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A Descriptive Study to Assess the Perception and Attitude Regarding Behavioural Disorders in Children Among Secondary School Teachers in Selected Private School of Nadiad Taluka

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Research Article

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Abstract

Background of the Study: Regional studies in Gujarat, such as in Vadodara, highlight that teachers often misinterpret ADHD symptoms as discipline issues and lack confidence in classroom management without structured training. However, there is limited published evidence on the perception and attitude of private secondary-school teachers toward behavioural disorders in adolescents aged 14-18, particularly in Nadiad taluka (Kheda district). This highlights the need for local research to inform teacher training and school-based mental-health programs. Behavioural disorders among children represent a significant challenge for secondary education. Previous research in Indian contexts shows that a substantial proportion of school-going children exhibit behavioural, emotional or cognitive problems (for example, ~22.7% in a study from Kanpur) yet many teachers – especially in private settings or in secondary grades – have only moderate levels of knowledge about causes and treatments, and attitudes that are mixed or inadequately informed.

Aims and Objectives: To assess the attitude of secondary school teachers towards behavioural disorder.

- To assess the perception of secondary school teachers towards behavioural disorder.
- To correlate the perception and attitude of secondary school teachers towards behavioural disorder.
- To find out the association of perception among secondary school teachers towards behavioural disorder with their selected demographic variables.
- To find out the association of attitude among secondary school teachers towards behavioural disorder with their selected demographic variables.

Methods: A descriptive research design was employed, using purposive sampling to select participants. A likert questionnaire examined socio demographic profiles, while a Likert scale assessed perception and attitude, respectively.

Result: Result shows that a total of 100 secondary school teachers Participated. The results showed that 50% of teachers had good perception and 50% have bad perception while, the teacher's had 50% good attitude and 50% bad attitude. Then Karl Pearson's formula was used to find out the association between perception and attitude of secondary school teacher towards behavioural disorders in children. The observed r value was r 0.69 that shows a positive correlation between perception and attitude. So H1 is accepted.

Conclusion: Recent research on secondary school teacher's perception of behavioural issues shows that 50 out of 100 teachers have good perception, 50 have bad perception, Regarding attitudes, 50 have positive attitudes, 50 have Negative attitude none. Factors such as age, gender, education level, level of experience, perception and attitudes. The study suggests that healthcare professionals in schools should help improve teacher's perception and attitudes, encouraging them to focus on behavioural interventions for children.

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Keywords: Perception; Attitude; Behavioural Disorders; Children; Secondary School Teachers

Introduction

Behavioural disorders refers to a category of mental disorders that are characterized by persistent or repetitive behaviours that are uncommon among children of the same age, inappropriate, and disrupt others and activities around the child [1]. Adolescence (14-18 years) is a crucial developmental stage where behavioural and emotional problems commonly arise the prevalence rate of child and adolescent psychiatric disorders and in the school it has been found to be 23.33% [2]. Sleep disorders are very common in the population of children, with prevalence rates ranging from 25-40%, and they are often persistent [3]. Eating disorders and body-image concerns are rising in India, with younger adolescents (10-15 years) showing a slightly higher prevalence than older teens [4]. Adolescents with ADHD often have impulsivity and conduct-related problems [5].

Types

Habit Disorder

- **Thumb Sucking**: Thumb sucking is defines as non-nutritive sucking of fingers or thumb.
- **Nail Biting**: Nail biting is also known as Onychophagia. It is oral compulsive habit in children and adults. It's just way of coping with stress or comforting self.
- **Ties**: Tic disorders are characterized by persistent presence of tics which are abrupt, repetitive, involuntary movements, and sounds that are purposeless.
- **Enuresis**: Enuresis or bed wetting is disorder of involuntary micturition in children who are beyond the age, when normal bladder control is acquired.
- **Encopresis:** Encopresis also known as paradoxical diarrhoea is involuntary fecal soiling in children who are past the age of toilet training.
- **Telling Lie**: Telling lie is make an untrue statement with intent to deceive.

Speech Disorders

- **Stuttering**: Stuttering is also known as stammering. It is a speech disorder in which the flow of speech is disrupted by involuntary repetitions and prolongation of sounds, words or syllabus.
- **Delayed Speech**: In which child not gave immediately response to surroundings.

Eating Disorders

- **Pica:** Pica is characterized by an appetite for substances largely non-nutritive such as chalk, clay, coal, mud etc.
- **Anorexia Nervosa:** Anorexia nervosa is characterized by voluntary refusal to eat, significant weight loss, an intense fear of becoming over weight, and a pronounced disturbance of body image.
- Bulimia Nervosa: Bulimia nervosa is a disorder of binge eating, where the individual consumes large amount of food with lack of control followed by various compensatory behaviours (like self-induced vomiting) to control weight.

Personality Disoreders

- **Temper Tantrums**: Temper tantrum is behaviour problem, where child asset their independence by violently objecting to discipline through the display of anger at uncontrollable level.
- **Shyness:** Shyness leading to complete withdrawal is considered as a behaviour problem.

Anxiety Disorders

- **School Phobia**: It is normal problem for this periods child. In this child have extreme fear of school.
- Repeated failure
- Absenteeism

Sleep Disorders

Nightmares are also common in preschool children. The child wakes up, crying because of being scared. In school age children, sleep walking (somnambulism) and sleep talking (somniloquy) occur in about 15% children, mainly boys.

Distruptive Disorders

ADHD: Children with conduct disorder are often judged as "bad kids" because of their delinquent behaviour and refusal to accept rules. Around 5% of 10-year olds are thought to have conduct disorder. It is four times more common in males than females.

Conduct Disorder

Around 2-5% of children are thought to have ADHD. It is three times more common in boys than girls. The characteristics of ADHD include:

- Lack of attention
- Impulsivity
- Over activity [6].

Need of the Study

The purpose of the study is to assess the perception and attitude regarding behavioural disorders in children among secondary private school teachers regarding psychological awareness in secondary school teachers.

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Still large number of cases remains unreported. Very high prevalence of sleep deprivation/poor sleep habits among adolescents. For example, in an urban school setting in Kerala among adolescents aged 13-18, 76.07% had sleep deprivation (SLD) by criteria used in that study [7]. In a central India house-survey among adolescents, 33.03% had psychosocial problems (14-16 years had 39.7%) using the PSC-Y tool [8].

Disordered Eating Behaviours (DEBs) present in 17.2% of adolescents, body dissatisfaction in 81.1%, psychiatric symptoms in 32.2%. Very sparse data for adolescents specifically. One study of psychiatric outpatients in North India (mostly adults) found personality disorders prevalence 1.07% among all outpatients [9].

The growth of the digital landscape has surely outpaced research on the effects of screen media on the health, learning, and development of children. The potential risk-to-benefit ratio of screen media exposure for education and entertainment purposes warrants further exploration [10]. Conduct disturbances are some of the most prevalent, enduring, impairing, and costly problems of childhood and adolescence. Large-scale, multifaceted efforts are needed within our schools and communities if we are to have an impact on the prevalence and progression of these very problematic disturbances [11]. Substance abuse among a sizable minority of Mbeya City secondary school students is driven by peer influence and has detrimental impacts reported by students themselves [12]. Addictive disorders in youth represent a dynamic field characterized by shifting patterns of substance use and high rates of experimentation, while retaining the risky behaviours and negative outcomes associated with established drug classes. Youth/adolescents are also at the forefront of use of new technologies, and non-substance-related disorders are pertinent. These disorders present with similar pictures of impairment, and can be diagnosed following the same principles. An underlying mental disorder and the possibility of a dual diagnosis need to be assessed carefully, and optimal treatment includes psychosocial treatments with applicable pharmacologic management, the latter representing an expanding field [13].

There are many causes which can through behavioural disorders happen:

- Biological factors
- Socioeconomic factors
- Environmental factors
- Psychological factors

Biological Factors: Some children have behaviour disorders because of traits are present in their family. Which is run by one generation to another generation. Children with a family history of behaviour problems, learning problems etc.

Socio Economic Factors: Financial difficulties through it may also occur. Example, due to lack of money some need are not fulfill by parents to children for toys, stationary etc.

Environmental Factors: Children who came from families that regularly experience a lot of stress maybe more likely to show signs of behavioural disorders.

Some common family stressors might include

- Family breakup
- Exposure to violence
- Harsh parenting

Psychological Factors: Children with behavioural disorders often have other mental health conditions. How a child manages their emotions, activity level and attention may suggest vulnerability to certain behavioural disorders [14-16].

Statement of the Problem

"A descriptive study to assess the perception and attitude regarding Behavioural disorders in children among secondary school teachers in selected private school of Nadiad Taluka."

Objective of the Study

- To assess the attitude of secondary school teachers towards behavioural disorder.
- To assess the perception of secondary school teachers towards behavioural disorder.
- To correlate the perception and attitude of secondary school teachers towards behavioural disorder.
- To find out the association of perception among secondary school teachers towards behavioural disorder with their selected demographic variables.
- To find out the association of attitude among secondary school teachers towards behavioural disorder with their selected demographic variables.

Hypothesis

H1: There will be significant correlation between perception and attitude of secondary school teachers towards behavioural disorders.

H2: There will be a significant association between perception and attitude of secondary school teachers towards behavioural disorders.

Assumption

- Secondary school teachers may have inadequate knowledge regarding behavioural disorder.
- There may be association between perception score of secondary school teachers with selected socio-demographic variable.

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- There may be association between attitude score of secondary school teachers with selected socio-demographic variable.
- There may be association between perception and attitude score of secondary school teachers with selected socio-demographic variable.

Operational Definitions

- **Assess**: it is appraisal of knowledge score of school teachers attending structured instructional module on behavioural disorders.
- **Perception:** it is the process of organizing and interpretation of sensory data in terms of one's previous experience and present needs.
- **Attitude**: an attitude is a positive, negative or mixed evaluation of an expressed at some level of intensity.
- Secondary school teachers: secondary school teachers refer to those teachers with professional qualification who handle class secondary selected school.
- **Behavioural Disorders**: It refers discrepancy between the child's behaviour and demands placed on him by his parents, teachers and colleagues. Here selected problems are temper tantrum, nail biting, thumb sucking, pica, school phobia.
- **Children:** Children refer to secondary schooler age children who fall the category of 14 -18 years age.

Delimination of the Study

The study is delimited to:

- Secondary school teachers who are working in the areas of Nadiad Taluka.
- Study is delimited to 100 samples.
- The study is limited to those secondary school teachers who are willing to participate.

Conceptual Framework

- A conceptual framework specifies how the study variables are interconnected and how they are connected to research design or methodology.
- It is an analogous to the frame of house, just as the foundation supports a house. A theoretical framework provides a rational for predictions about the relationship among variable of a research study.
- Health belief model provide a way of understanding and predicting how clients will behave in relation to their health and how them will comply with health care therapies. The model purposes that clients are more engaging in the related preventive action and low cost.

The modal comprises of the three primary components including.

Individual Perception

- Individual perception refers to how they interpret and make sense of sensory information from their environment based on personal experiences, beliefs and biases.
- It includes perceived suspensibility and perceived seriousness related primary school teachers knowledge and attitude related behavioural disorders.

Percved Threat

Teachers fail to identify aggressive behaviours of the children. Leads to psychological, social, interpersonal insecurity and maladaptive behaviour in children.

Modifying Factors

It includes the demographic variables, i.e. Age, Gender, Qualification, Year of experience, No. of children in the family, previous exposure of behavioural disorders.

Cues to Action

It is the factor that purports to trigger health action. In this study, cues to the action are delayed an identifying case in the early stage, Lack of training for teachers, Lack of positive parenting, Lack of psychological support for the children, Improper counselling for early behavioural.

Likely Hood Action

It is the positive different between perceived benefits and perceived barriers.

Perceived Benefit

- Early identification of aggressive behaviours.
- Early treatment.
- Stress relief.
- Good morality and proper guidance.

Perceived Barrier

- Attitude of teachers towards behavioural disorders.
- Familial problems.
- Peer group activities.
- Low socioeconomic status.
- Lack of experience of teachers.

Likely Hood Action

- Proper counselling for mother and children.
- Improve interest in activity.
- Parental advice.

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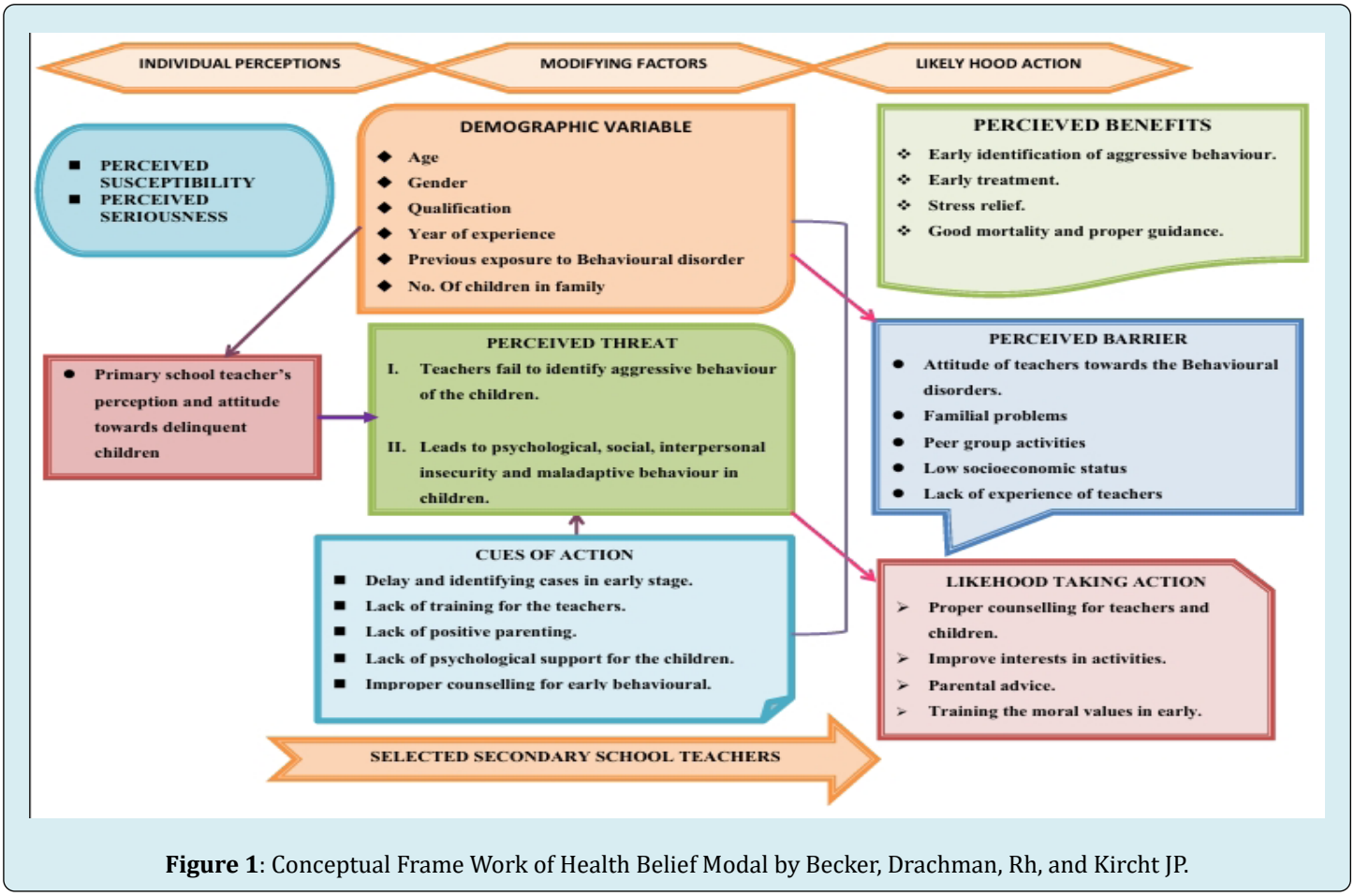


Figure 1: Conceptual Frame Work of Health Belief Modal by Becker, Drachman, Rh, and Kircht JP.

Research Methodology

Introduction

Research Methodology serves as a framework for researcher to address inquires or examine hypothesis.

The research methodology section is crucial in research and heavily relies on the methodological approaches used during the execution of the study. Research methodology is a way of explaining how a researcher intends to carry out their research [17].

This chapter deals with the methodology adopted to accomplish the objectives of the present study. It includes the research approach, research design, research setting, population, sample, sampling technique, variables, criteria for sample selection, description of the tool, validity, reliability, pilot study, data collection procedure and plan for data analysis. The methodology was carefully planned to ensure systematic collection, analysis and interpretation of data related to perception and attitude regarding behavioural disorders in children among secondary school teachers [18].

Research Approach

A Research Approach tells the researcher as to what data collect and how to analyze them. It also suggest possible conclusion to be draw from the data. Research approaches refers to the overall plan obtaining answers to the research question and for testing the hypotheses [19-25].

A research approach is the procedure selected by the researchers to collect, analyze and interpret data. It also suggest possible conclusion and helps researcher in ensuring specialist questions in the most accurate and efficient way [26-29].

A quantitative research approach was adopted for the present study. This approach was considered appropriate as it focuses on objective measurement and statistical analysis of data. It helped the investigator to quantify the perception and attitude of secondary school teachers regarding behavioural disorders in children and to analyze the relationship and association between variables [30].

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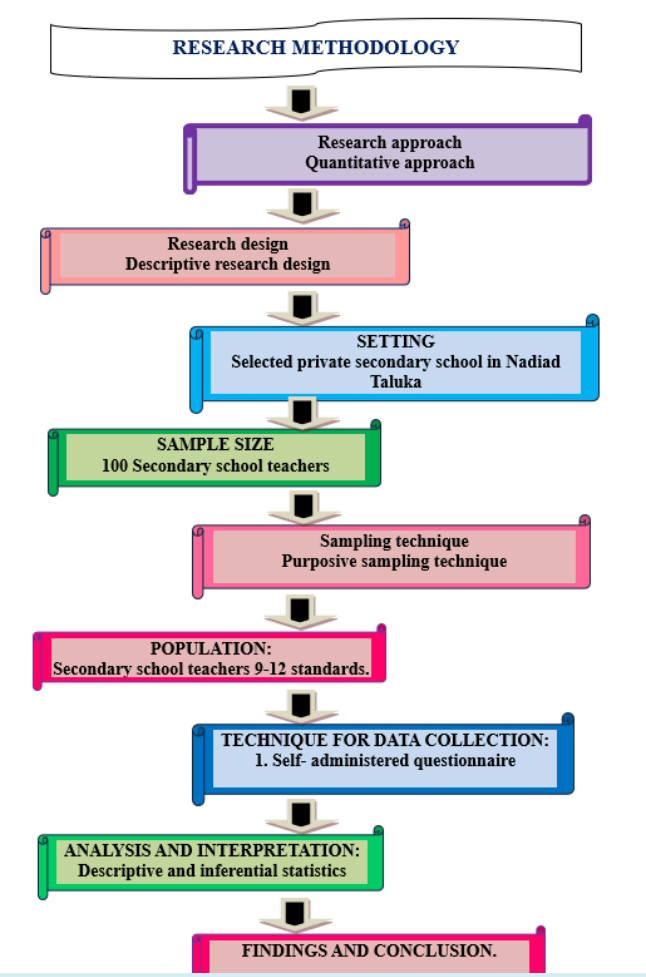


Figure 2: Schematic Representation of Research Methodology.

Research Design

According to Suresh K. Sharma, Research Design is defined as a master plan specifying the method and procedure for collecting and analyzing the needed information in a Research study [31-34].

The research design selected for the present study was a descriptive research design. Descriptive design was chosen to describe the existing perception and attitude of secondary school teachers regarding behavioural disorders in children without any manipulation of variables. This design was suitable to collect detailed information from the selected sample.

Research Setting

The setting of a research study encompasses the physical, social, or experimental context where the research takes place. This includes factors such as the location, time frame, population, and environmental conditions.

The present study was conducted in selected private secondary schools of Nadiad Taluka. The setting was selected based on accessibility, availability of adequate sample, cooperation of school authorities and feasibility of conducting the study within the stipulated time.

Population of the Study

A target population refers to the entire group of individuals or items that meet specific criteria, which a researcher aims to study and make generalizations about. Essentially, it includes all cases that exhibit a particular phenomenon of interest. The population of the present study consisted of secondary school teachers working in selected private secondary schools of Nadiad Taluka.

These teachers formed the target population as they are directly involved in identifying and managing behavioural problems among children in school settings.

Sample Size and Sampling Technique

The sample size refers to the number of observations used to estimate characteristics of a population sampling involve selecting a subset of individuals from the population to make inferences about the entire group. Determining or estimating sample size involves selecting the number of observations or repetitions to include in a statistical sample.

The sample size for the present study comprised 100 secondary school teachers working in selected private secondary schools of Nadiad Taluka.

A non-probability purposive sampling technique was adopted to select the samples. This technique was chosen as it enabled the investigator to select teachers who were readily available, fulfilled the inclusion criteria, and were willing to participate in the study.

Criteria for Sample Selection

To ensure the appropriateness and homogeneity of the sample, the following inclusion and exclusion criteria were formulated.

Inclusion Criteria

- Secondary school teachers working in selected private secondary schools of Nadiad Taluka.
- Teachers of both genders.
- Teachers who were available at the time of data collection.

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- Teachers who were willing to participate in the study.
- Teachers having teaching experience at the secondary school level.

Exclusion Criteria

- Secondary school teachers who were not available during the period of data collection.
- Teachers who were not cooperative throughout the study.

Selection and Development of the Tool

The tool used for the present study was a self-structured questionnaire developed by the investigator to assess the perception and attitude regarding behavioural disorders in children among secondary school teachers. The tool was prepared after an extensive review of relevant literature and consultation with subject experts to ensure its relevance and adequacy in meeting the objectives of the study. It consisted of three sections designed to collect comprehensive and systematic data from the respondents.

The first section of the tool comprised demographic variables, which included age, gender, educational qualification, teaching experience in years, number of children in the family, and previous exposure to behavioural disorders in children. These variables were included to examine their association with the perception and attitude scores of secondary school teachers.

The second section consisted of a 3-point Likert scale developed to assess the perception of secondary school teachers regarding behavioural disorders in children. Each statement in this section provided three response options namely disagree, unsure, and agree. The perception scale was scored and interpreted as bad perception and good perception based on the obtained scores.

The third section of the tool consisted of a 5-point Likert scale to assess the attitude of secondary school teachers regarding behavioural disorders in children. The response options ranged from strongly disagree to strongly agree. The attitude scores were interpreted as negative attitude and positive attitude according to the scoring criteria. The tool was simple, clear, and easy to understand, enabling the respondents to complete it without difficulty.

Content Validity of the Tool

Validity refers to the degree to which an instrument measures what it is intended to measure. In the present study, content validity of the tool was established.

The tool was submitted to experts for validation, which included Three M.Sc. Nursing faculty from any specialty and Three M.Sc. Nursing faculty from Child Health Nursing department. Based on the suggestions and recommendations of the experts, necessary modifications were made in the tool to improve clarity, relevance, and comprehensiveness.

Reliability of the Tool

Reliability refers to the consistency, stability, and dependability of a measuring instrument. In the present study, the reliability of the tool was established using Karl Pearson's Correlation Coefficient method. The tool was administered to a selected group of secondary school teachers, and the scores obtained were analysed to determine the degree of consistency of the tool. The calculated reliability coefficient showed a r = 0.69 indicating that the tool was reliable and consistent in measuring perception and attitude regarding behavioural disorders in children. The obtained reliability value confirmed that the tool was adequate, stable, and suitable for use in the main study, thereby demonstrating that the tool was perfect and dependable for data collection.

$$r = \frac{\sum\left(x-\bar{x}\right)\left(y-\bar{y}\right)}{\sqrt{\sum\left(x-\bar{x}\right)^2 \sum\left(y-\bar{y}\right)^2}}$$

Pilot Study

A pilot study is a small-scale preliminary study conducted to test the feasibility and practicability of the research tool and methodology. In the present study, a pilot study was conducted on 10% of the total sample that is 10 secondary school teachers selected from private secondary schools who were not included in the main study.

The pilot study revealed that the tool was feasible, clear, and appropriate for data collection. No major modifications were required after the pilot study.

Procedure for Data Collection

Before beginning data collection, formal permission will be obtained from the relevant authority. After obtaining ethical approval and permission from the concerned authorities, the investigator approached the selected secondary schools. The purpose of the study was explained to the participants, and informed consent was obtained.

The self-structured questionnaire was administered to the secondary school teachers to assess their perception and attitude regarding behavioural disorders in children.

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Adequate time was given to complete the tool, and privacy of the participants was maintained during data collection.

Plan for Data Analysis

- The collected data were organized, tabulated, and analysed using descriptive and inferential statistics.
- Frequency and percentage were used to analyse demographic variables.
- Mean and standard deviation were used to assess perception and attitude scores.
- Karl Pearson's correlation coefficient was used to find the correlation between perception and attitude.
- Chi-square test was used to find the association between perception and attitude scores with selected demographic variables.
- The level of significance was set at 0.05.

Summary

This chapter dealt with the research methodology adopted for the present study to assess the perception and attitude regarding behavioural disorders in children among secondary school teachers in selected private secondary schools of Nadiad Taluka. It included a detailed description of the research approach, research design, research setting, population, sample size, sampling technique, variables of the study, and criteria for sample selection. The chapter also described the data collection tool, its validity and reliability, pilot study, ethical considerations, procedure for data collection, and plan for data analysis. The methodology was systematically planned and executed to ensure accuracy, reliability, and validity of the data, thereby enabling effective achievement of the objectives of the study.

Data Analysis and Interpretation

Introduction

This chapter focuses on analysis and interpretation the data gathered to evaluate private secondary school teachers perception and attitude regarding specific behavioral problems among children in selected private secondary school in Nadiad Taluka.

The aim of this analysis is to reduce the data to a manageable and understanding form so that research problem can be studied.

Organization of the Study Findings

The analysis and interpretation of the research study data were conducted according to the defined objectives. Descriptive and inferential statistics were employed to compute the results.

The collected data about perception and attitude of secondary school teachers regarding selected behavioral problem among children in selected schools were organized analyzed and interpreted as follows:

Section I: Demographic variables of private secondary school teachers.

Section II: Perception regarding selected behavioral problems among private secondary school teachers.

Section III: Attitude regarding selected behavioral problems among private secondary school teachers.

Section IV: Correlation between perception and attitude score of private secondary school teachers

Section V: Association between perception and attitude score of private secondary school teachers with their selected socio demographic variables.

Section I: Data on Demographic Variables of Private Secondary School Teachers

It consists of demographic variables which are documented on the master sheet for analysis, frequency and percentage distribution.

	Category	Frequency	Percentage (%)
Age	30-40 Years	52	52
	40-50 Years	34	34
	50-60 Years	14	14
	Above 60 Years	0	0

Table 1: Distribution of the Teachers According to Age (n = 100).

Table 1 shows that the age distribution of secondary school teachers based on a sample of 100 participants. It reveals that 52 (52%) were aged between 30 and 40 years, 34 (34%) were aged between 40 and 50 years, 14(14%) were aged between 50 and 60 years, and 0 (0%) were above 60 years old.

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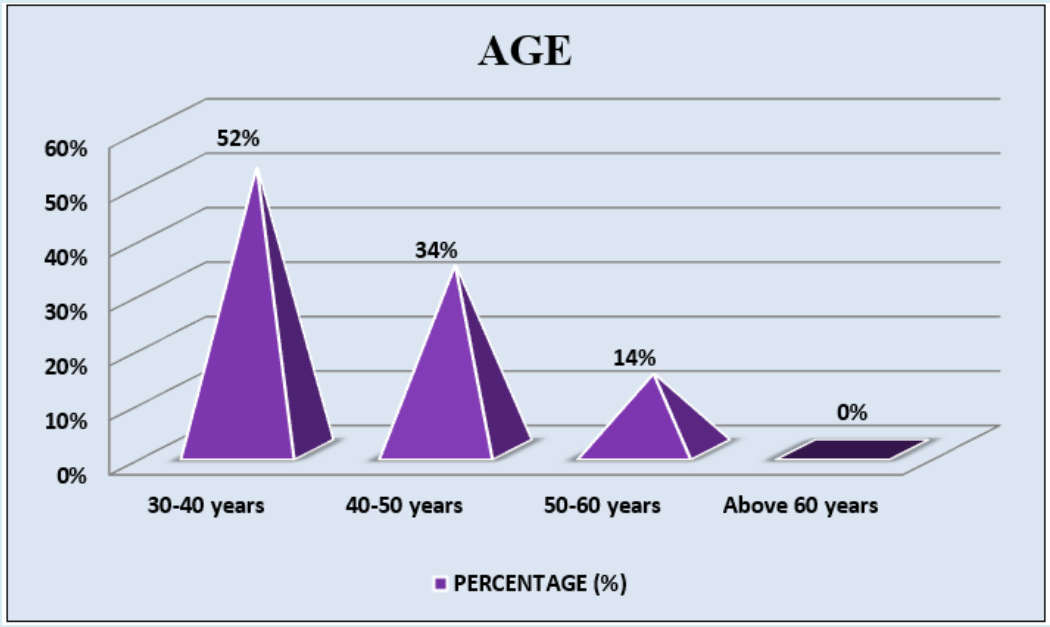


Figure 3: Bar Diagram Showing Distribution of Private Secondary School Teachers According to Age.

	Category	Frequency	Percentage (%)
Gender	Male	41	41
	Female	59	59
	Others	0	0

Table 2: Distribution of the Teachers According to Gender (n = 100).

Table 2 shows that the gender distribution of teachers from a sample of 100 participants. It indicates 41 (41%) were male, 59 (59%) were female and 00 (0%) were others.

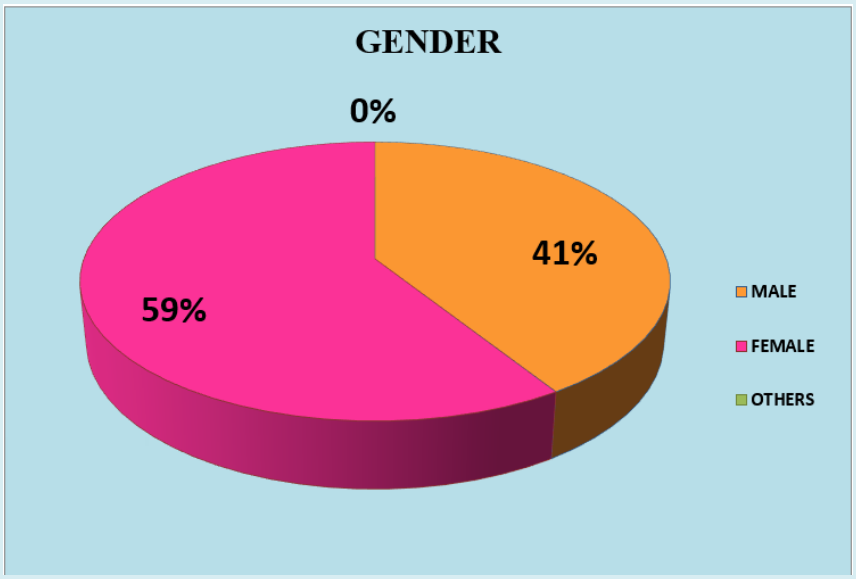


Figure 4: Pie Chart Showing Distribution of Private Secondary School Teachers According oo Gender.

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	Category	Frequency	Percentage (%)
Educational	B.Ed.	57	57
	M.Ed.	14	14
	M.A	23	23
	Phd	6	6

Table 3: Distribution of the Teachers According to Qualifications (N = 100).

Table 3 shows that distribution of teachers according to their qualifications. It was observed that among 100 participants 57 (57%) of belongs to B.Ed., 14(14%) belongs to M.Ed., 23(23%) belongs to M.A, and 6(6%) belongs to PhD.

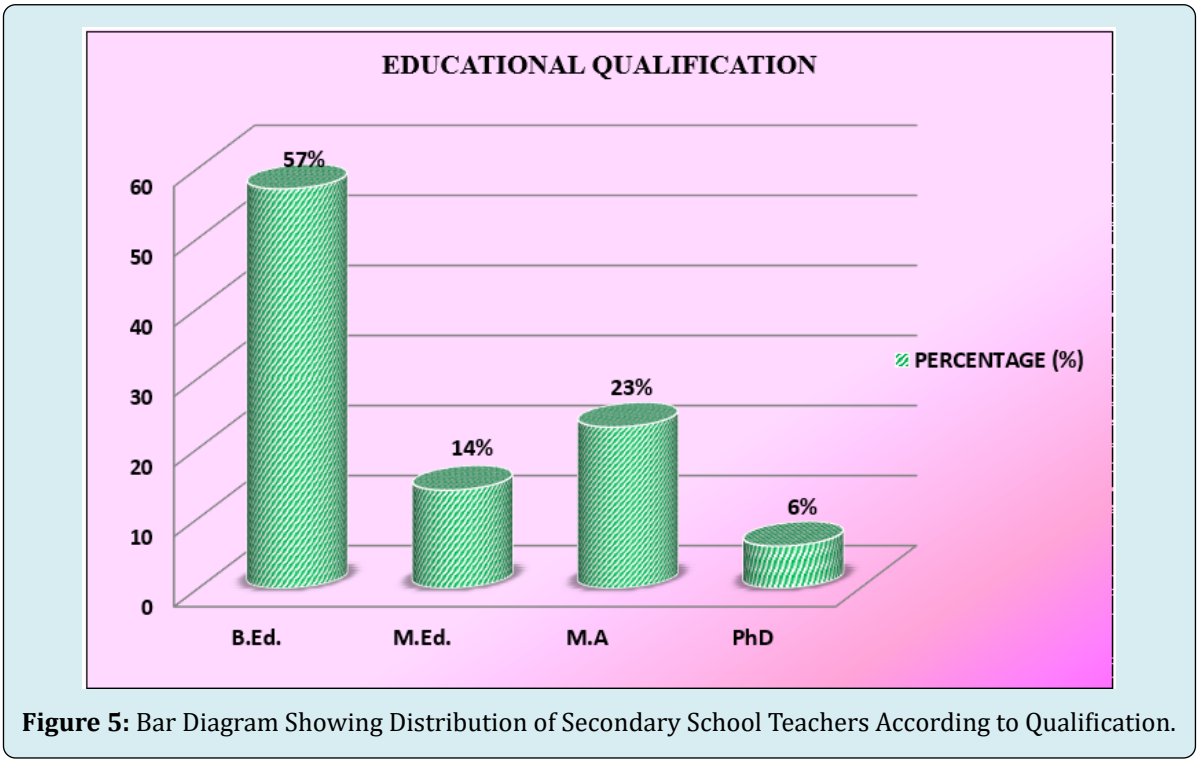


Figure 5: Bar Diagram Showing Distribution of Secondary School Teachers According to Qualification.

	Category	Frequency	Percentage (%)
Years of Experience	<1 year	6	6
	1–5 years	21	21
	6–10 years	17	17
	>10 years	56	56

Table 4: Distribution of the Teachers According to Years of Experience.

Table 4 shows the distribution of teachers based on their years of teaching experience among 100 participants. It indicates that 6 (6%) had less than 1 year of experience, 21 (21%) had 1–5 years of experience, 17 (17%) had 6–10 years of experience, and 56 (56%) had more than 10 years of experience.

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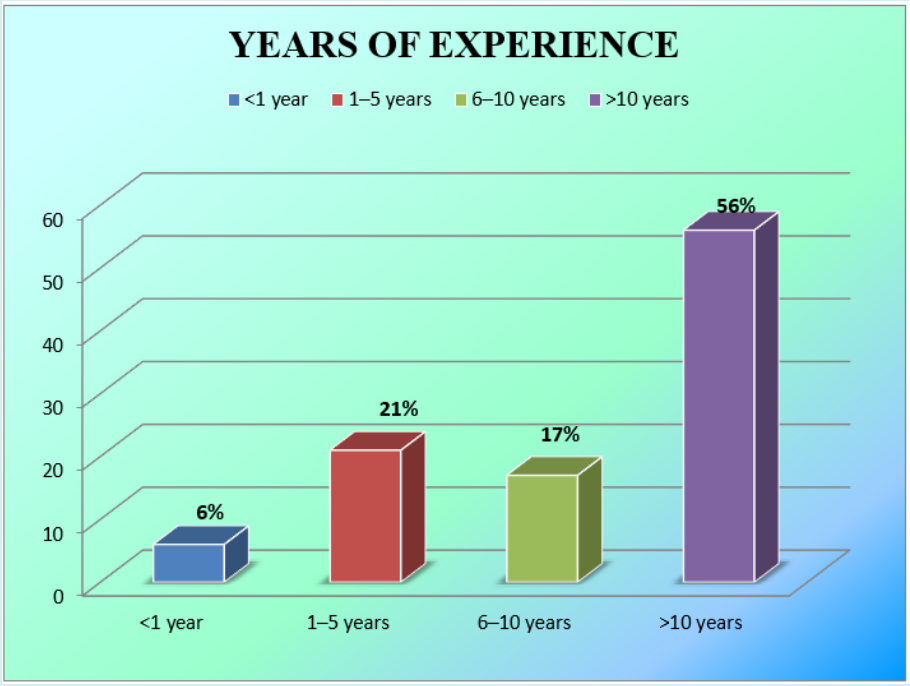


Figure 6: Bar Diagram Showing of Private Secondary School Teachers According to Years of Experience.

	Category	Frequency	Percentage (%)
Previous Exposure of Child with Behavioural Disorder	Yes	34	34
	No	66	66

Table 5: Distribution of Teachers according to Previous Exposure of Child with Behavioral Disorder (n = 100).

Table 5 shows that the distribution of teachers according to Previous Exposure of Child with Behavioral Disorder 34 (34%) said Yes and 66 (66%) said No.

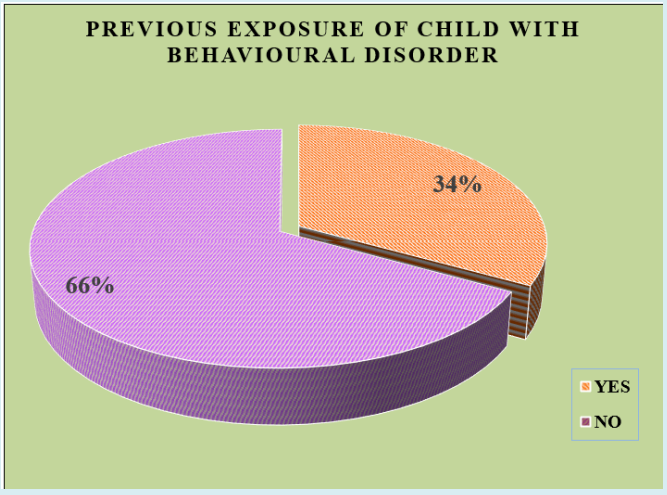


Figure 7: Pie Chart Showing Distribution of Secondary School Teachers According to Previous Exposure of Child with Behavioral Disorder.

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	Category	Frequency	Percentage (%)
Number of Children	1 Child	53	53
	2 Children	37	37
	3 Children	7	7
	4 And >4	3	3

Table 6: Distribution of the Teachers According to Number Children in Family (N = 100).

Table 6 shows that the distribution of the Teachers According to number of children in family based on a sample of 100 participants. It reveals that 53 (53%) have 1 child, 37 (37%) have 2 children, 07 (7%) have 3 children, and 03 (3%) have 4 and more than 4 children.

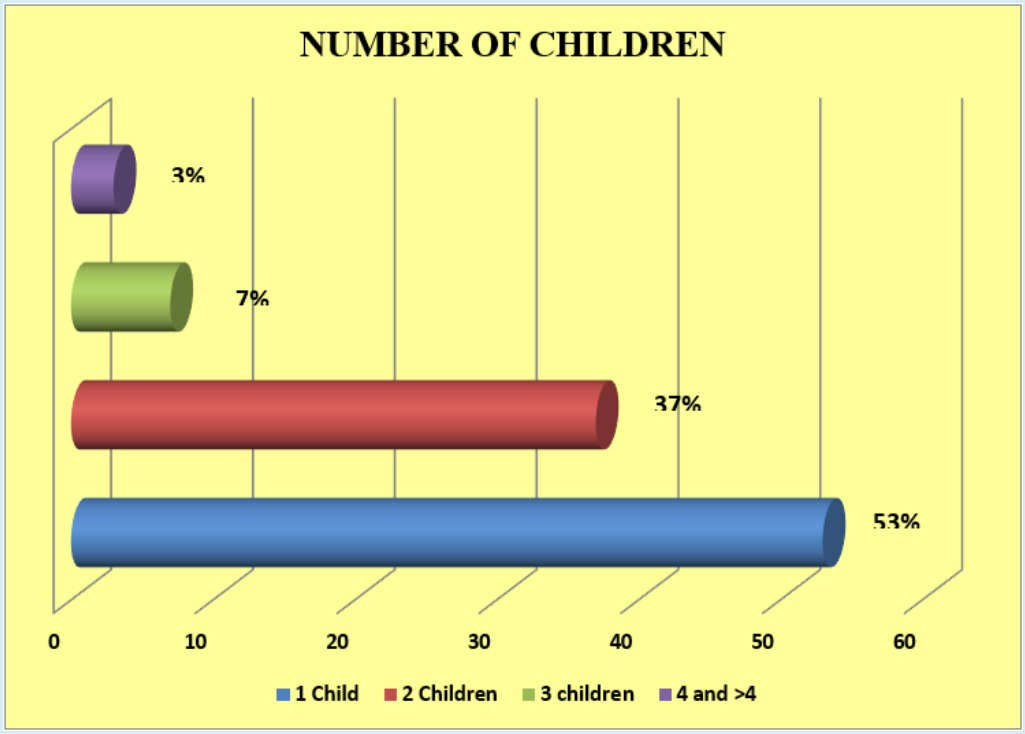


Figure 8: Bar Diagram Showing Distribution of Secondary School Teachers According to Number of Children in Family.

Section II: Data on Perception Regarding Selected Behavioral Problems Among Secondary School Teachers.

Level of Perception	Frequency	Percentage (%)
Good	50	50
Bad	50	50
Total	100	100

Table 7: Frequency and Percentage Distribution of Perception Among Government Secondary School Teachers.

Table 7 shows the level of perception regarding behavioral problems among secondary school teachers. Out of 100 teachers 50(50%) have good perception, 50 (50%) have bad attitude

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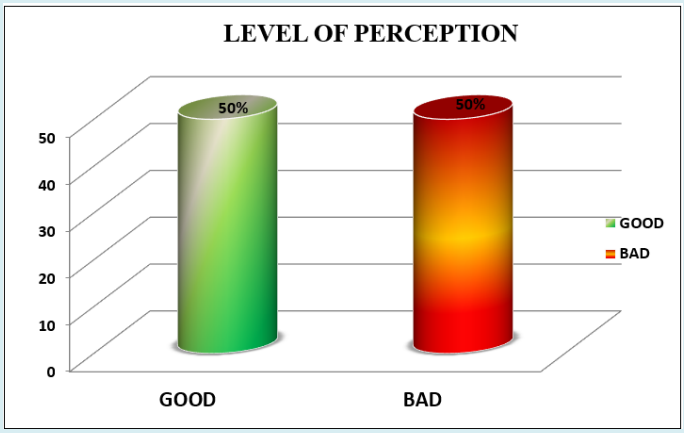


Figure 9: Bar Diagram Showing Distribution of Secondary School Teachers According to Level of Perception.

Section III: Data on Attitude Regarding Selected Behavioral Problems Among Secondary School Teachers.

Level of Attitude	**Frequency**	**Percentage (%)**
Positive	50	50
Negative	50	50
Total	100	100

Table 8: Frequency and Percentage Distribution of Attitude Among Private Secondary School Teachers.

Table 8 shows the level of attitude regarding behavioural problems among private secondary school teachers. Out of 100 teachers 50 (50%) have positive attitude and 50 (50%) have negative attitude.

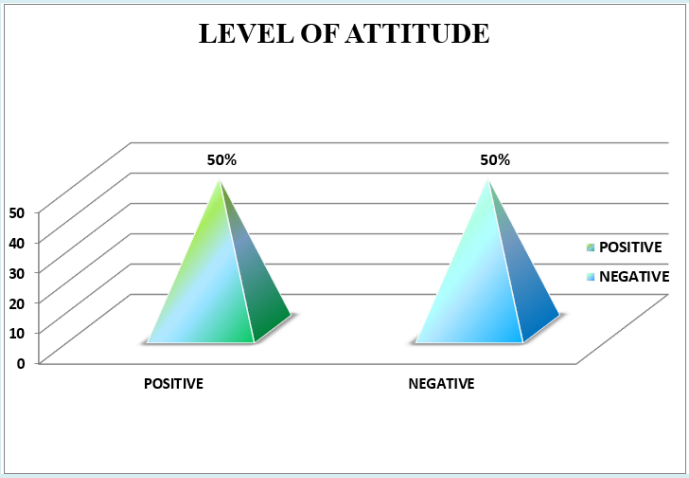


Figure 10: Bar Diagram Showing Distribution of Secondary School Teachers According to Level of Attitude.

Section IV: To Correlation Between Perception And Attitude Score Of Private Secondary School Teachers

Perception

Mean= ΣX/N= 3647/100

$\bar{x}$ =36.47

Attitude

Mean= ΣY/N= 6302/100

$\bar{y}$= 63.02

Karl Pearson's correlation coefficient formula:

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$$r = \frac{\sum\left(x-\bar{x}\right)\left(y-\bar{y}\right)}{\sqrt{\sum\left(x-\bar{x}\right)^2 \sum\left(y-\bar{y}\right)^2}}$$

$$r = \frac{1395306}{\sqrt{109469 \times 3677796}}$$

$$r = \frac{1395306}{20065019}$$

$$r = 0.69$$

Karl Pearson's formula was used to find out the association between perception and attitude of private secondary school teachers towards secondary school children. The observed r value was r = 0.69 that means there is a positive correlation between perception and attitude.

Section V: To Find Out Association Between Perception and Attitude Score Among Secondary School Teachers with their Selected Demographic Variables

Sr.No	Variables	Good	Bad	Total	Df	X^2	Level of Significance
1	**Age**				2	0	Ns
	A) 30-40 Years	26	26	52			
	B) 40-50 Year	17	17	34			
	C) 50-60 Years	7	7	14			
	Total	50	50	100			
2	**Gender**				1	5.02	S
	A) Male	26	15	41			
	B) Female	24	35	59			
	Total	50	50	100			
3	**Educational Qualification**				3	0.56	Ns
	A) B.Ed.	30	27	57			
	B) M.Eds.	7	7	14			
	C) M.A	10	13	23			
	D) Ph.D.	3	3	6			
	Total	50	50	100			
4	**Year of Experience**				3	4.16	Ns
	A) <1 Year	3	3	6			
	B) 1-5 Years	8	13	21			
	C) 5-10years	12	5	17			
	D) >10 Years	27	29	56			
	Total	50	50	100			
5	**Previous Exposure of Child with Behavioral Disorders**				1	2.84	Ns
	A) Yes	13	21	34			
	B) No	37	29	66			
	Total	50	50	100			
6	**No. Of Children in Family**				3	0.52	Ns
	A) 1 Child	26	27	53			
	B) 2 Children	19	18	37			
	C) 3 Children	4	3	7			
	D) 4 &>4 Children	1	2	3			
	Total	50	50	100			

Table 9: Perception Score of 100 Secondary School Teachers.

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Sr.No	Variables	Positive	Negative	Total	Df	X^2	Level Of Significance
1	**Age**				2	2.14	Ns
	A)30–40	30	22	52			
	B)41–50	15	19	34			
	C)51–60	5	9	14			
	Total	50	50	100			
2	**Gender**				1	0.04	Ns
	A) Male	20	21	41			
	B) Female	30	29	59			
	Total	50	50	100			
3	**Educational Qualification**				3	4.32	Ns
	A) B.Ed.	30	27	57			
	B) M.Ed.	7	7	14			
	C) M.A	8	15	23			
	D) Ph.D.	5	1	6			
	Total	50	50	100			
4	**Year of Experience**				3	1.76	Ns
	A) < 1 Year	3	3	6			
	B) 1–5 Years	9	12	21			
	B) 6–10 Years	11	6	17			
	D) >10 Years	27	29	56			
	Total	50	50	100			
5	**Previous Exposure of Child with Behavioral Disorders**				1	0	Ns
	A) Yes	17	17	34			
	B) No	33	33	66			
	Total	50	50	100			
6	**Number of Children in Family**				3	1.02	Ns
	A) One	26	27	53			
	B) Two	20	17	37			
	C) Three	3	4	7			
	D) 4 &>4 Children	1	2	3			
	Total	50	50	100			

Table 10: Attitude Score of 100 Private Secondary School Teachers.
Note: Responses category D and C was excluded from the chi-square analysis due to zero frequency across all groups which are Age and Gender respectively.

The association between demographic variable, perception and attitude & selected demographic variables was done with chi-square formula. The obtained X2 = value in all variables is less than the table value of X2 at 0.05 level of significance. Hence the obtained 1 value is significant which Gender is and other x value is not significant. There is no association between demographic variable, perception & attitude & (H1) hypothesis is rejected. All the selected variables were found to be not significant.

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Summary, Conclusion and Recommendations

This chapter presents brief account of summary, major findings, conclusion and recommendation of the study.

Summary

The primary aim of the study is to assess perception and attitude of the secondary school teachers regarding behavioural disorders among children in selected secondary school of Nadiad Taluka.

Major Findings of the Study

Socio Demographic Characteristics of Respontents:
Findings of the Study:

- Majority of the subjects 51%, belong to the age group of 40-50 years.
- Majority of the subjects 60 % female and 40% male.
- Majority of subjects had 58 % had completed their B.Ed.
- Majority of the subjects had 56 % teaching experience to the >10 years
- Majority of the subject has not any Previous Exposure of Child with Behavioural disorders is 67%
- Majority of subjects 53 % who have 1 child in their family.

The finding of the study has been discussed based on the objectives & with supportive study.

Section I: Assess Perception of Secondary School Teachers Regarding Behavioural Disorders

The level of perception regarding behavioural problems among secondary school teachers out of 100 secondary school teachers have good Perception is 50% and bad perception is 50% Its mean score is 36.47 and mean percentage score is 36.47%.

Section-II: Assess Attitude of Secondary School Teachers Regarding Behavioural Disorders

The level of attitude regarding behavioural problems among secondary school teachers out of 100 teachers none of have bad attitude, 50 (50%) have good attitude, 50 (50%) have moderate favorable attitude. Its mean score is 63.02 and mean percentage score is 63.02%.

Section-III: Correlate the Perception and Attitude of Secondary School Teachers Regarding Behavioural Disorders

In this study, it was found that there is not significant correlation between perception and attitude. Karl Pearson's formula was used to find out the correlation between perception and attitude of secondary school teachers towards secondary school children's. The observed r value was that means there is a positive correlation between perception and attitude. r = 0.69.

Section IV: Find Out Association of the Perception and Attitude with Demographic Variables of Secondary School Teachers Regarding Behavioural Disorders.

Perception

Age: The obtain chi square test value 0 in variable age is less than the table value 5.99 at 0.05 level of significant with df = 2 hence the obtain value is not significant.

Gender: The obtain chi square test value 5.02 in variable gender is less than the table value 3.84 at 0.05 level of significant with df = 1 hence obtain value is significant.

Educational Qualification: The obtain chi square test value 0.56 in variable educational qualification is less than table value 7.81 at 0.05 level of significance with df = 3 hence the obtain value is not significant.

Years Of Experience: The obtain chi square test value 4.16 in variable years of experience is less than the table value 7.81 at 0.05 level of significant with df = 3 hence the obtain value is not significant.

Previous Exposure of Child with Behavioural Disorder: The obtain chi square is 2.84 in variable Previous Exposure of Child with Behavioural Disorder is more than the table value 3.84 at 0.05 level of significant with df = 1 hence the obtain value is significant.

Number of Children in the Family: The obtain chi square test value 0.52 in variable number of children in the family is less than the table value 7.81 at 0.05 level of significant with df = 3 hence the obtain value is not significant.

Attutude

Age: The obtain chi square test value 2.14 in variable age is less than the table value 5.99 at 0.05 level of significant with df = 2 hence the obtain value is not significant.

Gender: The obtain chi square test value 0.04 in variable gender is less than the table value 3.84 at 0.05 level of significant with df = 1 hence obtain value is not significant.

Educational Qualification: The obtain chi square test value 4.32 in variable educational qualification is less than table value 7.81 at 0.05 level of significance with df = 3 hence the obtain value is not significant.

Years of Experience: The obtain chi square test value 1.76 in variable years of experience is less than the table value 7.81 at 0.05 level of significant with df = 3 hence the obtain value is not significant.

Previous Exposure of Child with Behavioural Disorder: The obtain chi square is 0.00 in variable Previous Exposure of Child with Behavioural Disorder is less than the table value 3.84 at 0.05 level of significant with df = 1 hence the obtain value is not significant.

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Number of Children in the Family: The obtain chi square test value 1.02 in variable number of children in the family is less than the table value 7.81 at 0.05 level of significant with df = 3 hence the obtain value is not significant.

Conclusion

Recent research on secondary school teacher's perception of behavioural issues shows that 50 out of 100 teachers have good perception, 50 have bad perception. Regarding attitudes, 50 have positive attitudes, 50 have negative attitude. Factors such as age, gender, education level, level of experience, previous exposure of child with behavioral disorders, and no. of children in family were found to influence perception and attitude. The study suggests that healthcare professionals in schools should help improve teachers perception and attitudes, encouraging them to focus on behavioural interventions for children.

Implication

The study's findings have implications for nursing services, education, administration, and research. Assessing teachers' perception and attitudes towards behavioural problems helps identify actions needed to improve understanding of children's behavioural disorders. This can enhance school nursing services, inform nursing education curricula, improve administration practices, and inspire further research on children's behavioural issues.

Nursing Practices

Its express role of professional nurse emphasizes those activities which help in productive behaviour, holistic in nature of the people.

The aim of this study is to assess the perception and attitude of secondary school teachers regarding children with behavioural disorders in Nadiad Gujarat, India.

Nursing Education

Professional growth is key to advanced nursing practice. Educators must meet learner's needs by providing knowledge that supports skill development. Focus should be on helping learners build knowledge in simulated environments and apply in real-life situations, emphasizing the learning process over just performance goals.

Nursing Research

There should be opportunities for research in this area to enhance teacher's perception and attitude regarding the early detection of behavioural disorders in children.

Recommendation for Further Study

The following recommendations are made on the basis of the findings of the Present study.

- A similar study may be done on nurses to find out their perception and attitude about behavioural problems of children.
- A descriptive study can be conducted between government and private school teachers regarding behavioural disorders in children.
- A study can be done on behavioural disorders.

Summary

This chapter provides a summary of the study, including its discussion, conclusions, implications, suggestions, and recommendations. The research aimed to evaluate secondary school teacher's perception and attitude toward behavioural disorders in children. The secondary investigation involved 100 secondary school teachers.

Ethical Consideration

Ethical clearance was obtained from the Institutional Ethics Committee of MAM University, Nadiad before conducting the study. IEC approval no for this study is MAM University/IECHR/2025/. Formal permission was obtained from the concerned school authorities. Informed consent was obtained from all the participants prior to data collection. Confidentiality and anonymity of the participants were maintained throughout the study, and the participants were given the freedom to withdraw from the study at any time.

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