



RESEARCH ARTICLE

A STUDY TO ASSESS THE LEVEL OF KNOWLEDGE REGARDING IDENTIFICATION OF CHILDHOOD DISORDERS AMONG B.ED STUDENTS IN SELECTED COLLEGE AT PUDUCHERRY

*Dr. Danasu, R., Mrs. Sathiyakala, K. and Pramila, S.

Mental Health Nursing, Sri Manakula Vinayagar Nursing College, Kalitheerthal Kuppam, Madagadipet, Puducherry-605107, India

ARTICLE INFO

Article History:

Received 14th February, 2018
Received in revised form
06th March, 2018
Accepted 29th April, 2018
Published online 31st May, 2018

Key words:

Childhood disorders
Knowledge
B.Ed students

ABSTRACT

All young children can be naughty, defiant and impulsive from time to time, which is perfectly normal. However, some children have extremely difficult and challenging behavior outside the norm for their age. The behavior of some children and adolescent are hard to change. Children do not always display their reactions to events immediately although they may emerge later, incase children who have suffered from childhood disorders are at a higher risk such as school failure, suicide, and mental health problems. Teachers play an influencing role in development of personality. Listening to child's problems is an important skill of a teacher. Most teachers and school personnel concur that they are able to identify behavioral and academic problems within first few weeks of a school year. Teacher's expectations and actions greatly affect the child's behavior. A study to assess the level of knowledge regarding identification of childhood disorders among B.ED students in selected colleges at Puducherry. The Research design chosen for this study was descriptive study. The study conducted in selected college at Lawspet in Puducherry. The population includes the B.ED students in selected college. The sample size for this study was 50 students in selected college at Lawspet in Puducherry. The sampling technique used for this study is purposive sampling technique. The Frequency and Percentage distribution of subjects by level of knowledge regarding identification of childhood disorders among B. Ed students out of 50 samples 5(10%) had inadequate knowledge, 40(80%) had moderately adequate knowledge and 5(10%) had adequate knowledge.

*Corresponding author:

Copyright © 2018, Danasu et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Dr. Danasu, R., Mrs. Sathiyakala, K. and Pramila, S. 2018. "A study to assess the level of knowledge regarding identification of childhood disorders among b.ed students in selected college at puducherry". *International Journal of Current Research*, 10, (05), 69791-69795.

INTRODUCTION

All young children can be naughty, defiant and impulsive from time to time, which is perfectly normal. However, some children have extremely difficult and challenging behavior outside the norm for their age. The behavior of some children and adolescent are hard to change. Children do not always display their reactions to events immediately although they may emerge later, incase children who have suffered from childhood disorders are at a higher risk such as school failure, suicide, and mental health problems. There were interchangeable terms for childhood developmental disorders, conduct disorders, emotional disorders, and emotional disturbances. Children with Attention-Deficit/Hyperactivity Disorder (ADHD) evidence by many problems in the classroom, including difficulty staying seated and trouble with organizational tasks. Such behavior are caused by the impairment of the child in their academic functioning and place a burden upon their teachers. Teachers need to use positive interactive approaches than to the inappropriate child behaviors.

Teachers need to communicate care and concern rather than a desire to punish when reacting to inappropriate behaviors. Teachers have more responsible for identifying, assessing, and treating children with various disabilities.

Need for the study: Disruptive behavior students are in every classroom across the nation. Teachers are constantly searching for assistance, guidance, ideas, suggestions and relief from this challenge. Yet teachers must remember that they are the source of hope for many of these children and the person who plays a most important role in their lives. A teacher's words and actions can affect child forever. Before we understand children behavior, we must understand their needs. In addition to their physical needs, kids need fun, clothing, freedom, power, and a sense of belonging. Approximately 3-10% of school-aged children meet criteria for attention deficit/ hyperactivity disorder (ADHD), making ADHD one of the most common disorders of childhood (Breton et al., 1999). Anxiety disorders are the most common mental health problem experienced by children, with studies reporting between 3-24% of children below the age of 12 years develop significant anxiety problems

that interfere with daily functioning (Cartwright-Hatton, McNicol, & Doubleday, 2006). Sawyer, et al. (2000) One of the largest national surveys to be undertaken in Australia into the prevalence of mental health problems and service provision, revealed that 14% of Australian children and adolescents experienced some mental health needs. This study focused on the incidence of three particular disorders among 4500 children: Depressive Disorder; Attention Deficit/Hyperactivity Disorder; and Conduct Disorder. These figures might be compared with the health and well-being statistics of young people which revealed students who had not completed secondary education had a higher prevalence of mental disorders (35%) than those who had post-school qualifications or who had completed secondary school (under 25%) (Australian Institute of Health and Welfare (AIHW), 2007).

A study was conducted on prevalence of behavioral problems of school going children in **Ludhiana**. The study included 957 school children they assessed the behavioral problems by using Rutter B scale, which was to be completed by the class teachers. Based on the screening instrument results and parental interview, 45.6% of the children were estimated to have behavioral problems, of which 36.5% had significant problems. In Kerala, there is a spurt of private pre-schools now a days. Lot of private pre-schools are working without government control and recognition. Criticism is that they provide activities without considering the psychological principles applied to pre -school education. It is stated that children with problems of behaviour in school and delinquency in later years have discernible patterns of abnormality in pre -school years.

In Tamil Nadu, approximately 7 lakhs people suffer from severe mental illnesses, 70 lakhs persons suffer from common mental disorders, 23 thousand persons above the age of 60 suffer from geriatric psychiatric disorders like Dementia, Depression, 2 lakhs children suffer from subnormal intelligence and learning disorders, 11 lakhs children suffer from other childhood psychiatric problems and 15 lakhs people suffer from Alcohol abuse and Substance misuse related problems. While the magnitude of problems in relation to psychiatry illness is enormous, the mental health care facilities in Tamil Nadu is not adequate, not evenly distributed with more facilities available in urban areas than in rural areas. So, to resolve the above issues, Mental Health Policy for Tamil nadu state has been evolved.

Statement of the problem: A study to assess the level of knowledge regarding identification of childhood disorders among B.ED students in selected colleges at Puducherry

General objectives

- To assess the level of knowledge regarding identification of childhood disorders among B. Ed students
- To associate the level of knowledge regarding identification of childhood disorders among B. Ed students with the selected demographic variables

METHODOLOGY

Research design: Descriptive research design was used for this study.

Research approach: The quantitative research approach was used for this study.

Sample: Students who are studying B. Ed at the selected college, and who fulfills the inclusion criteria.

Sample size: The sample size for this study was 50 students

Sample Technique: The target population who fulfill the inclusion criteria are selected a sample by using purposive sampling technique.

Research variables: Level of knowledge regarding the identification of childhood disorders among the B.Ed students

Sample selection criteria

Inclusion criteria

- Students available at time of data collection.
- Students who are willing to participate.

Exclusion criteria

- The students who are absent at the time of data collection.
- Who cannot understand the Tamil & English language

Population: Population of study will be all B. Ed students

Description of tool: It consists of two parts: Section A, Section B

Section A: Items on demographic variables consisting of age, sex, religion, type of family, income, father's occupation, place of living, marital status, underwent any special training regarding childhood disorders, source of information about childhood disorders

Section B: Self structured questionnaires were formulated. It consist of 25 multiple choice question and total score was 25 to assess the level of knowledge.

Scoring interpretation

SCORE	INTERPRETATION
0-8	Inadequate
9-16	Moderately adequate
17-25	Adequate

Plan for data collection: The data was collected after obtaining formal permission from the concern authorities, the investigator obtained the informed consent from the B. Ed students regarding their willingness to participate in the study subjects were made by comfortable and relaxed one to one interview method was used to collect the data

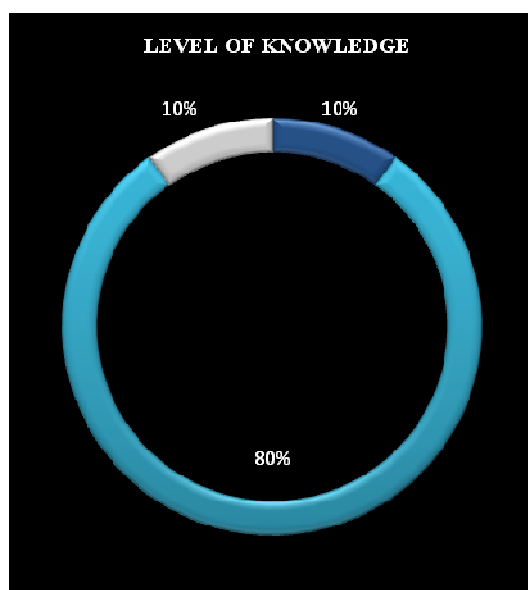
Plan for data analysis: Data will be obtained from the sample will be organized and summarized with to the descriptive and inferential statistics. This table Describes the frequency and distribution of demographic variables of B. Ed students studying at VCETI such as age, sex, religion, type of family, marital status, monthly income, place of living, underwent any special training regarding childhood disorder, and source of information about childhood disorder.

Frequency and distribution of demographic variables of B. Ed students

S.No	Demographic data	Frequency (n)	Percentage (%)
1	Age (in years):		
	• Below 20		
	• 21-30	50	100
	• 31-35		
	• Above35		
2	Sex:		
	• Male	19	38
	• Female	31	62
3	Religion:		
	• Hindu	41	82
	• Muslim	6	12
	• Christian	3	6
4	Type of family:		
	• Joint family	25	50
	• Nuclear family	25	50
5	Maraital Status:		
	• Unmarried	45	90
	• Married	5	10
6	Fathers Occupation:		
	• Unemployed	24	48
	• Employed	26	52
7	Family monthly income:		
	• Below Rs.5000	6	12
	• Rs.5001-7000	15	30
	• Above Rs.7001	29	58
8	Place of living :		
	• Urban	14	28
	• Rural	36	72
9	Underwent any special training regarding childhood disorder		
	• Yes	2	4
	• No	48	96
10	Source of information about childhood disorder		
	• Book	27	54
	• Magazines	-	-
	• Newspaper	4	8
	• Internet	19	38

Frequency and Percentage distribution of subjects by level of knowledge regarding identification of childhood disorders among B.Ed students

Level of Knowledge	Frequency (n)	Percentage (%)
Inadequate	5	10
Moderately adequate	40	80
Adequate	5	10
Total	50	100



Frequency and Percentage distribution of subjects by level of knowledge regarding identification of childhood disorders among B.Ed students

Association of level of knowledge regarding the identification of childhood disorders among B.Ed students with selected demographic variables									
Demographic variables	LEVEL OF KNOWLEDGE						Total	CHI SQUARE	P-value
	Inadequate		Moderately adequate		Adequate				
	f(n)	%	f(n)	%	f(n)	%			
Age (in years): •Below 20 •21-30 •31-35 •Above35	5	10	40	80	5	10	50		-
Sex: •Male •Female	3	15.8	14	73.7	2	10	19	1.188a	0.552
	2	6.5	26	83.9	3	9.7	31		
Religion: •Hindu •Muslim •Christian	5	12.2	33	80.5	3	7.3	41	3.369a	0.498
	0	0	2	66.7	1	33.3	3		
	0	0	5	83.3	1	16.7	6		
Type of family: •Joint family •Nuclear family	4	16.0	20	80.0	1	4.0	25	3.600a	0.165
	1	4.0	20	80.0	4	16.0	25		
Maraital Status: •Unmarried •Married	4	8.9	37	82.2	4	8.9	45	1.389a	0.499
	1	20.0	3	60.0	1	20.0	5		
Fathers Occupation: •Unemployed •Employed	3	12.5	20	83.3	1	4.2	24	1.923a	0.382
	2	7.7	20	76.9	4	15.4	26		
Family monthly income: •Below Rs.5000 •Rs.5001-7000 •Above Rs.7001	1	16.7	5	83.3	0	0.0	6	3.918a	0.417
	0	0	14	93.3	1	16.7	15		
	4	13.8	21	72.4	4	13.8	29		
Place of living : •Urban •Rural	2	14.3	11	78.6	1	7.1	36	.521a	0.771
	3	8.3	29	80.6	4	11.1	14		
Underwent any special training regarding childhood disorder •Yes •No	0	0	1	50.0	1	50.0	2	3.776a	0.151
	5	10.0	39	81.2	4	8.3	48		
Source of information about childhood disorder •Book •Magazines •Newspaper •Internet	1	3.7	22	81.5	4	14.8	27	4.082a	0.395
	0	0	0	0	0	0	0		
	1	25.0	3	75.0	0	0	0		
	3	15.8	15	78.9	1	5.3	4		
							19		

Frequency and Percentage distribution of subjects by level of knowledge regarding identification of childhood disorders among B. Ed students out of 50 samples 5(10%) had inadequate knowledge, 40(80%) had moderately adequate knowledge and 5(10%) had adequate knowledge. This table shows that there is no association between the level of knowledge regarding identification of childhood disorders among B. Ed students such as age, sex, religion, type of family, marital status, monthly income, place of living, underwent any special training regarding childhood disorder and source of information about childhood disorder.

Conclusion

The research study was done in a view to assess the level of knowledge regarding identification of childhood disorders among B. Ed students. The study was done with 50 samples in Puducherry. The present findings of this study reveal the Frequency and Percentage distribution of subjects by level of knowledge regarding identification of childhood disorders among B. Ed students out of 50 samples 5(10%) had

inadequate knowledge, 40(80%) had moderately adequate knowledge and 5(10%) had adequate knowledge.

REFERENCES

- Amanpreet Kaur, 2010. "A Text Book Oh Psychology published By P.K. Jain, M.S Properties, S.Vikas&Co., 1st Edition
- Andrea M. Chronis 2006. " Teacher In-Service Training For Attention Deficit Hyperactivity Disorder (ADHD): Influence on knowledge about ADHD, use of classroom behavior management techniques, and teacher stress", DRUM, University of Maryland Libraries. pg:2-15.
- Bekle, B. 2000. Literature Review : "Teacher's Knowledge and Attitudes About Attention Deficit Hyperactivity Disorder (ADHD)", Research Online, pg: 9 - 20.
- Headley et al., 2013. "Teacher's Knowledge of Anxiety and Identification of Excessive Anxiety in Children", Australian Journal of Teacher Education, volume 38(5). pg:48-51.

- Ingersoll, et al., 2010. "The prevalence children mental disorders, In E. Welfel & R. E. Ingersoll The Mental Health Desk Reference: A Source Book for Counselors". New York: Wiley. pg:1-10.
- Jacob Anthikad, 2004. "Psychology For Graduate Nurses", Published By Jaypee Brothers Medical Publishers, 1st Edition.
- Liza Thankam Daniel et al., 2013."Effect of Educational Module on Knowledge of Primary School Teachers Regarding Early Symptoms of Childhood Psychiatric Disorders" Oct-Dec volume:35(4),Indian Journal of Psychological medicine, pg: 368–372 .
- Moldovan, Jaime, 2011. "School Psychologist's Knowledge and Self-perceived Competency in Identifying, Assessing, and Treating Childhood Anxiety Disorders in the School Setting", PCOM Psychology Dissertations, Paper 182, pg:2-25.
- Morgan King Weiszschopler, "Introduction Of Psychology", Published by Tata Mc Graw-Hill publishing Company Limited, 7th Edition.
- Mrs. Riya Anto, Mrs. Vineetha Jacob 2014. "Effectiveness of self instructional module on knowledge of teacher regarding childhood attention deficit hyperactivity disorder", Volume 3, Issue 1, IOSR Journal of Nursing and Health Science, Pg: 33-36.
- Paul W. Miller 2005. "Early childhood behaviours, schooling and labour market outcomes: estimates from a sample of twins", The University of Western Australia Business School.
- Sreevani, R. 2010. "A Guide To Mental Health And Psychiatric Nursing", Published By Jaypee Brothers Medical Publishers, 3rd Edition.
- Student essays, 2017. "Structured Teaching On Behavioral Problems", UK essay, Nottingham, Uk.
- The Chief Public Health Officer's Report on the State of public health in Canada (2009), "Prevalance of Mental disorder in candian children under 15 years .
- Thornton. S 2011. "Supporting children’s mental well-being in primary schools: problem-solving through communication and action", PhD thesis, Southern Cross University, Lismore.pg:10-14.
