

A Study to Evaluate the Effectiveness of Structured Teaching Programme on Knowledge Regarding Early Identification and Management of Conduct Disorder in Children Among Diploma in Education (D.Ed.) Students at Selected Colleges in Mysuru

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I. AIMS AND OBJECTIVES

The goal of the research study is to evaluate the effectiveness of structured teaching programme on knowledge regarding early identification and management of conduct disorder in children among Diploma in education (D.Ed) students at selected colleges in Mysuru.

II. METHODOLOGY

Pre-experimental one group pre-test post-test design was used to evaluate the effectiveness of structured teaching programme(STP) on knowledge regarding early identification and management of conduct disorder in children among Diploma in Education (D.Ed.) students at selected colleges in Mysuru. Data was collected using structured knowledge questionnaire. A structured knowledge questionnaire was prepared and used to evaluate the effectiveness of structured teaching programme. Reliability (R=0.88) of the tool was tested and validity was ensured in consultation with guides and experts in the field of statistics, psychiatric and nursing.

The study was carried out in District institute of education and training (DIET), Vasanth mahal, Mysuru. Non probability convenient sampling technique was used to select 60 D.Ed. students. Structured knowledge questionnaire was administered to collect the needed data. Data was analyzed by using descriptive and inferential statistics.

III. RESULTS

Data analysis revealed that the mean of post-test knowledge (19.53) was higher than that of pre-test knowledge (13.4). The calculated paired t-test value (t=18.27) is greater than table value (P>0.05, df 59) which is suggestive of significant difference between mean pre-test and post-test knowledge scores indicating the effectiveness of structured teaching program. Calculated χ^2 values revealed that no association between genders, age, religion, place of residence, educational status, class of study, and previous knowledge regarding early identification and management of conduct disorder in children.

IV. INTERPRETATION

This study revealed that the structured teaching programme on knowledge regarding early identification and management of conduct disorder in children among D.Ed students was effective.

Key words: STP; Knowledge; Conduct disorder

Back ground of the study:

Children are the most important asset and wealth of a nation. Healthy children make a healthy nation. Children are developing individuals, whose capacities and coping skills change markedly during childhood. Children experiences not only physical illness but also suffers from psychological illness. Identification and handling of the emotional, behavioral and developmental disorder of children is essential.

Conduct disorder is a common psychiatric disorder that usually emerges in childhood and adolescence. Conduct disorder is one of the strongest risk factors for developing of antisocial personality disorder, criminality, substance abuse and also high risk for anxiety disorder and depression in adulthood. School can act as a safety net to protect the children from hazards that affect their learning and promote psychological wellbeing of the children. Because of lack of awareness, teachers fail to identify them early and refer them for medical help to prevent further complications. This study deals with early identification and management of conduct disorder in children among D.Ed. students.

V. NEED FOR THE STUDY

Conduct disorder is serious mental health problem in children. First, it often involves aggression, it is highly related to criminal behavior, and it is associated with a host of other social, emotional, and academic problems, the behaviors associated with conduct disorder¹¹. Conduct disorder in childhood predicts later problems in adolescence and adulthood, including mental health problems e.g., substance abuse, legal problems e.g., risk for arrest, educational problems e.g., school drop-out, social problems e.g., poor marital adjustment, occupational problems e.g., poor job performance, and physical health problems e.g., poor respiratory function. Thus, conduct disorder is a very serious mental health concern that is associated with substantial risk of both current and future impairments¹².

Globally prevalence rate of behavioral disorder is 15%, 12.2% conduct disorder, 9.5% attention deficit hyperactivity disorder, 8.3% emotional disorders, 0.4% scholastic disorders, 1.5% adjustment disorder, 1% pervasive developmental disorder. In India, the prevalence rate of behavioral problems is 43.1% and 14.5% conduct disorder, 29.7% attention deficit hyperactivity disorder, 12.5% emotional disorder, 7.1% scholastic disorders, 2% adjustment disorder, 9.5% pervasive developmental disorder^{1,13}.

Globally prevalence rate of conduct disorder among children and adolescence are 8%, 2-5% in children between age group of 5-12 years and 5-9% in adolescence between 13-18 years. In India prevalence rate is 4.58% prevalence among boys is 6.81% and

girls is 1.85%. The ratio between boys and girls found to be 4.5:1. In Karnataka prevalence rate is 2.6%¹³.

School can act as a safety net to protect the children from hazards that affect their learning and promote psychological wellbeing of the children. In 1986, National policy of education said that 75% of total school curriculum had been allotted to health education in teacher training course. They had a lack of coordination between state council of education, research, training and state school health bureau. So the teachers were not getting adequate training in health aspect.

Teachers spend most of their day time in the classroom. So the teachers are capable person to identify the psychosocial problems and high risk of behavioral problematic children. The teacher will promote psychological competencies like decision making, problem solving, critical and creative thinking, interpersonal relationship skills, self-awareness, empathy and skills for coping with emotional stress among school children.

The mother is the first teacher; the teacher is the second mother, the teachers are the influential person to develop and change student behavior in an expected manner. Children accept their teachers and their opinions and consider them to be role model. This resource and influencing factor must be tapped in the wider context of the situation. The teachers need to help the children to cope with health and illness.

Children exhibit symptoms in the school but unfortunately because of lack of awareness, teachers fail to identify them early and refer them for medical help to prevent further complications. The teacher could identify the high risk population and psychosocial problems such as aggression, stealing, lying and life endangering adventures may be an early indication of children facing conduct disorder¹⁴.

A descriptive research design with cross sectional survey approach was conducted to assess the knowledge on prevention of conduct disorder among school teachers in Salem. 60 school teachers were selected. Data were planned and analyzed using descriptive and inferential statistics method. The result showed that 78.3% of primary school teachers had in adequate knowledge, 21.7% had moderate knowledge and none of them had adequate knowledge. The Researcher concluded that teachers had inadequate knowledge on prevention of conduct disorder¹⁵.

A cross sectional study was conducted among primary school teachers to assess the knowledge regarding conduct disorder in Shimla. Samples are 100 Primary school teachers and selected by using random sampling technique. Data are collected using structured questionnaire. The result showed that the mean score of knowledge of teachers was 5.18, the result revealed that only two fifth of primary school teachers (43%) had average knowledge on conduct disorder. The researcher concluded that most of the primary school teachers had inadequate knowledge on conduct disorder¹⁶.

From the several studies shows that, the teachers had inadequate knowledge on conduct disorder. D.Ed. Students are the future teachers. Hence the researcher felt that there is a significant need to impart knowledge regarding early identification and management of conduct disorder in children among D.Ed. students through structured teaching programme.

Objectives of the study

1. To assess the pretest knowledge regarding early identification and management of conduct disorder in children among D.Ed. students.
2. To evaluate the effectiveness of structured teaching programme on knowledge regarding early identification and management of conduct disorder in children among D.Ed. students.
3. To find out the association between pretest knowledge score regarding early identification and management of conduct disorder in children with their selected demographic variables.

Hypothesis of the study:

H₁: There will be a statistical significant difference between mean pre-test and post-test knowledge score regarding early identification and management of conduct disorder in children among D.Ed. students.

H₂: There will be a association between pre-test knowledge scores regarding early identification and management of conduct disorder in children with their selected demographic variables among D.Ed. Students.

VI. MATERIALS AND METHODS USED

Sources of data:

Study was conducted in District institute of education and training (DIET), Vasanth mahal, Mysuru. The setting was chosen on the basis of feasibility in terms

of availability of the samples and their willing to participate in the study.

Demographic Variable:

In this study age, gender, religion, place of residence, educational status, class of study and any previous sources of knowledge regarding early identification and management of conduct disorder in children.

Research design:

The research design used in this study is pre-experimental, one group pre-test post-test design.

Research Settings:

Study was conducted in District institute of education and training (DIET), Vasanth mahal, Mysuru.

Population:

In this study D.Ed students were the population.

SAMPLING:

Sample size: The sample size was 60 D.Ed. students who fulfilled the inclusion criteria.

Sampling technique: Non probability convenient sampling technique was used to collect data.

Sampling criteria:

Inclusion criteria:

D.Ed. students including both male and female.

D.Ed. Students who are willing to participate in the study.

Exclusion criteria:

D.Ed. students who are not available at the time of the study.

Instruments used:

Description of the tool:

Section 1: Demographic variables Section.

Section 2: Structured knowledge questionnaire.

Section 3: Development of STP

Organization of the findings:

The analysis of the data were organized and presented as follows:

Section I: Analysis of demographic characteristics of participants under study.

Section II: Analysis of pre-test and post-test knowledge scores of participants.

a) Analysis of pre-test knowledge scores of participants.

b) Analysis of post-test knowledge scores of participants.

Section III: Comparison between pre-test and post-test knowledge scores and effectiveness of structured teaching programme.

Section IV: Analysis of association between Pre-test knowledge scores with their

selected demographic variables of respondents
SECTION – I: ANALYSIS OF DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS UNDER STUDY

Analysis of demographic data of the participants is described in terms of Age, Gender, Religion, Place of residence, Education status, Class of study and previous knowledge of early identification and management of conduct disorder.

TABLE – 2: Frequency and percentage distribution of participants based on their demographic characteristics.

Characteristics	Category	Participants	
		Number	Percentage %
Age groups	17 years	02	3.33
	18 years	17	28.33
	19 years	9	15
	20 years	6	10
	>21 years	26	43.33
Gender	Male	06	10
	Female	54	90
Religion	Hindu	50	83.33
	Christian	4	6.67
	Muslim	5	8.33
	Others	1	1.67
Place of residence	Rural	38	63.33
	Urban	22	36.67
Educational status	Degree	14	23.33
	PUC	46	76.67
Class of study	1 st year D.Ed.	30	50
	2 nd year D.Ed.	30	50
Previous knowledge	Yes	6	10
	No	54	90

Table 2 and respective figure related to the frequency and percentage distribution of participants based on selected demographic characteristics reveals the following findings.

Majority (43.33%) of the participants were >20years old, (90%) of the participants were females, (83.33%) of the participants were Hindu, (63.33%) of the participants were living in rural area, (76.67%) of the participants were studied PUC, 50% of the participants were studying 1st year D.Ed and 50% were studying

2nd year D.Ed. Majority (90%) of the participants had no previous knowledge regarding early identification and management of conduct disorder.

SECTION II: ANALYSIS OF PRETEST AND POST TEST KNOWLEDGE SCORES OF PARTICIPANTS REGARDING EARLY IDENTIFICATION AND MANAGEMENT OF CONDUCT DISORDER.

Analysis of pretest knowledge score of participants.

TABLE -3: Classification of respondents based on their pre-test knowledge scores regarding early identification and management of conduct disorder.

Knowledge level	Category	Participants	
		Numbers	Percentage
Inadequate	≤ 50% score	44	73.33
Moderate	51-75% score	15	25
Adequate	>75% score	1	1.67
Total		60	100

Table 3 and Figure 10 shows that majority (73.33%) of the participants had inadequate knowledge, (25%) had moderate knowledge and only (1.67%) had adequate knowledge.

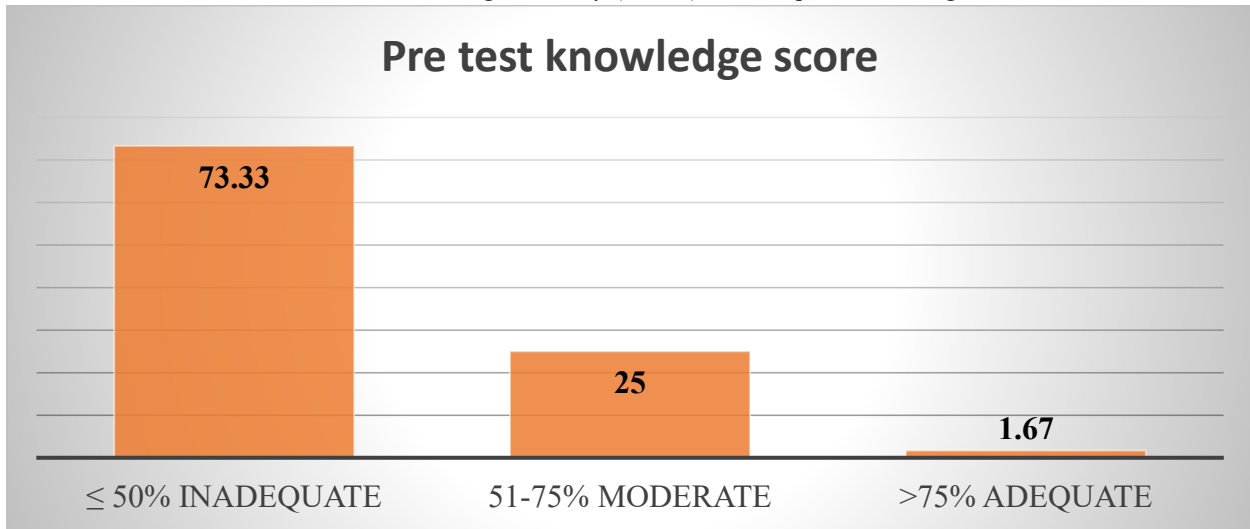


Figure 10: Classification of participants based on their pretest knowledge score regarding early identification and management of conduct disorder.

Table 4: Mean, SD, mean% and SD% of pre -test knowledge score of participants regarding early identification and management of conduct disorder.

Aspects	Statement	Max Score	Mean	SD	Mean %	SD%
Pre test	30	30	13.4	3.21	44.67	10.7

Table -4 depicts that the pretest mean knowledge score with SD was 13.4 ± 3.21 and mean percentage with SD% was $44.67 \pm 10.7\%$.

Analysis of post-test knowledge scores of participants.

TABLE -5: Classification of participants based on their post-test knowledge scores regarding early identification and management of conduct disorder.

Knowledge level	Category	Participants	
		Numbers	Percentage
Inadequate	≤ 50% score	12	20
Moderate	51-75% score	37	61.67
Adequate	>75% score	11	18.33
Total		60	100

Table 5 and Figure 11 shows that (20%) had inadequate knowledge, (61.67%) of the participants had moderate knowledge and (18.33%) had adequate knowledge.

Table 6: Mean, SD, mean% and SD% of post-test knowledge score of participants regarding early identification and management of conduct disorder.

Aspects	Statements	Max score	Mean	SD	Mean%	SD%
Post test	30	30	19.53	3.73	65.1	12.43

Table -6 depicts that the post-test mean knowledge score with SD was 19.53 ± 3.73 and mean percentage with SD% was $65.1 \pm 12.43\%$.

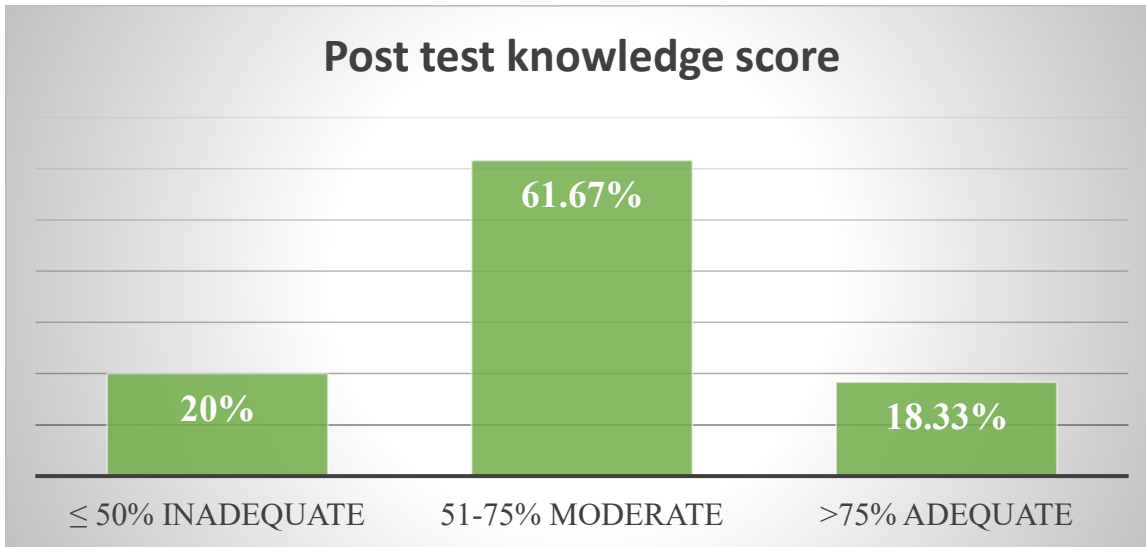


Figure 11: Classification of participants based on their post-test knowledge scores regarding early identification and management of conduct disorder.

SECTION III: COMPARISON BETWEEN PRE-TEST AND POST-TEST KNOWLEDGE SCORES AND EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME.

The following null hypothesis was tested:

H₁- There will be statistical significant difference between mean pre-test and post-test knowledge scores of D.Ed. students regarding early identification and management of conduct disorder.

Table – 07: Mean, SD, Mean%, and SD% of pre-test, post-test and enhanced knowledge scores of overall tests with paired 't' test value.

Aspects	Max Score	Mean	Participants knowledge			Paired 't' Test
			SD	Mean%	SD%	
Pre- test	30	13.4	3.21	44.67	10.7	N=60
Post -test	30	19.53	3.73	65.1	12.43	
Enhancement	30	6.13	0.52	20.43	1.73	

*Significant at 5% level.

t (0.05,59df) =1.96

Table 7 and figure 12 depicts that, the pretest over all mean knowledge score of the participants with SD was 13.4 ± 3.21 and that of post -test was 19.53 ± 3.73 with the enhancement of 6.13 ± 0.52 . The statistical paired ‘t’ test($t=18.27$) is greater than the table value (1.96) which implies that the difference between the pre-test and post-test knowledge score was found to be statistically significant at 5% level. Hence alternative hypothesis H_1 is accepted.

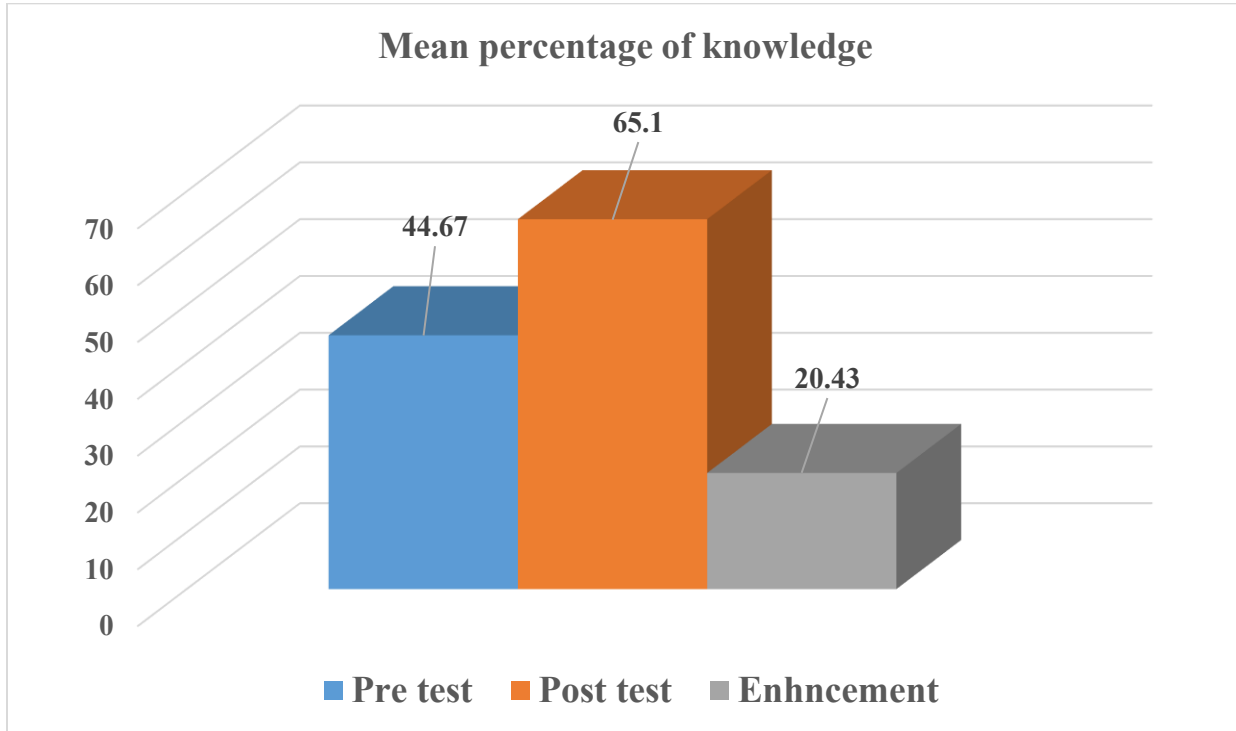


Figure 12: Mean percentage of pre-test, post- test and enhanced overall knowledge scores regarding early identification and management of conduct disorder.

Table 8: Classification of participants based on their pre-test and post-test knowledge level regarding early identification and management of conduct disorder.

Knowledge level	Category	Classification of participants				χ^2 value
		Pre- test		Post -test		
		Numbers	Percent	Numbers	Percent	
Inadequate	$\leq 50\%$ score	44	73.33	12	20	35.92*
Moderate	51-75% score	15	25	37	61.67	
Adequate	$>75\%$ score	1	1.67	11	18.33	
Total		60	100	60	100	

* Significant at 5% level, $\chi^2 (0.05, 2df) = 7.38$

Table 8 and Figure 13 show that, in the pre-test majority (73.33%) of the participants had inadequate knowledge, 25% had moderate knowledge and only (1.67%) of them had adequate knowledge. In the post-test, majority (61.67%) of the participants had moderate knowledge, 20% had inadequate knowledge and only 18.33% had adequate knowledge. Calculated Chi square value 35.92 is significant at 5% level with 2df. It is suggestive of there is a significant difference between pre-test and post-test knowledge level of participants regarding early identification and management of conduct disorder.

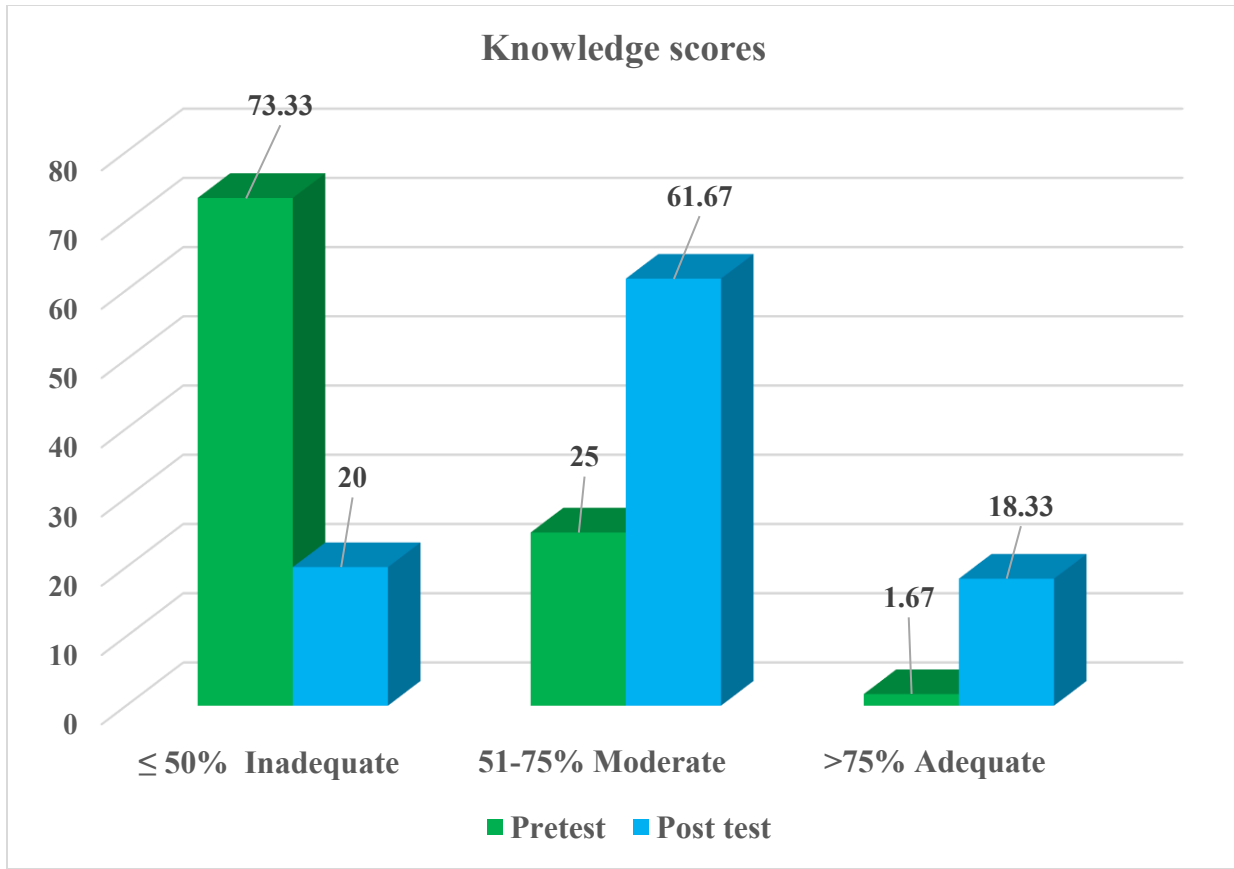


Figure 13: Shows the classification of participants according to their pre-test and post- test knowledge levels

SECTION IV: ANALYSIS OF ASSOCIATION BETWEEN PRE-TEST KNOWLEDGE SCORES WITH THEIR SELECTED DEMOGRAPHIC VARIABLES OF PARTICIPANTS.

TABLE – 09: Association between selected demographic variables and pre-test Knowledge level of participants regarding early identification and management of conduct disorder.

Characteristics	Category	Respondents		Chi square value	P value	df	Association
		Above Average	Below Average				
Age group	17 to 18	9	11	0.48	<0.05	2	NA
	19 to 20	8	6				
	>21	13	13				
Gender	Male	2	4	0.9258	<0.05	1	NA
	Female	28	26				
Religion	Hindu	24	26	0.6	<0.05	1	NA
	Christian, Muslims & others	6	4				
Place of residence	Rural	18	20	0.284	<0.05	1	NA
	Urban	12	10				
Educational status	Degree	6	8	0.3724	<0.05	1	NA
	PUC	24	22				

Class of study	1 st year D.Ed.	11	19	4.2664	<0.05	1	NA
	2 nd year D.Ed.	19	11				
Previous knowledge	Yes	5	1	3.148	<0.05	1	NA
	No	25	29				

NA: No Association

A: Association

Table-09 shows that the calculated χ^2 values regarding age, gender, religion, place of residence, educational status, class of study and previous knowledge regarding early identification and management of conduct disorder were less than the table values at 0.05 level of significance. Hence research hypothesis H_2 is rejected regarding these demographic variables.

Conclusion

Children are developing individuals, whose capabilities & coping skills change markedly during childhood. In this period the child undergoes a remarkable transformation from helpless dependent infant to independent self-sufficient individual. The amount of behavioral problems among children are very common in the age group between 6 to 12 years in three areas that is cognitive, emotions, behavior & relationship. Conduct disorder is most common behavioral disorder seen in children. If conduct disorder is not identified and treated early leads to complications such as alcohol abuse, substance abuse, poor academic performance, poor relationship results in leading public health threats in present and future. Teachers have got an important role in modifying the children maladaptive behavior when they are at school.

The present study is focused to evaluate the effectiveness of structured teaching programme on knowledge regarding early identification and management of conduct disorder in children among D.Ed. students at DIET in Mysuru.

The following conclusion were drawn from the study:

The knowledge regarding early identification and management of conduct disorder in children among D.Ed. students (73.33%) had inadequate, (25%) had moderate and only (1.67%) had adequate knowledge before administration of structured teaching programme.

The pre-test over all mean and SD knowledge score of the participants was 13.4 ± 3.21 and that of the post-test was 19.53 ± 3.73 with the enhancement of $6.13 \pm$

0.52. The statistical paired 't' ($t = 18.27$) was greater than the table value (1.96) which implies that the difference between the pre-test and post-test knowledge scores found to be statistically significant at 5% level. Hence the structured teaching programme was effective in enhancing the knowledge of D.Ed. students regarding early identification and management of conduct disorder in children.

The present study showed that pre-test knowledge level of participants was not associated with demographic variables such as age, gender, religion, place of residence, educational status, class of study, previous knowledge regarding early identification and management of conduct disorder in children.

VII. RECOMMENDATIONS

Based on study findings, following recommendations have been made;

1. The study can be replicated on a large sample with a control group.
2. Similar study can be undertaken using other teaching strategies.
3. Similar study can be conducted among parents and school teachers.
3. A comparative study may be conducted to find out the effectiveness between video assisted teaching programmes and planned teaching programme regarding early identification and management of conduct disorder in children.
4. Similar study can be conducted using larger number of samples selected by probability sampling for wider generalization.
6. A Similar study can be conducted with different settings and different demographic variables.

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