

Associating factors with knowledge of high school teachers regarding adolescent behavioral problems: A descriptive analysis

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Abstract— Adolescence is long-standing behavioral difficulties which may results in mental health problem. Adolescence are school going and knowledge of school teachers have important impact on these adolescents. So this present study was aimed to find out the factors affecting on knowledge of 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. It was also observed that although sex of teacher was not found to associated with this knowledge but this knowledge of school teachers was found to associated with age of school teacher, experience of service and status of in service trainings. It was found that knowledge of the school teachers regarding adolescent behavioral problems increases with increase age. It was also found that knowledge regarding adolescent behavioral problems was observed in school teachers who have 6-10 years of service and in those who had received in service trainings than their counterparts.

Keywords: Associating factors, 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

Adolescence is describes this stage of adolescence, identity versus identity diffusion. This stage is followed in young adulthood by the stage of intimacy versus isolation. He stressed that identity must be established before intimacy can occur.¹

According to the WHO and UNICEF health report 2001, as many as 20% of children worldwide are suffering from behavioural problems, which could lead to serious public health problems. The WHO reported that 70% of premature adult deaths could be linked to negative adolescent behaviour such as smoking and substance abuse.²

The Youth Risk Behavior Surveillance system (U.S) conducted a national school-based survey of more than 16,000 students in 151 schools. The data revealed many threats to the health and well-being of

teenagers. Each of these findings represents both an area of concern and an opportunity for health education and early intervention.³

According to the Population Projections of India for the years 1996- 2016 given by the Registrar General of India, there will be a massive increase of population in the 15-59years age group in just twenty years. In a major study, the National Institute of Advanced studies, conducted in-depth interviews in Bangalore, Chandigarh, Patiala and Delhi with nearly 600 youngsters and found them entangled in a web of frustration, anger, withdrawal, and escapism. They found that 54% of all crimes committed in the country are by adolescents, more than 40% of all suicides occur in this age group.⁴

In an epidemiological study conducted at Bangalore, on the prevalence and pattern of psychological disturbance among school going children, it was reported that 18.3% of a sample of school children were categorized as “Disturbed” according to the results obtained on behaviour rating scale.⁵

According to an epidemiological study conducted by Indian Council of Medical Research at Bangalore, the prevalence rate of adolescent behavior problems was 12% among the 4-16 years age group, the common problems being hyperactive disorder and conduct disorders. In India, out of the 30% of the children suffering from Mental ill-health, it is estimated that one to two percent have behavioral problems.⁶

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.⁷

A study was conducted to assess the prevalence of behavioural problems in school going children at an urban area of Ludhiana, India. The sample size was 1000 school children aged nine to eleven years from three different schools of city. The teachers assessed students using Rutter-B scale, behavioral problems was found in 43.5% of the children. The findings suggest that there is a need for detecting the behavioral problems at an early stage.⁸

A study to assess the teachers’ knowledge of attention deficit hyperactivity disorder (ADHD) was carried out in England out where 44 teachers completed a 27 item knowledge test, both before and after receiving an education intervention. Although teachers scored fairly well in the pre-tests (78.6%) several misconceptions were of concern. The teachers in this study had gaps in the knowledge concerning ADHD. It was concluded that if teachers become knowledgeable concerning ADHD and are more directly involved with physician who treat this problem they may find it easier and less stressful to educate students with this behavioral problem. The study reveals that there is a need to assess the knowledge of teachers working among the adolescents.⁹

So this study was conducted to assess the knowledge of school teachers regarding adolescents behavioral problems with its associating factors.

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 behavioral 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 11 (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 validation. 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, ($r_{1/2} = 0.8$). 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 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 associations were inferred by Chi-square test.

III. RESULTS

Out of 300 school teachers interviewed, majority 249 (83%) had a good level of knowledge i.e. score more than 70%, whereas the remaining 51 (17%) had average level of knowledge i.e. score in between 40-70% and none of them had poor knowledge i.e. less than 40% scores. (Table 1)

Table 1
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

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 2)

When association between the knowledge of the school teachers regarding adolescent behavioral problems and selected demographic variables was analysed, it was found that although the sex of school teacher was not associated but there was a significant association ($p < 0.05$) of knowledge scores with age, with years of experience ($p < 0.05$) and with in service training ($p < 0.001$). It was found that knowledge of the school teachers regarding adolescent behavioral problems increases with increase age. It was also found that knowledge regarding adolescent behavioral problems was observed in school teachers who have 6-10 years of service and in those who had received in service trainings than their counterparts. (Table 2)

Table 2
Characteristics of Study Population (N=300)

S. No.	Variable		≤Median (≤27.5)	>Median (>27.5)	Chi-square Test P Value *LS
1	Age in years	21-30	63	9	10.475 at 2DF <0.05 S
		31-40	72	54	
		41-50	21	39	
		>50	0	42	
2	Sex	Male	21	30	1.302 at 1DF >0.05 NS
		Female	135	114	
3	Educational Status	Graduate	21	24	0.494 at 2DF >0.05 NS
		B. Ed	129	114	
		M. Ed	6	6	
4	Years of experience	1-5 years	81	24	12.817 at 2DF <0.05 S
		6-10 years	60	27	
		>11 years	93	15	
5	In-service training	Yes	6	99	135.813 at 1DF <0.001 S
		No	150	45	

**Level of Significance*

IV. DISCUSSION

This present study found that knowledge of the high school teachers regarding adolescent behavioral problems revealed was good of 83%, average of 17% and none showed poor level of knowledge.

Although the findings of present study in this regard are contradictory to a study conducted at the public schools in United Arab Emirates¹⁰ but in well in resonance with a similar study was conducted at England where teachers scored fairly well on ADHD knowledge (78.6%).⁹

The analysis to find association of knowledge with selected demographic variables was done using chi-square (χ^2) test and fisher's exact test. The results showed that there was a significant association of knowledge with age ($p < 0.05$) and with years of experience ($p < 0.05$). There was a highly significant association between knowledge and in service education ($p < 0.001$).

In a similar study conducted at Iran to assess teachers' knowledge and attitude regarding ADHD, a significant association was found between the knowledge on ADHD and the faculty training programs ($p < 0.05$) also, a significant correlation was found between teachers' knowledge of ADHD and their attitude.¹¹

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 knowledge of school teachers was found to associate with age of school teacher, experience of service and status of in service trainings. It was found that knowledge of the school teachers regarding adolescent behavioral problems increases with increase age. It was also found that knowledge regarding adolescent behavioral problems was observed in school teachers who have 6-10 years of service and in those who had received in service trainings than their counterparts.

CONFLICT OF INTEREST

None declared till now.

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