IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Effect Of Health Education On Prevention Of Behavioral Problems In Children Among Parents Residing At Selected Urban Region Of Maharashtra

[1]Mr.Shubham Pande, [2]Ms Pooja Gubare,

[1]Final year MSc, [2]Assistent Professor Child Health Nursing,

Dr. Panjabrao Deshmukh Nursing Institute, Amravati, India

Abstract: **Aim:** The study aims to find the effectiveness of Health education on prevention of behavioral problems in children among parents residing at selected urban region**. Problem statement:** Effect of Health education on prevention of behavioral problems in children among parents residing at selected urban region of Maharashtra**. Primary objective:** the primary objective of study was to find out the effectiveness of health education on prevention of behavioral problems in children among parents residing at selected urban region of Maharashtra. **Secondary objective:** 1. To assess the knowledge regarding prevention of behavioral problem among parents in control and experimental group before intervention. 2. To find out the effect of health education between pre-test and post-test knowledge scores on prevention of behavior problem in children among parents in control and experimental group. 3. To find out the effect of health education between post-test knowledge score on prevention of behavioral problem in children among parents in control and experimental group. 4. To find out the association between post-test knowledge score on prevention of behavioral problem in children and selected demographic variable of parents in experimental group.

Method: Quasi- experimental non-equivalent control group design use for the study. It was conducted over 110 parents by using convenient sampling technique. **Result:** In this study the findings, it was observed that the pre-intervention demographic variable of parents was more or less similar characteristics It was Observed that the percentage of knowledge (control group; 52.3% & experimental group; 50.4%) on prevention of behavioral problems in children among parents was more or less similar before intervention. However, after an intervention, the percentage of knowwledge on prevention of behavioral problems in children was significanty incresed from 53.7% to 83.9% in experimental group where as it was almost remained unchanged in control group. These was a significant deference (p0.05) was found between knowledge on prevention of behavioral problems in children age,gender, no of children, educational status, occupation, income, type of diet. Finding of study reveled that the Health education on prevention of behavioral problems in childrenas a method of teaching was ffective among parents residing at selected urban region of Maharashtra**. Interpretation and conclusion:** The finding of the study, it was concluded that the pre-intervention demogrphic varibles of parents residing at selected urban region in control group and experimental groupwere more or less simillar reveling both the groups had similar characteristics. However after intervention ,the percentage of knowledge and the mean score of parents were significantly incresedin experimental group wereas it was remained unchanged in control group. There was a significat defference between pre-test and post-test knowledge scores in experimental group. And there was also a significant

difference between the post-tests of control and erperimental group. Thus it was concluded thet the health education on prevention of behavioral problems in childrenas a method of teaching was effective among parents residing at selected urban region of Maharashtra.

Kyewords: effectiveness, health education, parent, urban region

INTRODUCTION

A child's behavior is shaped by social, biological, and environmental factors, often making it unpredictable. As they grow and adapt, some behaviors may be perceived by adults as problematic or embarrassing. Family plays a central role in shaping a child's personality, with the quality of parental care greatly influencing future development. Studies show that children from disadvantaged home or school environments are more prone to behavioral and psychiatric issues. Therefore, assessing behavioral disorders in children is vital, and evidence suggests that parent training and consistent parent-mediated interventions can effectively reduce problem behaviors and improve outcomes[1]

BACKGROUND OF THE STUDY

The severity of children's behavioral issues is still not widely acknowledged by many governments and decision makers. These issues include the behavioral issues of kids raised in families, kids involved in child labor and sex, kids who become orphans from AIDS, and kids who move because of unavoidable circumstances[5]

NEED OF THE STUDY

The "behavior problems" are seriously affecting the social and physical development of the child. In addition to offering emotional support, a person's family has a significant impact on how their personality develops. The type and standard of the child's parental care will have a significant impact on his development in the future. Understanding these family characteristics linked to behavioral issues may be useful in identifying children who are at risk[9]

Problem statement

Effect of Health education on prevention of behavioral problems in children among parents residing in urban region of Maharashtra

Objectives:

Primary objective:

- To find out the effect of health education on prevention of behavioral problems in children among parents residing at selected urban regions

Secondary objectives:

- To assess the knowledge regarding prevention of behavioral problem among parents in control and experimental group before intervention.
- To find out the effect of health education between pre-test and post-test knowledge scores on prevention of behavior problem in children among parents in control and experimental group

Hypothesis

Ho1- There is no significant difference between pre-test and post-test knowledge scores of parents regarding prevention of behavioral problem in children in control and experimental group Ho2- There is no significant difference between post-test knowledge scores of parents in control and experimental group regarding prevention of behavioral problems in children

Ho3- There is no significant association between post-test knowledge scores and selected demographic variables of parents in experimental group.

REVIEW OF LITERATURE

1. Literature related to behavioral problem in children
2. Literature related to factors affecting behavioral problem in children
3. Literature related prevention of behavioral problem in children
4. Literature related to home management and parent role regarding prevention of behavioral problem in children
5. Health education on prevention of behavioral problem in children as a method of teaching

RESEARCH APPROACH

As the factor of data collection on behavior problem among parents demands at one point in time, a quantitative method will be the suitable approach for this study. Hence, a quantitative experiment approach will be used to assess the effect health education on behavior problem in children among parents

RESEARCH DESIGN

Quasi- experimental non-equivalent control group design will be used to assess the effect of health education on prevention of behavior problem in children among parents.

POPULATION

Target population: Parents to whom study finding are generalize will be the target population **Accessible population**: Parents those who are available for proposed study shall be accessible population **SAMPLING**

Sample: Parents residing at urban area shall be the samples of proposed study

Sampling technique: The investigator has randomly selected t areas from urban region. However, convenient sampling technique was used to draw 55 parents in control group & 55 the parents in experimental group residing in selected Area, Maharashtra.

Data and Sources of Data

After obtaining a formal permission, the investigator has fixed the date and time for data collection. According to tentative schedule, the investigator has visited the area and collected data from 11.03.2025 to 23.03.2025. Pre-test- The investigator has conducted pretest among parents belonged to experimental group and control group using SIS on prevention of behavioral problem in children

After due permission from corporator and municipality, the group of parents were called to a one place and made comfortable seating arrangements. The investigator has handed over the SIS to parents with instructions and asked to handover the filled in SIS. Further they were requested to read the question one by one and put (□) mark on right option mentioned below each question/statement. Doubts were clarified and collected back filled in SISs after 45 minutes. Whole procedure of pre-test was carried out in the presence of a Investigator

PLAN FOR DATA ANALYSIS

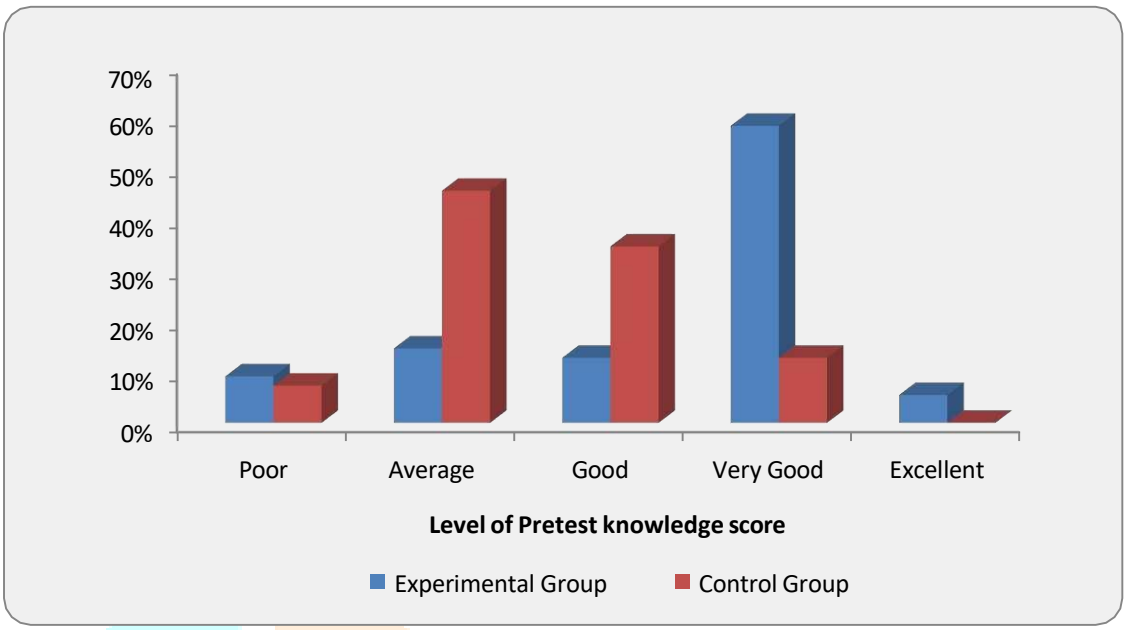
Collected data from parents was planned to analyze by using descriptive and inferential statistics.

The descriptive statistics includes; percentage, mean, mean percentage and standard deviation. The inferential statistics includes; t test and Chi-square test using SPSS software. However, the tabulated data were planned to analyze underfollowing heading –

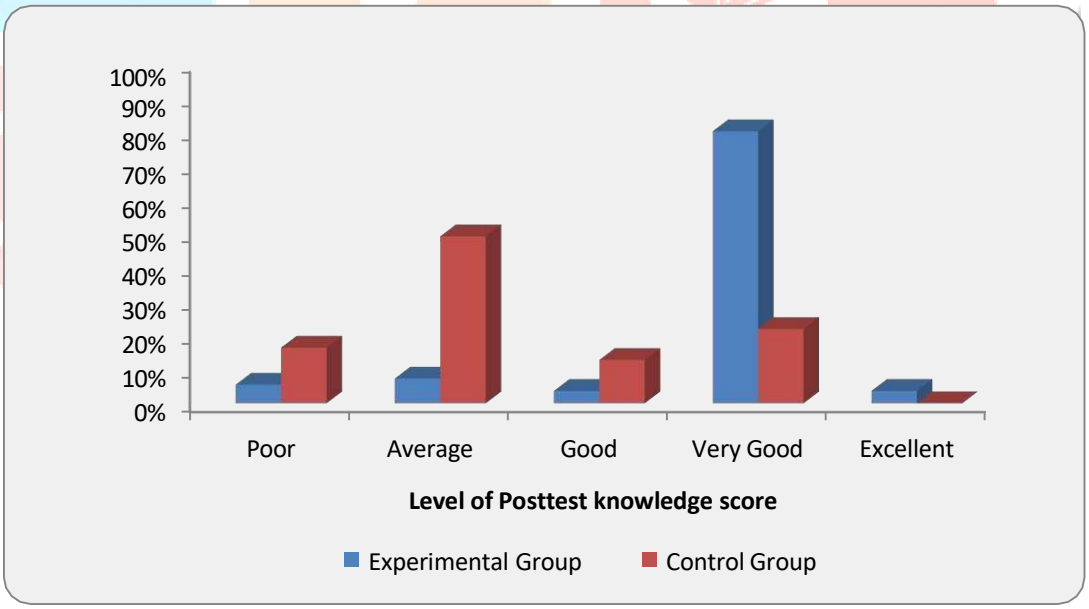
SECTION – I: Distribution of parents according to their demographic variables in experimental and control group.

Demographic Variables	Experimental Group(n=55)	Control Group(n=55)
Age(yrs) of parents		
25-30 yrs	28(50.9%)	31(56.4%)
31-35 yrs	24(43.9%)	19(34.5%)
36-40 yrs	3(5.5%)	5(9.1%)
≥41 yrs	0(0%)	0(0%)
Gender		
Male	20(36.4%)	6(10.9%)
Female	35(63.6%)	49(89.1%)
Number of children		
One	4(7.3%)	3(5.5%)
Two	45(81.8%)	46(83.6%)
Three	3(5.5%)	5(9.1%)
Four and more	3(5.5%)	1(1.8%)
Educational Status		
Primary	33(60%)	34(61.8%)
Secondary	19(34.5%)	14(25.5%)
Graduation	3(5.5%)	7(12.7%)
Postgraduation	0(0%)	0(0%)
Occupation		
Govt Service	20(36.4%)	17(30.9%)
Private Service	27(49.1%)	16(29.1%)

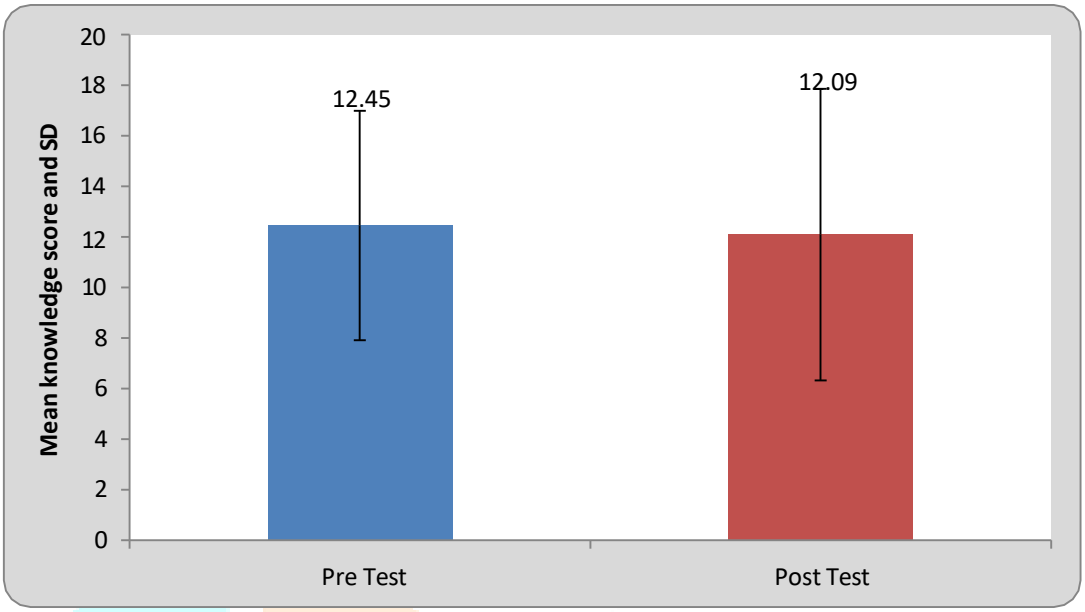
SECTION – II: Assessment of knowledge on prevention on behavioral problem among parents before intervention in experimental and control group.



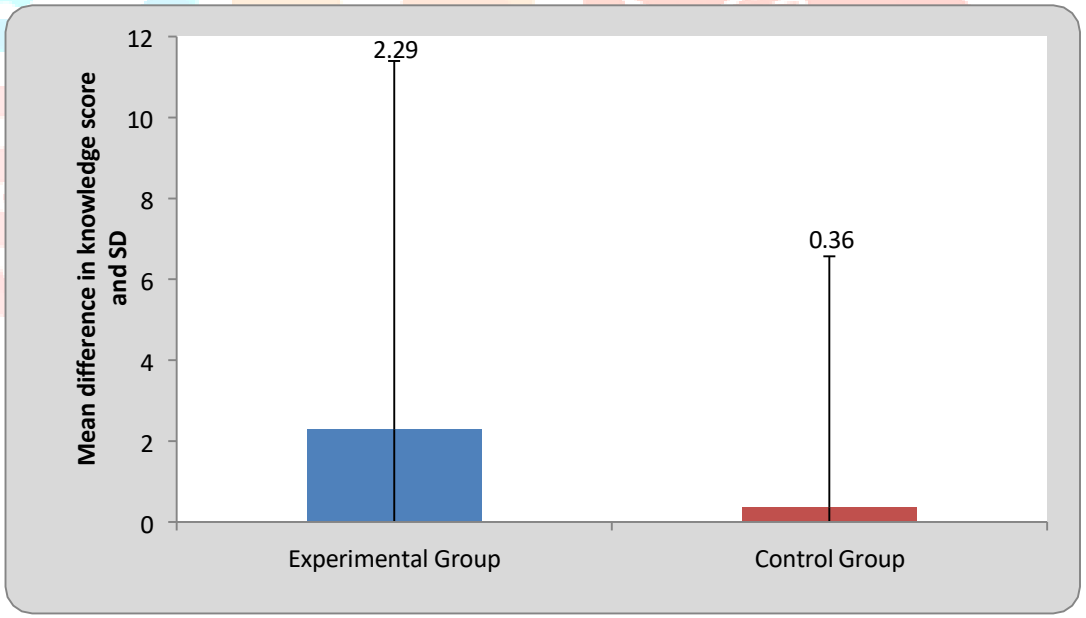
SECTION – III: Assessment of knowledge on prevention on behavioral problem among parents after intervention in experimental and control group.



SECTION – IV: Significant difference in the post-test knowledge scores on prevention on behavioral problem among parents in control and experimental group.



SECTION-V: As per Anova test Association between post-test knowledge score on prevention on behavioral problem among parents and their demographic variables in experimental group.



ANALYSIS AND INTERPRETATION

Pre-test knowledge score

Table 1: Assessment with level of pre-test knowledge score

Level of Pre Test knowledge Score	Score Range	Level of Pre Test knowledge Score	
		Experimental Group(n=55)	Control Group(n=55)
Poor	0-6	5(9.09%)	4(7.27%)
Average	7-12	8(14.55%)	25(45.45%)
Good	13-18	7(12.73%)	19(34.55%)
Very Good	19-24	32(58.18%)	7(12.73%)
Excellent	25-30	3(5.45%)	0(0%)
Minimum score		3	5
Maximum score		26	22
Mean knowledge score		17.67±6.44	12.45±4.54
Mean % knowledge score		58.90±21.46	41.51±15.15

Table 1 shows that 9.09% of parents in Experimental Group and 7.274% in Control Group had poor level of knowledge score, 14.55% of parents in Experimental Group and 45.45% in control group had average level of knowledge score, 12.73% in experimental group and 34.55% in control group had good and 58.12% of parents in experimental group and 12.73% in control group had very good level of knowledge score. Minimum knowledge score in Experimental group was 3 and in control group it was 5 and maximum knowledge score in experimental group was 26 and in control group it was 22. Mean knowledge score in experimental group was 17.67±6.44 and in control group it was 12.45±4.54 and mean percentage of knowledge score in experimental group was 58.90±21.46 and in control group it was 41.51±15.15.

Table 2: Assessment with level of posttest knowledge score

Level of Post Test knowledge Score	Score Range	Level of Post Test knowledge Score	
		Experimental Group(n=55)	Control Group(n=55)
Poor	0-6	3(5.45%)	9(16.36%)
Average	7-12	4(7.27%)	27(49.09%)
Good	13-18	2(3.64%)	7(12.73%)
Very Good	19-24	44(80%)	12(21.82%)
Excellent	25-30	2(3.64%)	0(0%)
Minimum score		4	5
Maximum score		26	23
Mean knowledge score		19.96±5.52	12.09±5.77
Mean % knowledge score		66.54±18.40	40.30±19.23

Table 2 shows that 5.45% of parents in Experimental Group and 16.36% in Control Group had poor level of knowledge score, 7.27% of parents in Experimental Group and 49.09% in control group had average level of knowledge score, 3.64% in experimental group and 12.73% in control group had good and 80% of parents in experimental group and 21.82% in control group had very good level of knowledge score. Minimum knowledge score in Experimental group was 4 and in control group it was 5 and maximum knowledge score in experimental group was 26 and in control group it was 23. Mean knowledge score in experimental group was 19.96±5.52 and in control group it was 12.09±5.77 and mean percentage of knowledge score in experimental group was 66.54±18.40 and in control group it was 40.30±19.23.

Table 3: Significance of difference between knowledge Score in Pre and posttest of Parents-Experimental Group

Overall	Mean	SD	Mean Difference	t-value	p-value
Pre Test	17.67	6.44	2.29±9.11	2.86	0.045 S,p<0.05
Post Test	19.96	5.52			

Table 3 shows the comparison of pretest and posttest knowledge score of parents from selected urban area of Maharashtra State. Mean, standard deviation and mean difference values are compared and student's paired 't' test is applied at 5% level of significance. The tabulated value for n=55-1 i.e. 54 degrees of freedom was 2.00. The calculated 't' value i.e. 2.86 are much higher than the tabulated value at 5% level of significance for overall knowledge score of Parents which is statistically acceptable level of significance. Hence it is statistically interpreted that Health Education on knowledge regarding prevention of behavioral problems in children among parents residing at selected urban region of Maharashtra State was effective.

CONCLUSION

From the findings of present study, it was concluded that the demo- graphic variables of parents in control and experimental group were more or less similar, revealing both the groups had similar characteristics. Percentage of knowledge and the mean scores of parents were more or less similar in both the groups before intervention. However, after an intervention, the percentage of knowledge and the mean scores of parents were significantly increased in experimental group whereas it was remained unchanged in control group. There was a significant difference between pre-test and post-test knowledge scores in experimental group. And, there was also a significant difference between the post tests of control and experimental group. Thus, it was concluded that teaching through health education on prevention of behavioral problem in children was effective among parents residing in selected urban regions of Maharashtra state.

REFERENCES

1) Donaldson JM, Austin JL. Environmental and social factors in preventing, assessing, and treating problem behavior in young children. Policy Insights Behav Brain Sci [Internet]. 2017;4(1):9–16. Available from: http://dx.doi.org/10.1177/2372732216683964

2) Behere AP, Basnet P, Campbell P. Effects of family structure on mental health of children: A preliminary study. Indian J Psychol Med [Internet]. 2017;39(4):457–63. Available from: http://dx.doi.org/10.4103/0253-7176.211767

3) Ogundele MO. Behavioural and emotional disorders in childhood: A brief overview for paediatricians. World J Clin Pediatr [Internet]. 2018;7(1):9–26. Available from: http://dx.doi.org/10.5409/wjcp.v7.i1.9

4) Siller M, Swanson M, Gerber A, Hutman T, Sigman M. A parent-mediated intervention that targets responsive parental behaviors increases attachment behaviors in children with ASD: results from a randomized clinical trial. J Autism Dev Disord [Internet]. 2014;44(7):1720–32. Available from: http://dx.doi.org/10.1007/s10803-014-2049-2

5) Shepard SA, Dickstein S. Preventive intervention for early childhood behavioral problems: an ecological perspective. ChildAdolescPsychiatrClinNAm[Internet].2009;18(3):687–706. Available from: http://dx.doi.org/10.1016/j.chc.2009.03.002

6) Tichovolsky MH, Arnold DH, Baker CN. Parent predictors of changes in child behavior problems. J Appl Dev Psychol [Internet]. 2013;34(6):336–45. Available from: http://dx.doi.org/10.1016/j.appdev.2013.09.001

7) Patel V, Flisher AJ, Nikapota A, Malhotra S. Promoting child and adolescent mental health in low and middle income countries. J Child Psychol Psychiatry [Internet]. 2008;49(3):313–34. Available from: http://dx.doi.org/10.1111/j.1469-7610.2007.01824.x

8) Hossain MM, Purohit N. Improving child and adolescent mental health in India: Status, services, policies, and way forward.IndianJPsychiatry[Internet].2019[cited2025Apr15];61(4):415–9.Availablefrom:https://journals.lww.com/indianjpsychiatry/fulltext/2019/61040/improving_child_and_adolescent_mental_health_in.16.aspx?utm_source

9) Jogdand SS, Naik J. Study of family factors in association with behavior problems amongst children of 6-18 years age group. Int J Appl Basic Med Res [Internet]. 2014;4(2):86–9. Available from: http://dx.doi.org/10.4103/2229-516X.136783

10) Kutash K, Acri M, Pollock M, Armusewicz K, Serene Olin S-C, Hoagwood KE. Quality indicators for multidisciplinary team functioning in community-based children's mental health services. Adm Policy Ment Health [Internet]. 2014;41(1):55–68. Available from: http://dx.doi.org/10.1007/s10488-013-0508-2

11) CDC. Behavior or conduct problems in children [Internet]. Children's Mental Health. 2025 [cited 2025 Apr 15]. Available from: https://www.cdc.gov/children-mental-health/about/about-behavior-or-conduct-problems-in-children.html

12) Carr EG, Taylor JC, Robinson S. The effects of severe behavior problems in children on the teaching behavior of adults. J Appl Behav Anal [Internet]. 1991 Autumn;24(3):523–35. Available from: http://dx.doi.org/10.1901/jaba.1991.24-523

13) Petersen IT, Bates JE, D'Onofrio BM, Coyne CA, Lansford JE, Dodge KA, et al. Language ability predicts the development of behavior problems in children. J Abnorm Psychol [Internet]. 2013;122(2):542–57. Available from: https://psycnet.apa.org/fulltext/2013-17531-012.pdf

14) Campbell SB. Behavior problems in preschool children: a review of recent research. J Child Psychol Psychiatry [Internet]. 1995;36(1):113–49. Available from: http://dx.doi.org/10.1111/j.1469-7610.1995.tb01657.x

15) Gupta I, Verma M, Singh T, Gupta V. Prevalence of behavioral problems in school going children. Indian J Pediatr [Internet]. 2001;68(4):323–6. Available from: http://dx.doi.org/10.1007/BF02721837