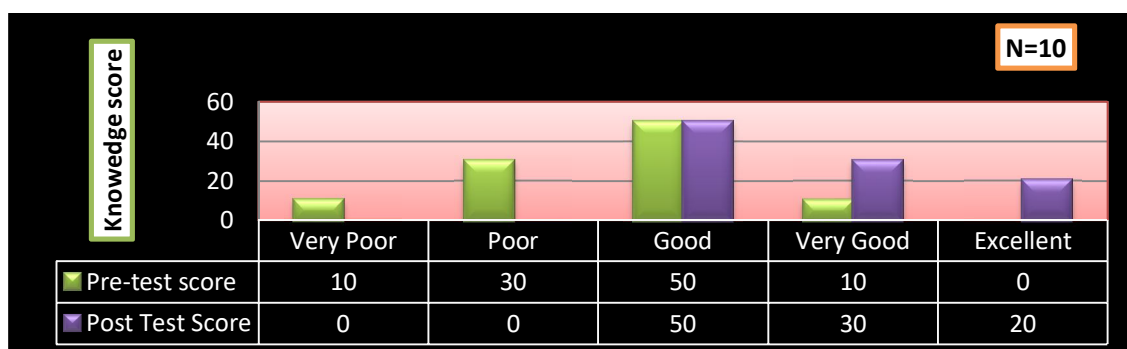
Table 1 shows the frequency and percentage distribution of school teachers based on their sociodemographic characteristics. Regarding the age of the school teacher's majority 9 (90%) respondents belonged to the age group of 25-30 years, In respect to gender, 5 (50%) respondents were female. In relation to educational qualification, 5 (50%) were having master degree with B.Ed. In case of marital status, majority 6 (60%) were married. Regarding the residential area 6 (60%) was from urban area. About teaching experience, 7 (70%) of the school teachers were having 1-3 years of experience. In case of monthly income, 5 (50%) were having 4000-6000 Rs. With respect to number of children between the age of 6-12 years, 5 (50%) of them had no children.

**Section-B: Efficacy of teacher training module on knowledge regarding the selected behavioral problems in children among school teachers.**

**Table 2: Frequency and percentage distribution of pre and post test knowledge regarding selected behavioral problems in children among school teachers (N=10)**

Knowledge	Pretest		Post test	
	f	%	f	%
<b>Very Poor (less than 14)</b>	1	10	0	0
<b>Poor (15-21)</b>	3	30	0	0
<b>Good (22-29)</b>	5	50	5	50
<b>Very Good (30-37)</b>	1	10	3	30
<b>Excellent (38-45)</b>	0	0	2	20

Table 2 shows that in the pre-test scores on the knowledge regarding selected behavioral problems 5 (50%) school teachers were having good knowledge, 3 (30%) with poor knowledge and 1 (10%) have very poor knowledge regarding the selected behavioral problems in children. While in post-test, majority 5 (50%) had good, 3 (30%) were having very good knowledge and 2 (20%) with excellent knowledge regarding the selected behavioral problems in children. The same has been represented in the figure 1.



**Figure 1 Pre and post test knowledge regarding selected behavioral problems among schoolteachers**

**Table 3 Mean and Standard Deviation of pre and post-test knowledge regarding the selected behavioral problems among school teacher (N=10)**

Knowledge score	Mean± S.D.	Mean diff.	t value p value
Pre-test	2.60 ± .84	1.10	4.71
Post-test	3.70 ± .82		0.001**

\*\* Highly Significant

Table 3 depicts the Mean and SD of pre and post test knowledge regarding selected behavioral problems in children among school teachers. Regarding the pre-test score the Mean ± S.D was 2.60 ± 0.84, whereas in the post-test it was 3.70 ± 0.82. The Mean difference was 1.10 (t value-4.71, p<0.001). The finding reveals that there was a increase in knowledge among school teacher after attending teacher training module on selected behavioral problems.

**Section-C: Efficacy of teacher training module on self-expressed practices on selected behavioral problems among school teacher**

**Table4 Frequency and percentage distribution of pre and post test scores on self-expressed practice among school teachers**

Self expressed practice	(N=10)			
	Pre-test		Post test	
	f	%	f	%
Satisfactory (9-12)	08	80	08	80
Partially satisfactory(4-8)	02	20	02	20

Table 4 shows that in the pre and post test scores, majority 8 (80%) school teachers were having satisfactory practices and 2 (20%) with partially satisfactory practices in managing behavioral problems in children. It was found that there was no difference in pre and post test scores on self-expressed practices on selected behavioral problems among school teachers.

**DISCUSSION**

**Sociodemographic characteristics of school teachers**

In this study regarding the age of the school teachers, majority 9(90%) respondents belonged to the age group of 25-30 years. In another study, 18 (30%) school teachers were in the age group of 31-39 years.<sup>21</sup>With respect to gender, 5 (50%) respondents were female while in another study majority of the school teachers 29 (96.66%) were female [22].

In relation to educational qualification, majority 5 (50%) were having master degree with B. Ed. In another study majority 40% of the school teachers with master degree with B. Ed. [22]. In relation to the marital status, 6 (60%) school teachers were married. In another study, 86.66% of the school teachers were married.

Regarding the residential status, 6 (60%) school teachers belongs to rural area. With respect to the teaching experience, majority 7 (70%) of the school teachers were having 1-3 years of experience .In other study, majority 60% of the school teachers were having more than 5 years of experience and in another study 30% of school teachers were having more than 7 years of experience. In case of monthly income, 5 (50%) were having 4000-6000 Rs. Whereas , in other study 42% of School teachers was with more than 7000 Rs. monthly income [20]. In respect to number of children between the age of 6-12 years at home, 5 (50%) had no children.

**Section-B: Efficacy of teacher training module on knowledge of school teachers**

The result of the present study showed that Mean and standard deviation of pre-test knowledge score was 2.60 ±.843 and in post-test the values were 3.70±.823the calculated t value was 4.714 (p<0.001) which showed that the was a significant increase in the knowledge regarding selected behavioral problems in children among school teachers. Similar findings were reported in another study, the Mean and standard deviation for pre-test and post-test knowledge score were 10.50±3.45 and 20.03±2 [15].

**Section-C: Efficacy of teacher training module on self-expressed practices of school teachers**

In this study both the pre and post-test scores on self-expressed practices remain same 08 (80%) school teachers were having satisfactory practices. This shows that school teachers were able to manage the children with behavioral problems.

## CONCLUSION

The results of the present study indicated that school teachers have limited knowledge and no significant change in the self-expressed practices regarding the selected behavioral problems in children. Thus, it was found that the teacher training module developed by the investigator had shown significant increase in knowledge regarding behavioral problems among school teachers.

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