

A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE ON BEHAVIORAL PROBLEM OF CHILDREN AMONG PARENTS LIVING IN SELECTED COMMUNITY AREAS OF DISTRICT SRI MUKTSAR SAHIB, PUNJAB WITH A VIEW TO DEVELOP INFORMATION BOOKLET REGARDING COMMON CHILDHOOD BEHAVIORAL PROBLEMS

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ABSTRACT

Background of the Study: The term behavior refers to the way a person responds to a certain situation. Parents have a vital role in moulding the behavior of their children. Parents can imply positive attitude to their children by identifying negativism and behavioral problems. Most of the problems in children occur due to lack of parental knowledge, inconsistent discipline, over criticizing, neglect, problem between parents, sibling rivalry, and bad habits of mothers during pregnancy.

Aim of the Study: To assess the knowledge on behavioral problems of children among parents living in selected community areas of district Sri Muktsar Sahib, Punjab.

Material and Methods: A quantitative research approach, descriptive research design was used to conduct this research study. Total 100 parents were selected by non probability convenience sampling technique from selected community areas of district Sri Muktsar Sahib, Punjab. Data was collected by using self-structured interview schedule.

Results: The study results depicted that knowledge on behavioral problems of children was good in 4 (4%) of parents, average in 71 (71%) and below average in 25 (25%) of parents and the mean value 12.53 and SD=4.17. In general information regarding behavioral problems 4(4%) parents had good knowledge, 63 (63%) had average and 33(33%) had below average. In Conduct Disorder 7 (7%) parents had good knowledge, 62 (62%) had average and 31 (31%) had below average. In ADHD 4(4%) parents had good knowledge, 63 (63%) had average and

33(33%) had below average and in Autism 8 (8%) parents had good knowledge, 52 (52%) had average and 40(40%) had below average knowledge.

Conclusion: This study concluded that parents having average knowledge on behavioral problems in children. So there is need to update the knowledge of parents through awareness programmes and public health programmes.

KEY WORDS: Knowledge, behavioral problems, children, parents.

INTRODUCTION

Background of study

“Childhood often holds a truth in its feeble fingers, which the grasp of manhood cannot retain, and which is the pride of utmost age to recover”¹ - RUSKIN

Children are considered as the most potential unit of our future human resources in a country, which relies great deal on its human resource strength. Therefore, it is necessary to look after the health and welfare as they form the most vulnerable segment of the population. A better tomorrow depend much on the well being, safety and development of children today.²

Today’s Children are tomorrow’s responsible citizens of the world. There is a great to emphasize on children these days because of that a very substantial proportion of the world’s population, 35-45% constitutes young children. However nearly one in five children and adolescents have emotional and behavioral disorder at some point of time in their young lives. Recent evidence by World Health Organization indicates that by 2020 childhood neuropsychiatric disorders will rise proportionately by over 50% and would be the fifth most common cause of morbidity mortality and disability among children.³

A parent is really the child's first teacher and play an influencing role in development of personality. With the help of parents, care takers and teachers, most of them will learn to behave appropriately. In terms of time spent with the child caregivers or parents play an important role in the physical, behaviour and emotional development of the child. Moreover behaviour development requires normal circumstances and equal participation of both father and mother. Parents should be warm, responsive, sensitive, flexible, and empathetic.¹⁰ So parental teaching is an important measure to form a good behaviour in their children.

According to the World Health Organization (WHO) and UNICEF (2001) health report as many as 20 percent of children worldwide are suffering from behavioral problems which could lead to serious public health problems.

According to the Office for National Statistics 2004, 10% of children in the UK suffer extreme behavioural or emotional problems that put a strain on their family situation. The BBC reported in 2003 that at least 1 in 20 school children in England and Wales are Thought to have Attention Deficit Hyperactivity Disorder (ADHD) to a certain degree with prescriptions for the drug Ritalin doubling between 1999 and 2003. For 70% of children with ADHD the condition Continues into adolescence and for 10%, into adulthood.

The British Medical Association reported in 2006 that at any one time a million children are encountering behavioural problems, including depression, violence and self-harm.

The National Health Interview Survey, 2011-12 published on April 2014. The data is that out of 148 children, seven and one- half percent of children aged 6-17 years used prescribed medication during the past 6 months for emotional or behavioral difficulties

NEED FOR STUDY

Mental Health of a child is of basic importance to gain the ability to live harmoniously in this changing environment. Child's health is the corner stone of national progress. The community which neglects its children retards its future progress. United Nations international emergency fund has given great attention to the concept of the whole child which means it is essential to promote their health, as they are the vulnerable segment of the society.¹¹Nearly one in five of children and adolescents will have emotional and behavioral disorders at some time in their growth. Mental disorders in schools amount to 3.12% in students.

Recent evidence indicates that emotional and behavioral disorders frequently lead to poor school performance and to dropping-out of school ²². Behavioural and emotional problems in primary school aged children can cause significant difficulties in children's healthy development. For many children, they are also predictive of longer-term antisocial behaviours and mental health problems. Some children show symptoms that are consistent with diagnoses of Anxiety, Depression, Oppositional Defiant Disorder (ODD), Attention-Deficit Disorder (ADHD), and Conduct Disorder (CD) (American Psychiatric Association, 1994). As well as causing significant distress for children and families during their childhood, children with emotional and behavioural problems face an increased risk of low self-esteem, relationship problems with peers and family members,

academic difficulties, early school leaving, adolescent homelessness, the development of substance abuse issues and criminality.

The behavioral problems interfere with the child adjustment to life and as a result, make him unhappy in later life also. It also makes their life difficult and unsatisfactory as well as that of those around them. If no remedial steps are taken it may distort his total personality, hence there is a need to identify and provide suitable measure to deal with behavioral problems at early age.

In the light of the above mentioned studies the investigator observed that the prevalence rate of psychiatric disorder in India is more in middle class children and the knowledge of parents regarding behavioral disorder is inadequate. If the early identification of behavior problems is not done in the child age then they may go for antisocial personality disorder. So the investigator took up this study to assess the knowledge of parents and to inform the parents about behavior problems through information booklet so that helps in early identification of behavioral problems among children.

Objectives

- 1.To assess the knowledge on behavioral problems of children among parents.
2. To determine the association of knowledge on behavioral problems of children among parents with their demographic variables.
3. To develop and provide information booklet regarding prevention and management of behavioral problems.

Assumption:

The study assumes that:

- Parents may have some knowledge regarding behavior problems of children.
- Demographic variable may influence the parent`s knowledge on behavioral problems of children.

METHODOLOGY

Research approach:- Quantitative research approach

Research design:- Descriptive research design

Target population:- Parents in selected community areas of district Sri Muktsar Sahib, Punjab

Research setting:- Selected community areas of district Sri Muktsar Sahib, Punjab

Sample size:- 100

Sampling technique:-Non probability Convenience sampling technique

Preparation of tool

Part I: Demographic variables

Part II: Self-Structured Interview Schedule

Validity of tool

To ensure content validity of the tool, the tool was submitted to ten experts in the field of mental health nursing, psychiatrist and psychologist. The tool was also validated from the language experts in Punjabi.

Tool translation

Tool was converted to Punjabi language and validated by Punjabi expert. Necessary modification was incorporated based on expert suggestions expert's opinions from the field of nursing, psychiatric, psychology and medical department.

Ethical consideration

Administrative permission and ethical consideration was obtained from the:

- Research and ethical committee of SINPMS, Badal and BFUHS, Faridkot.
- Authorities of selected community areas of district Sri Muktsar Sahib.
- Consent form was obtained from the participants for willingness. The purpose for carrying out the research project was explained to the participants and assurance for confidentiality was given. Anonymity was maintained.

Pilot study

Pilot study was conducted to try out the reliability, feasibility and predictability of the study on 1/10th part of total sample size that is 10 parents (as the total sample size was 100). Sample and Data was collected by using Self-Structured Interview Schedule.

Reliability of tool

The reliability co-efficient for the Self-Structured Interview Schedule was 0.72, calculated by split half method. The reliability coefficient for the tool was calculated by Karl Pearson formula as this formula is used to check the internal consistency of the tool.

Data collection procedure

Prior to data collection, permission will be obtained from the research ethical committee and concerned authority i.e. Municipal Commissioner of selected community areas of Malout, Sri Muktsar Sahib, Punjab for conduction of study. Data was collected in the month of March, 2017 from 2/03/2017 to 21/03/2017. Knowledge of parents were assessed through self structured Interview Schedule and information booklet was given to participants after data collection.

Difficulties faced by researcher

- Difficult to convince the parents to fill the data due to their busy schedule.
- Difficult to clarify the parents that these questions are to assess their knowledge on behavioral problems not to assess behavioral problems of their children.

Plan for data analysis

The data was planned to analyzed by using both descriptive and inferential statistics.

Descriptive analysis: To assess the knowledge on behavioral problems of children among parents. The demographic characteristics of parents was described using frequency and percentage distribution.

Inferential statistics: To find out the Association of knowledge of parents regarding behavioural problems of children with their demographic variables.

DATA ANALYSIS AND INTERPRETATION OF DATA

Analysis is based on following Sections-

SECTION I: Description of study subjects according to selected socio demographic variables. SECTION II: Frequency and percentage distribution of parents level of knowledge among parents.

SECTION III: Association of knowledge of parents regarding behavioural problems of children with their demographic variables.

SECTION I: description of study subjects according to selected socio demographic variables

Table-1
Frequency and percentage distribution of parents according to their demographic variables.

N=100

S.No.	Demographic characteristics	Frequency (f)	Percentage (%)
1.	Age (in years) a) Below 30 b) 31-35 c) 36-40 d) Above 40	 29 32 17 22	 29.0 32.0 17.0 22.0
2.	Gender a) Male b) Female	 31 69	 31.0 69.0
3.	Educational status a) Upto Matric b) Higher secondary c) Graduate/diploma d) Post graduate	 52 30 12 6	 52.0 30.0 12.0 6.0
4.	Religion a) Sikh b) Muslim c) Hindu d) Christian	 45 07 46 02	 45.0 7.0 46.0 02.0
5.	Type of family a) Joint b) Nuclear	 38 62	 38.0 62.0
6.	No. of children a) 1 b) 2 c) 3 d) ≥ 4	 21 43 27	 21.0 43.0 27.0

		09	09.0
7.	Occupational status a) Unemployed b) Self-employed c) Government Service d) Private job	40 36 10 14	40.0 36.0 10.0 14.0
8.	Monthly income(in rupees) a) <10000 b) 10001-15000 c) 15001-20000 d) >20000	35 37 21 7	35.0 37.0 21.0 7.0
9.	Any information regarding behavioural problems a) No b) Yes If yes then source of information i) Television and internet ii) Friends, relatives and society iii) Newspaper and magazines	73 27 6 14 07	73.0 27.0 22.2 51.8 25.9
10.	Any family history of behavioural problem a) Yes b) No	18 82	18.0 82.0

Section II

Objectives I:- to assess the level of knowledge on behavioural problems of children among parents.

Table 2 :-Frequency and percentage distribution of level of knowledge among parents

Level of knowledge	Frequency (n)	Percentage (%)
Good	4	4%
Average	71	71%
Below average	25	25%

Table 2 shows that knowledge on behavioral problems of children was good in 4 (4%) of parents, average in 71 (71%) and below average in 25 (25%) of parents.

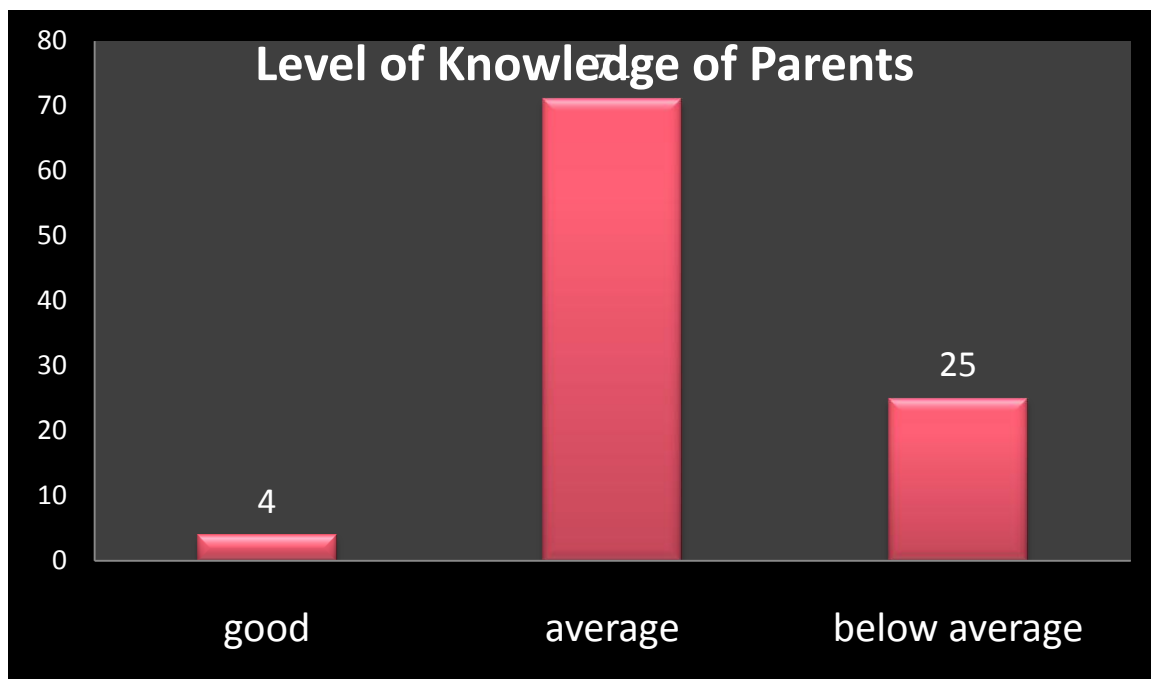


Fig.12 Percentage distribution of Parents according to Level of Knowledge

Table 3 Mean and Standard Deviation of knowledge among parents

Minimum score	Maximum score	Mean	SD
0	28	12.53	4.17

The finding of **table 3** represents that minimum score were 0 and maximum score were 28 and the mean value 12.53 and $SD \pm 4.17$.

Table 4:- Frequency and percentage distribution of level of knowledge among parents according to the each disorder.

Level of knowledge	General information	Conduct disorder	ADHD	Autism
Good	4 (4%)	7 (7%)	4(4%)	8 (8%)
Average	63 (63%)	62 (62%)	63 (63%)	52 (52%)
Below average	33 (33%)	31 (31%)	33 (33%)	40 (40%)

Table 4 represent that in general information regarding behavioral problems was 4(4%) parents had good knowledge, 63 (63%) had average and 33(33%) had below average. In conduct disorder 7 (7%) parents had good knowledge, 62 (62%) had average and 31 (31%) had below average. In ADHD 4(4%) parents had good knowledge, 63 (63%) had average and 33(33%) had below average and in Autism 8 (8%) parents had good knowledge, 52 (52%) had average and 40(40%) had below average knowledge.

Section III: Association of knowledge on behavioral problems in children with their demographic variables**Table 1****N=100**

Variables		Good	Average	Below Average	Chi Test	Table Value
Age(In Years)	Below 30	7	19	3	9.88 Df=6	12.59 (NS)
	31-35	7	25	0		
	36-40	2	14	1		
	Above 40	9	13	0		
Gender	Male	7	24	0	2.16 Df=2	5.99 (NS)
	Female	18	47	4		
Education	Upto Matric	12	38	2	15.6 Df=6	12.59 (S)
	Higher Secondary	9	21	0		
	Graduate	3	9	0		
	Post Graduate	1	3	2		
Religion	Sikh	7	36	2	7.09 Df=6	12.59 (NS)
	Muslim	4	3	0		
	Hindu	13	31	2		
	Christian	1	1	0		
Type Of Family	Joint	14	24	0	6.42 Df=2	5.99 (S)
	Nuclear	11	47	4		
No. Of Children	1	2	17	2	6.52 Df=6	12.59 (NS)
	2	12	29	2		
	3	9	18	0		
	>4	2	7	0		
Occupational Status	Unemployment	9	28	3	6.5 Df=6.5	12.59 (NS)
	Self Employed	7	29	0		
	Goverenment Service	4	6	0		
	Private Job	5	8	1		
Monthly Income	<10000	6	28	1	11.7	12.59
	10001-15000	7	28	2	Df=6	(NS)

	15001-20000	11	9	1		
	>20000	1	6	0		
Any Information Regarding Behavioural Problems?	No	14	57	2	6.65 Df=2	5.99 (S)
	Yes	11	14	2		
Any Previous History Of Behavioral Problems?	Yes	6	11	1	1.04 Df=2	5.99 (N)
	No	19	60	3		

$P > 0.05$ (NS) not significant

$P < 0.05$ (*) Significant

DISCUSSION

Findings of the study

The study results represents on table that knowledge on behavioral problems of children was good in 4% of parents, average in 71% and below average in 25% of parents. The parents had overall mean of subjects was 12.53, standard deviation 4.17.

LIMITATIONS OF THE STUDY

- The study is limited only to parents having children of 6-12 years.
- Small number of sample subjects leads in limiting the generalization of the study.

NURSING IMPLICATION OF THE STUDY

The findings of the study suggest very important implications for the nursing profession in the field of nursing education, nursing practice, nursing administration and nursing research.

Nursing Education

- The mental health nursing, child health nursing and community health nursing curriculum should strongly emphasis on health education on Behavioural problems of children, its prevention and management.
- Finding of the present study shows that there should be seminars, lectures. Workshops etc. related to behavioural problems of children and awareness programmes for the public.

Nursing Practice

- The nurses should be able to educate the public regarding behavioural problems in children, its early detection and preventive measures to be taken.
- Nursing students can create awareness among the parents and primary school teachers, it will help to understand the behavioral problems in children.
- Nurse as an educator should educate and counsel the parents regarding behavioral problems of children.

Nursing Administration

- Nurse administrator should organize awareness campaign at the school level by adopting various methods to teach the teachers and students regarding the ways to find out problems faced by children with behavioral problems and solving their problems by using various methods and techniques.

Nursing Research

- There is a need for extensive and intensive research in the early diagnosis of behavioural problems among school going children.
- Further research studies are needed to study the effects of structured teaching programmes among parents and primary school teachers. Disseminating the findings of the research through conferences, seminars and publishing in nursing journals and promote the effective utilization of research findings.

RECOMMENDATIONS

On the basis of the findings of the study following recommendations have been made-

- A similar study can be replicated on large sample to generalize the findings.
- An experimental study can be conducted in order to see the effectiveness of information booklet.
- Similar study can be done by using other teaching strategies i.e. self instruction/ computer assisted instructions.
- A similar study can be conducted among teachers of primary schools and other health personnel to assess the knowledge on behavioral problems.
- The same study can be conducted on different setting.

CONCLUSION

The above study was conducted on 100 parents with the view to assess the knowledge on behavioral problems of children among parents. Structured knowledge questionnaire was used to assess the knowledge of parents and data was analyzed based upon objectives. The findings of the study revealed that out of 100 parents 71 (71%) had average knowledge, 25(25%) had below average and 4 (4%) had good knowledge. So it can be concluded that parents have average knowledge regarding behavioral problems of children.

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