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A study to assess the knowledge regarding conduct disorder among primary school teacher

Alfred Solomon and Yasmin Banu

Abstract

Conduct disorder is one of the commonest disorder seen in child psychiatry settings and may constitute half of the referrals in some cases a child with conduct problem academic decline and family disorganization is after the commonest referral in a child guidance or a school counselor's clinic. Teachers have difficulty managing children's behavioral problem. Teachers reported under listening talking and counseling as a first times to deal with child behavioral problems. There are a number of barrier to the effective treatment of conduct disorder through we have extensive review at the efficiency of both psychosocial intervention and psychopharmacological treatment. Hence a study aimed to assess the knowledge regarding conduct disorder among primary school teacher. The objectives of the study are to assess the knowledge regarding conduct disorder among primary school teacher and to find the association between levels of knowledge regarding conduct disorder with selected demographical variable among primary school teacher. A descriptive study was conducted among 60 primary school teachers. Purposive sampling Technique was used for selecting the sample. Data were collected by using structured questionnaire. The knowledge of conduct disorder were assessed among primary school teachers in that 12(20%) had adequate knowledge, 22(36.7%) had moderate knowledge, and 26(43.3%) had inadequate. There is non-significant association between age, sex, education, subject, living area, having children between age group and years of experience. The study reveals that most of the teachers from rural side have inadequate knowledge regarding conduct disorder and experienced teachers from both rural and urban side have adequate knowledge regarding conduct disorder.

Keywords: Knowledge, conduct disorder, primary school teacher

1. Introduction

Conduct disorder is one of the commonest disorder seen in child psychiatry settings and may constitute half of the referrals in some cases a child with conduct problem academic decline and family disorganization is after the commonest referral in a child guidance or a school counselor's clinic. Recent evidence by WHO indicates that by 2020 childhood neuro psychiatric disorder will rise proportionality by over 50% and would be the fifth most common causes of morbidity, mortality and disability among children. Epidemiologically estimates suggest that approximately 40-20% of all children from birth to 18 years of age have some type of psychiatric disorders and about 3% to 5% have serious disorders^[1-3].

Teachers have difficulty managing children's behavioral problem. Teachers reported under listening talking and counseling as a first times to deal with child behavioral problems. There are a number of barrier to the effective treatment of conduct disorder through we have extensive review at the efficiency of both psychosocial intervention and psychopharmacological treatment. In conduct disorder, it is the right combination and individualization of appropriate treatment that matter most another issue that complicates the management of conduct disorder is the high level of individual variability and heterogeneity in this child group^[4].

According to Ramesh p Adhikari 2015 the result suggest that addictive behavior not paying attention to studies getting angry over small issues fighting back disobedience and stealing were the most commonly identified behavioral related problems of children with these problem seen as interrelated and interdependent result indicates that community members view the family the strategies reported by parents and teachers to manage child behavioral problems were talking listening consoling advising and physical punishment conduct or Behavioral problems related to repeated violation of others

rights aggressiveness hyperkinetic impulsive behavior and missing classes or running away from school [5].

Research on conduct disorder has been extensive, but it has mostly been based on data limited to males, or the proportion of girls in the analyses has been too small to study gender differences [6]. Data on girls has thus mostly been lacking until recent years, even though conduct disorder is a common psychiatric disorder among adolescent girls. The prevalence of conduct disorder in adolescent female population is thought to be around 6% (Merikangas *et al.* 2010 and Table 1), although this may be an underestimate (Delligatti *et al.* 2003). Prevalence has increased markedly during the past decades (Collishaw *et al.* 2004). Research to date suggests that fundamental gender differences exist in the development, course and prognosis of conduct disorder, but there is a lack of large enough gender-specific data in diagnostics as well as in prevention and intervention programme. Serious and undesirable outcomes are associated with conduct disorder in girls, and the consequences are far-reaching. Conduct disorder among girls is associated with increases in comorbid psychiatric conditions (including substance use), adult antisocial personality disorder, poor physical health, early and violent death and a forty-fold increase in adult criminality. Furthermore, conduct disorder is associated with problems in future mothering behaviors that, in turn, contribute to a high rate of transmission of antisocial behavior to next generations [7].

This distinction between early and late starting antisocial behavior has been used to designate distinct groups of children with conduct disorder and to designate distinct patterns of criminal behavior in juveniles for a number of years. It was first added to the DSM as part of the criteria for conduct disorder in the fourth edition of the manual (American Psychiatric Association, 1994), and it was retained in its next revision (American Psychiatric Association, 2013). Specifically, the DSM-5 includes the following specifier for the diagnosis of conduct disorder. Childhood-onset type. Individuals show at least one symptom characteristic of conduct disorder prior to age 10 years. Adolescent-onset type. Individuals show no symptom characteristic of conduct disorder prior to age 10 years (American Psychiatric Association, 2013) [8-10].

Therefore as mental health in school health is essential, for which teachers need to identify the common mental health problems. The disruptive behaviors in the classroom tend to diminish if they are ignored by the teacher and if the teacher gives systematic approval and attention when they behave well. So, knowledge of teachers regarding prevention of behavioral problems among school children is very much essential for mental health promotion [11]. Hence a study aimed to assess the knowledge regarding conduct disorder among primary school teacher. The objectives of the study are to assess the knowledge regarding conduct disorder among primary school teacher and to find the association between levels of knowledge regarding conduct disorder with selected demographical variable among primary school teacher

Methodology

The present study has adopted quantitative approach with Descriptive research design with 60 samples who matched the inclusion criteria were selected by purposive sampling technique. The demographic variables consist of age, sex,

education, subject, living area, having children between age group, year of experiences. The self-structured questionnaire is used to assess the knowledge regarding conduct disorder among primary school teachers. The questionnaire was used to get the knowledge on conduct disorder. The study investigator explained to the primary school teachers about objectives, rational and requirement of consent to participate in the study. The investigators provided instructions for filling the questionnaire, and then guided the teachers. Data was analyzed by using descriptive statistics such as frequency, percentage, mean and standard deviation.

Results and Discussion

The present study shows that majority of samples in this study were female (32%) with the age group of 31-40 years (46.7%) in education B.Ed. teaches were majority Of 53.3% most teachers were came from urban side with 80% with the experiences of more than five years (36.7%) most of the teachers were having children between age group of below 6 years (36.7%) and most of the teachers were taking subject of science with 33.3%.

Table I: Frequency and percentage distribution of the level of knowledge regarding conduct disorder

N-60

Level of knowledge	Frequency	Percentage
Adequate	12	20%
Moderate	22	36.7%
Inadequate	26	43.3%

Table 1: Shows that this study has an adequate knowledge of 12(20%), moderate knowledge of 22(36.7%), and inadequate knowledge of 26(43.3%)

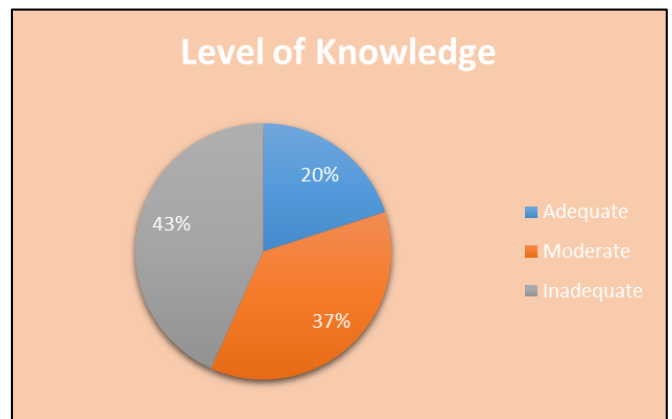


Fig 1: Percentage distribution of the level of knowledge regarding conduct disorder

There is non-significant association between age, sex, education, subject, living area, having children between age group and years of experience.

Mathia Lillig, *et al.* (2018) Conduct disorder is a psychiatric syndrome that most commonly occurs during childhood and adolescence. Conduct disorder is characterized by repetitive, persistent violations of both the rights of others and age-appropriate societal norms. The Diagnostic and Statistical Manual of Mental Disorders, 5th ed. (DSM-5), outlines 15 possible criteria for conduct disorder in the categories of aggression toward people or animals, destruction of property, deceitfulness or theft, and serious violations of rules. The estimated lifetime prevalence of conduct disorder

in the United States is 9.5%, with a lifetime prevalence of 12% for males and 7.1% for females^[12].

K. Sowmya, *et al*, (2017) the study was conducted to identify prevalence of behavior problem among the students of Government Primary School in rural area. This was an exploratory and differential research to identify behavior problem among the students of Government primary schools in rural region drawn from 1 to 4th standard through Behavior Rating Questionnaire. The data were subjected to percentage and chi-square analysis. The results revealed that the prevalence of anxious/depressed, hostile/aggressive, withdrawal/solitary, conduct, learning, hyperkinetic, emotional/impulsive problem was 60, 32, 30, 20, 16, 11 and 9 percent respectively as assessed by the teachers. The results revealed that the percentage of girls was high on conduct problem compared to boys, but, boys percentage was high on learning problem compared to girls, whereas, the boys and girls were similar on hyperkinetic, emotional/impulsive, anxious/depressed, withdrawal/solitary and hostile/aggressive problem^[13].

Pual J Frick, *et al*. (2016) In this research on the various risk factors of conduct disorder is reviewed, with a specific focus on recent theories of how these risk factors can negatively influence a child's development and place him or her at risk for acting in ways that violate the rights of others or that violate major societal norms. This research has important implications for how research is conducted and interpreted. It also has important implications for the assessment and diagnosis of conduct disorder. Most importantly, it highlights the need for a comprehensive and individualized approach to treatment that recognizes the different needs of youth across the various pathways. This method for understating the different pathways to conduct disorder has important implications for research, assessment, and intervention. Specifically, research needs to go beyond simply documenting various risk factors that are associated with the symptoms of conduct disorder and determine how they might be related to specific developmental mechanisms that can lead the child to act in ways that violate the rights of others or that violate major society norms. Finally, assessment and treatment need to recognize these different pathways to conduct disorder so that the specific needs of youth with conduct disorder across the developmental pathways can be identified and interventions can be tailored to these specific needs^[14].

Conclusion

The study reveals that most of the teachers from rural side have inadequate knowledge regarding conduct disorder and experienced teachers from both rural and urban side have adequate knowledge regarding conduct disorder.

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