

Original Research Article

Evaluation of Teachers Awareness Regarding Common Behavioral Problems among School Age Children in Shendi Town (Ashagalwa Village)

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Abstract: Background: One of the most challenging aspects of teaching is dealing with students' behavioral issues because they interfere with lessons and produce an unsuitable learning environment. All students have a variety of emotional and personal struggles when they first enter school, which can make their behavior undesirable and challenging to change. **Objectives:** The main goal of this study to evaluate teachers awareness regarding common behavioral problems among school age children. **Methods:** Descriptive cross sectional community based study done to assess teachers awareness regarding Common behavioral Problems among school age Children in Al shaqalwa village during period extended from November to June 2022 , the enrolled (52) teachers through multi stage simple random sampling ,questionnaire use for data collection composed of (23) questions finally the data was analyzed by statistical package for social science (SPSS) version (21) then the data was represented in form tables and figures. **Results:** The result of the present study showed that more than half (55.8%) of study group had poor knowledge about behavioral Problems only (11.5%) of study group had good knowledge about the causes of behavioral Problems and (28.8%) of them had fair knowledge about the causes of behavioral Problems inside the School. **Conclusion:** The study concluded that studied teachers awareness regarding common behavior problems in (55.8%) was poor also (17%) fair about causes of behavioral problem and only (7.7%) had was good awareness regarding dealing with difficult behavior.

Keywords: Awareness; Behavior; Children; Teachers; Problem; School age.

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INTRODUCTION

Behavioral problem among children are very common in the age group of 6 to 12 in three areas emotion, behavior, and relationship. Teachers have got an important role in modifying the children behavior when they are at school [1].

The period of dependency is during childhood. Children gradually learn to adapt to their surroundings. However, they are unable to adapt to complex situations when they are present. Then, as a result of their inability to behave in a manner that is socially acceptable, they start to exhibit behavioral issues [2].

These actions are most likely the outcome of rage and frustration. These will cause issues for both themselves and other people. Conduct disorder, emotional disorders, and academic disorders are behavioral issues that regularly affect children [3]. Nail-biting, enuresis, negativism, or other overtly aggressive or antisocial behaviors are examples of symptomatic expressions of emotional or interpersonal maladjustment, particularly in children [4].

There are several causes of behavioral issues. The condition is not the result of any one occurrence. The significant contributing variables are poor parental behavior, an inadequate home environment, and situations that leave a person mentally or physically disabled, the influence of social relationships, the

influence of the media, and the influence of social change [2].

There are indicators of a possible behavioral condition.

- **Defiant behavior:** Oppositional rebellious disorder (ODD) and Attention Deficit Hyperactivity Disorder (ADHD) have many of the same symptoms and are characterized by defiant conduct. Excessive disobedience of authority people is often noticeable in conduct disorder cases.
- **Inattention:** While many kids have trouble focusing at times, if your child keeps switching from one job to another without finishing any of them, it may be an indication of ADHD.
- **Physical aggression:** Tantrums, angry outbursts, and physical violence are all behavioral problems that require attention. Destructiveness and disobedience are also undesirable.
- **Blaming others:** While it's common for kids to try to avoid punishment, excessive blaming of others may indicate a behavioral problem.
- **Classic antisocial behaviors,** such as rule-breaking, disobedience to authority, and disdain for others, are frequent in ODD and conduct disorder (CD) diagnosis [5].

Common behavior problem

Nail biting: is a poor oral habit, especially in school-age children who are older than 4 years old (5-7 years). It's an indication of stress and self-punishment to deal with the animosity against parents. It could happen when a child copies a parent who also bites their nails. It was brought on by a hostility, conflict, and insecurity feeling. It could be brought on by viewing terrifying violent images or by being under pressure to perform well in class or at home. It might go on till adolescence [2].

Lying: Children can start learning to tell lies at a young age, typically around three. Children now begin to understand that you aren't a mind reader and can make false statements without always being caught. At ages 4-6, children start to lie more. By matching their voice tones and facial expressions to what they are saying, people may become more adept at speaking lies. Children typically admit their mistakes if you ask them to do so. As kids become older, they are better at lying without being discovered. Children have more words and a better knowledge of how others think, thus the lies also get more complex. By adolescence, kids frequently make white falsehoods to get away from causing emotional distress in others [6].

Stealing: Particularly between the ages of five and eight, it's common for kids to steal something that doesn't belong to them without asking permission. However, by this age, they are aware that it is wrong, and a parent's reaction is crucial. It encourages your

child to keep attempting to get away with it if we ignore the behavior [7].

Sucking the thumb: In children, thumb sucking is a widespread practice. Is one indication of stress or worry at school, but there may be others as well, such bringing a stuffed animal to class, experiencing separation anxiety and crying at pick-up, or biting their nails or picking at their skin [8, 9].

Bed wetting: When they reach primary school age, about 12% of kids still wet the bed. Although it can be distressing and embarrassing for kids, bedwetting is treatable. At the age of seven to nine, 13% of kids still wet the bed often, which means that on average, 2 kids wet the bed in a primary school class. Although it is a frequent issue, it may still be stressful and irritating for all parties [10].

Hyperactivity disorder: Learning impairments like ADD might be brought on by psychoeducational factors or CNS malfunction. It is also referred to as hyperactive attention deficit disorder and is typically accompanied with hyperactivity. This With a change in behavior patterns, children are falling behind in their intellectual and learning ability. Although the exact cause of this issue is unknown, predisposing factors include low birth weight or prematurity, infections or injuries that cause brain damage, and interactions between genetic and psychosocial variables. Impulsive kids are more prone to have short attention spans, be hyperactive, and have demanding personalities [2].

School rejection or phobia: A persistent, abnormal fear of attending school is called a school phobia. It is prevalent across all social classes. Children with this emotional disease prefer to stay at home and steadfastly refuse to attend school because they are terrified to part with their parents, especially their mother. It is a sign of a developmental stage crisis and a "cry for help" that requires special attention [2].

METHODOLOGY

Study design: This descriptive cross sectional community based study done to assess teachers awareness about behavioral problems in Alshagalwa schools village during period extend from October 2021 to February 2022.

Study area and setting: Shendi city lies about 172km north of Khartoum, It is considered the capital of Shendi Governorate, includes more than twenty-three villages, including the village of Shaqalwa. Shaqlawa village Sardia is a village in North Shendi, away from about 3 km Al-Shaqalaw is a branch of jaalieen. You know the areas in the Sardia villages. The Shaqalwa and the Jaalieen 98% with the presence of tribes. Other mixture of Shaykia and alkenoz It is basically an island in the Nile traversing it from the East Bank. The village of Shaqlawa was called due to its spread palm trees. It

was inhabited by a small group of the population is a cousin of the population Sardia Island It was called the village of Sardia. The number of population approximatly 45000 It consists of Eastern Sardia South Sardia, West, Sardia & North. And there is the Ihsan Center for the memorization of the Holy Quran. There are 4 health center and 10 primary schools. 2 secondary schools.

Study population: All teachers working in primary schools in Alshagalwa village during period of study which about (52) teachers.

Sample size and sample selection; Multi stage stratified sample representing different residential areas. Stage 1: Selection of 4 primary schools from 10 schools by lottery.

Stage 2: All teachers work in four schools were enrolled (total coverage sampling) number of teachers(52)

Data collection tools: The data was collected by closed ended questionnaire, was designed by researcher based on reviewing of literature

Scoring system; To evaluate the knowledge of teachers, the following scoring system was used. The knowledge was measured as good, fair and poor. The score of three to four points (75-100%) is rated as good.

The score of two points the knowledge is fair (50%) and the score of one point or zero (0-25%) the knowledge is poor.

Data collection technique: In this study the data was collected in one week, the questionnaire was distributed to the study group after explanation of their items and the researcher let them to choose the items according to their knowledge.

Data analysis technique: After the data collected it coded and transferred into specially designed forms so as to be suitable for computer finding using soft program the statistical package for social sciences (SPSS version 21).

Ethical consideration

The study was approved by faculty committee of nursing science then the permission was taken from school head managers. The purpose of the study was explained verbally and clearly to the teachers. The names and address of the participants was not recorded in the questionnaire, verbal consent has been taken from each one and they told they have right to withdrawal from this study when she/he need.

RESULTS

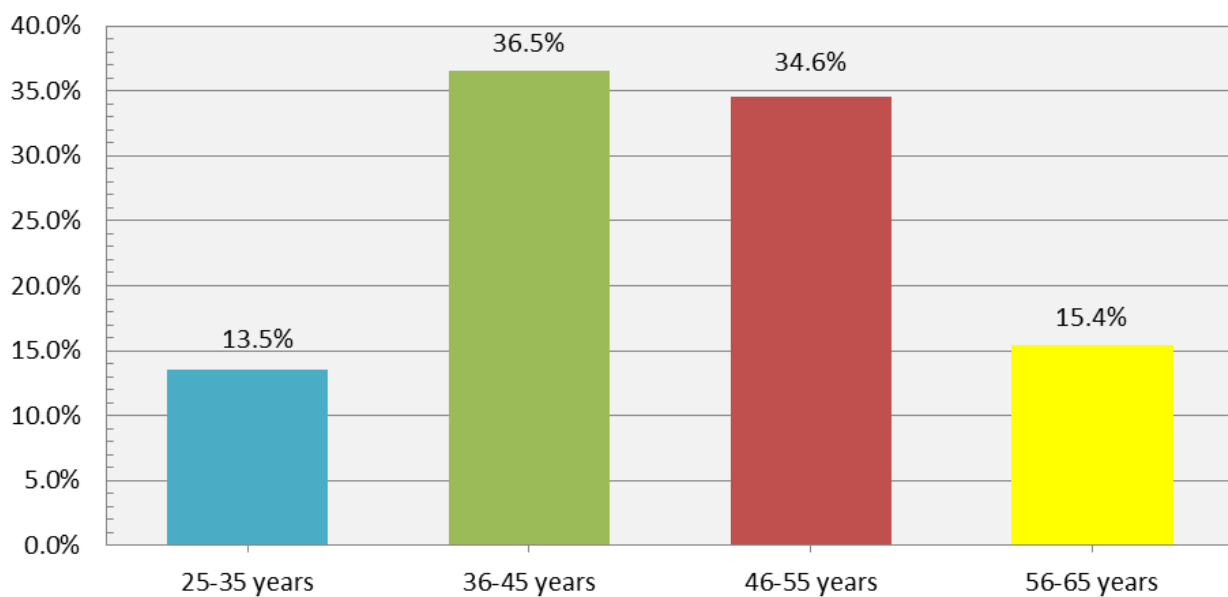


Figure 1: Age of the study group

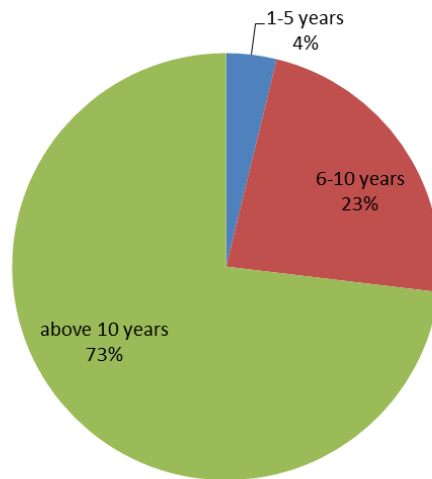


Figure 2: Years of experience of the study group

Table 1: Distribution of the study group according to their knowledge regarding behavioral problems

Item	Frequency	Percentage
Good knowledge	4	7.7%
Fair knowledge	19	36.5%
Poor knowledge	29	55.8%
Total	52	100%

Table above showed that more than half (55.8%) of study group had poor knowledge about behavioral Problems.

Table 3: Distribution of the study group according to their knowledge regarding Causes of behavioral problems and behavioral problems inside the School

Causes of Behavioral problems	Frequency	Percentage
Good knowledge	6	11.5%
Fair knowledge	9	17.3%
Poor knowledge	37	71.2%
Total	52	100%
Behavioral problems inside the School		
Good knowledge	6	11.5%
Fair knowledge	15	28.8%
Poor knowledge	31	59.6%
Total	52	100%

Table above described that (11.5%) of study group had good knowledge about the causes of behavioral Problems and that (28.8%) of them had fair

knowledge about the causes of behavioral Problems inside the School.

Table 4: Distribution of the study group according to their knowledge regarding causes of nail biting and lie in school students

Causes of nail biting	Frequency	Percentage
Good knowledge	6	11.5%
Fair knowledge	12	23.1%
Poor knowledge	34	65.4%
Total	52	100%
Causes of Lie		
Fair knowledge	15	28.8%
Poor knowledge	37	71.2%
Total	52	100%

Table above clarified that (23.1%) of study group had fair knowledge about the causes of nail biting and (28.8%) of them had good knowledge about reasons of lie among school children.

Table 5: Distribution of the study group according to their knowledge regarding Signs of psychological problems

Item	Frequency	Percentage
Good knowledge	9	17.3%
Fair knowledge	9	17.3%
Poor knowledge	34	65.4%
Total	52	100%

Table above illustrated that (65.1%) of study group had poor knowledge about sign of psychological Problems.

Table 6: Distribution of the study group according to their knowledge regarding prevalent of Thumb sucking

Item	Frequency	Percentage
Good knowledge	1	1.9%
Fair knowledge	10	19.2%
Poor knowledge	41	78.8%
Total	52	100%

Table above showed that (19.2%) of study group had fair knowledge about prevalent of Thumb sucking.

Table 7: Distribution of the study group according to their knowledge regarding involuntary urination

Item	Frequency	Percentage
Good knowledge	2	3.8%
Fair knowledge	9	17.3%
Poor knowledge	41	78.8%
Total	52	100%

Table above described that (17.3%) had fair knowledge about involuntary urination

Table 8: Distribution of the study group according to their knowledge regarding Dealing with difficult Behavior and Dealing with class room Behavior issue

<i>Dealing with difficult behavior</i>	<i>Frequency</i>	<i>Percentage</i>
Good knowledge	4	7.7%
Fair knowledge	14	26.9%
Poor knowledge	34	65.4%
Total	52	100%
Dealing with class room behavior issue		
Good knowledge	4	7.7%
Fair knowledge	9	17.3%
Poor knowledge	39	75%
Total	52	100%

Table above described that (65.4%) of study group had poor knowledge about dealing with difficult behavioral and (75%) of them had poor knowledge about dealing with classroom behavior issue.

Table 9: Distribution of the study group according to their knowledge regarding teachers dealing with steals and lie situation

Dealing about steals	Frequency	Percentage
Good knowledge	12	23.1%
Fair knowledge	17	32.7%
Poor knowledge	23	44.2%
Total	52	100%
Dealing about lies		
Good knowledge	9	17.3%
Fair knowledge	13	25%
Poor knowledge	30	57.7%
Total	52	100%

Table above revealed that (32.7%) of study group had fair knowledge about dealing the teacher about steals situation and that (25.0%) had fair knowledge about dealing the teacher about lies situation.

DISCUSSION

The behavioral adjustment of school-aged children is an important indicator of social adaptation in this stage of development.

The present study showed that majority of study group (90%) were female and more than third (36.5%) of them their age between (36-45) years old. Also the study revealed that majority (94.2%) of study group their level of education were university and more than tow third (73%) their years of experience above than 10 years.

The study clarified that more than half (55.8%) of them had poor knowledge about behavioral problems. This result agrees with previous study done by Ba-Saddik, A. S (2012) in Aden governmental school who reported that more than half of teachers had poor knowledge about behavioral problem in school age children [11].

The present study showed that less than two third (59.6%) of study group had poor knowledge regard behavioral problem inside the school, also more than two third (71.2%) of them had poor knowledge about causes of behavioral problem this result were disagree with previous study done by Badoe. E (2017) which mentioned that tow third of study group had fair knowledge about causes of behavioral problem in school children age [12].

The study revealed that near two third (65.4%) of the study group had poor knowledge toward the causes of nail biting, also more than two third (71.2%) of them had poor knowledge regard lie in school student.

The present study revealed that near two third (65.4%) of study group had poor knowledge about the sign of psychological problem this result were agree with previous study done by Radford, L (2013), which reflected that two third of study group had poor knowledge about sign of psychological problem in school student [13], while most of study group (84.6%) had poor knowledge toward the thief spreads among student in the classroom.

The study clarified that most (76,9%) of them had poor knowledge, regarding common behavioral problem. The present study clarified that most of study group (78.8%) had poor knowledge about prevalent of thumb sucking and involuntary urination.

On the other hand this study reflected that only (7.7%), of study group had good knowledge about dealing with difficult behavior and dealing with classroom behavior issue There was statistical Significant relation between Years of experience and Dealing with difficult Behavior problems. P.v (0.001). While (17.3%) of study group had good knowledge toward teacher dealing about behavioral problem, this result were agree with literature which stated that (teacher must be had awareness about behavioral problem in school age children to prevent this behavior and teach the children to use communication through positive behavior and more than one third (40.4%) of study group had poor knowledge about the benefits of promoting positive behavior in school.

RECOMMENDATION

The research team recommended that:

1. Planning and implementation of training courses and workshops to increase teacher's knowledge about behavioral problem and how to deal with.
2. Enhancing students' mental health, educating them and encouraging them to adopt healthy lifestyles, as well as focusing on a school environment that supports mental health.
3. Identifying the psychological problem of the student and treating it early before the matter develops through early detection and presence of a psychotherapist in each school to reduce the psychological and behavioral problems of students and support them psychologically in partnership with parents and teachers.

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