Assessment of knowledge of high school teachers regarding adolescent behavioral problems: A cross sectional survey in selected schools of Jaipur city

Mr. Jitendra Singh[1§], Dr. (Mrs.) Chellarani Vijaykumar[2], Mr. Vikas Choudhary[3], Dr. Kusum Gaur[4]

[1]Ph.D. Student, Department of Nursing, Maharaj Vinayak Global University, Jaipur (Rajasthan) India
[2]Professor, Department of Nursing, Maharaj Vinayak Global University, Jaipur (Rajasthan) India
[3]Principal, Jeevan shree Nursing College, Jaipur
[4]Senior Professor, Department of Community Medicine, SMS Medical College, Jaipur (Rajasthan) India

Abstract— Adolescence is described as a normal phase of increased conflict. In adolescents, long-standing behavioral difficulties represent a more extended mental health problem. Many studies have revealed the extent of the this problem, since the burden of mental health problems is maximum in young adults, the most productive section of the population, the early detection and treatment is the only solution. The present study was aimed to assess the knowledge of high school teachers on adolescent behavioral problems. In view of the nature of the problem under study and to accomplish the objectives of the study, descriptive survey approach was found to be appropriate to describe the knowledge of high school teachers regarding adolescent behavioral problems. This study observed that a majority of the respondents (83%) had good level of knowledge on adolescent behavioral problems.

Keywords: Knowledge of High School Teachers, Adolescent Behavioral Problems.

I.   INTRODUCTION

Adolescence is a time of transition, an age when the person is not yet an adult, but is no longer a child, a unique age which occurs between 12 to 20 years. The developmental tasks that emerge during adolescence threaten the person's defense. They can either stimulate new adaptive ways of coping or lead to regression and maladaptive coping responses. Old problems may interfere with the adolescent's coping abilities, and environmental factors may help or hinder the adolescent's attempts to deal with them. Previous coping skills if used successfully can promote healthy adaptation and integrated adult functioning. During adolescence major events occur and attempts are made to deal with them. This results in behavior uniquely "adolescent".[1]

In adolescents, long-standing behavioral difficulties represent a more extended mental health problem. According to the WHO and UNICEF health report 2001, as many as 20% of children worldwide are suffering from behavioral problems, which could lead to serious public health problems. The WHO reported that 70% of premature adult deaths could be linked to negative adolescent behavior such as smoking and substance abuse.[2]

Adolescents with conduct problems display behaviour that violates the basic rights of others or societal norms and rules. Examples include fighting, cruelty, lying, truancy, and destroying property, other behaviours may consist of aggression towards people and animals, bullying and threatening behaviour, stealing, use of weapons, destruction of property, fire setting, running away and staying out late.[3]

The children of today are the adults of tomorrow, they deserve to inherit a safer, fairer, and healthier world. The burden of psychiatric problems is maximum in young adults, the most productive section of the population. The early detection and treatment is the only solution to reduce this burden.

Conduct disordered adolescents often have poor relationship with their parents. Good relationships with parents allow the adolescent to inculcate the acceptable behaviors. However, the adolescents learn also from the school and peer groups. The social, economic and cultural environments are also influencing factors.[4]

Studies related to children are usually conducted in schools and school teachers are very much related to students. So this present study was aimed to assess the knowledge of high school teachers on adolescent behavioral problems. In view of the nature of the problem under study and to accomplish the objectives of the study, descriptive survey approach was found to be appropriate to describe the knowledge of high school teachers regarding adolescent behavioral problems.

II.　METHODOLOGY

This cross sectional descriptive study was conducted in Department of Nursing, Maharaj Vinayak Global University, Amer, Jaipur (Rajasthan) India in year 2017 to assess the knowledge of school teachers regarding adolescent behavioural problems.

This study was conducted on 300 school teachers of randomly selected 20 schools of Jaipur city. For sampling, from all 840 English and Hindi medium high schools 20 schools were selected randomly for the study. For selection of school teacher purposive sampling technique was used to have 18 teacher from each school counting total 300 eligible teachers. For eligibility of teachers, full time worker with minimum of one year experience and graduate qualification.

For study a semi structured questionnaire tool was designed, tested and finally final draft of tool was prepared for data collection for study. Final questionnaire tool used in study had following parts:-

Part-I: Designed to elicit the demographic information from the respondents consisting of six items such as gender, age, educational qualification, years of experience and exposure to in-service education.

Part II: Designed to elicit the knowledge regarding adolescent behavioral problems, which was divided into two parts.

Section A: Consists of 20 items relating to the concept and characteristics of adolescent behavioral problems. They are statements that require to be answered Yes/ No. Each correct answer carried a score of One and Zero for incorrect answer. The maximum score was 20 in section A.

Section B: Consisted of 14 statements relating to the management of adolescent behavioral problems. The maximum score was 14 in section B.

In order to assess the level of knowledge of the teachers, a three- point scale was used. The percentage scores were graded arbitrarily as follows: 0 to ll (40%)-poor level of knowledge, 12 to 23(40-70%)- average level of knowledge and 24 to 34(70%)- good level of knowledge.

The constructed tool was given to 12 experts from different fields including nursing, psychology, and psychiatry for content validitation. The experts were chosen based on their experience and clinical expertise. The experts were required to judge the items in terms of relevance, clarity, appropriateness and usefulness to the present study. As per the suggestions and recommendations of the experts,

necessary modifications were done in the tool. The first draft of the tool consisted of 44 items relating to the knowledge on adolescent behavioral problems. Based on the recommendations and suggestions from experts, 10 items were removed due to ambiguity and four items were modified in order to simplify the language. Thus, the final draft consisted of 34 items.

In order to establish the reliability of the tool, the study was conducted on 22.12.2017 at Govt. high School, Jatwara, Jaipur and the questionnaire was administered to 10 high school teachers who fulfilled the sampling criteria.

The tool was divided into two equivalent halves and correlation for the half test was found using Karl Pearson's correlation coefficient formula and significance of correlation was tested using probable error, $(r\frac{1}{2} = 0.8)$. The reliability coefficient of the whole test was then estimated by Spearman Brown's prophecy formula. Hence the tool was found to be reliable with a calculated value of r=0.85.

Before data collection, permission was obtained beforehand from the Block Education officer. The investigator also obtained permission from each of the ten selected high schools. Data was collected by the investigator herself.

After taking written inform consent from identified teachers, details identification information like In the present study the demographic variables include age of the subjects, gender, educational qualification, years of experience, and exposure to in-service education were taken. After that A close ended structured interview questionnaire regarding adolescent behavioral problems was prepared to assess the knowledge among the high school teachers. It consisted of 34 items. Knowledge domain had 11 items (32.35%), comprehension had nine items (26.47%) and application had 14 items (41.17%), covering all aspects of adolescent behavioral problems.

Data thus obtained were compiled and analysed with the help of MS Excel 2010. Results were expressed in percentage and proportions.

III. RESULTS

Out of 300 school teachers, majority (83%) were females, most of the teachers (41%) were in the age group of 31-40 years, it was observed that a large majority (81%) held a B.Ed degree. As per the years of experience, 36% of the teachers had more than 11 years of experience, 35% of them had 1-5 years of experience and only 35% of the teachers had undergone in service education, whereas, the majority (65%) had not received any in service education. (Table 1)

Table 1
Characteristics of Study Population (N=300)

S. No.	Variable		Number	Percentage (%)
1	Age in years	21-30	72	24
		31-40	123	41
		41-50	63	21
		>50	42	14
2	Sex	Male	51	17
		Female	249	83
3	Educational Status	Graduate	45	15
		B. Ed	243	81
		M. Ed	12	4
4	Years of experience	1-5 years	105	35

		6-10 years	87	29
		>11 years	108	36

Assessment of the knowledge of the teachers regarding adolescent behavioural problems revealed that most of the teachers (83%) had a good level of knowledge, whereas the remaining 17% had average level of knowledge and none of them had poor knowledge. (Table 2)

Table 2
Level of knowledge wise distribution of Study Population (N=300)

Level of knowledge	Frequency	Percentage
Good (Scores >70%)	249	83
Average (Scores 40-70%)	51	17

When area of knowledge was revealed that the teachers had highest (88%) knowledge score in the area of management of adolescent behavioral problems with a mean and SD of 12.32 ±1.52, followed by the area of concept of behavior and common adolescent behavioral problems with a mean percentage of 72.8%, the mean and SD was 7.28±1.36. The least mean percentage of 68% was in the area of characteristics of adolescent behavioral problems. The mean knowledge score was 26.35±3.06, with a mean percentage of 77.5% revealing that the overall knowledge of the teachers regarding adolescent behavioral problems was good in all the areas. (Table 3)

Table 3
Knowledge area wise status of study population

Knowledge area	Minimum	Maximum	Mean	SD	Scores
Concept of common adolescent behavioral problems	3	10	7.28	1.364	72.80
Characteristics of adolescent behavioral problems	1	10	6.80	1.570	68.00
Management of adolescent behavioral problems	8	14	12.32	1.523	88.00
Overall Knowledge	14	32	26.35	3.069	77.50

IV. DISCUSSION

The assessment of the knowledge of the high school teachers regarding adolescent behavioral problems revealed that a majority (83%) had a good level of knowledge, while none showed poor level of knowledge.

The findings are contradictory to a study conducted at the public schools in United Arab Emirates, wherein the teachers demonstrated low levels of knowledge on behavioral problems among the elementary school children.[5]

A similar study was conducted at England to assess teachers' knowledge of ADHD, where teachers completed a 27-item knowledge test, it was found that the teachers scored fairly well on ADHD knowledge (78.6%).[6]

The area wise analysis revealed that the teachers scored highest in the area of management of adolescent behavioral problems with a mean score of 12.32 ± 1.52 and a mean percentage of 88%. The overall knowledge mean score was 26.35 ± 3.06 with a mean percentage of 77.5%.

In a study, which was conducted at United Arab Emirates, teachers were shown lack of skills in the management of behavioral problems regardless of their training.[5]

The findings of the study conducted at England to assess teachers' knowledge of ADHD, it was found that the teachers scored well on the knowledge test but had several misconceptions- 41% of the teachers thought that ADHD could be caused by poor parenting, and food additives, 64% thought that methyl phenidate alone can be used to treat the condition.[6]

V. CONCLUSION

It can be concluded from this study that a majority (83%) of the respondents had good level of knowledge while none of them could be rated as having poor level of knowledge. The overall knowledge score obtained by the respondents was 26.35±3.06, with a mean percentage of 77.5%. Area wise analysis of the knowledge scores revealed that the respondents scored highest in the area of management of adolescent behavioural problems with a mean score of 12.32±1.52 and a mean percentage of 88%.

CONFLICT OF INTEREST

None declared till now.

REFERENCES

[1] Stuart G. Principles and Practice of Psychiatric Nursing. 5th edition. Chicago. Mosby publications; 1995.

[2] World Health Report; 2001

[3] Solnit J Albert, Cohen. JD, Schowalter EJ. Child Psychiatry. Vol-6. Philadelphia. Lippincott Company; 2011

[4] Fontaine Lee Karen, Fletcher Sue J. Mental Health Nursing. IInd edition. New York. Addison- Wesley Publishers; 1999

[5] Tibi Sana. Knowledge and skills in behavioral problems. The international journal of special education. U.A.E. University. 2015; Vol 20(1)

[6] Barbaresi W J. Olsen RD. An ADHD educational intervention for elementary school teachers: A pilot study. Developmental and Behavioral Pediatrics. 2016; 19:94-100.