

A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE OF SYMPTOMS OF BEHAVIORAL DISORDER & THEIR MANAGEMENT OF STUDENTS AMONG PRIMARY SCHOOL TEACHERS IN SELECTED SCHOOLS, KANPUR, U.P

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ABSTRACT

The variety among behavioral disorders means that estimates of their frequency also tend to vary among states, cities, and provinces. It also means that in some cases, a student with a behavioral disorder may be classified as having a different condition, such as ADHD or a learning disability. In other cases, a behavioral problem shown in one school setting may seem serious enough to be labeled as a behavioral disorder, even though a similar problem occurring in another school may be perceived as serious, but not serious enough to deserve the label. A study was conducted to assess the knowledge of symptoms of behavioral disorder & their management of students among primary school teachers in selected schools, Kanpur, U.P. Objectives of the study were 1. Assess the knowledge regarding attention deficit hyperactivity disorder (ADHD) among primary school teachers. 2. Find the association between knowledge regarding attention deficit hyperactivity disorder among primary school teachers and selected demographic variables. In this study quantitative research approach was used in this study with the sample size considered as 60 primary school teachers. In result it shows that 27 (45%) samples are having Adequate knowledge, 12 (20%) samples are having Moderate knowledge, 21 (35.0%) samples are having Inadequate knowledge.

INTRODUCTION –

The variety among behavioral disorders means that estimates of their frequency also tend to vary among states, cities, and provinces. It also means that in some cases, a student with a behavioral disorder may be classified as having a different condition, such as ADHD or a learning disability. In other cases, a behavioral problem shown in one school setting may seem serious enough to be labeled as a behavioral disorder, even though a similar problem occurring in another school may be perceived as serious, but not serious enough to deserve the label. In any case, available

statistics suggest that only about one to two per cent of students, or perhaps less, have true behavioral disorders—a figure that is only about one half or one third of the frequency for intellectual disabilities (Kauffman, 2005). Because of the potentially disruptive effects of behavioral disorders, however, students with this condition are of special concern to teachers. Just one student who is highly aggressive or disruptive can interfere with the functioning of an entire class, and challenge even the best teacher's management skills and patience.

Need of study

Behavioral disorders is highly prevalent in children worldwide and its prevalence in adults is increasingly recognized. The major limitations in the previous studies are that the identification of behavioral disorders was made from samples through clinically referred cases and not from the community, small sample size, failure to use definitive diagnostic criteria. There is only a limited source of information regarding the prevalence of behavioral disorders in the Indian context. Hence, the current study aims at selecting primary school children from a community sample. This study also helps in differentiating the prevalence of behavioral disorders between private and government schools by including the socio-economical and educational factors causing impact on children's mental health. Finally, this study will throw light on the male female ratio in the prevalence of behavioral disorders.

Methodology Flow chart

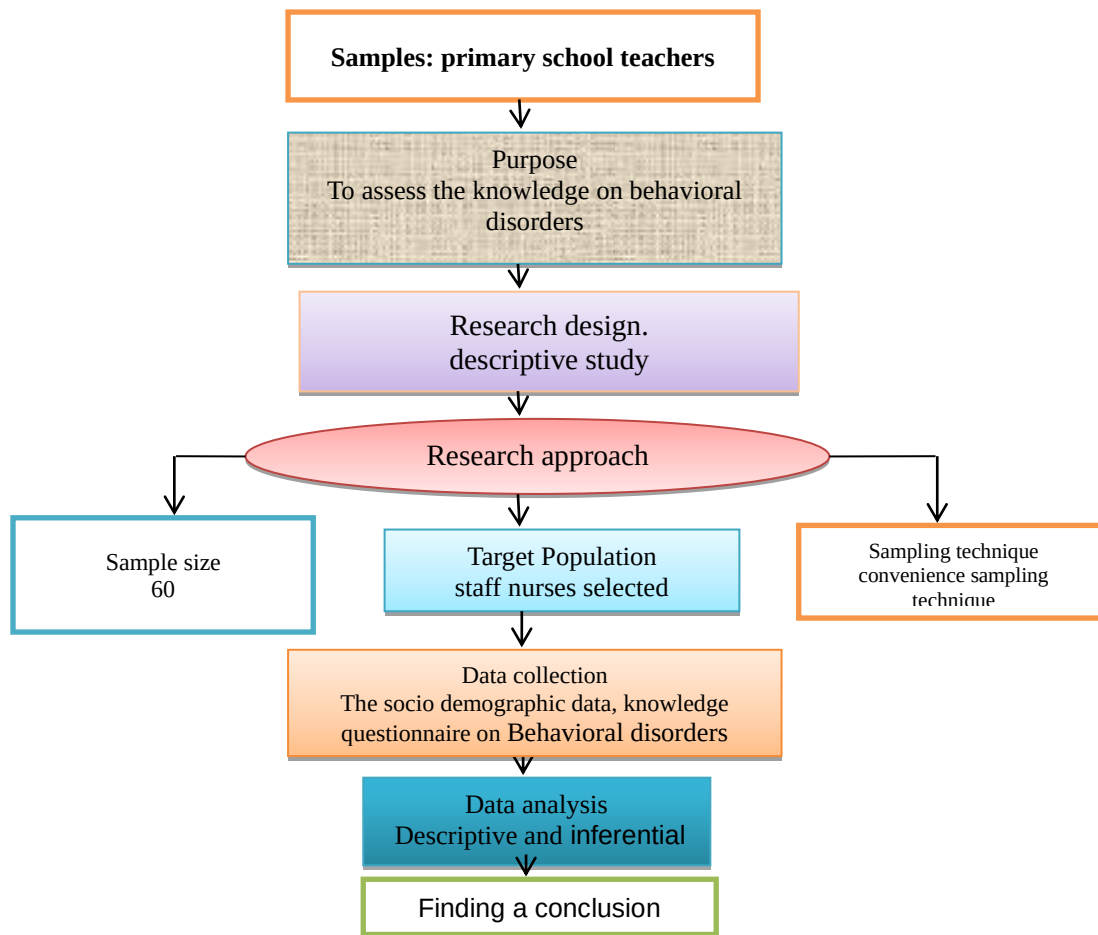


Figure 2 Schematic Representation of Research Design

MEJOR FINDINGS –

Table 1: Frequency and percentage distribution based on the sociodemographic variables-

Maximum 45(75%) samples Educational Qualification is Under graduate, 15(25%) samples Educational Qualification is Post graduate.

Maximum 52(86.7%) samples History Of behavioral disorders In Family is No, 8(13.3%) samples History Of behavioral disorders In Family is Yes.

Table 2: Assess the maximum, mean, standard deviation, and mean percentage of level of

knowledge on behavioral disorders.

In the knowledge level the maximum 65.5 mean percentage is found in the Knowledge on behavioral disorders with mean 4.23 ± 3.19 , 65.5 mean percentage is found in the Overall with mean 4.23 ± 3.19 .

Table 3: Assess the level of knowledge on behavioral disorders.

In the Knowledge level 27 (45%) samples are having Adequate knowledge, 12(20%) samples are having Moderate knowledge, 21 (35.0%) samples are having Inadequate knowledge.

Table 4: Association between knowledge level scores and the sociodemographic variable Age In Years.

The above chi-square table explains that there is no significant association between knowledge level and the sociodemographic variable Age In Years, as the chi-square value 0.54 is lesser than the table value 5.991 at 0.05 level of significance.

Table 5: Association between knowledge level scores and the sociodemographic variable Educational Qualification.

The above chi-square table explains that there is no significant association between knowledge level and the sociodemographic variable Educational Qualification, as the chi-square value 2.04 is lesser than the table value 3.841 at 0.05 level of significance.

Table 6: Association between knowledge level scores and the sociodemographic variable Teaching Experience.

The above chi-square table explains that there is no significant association between knowledge level and the sociodemographic variable Teaching Experience, as the chi-square value 0.97 is lesser than the table value 7.185 at 0.05 level of significance.

Table 7: Association between knowledge level scores and the socio demographic variable History Of behavioral disordersIn Family.

The above chi-square table explains that there is no significant association between knowledge level and the socio demographic variable History of behavioral disordersin Family, as the chi-square value 2.74 is lesser than the table value 3.841 at 0.05 level of significance.

Table 8: Association between knowledge level scores and the socio demographic variable Source Of Information On behavioral disorders.

The above chi-square table explains that there is no significant association between knowledge level and the socio demographic variable Source Of Information Onbehavioral disorders, as the chi-square value 4.49 is lesser than the table value 7.185 at 0.05 level of significance.

Conclusion

In conclusion, the findings of the study underscore the significance of improving the knowledge and awareness of behavioral disorders among primary school teachers in Kanpur city. Addressing the gaps in understanding, providing tailored training, and fostering a supportive school environment are crucial steps in enhancing the overall educational experience for students with behavioral disorders. By equipping teachers with the necessary tools and knowledge, we can strive to create a more inclusive and empowering learning environment for all students.

Implications-

The goal of the present study was to assess the knowledge on attention deficit hyperactivity disorder. The results will be used to advance the knowledge regarding behavioral disorders among primary school teachers. The investigator has drawn the following implications from the study which was of vital concern for nursing practice, nursing education, nursing administration and recommendation for nursing research.

Nursing Administration:

behavioral disorders is a neurodevelopmental disorder characterized by persistent patterns of inattention, hyperactivity, and impulsivity that significantly impact daily functioning. It is one of the most common behavioural disorders affecting children, and symptoms often persist into adolescence and adulthood. Nurses play a crucial role in caring for patients with behavioral disorders. Environmental and behavioural considerations are essential in providing effective care¹. If you're a nursing student with behavioral disorders, developing personalized strategies for studying and staying up-to-date with research and procedures can be beneficial. Additionally, the nurse's role in behavioral disorders management varies, and comprehensive follow-up programs, pharmacotherapy, and behavioural interventions are key components.

Nursing Education:

- Understand your own limitations and needs. Develop personalized strategies for studying and staying up-to-date with research and procedures.
- Seek support from peers, faculty, and academic resources.
- Prioritize self-care and stress management.

Nursing Practice:

Assessment and Diagnosis: Thorough assessment is essential. Gather information about the patient's behaviour, developmental history, and family dynamics. **Care Planning and Goals:** Collaborate with the patient, family, and interdisciplinary team to set realistic goals. Prioritize safety and self-regulation.

Nursing Interventions:

Educate the patient and family about behavioral disorders, coping strategies, and medication management.

Encourage behavioural interventions, such as structured routines and positive reinforcement.

Monitor medication effectiveness and side effects.

Nursing Research

1. A literature review investigated existing and recommended roles for nurses in managing children with behavioral disorders.
2. The review found that the nurse role varied across countries, with nurses working independently or as part of a team with delegated responsibility.
3. Nurses can contribute significantly to both medical and non-medical management of behavioral disorders.
4. School Nurses' Knowledge and Attitudes:
5. School nurses should be knowledgeable about behavioral disorders and have tolerant attitudes toward children with behavioral disorders.

Recommendations

Researchers studying behavioral disorders have used different definitions for diagnosis, leading to varying estimates.

While genes play a role, other factors contribute to symptoms.

Ongoing research aims to enhance our understanding of behavioral disorders.

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