

**Knowledge, Attitude and Practice of Teachers
Regarding the Children with Behavioral Problems**

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ABSTRACT

Introduction: Knowledge, attitude and practice of the teachers with regards to children with behavioral problems may have implications on their pathway to the mental health care. There are no studies undertaken in Jamaica to explore this issue.

Rationale: This study may help in planning psycho-educational and school liaison strategies for early identification and treatment of children with behavior disorders. There may be implications of the findings for curriculum development and in-service training for teachers.

Aim of the study: To study the knowledge, attitude and practice of the teachers with regards to children with behavioral problems.

Objectives:

1. To determine the knowledge of primary and secondary school teachers with regards to symptoms of Attention Deficit Hyperactivity Disorder, and Disruptive Behavior Disorders.
2. To determine the attitudes and practices of these teachers with regards to the children with behavioral problems.
3. To determine if there are differences between the teachers from the urban and the rural schools, primary and secondary schools and to determine the correlation between demographic and other variables to their knowledge, attitudes and practices.
4. To determine the correlation between teacher's knowledge and their attitudes and practices.

Methodology:

Quantitative Component: Using cluster sampling method, 20 primary and secondary level schools located in the South-Eastern Health Region of Jamaica were randomly selected and a cross-sectional survey of all teachers from those schools was carried out using a self administered questionnaire.

Qualitative Component:

- 1) Qualitative Analysis of responses of the teachers to questions on the case vignettes, and
- 2) Depth interviews of 20 key informants (Principals, Vice-Principals and Guidance Counselors) were also conducted.

Results:

1,074 questionnaires were given to the teachers and 427 (40 %) completed the self administered questionnaires.

Comparatively, more teachers demonstrated fair to good knowledge of Attention Deficit Hyper-activity Disorder (89.5 %) and Conduct Disorder (75.7 %) than Oppositional Defiant Disorder(46.6%). Socio-demographic characteristics of teachers, their academic qualification or experience, exposure to mental health professionals/ information/presentation on children's mental health issues did not have significant influence over their knowledge of ADHD, ODD or CD.

Only 9.1% of teachers exhibited attitudes and practices that were classified as acceptable/helpful. Teachers' exposure to one or more children with a diagnosis of mental disorder or with a diagnosable mental disorder and the information they received regarding mental disorders in children had positive but weak influence on their attitudes and practices. A school visit by a mental health team member and teacher's exposure to presentations and workshops on children's behavioral disorders had a strong positive correlation with teacher's acceptable/ helpful attitudes and practices.

Over all, knowledge of the teachers regarding ADHD/ODD/CD had no or weak influence on their attitudes and practices with urban/rural location of the school or the type of school showing no significant impact.

Discussion

Teachers may be recognizing ADHD, but misconceptions about its causation persist. The absence of a strong correlation between knowledge of ADHD and other disruptive behavioral disorders and teachers' attitude and practices may suggest that knowledge alone may not result in change in teachers' attitudes and practice or it is likely that there may be other factors influencing attitudes/practices. Overall, in spite of fair amount of knowledge of behavioral disorders, teachers' unhelpful attitudes and practices regarding children with disruptive behaviors raise concerns. Low completion rate (40%) of the questionnaire and the absence of private schools and technical/vocational schools in this study may affect the generalizability of the findings.

Recommendations:

1. Further studies of the determinants of attitude and practices of teachers using more representative sample.
2. Allocation of more time and resources to interventions like school visits by mental health professionals and presentations/workshops to positively influence attitudes and practices of teachers.
3. A practical and useful course in child and adolescent mental health need be a part of the curriculum of teacher's colleges and focus of in-service training.