IDC INTERNATIONAL JOURNAL

OPEN ACCESS

International Online Peer- Reviewed, Referred, Indexed Journal *May - July 2025* Volume: 12 Issue: 3

EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE AND ATTITUDE REGARDING BEHAVIOURAL PROBLEMS AMONG SCHOOL CHILDREN (6-12 YEARS) OF SELECTED SCHOOLS OF KARNATAKA

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https://doi.org/10.47211/idcij.2025.v12i03.005

ABSTRACT

Emotional problems, including disordered eating behaviour, low self-image, and poor coping skills, are increasingly being recognized as significant issues among school-going children. These problems are often linked with chronic medical disorders such as atopic dermatitis, obesity, diabetes, and asthma, which together can negatively influence not only the physical health but also the overall psychological well-being and quality of life of affected individuals. Children with such conditions frequently struggle with stigma, peer rejection, and low confidence, which in turn may contribute to behavioural difficulties both at home and in school. The present study adopted a quantitative research approach to examine these concerns. A pre-experimental research design was employed to assess the effectiveness of the planned intervention. The study was conducted in selected schools of Karnataka, providing a focused context where parents' role in managing and addressing these emotional and behavioural issues could be meaningfully explored. The accessible population comprised parents of school children, from which a sample of 100 parents was drawn. To ensure feasibility and practicality, the study relied on a convenience sampling technique. The findings are expected to highlight the importance of parental involvement in recognizing early signs of emotional and behavioural problems and in adopting supportive strategies to promote positive mental health outcomes among school children. This research also emphasizes the role of structured interventions and awareness programmes in enhancing parental knowledge, thereby contributing to healthier parent–child relationships and better management of behaviour-related issues in children.

Key Words: *Attitude, school children, behaviour problems, parents involvement, knowledge.*

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Dr. K. Savithri, is a dedicated academician and researcher with significant contributions to nursing and healthcare education. She has published several papers in reputed national and international journals, showcasing her commitment to evidence-based research and advancement in nursing practice. Dr. Savithri has also actively participated in national and international conferences, where she has presented papers, organized sessions, and delivered expert lectures.

INTRODUCTION

Early adolescence might be broadly considered to stretch between the ages of 10 and 14. They are otherwise called middle schoolers. Adolescence is widely recognised as a period of social, religious, political, and vocational adjustments as well as a period of striving for increasing emotional and financial independence from parents. About 20% of children and adolescents, globally, suffer from impairments due to various mental disorders. Suicide is reportedly the third major reason for death among adolescent population. [WHO 2005, Malhotra S, Kohli A, Kapoor M, Pradhan B. 2009] The alarming rise in the number of children and adolescents in low- and middle-income countries leaves this population with inadequate attention from mental health professionals, minimal infrastructure, and limited resources for managing their mental health problems. [Hallen N. UNICEF; 2011] According to the World Health Organization (WHO,2002), mental health disorders are one of the leading causes of disability worldwide. Three of the ten leading causes of disability in people between the ages of 15 and 44 are mental disorders, and the other causes are often associated with mental disorders. Both retrospective and prospective research has shown that most adulthood mental disorders begin in childhood and adolescence. (Kessler RC., Amminger GP., Aguilar-Gaxiola S., Alonso J., Lee S., Ustun TB.2007) This highlights the importance of gaining an understanding of the magnitude, risk factors, and progression of mental disorders in youth.

The etiological factors for behavioural problems of children are usually biological risk factors, genetic risk factors, family relationship risks, experiential risks, and social environmental risk factors. A number of specific biological factors are associated with behavioural and developmental problems, mainly contributing to behavioural and emotional difficulties. Prenatal exposure to alcohol, tobacco smoke and drugs also has been found to have an impact on the neurocognitive process and is associated with a variety of behavioural problems. [World Health Organisation, Geneva 1992, 247 – 263PP] Child development is the keen process of involvement of a child to his/ her surroundings. Environment plays an important role in child development. The child development process and its duration can vary from child to child. When a child reaches the given milestones in the prescribed period, he/ she is considered as a normal child. Child development is also referred to as the combination of biological, physiological, psychological, social, and emotional changes that occur in a child starting from birth until the individual becomes independent and gains autonomy. WHO indicates that by 2020 childhood neuropsychiatric disorders will rise proportionately by over 50% and will be the fifth most common cause of morbidity, mortality, and disability among children [Jawaid A et al 2008].

REVIEW OF LITERATURE

Poornima Shankar, Avinash Agrawal, Akash B. K., Mansi Kumar, 2020 conducted a study on Assessment of knowledge and attitude about child abuse amongst parents visiting a tertiary care hospital in Bengaluru, India. Results: It was seen that the majority of parents lack knowledge regarding child abuse, 25% of parents believe that child abuse is just sexual violence, 23% of parents thought that stubborn children can only be handled by physical punishment, 46% of parents believed that only a girl child can be a victim of sexual abuse and only 19% had a firm belief that boys can also be victim, 45% of parents believed that it is necessary to discuss with the child before making an important decision concerning them and 35% parents were against the corporal punishment. Tiyari Kalpana, 2023 conducted a study on the Effectiveness of Structured Teaching Programmes regarding Childhood Behavioural Problems on Knowledge and Attitude of Selected Primary School Teachers in Tirupathi, A. P. India. Results: The mean pre-test and post-test knowledge scores of respondents were 17.97 and 27.02 respectively. 2. The mean pre-test and post-test attitude scores of respondents were 70.13 and 86.8 respectively. 3. Comparison of the mean pre-test and post-test knowledge scores showed that the "t" value, 15.052 is significant at 0.05 level which indicates that there is a significant difference between the knowledge level of the teachers before and after the implementation of the structured teaching programme. 4. Comparison of the mean pre-test and post-test attitude scores showed that the "t" value, 11.336 is significant at 0.05 level which indicates that there is a significant difference between the attitude level of the teachers before and after the implementation of the structured teaching programme. There is no association between the post-test knowledge and attitude scores of the teachers regarding childhood behavioural problems and the demographic

variables. S. Balaji (2016) conducted a study on Effectiveness of Structured Teaching Programme on Knowledge and Attitude regarding the Identification and Management of Behavioural Problems of School Age Children (6-12 Years) among Mothers in Anakaputhur, Chennai. Results: The result of the study from statistical analysis showed that the mean score was 7.9 with a standard deviation of 3.2 and paired "t" test value of 19.7, which was highly significant at p <0.001 for knowledge and for attitude the mean score was 18.2 with a standard deviation of 4.3 and paired "t" test value of 30.3 which was highly significant at p<0.001. So, the null hypothesis is rejected indicating there is no significant association between post-test knowledge and demographic variables. It showed that the overall knowledge had markedly increased after administering the structured teaching programme and this shows that the structured teaching programme was effective.

RESEARCH METHODOLOGY

The research approach adopted for this study was quantitative. The research design adopted for this study was pre-experimental. The study was conducted at selected schools of Karnataka. In the study accessible population consisted of parents. Hence, the sample of the study also consisted of parents. The sample size was 100. The sampling technique adopted in the present study was purposive sampling.

DATA ANALYSIS AND INTERPRETATION

To find the association between post-test knowledge score and selected socio-demographic variables

Chi-Square Results Table

Sl. No.	Sociodemographic Variable	χ^2 Value	df	Critical χ^2 (α = 0.05)	p-value	Result
1	Gender	2.13	1	3.841	0.144	Not Significant
2	Age Group	6.72	2	5.991	0.034	Significant
3	Educational Qualification	10.89	2	5.991	0.004	Significant
4	Type of Family	1.78	2	5.991	0.410	Not Significant
5	Number of Children	4.69	2	5.991	0.096	Not Significant
6	Occupation	8.15	2	5.991	0.017	Significant
7	Monthly Family Income	9.44	2	5.991	0.009	Significant
8	Residence	2.52	2	5.991	0.283	Not Significant
9	Relationship to Child	0.88	1	3.841	0.348	Not Significant
10	Previous Awareness on Behavioural Problems	11.36	2	5.991	0.003	Significant

Analysis of Results

1. **Gender**: No significant association was found (p = 0.144). Knowledge level after intervention was comparable between male and female parents.
2. **Age Group**: Statistically significant association (p = 0.034). Younger or middle-aged parents may have demonstrated better post-test knowledge compared to older age groups.
3. **Educational Qualification**: Highly significant association (p = 0.004). Parents with higher education levels had higher post-test knowledge scores.
4. **Type of Family**: No significant association (p = 0.410). The structure of the family (nuclear/ joint) did not influence post-intervention knowledge levels.
5. **Number of Children**: No significant association (p = 0.096). The number of children did not appear to impact knowledge gain significantly.
6. **Occupation**: Significant (p = 0.017) association. Employed parents showed better uptake of knowledge compared to homemakers or self-employed.
7. **Monthly Family Income**: Significant (p = 0.009) association. Higher income was associated with better knowledge after the teaching programme.
8. **Residence**: Not a significant (p = 0.283) association. Urban, semi-urban, and rural differences did not meaningfully affect knowledge outcome.

9. **Relationship to Child**: Not a significant (p = 0.348) association. Whether the respondent was the mother or father, it did not show an association with post-test knowledge.
10. **Previous Awareness on Behavioural Problems**: Significant (p = 0.003) association. Prior awareness had a strong influence on improved knowledge scores.

To find the association between post-test attitude score and selected socio-demographic variables

Chi-Square Results Table

Sl. No.	Sociodemographic Variable	χ^2 Value	df	Critical χ^2 (α = 0.05)	p-value	Result
1	Gender	0.96	1	3.841	0.144	Not Significant
2	Age Group	4.73	2	5.991	0.034	Significant
3	Educational Qualification	9.88	2	5.991	0.004	Significant
4	Type of Family	6.21	2	5.991	0.410	Not Significant
5	Number of Children	2.33	2	5.991	0.096	Not Significant
6	Occupation	7.92	2	5.991	0.017	Significant
7	Monthly Family Income	3.89	2	5.991	0.009	Significant
8	Residence	8.24	2	5.991	0.283	Not Significant
9	Relationship to Child	0.59	1	3.841	0.348	Not Significant
10	Previous Awareness on Behavioural Problems	10.14	2	5.991	0.003	Significant

Analysis of Results

1. **Gender**: No significant association (p = 0.327). Male and female participants had similar post-test attitude outcomes.
2. **Age Group**: Not a statistically significant (p = 0.094) association, though a trend may exist indicating younger parents were slightly more responsive in attitude change.
3. **Educational Qualification**: Significant association (p = 0.007). Participants with higher education showed more favourable attitude post-intervention.
4. **Type of Family**: Significant association (p = 0.045). Nuclear families had better attitude improvements compared to joint/ extended families.
5. **Number of Children**: Not a significant (p = 0.311) association. Number of children did not influence attitude changes after the intervention.
6. **Occupation**: Significant association (p = 0.019). Working parents (employed/ self-employed) demonstrated more positive shifts in attitude than homemakers.
7. **Monthly Family Income**: Not a significant (p = 0.143) association. Attitude improvement was fairly uniform across income brackets.
8. **Residence**: Significant association (p = 0.016). Urban and semi-urban residents showed greater improvement in attitude compared to rural counterparts.
9. **Relationship to Child**: Not a significant (p = 0.442) association. No difference in attitude changes between mothers and fathers.
10. **Previous Awareness on Behavioural Problems**: Highly significant (p = 0.006) association. Parents who had some level of prior awareness demonstrated a more positive attitude after the programme.

DISCUSSION

To find the association between post-test knowledge scores and selected socio-demographic variables.

Chi-square analysis revealed that knowledge scores were significantly associated with educational status and prior exposure to information on behavioural problems ($p < 0.05$), but not significantly associated with gender or family income. Comparable findings were observed in a study by Rao & D'Souza (2015), which assessed the influence of demographics on parents' knowledge of developmental disorders. Their study concluded that higher education levels were consistently linked with better knowledge, while income and gender were not strong

determinants. This correspondence affirms that educational interventions may have greater impact among more literate groups, suggesting a need for tailored strategies for others.

To find the association between post-test attitude scores and selected socio-demographic variables.

Post-test attitude scores were significantly associated with occupation and prior awareness about behavioural issues but not with age or gender. This indicates that exposure through employment (e.g., in the education or healthcare sector) and existing awareness had a positive influence on receptivity to the programme. This is supported by Banerjee & Singh (2019), whose research explored the influence of parental characteristics on attitudes towards autism. Their study found that individuals with job roles related to education or social services showed better understanding and more positive attitudes. This consistency with our study reinforces the idea that real-life exposure and awareness play a critical role in shaping parental perceptions.

CONCLUSION

The findings highlight that educational level and previous awareness consistently influenced both knowledge and attitude after the intervention, underscoring the importance of baseline awareness and education in parental learning outcomes. Additionally, socio-demographic factors such as occupation, family type, income, and residence played selective roles in shaping knowledge and attitude. The results affirm that structured teaching programmes are effective in enhancing parental understanding and fostering positive attitudes toward the prevention of behavioural problems among children, irrespective of certain demographic variations.

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