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# A Study to Assess the Effectiveness of Planned Teaching Programme on Behavioural Disorder in Children Among Primary School Teachers in Selected School, Dadra & Nagar Haveli, Silvassa

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## **ABSTRACT**

**BACKGROUND:** Behavioural disorders of children lead to abnormality in their Personality, emotions or behavior, which is dangerous and affect to him/her, family and society. Behavioural disorders are caused by multiple factors like faulty parental attitude, inadequate family environment (broken families, low socio-economic status, lack of love and affection), mentally and physically sick or handicapped, influence of social relationship, influence of mass media, and influence of social change. Some children show symptoms that are consistent with diagnoses of Oppositional Defiant Disorder (ODD), Attention-Deficit hyperactivity Disorder (ADHD), and Learning disability.

**Objective:** The aim of the study was to assess the effectiveness of planned teaching program on behavioural disorders among primary school teachers at Dadra & Nagar Haveli, Silvassa.

**Methodology:** A pre-experimental one group pre-test post-test research design was adopted, through non probability purposive sampling technique, 150 samples were selected from selected primary school of Dadra and Nagar Haveli, Silvassa. Demographic Variables based on baseline Performa was used to collect demographic data and Self-administered knowledge questionnaire were used to assess the existing knowledge level of primary school teachers regarding behavioural disorder in school aged children. Planned teaching program on behavioral disorders in children was administered to primary school teachers to enhance the knowledge followed by post was conducted after 7 days. The data was analyzed and interpreted based on descriptive and inferential statistics.

**Result:** The result of the study shows that, the overall post-test knowledge mean percentage (71.26%) is greater than pretest knowledge mean percentage (39.57%). The calculated "t" value (27.174) of the knowledge score of the primary school teachers regarding behavioural disorders of school aged children is greater than the table value at 0.05 level of significance hence the planned teaching programme is effective to improve the knowledge of school teachers.

**Conclusion:** Thus, it can be concluded that Planned teaching programme was effective in improving the knowledge of primary school teacher regarding behavioural disorders in school aged children.

**Key words:** Assess, Effectiveness, Knowledge of primary school teachers, Behavioural disorders, School



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aged children, planned teaching program.

## **INTRODUCTION:**

School age is the period of 6-12 years. Young scholars are emerging as creative persons who are preparing for their future role in society. The school years are a time of new achievement and new experiences. Individual children's needs and preferences should be respected. Behaviour means all the convert and overt activities of human beings that can be observed. Behaviour may be classified as cognitive, affective and psychomotor, cognitive refers to knowing, effective refers to feeling and psychomotor relates to doing. Behavioural problems can be more challenging than attendance or performance problems with these types of problems a gradual or progressive process to get improvement can be successful. The emotional environment of a young child consists of an entire relationship of the child with their parents and family members.

## **NEED OF THE STUDY**

Studies conducted on the prevalence of behavioural problem in India and neighbouring countries showed that there are behavioural problems existing among school children and are quite common. These behavioural problems are not often identified in school setting due to lack of awareness of school teachers on a behavioural problem or lack of awareness of mental health service. The early identification and management is the best way to present them from harming self and society.

An estimated 2.4 million U.S. children ages 6 to 11 years have been diagnosed with ADHD. An estimated 3.3 million U.S. children ages 12 to 17 years have been diagnosed with ADHD. Approximately 129 million children and adolescents worldwide between the ages of 5 to 19 years old have ADHD. Prevalence of ADHD in India ranges from 1.6 to 14% in various studies. About 7% school going children have been reported with ADHD.

ODD involves problems with the self-control of emotions and behaviour. Estimated global prevalence of ODD is 3.3%. According to DSM-5, the symptoms of ODD consist of angry or irritable mood, vindictiveness towards others and argumentative or defiant behaviour.

In India found that the prevalence of ODD among primary school children was found to be 7.73% with male and female being equally affected. Srinath et al reported a point prevalence for conduct and oppositional defiant disorder to be 1.3%.

In primary school children in India, the prevalence of dyslexia, dysgraphia, and dyscalculia has been reported to be 11.2%, 12.5%, and 10.5%, respectively. In a study conducted on 1,476 children, the prevalence of mathematics disorder was 3.6% and that of reading disorder was 2.2%. In a study on 1,075 children, the prevalence of reading disorder and mathematical disorder was 6% and 3.9%, respectively and 3.4% had both mathematics and reading disability.

1 in 5 children in the U.S. have learning and thinking differences such as ADHD or Dyslexia. In 2021, 2.8 million kids are actively getting services involving special education. 4 million children younger than 18 have learning disabilities in the United States.

#### **OBJECTIVES**

- To assess the pre-test level of knowledge of primary school teachers on behavioural disorders.
- To determine the effectiveness of planned teaching programme on knowledge level regarding behavioural disorder in children among primary school teachers.



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• To find out the association between the pre-test level of knowledge & selected demographical variable of primary school teachers.

## **HYPOTHESES**

- **H1:** There will be a significance difference between the pre-test & post-test knowledge scores regarding behavioural disorder of children among primary school teachers at 0.05 level of significant.
- **H2:** There will be a significance association between the pre-test knowledge score and selected demographic variables of primary school teachers at 0.05 level of significant.

#### **RESEARCH DESIGN/METHOD:**

In this study pre-experimental one group pre-test post-test Research Design was adopted to evaluate the effectiveness of planned teaching programme on behavioural disorders in children among the primary school teachers in selected school, Dadra & Nagar Haveli, Silvassa.

## **VARIABLE:**

The variables included in this study are demographic variable, dependent variables and independent variables.

**Demographic Variables:** In the present study the demographic variables are age, gender, place of residence, marital status, having child & their age, qualification, types of employment, medium of instruction, teaching experience, subject being handled, any previous knowledge regarding behavioural disorders, any previously identified the child with behavioural disorders.

**Independent Variables:** In the present study independent variable is planned teaching programme regarding knowledge of behavioural disorders among the primary school teachers.

**Dependent Variables:** In the present study dependent variable is knowledge regarding behavioural disorders of primary school teachers.

## **SAMPLING CRITERIA:**

## **Inclusion criteria:**

In this study inclusion criteria included;

- Both male and female teachers.
- Teachers who are willing to participate in this study
- Teachers who are selected from primary school 1<sup>st</sup> to 5<sup>th</sup> Std.

## **Exclusion Criteria:**

In this study exclusion criteria help to identify suitable participants.

In this study exclusion criteria included;

• The teachers who are not available at the time of data collection.

## TOOL FOR DATA COLLECTION:

Data collection tool contain items on the following aspects:

**Section1:** Consists of baseline Performa (Demographic Variables)

It consists of 12 items:

- A. Age
- **B.** Gender



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- **C.** Place of residence
- **D.** Marital status
- E. Do you have child & their age,
- F. Qualification
- **G.** Types of employment
- H. Medium of instruction
- I. Teaching experience
- J. Subject being handled
- **K.** Any previous knowledge regarding behavioural disorders
- L. Previously identified the child with behavioural disorders.

## Section 2: Self-administered knowledge questionnaires

The tool consists of 30 questionnaires cover teacher's knowledge in four areas:

- Definition/means on ADHD, ODD, Learning disorder
- Causes of ADHD, ODD, Learning disorder
- Sign & symptoms of ADHD, ODD, Learning disorder
- Management of ADHD, ODD, Learning disorder

## **ANALYSIS AND FINDINGS:**

The study findings based on the objectives have been organized and finalized according to the plan of data analysis and presented under the following sections:

- **SECTION-I:** Frequency and percentage distribution of primary School teachers based on their sociodemographic variables.
- **SECTION-II:** Assessment of pre-test and post-test knowledge level of school teachers on behavioural disorder of school aged children.
- **SECTION-III:** Evaluation of effectiveness of planned teaching program by comparing the area wise pretest and post-test knowledge scores of School teachers regarding behavioural disorders in school aged children
- **SECTION-IV**: Association of pre-test knowledge score of primary school teachers with selected demographic variables.

# SECTION-I: FREQUENCY PERCENTAGE DISTRIBUTION OF PRIMARY SCHOOL TEACHERS BASED ON THEIR SOCIO-DEMOGRAPHIC VARIABLES.

This part deal with the distribution of school teachers with knowledge of behavioural disorders among school aged children according to their socio-demographic variables. The obtained data distributed under demographic variables such as age, sex, place of residence, marital status, have child & their age, qualification, types of employment, medium of instruction, teaching experience, subject being handled, any previous knowledge regarding behavioural disorders, any previously identified the child with behavioural disorders.

Table 1: Frequency and percentages distribution of primary school teachers based on their sociodemographic variables

n=150

SL. NO VARIABLES	FREQUENCY	PERCENTAGE
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1.	Age							
1.	21-30 years	46	30.67					
	31-40 years	61	40.67					
	41-50 years	35	23.33					
	51-60 years	8	5.33					
2.	Sex		3.33					
	Male	45	30.00					
	Female	105	70.00					
3.	Residence	100	70.00					
	Rural	58	38.67					
	Urban	81	54.00					
	Semi-urban	11	7.33					
4.	Marital status		7.00					
	Single	31	20.67					
	Married	117	78.00					
	Divorce	2	1.33					
5.	Having child & their age							
	Less than 6 years	17	11.33					
	6-12 years	38	25.33					
	12 years & above	43	28.67					
	No	52	34.67					
6.	Qualification	<del>-</del>						
	PTC/TTC	18	12.00					
	B. Ed	69	46.00					
	M. Ed	8	5.33					
	M. Sc	8	5.33					
	M.Com	4	2.67					
	M.A.	9	6.00					
	Ph. D	3	2.00					
	M.Phil.	1	0.67					
	D. Education	30	20.00					
7.	Employment							
	Daily	1	0.67					
	Government contract	49	32.67					
	Government	48	32.00					
	permanent							
	Private	52	34.67					
8.	Medium of instructed	I						
	Gujarati	20	13.30					
	Hindi	21	14.00					
	English	100	66.70					
	Marathi	9	6.00					



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9.	Teaching experience						
	Less than 5 years	44	29.33				
	6-10 years	57	38.00				
	11-15 years	18	12.00				
	16 years above	31	20.67				
10.	Subject being handle	d					
	Language (Gujarati,	63	42.00				
	Hindi, English)						
	Science	23	15.33				
	Mathematics	33	22.00				
	Social &	25	16.67				
	Environmental						
	Others	6	4.00				
11.	Previous Knowledge on behavioural disorder						
	From Educational	66	44.00				
	1 Tom Educational						
	set-up						
		14	9.33				
	set-up	14	9.33				
	set-up From Health care set	14	9.33 12.00				
	set-up From Health care set up						
	set-up From Health care set up From social media	18	12.00				
	set-up From Health care set up From social media From friends/	18	12.00				
	set-up From Health care set up From social media From friends/ colleagues / family	18	12.00				
12.	set-up From Health care set up From social media From friends/ colleagues / family members	18 17 35	12.00 11.33 23.33				
12.	set-up From Health care set up From social media From friends/ colleagues / family members No	18 17 35	12.00 11.33 23.33				

SECTION-II: ASSESSMENT ON PRE-TEST AND POST-TEST KNOWLEDGE LEVEL OF PRIMARY SCHOOL TEACHERS ON BEHAVIOURAL DISORDER OF SCHOOL AGED CHILDREN.

Table-2: Frequency and percentage distribution of pre-test knowledge scores of primary school's teachers on behavioural disorders of children.

n=150

LEVEL OF	CATERORY	RESPONDENT			
KNOWLEDGE		FREQUENCY	PERCENTAGE		
Inadequate	<50% score	54	36.00		
Moderately adequate	51-75% Score	96	64.00		
Adequate	>75% Score	0	00.0		
TOTAL	100%	150	100.00		



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Table 2- depicted the distribution of respondents on pretest level of knowledge score whereas, majority (64.00%) have moderately adequate knowledge, (36.00%) have inadequate knowledge among school teachers regarding behavioural disorders.

Table-3: Frequency and percentage distribution of post-test knowledge scores of primary school's teachers on behavioural disorders of children.

			_	_
		1	_	"
n	_		-	

LEVEL OF	CATEGORY	RESPONDENT		
KNOWLEDGE		FREQUENCY PERCENT		
Inadequate	<50% Score	0	0.0	
Moderately adequate	51-75% Score	53	35.3	
Adequate	>75% score	97	64.7	
TOTAL	100%	150	100.00	

Table-3 depict the distribution of respondents on post-test knowledge level where, most of (64.7%) have adequate knowledge, (35.3%) have moderately knowledge among school teachers regarding behavioural disorders in children

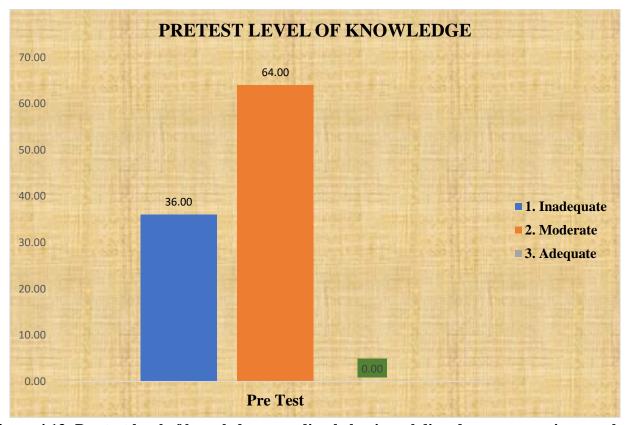


Figure 4.13: Pre-test level of knowledge regarding behavioural disorders among primary school teachers



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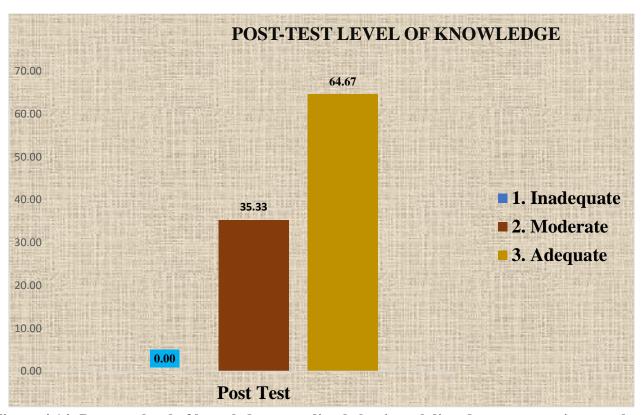


Figure 4.14: Post-test level of knowledge regarding behavioural disorders among primary school teachers

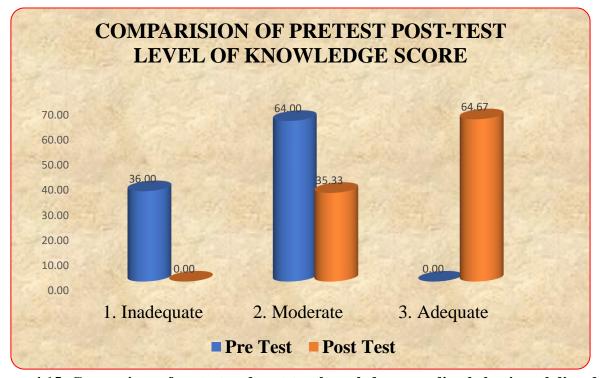


Figure 4.15: Comparison of pretest and post-test knowledge regarding behavioural disorders among primary school teachers



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SECTION-III: EVALUATION OF EFFECTIVENESS OF PLANNED TEACHING PROGRAM BY COMPARING THE AREA WISE PRETEST AND POST-TEST KNOWLEDGE SCORES OF PRIMARY SCHOOL TEACHERS REGARDING BEHAVIOURAL DISORDERS IN SCHOOL AGED CHILDREN

Table 4: Analysis of paired 't' test to determine the effectiveness of planned teaching programme among primary school teachers

n=150

SL.	LEVEL OF	PRE-TEST			POST-TEST			df	't'	p-
NO	KNOWLE	Mean	Mean	SD	Mean	Mean	SD		value	value
	DGE		%			%				
1.	ADHD	4.33	43.27	1.54	7.48	74.80	1.31	149	17.77	.000
2.	ODD	3.65	40.59	1.59	6.49	72.07	1.39	149	16.23	.000
3.	Learning	3.89	35.39	1.65	7.41	67.39	1.56	149	20.24	.000
	disorder									
4.	Overall	11.87	39.57	3.04	21.38	71.26	2.63	149	27.17	.000

\*Significant at 0.05 level

Table 4 depicts that the pretest knowledge score of ADHD, mean  $\pm$ SD is 4.33 $\pm$ 1.54, whereas in post-test was 7.48 $\pm$ 1.31, and calculated 't' value (17.77), df (149) is greater than the table value at 0.05 level of significance.

In area of ODD, pretest knowledge score, mean±SD is 3.65±1.59, whereas the post-test score mean±SD is 6.49±1.39 and calculated 't' value (16.23), df (149) is greater than the table value at 0.05 level of significance.

In area of Learning disorder, pretest knowledge score, mean±SD is 3.89±1.65, whereas post-test score mean±SD is 7.41±1.56 and calculated 't' value (20.24), df (149) is greater than the table value at 0.05 level of significance.

## The above table is indicated that;

The calculated 't' value (27.17) of the knowledge score of the primary school teachers regarding behavioural disorders of school aged children is greater than the table value (.000).

Hence, the research hypothesis that there will be a significant difference between pretest mean score and post-test mean score of knowledge on behavioural disorders of school children among primary school teachers at 0.05 level of significance is accepted.

Hence, it is concluded that after administering the planned teaching program, there was an increase in knowledge regarding behavioural disorders in school-aged children among primary school teachers. Therefore, a planned teaching program is an effective intervention measure to improve knowledge regarding behavioural disorders in school-aged children among primary school teachers.



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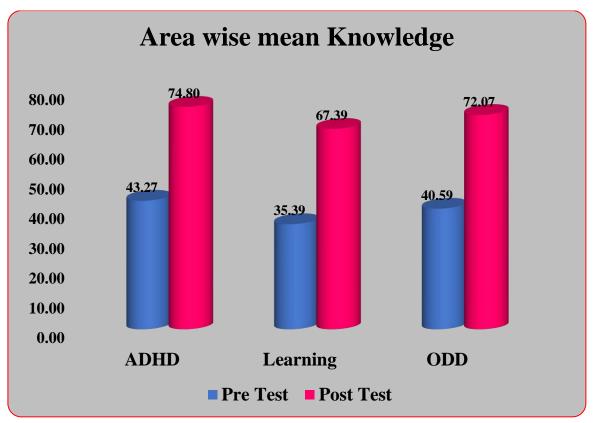


Figure 4.16: Comparison of pretest-post-test knowledge score

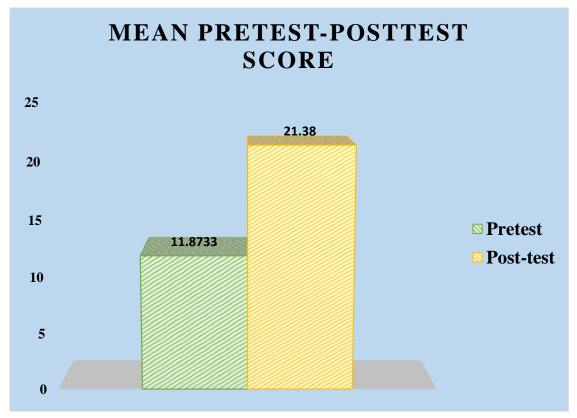


Figure 4.17: Mean of pretest and post-test knowledge score



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# SECTION-IV: ASSOCIATION OF PRE-TEST KNOWLEDGE SCORE OF PRIMARY SCHOOL TEACHERS WITH SELECTED DEMOGRAPHIC VARIABLES.

TABLE-5: Analysis of chi-square test to find association of pre-test knowledge score of primary school teachers with selected demographic variables

n=150

			Level of					
Sr.			know	ledge	Chi-		P-	
No	Demogra	aphic variable	Above	Below	square	df	value	Signif
			mean	mean				icant
1		21-30 years	32	14				
		31-40 years	34	27				
	Age	41-50 years	16	19				
		51-60 years	3	5	6.045	3	0.109	NS
			3	3	0.043	3	0.107	110
2	Sex	Male	22	23	1.584	1	0.208	
		Female	63	42	1.304	1	0.208	NS
3	Residence	Rural	31	27				
		Urban	45	36				
		Semi-urban	45	36	3.119	2	0.210	NS
4	Marital status	Single	21	10				
		Married	64	53	4.348	2	0.114	NS
		Divorce	0	2				
5	Have child &	Less than 5 years	11	6				
	their age	6-12 years	21	17				
		12 years & above	21	22				
					2.054	3	0.561	NS
6	Qualification	PTC/TTC	7	11				
		B. Ed	41	28				
		M. Ed	3	5				
		M. Sc	5	3				
		M.Com	1	3				
		M.A.	4	5				
		Ph. D	3	0	10.299	8	0.245	NS
		M.Phil.	1	0				
		D. Education	20	10				



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7	Employment	Daily	1	0				
		Government	22	1.0				
		contract	33	16	5 250			
		Government	22	26	5.352	3		
		permanent	22	26			0.148	NS
		Private	29	23				
8	Medium	Gujarati	14	6				
		Hindi	9	12				
		English	61	39				
		Marathi	1	8	11.450	3	0.010	S
9	Teaching	Less than 5 years	28	16				
	Experience	6-10 years	33	24				
		11-15 years	9	9				
		16 years above	15	16	2.097	3	0.553	NS
10	Subject being	Language	37	26				
	handled	(Gujarati, Hindi,						
		English)			5.904	4	0.206	NS
		Science	15	8				
		Mathematics	21	12				
		Social &	9	16				
		Environmental						
		Others	3	3				
11	Previous	From Educational	37	29				
	Knowledge	set-up						
		From Health care	7	7				
		set up						
		From social media	16	2				
		From friends/	9	8				
		colleagues / family						
		members						
		No	16	19	9.680	4	0.046	S
12	Identify child	Yes	48	41				
		No	37	24	0.666	1	0.414	NS

<sup>\*</sup>Significant at 0.05 level, highly significant at 0.01 level, and very highly significant at 0.001 level & NS: Non-significant

## FINDING OF THE STUDY

• Present study findings shows that there was no association between pretest level of knowledge with age, sex, place of residence, marital status, having child, qualification, employment, teaching experience, identifying child. Hence a research hypothesis does not have support to accept at 0.05 level of significant.



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 Present study finding shows that there is an association between pretest level of knowledge with medium and have previous knowledge about behavioural disorder. Hence research hypothesis is accepted at 0.05 level of significant.

## **CONCLUSION**

This chapter explained the statistics analysis and interpretation of data. The objectives of the study were obtained through various statistical methods. The sample characteristics were analysed using with frequency and percentage. Descriptive statistics used mean, mean percentage, and standard deviation, inferential statistics paired 't' test was used to find the effectiveness of planned teaching programme on behavioural disorder of school aged children among primary school teachers. Chi-square test was used to find the association of pretest knowledge regarding the behavioural disorders of school aged children with socio-demographic variables.

## **REFERENCE:**

- 1. Ghai, O.P. Essential Paediatrics. (6th edition). New Delhi: Published by CSB publisher;2007.
- 2. Bimla Kapoor. Text book of Psychiatry Nursing (II); 1st edition. Kumar Publisher;2004
- 3. Neeraja KP. Textbook of growth and development for nursing students. New Delhi: Jaypee Brothers Medical Publishers; 2006.
- 4. Growth & Development: 6 to 12 Years (School Age) [Internet]. Children's Hospital of Orange County. Available from: https://www.choc.org/primary-care/ages-stages/6-to-12-years/#:~:text=Kids%20tend%20to%20get%20taller
- 5. Dutta Parul. Pediatric nursing. (2nd edition). New Delhi: Published by Jaypee Brothers medical publisher; 2009.
- 6. School-age children development: MedlinePlus Medical Encyclopedia [Internet]. medlineplus.gov. [cited 2024 Jan 1]. Available from:
- 7. https://medlineplus.gov/ency/article/002017.htm#:~:text=A%206%2Dyear%2Dold%20should
- 8. Dorthy. R. Marlow. Text book paediatrics Nursing; ,6th edition Elsevier Company New Delhi: Jaypee brothers medical publishers; 2005
- 9. Better Health Channel. Behavioural disorders in children [Internet]. Vic.gov.au. 2012. Available from: <a href="https://www.betterhealth.vicgov.au/health/healthyliving/behavioural-disorders-in-children">https://www.betterhealth.vicgov.au/health/healthyliving/behavioural-disorders-in-children</a>
- 10. Neeraja KP. Textbook of growth and development for nursing students. New Delhi: Jaypee Brothers Medical Publishers: 2006.
- 11. Tadesse B, Kebede D, Tegegne T, Alem A. Childhood behavioural disorders in Arnbo district, western Ethiopia. I. Prevalence estimates. Acta Psychiatrica Scandinavica. 1999 Apr; 100:92–7. Available from: https://doi.org/10.1111/j.1600-0447.1999.tb10700.x
- 12. Salari N, Ghasemi H, Nasrin Abdoli, Rahmani A, Mohammad Hossain Shiri, Amir Hossein Hashemian, et al. The global prevalence of ADHD in children and adolescents: a systematic review and meta-analysis. Italian Journal of Pediatrics. 2023 Apr 20;49(1).
- 13. Song P, Zha M, Yang Q, Zhang Y, Li X, Rudan I. The prevalence of adult attention-deficit hyperactivity disorder: A global systematic review and meta-analysis. J Glob Health. 2021; 11:04009. Published 2021/Feb/11. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7916320/doi:10.7189/jogh.11.04009



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- 14. Learning Disabilities Statistics & Prevalence [Internet]. www.discoveryaba.com. Available from: https://www.discoveryaba.com/statistics/learning-disabilities-prevalence
- 15. Oppositional defiant disorder (ODD) [Internet]. Vic.gov.au. 2012. Available from <a href="https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/oppositional-defiant-disorder-odd">https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/oppositional-defiant-disorder-odd</a>
- 16. Why Are Teachers Important In Our Society? They Have Influence [Internet]. University of the People. 2019. Available from: <a href="https://www.uopeople.edu/blog/the-importance-of-teachers/#:~:text=Teachers%20truly%20are%20the%20backbone">https://www.uopeople.edu/blog/the-importance-of-teachers/#:~:text=Teachers%20truly%20are%20the%20backbone</a>
- 17. 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. The Indian Journal of Medical Research [Internet]. 2005 Jul 1;122(1):67–79. Available from: <a href="https://pubmed.ncbi.nlm.nih.gov/16106093/">https://pubmed.ncbi.nlm.nih.gov/16106093/</a>
- 18. Ogundele MO. Behavioural and emotional disorders in childhood: A brief overview for paediatricians. World Journal of Clinical Pediatrics. 2018 Feb 8;7(1):9–26. Available from: <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5803568/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5803568/</a>
- 19. familydoctor.org editorial staff. What You Can Do to Change Your Child's Behavior familydoctor.org [Internet]. familydoctor.org. 2018. Available from: <a href="https://familydoctor.org/what-you-can-do-to-change-your-childs-behavior/">https://familydoctor.org/what-you-can-do-to-change-your-childs-behavior/</a>
- 20. Nelson Behrmann, Text Book of paediatrics. (1st edition) Singapore: Harcourt Are Pvt.Ltd.;2000
- 21. Behavioral disorders in children, their symptoms, and treatment [Internet]. www.medicalnewstoday.com. 2021. Available from: https://www.medicalnewstoday.com/articles/behavioral-disorders-in-children#definition
- 22. Dutta Parul. A textbook of paediatric nursing. (2nd edition). New Delhi: Published by Jaypee Brothers medical publisher; 2009.
- 23. Johns Hopkins Medicine. Oppositional Defiant Disorder (ODD) in Children [Internet]. Johns Hopkins Medicine. 2019. Available from: <a href="https://www.hopkinsmedicine.org/health/conditions-and-diseases/oppositional-defiant-disorder">https://www.hopkinsmedicine.org/health/conditions-and-diseases/oppositional-defiant-disorder</a>
- 24. Learning Disorders in Children [Internet]. Centers for Disease Control and Prevention. 2022. Available from: <a href="https://www.cdc.gov/ncbddd/developmentaldisabilities/learning-disorder.html#:~:text=Children%20with%20learning%20disorders%20may">https://www.cdc.gov/ncbddd/developmentaldisabilities/learningdisorder.html#:~:text=Children%20with%20learning%20disorders%20may</a>
- 25. Foundation WS. Learning Disability [Internet]. White Swan Foundation. 2015 [cited 2024 Jan 1]. Available from: <a href="https://www.whiteswanfoundation.org/disorders/neurodevelopmental-disorders/learning-disability#:~:text=For%20example%2C%20speech%20therapy%20can">https://www.whiteswanfoundation.org/disorders/neurodevelopmental-disorders/learning-disability#:~:text=For%20example%2C%20speech%20therapy%20can</a>