

A Study to Assess the Knowledge of Primary School Teachers Regarding Behavioural Problems and their Prevention among School Going Children in Selected Government Primary Schools at Bagalkot with a View to Develop an Information Booklet

Rajanidevi S1, Hiremath, Dr. Bimlarani²

¹Ph.D Scholar Himalayan University Itanagar, Arunachalpradesh

²Guide Himalayan University Itanagar, Arunachalpradesh

Abstract:-

➤ *Background and Objectives*

Teachers play a vital role in promotion of health and prevention of disease. For implementation and efficient monitoring the teachers should possess adequate knowledge regarding child psychiatry. It is the responsibility of the teachers to detect the behavioral problem as earliest as possible so that prevention can be initiated. This study was conducted to assess the knowledge of primary school teachers regarding behavioural problems and their prevention among school going children in selected Government primary schools in Bagalkot; with a view to develop an information booklet.

➤ *Methods*

Descriptive survey approach was adopted, to collect the data. Self administered structured questionnaire was prepared and administered to 100 primary school teachers between 1-7th standard based on Simple random sampling technique at Bagalkot.

➤ *Results*

Majority 31% of subjects belongs to the age group of 51-60. 50% of subjects were males. 69% of subjects belong to Hindu religion. 43% of subjects were M.A Graduate and only 14% were M.Com Graduate. Majority 53% of subjects were married. 43% of subject's child age was less than 6 years and only 15% had child with age group 12years and above. 50% of subject's had experience below 5 years. 37% of subject's were teaching languages. 85% of subject's were not identified any kind of abnormal behavior in children. Majority 42% of subject's did not attend mental health programme. Majority 84% of subject's had parent teacher association and only 16% had no parent teacher association. 35% of subject's had parent teacher association meeting and overall mean knowledge score of the respondents found to be 58.82.

➤ *Interpretation and Conclusion*

The present study revealed the primary school teachers had considerably moderate knowledge (58.82%) regarding behavioural problems and their prevention among children. The enhancement in knowledge is greatly required on all the aspects of behavioural problems.

I. INTRODUCTION

School plays a crucial and formative role in the spheres of cognitive, language, emotional, social and moral development of children. There is now a growing recognition that schools have a significant role in promoting mental health. Teachers are powerful groups who have in their process of education studied the nature of individual growth. This has equipped them to be in a position to shape and reshape behaviours that are warranted. Nearly one in five children and adolescents will have emotional and behavioral disorders at some times in their youth. Mental disorders in schools amount to 3.12 % in students. Even by conservative estimates 10% of the child population suffers from mental disturbances with serious associated impairments including learning problems, health problems and during abuse any given time. At least 3% of school age children suffer from serious emotional disturbances at any given point of time.¹

The quality of childhood life solely depends on the type of environment. School and neighborhood unhealthy social surroundings can put them at stress and can increase their vulnerability to develop emotional disorders. As children are easily amenable to different stresses and strain, it is imperative on the part of parent and teachers to know the intricacies of a healthy psychosocial environment leading to behavioral patterns which are personally satisfying and socially acceptable.²

Schools have an unprecedented opportunity to improve the lives of young people with nations moving towards a commitment to universal education. Schools are finding it necessary to expand their roles by providing health services to deal with factors interfering with schooling. The years of primary, secondary and high school education become increasing burden and stressful with various languages that have to be learnt and an increasingly heavy load of syllabus.³

There is a growing recognition that schools may play a significant role in producing psychopathology, especially due to the formative influences of school as normal as well as pathological development. It therefore become imperative to view the school's system from the perspectives of primary, secondary and tertiary prevention with reference to the child's mental health.⁴

Teachers have an immense impact on young children's mental health. They enjoy a very important position in the formation of healthy mind in them as reported by UNESCO. There are almost 43 million teachers around the world at the primary and secondary levels. The size alone of the teacher population is of public health significance.⁵

It is in this context the importance of a teacher becomes vital in safeguarding the mental health of children. This is especially true in the case of Indian situation where there is considerable shortage of mental health facilities for children. Teacher's perception is essential in planning and implementing like skill education, mental health education, psycho social intervention and professional referral when necessary.⁶

Teachers have been utilized for school health programmes in health status assessment and health education. Since there is considerable shortage at mental health professionals, schools teachers can make important contributions in the promotion of mental health of children. The opportunity that teachers have for interpersonal relationship greatly contribute to the mental health of children.⁷

II. NEED FOR THE STUDY

The school is an educational institution where groups of pupils pursue defined studies at defined levels; receive instructions from one or more teachers. The school health service is one of the aspects of community health nursing, it refers to providing need based comprehensive services to pupils to promote and protect their health, control diseases and maintain their health.⁹

School teacher's, who spend majority of there working hours interacting with children, observing them, have opportunity to identity changes in their behavior. In order to do this effectively, all teachers should have training to develop skill in positive interaction technique which

enhances the child's self esteem and fosters positive relationship with the children and their parents. if the teacher is well equipped with the knowledge of child development and interpersonal process he or she will be able to play an important role in ameliorating the behavioral problems of children.¹⁰

A community based comparative study on the prevalence of neurological disorders in Bangalore, India. The prevalence rate in urban and rural populations was 21, 90 and 4,070 / 1, 00,000, respectively, implying that neurological disorders were twice as frequent in rural areas as in urban areas.¹¹

A study conducted on pre-school children's mathematical knowledge; the effect of teacher " math talk". This study examine the relation between the amount of mathematical input in the speech of pre- school or day care teachers and the growth of children's conventional mathematical knowledge over the school year. The amount of teacher's math related talk were significantly related to the growth of pre-schoolers conventional, mathematical knowledge over the school year but was unrelated to their math knowledge at the start of school year.¹²

A study on assessment of behavioural problems in children with intellectual disability. Epidemiological data showed high prevalence of emotional and behavioural problems in children with intellectual disability.¹³ therefore the Investigator has undertaken the particular study to assess the knowledge of primary school teachers regarding behavioural problems and their prevention among children.

A child is an important asset to the family, society and nation. It is a precious gift, and has a lot of potentials within. The child can be a best resource for nation if developed and utilized well. Positive health both in mind and the body is an inevitable factor to be considered in human resource development. Thus improving the health, especially that of a child will be a cost effective way for the nation development. Only a healthy can be developed into a healthy citizen. Being the greatest assets, they provide the foundation for the future health and strength of the nation. It should also be kept in mind that every human being born has the right to live – to live in such a way as to achieve his optimal growth and development of potentialities.¹³

Common Behavioral Problems in Children

These may manifest as disturbance in:

- Emotions e.g. anxiety or depression
- Behavior e.g. aggression
- Physical function e.g. psychogenic disorders
- Mental performance e.g. problems at school

This range of disorders may be caused by a number of factors such as parenting style which is inconsistent or

contradictory, family or marital problems, child abuse or neglect, overindulgence, injury or chronic illness, separation or bereavement. The child's problems are often multi-factorial and the way in which they are expressed may be influenced by a range of factors including developmental stage, temperament, coping and adaptive abilities of family, the nature and the duration of stress. In general, chronic stressors are more difficult to deal with than isolated stressful events. Children do not always display their reactions to events immediately although they may emerge later. Anticipatory guidance can be helpful to parents and children in those parents can attempt to prepare children, in advance, of any potentially traumatic events e.g. elective surgery or separation. Children should be allowed to express their true fears and anxieties about impending events.¹³

A study was conducted on parent- and teacher-reported behaviour problems of first graders. Parent's information about behaviour, problems and life situation of children before and after first year of school were analysed and compared with data from teacher reports. The results of the study contribute to the question how children deal and cope with the new situation coming to school. The findings of a high rate of attention problems at school and the close relationship between behaviour problems and achievement lead to the conclusion that an early prevention of behaviour problems is essential to promote school performance.¹⁴

To the best of investigator's Knowledge this type of studies have not been conducted in Bagalkot district on school teachers so the investigator felt strong need to assess the knowledge of primary school teachers regarding behavioural problems and their prevention among school going children.

III. OBJECTIVES OF THE STUDY

Objectives are the guiding forces for a researcher throughout his study. The explicit description of objectives is essential to come out with meaningful research. With this background the objectives for the current study are as follows:

1. To assess the knowledge of primary school teachers regarding behavioral problems and their prevention in school going children.
2. To find association between knowledge of the primary school teachers regarding behavioural problems and their prevention with selected socio-demographic variables.
3. To prepare an information booklet regarding behavioural problems and their prevention among children for primary school teachers.

Variables

Independent Variable: Selected demographic variable such as age, sex, religion, Marital status, child age, experience, subject through, abnormal behaviour, mental health

programme, parent teacher meeting and parent teaching association.

Dependent variable: Knowledge of teachers regarding the prevention of behaviour problems.

OPERATIONAL DEFINATION

- a) **Assess:** Refers to measurement of the scores through statistical method.
- b) **Knowledge:** refers to understanding and awareness gained by training and experience regarding meaning, causes, clinical features, diagnosis and management of behavioural problems as elicited by knowledge questionnaire.
- c) **Behavioural Problems:** refers to an abnormality of emotions, behaviour or relationship which is sufficiently severe and persistent to handicap the child in his social or personal functioning and to cause distress to the child, their care gives and to the people in the community, such as, thumb sucking, stammering, reading difficulty, arithmetic problems, hyperactivity, and nail biting.
- d) **Children:** refers to school age children those who fall in the category of 6-12 years of age.
- e) **Information booklet:** refers to a form of booklet which contains more information regarding selected behavioural problems and their prevention among school going children.
- f) **Teacher:** refers to the person who is qualified in primary school teacher training and teaching in selected Government Primary Schools.
- g) **Government schools:** It is government institute and it is a teaching and learning activities centre and located within the Bagalkot.

ASSUMPTIONS

1. Primary school teachers will be having some knowledge regarding behavioral problems and their prevention among school going children.
2. The tool prepared by the investigator will be sufficient to collect the data.
3. Development of an information booklet based on the assessed knowledge regarding behavioral problems and their prevention among school going children will update school teachers' knowledge in preventing behavioral problems

IV. METHODOLOGY

Research methodology is a way to solve the problem systematically. It is a procedure in which the research starts from initial identification of the problem to final conclusion. Methodology of research organizes all the component of the study in a way that is most likely to lead to valid answer to the problems that have been posed.

Research Approach

Research approach tells the researcher from whom the data was to be collected, when the data is to be collected and how to analyze them. It also suggests possible conclusion and helps the researcher in answering a specific research question in the most accurate and efficient way possible.

The research approach used for the study is the descriptive survey approach in nature. The purpose of the descriptive study is to observe, describe and explore aspects of a situation. The researcher planned to describe the knowledge of primary school teachers regarding prevention of behavioral problems among children.

Research Design

School Name	Selected Samples
K.B.M.P.S No.4. Old Bagalkot	8
K.B.M.P.S No.3. . Old Bagalkot	10
Vivekananda Primary School Durgavihar Bagalkot	7
Basaveshwar Primary School Near Bus-Stand Bagalkot	11
K.B.S. NO.1 Bagalkot	10
H.P.S Gaddankeri Bagalkot	9
K.B.M.P.S Navanagar Bagalkot	8
K.G.S Vidyagiri Bagalkot	11
H.P.S Vidyagiri Bagalkot	7
K.B.M.P. No-2 Bagalkot	9
K.G.S Gaddankeri Bagalkot	10
Total	100

Population

Population is a group whose members possess specific attributes that a researcher is interested in study.

Target population for the present study was primary school teachers of 1st standard to 7th standard at Government Kannada Primary Schools at Bagalkot.

Sample and Sample Size

Sample is a subset of population selected to participate in a research study. Sampling is the process of selecting a group of people, events and behavior on other elements with which to conduct a study. The sample for the present study was 100 primary school teachers who teach from 1st standard to 7th standards in selected Government Kannada Primary Schools Bagalkot.

Sampling Technique

Simple random sampling technique is a strategy in which the researcher's knowledge of the population and its elements are used to select a sample which is typical to representing the population. Simple random sampling technique, a type of probability sampling approach was found to be appropriate for the present study.

The research design is the plan, structure and strategy of investigations of answering the research question, is an overall plan or blue print. The researcher selects to carry out the study. This study is designed in the form of non-experimental descriptive type with the objective of describing the knowledge of school teachers regarding prevention of behavioral problems among children.

Setting

Setting refers to the area where the study is conducted. It may be natural setting or laboratory setting depending upon the study topic and researcher's choice.

This study was conducted in various Government Primary Schools at Bagalkot, which includes 11 Government primary schools.

A survey conducted of total schools in Bagalkot district it found number of primary schools, all the school names were written in piece of paper and placed in a box closing eye one by one slip was drawn till getting a desired number of sample i.e. lottery method was adopted to select the schools.

After selecting a desired school again using same technique all the teacher name was written in a piece of paper and placed in a box , by closing eye one by one sample was drawn un till getting a desired number of sample.

Criteria for Selecting the Sample

(a) Inclusion Criteria

- Primary school teachers of selected Government Primary Schools at Bagalkot.
- Primary school teachers who are willing to participate in the study.
- Primary school teachers who are available at the time of data collection.

(b) Exclusion Criteria

- Primary school teachers who are sick.
- Primary school teachers who are not willing to participate in the study.

- Primary school teachers who are not available at the time of data collection.

Data Collection Instrument

An instrument selected in a research should be as far as possible the vehicle that would best obtain data for drawing conclusions, which were pertinent to the study.

Based on the objectives of the study, a structured knowledge questionnaire was prepared in order to assess the knowledge of primary school teachers regarding prevention of behavioral problems among children. It is considered to be an appropriate and effective instrument.

Method of Data Collection

Permission was obtained from the Head of the institution and the participants before collecting the data. The investigator was present personally and explained the need and importance of the study to the participants and requested their co-operation. The tools were given individually to the subjects and their doubts were cleared. They had to complete it on the same day and not to discuss it with anyone. Investigator was personally present with the subject when they answered the items. The total procedure took 30 minutes after which the investigator collected the tool from the subjects. The period of data collection was from 6-10-2009 to 14-10-2009, Investigator covered 11 Government Kannada Primary Schools.

Plan for Data Analysis

Data collected in a study is rather extensive and therefore needs to be processed and analyzed in some orderly, coherent fashion, statistical analysis cover a broad range of techniques, from some simple procedures to complex and sophisticated methods.

Data was planned to be prepared on a master sheet and then to use both descriptive and inferential statistics to analyze and interpret the collected data. Data will be analyzed under various sections.

Section 1: Distribution of respondents according to demographic variables

Section 2: Distribution of respondents according to knowledge scores

Section 3: Distribution of respondents in measuring association between knowledge scores and demographic variables

Data was planned to analyze on the basis of objectives.

1. To compare the data a master data sheet would be prepared by the investigator.
2. Demographic data would be analyzed in terms of frequency and percentage.
3. The knowledge of primary school teacher on prevention of behavioural problems would be calculated using range, frequency, mean and standard deviation.

4. The association between knowledge and selected demographic variables would be determined by Chi-square test.

The data would be presented appropriately in the form of tables and diagrams.

Development of Information Booklet:

The information booklet was based on results obtained, review of research articles, journals articles, internet searching, discussion with experts and personal experience of the investigator.

The steps involved in the development of information booklet:

1. Preparation of the first draft of the information booklet
2. Content validation of the information booklet
3. Editing of information booklet
4. Preparation of the final draft of information booklet

1. Preparation of the first draft of the information Booklet

The first draft was prepared on the basis of extensive literature review and opinion of the experts. The convenience, independent learning and level of understanding of the students were considered for the effectiveness.

2. Content validation of the information Booklet

The information booklet developed by the investigator along with the questionnaire was given to experts for validation. The experts were asked to give their suggestions and opinions about the content against the criteria checklist. All the suggestions were considered for the development of information booklet.

3. Editing of information Booklet

The information booklet after subjecting it to content validity, the suggestions and opinions of the experts were incorporated and deleted the unwanted items.

4. Preparation of the final draft of information Booklet

The final draft of information booklet was prepared by simplifying the language. The final draft was prepared. The research methodology gives a bird's eye view of the entire process, tackling a research problem in a scientific and systematic manner. This chapter dealt with the description of research approach, design, variables, setting and samples. It includes preparation of tools and information booklet.

Summary

The chapter also dealt with the pilot study, method of data collection and plan for data analysis.

V. RESULTS

This chapter deals with the analysis and interpretation of data collected to assess knowledge of primary school teachers on prevention of behavioral problem. The purpose of this analysis is to reduce the data to a manageable and interpretable form so that the research problems can be studied and tested. The analysis and interpretation of data of this study are based on data collected through structured knowledge questionnaire. The data collected from 100 primary school teachers and results were computed by using descriptive and inferential statistics based on the objectives of the study.

Presentation of Data

To begin with, data was entered in a master sheet, for tabulation and statistical processing. The findings were presented under the following headings.

Section I : Description according to demographic variables.

Section II : Area wise knowledge scores of primary school teachers regarding prevention of behavioural problems among children

Section III : Association of knowledge with demographic variables.

SECTION I: DESCRIPTION ACCORDING TO SOCIO-DEMOGRAPHIC VARIABLES

TABLE I: FREQUENCY AND PERCENTAGE DISTRIBUTION OF TEACHERS ACCORDING TO THEIR AGE
N=100

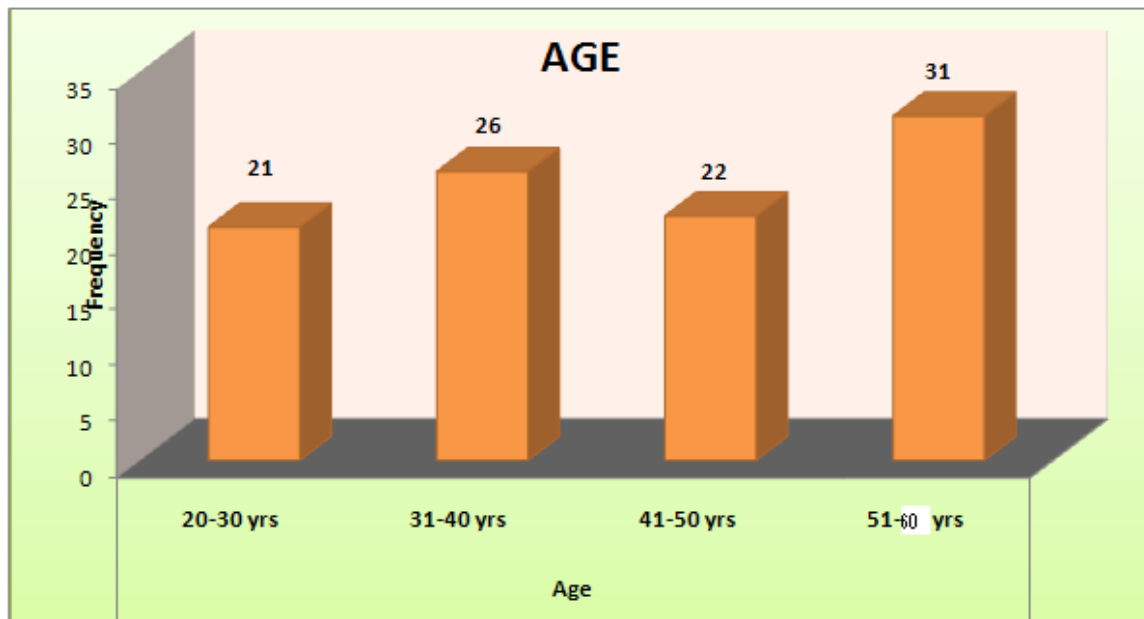


TABLE II: FREQUENCY AND PERCENTAGE DISTRIBUTION OF TEACHERS ACCORDING TO THEIR SEX
N=100

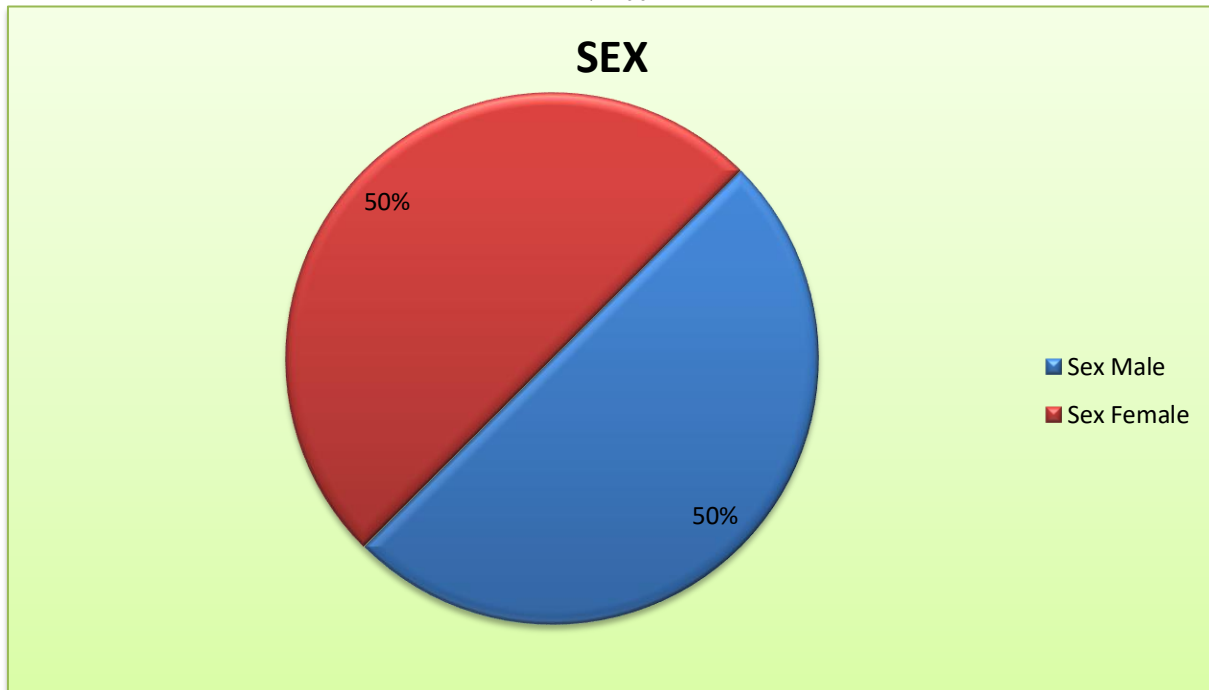


Table II indicates that 50% of subjects were males and 50% were female

TABLE III: FREQUENCY AND PERCENTAGE DISTRIBUTION OF TEACHERS ACCORDING TO THEIR RELIGION
N=100

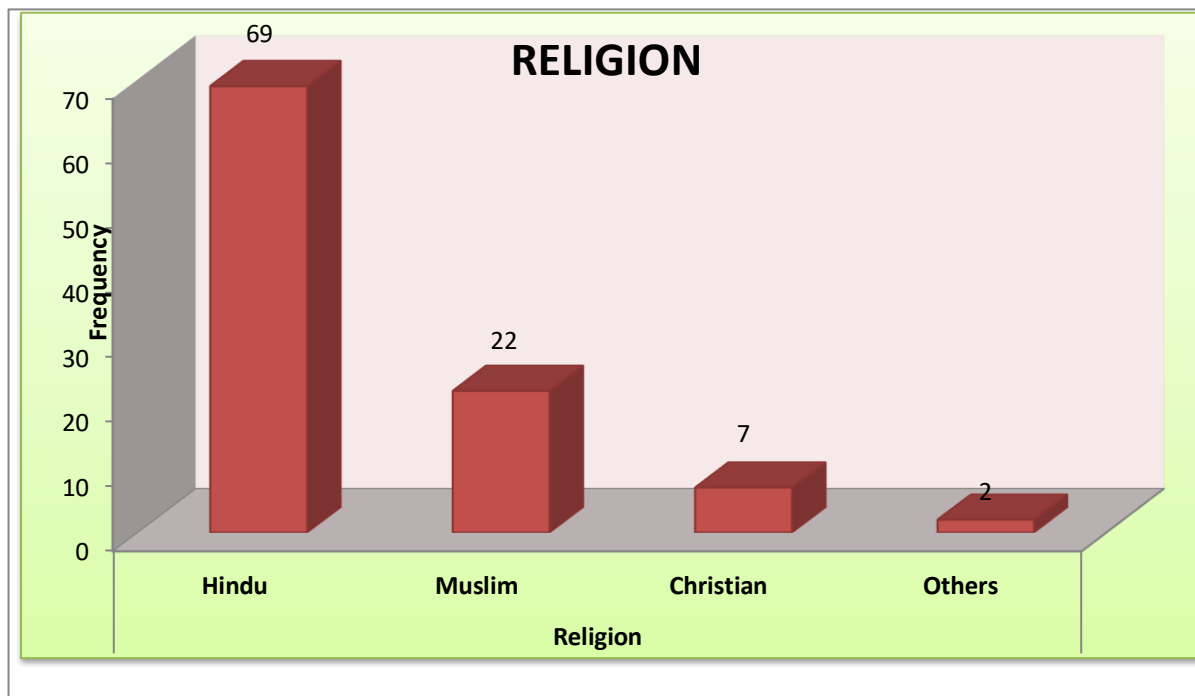


Table III indicates that Majority 69% of subjects belongs to Hindu religion and only 2% Belongs other religion

TABLE IV: FREQUENCY AND PERCENTAGE DISTRIBUTION OF TEACHERS ACCORDING TO THEIR EDUCATION
N=100

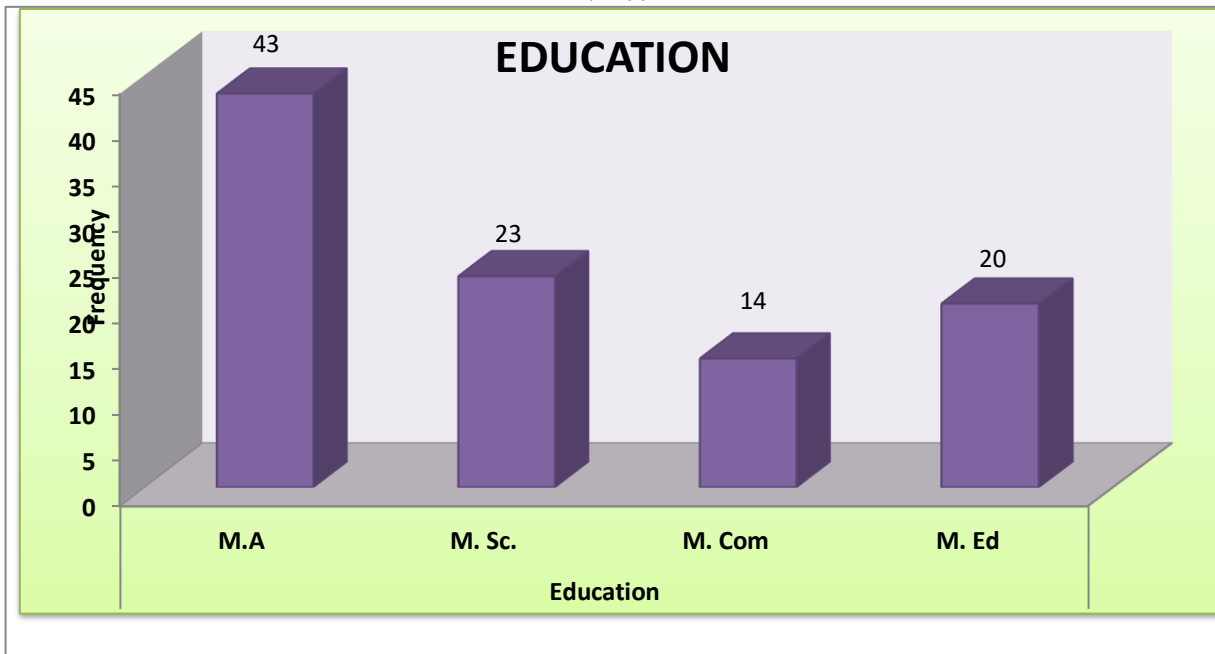


Table IV indicates that Majority 43% of subjects were M.A Graduate and only 14% Were M.Com Graduate

TABLE V: FREQUENCY AND PERCENTAGE DISTRIBUTION OF TEACHERS ACCORDING TO THEIR MARITAL STATUS
N=100

Fig 7 Representing teachers according to their marital status

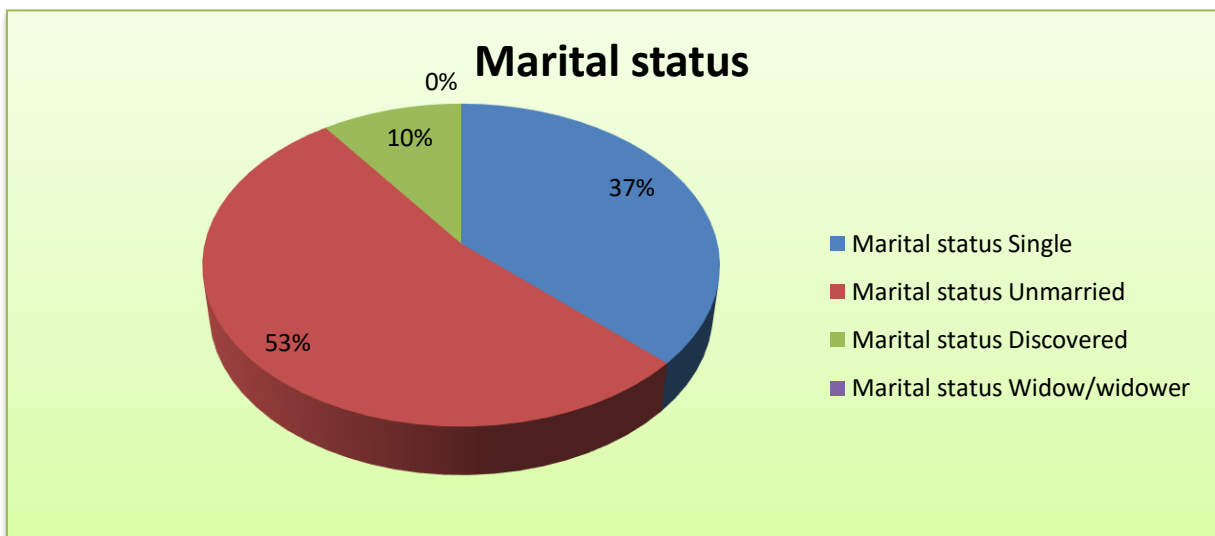


Table V indicates that Majority 53% of subjects were married and only 10% were divorced

TABLE VI: FREQUENCY AND PERCENTAGE DISTRIBUTION OF TEACHERS ACCORDING TO THEIR CHILD AGE
AGE
N=100

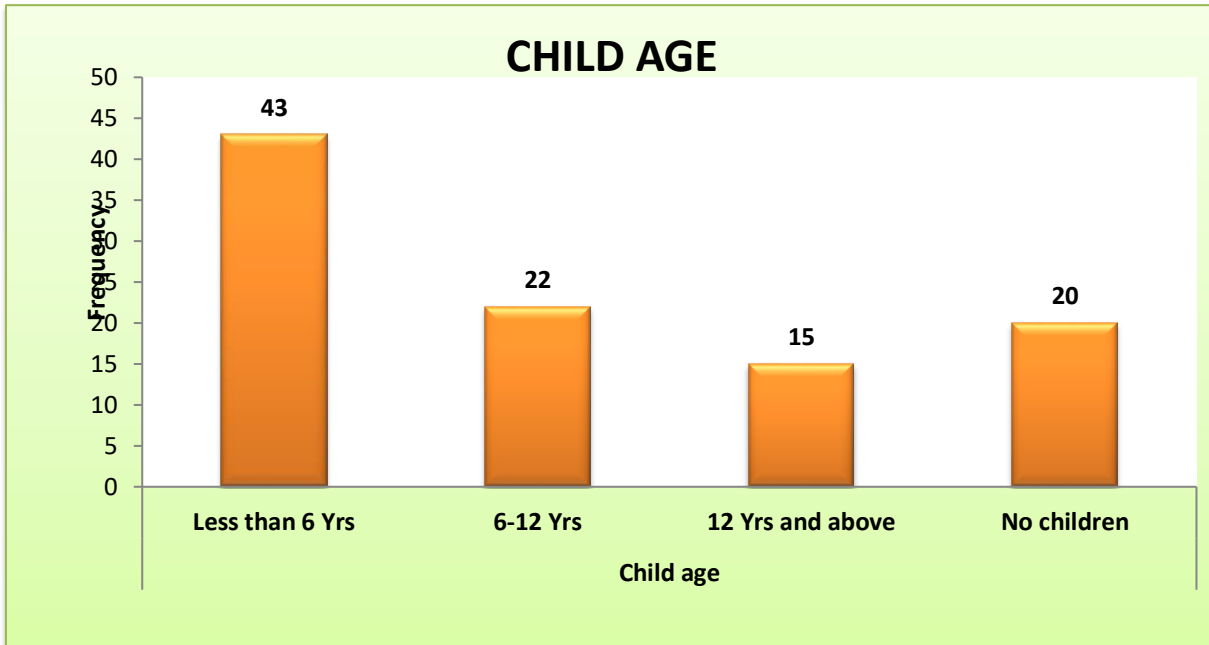


Table VI indicates that Majority 43% of subject’s child age less than 6 years and only 15% had child with 12years and above

TABLE VII: FREQUENCY AND PERCENTAGE DISTRIBUTION OF TEACHERS ACCORDING TO THEIR EXPERIENCE
EXPERIENCE
N=100

Fig 9 Representing teachers according to their Experience

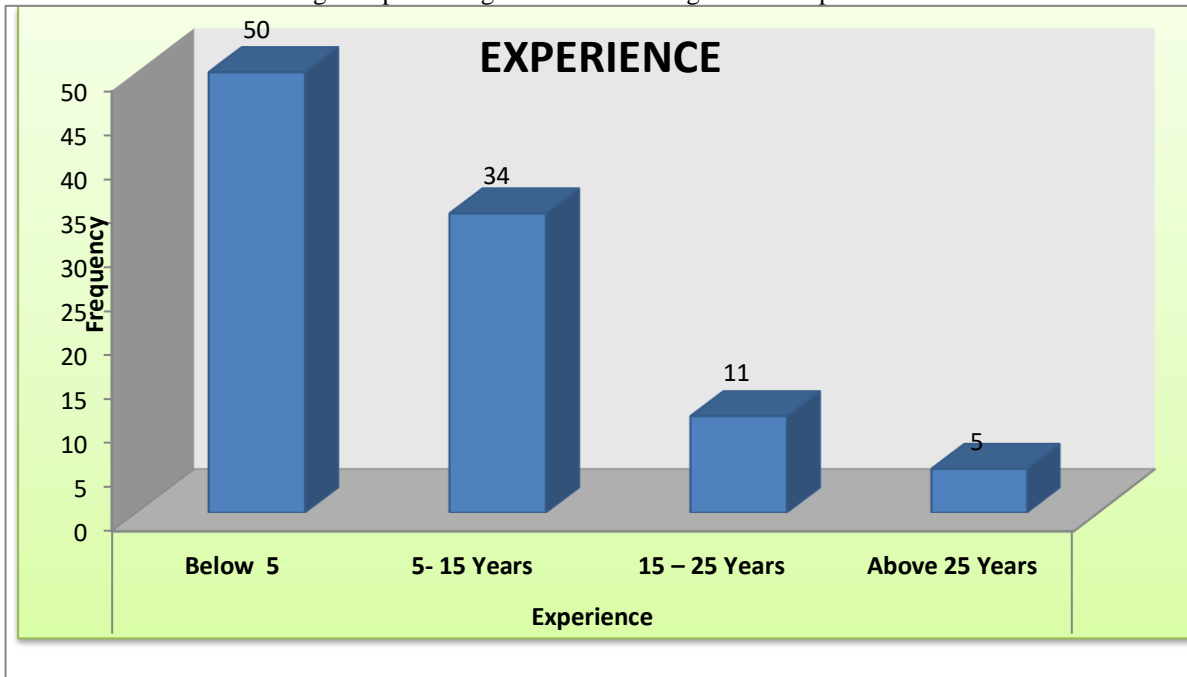


Table VII indicates that Majority 50% of subject’s had experience below 5 years and only 5% had above 5 years

TABLE VIII: FREQUENCY AND PERCENTAGE DISTRIBUTION OF TEACHERS ACCORDING TO SUBJECT THEY HANDLE.
N=100

Fig 9.A Representing teachers according to Subject handled.

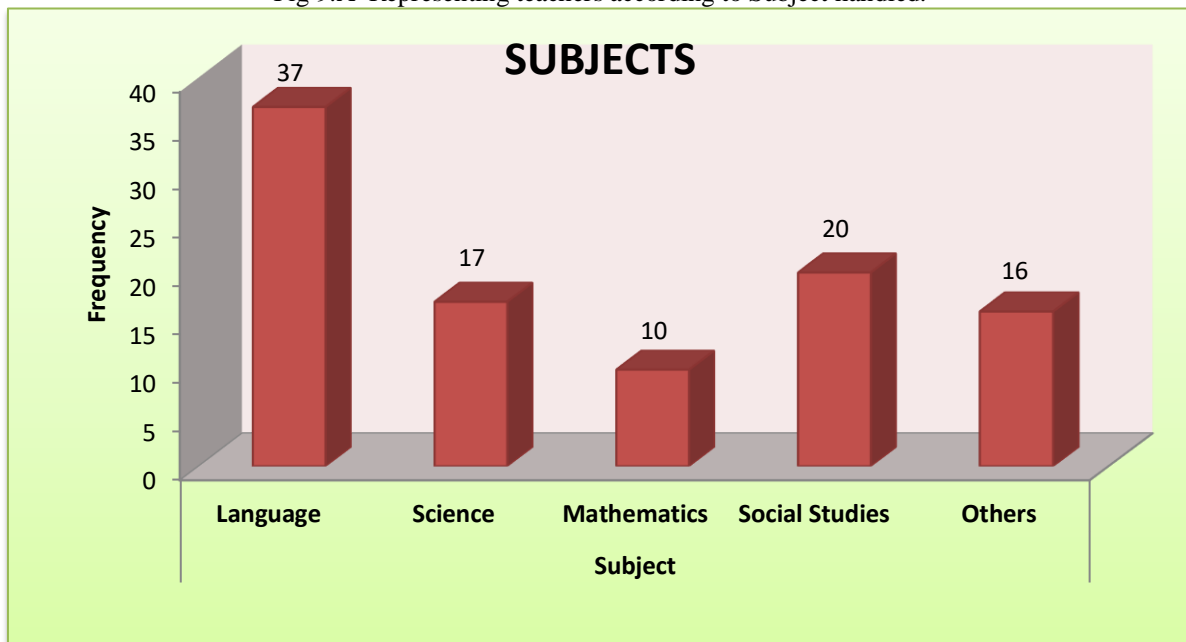


Table VIII indicates that Majority 37% of subject's were teaching languages and only 10% were teaching Mathematics

TABLE IX: FREQUENCY AND PERCENTAGE DISTRIBUTION OF TEACHERS ACCORDING TO IDENTIFICATION OF ABNORMAL BEHAVIOUR AMONG THEIR STUDENTS
N=100

Fig 10 Representing teachers according identification of abnormal behaviour according to their students

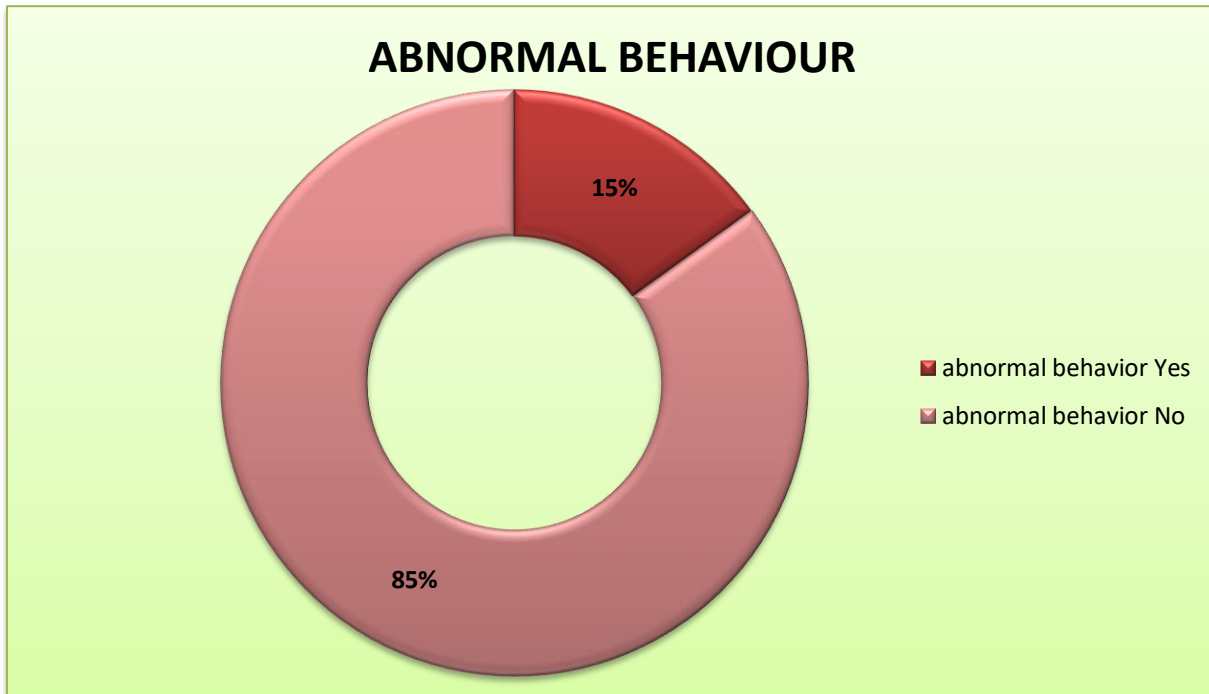


Table IX indicates that Majority 85% of subject’s were not identified any kind of abnormal behaviour and only 15% of teacher have identified of abnormal behaviour

TABLE X: FREQUENCY AND PERCENTAGE DISTRIBUTION OF TEACHERS ACCORDING TO THEIR ATTENDENCE IN MENTAL HEALTH PROGRAMME
N=100

Fig 11 Representing teachers according to their attendance in mental health programme

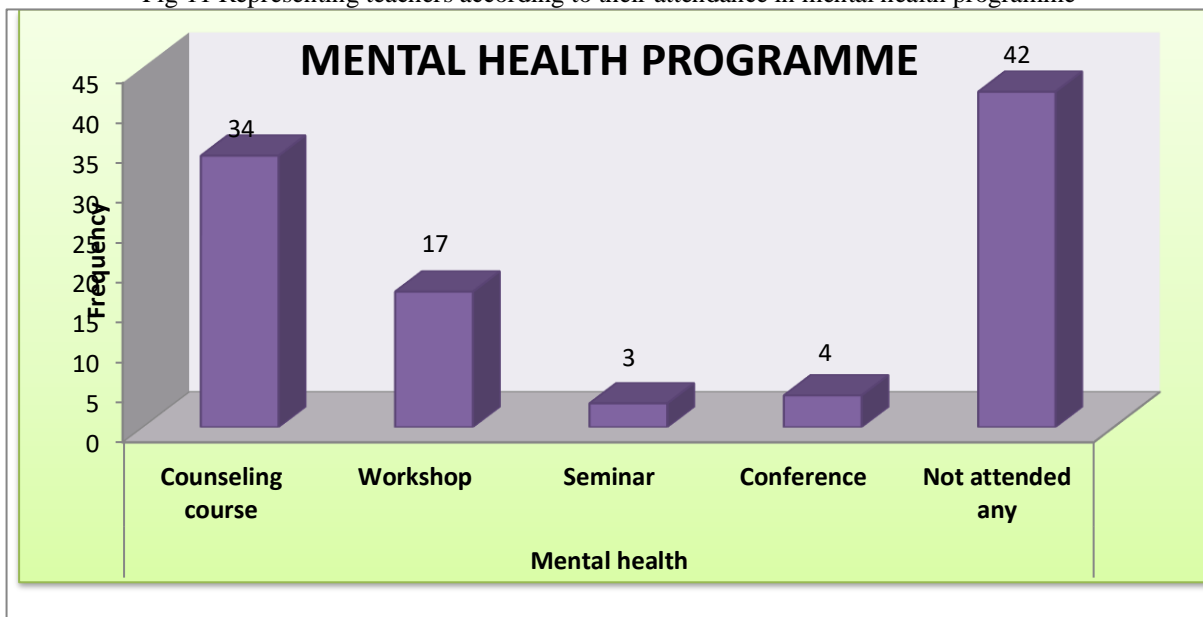


Table X indicates that Majority 42% of subject’s were not attended mental health programme and only 3% of subjects were attended seminar

TABLE XI: FREQUENCY AND PERCENTAGE DISTRIBUTION OF TEACHERS ACCORDING TO PRESENCE OR ABSENCE OF PARENT TEACHER ASSOCIATION IN THEIR SCHOOL.

N=100

Fig 12 Representing frequency and percentage distribution of teacher according to presence or absence of parent teacher association in their school.

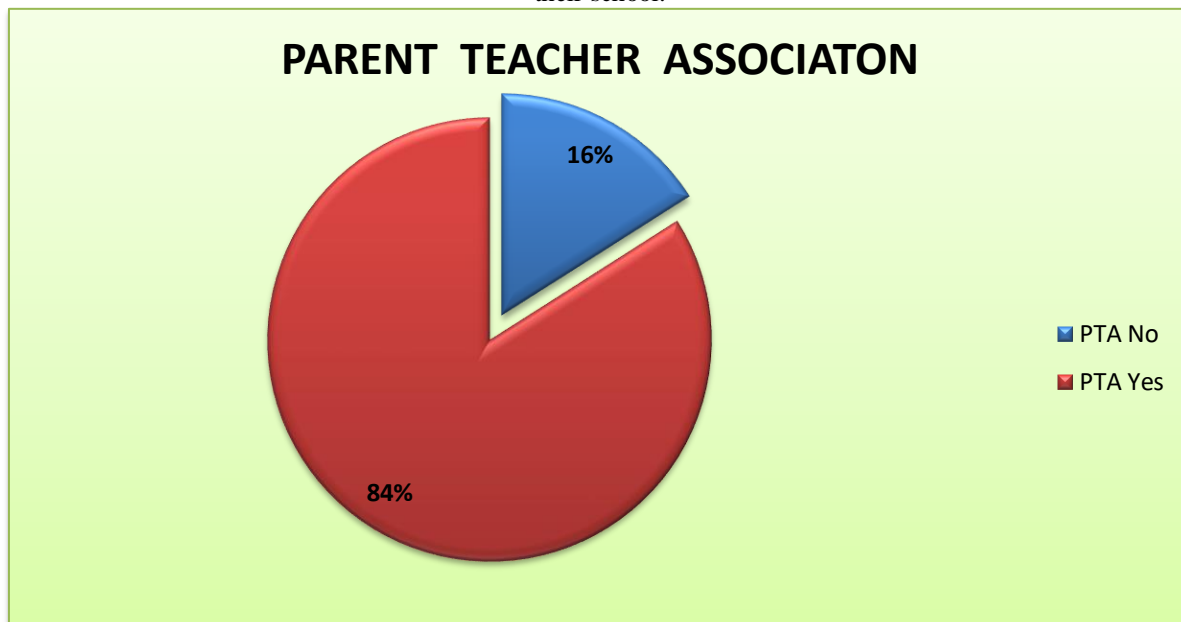


Table XI indicates that Majority 84% of subject’s were had parent teacher association and only 16% had no parent teacher association.

TABLE XII: FREQUENCY AND PERCENTAGE DISTRIBUTION OF TEACHERS ACCORDING TO FREQUENCY WITH WHICH PARENT TEACHER ASSOCIATION MEETINGS ARE CONDUCTED.

N=100

Fig 13 Representing frequency and percentage distribution of teachers according to frequency with which parent teacher association meetings are conducted.

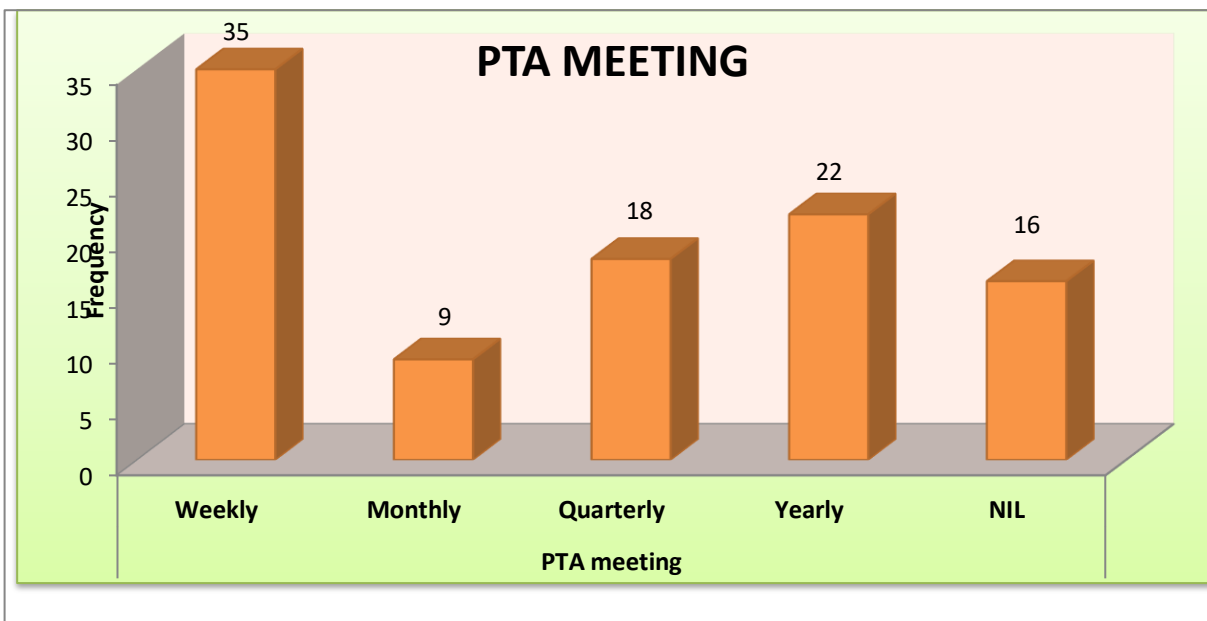


Table XII indicates that Majority 35% of subject’s were had parent teacher association Meeting and only 16% had no parent teacher association meeting

SECTION II: AREA WISE KNOWLEDGE SCORES OF PRIMARY SCHOOL TEACHERS ON KNOWLEDGE REGARDING BEHAVIORAL PROBLEMS AND THEIR PREVENTION
N=100

SL. NO	Area wise	No. of items	Mean	S.D	Mean%
1	Knowledge questions	4	2.46	0.73	61.50
2	Common bad habit noticed in children	6	3.33	1.19	55.50
3	Communication disorders	4	2.52	0.97	63.00
4	Learning disorders including Learning and mathematical disorders	11	6.14	1.15	
5	Hyperactive children and conduct disorder	5	3.29	0.78	65.80
6	Temper tantrum	4	1.99	1.01	49.75
7	Anxiety	4	2.38	0.95	59.50
8	Common preventive measures for behavioural problems	6	3.77	1.36	62.83
	Overall Knowledge	44	25.88	2.74	58.82

Table XIII depicts the highest mean knowledge of the respondent found in aspect hyperactive children and conduct disorder (65.80%) followed by communication disorder (63%) and common preventive measures (62.83%) and knowledge questioner (61%) and anxiety (59.50%) and common bad habits noticed in children (55.50%) and least mean knowledge score (49.75%) found in Temper tantrum. The overall mean knowledge score of the respondent found to be 58.82 with standard deviation of 2.74.

Fig 14 Representing teacher’s knowledge level on different aspects

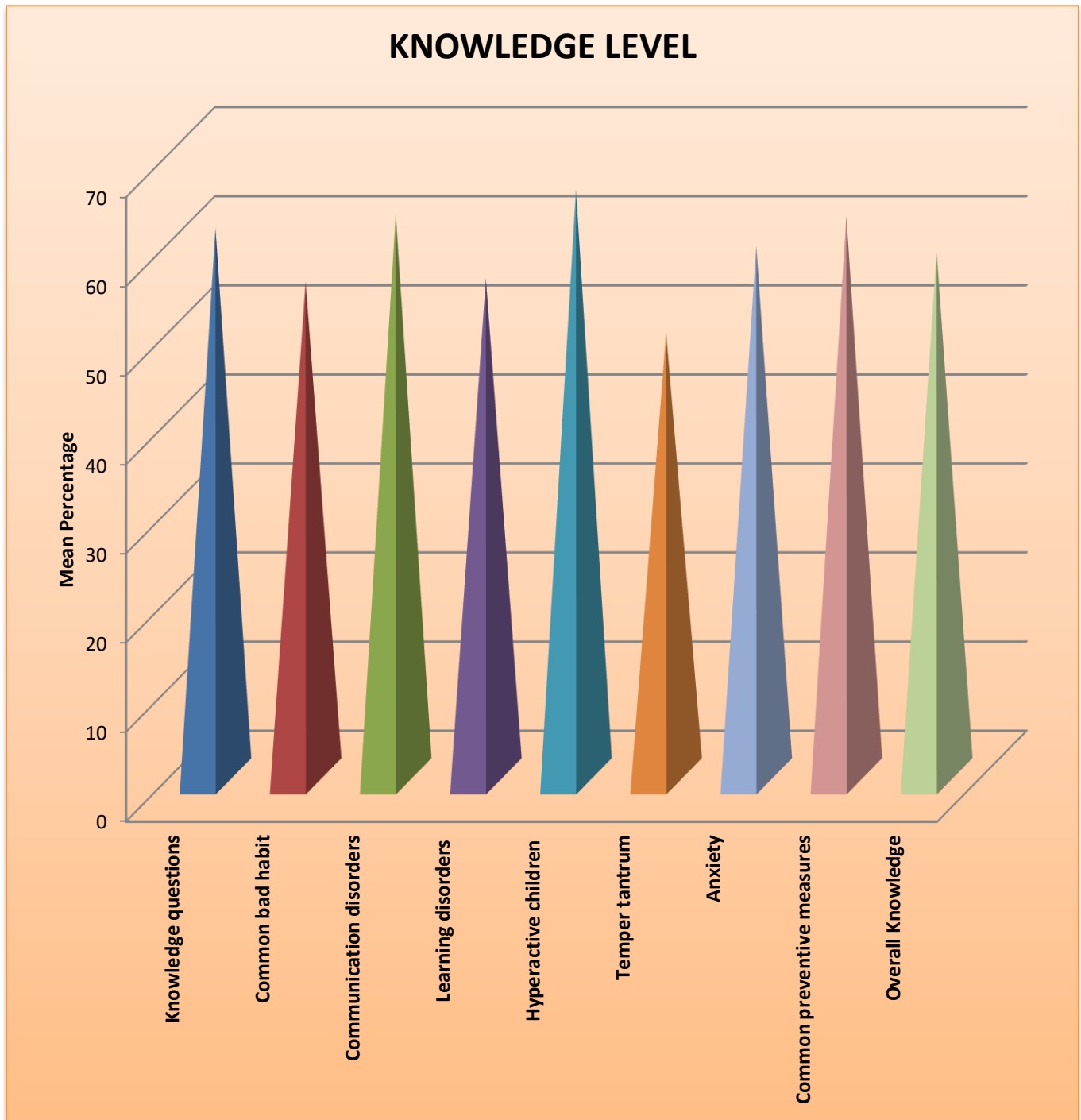


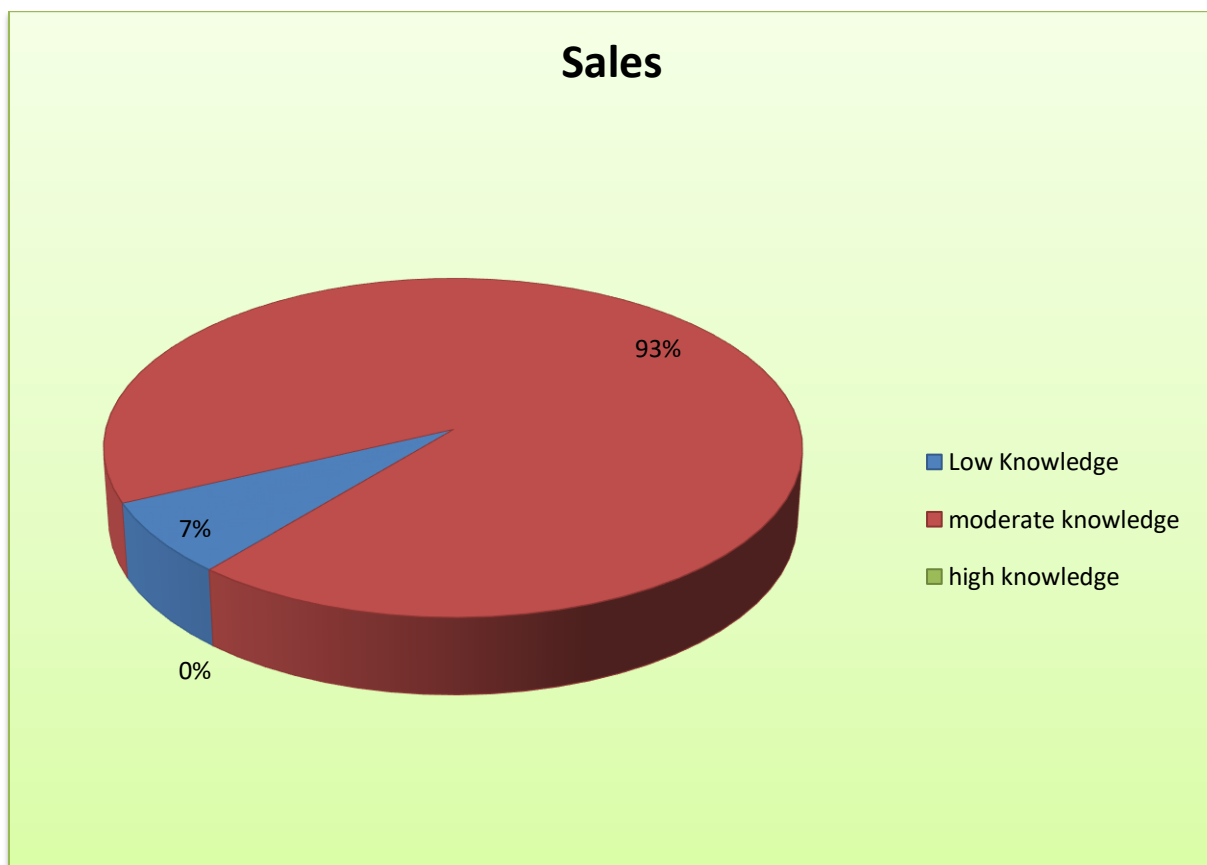
TABLE XIV: CLASSIFICATION OF SUBJECTS ON KNOWLEDGE REGARDING BEHAVIORAL PROBLEMS AND THEIR PREVENTION.

N=100

Knowledge	< 50%		50-75%		> 75%	
	Frequency	%	Frequency	%	Frequency	%
Knowledge questions	7	7.0	86	86.0	7	7.0
Common bad habit noticed in children	26	26.0	54	54.0	20	20.0
Communication disorders	21	21.0	65	65.0	14	14.0
Learning disorders including Learning and mathematical disorders	34	34.0	66	66.0	0	0.0
Hyperactive children and conduct disorder	13	13.0	52	52.0	35	35.0
Temper tantrum	38	38.0	60	60.0	2	2.0
Anxiety	25	25.0	67	67.0	8	8.0
Common preventive measures for behavioral problems	15	15.0	49	49.0	36	36.0
Overall Knowledge	7	7.0	93	93.0	0	0.0

It is found that 7.0% had in adequate knowledge, 93.0% had moderate knowledge and no subjects had high knowledge

Fig 15 Representing teacher’s knowledge level



SECTION III: ASSOCIATION BETWEEN KNOWLEDGE WITH SELECTED SOCIO- DEMOGRAPHIC VARIABLES

TABLE XV: ASSOCIATION BETWEEN AGES WITH KNOWLEDGE LEVEL OF RESPONDENTS REGARDING BEHAVIORAL PROBLEMS AND THEIR PREVENTION.

N=100

Age in years		Overall Knowledge							
		Inadequate		Moderate		Adequate		Chi square	DF
		N	%	N	%	N	%		
Age	20-30 yrs	2	9.5	19	90.5	0	0.0	2.698 ^{NS}	DF=3
	31-40 yrs	3	11.5	23	88.5	0	0.0		
	41-50 yrs	0	0.0	22	100.0	0	0.0		
	51-58 yrs	2	6.5	29	93.5	0	0.0		

NS: Non significant at 5% level

Table XV depicts the association between age and knowledge level of the respondents regarding prevention of behavioural problem. The results indicate that 9.5% of the respondents in the age group of 20 – 30 years possessed inadequate knowledge as compared with 11.5% and 0.0% in age groups of 31 – 40 years and 41 – 50 years respectively. The result also reveals that 100% of respondents in the age group 41- 50 years possessed moderate knowledge as compared with 90.5% and 88.5% in the age groups of 20 – 30 years and 31- 40 years respectively. Further statistical value reveals that the association between age and the knowledge level was found to be non significant at 5% level ($X^2 = 2.698; P>0.05$).

TABLE XVI: ASSOCIATION BETWEEN SEX WITH KNOWLEDGE LEVEL OF RESPONDENTS REGARDING BEHAVIORAL PROBLEMS AND THEIR PREVENTION.

N=100

Sex		Overall Knowledge							
		Inadequate		Moderate		Adequate		Chi square	DF
		N	%	N	%	N	%		
Sex	Male	3	6.0	47	94.0	0	0.0	0.154 ^{NS}	DF=1
	Female	4	8.0	46	92.0	0	0.0		

NS: Non significant at 5% level

Table XVI depicts the association between sex and knowledge level of the respondents regarding prevention of behavioural problem. The results indicate that 8.0% of the respondents are females who had inadequate knowledge as compared with 6.0% who are males who had adequate knowledge level. The result also reveals that 94.0% of respondents are males who had moderate knowledge as compared with 92% of females who had moderate level of knowledge. Further statistical value reveals that the association between sex and the knowledge level was found to be non significant at 5% level ($X^2 = 0.154; P>0.05$).

TABLE XVII: ASSOCIATION BETWEEN RELIGIONS WITH KNOWLEDGE LEVEL OF RESPONDENTS REGARDING BEHAVIORAL PROBLEMS AND THEIR PREVENTION.

N=100

Religion		Overall Knowledge							
		Inadequate		Moderate		Adequate		Chi square	DF
		N	%	N	%	N	%		
Religion	Hindu	5	7.2	64	92.8	0	0.0	0.931 ^{NS}	DF=3
	Muslim	1	4.5	21	95.5	0	0.0		
	Christian	1	14.3	6	85.7	0	0.0		
	Others	0	.0	2	100.0	0	0.0		

NS: Non significant at 5% level

Table XVII depicts the association between Religion and knowledge level of the respondents regarding prevention of behavioural problem

The results indicates that 14.3% of the respondents were belongs to Christian possessed in adequate knowledge as compared with 7.2% and 4.5% were Hindu and Muslim respectively notice with in adequate knowledge level

The result also reveals that 95.5% of respondents were Muslim possessed moderate knowledge as compared with 92.8% and 85.7% were Hindu and Muslim possessed moderate level of knowledge respectively.

Further statistical value revels that the association between age and the knowledge level was found to be non significant at 5% level ($X^2 = 0.931$; $P>0.05$)

TABLE XVIII: ASSOCIATION BETWEEN EDUCATION WITH KNOWLEDGE LEVEL OF RESPONDENTS REGARDING BEHAVIORAL PROBLEMS AND THEIR PREVENTION.

N=100

Education		Overall Knowledge						Chi square	DF
		Inadequate		Moderate		Adequate			
		N	%	N	%	N	%		
Education	M.A	2	4.7	41	95.3	0	0.0	2.985 ^{NS}	DF=3
	M. Sc.	3	13.0	20	87.0	0	0.0		
	M. Com	0	0.0	14	100.0	0	0.0		
	M. Ed	2	10.0	18	90.0	0	0.0		

NS: Non significant at 5% level

Table XVIII depicts the association between Education and knowledge level of the respondents regarding prevention of behavioural problem

The results indicates that 13.0% of the respondents were completed to M.Sc possessed in adequate knowledge as compared with 10.0% and 4.7% were completed M.Ed and M.A respectively notice with in adequate knowledge level

The result also reveals that 100% of M.com possessed moderate knowledge as compared with 90.0% of M.Ed possessed moderate level of knowledge.

Further statistical value revels that the association between education and the knowledge level was found to be non significant at 5% level ($X^2 = 2.985$; $P>0.05$)

TABLE XIX: ASSOCIATION BETWEEN MARITAL STATUS WITH KNOWLEDGE LEVEL OF RESPONDENTS REGARDING BEHAVIORAL PROBLEMS AND THEIR PREVENTION.

N=100

Marital status		Overall Knowledge						Chi square	DF
		Inadequate		Moderate		Adequate			
		N	%	N	%	N	%		
Marital status	Unmarried	2	6.1	31	93.9	0	0.0	2.813 ^{NS}	DF=3
	Married	4	7.5	49	92.5	0	0.0		
	Divorced	1	25.0	3	75.0	0	0.0		
	Widow/widower	0	.0	10	100.0	0	0.0		

NS: Non significant at 5% level

Table XIX depicts the association between marital status and knowledge level of the respondents regarding prevention of behavioural problem

The results indicates that 25% of the respondents were Devoiced possessed in adequate knowledge as compared with 6.1% were unmarried possessed inadequate knowledge level

The result also reveals that 100% of widower possessed moderate knowledge as compared with 75.0% of divorced moderate level of knowledge.

Further statistical value revels that the association between marital status and the knowledge level was found to be non significant at 5% level ($X^2 = 2.9813$; $P>0.05$)

TABLE XX: ASSOCIATION BETWEEN THE RESPONDENT’S CHILD AGE WITH KNOWLEDGE LEVEL OF RESPONDENTS REGARDING BEHAVIORAL PROBLEMS AND THEIR PREVENTION.
N=100

Child age		Overall Knowledge							
		Inadequate		Moderate		Adequate		Chi square	DF
		N	%	N	%	N	%		
Child age	Less than 6 Yrs	3	7.0	40	93.0	0	0.0	1.251 ^{NS}	DF=3
	6-12 Yrs	1	4.5	21	95.5	0	0.0		
	12 Yrs and above	2	13.3	13	86.7	0	0.0		
	No children	1	5.0	19	95.0	0	0.0		

NS: Non significant at 5% level

Table XX depicts the association between child age and knowledge level of the respondents regarding prevention of behavioural problem

The results indicates that 13.3% of the respondents were 12 years and above possessed in adequate knowledge as compared with 4.5% were 6-12 years possessed inadequate knowledge level

The result also reveals that 95.5% of 6-12 years possessed moderate knowledge as compared with 86.7% of 12 yrs and above possessed moderate level of knowledge.

Further statistical value revels that the association between child age and the knowledge level was found to be non significant at 5% level ($X^2 = 1.251$; $P>0.05$)

TABLE XXI: ASSOCIATION BETWEEN THE NUMBERS OF YEARS OF EXPERIENCES WITH KNOWLEDGE LEVEL OF RESPONDENTS REGARDING BEHAVIORAL PROBLEMS AND THEIR PREVENTION.
N=100

Experience		Overall Knowledge							
		Inadequate		Moderate		Adequate		Chi square	DF
		N	%	N	%	N	%		
Experience in years	Below 5	3	6.0	47	94.0	0	0.0	1.514 ^{NS}	DF=3
	5-15	2	5.9	32	94.1	0	0.0		
	15 - 25	1	9.1	10	90.9	0	0.0		
	25 and above	1	20.0	4	80.0	0	0.0		

NS: Non significant at 5% level

Table XXI depicts the association between Experience and knowledge level of the respondents regarding prevention of behavioural problem

The results indicates that 20.0% of the respondents were 25years above years and above possessed inadequate knowledge as compared with 5.9% 5-15 years possessed inadequate knowledge level

The result also reveals that 94.1% of below 5 years possessed moderate knowledge as compared with 80% of 25 yrs and above possessed moderate level of knowledge.

Further statistical value revels that the association between Experience and the knowledge level was found to be non significant at 5% level ($X^2 = 1.514$; $P>0.05$)

TABLE XXII: ASSOCIATION BETWEEN SUBJECTS HANDLED BY THE RESPONDENTS WITH KNOWLEDGE LEVEL OF RESPONDENTS REGARDING BEHAVIORAL PROBLEMS AND THEIR PREVENTION.
N=100

Subjects		Overall Knowledge							
		Inadequate		Moderate		Adequate		Chi square	DF
		N	%	N	%	N	%		
Subject	Language (Kannada/ English/ Hindi)	4	10.8	33	89.2	0	.0	3.724 ^{NS}	DF=4
	Science(Physics/Chemistry/Biology)	0	.0	17	100.0	0	.0		
	Mathematics	0	.0	10	100.0	0	.0		
	Social Studies (History /Geography/ Psychology)	1	5.0	19	95.0	0	.0		
	Others	2	12.5	14	87.5	0	.0		

NS: Non significant at 5% level

Table XXII depicts the association between Subjects and knowledge level of the respondents regarding prevention of behavioural problem

The results indicates that 12.5% of the other subject respondents possessed inadequate knowledge as compared with 0% Of Mathematics and science subject possessed inadequate knowledge level
 The result also reveals that 100% of science and Mathematics subject possessed moderate knowledge as compared with 87.5% of other subject were possessed moderate level of knowledge.
 Further statistical value reveals that the association between subject and the knowledge level was found to be non significant at 5% level ($X^2 = 3.724$; $P>0.05$)

TABLE XXIII: ASSOCIATION BETWEEN RESPONDENT’S IDENTIFICATION OF ABNORMAL BEHAVIOURS AMONG THEIR SCHOOL CHILDREN WITH KNOWLEDGE LEVEL OF RESPONDENTS REGARDING BEHAVIORAL PROBLEMS AND THEIR PREVENTION
N=100

Abnormal behaviour		Overall Knowledge						Chi square	DF
		Inadequate		Moderate		Adequate			
		N	%	N	%	N	%		
Abnormal behaviours identified	Yes	2	13.3	13	86.7	0	0.0	1.087 ^{NS}	DF=1
	No	5	5.9	80	94.1	0	0.0		

NS: Non significant at 5% level

Table XXIII depicts the association between respondent’s identification of abnormal behaviours in their school children with knowledge level of respondents regarding behavioural problems and their prevention.
 The results indicates that 13.3% of the respondents possessed inadequate knowledge as compared with 5.9% of respondents possessed inadequate knowledge level
 The result also reveals that 94.1% respondents possessed moderate knowledge as compared with 86.7% subject was possessed moderate level of knowledge.
 Further statistical value reveals that the association between Abnormal behavior and the knowledge level was found to be non significant at 5% level ($X^2 = 1.087$; $P>0.05$)

TABLE XXIV: ASSOCIATION BETWEEN ATTENDENCE OF RESPONDENTS IN MENTAL HEALTH PROGRAMME WITH KNOWLEDGE LEVEL OF RESPONDENTS REGARDING BEHAVIORAL PROBLEMS AND THEIR PREVENTION.
N=100

Mental health		Overall Knowledge						Chi square	DF
		Inadequate		Moderate		Adequate			
		N	%	N	%	N	%		
Mental health	Counselling course	2	5.9	32	94.1	0	0.0	3.596 ^{NS}	DF=4
	Workshop	1	5.9	16	94.1	0	0.0		
	Seminar	1	33.3	2	66.7	0	0.0		
	Conference	0	.0	4	100.0	0	0.0		
	Not attended any	3	7.1	39	92.9	0	0.0		

NS: Non significant at 5% level

Table XXIV depicts the association between mental health and knowledge level of the respondents regarding prevention of behavioural problem
 The results indicates that 33.5% of the seminar respondents possessed inadequate knowledge as compared with 0% of conference respondents possessed inadequate knowledge level
 The result also reveals that 100% of conference respondents possessed moderate knowledge as compared with 66.7% of seminar subject were possessed moderate level of knowledge.
 Further statistical value reveals that the association between mental health and the knowledge level was found to be non significant at 5% level ($X^2 = 3.724$; $P>0.05$)

TABLE XXV: ASSOCIATION BETWEEN PRESENCE OR ABSENCE OF PTA IN THEIR SCHOOL WITH KNOWLEDGE LEVEL OF RESPONDENTS REGARDING BEHAVIORAL PROBLEMS AND THEIR PREVENTION. N=100

Parent teacher meeting		Overall Knowledge							
		Inadequate		Moderate		Adequate		Chi square	DF
		N	%	N	%	N	%		
PTA	No	1	6.3	15	93.8	0	0.0	0.016 ^{NS}	DF=1
	Yes	6	7.1	78	92.9	0	0.0		

NS: Non significant at 5% level

Table XXV depicts the association between Parent teacher meeting and knowledge level of the respondents regarding prevention of behavioural problem

The results indicates that 7.1% of yes respondents possessed inadequate knowledge as compared with 6,3% no respondents possessed inadequate knowledge level

The result also reveals that 93.8% of no respondents possessed moderate knowledge as compared with 92.9% of yes subject were possessed moderate level of knowledge.

Further statistical value revels that the association between PTA and the knowledge level was found to be non significant at 5% level ($X^2 = 0.016$; $P>0.05$)

TABLE XXVI: ASSOCIATION BETWEEN FREQUENCY WITH WHICH PTA MEETING ARE CONDUCTED WITH KNOWLEDGE LEVEL OF RESPONDENTS REGARDING BEHAVIORAL PROBLEMS AND THEIR PREVENTION. N=100

Parent teacher meeting		Overall Knowledge							
		Inadequate		Moderate		Adequate		Chi square	DF
		N	%	N	%	N	%		
PTA meeting	Weekly	3	8.6	32	91.4	0	0.0	1.883 ^{NS}	DF=4
	Monthly	1	11.1	8	88.9	0	0.0		
	Quarterly	0	.0	18	100.0	0	0.0		
	Yearly	2	9.1	20	90.9	0	0.0		
	NIL	1	6.3	15	93.8	0	0.0		

NS: Non significant at 5% level

Table XXVI depicts the association between PTA meeting and knowledge level of the respondents regarding prevention of behavioural problem. The results indicates that 11.1% of the monthly attending meeting respondents possessed inadequate knowledge as compared with 0% of yearly attending respondents possessed inadequate knowledge level. The result also reveals that 100% of quarterly attending respondents possessed moderate knowledge as compared with 90.9% of yearly attending respondents were possessed moderate level of knowledge. Further statistical value revels that the association between PTA meeting and the knowledge level was found to be non significant at 5% level ($X^2 = 1.883$; $P>0.05$)

VI. DISCUSSION

A report of findings is never sufficient to convey their significance. The meaning that researchers give to the results plays a rightful and important role in the report. The discussion section is devoted to a thoughtful and insightful analysis of the findings, leading to a discussion of their clinical and theoretical utility.

The present study is focused on to assess the Knowledge of Primary School Teachers regarding Behavioral Problems and their Prevention among School going Children in Selected Government Primary Schools at Bagalkot with a view to develop an information booklet.”

A descriptive Research approach was used which is a non-experimental design. The target population for the study were selected from primary school teachers of Government Primary Schools, at Bagalkot. This population was selected by Simple random sampling technique. The total samples under the study were 100 Government primary school teachers. In this study data collection was made through structured knowledge questionnaire which was designed to assess the knowledge of primary school teachers regarding prevention of behavioural problem.

The findings were discussed under the following sub-headings based on objectives:

1. Demographic characteristics of the respondents.

2. Knowledge of primary school teachers regarding behavioural problems and their prevention among school children.
3. Association between knowledge of the primary school teachers regarding behavioural problems and their prevention with selected socio-demographic variables.

Preparation of an information booklet regarding behavioural problems and their prevention in children for primary school teachers

1. Demographic characteristics of the respondents

The findings related to demographic characteristics of respondents are discussed under the following sub-headings:

Age

The finding of the study revealed that 31% of subjects belongs to the age group of 51-60 years and only 21% belongs to the age group of 20-30 years

Sex

The finding of the study revealed that 50% of subjects were males and 50% were female

Religion

The finding of the study revealed that Majority 69% of subjects belongs to Hindu religion and only 2% belongs other religion

Education

In this study Majority 43% of subjects were M.A Graduate and only 14% were M.Com Graduate

Marital status

Study indicates that Majority 53% of subjects were married and only 10% were divorced

Child age

The study revealed that Majority 43% of subject's child age less than 6 years and only 15% had child with 12years and above

Experiences

Study indicates that Majority 50% of subject's had experience below 5 years and only 5% had above 5 years

Subject thought

The finding of the study indicates that Majority 37% of subject's were teaching languages and only 10% were teaching Mathematics

Abnormal behavior

Study indicates that Majority 85% of subject's were not identified any kind of abnormal behavior and only 15% of teacher have identified of abnormal behavior

Respondents' attendance to mental health program

The finding of the study revealed that Majority 42% of subject's were not attended mental health programme and only 3% of subjects were attended seminar

Presence or absence of parent teacher association in the respondent's school

The finding of the study revealed that Majority 84% of subject's were had parent teacher association and only 16% had no parent teacher association

Frequency with which Parent teacher association meetings are conducted

The finding of the study revealed that Majority 35% of subject's were had parent teacher association meeting and only 16% had no parent teacher association meeting

2. Knowledge of primary school teachers regarding behavioural problems and their prevention among school children

The respondent highest mean knowledge was found in aspect hyperactive children and conduct disorder (65.80%) followed by communication disorder (63%) and common preventive measures (62.83%) and knowledge questions (61.50%) and anxiety (59.50%) and common bad habits noticed in children (55.50%) and least mean knowledge score (49.75%) found in Temper tantrum. The overall mean knowledge score of the respondent found to be 58.82 with standard deviation of 2.74.

3. Association between knowledge of the primary school teachers regarding behavioural problems and their prevention with selected variables

Findings of the study shows the association between knowledge scores and demographic variable like age ,sex religion, education, Marital status, child age, experience, subject thought, abnormal behaviour, mental health programme, parent teacher meeting and parent teacher meeting association was found to be non significant ($P < 0.05$).

There were no studies supporting relationship between knowledge scores with demographic variables.

4. Preparation of an information booklet regarding behavioural problems and their prevention in children for primary school teachers

The information booklet was developed on the basis of the findings of the study. This is supported by many studies. The study conducted by **Suman (2004)** where she finds that teachers are utilized in planning and implementing life skill education, mental health education, psycho-social intervention and professional referral. This is also supported by a study **Walter HJ, Gouze K, Lim KG (2006)**, they found that the teachers would benefit from education, training and consultation from mental health professionals if they serve as effective gate keepers to mental health services. This is also similar to a study conducted by **Lauria-Horner BA, Kutcher S, Brooks SJ (2004)**, found that mental health awareness and understanding was enhanced by curriculum effects on help seeking behaviour and case identification. This is also supported by the study conducted by **Dake JA, Price JH, Telljohann SK, Funk JB (2003)**, they suggest that pre professional and continuing education are needed to improve teacher knowledge about effective class room based prevention activities.

The steps involved in the development of information booklet:

- 1) Preparation of the first draft of the information booklet
- 2) Content validation of the information booklet
- 3) Editing of information booklet
- 4) Preparation of the final draft of information booklet

1. Preparation of the first draft of the information booklet

The first draft was prepared on the basis of extensive review of literature and opinion of the experts. The convenience, independent learning and level of understanding of the students were considered for the effectiveness.

2. Content validation of the information booklet

The information booklet developed by the investigator along with the questionnaire was given to experts for validation. The experts were asked to give their suggestions and opinions about the content against the criteria checklist. All the suggestions were considered for the development of information booklet.

3. Editing of information booklet

The information booklet was subjected to content validity, the suggestions and opinions of the experts were incorporated and the unwanted items were deleted.

4. Preparation of the final draft of information booklet

The final draft of information booklet was prepared by simplifying the language.

Summary

This chapter discussed the findings of the study in accordance with the objectives and with appropriate supportive findings.

VII. CONCLUSION

The study was descriptive type to assess the knowledge of school teachers regarding prevention of behavioural problems among school children in selected schools at Bagalkot with a view to develop an information book let. It was conducted in 10 simple randomly selected schools. Analysis was done and the following conclusions were drawn.

Findings of the study are as follows:

- 31% of subjects belong to the age group of 51-60
- 50% of subjects were males and 50% were female
- 69% of subjects belong to Hindu religion
- 43% of subjects were M.A Graduate and only 14% were M.Com Graduate
- Majority 53% of subjects were married
- 43% of subject's child age less than 6 years and only 15% had child with 12years and above
- 50% of subject's had experience below 5 years
- 37% of subject's were teaching languages
- 85% of subject's were not identified any kind of abnormal behavior in children

- Majority 42% of subject's were not attended mental health programme
- Majority 84% of subject's were had parent teacher association and only 16% had no parent teacher association
- 35% of subject's were had parent teacher association meeting
- The overall mean knowledge score of the respondent found to be 58.82 with standard deviation of 2.74.
- There was no statically significance between selected demographic variable and knowledge scores

Implications of the Study

The findings of this study have implications in various areas of nursing namely nursing practice, nursing education, nursing administration and nursing research.

Nursing Practice

Primary school teachers have a vital role in school health services. Prevention of behavioral problem is one of the components of school health service. Measures should be taken to improve their knowledge. Education programme with effective teaching strategies will help primary school teachers to improve their knowledge in prevention of behavioral problems. Various Teaching strategies can be used to improve in their knowledge on Prevention of behavioral problem in order to promote health of the children in schools.

Nursing Education

The primary school teacher's curriculum should consist of knowledge related to behavioral problem and their effective implementation. While training primary school teachers, emphasis should be on prevention behavioral problem. Nurses at the post-graduate level need to develop skills in preparing health teaching material in various health aspects in Prevention of behavioral problem, newer techniques have to be used for motivating staff participation. Emphasis should be made on in service education and training programmes in the department to increase the knowledge of primary school teachers.

Nursing Administration

As a part of school health service, the nurse administrator should plan and organize continuing education programme for primary school teachers to motivate them in conducting teaching programmes on prevention behavioral problem in schools. Primary school teachers can also teach to students about the same. She/he should be able to plan and organize programme taking in to consideration the cost effectiveness and carry out successful educational programme. The nurse administrators should explore their potentials and encourage innovative ideas in preparation of appropriate teaching material. She should organize to see that sufficient manpower, money and material for disseminating health information.

Nursing Research

Various studies conducted by researchers showed that the behavioral problems among school children are increasing. There is need for extensive research in school health. Research should focus on improvement of knowledge of primary school teachers regarding mental health aspects. Research should be done on new methods of teaching to enable primary school teachers to improve knowledge. Research also should focus on care of behavioral problems among school children to enable children to have a better quality of life in school period.

Thus, the present investigation offer infinite scope and potential implications for nursing practice, training and research aspects of school children.

Limitations

- a) Long-term follow-up could not be carried out due to time constraints.
- b) Samples were from only the selected Government Primary Schools at Bagalkot.

Suggestions

- a) Awareness programmes can be arranged for the school personnel and parents regarding mid day meal programme.
- b) A planned teaching programme can be conducted on knowledge, attitude and practice regarding prevention of behavioral problems.

Recommendations

Based on the findings of the study the following recommendations are made.

- 1) A similar study can be conducted among parents and public.
- 2) A similar study may be conducted in other back ward districts, taluks, villages etc.,
- 3) Manuals, information booklets and self-instruction module may be developed.
- 4) The comparative study can be conducted on urban schools and rural schools.
- 5) The similar study may be replicated among private primary school teachers.
- 6) An experimental study can be conducted with structured teaching programme on knowledge, of primary school teachers regarding prevention of behavioral problems.
- 7) Follow up study can be conducted to evaluate the effectiveness of IGS.

VIII. SUMMARY

Today's children are tomorrow's responsible citizens of the world. There is a great deal of emphasizes on children these days because of the reorganization that a very substantial proportion of the world's population. 20–30%

constitutes young children. The future of our country depends on the health of children.

The present study was to assess the knowledge of government primary school teachers regarding behavioural problem and their prevention among children in selected government schools at Bagalkot, with a view to develop an information booklet.

The objectives of the Study were

1. To assess the knowledge of primary school teachers regarding behavioural problems and their prevention in school going children.
2. To find association between knowledge of the primary school teachers regarding behavioural problems and their prevention with selected socio-demographic variables.
3. To prepare an information booklet regarding behavioural problems and their prevention among children for primary school teachers.

The assumptions for the study is based on the following assumptions

1. Primary school teachers will be having some knowledge regarding behavioural problems and their prevention among school going children.
2. Development of an information booklet based on the assessed knowledge regarding behavioral problems and their prevention among school going children will update school teachers' knowledge in preventing behavioral problems

Limitations

- a. Long-term follow-up could not be carried out due to time constraints.
- b. Samples were only the selected Government Primary Schools at Bagalkot.

In this study, literature review were comprised of Literature related to common behavioural problem and its prevalence, conduct disorders, learning and reading disorders communication disorders and anxiety. The conceptual frame work was used in the study is based on Pender's Health promotion model. This is proposed holistic predictive model of health promoting behaviour. This is a complementary counterpart to models of health protection. The model focuses on cognitive perceptual and modifying factors and participation in health promotion behaviour. The model also identifies the factors that influence the health promotion activities.

Research approach was used is descriptive approach which is an non-experimental design. The target population for the study were selected from primary school teachers of Government Primary Schools, Bagalkot. This population was selected by simple random sampling technique. The total

samples under the study were 100 Government primary school teachers.

In this study data collection tool was designed to assess the knowledge of primary school teachers regarding behavioural problem and their prevention, questionnaire was administered to them after validating the tool with 9 experts. The reliability co-efficient of knowledge found to be **0.824** and revealing the tool is feasible for administration for the main study. A pilot study was conducted from the **06/10/09 to 10/10/09**. Data was collected from 10 samples with the help of the self structured questionnaire. The tool proved to be comprehensible, feasible and acceptable.

The permission was obtained from BEO and concerned teachers and data was collected by self administered structured questionnaire **12/10/09 to 19/10/09**. The investigator personally collected data from subjects who were interested and willing to participate in the study. The procedure was explained to them and their doubts cleared before administering the questionnaire.

Data was subjected to analysis; the analysis was done using both descriptive and inferential statistics. In this study findings were tabulated under the following headings:

Section A: Demographic characteristics of the respondents.

Section B: 1. Aspect wise knowledge score of Respondents on prevention of behavioral problem.

Section C: Findings related to association between knowledge scores with selected demographic variables

Section A: Findings related to demographic characteristics

Findings of the study are as follows:

- Majority 31% of subjects belong to the age group of 51-60
- Majority 50% of subjects were males and 50% were female
- The study findings revealed that 69% of subjects belong to Hindu religion
- Maximum 43% of subjects were M.A Graduate and only 14% were M.Com Graduate
- Majority 53% of subjects were married
- Majority 43% of subject's child age less than 6 years and only 15% had child with 12 years and above
- The study showed 50% of subject's had experience below 5 years
- Majority 37% of subject's were teaching languages
- Majority 85% of subject's were not identified any kind of abnormal behavior in children
- Majority 42% of subject's were not attended mental health programme
- Majority 84% of subject's were had parent teacher association and only 16% had no parent teacher association
- Majority 35% of subject's were had parent teacher association meeting

Section B: Findings related to knowledge of primary school teachers

The respondent highest mean knowledge was found in aspect hyperactive children and conduct disorder (65.80%) followed by communication disorder (63%) and common preventive measures (62.83%) and knowledge questioner (61%) and anxiety (59.50%) and common bad habits noticed in children (55.50%) and least mean knowledge score (49.75%) found in Temper tantrum. The overall mean knowledge score of the respondent found to be 58.82 with standard deviation of 2.74.

Section C: Findings related to association of knowledge and attitude scores with selected demographic variables.

Findings of the study shows the association between knowledge scores and demographic variable like age, sex, religion, education, Marital status, child age, experience, subject thought, abnormal behaviour, mental health programme, parent teacher meeting and parent teacher meeting association was found to be non significant ($P < 0.05$).

Development of information booklet

Information booklet was prepared after validating it with experts. The present study shows that primary school teachers had moderate knowledge regarding prevention of behavioural problems; information booklet was distributed to them with the intention of enhancing their knowledge.

REFERENCES

- [1]. Bhatia MS, Bhasin SK, Choudhar S, Sidana A. Behaviour disorders among school going children attending a nursery school. *Journal of Mental Health and Human Behaviour* 2000; 5(1): 7-11.
- [2]. Parthasarathy R. Promotion of mental health through schools. *Health for the Millions* 1994; 4: 12-3.
- [3]. Kapur Malavika. Teachers and mental health care in school. *Health for the Millions* 1995; 4: 14-6
- [4]. Indira Gupta, Verma M, Singh T, Gupta V. Prevalence of behavioural problems in school going children. *Indian Journal of Pediatrics* 2001; 68(95): 323-6.
- [5]. Duhan, Kaur P. Mental health promotion for school going children. A manual for school teachers and school health workers. Regional office for the Eastern Mediterranean. *Indian Psychological Review* 2000; (12222): 193-5.
- [6]. Suman, Somen K. Behavioral problems of school going children as viewed and handled by teachers: An empirical study. *Child Psychiatry Quarterly* 1984; 4: 113-26.
- [7]. Malavika Kapur. Teachers and mental health care in school. *Health for the Millions* 1994; 20(4): 14-6.
- [8]. Magaret VC. The teacher and the child. *Nur J of In. Sep. 1980; LXX(1/9): 243.*

- [9]. K.K. Gulani. Community Health Nursing. Principles and practice. 1st ed. 2006. Kumar publishing House: New Delhi; P. 433,663.
- [10]. David B, Alan M, Wascom. Teacher perceptions of social behaviour in behaviourally disordered and socially normal children and youth behavioural disorders. 1987; 3: 200-6.
- [11]. Gourie-Devi M, Gururaj G, Satishchandra P, Subbakrishna DK. Prevalence of neurological disorders in Bangalore, India: a community- based study with a comparison between urban and rural areas. Neuroepidemiology 2004 Nov-Dec; 23(6):261-8.
- [12]. Klibanoff RS, Levine SC, Huttenlocher J, Vasilyeva M, Hedges LV. Preschool children's mathematical knowledge: the effect of teacher "math talk". Res. Nurs. Health 2006; 34(8):318-22.
- [13]. Donovan JJ, Reddihough DS, Court JM, Doyle LW. Health literature for parents of children with nephrotic syndrome. Journal of Developmental Medical Child Nephro 1989;31(4):489.
- [14]. Wood J. Effect of anxiety reduction on children's school performance and social adjustment. Dev Psychol. 2006 Mar; 42(2): 345-9.
- [15]. Sarimski K. Assessment of behavioural problems in children with intellectual disability. Indian Journal of Clinical Psychology 2004;31(5):71-3.
- [16]. Basavanthappa BT. Nursing theories. 1st ed. New Delhi: Jaypee Brothers; 2007. p. 288-291.
- [17]. Basavanthappa BT. Nursing research. 1st ed. New Delhi: Jaypee Publishers; 2005. p. 49.
- [18]. Furniss T, Beyer T, Guggenmos J. Prevalence of behavioural and emotional problems among six-years-old preschool children: baseline results of a prospective longitudinal study. Soc Psychiatry Psychiatr Epidemiol 2006 May; 41(5): 394-9.
- [19]. Srinath S, Girimaji SC, Gururaj G, Seshadri S, Subbakrishna DK, Bhola P, Kumar N. Epidemiological study of child & adolescent psychiatric disorders in urban & rural areas of Bangalore, India. Indian J Med Res. 2005 Jul; 122(1): 67-79.
- [20]. Gourie-Devi M, Gururaj G, Satishchandra P, Subbakrishna DK. Prevalence of neurological disorders in Bangalore, India: a community-based study with a comparison between urban and rural areas. Neuroepidemiology 2004 Nov-Dec; 23(6): 261-8.
- [21]. McArdle P, Prosser J, Kolvin I. Prevalence of psychiatric disorder: with and without psychosocial impairment with the objective to identify rates of psychiatric disorder in a representative sample of primary school children in a North of England city. Eur Child Adolesc Psychiatry 2004 Dec; 13(6): 347-53.
- [22]. Connell HM, Irvine L, Rodney J. Prevalence of psychiatric disorder in rural school children. Aust N Z J Psychiatry 1982 Jun; 16(2): 43-6.
- [23]. Egger HL, Angold A. Common emotional and behavioral disorders in preschool children: presentation, nosology, and epidemiology. J Child Psychol Psychiatry 2006 Mar-Apr; 47(3-4): 313-37.
- [24]. Gross D, Fogg L, Garvey C, Julion W. Behavior problems in young children: an analysis of cross-informant agreements and disagreements. Res Nurs Health 2004 Dec; 27(6): 413-25.
- [25]. Somersalo H, Solantaus T, Almqvist F. Classroom climate and the mental health of primary school children. Nord J Psychiatry 2002; 56(4): 285-90.
- [26]. Molins NC, Clopton JR. Teachers' reports of the problem behavior of children in their classrooms. Psychol Rep. 2002 Feb; 90(1): 157-64.
- [27]. Denham SA, Caverly S, Schmidt M, Blair K, DeMulder E, Caal S et al. Preschool understanding of emotions: contributions to classroom anger and aggression. Psychiatry Psychiatr Epidemiol 2002; 28(4): 64-8.
- [28]. Klimkeit E, Graham C, Lee P, Morling M, Russo D, Tonge B. Children should be seen and heard: self-report of feelings and behaviors in primary-school-age children with ADHD. J Atten Disord. 2006 Nov; 10(2): 181-91.
- [29]. Vance A, Arduca Y, Sanders M, Karamitsios M, Hall N, Hetrick S. Attention deficit hyperactivity disorder, combined type, dysthymic disorder and anxiety disorders: differential patterns of neurodevelopmental deficits. Psychiatry Res. 2006 Aug 30; 143(2-3): 213-22.
- [30]. Baldry AC. Animal abuse among preadolescents directly and indirectly victimized at school and at home. Crim Behav Ment Health. 2005; 15(2): 97-110.
- [31]. Benjasuwantep B, Ruangdaraganon N, Visudhiphan P. Prevalence and clinical characteristics of attention deficit hyperactivity disorder among primary school students in Bangkok. J Med Assoc Thai. 2002 Nov; 85(4): 1232-40.