

# A STUDY TO ASSESS THE KNOWLEDGE OF PARENTS REGARDING BEHAVIORAL PROBLEMS AMONG CHILDREN IN BOMMAKAL VILLAGE, KARIMNAGAR, TELANGANA

<sup>1</sup>V Lucy Kezia Kamalakumari, <sup>2</sup>Dr K Kamala

<sup>1</sup>Research Scholar, <sup>2</sup>Principal

Vinayaka Missions college of Nursing,

Vinayaka Missions Research Foundation (Deemed to be University), Salem.

**Abstract:** Children, from infancy experience a number of behavioral health problems. The objective of the study was to assess the knowledge of parents regarding behavioral problems, to find out the association between the knowledge of parents regarding behavioral problems with the selected socio-demographic variables, to develop and validate an information booklet regarding behavioral problems. The data collection procedure was carried out and the samples were taken from bommakal village, Karimnagar. Sample of 200 parents were taken. Variables for age, sex, education, occupation, religion, socio-economic status, partial status, previous source of knowledge were matched. The gathered data was analyzed by calculating the mean, percentage, standard deviation, chi square. Findings depicts that Majority of parents 42% were in age category of 20-30years, 67% of the parents were female, 46% of parents are educated as senior secondary. Most of the parents 43% had the family income from (20,000-30,000), real parents 100% were in parental status, 39% of them have obtained knowledge about behavioral problems recently from health personnel .6% parents had good knowledge and 94% parents had average knowledge on behavioral problems. There is no association between knowledge score when compared to age, sex, occupation, religion, socio-economic status, parental status, previous source of knowledge except education status. It reveals that maximum demographic variables of the parents do not affected level of knowledge except education status.

**Keywords:** Knowledge, Behavioral problems, Parents, Health Personnel.

## INTRODUCTION:

All young children can be naughty, defiant and impulsive from time to time, which is perfectly normal. The child has the right to express his or her views, obtained information and freedom of thoughts. Also it is our responsibility to protect the child from maltreatment by parents or others responsible for the care of the child. Maltreatment of the children reflects the moral sensibilities of society.

The most common disruptive behaviour disorders include oppositional defiant disorder (ODD), conduct disorder (CD) and attention deficit hyperactivity disorder (ADHD). These three behavioural disorders share some common symptoms, so diagnosis can be difficult and time consuming. A child or adolescent may have two disorders at the same time. Other exacerbating factors can include emotional problems, mood disorders, family difficulties and substance abuse.

An encouraging environment offered by a good mother child relationship is essential for the mental health of a developing individual. At the same time, the importance of the family for proper growth and development of a child cannot be undetermined. Behavioral problems represents a deviation in a basic social function, namely caring for socializing a child until he reaches independence. Children most prone to abuse are children from poor families, working children, children without Families, children of alcoholic parents, children in broken families, abandoned children, delinquent and street children. They can be exploited, sexually abuse, engaged in beggary, emotionally abused or put into child marriage.

Economic exploitation of children in India is extensive and appears to have increased over the years. Most of these children work under stressful conditions in agriculture and industries that leads to traumatic effects on the development of children. The effects of maltreatment on children are substantial and long lasting.

## NEED FOR THE STUDY:

The behavioral problems would require interventions on the management or prevention only after authentic, research study on various aspects of behavioral problems at individual, social and institutional level.

Nurse practitioners as they provide care to children with behavior problems, help their families to screen it early for prompt treatment. So it is recommended that there is a need to do further research.

**PROBLEM STATEMENT:**

A STUDY TO ASSESS THE KNOWLEDGE OF PARENTS REGARDING BEHAVIORAL PROBLEMS AMONG CHILDREN IN BOMMAKAL VILLAGE, KARIMNAGAR, TELANGANA.

**OBJECTIVES:**

- 1 To assess the knowledge of parents regarding behavioral problems among children.
- 2 To find out the association between the knowledge of parents regarding behavioral problems among children with the selected socio-demographic variables.
- 3 To develop and validate an information booklet regarding behavioral problems.

**RESEARCH METHODOLOGY:****Research approach**

Quantitative approach

**Research design**

Non-experimental design

**Setting of the study**

The study was conducted in village bommakal in Karimnagar.

**Population:**

All the parents living in village bommakal during the period of data collection were the population of the study.

**SAMPLE AND SAMPLING TECHNIQUE:-****SAMPLE:**

The parents of children of age less than 18 years in the village bommakal were the samples

**SAMPLE SIZE:**

Sample size is 200

**SAMPLE TECHNIQUE:**

Convenient sampling

**Development of tool:**

Based on objectives, a structured questionnaire was prepared to assess the knowledge of parents regarding behavioral problems among children with a view to develop an information booklet in village bommakal, Karimnagar.

**FINDINGS:**

Majority of parents 42% were in age category of 20-30years, 67% of the parents were female, 46% of parents are educated (senior secondary). Most of the parents 43% had the family income from (21,000-30,000), real parents 100% were in parental status, 39% of them education have obtained knowledge about behavioral problems recently from health personnel.

- 6% parents had good knowledge and 94% parents had average knowledge on behavioral problems.
- By using the chi- square test it was found that there was no significant association between the knowledge level of parents with age, sex, occupation, religion, Socio - economic status, parental status, previous source of knowledge except education status.

**Table-1-Mean knowledge score of behavioral problems N=200**

Items	Mean	SD
Knowledge of parents regarding behavioral problems	16.26	8.96

Table 1 reveals that means knowledge score and standard deviation among parent regarding behavioral problems is 16.37 and 8.96.

**Percentage Distribution of knowledge of parents regarding behavioral problems** shows that 6% of parents had good knowledge and 94% of parents had average knowledge.

#### CONCLUSION:

The present study revealed that 6% parents had good knowledge and 94% parents had average knowledge on behavioral problems. The knowledge score of the parents when compared with the demographic variables revealed that there is no significant association was found with demographic variables ( $P \geq 0.05$ ) except educational status.

#### RECOMMENDATIONS:

- ✓ A large-scale study can be done for replication to assess the knowledge on behavioral problems among children.
- ✓ Similar study can be conducted with an experimental research approach having a control group.
- ✓ A comparative study with control group can be carried out to generalize the findings.

#### REFERENCES:

1. *World Health Organization. The World Health Report: Making Every Mother and Child Count. Geneva: World Health Organization; 2005.*
2. *Malhotra S, Kohli A, Kapoor M, Pradhan B. Incidence of childhood psychiatric disorders in India. Indian J Psychiatry. 2009;51:101–7.*
3. *Hallen N. UNICEF; 2011. May, The Situation of Children in India: A Profile.*
4. *Srinath S, Girimaji SC, Gururaj G, Seshadri S, Subbakrishna DK, Bhola P, et al. Epidemiological study of child & adolescent psychiatric disorders in urban & rural areas of Bangalore, India. Indian J Med Res. 2005;122:67–79.*
5. *Malhotra S, Kohli A, Arun P. Prevalence of psychiatric disorders in school children in Chandigarh, India. Indian J Med Res. 2002;116:21–8*
6. *World Health Organization. Atlas: Child and Adolescent Mental Health Resources: Global Concerns, Implications for the Future. Geneva: World Health Organization; 2005.*
7. *March JS, Silva S, Petrycki S, Curry J, Wells K, Fairbank J, et al. The treatment for adolescents with depression study (TADS): Long-term effectiveness and safety outcomes. Arch Gen Psychiatry. 2007;64:1132–43.*
8. *Jellinek MS, Murphy JM, Little M, Pagano ME, Comer DM, Kelleher KJ, et al. Use of the pediatric symptom checklist to screen for psychosocial problems in pediatric primary care: A national feasibility study. Arch Pediatric Med. 1999;153:254–60*
9. *Achenbach TM, Rescorla LA. Manual for the ASEBA School-Age Forms & Profiles. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families; 2001*
10. *Wechsler D. 4th ed. Integrated San Antonio, TX: Harcourt Assessment, Inc; 2004. Wechsler Intelligence Scales for Children.*
11. *Schopler E, Mary EB, Wellman GJ, Love RS. 2nd ed. Torrance, CA: Western Psychological Services; 2010. Childhood Autism Rating Scale Manual.*