



Research Article

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A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING SELECTED COGNITIVE BEHAVIORAL THERAPY FOR ATTENTION DEFICIT HYPERACTIVITY DISORDER AMONG PRIMARY SCHOOL TEACHERS, BANGALORE, KARNATAKA, INDIA

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ABSTRACT

The present study has been conducted with the aim of assessing the effectiveness of structured teaching programme regarding knowledge on selected cognitive behavioral therapy for attention deficit hyperactivity disorder among primary school teachers. An evaluative approach was adopted for the study. The research design chosen for the study was a pre-experimental one-group pre-test and post-test. 40 primary school teachers who met the inclusion criteria were selected through purposive sampling. A structured questionnaire was provided to assess the knowledge regarding selected cognitive behavioral therapy for attention deficit hyperactivity disorder. The overall pre-test result shows 45 % of the respondents possesses inadequate knowledge and 52.5 % of the respondents possess moderate knowledge and remaining 2.5 % of the respondent possess adequate knowledge. Whereas, in the post-test results 62.5 % of them had adequate knowledge and 37.5 % had moderate knowledge. The overall findings of the study clearly showed that the structured teaching programme was significantly effective in improving the knowledge regarding selected cognitive behavioral therapy for attention deficit hyperactivity disorder among primary school teachers. Conducting a structured teaching programme would be effective in increasing the knowledge of respondents.

Keywords: Attention deficit hyperactivity disorder, Cognitive behavioral therapy, primary school teachers.

INTRODUCTION

Children are those who are very vital for deciding how the world is going to be after some years. Children thrive when parents are ready to actively promote their positive-growth and development.¹ A school is a perfect place for learning, growing up. Primary school teachers play a crucial role in developing a child's intellect and work habits, as primary school is the first time most children are during a strictly educational environment.^{2,3}

There are several different types of mental disorders that will affect children and adolescents, including -Anxiety disorders, Attention-deficit/hyperactivity disorder (ADHD), Disruptive behavior disorders, Pervasive development disorders, eating disorders, Elimination disorders, Learning and communication disorders, Affective (mood) disorders, Schizophrenia, Tic disorders.⁴

In Saudi Arabia, the prevalence of ADHD was (16.4 %), hyperactivity-impulsivity (12.4 %), and inattention disorders (16.3 %) were found among the school-age group. The prevalence of symptoms of hyperactivity was found to be (7 %), inattention (9.5 %) and impulsivity (7 %) among Greek school- age children.⁵

Behavioral treatment can be defined as a set of interventions that have been designed to modify a child's environment in order to change his or her behavior usually involves training parents or teachers in specific techniques such as anticipating, monitoring and structuring problematic situations, rewarding desired behaviors and punishing inappropriate behaviors. Mostly indirect

comparisons, the effectiveness of medication for short period symptom control exceeds that of behavioral interventions alone, the behavioral interventions have moderate to large effect sizes compared with no treatment and compared with nondirective parent counseling and support in the children age between 4 to 12 years. Besides, the combination of behavioral interventions with stimulant medication has been indicated to produce the greatest benefits for many children with regards to a wide range of functional outcomes.^{6,7}

The worldwide prevalence of ADHD was found to be 5.29 %. Consistent with the study done by associated chambers of commerce and industry of India (ASSOCHAM) the prevalence of ADHD among children's if seen clearly in the past few years have found from 4 % in 2005, where the number of children's ranging in age 3-17 years having ADHD has risen-up to 11 % in 2011. Genetics, dietary habits, social, physical, and parental behavior environment are the main reasons stated for the rise in ADHD cases. Boys are affected more by ADHD than girls. The occurrence of ADHD among the boys increased from 6 % to 11 %, while in girls it rose from 2 % to 5.5 % said the study titled "Raising numbers of ADHD kids in metropolitan cities."⁸

One reason a teacher is uniquely important is due to the capacity for ongoing reinforcement, reinforcing one student's positive behavior can also encourage other students to try an equivalent. Implementing different sorts of teaching can assist in modeling positive behavior to young students. Each of those models serves to assist students to identify their emotions and use them in a positive manner.⁹ Very few studies have concentrated on awareness regarding cognitive-behavioral therapy on

hyperactivity symptoms among primary school teacher the present study was conducted because the primary school teachers spend more time with the students and play an important role in changing the behavior of the students in a positive manner.

Objectives

- To assess the pre-test knowledge of primary school teachers regarding cognitive behavioral therapy for ADHD.
- To determine the effectiveness of a structured teaching programme on the knowledge of primary school teachers regarding cognitive behavioral therapy for ADHD.
- To find an association between post-tests knowledge scores of primary school teachers regarding cognitive behavioral therapy with their selected demographic variables.

MATERIALS AND METHODS

An evaluative approach was adopted for the study. The research design chosen for the study was a pre-experimental one-group pre-test and post-test. The main purpose of the study was to evaluate the effectiveness of a structured teaching programme.

RESULTS AND DISCUSSION

The data were collected from 40 primary school teachers by purposive sampling. 40 primary school teachers were selected based on inclusion and exclusion criteria. The study was conducted in selected primary schools in Bangalore. The data was collected by using a self-administered structured questionnaire developed in 2 sections. Section A includes demographic variables such as age, gender, educational status, marital status, type of family, total experience, type of employment, exposure of children with behavioral problems, source of information regarding the behavioral problems. Section B includes items related to the knowledge of primary school teachers regarding attention deficit hyperactivity disorder and cognitive behavioral therapy and its techniques. It consists of 30 items that are objective-type multiple-choice questions that help in assessing their knowledge. Informed consent was obtained from the respondents. The score for correct response to each item was "one" and the incorrect response was "zero". Thus for 30 items maximum, the obtainable score was 30. A pre-test was conducted, and a structured teaching programme was given on the same day, after eight days post-test was conducted. Analysis and interpretation of the obtained data were done by using Descriptive and inferential statistics.

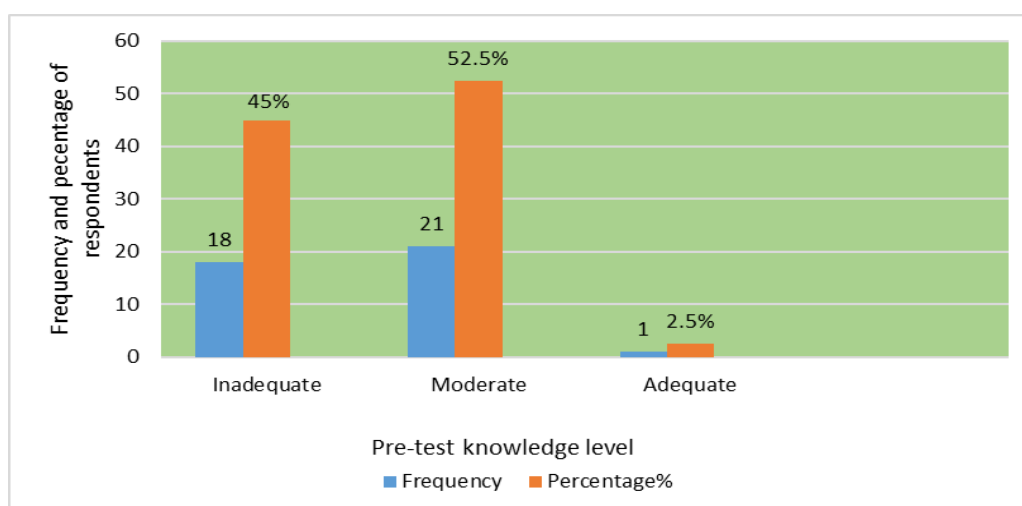


Figure 1: Frequency and percentage distribution of respondents on pre-test knowledge level

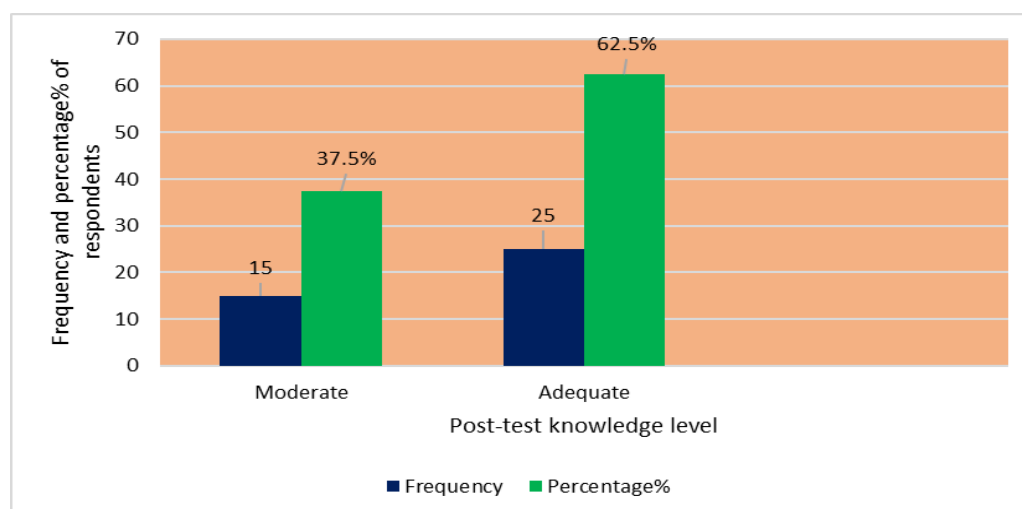


Figure 2: Frequency and percentage distribution of respondents on post-test knowledge level

Table 1: Comparison between pre-test and post-test knowledge scores

Aspects	Max score	Respondents' knowledge scores			Paired "t" test
		Mean	Mean %	SD	
Pre-test	30	14.125	47.08	5.570	-8.91698806*
Post-test	30	21.575	71.91	4.482	
Enhancement	30	7.45	24.83	1.088	

*Significant at 5 % level, t (0.05, 38df) at two tail = + 2.045, - 2.045

Table 2: Association between post-test scores of primary school teachers with their selected demographic variables

S. No.	Demographic variables	Sample (n)	Knowledge level of respondents				X ² value (df)	P value	Interpretation
			Post-test						
			Moderate (11-20)		Adequate (> 20)				
			f	%	f	%			
1.	Age								
	21-30 years	21	11	27.5	10	25	4.61 df = 3	0.202	NS
	31-35 years	9	2	5	7	17.5			
	36-45 years	8	2	5	6	15			
	46 and above	2	0	0	2	5			
	Total	40	15	37.5	25	62.5			
2.	Gender								
	Male	7	2	5	5	12.5	0.289 df = 1	0.591	NS
	Female	33	13	32.5	20	50			
	Total	40	15	37.5	25	62.5			
3.	Marital Status								
	Married	25	7	17.5	18	45	2.57 df = 1	0.109	NS
	Unmarried	15	8	20	7	17.5			
	Total	40	15	37.5	25	62.5			
4.	Educational status								
	TTC	7	4	10	3	7.5	6.39 df = 6	0.706	NS
	B Ed.	18	6	15	12	30			
	M Ed.	9	3	7.5	6	15			
	Any other	6	2	5	4	10			
	Total	40	15	37.5	25	62.5			
5.	Type of family								
	Nuclear	27	10	25	17	42.5	0.760 df = 1	0.931	NS
	Joint	13	5	12.5	8	20			
	Total	40	15	37.5	25	62.5			
6.	Years of experience								
	0-1	11	5	12.5	6	15	3.47 df = 3	0.324	NS
	1-3	10	5	12.5	5	12.5			
	3-5	4	0	0	4	10			
	5 and above	15	5	12.5	10	25			
	Total	40	15	37.5	25	62.5			
7.	Nature of Employment								
	Temporary	28	10	25	18	45	0.127 df = 1	0.722	NS
	Permanent	12	5	12.5	7	17.5			
	Total	40	15	32.5	25	62.5			
8.	Previous came across with the child having behavioral problem								
	Yes	18	5	12.5	13	32.5	1.32 df = 1	0.251	NS
	No	22	10	25	12	30			
	Total	40	15	37.5	25	62.5			
9.	Previous information on behavioral problem								
	Yes	14	2	5	12	30	4.95 df = 1	0.026	S
	No	26	13	32.5	13	32.5			
	Total	40	15	37.5	25	62.5			

n = 40, Note: S - significant (p < 0.05); NS - Not significant (p > 0.05)

Figure 1, the pre-test result shows 45 % of the respondents possesses inadequate knowledge and 52.5 % of the respondents possess moderate knowledge and remaining 2.5 % of the respondent possess adequate knowledge.

Figure 2, the post-test results 62.5 % of them had adequate knowledge and 37.5 % had moderate knowledge.

Table 1 shows that the statistical paired 't' test implies the difference in the pre-test and post-test value was found

statistically significant at 5 % level (p < 0.05) with a paired 't' test value of -8.91698806 at 38 df two tail = + 2.045, - 2.045 with n = 40.

Table 2 shows the outcome of chi-square analysis being carried out to find out the association between the post-test knowledge score of primary school teachers and their selected demographic variables. The categories such as age, gender, marital status, educational status, type of family, year of experience, nature of employment, previously came across a behavioral problem and

previous information regarding behavioral problems associated with the level of knowledge. Out of which previous information regarding the behavioral problems ($X^2 = 4.95$, $df = 1$) was significant at 5% level and the rest of the other demographic variables were not significant with the level of knowledge in primary school teachers in selected primary schools, Bangalore.

CONCLUSION

Hence, it is concluded that respondents lack knowledge regarding the aspect of selected cognitive behavioral therapy for attention deficit hyperactivity disorder. Overall, the teachers had inadequate knowledge in all areas of selected cognitive behavioral therapy for attention deficit hyperactivity disorder. Conducting a structured teaching programme would be effective in increasing the knowledge of the respondents.

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