Research Article

Knowledge Regarding Conduct Disorder among Primary School Teachers in Selected Primary Schools of Shimla City

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Abstract: ***Background****:* Children with conduct disorders often experience problems in interpersonal and academic relationships and achievements, which are typically suffer serious problems for themselves and those care for them (involve their teachers). The behaviors associated with conduct disorders may be first observed by teachers and they play a pivotal role in the recognition, referral and treatment of conduct disorders. ***Objectives:*** The objectives of the present study were (i) to assess the knowledge of primary school teachers regarding conduct disorders (ii) to associate the knowledge regarding conduct disorders with selected socio-demographic variables. ***Material & Methods:*** A cross sectional descriptive research study was done from June-July 2018 among 100 primary school teachers selected from 20 schools of Shimla city. A pre-validated, self administered, structured questionnaire was used for data collection and random sampling technique was used to select the study participants. Knowledge score was measured in the following three categories: Good, average and Poor. Mean frequency & Chi square tests were used for statistical analysis. ***Results:*** The mean score of knowledge regarding conduct disorder was 5.18 ±1.77. Results revealed that only two fifth of the primary school teachers (43%) had average knowledge about conduct disorder. There was no significant association of their age, gender, professional qualification, teaching experience, religion and marital status with their knowledge regarding conduct disorders. ***Conclusion****:* Study reveals that most of the school teachers have inadequate knowledge regarding conduct disorders among primary school teachers and they need to be educated and trained regarding conduct disorders.

Keywords: Conduct disorders, Knowledge, Primary School Teachers, Shimla.

INTRODUCTION

Behavioural problems can happen in children of all ages. Some children have serious behavioural problems. Sometimes, a child's behaviour can affect their development and interfere with their ability to lead a normal life. When behaviour is this much of a problem, it is called a conduct disorder. Conduct disorder can cause a lot of distress to children, families, schools and local communities Savitha *et al.,* (2016).

Conduct disorder (CD) is characterized by a pattern of behaviour that violates the basic rights of others or age appropriate norms and rules of society. Conduct disorder can be extremely challenging for parents, teachers, and mental health professionals. Conduct disorder also exacts a high cost in terms of personal loss for children, families, and society (Savitha *et al.,* 2016; & Ogundele, M. O. 2018).

Conduct disorder is one of the most difficult disorders to treat because it is complex and requires carefully designed and coordinated treatment interventions aimed at multiple areas of functioning. Considerable resources are required to properly assess and implement an effective treatment plan for children with conduct disorder. Conduct disorder is one of the most frequently diagnosed disorders of childhood and adolescence (Savitha *et al.,* 2016; & Ogundele, M. O. 2018; & Sagar, R. *et al.,* 2019).

India is home to almost 19% of the world's children. More than 1/3rd of the country's population, around 440 million is below 18 years. In that 8–10% of children are between 6 and 10 years of age. Conduct is the most serious psychiatric disorder. Studies shows that 6–10% boys and 2–9% of girls have conduct disorders. Serious violation of rules, often stays outside at night despite parental prohibition begins before 13years of age and the problem of running away from home overnight are some of the major conduct disorders (Frank, T. 2000; & Naganandini, R. 2018).

Difficulty in school is an early sign of potential conduct disorder problems. While the child's IQ tends to be in normal range, they can have trouble with verbal and abstract reasoning skills and lack behind their classmates. Consequently, they feel as if they do not "fit in." The frustration and loss of self-esteem resulting from this academic and social inadequacy can trigger the development of conduct disorder (Sreevani, R. 2010 & Naganandini, R. 2018).

OBJECTIVES OF THE STUDY
1) To assess the knowledge of primary school teachers regarding conduct disorder in Shimla city.
2) To find the Association of knowledge of primary school teachers with selected demographic variables (Age, Years of teaching experience, Educational qualification, religion, Marital status).

MATERIALS AND METHODS

Research Approach -Descriptive

Research Design- Descriptive cross-sectional design

Setting of the study- Primary School of Shimla City

Study duration- between June-July 2018

Study population- Primary school teachers of Shimla city

Sample size-100 Primary school teachers

Sampling Technique-Randomly Sampling Technique

Sampling criteria- 20 Primary school were selected randomly from all primary schools of Shimla city and 5 Primary school teachers who were present on the day of the study were selected randomly after explaining the purpose of the study.

Informed consent/assent was taken from selected primary school teachers and confidentiality of the teachers was also maintained

Inclusive Criteria- Teachers available during the period of data collection in study setting and who were willing to participate in the study.
Exclusion Criteria:
Teachers who were not willing to participate in the study and who were not present during data collection.

Development of Tool:
Knowledge related questionnaires (15)

Description of Tool
Section A-Socio-demographic characteristics of the Primary school teachers (Age, Gender, Educational status, marital status, religion and Source of information regarding conduct disorder).

Sections B-There were fifteen structured knowledge questionnaire having four options. The teacher had to choose right one. One mark was given for each correct answer and zero for incorrect answer. The maximum score was 15 and minimum score was zero. Scoring was done on the basis of marks as > 66%(11-15)=Good, 33%-66%((5-10) =Average,<33(0-5)=Poor

Validity of tool - by the experts in this field

Permission- obtained from the concerned head of the schools.

Ethical Consideration- Ethical approval was taken from the Institutional Ethical Committee of Himalayan University for conducting the study.

Data collection: By myself under the guidance of supervisors and Teachers was given 15 minutes time to complete that questionnaire and collected at the end of the prescribed time

Data analysis: With appropriate statistical test in terms of frequencies, percentage, mean, standard deviation and Chi-Square test. P value of less than 0.05 was considered to be statistically significant.

RESULTS

Table 1: Socio-demographic variables of Primary school teachers

		Frequency	Percent
Age groups	26-30 Years	26	26.0
	31-35 Years	26	26.0
	36-40 Years	29	29.0
	>40 Years	19	19.0
Gender	Male	58	58.0
	Female	42	42.0
Educational qualifications	Teachers training course	2	2.0
	Junior basic teachers	36	36.0
	B.Ed.	58	58.0
	M.Ed	4	4.0
Years of teaching experience	<5 years	10	10.0
	6-10 years	20	20.0

	11-15 years	29	29.0
	16-20 years	20	20.0
	>20 years	21	21.0
Religion	Hindu	95	95.0
	Muslims	5	5.0
Nature of employment	Temporary	17	17.0
	permanent	83	83.0
Child psychiatry in their curriculum	Yes	97	97.0
	No	3	3.0
Previous information regarding behavioral problems	Yes	94	94.0
	No	6	6.0

This table-1 depicts that for age group, 26% of teacher came between the age group of 26-30 years, 26% participants came in the age group of 31-35 years, 29% came in the age group of 36-40 years while 19% teachers came in the age group of > 40 years. With respect to gender, 58% of teachers were male and remaining 42% were female, For educational qualification, 2% participants have done teacher training course, 36% have junior basic teachers, 58% have done their B.Ed. and remaining 4% teachers have M.Ed qualification. For years of teaching experience, 10% of teachers have < 5 years experience, 20% teachers have 6-10 years experience, 29% have 11-15 years experience, 20% teachers have 16-20 years experience while 21% teachers have total >20 years experience. With respect to religion, 95% teaches were from Hindu and 5% teachers were from Muslim religion. For nature of employment, 17% teachers were in temporary job and 83% teachers were permanent job. With respect to Child psychiatry in their curriculum, 97% teachers had in the category of yes and 3% teachers had in the category of no. For previous information regarding behavioral problems, 94% teachers had information regarding behavioral problems while 6% had no information regarding behavioral problems.

Table 2: Knowledge regarding Conduct Disorders among Primary school teachers

		Frequency	Percent
	Poor (0-5 marks)	57	57.0
Knowledge score	Average (6-10 marks)	43	43.0
	Good (11-15 marks)	0	0.0
	Total	100	100.0
Mean score		5.18 ± 1.77	

The mean score of Conduct Disorders knowledge was 5.18 ± 1.77. Results revealed that only two fifth of the primary school teachers (43%) had average knowledge while three fifth (57%) had Poor knowledge about Conduct Disorders. None of the participants had Good knowledge regarding Conduct Disorders.

Table 3: Association of knowledge of Conduct Disorder & Socio-demographic variables of Primary school teachers

			Knowledge Score		Total	P value
			Poor	Average		
Age groups	26-30 Years	Count	12(46.2%)	14(53.8%)	26(100.0%)	
	31-35 Years	Count	17(65.4%)	9(34.6%)	26(100.0%)	
	36-40 Years	Count	14(48.3%)	15(51.7%)	29(100.0%)	0.182
	>40 Years	Count	14(73.7%)	5(26.3%)	19(100.0%)	
Gender	Male	Count	36(62.1%)	22(37.9%)	58(100.0%)	0.831
	Female	Count	21(50.0%)	21(50.0%)	42(100.0%)	
Educational qualifications	Teachers training course	Count	0(0.0%)	2(100.0%)	2(100.0%)	0.252
	Junior basic teachers	Count	28(77.8%)	8(22.2%)	36(100.0%)	
	B.Ed.	Count	28(48.3%)	30(51.7%)	58(100.0%)	
	M.Ed	Count	1(25.0%)	3(75.0%)	4(100.0%)	
Years of teaching experience	<5 years	Count	2(20.0%)	8(80.0%)	10(100.0%)	0.140
	6-10 years	Count	12 (60.0%)	8(40.0%)	20(100.0%)	
	11-15 years	Count	17(58.6%)	12(41.4%)	29(100.0%)	
	16-20 years	Count	12(60.0%)	8(40.0%)	20(100.0%)	
	>20 years	Count	14(66.7%)	7(33.3%)	21(100.0%)	
Religion	Hindu	Count	55(57.9%)	40(42.1%)	95(100.0%)	1.000

	Muslims	Count	2(40.0%)	3(60.0%)	5(100.0%)	
Nature of employment	Temporary	Count	7(41.2%)	10(58.8%)	17(100.0%)	0.401
	Permanent	Count	50(60.2%)	33(39.8%)	83(100.0%)	
Child psychiatry in their curriculum	Yes	Count	56(57.7%)	41(42.3%)	97(100.0%)	1.000
	No	Count	1(33.3%)	2(66.7%)	3(100.0%)	
Previous information regarding behavioral problems	Yes	Count	56(59.6%)	38(40.4%)	94(100.0%)	0.824
	No	Count	1(16.67%)	5(83.33%)	6(100.0%)	
Total		Count	68(68.0%)	32(32.0%)	100(100.0%)	

This table 3 depicts that there is no association with above listed demographic variables i.e. age groups, genders, educational qualifications, years of teaching experience, religion, nature of employment, child psychiatry in their curriculum and previous information regarding behavioral problems with Knowledge of Primary school teachers regarding Conduct Disorders.

DISCUSSION

The mean score of Conduct Disorders knowledge was 5.18±1.77. Only two fifth of the primary school teachers (43%) had average knowledge while three fifth (57%) had Poor knowledge about Conduct Disorders. Similar types of findings were also observed by study done by Naganandini, R. (2018). But our study results were contrary to the study done by Savitha *et al.,* (2016).

There was no significant association of their age, gender, professional qualification, teaching experience, religion and marital status with their knowledge regarding Conduct Disorders. Similar results were reported in the study done by Savitha *et al.,* (2016) and Naganandini, R. (2018).

CONCLUSION AND RECOMMENDATION

Our study revealed that most of the school teachers have inadequate knowledge regarding conduct disorders. Results from this study bring light to the fact that schools should invest in faculty development and arrange structured courses and workshops on regarding conduct disorders and prepare the teachers to deal with special needs of children with regarding conduct disorders. All teachers need to be educated, trained and supported to further their professional development regarding conduct disorders because the teachers who are knowledgeable about ADHD are better prepared to be in a position to offer adequate teaching, assistance, and support for children with conduct disorders

Future implications

This study considered the situation in the governmental primary schools only; future studies should be conducted to assess the situation in private schools as well. Same study can be conducted by using large sample to generalize the findings. A study may be undertaken to assess the effectiveness of STP on knowledge on prevention of conduct problems among school teachers. A comparative study can also be undertaken to assess the knowledge of teachers with patents of ADHD children.

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