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A Study To Evaluate The Effectiveness Of Structured Teaching Programme On Knowledge Regarding Early Detection Of Behavioral Problems In School Children Among Primary School Teachers In Selected Schools At Sultanpur, Utter Pradesh, India.

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Abstract:

- **Background:** Early detection of behavioral problems in schoolchildren is crucial, yet teachers may lack adequate knowledge. This study aimed to evaluate the impact of a Structured Teaching Program (STP) on primary school teachers' knowledge regarding these problems.
- **Methods:** A quantitative, pre-experimental study using a one-group pre-test post-test design was conducted with 40 primary school teachers from two selected schools in Sultanpur, Utter Pradesh India, chosen via purposive sampling. A validated structured questionnaire assessed knowledge before and after the STP intervention. Data were analyzed using descriptive statistics, paired t-test, and Chi-square test.
- **Results:** Pre-test knowledge was predominantly moderate (87.5%). Post-intervention, knowledge significantly increased (mean score 14 ± 3.72 vs. 25.29 ± 3.12; $t=14.02$, $p<0.05$), with 90% achieving adequate knowledge. Post-test knowledge showed a significant association with teachers' age ($p<0.05$) and prior experience identifying behavioral problems ($p<0.05$).
- **Conclusion:** The Structured Teaching Program effectively enhanced primary school teachers' knowledge regarding the early detection of behavioral problems in children. Targeted training can empower teachers to play a more effective role in supporting student well-being.

Keywords: Behavioral Problems, Early Detection, Primary School Teachers, Structured Teaching Program, Knowledge Assessment, Health Education in India.

Introduction:

Mental and emotional well-being in childhood forms the foundation for future development, yet behavioral problems common in this phase can severely disrupt daily life and lead to long-term negative consequences, including academic difficulties, low self-esteem, relationship problems, substance abuse, and even violence or suicide. In India, the overall prevalence of mental and behavioral disorders among children is estimated at 12.5%. Primary school teachers, spending significant time with children, are in a unique position, second only to parents, to observe and identify early signs of distress. Their role extends beyond instruction to influencing personality development. However, a lack of specific awareness or training often hinders teachers from effectively identifying these problems.

Common behavioral problems encountered in primary school children (ages 6-12) encompass a wide range, including habit disorders (thumb sucking, nail biting, pica), problems of movement (temper tantrums, ADHD), conduct disorder, problems related to toilet training (enuresis, encopresis), sleep disturbances (sleepwalking, nightmares, night terrors), speech difficulties (stammering, elective mutism), schooling issues (school phobia, poor performance), and psychosomatic complaints. Early detection and management are crucial for preventing escalation and improving the child's quality of life. This study was premised on the assumption that enhancing teachers' knowledge through a focused educational intervention would empower them to better recognize and respond to these challenges. Therefore, this research aimed to develop, implement, and evaluate the effectiveness of a Structured Teaching Program (STP) on knowledge regarding early detection of behavioral problems among primary school teachers in Sultanpur, Utter Pradesh, India.

Need for the study:

Early childhood is a critical period for the onset of emotional and behavioral impairments. Each year, young children are expelled from preschools and childcare facilities for severely disruptive behaviors and emotional disorders. Since children develop rapidly, delivering mental health services and supports early and swiftly is necessary to avoid permanent consequences and to ensure that children are ready for school. Consequently, early detection, assessment, and links with treatment and supports can prevent mental health problems from worsening.

Health Promotion of India (2000) stated that one-third of the population in India is school-age children; out of this 14% belong to the age group of 6-10 years of which 99% is primary education.

New **HHS Study in JAMA Pediatrics** Shows Significant Increases in Children Diagnosed with Mental Health Conditions from **2016 to 2020.** U.S. Department of Health and Human Services (HHS) study published in the American Medical Association's journal JAMA Pediatrics exit disclaimer icon

reports significant increases in the number of children diagnosed with mental health conditions. The study, conducted by the Health Resources and Services Administration (HRSA), finds that between 2016 and 2020, the number of children ages 3-17 years diagnosed with anxiety grew by 29 percent and those with depression by 27 percent. The findings also suggest concerning changes in child and family well-being after the onset of the COVID-19 pandemic.

A new report on children's mental health used data from different sources to describe mental health and mental disorders in children during 2013–2019 stated that, Poor mental health among children continues to be a substantial public health concern. Attention-deficit/hyperactivity disorder (ADHD) and anxiety among children of all ages.

One in every seven primary school-aged children had a diagnosable mental illness in 2020 and 75 per cent of mental illnesses begin before the age of eighteen, research from The All-Party Parliamentary Group on a Fit and Healthy Childhood has revealed. It found that among five - to 10-year-olds - 14.4 per cent, or one in seven, had a probable mental disorder in 2020, an increase from 1 in 10 - 9.4 per cent - in 2017. Association of Play Industries chair, Mark Hardy said, 'The lack of outdoor play and the amount of time spent alone, inactive and on screens, is fuelling the unprecedented rise in children's mental health problems.

Conduct disorder is seen inappropriate 5-8% of the general child population. In that review of prevalence indicated that the estimated rate of conduct disorder in children aged 4-18 years have ranged from 2-6% conduct disorder in youth under the age of 18. And school refusal also occurs at all ages appropriately 1-5% of all school- aged children. The average age of onset is 7.5 years and 10.5 years **(American Psychiatry Association, 2000).**

According to Erikson the developmental needs of the children between 6-12 years is industry Vs inferiority. Active participation in the daily activities helps the child to fulfill the developmental tasks. If the developmental task is not attained; there is a risk for behavioral problems **(Health promotion of India, 2017).**

Studies conducted on the prevalence of behavioral problem in India and neighboring countries showed that there are behavioral problems existing among school children and are quite common. These behavioral problems are not often identified in school setting due to lack of awareness of school teachers

on a behavioral problem or lack of awareness of mental health service. The disturbed characteristics in their behavior are through not affecting much presently, it will, of course, affect individual, family, and society as a whole later. The early identification and management is the best way to present them from harming self and society.

Review of literature :

Review of literature is a critical summary of research on a topic of interest generally prepared to put a research problem is content to identify gaps and weakness is prior studies so as to justify a new investigation (Polit and Beck, 2010)

The researcher presents the review of related literature which helps the studying of problems in depth. It also serves as a valuable guide to understanding what has been done, what is still unknown and untested.

The literature review is discussed as under the following headings:

Section – A: Review related to behavioral problems

Section – B: Review related to the school teacher's knowledge regarding behavioral problems

Section – C: Review related to structured teaching programme regarding behavioral problems

2.1 Section – A:Literature Review Related To Behavioral Problems:

Akpan M U (2014) conducted a comparative study of the academic performance of primary school children with behavioral disorders with that of their controls. A total of 132 primary school pupils aged 6-12 years with behavioral disorders using the Rutter scale for teachers (Scale B (2) and their matched-controls were selected. Their academic performance was assessed and compared using the overall scores achieved in the first and second term examinations in the 2005-2006 academic sessions, as well as the scores in individual subjects. The number of days absent from school was documented. While 26.5% and 12.9% of pupils with behavioral disorders had high and poor academic performance respectively, 38.6% and 9.1% of pupils without such disorders had high and poor performances respectively. Behavioral disorders are associated with poor academic performance in school children in the USA.

N C Niranjan (2012) a cross-sectional study was carried out among 572people from six primary schools selected randomly from private and government schools in the USA. Peoples with a normal IQ were selected using a systematic sampling method. The Rutter behavioral scale for teachers (b2) was completed by their teachers, to determine the prevalence and pattern of behavioral problems among children living in the USA, a town in south-south Nigeria methods. According to the scale 132 pupils (23.1%) had scored within the range indicating behavioral problems. She finds out that there is a high prevalence of behavioral problems among primary school children in the USA.

Al Hamshad (2016), Attention Deficit Hyperactivity Disorder (ADHD) isone of the most common mental disorders that develop in children and becomes apparent in the preschool and early school years. The aim of the present study was to determine the prevalence of ADHD. A sample size of 1287 students aged 6-13 years in 67 government and 10 private primary schools were selected by multistage systematic random sampling. At Saudi Arabia. Data were collected using two types of questionnaires: the modified Arabic version of the Attention Deficit Disorders Evaluation Scale (ADDES) school version, and Parents' questionnaire to diagnose the three main subtypes of ADHD namely: inattention, hyperactivity-impulsivity, and combined ADHD. The majority of the boys were from government schools (83.0%), were of age 6-<9 years (40.5%) and of Saudi nationality (80.7%). The overall prevalence of combined ADHD was 16.4%, with a prevalence of 12.4% of hyperactivity-impulsivity and 16.3% for inattention disorders respectively. The study also revealed a variety of family factors to be significantly associated with the development of ADHD. The prevalence of each subtype of ADHD was higher if the child was the 6th one in the family.

Woo BS, et, al (2015) conducted a study in Singapore on Emotional and behavioral problems in Singaporean children based on parent, teacher and child reports. The Child Behavior Checklist (CBCL), Teacher Rating Form (TRF) and child report questionnaires for depression and anxiety were administered to a community sample of primary school children. 60 Parents of a sub-sample of 203 children underwent a structured clinical interview. The result was that the higher prevalence of emotional and behavioral problems was identified by CBCL (12.5 percent) than by TRF (2.5 percent). According to parent reports, higher rates of internalizing problems (12.2 percent) compared to externalizing problems (4.9 percent), were found. Correlations between child-reported depression and anxiety, and parent and teacher reports were low to moderate but were better for parent reports than for teacher reports.

J Atten Disord (2016) a cross-sectional descriptive study was conducted from March 2004 to February 2005. A total of 2,000 primary school students, ages 6 to 12,are selected, and 1,541 students (77.1%) give consent to participate in this study. The aim of this study is to identify Attention Deficit Hyperactivity Disorders among primary school children in the State of Qatar An Arabic questionnaire is used to collect the socio-demographic variables and a standardized Arabic version of the Conners' Classroom Rating Scale for ADHD symptoms of the students surveyed, 51.7% are males and 48.3% females. The data reveal that 112 boys (14.1%) and 33 girls (4.4%) scored above the cutoff for ADHD symptoms, thus giving an overall prevalence of 9.4%. The study reveals that ADHD is found to be a common problem among school children in Qatar.

PP Panda (2016) a cross-sectional observational study was carried out inprimary school children of the slum-dwelling area of Kathmandu Valley which included 454 students. The aim of the study was to find out morbidity inhabit disorders in the age group of 6-10 years, so that early detection will be helpful to correct them to prevent it from further personality maladjustment. There was no statistical difference in gender wise habit disorders. The morbidity is due to multiple factors of physic- social environment. However, the severity of disease is not morehere in this area.

Gupta, Indira, et al. (2015) the present study was conducted on 957 schoolchildren aged 9-11 years from an urban area of Ludhiana, India to assess the prevalence of behavioral problems. The study was conducted in two stages. In thefirst stage, a screening instrument Rutter, B, Scale was used to detect common emotional, conduct and behavioral problems in children. Based on the screening instrument results and parents' interviews, 45.6% of the children were estimated to have behavioral problems, of which 36.5% had significant problems. Conduct disorders (5.4%), Hyperkinetic syndrome (12.9%), scholastic under-achievement (17%), and enuresis (20.3%) were detected to be the main behavioral problems in children. Close co-operation between school teachers, parents, and healthcare providers is suggested to ensure the healthy development of children.

A study was conducted about Problems with language and symptoms of attention deficit/hyperactivity disorder (ADHD) in childhood and adolescence by **Uppsala University, Department of Psychology,Uppsala,Sweden**. The result of the study showed that : Mixed-handed children, relative to right-handed, had approximately a twofold increase in odds of having difficulties with language and scholastic performance at the age of 8 years. Eight years later, as 16-year-olds, adolescents had twofold

increase in odds concerning difficulties in school with language and with ADHD symptoms. As adolescents, mixed-handed children with previous behavioral problems were at considerably higher risk for scoring within the range of probable ADHD-inattention or ADHD-combined case. Mixed-handedness was associated with greater symptom severity in children and adolescents (P = .01) concerning psychiatric disturbance and ADHD inattention but not ADHD hyperactivity.

Bose, V.S. (1999) study was to examine the nature of behavioral problems manifested by children at each class level. 837 children (410 girls and 427 boys) between the age of 6-11 years from Classes I - V studying in an English medium school were the subjects of the study. A behavioral problem checklist including Attention, Disciplinary, Academic and Emotional problems, etc. was developed for use by teachers in a classroom setting. The average occurrence of each problem was calculated by dividing the frequency of occurrence by the sample size. Results revealed that the most prevalent types of problems that were faced by teachersat the primary school level were those related to attention, study, discipline and emotional problems.

Shanta, K, (1999) the study examined behavioral problems and disciplining among children with scholastic skills difficulties (SSD) as compared to a group of normal controls. The sample consisted of 20 children between 5-8 years ofage in each group. Data were obtained regarding the child's personal, family and social background. The maternal report was obtained on the Child Behavior Checklist. Results revealed a higher prevalence of behavioral problems in children with SSD. These problems were externalizing and internalizing types of dysfunctions, namely attention seeking behavior, hyperactivity, impulsivity, and oppositional behavior and conduct problems in the first domain of dysfunction, and depression and anxiety in the second domain of dysfunction. The study group also had a higher prevalence of learning and miscellaneous behavioral problems.

2.2 Literature review Related to Teachers Knowledge Regarding BehavioralProblems

Lindsay G, et.al, (2017) conducted a study in the UK on Longitudinal patterns of behavioral problems in children with specific speech and language difficulties A sample of children with SSLD was assessed for BESD at ages 8, 10 and 12 years by both teachers and parents. Language abilities were assessed at 8 and 10 years. Results showed: High levels of BESD (Behavioral, emotional and social difficulties) were found at all three ages, but with different patterns of trajectories for parents' and teachers'

ratings. Language ability predicted teacher- but not parent-rated BESD. So study result that there is a need of education for care of children with behavioral problems.

Vickie E. Snider (2003) this study was designed to assess general and special education teachers' knowledge, opinions, and experience related to the diagnosis of attention-deficit/hyperactivity disorder (ADHD) and its treatment withstimulant medication. A random sample of 200 general educators and 200 special educators from Wisconsin were surveyed. Results revealed that teachers had limited knowledge about ADHD and the use of psycho stimulant medication. Teachers' opinions about the effect of stimulant medication on school-related behavioral were generally positive, although special education teachers were more positive than general educators. The survey confirmed previous research indicating that teachers were the school personnel who most frequently recommended an assessment for ADHD. The results are discussed in terms of their educational significance and implications for teacher preparation and continuing education.

Arathasarathy R (1994) conducted a study on school teacher's knowledge, attitudes and practices on childhood developmental and behavioral disorders in Singapore. 503 preschool teachers are evaluated, most aged 30-44 years with experience of‟ 6years. As a result, a pass rate in know1edge achieved in 50%with overall median total scores of 50. Antis tic spectrum disorder, 6% attention deficit, 68% and hyperactive disorder, 32%, at last, they concluded that this study demonstrated an educational deficit in childhood developmental and behavioral disorder among our - school teachers.

2.3 Literature review Related to Structured Teaching Programme Regarding Behavioral Problems

Deelip Natekar (2013) conducted a study to assess the knowledge of primary school teachers regarding behavioral problems and their prevention among children in Bangalore. The self-administered structured questionnaire was prepared and administered to 50 primary school teachers between 1-7th standard based on purposive sampling technique. The outcome of this study was shown that the teachers are getting the adequate knowledge regarding behavioral problems.

Priyesh Bhanwara (2015) described that the planned teaching is effective in increasing the knowledge regarding behavioral problems. The study was conducted in selected schools in Pune city. The samples were teachers, both male and the female sample size was 60.non convenient purposive sampling technique was used. The results were teachers are getting the adequate knowledge regarding behavioral problems.,

Walter SG (2017) conducted a study on reducing behavioral problems in early care and education programme among 144 school teachers in the Tolland Pre School showed that 76% of the teachers improved their ability to identify children in need of mental health referral, and 88% reported that the education programme reduces the likelihood suspensions and expulsion.

Syed, et.al, (2016) conducted a community study based on developing programme to train sensitize and mobilize the parents to manage a child's psychological emotional and behavioral problems. A total of 675 parents participated in that study and he found that the training programme was effective for reducing behavioral problems.

Child Psychiatry wards of Central Institute of Psychiatry (2004) a clinical study were conducted to assess the effectiveness of the planned teaching programme for the caretakers of children admitted with minor mental health disorders in the Child Psychiatry wards of Central Institute of Psychiatry, Ranchi. A total of 80 samples were selected by convenient sampling technique. The outcome of the study proved a marked increase in the knowledge level of the caretakers after the intervention.

A descriptive study of behavioral problems in school going children conducted by department of psychiatry, Command hospital in 2017. About 22.7% of children showed behavioral, cognitive, or emotional problems. Additional screening and evaluation tools pointed toward a higher prevalence of externalizing symptoms among boys than girls. Five hundred children aged 6–18 years were randomly selected from a government school in Kanpur, Uttar Pradesh, and assessed for cognitive, emotional, or behavioral problems using

standardized tools.

A descriptive cross sectional study was carried out on 350 preschool children aged 3 to 6 years. In the field area 6 anganwadi schools, 6 english medium nursery schools and 5 marathi medium nursery schools were used and by simple random sampling 20 preschool children from each centre were selected. 24% of children in the study had behavior problems. The prevalence is more among children in 3.1-4 yrs of age group (47.14%). The prevalence of behavior problems was higher among boys (63.1%).The prevalence of behavioral problems was higher in children belonging to Class II & Class III socio economic status (54.7%). The prevalence of behavior problem was higher in children belonging to a nuclear family (69.04%).

Methods:

- **Study Design and Approach:** A quantitative, pre-experimental study utilizing a one-group pre-test post-test design was conducted to assess the impact of the educational intervention.

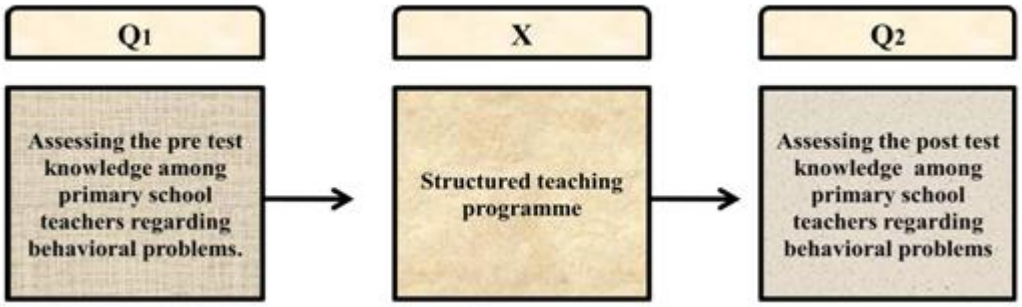
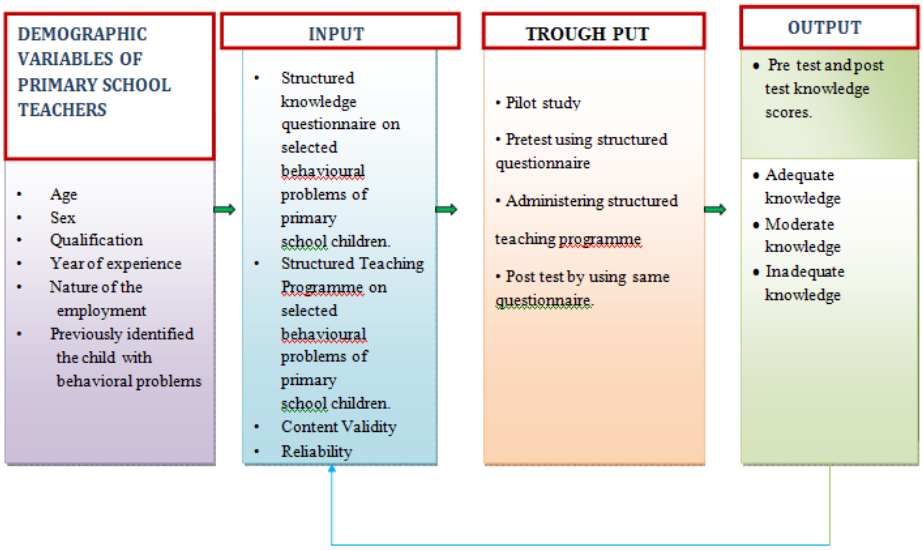


Figure 1.1: The schematic representation of Research design

- **Setting and Participants:** The study was conducted in two private schools in Sultanpur, Utter Pradesh: Sun International School (Bhoyen) and Indian Public School (Vaisnav Nagar). A sample of 40 primary school teachers (teaching standards 1st to 5th) was selected using a purposive sampling technique. Inclusion criteria specified female teachers currently working in the selected schools who were willing to participate. Teachers who had attended similar training previously or were unavailable during the data collection period were excluded.
- **Tool:** A self-developed structured knowledge questionnaire was used. Section A collected demographic data (age, sex, qualification, years of experience, nature of employment, prior identification of behavioral problems). Section B contained 30 multiple-choice questions assessing knowledge about various aspects of childhood behavioral problems. Each correct answer was scored one mark, with a maximum possible score of 30. Knowledge was categorized based on scores: Inadequate (1-10), Moderately Adequate (11-20), and Adequate (21-30). The tool's content validity was established by five experts (psychiatric nursing and psychiatry). Reliability was assessed during a pilot study using the Spearman-Brown split-half method, yielding a high reliability coefficient of +0.98.
- **Intervention:** The intervention consisted of a Structured Teaching Programme (STP) developed by the researcher based on literature review and expert consultation. It provided systematic information on the definition, classification, etiology, risk factors, symptoms, diagnostic evaluation, treatment modalities, teacher's role, and behavior modification techniques related to common childhood behavioral problems [cite: 537, 715, 719-826]. The STP was delivered using PowerPoint presentations over approximately four sessions, each lasting about 45 minutes, allowing for interaction and clarification of doubts.

- **Pilot Study:** A pilot study involving 8 teachers from the same settings was conducted prior to the main study (May 9-21, 2022) to assess the feasibility of the methodology and the reliability of the tool. Findings indicated the study was feasible.
- **Data Collection:** Following ethical approval and obtaining written informed consent from participants, the pre-test questionnaire was administered. The STP was then conducted. The post-test was administered using the same questionnaire 14 days after the completion of the STP. The main data collection period was from June 1, 2022, to July 23, 2022. Confidentiality was maintained throughout.
- **Data Analysis:** Data were analyzed using descriptive statistics (frequency, percentage, mean, standard deviation) and inferential statistics. The effectiveness of the STP was evaluated by comparing pre-test and post-test knowledge scores using a paired t-test. The association between post-test knowledge scores and demographic variables was assessed using the Chi-square (X^2) test. Statistical significance was set at $p<0.05$.



- **Fig-1.2 conceptual framework based on general system theory by ludwig von bertalanffy, (1968)**

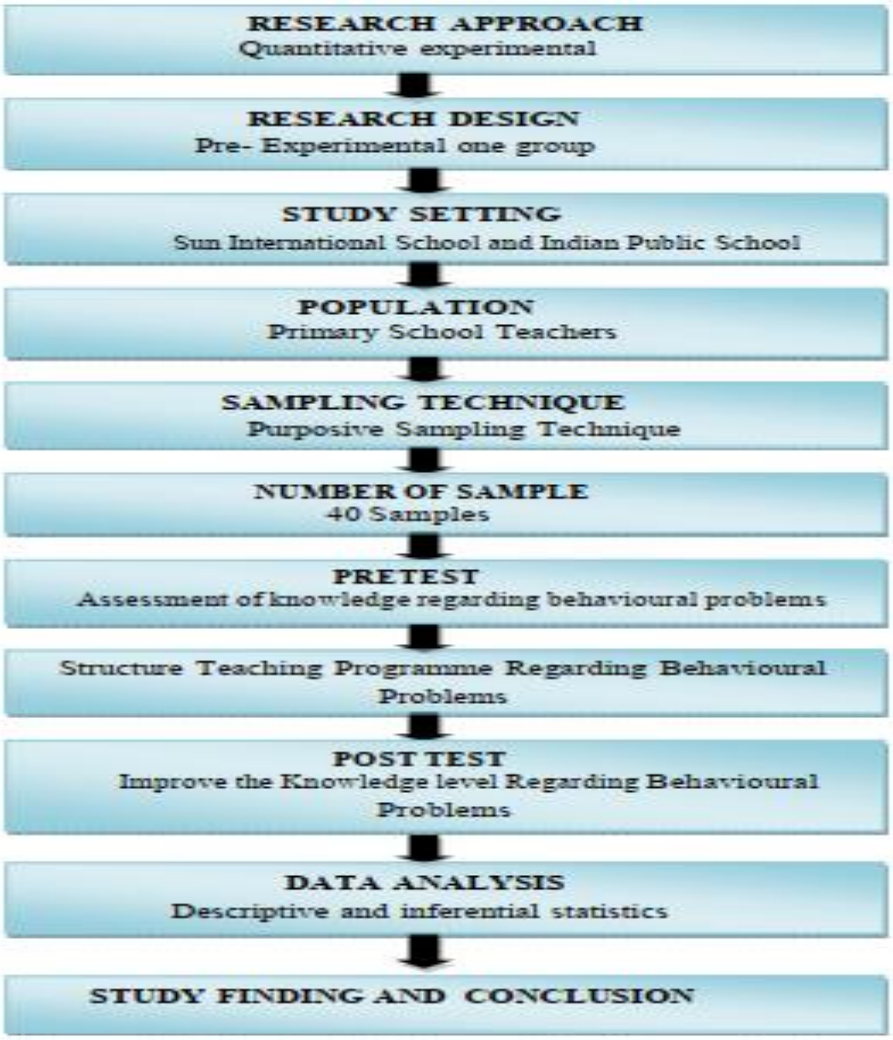


Fig: 1.3 schematic representation of researchmethodology

Results:

- Participant Characteristics: All 40 participating teachers were female. The largest age group was 26-30 years (53%). Most held a B.Ed qualification (65%). A significant proportion (48%) had less than 3 years of teaching experience. The majority were temporary employees (70%). Notably, 65% reported having no prior experience identifying a child with behavioral problems.

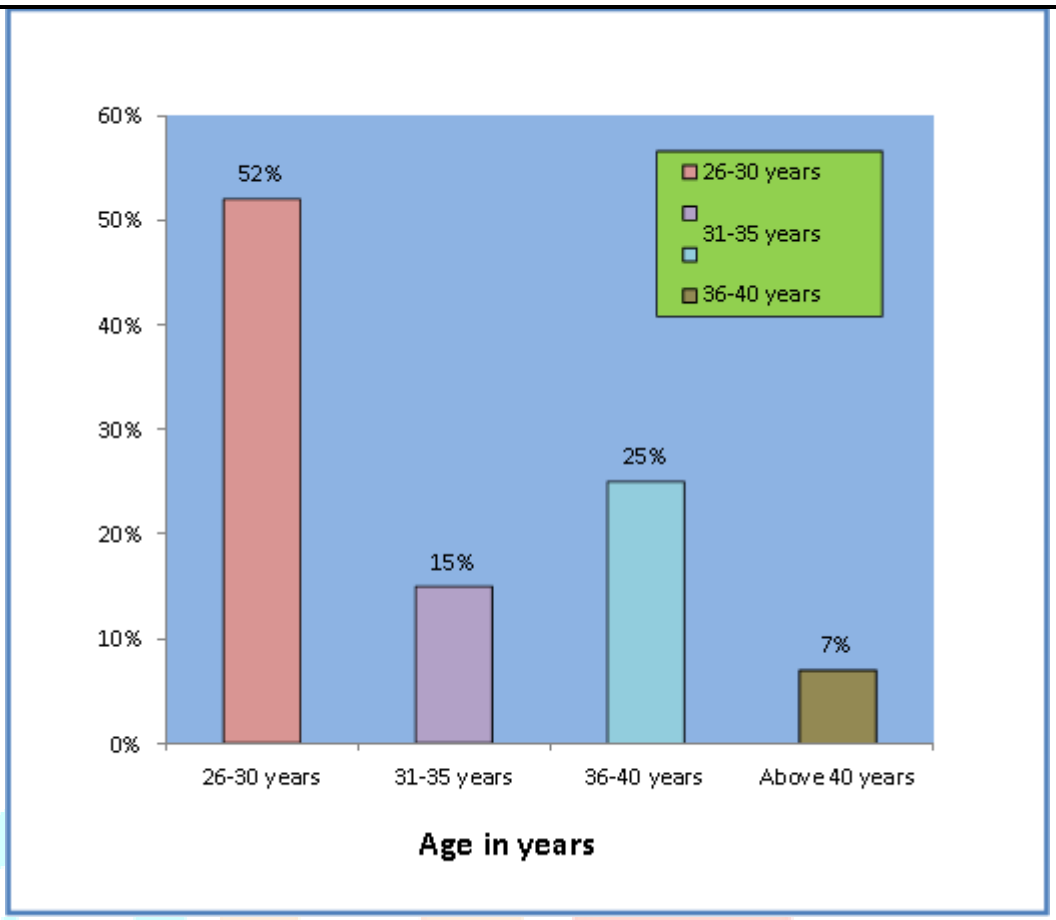


Fig 1.4 Bar diagram shows the frequency and percentage distribution ofschool teachers with age in years.

The given bar chart reveals that with regard to the distribution of age of schoolteachers, 21 (52.5%) belongs to 26-30 years, 6 (15%) belonged to 31-35 years 10(25%) were belongs to 36-40 years, 3 (7.5%) belonged to <40 years.

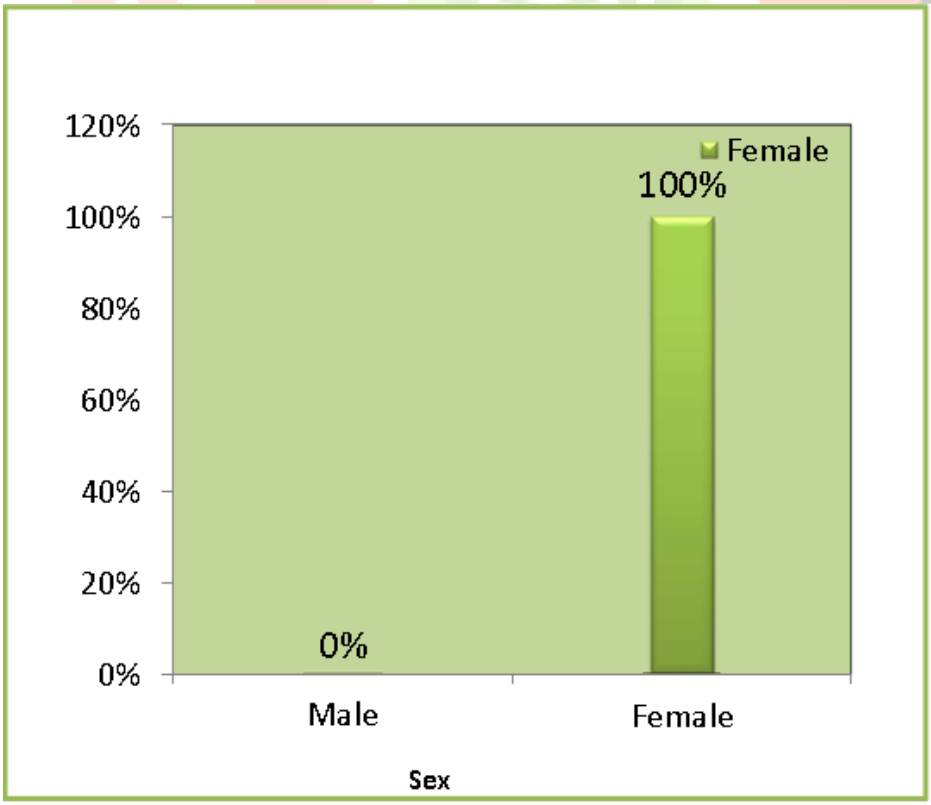


Fig: 1.5 Bar diagram shows the frequency and percentage distribution ofschool teachers with sex.

This bar diagram shows that while considering the sex of all primary schoolteachers who had participated in this study 40 (100%) were female.

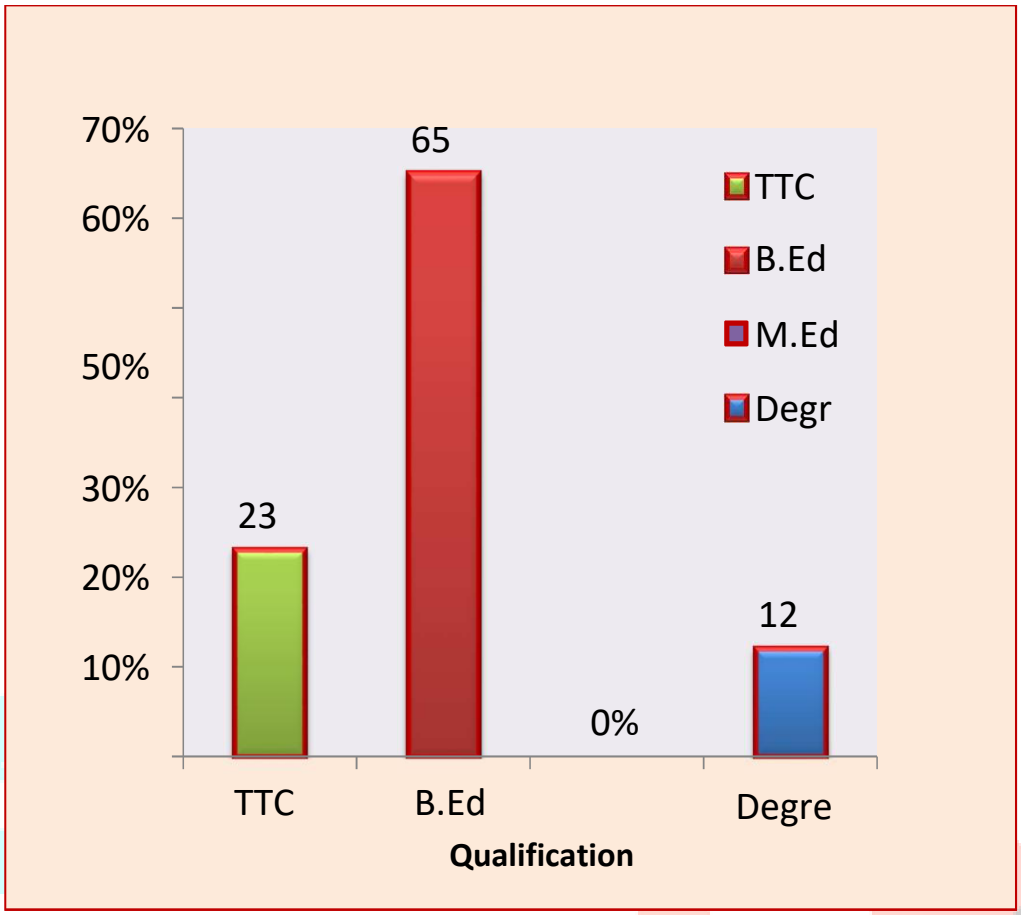


Fig: 1.5 Bar diagram shows the frequency and percentage distribution of school teachers with educational qualification.

This bar chart shows that about qualification of teachers 9 (22.5%) teachers were completed TTC, 26 (65%) were completed B.Ed, and 5 (12.5%) were completed degree.

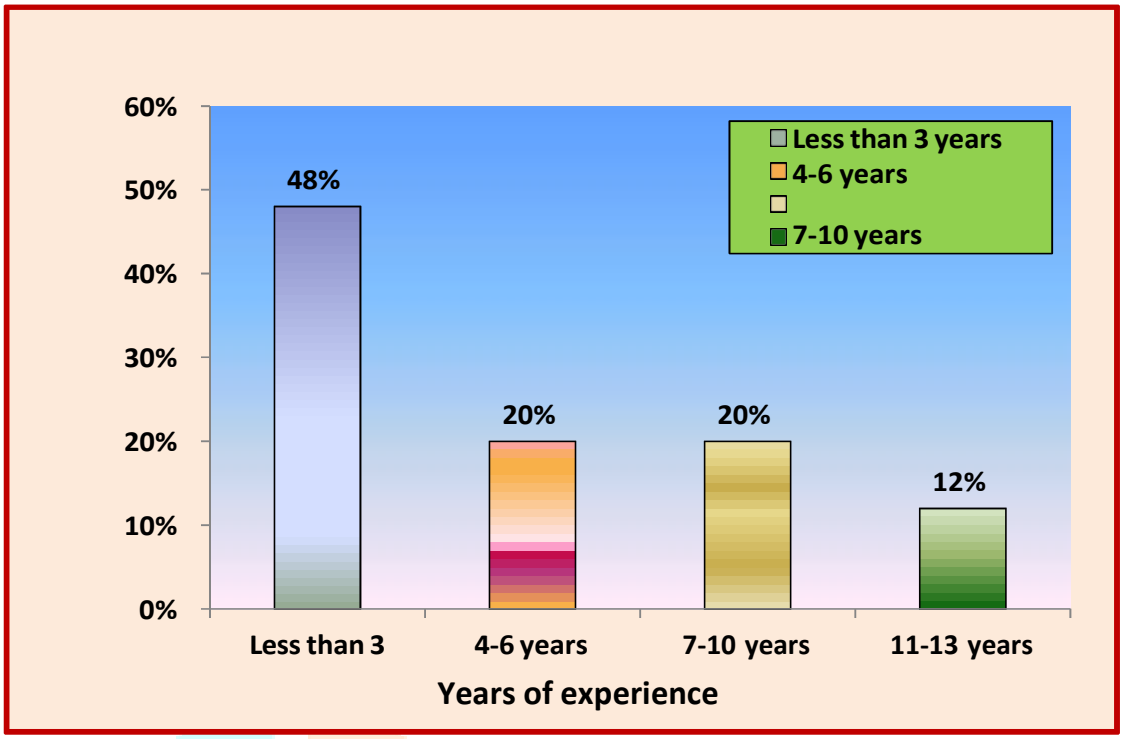


Fig: 1.6 Bar diagram shows the frequency and percentage distribution ofschool teachers with years of experience.

Looking to the years of experience, this bar char shows that 19 (47.5%) werehaving below 3 years of experience, 8 (20%) were having 4 bytes of experience, 8 (20%) were having 7-10 years and 5 (12.5%) were having 11-13 years of experience.

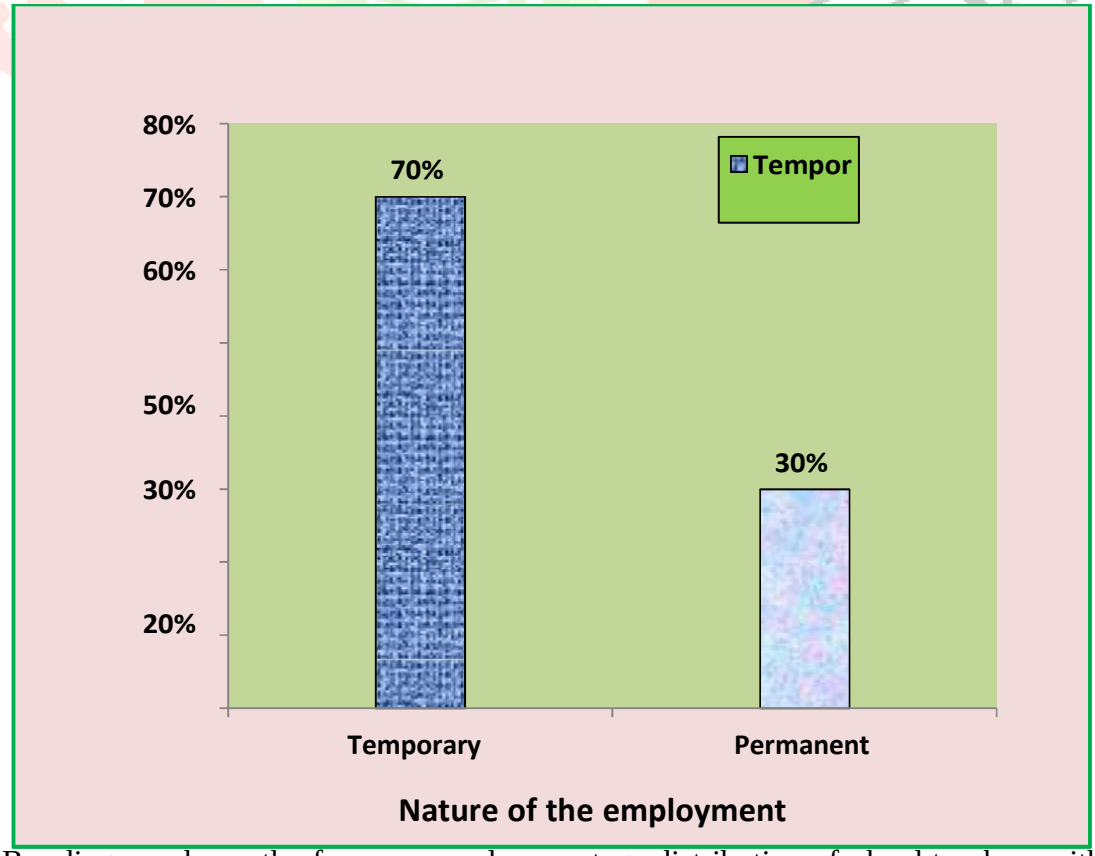


Fig: 1.7 Bar diagram shows the frequency and percentage distribution ofschool teachers with nature of

the employment.

In the nature of employment the bar diagram reveals that 28(70%) of the teachers are temporary and 12(30%) of the teachers are permanent employeesof the school.

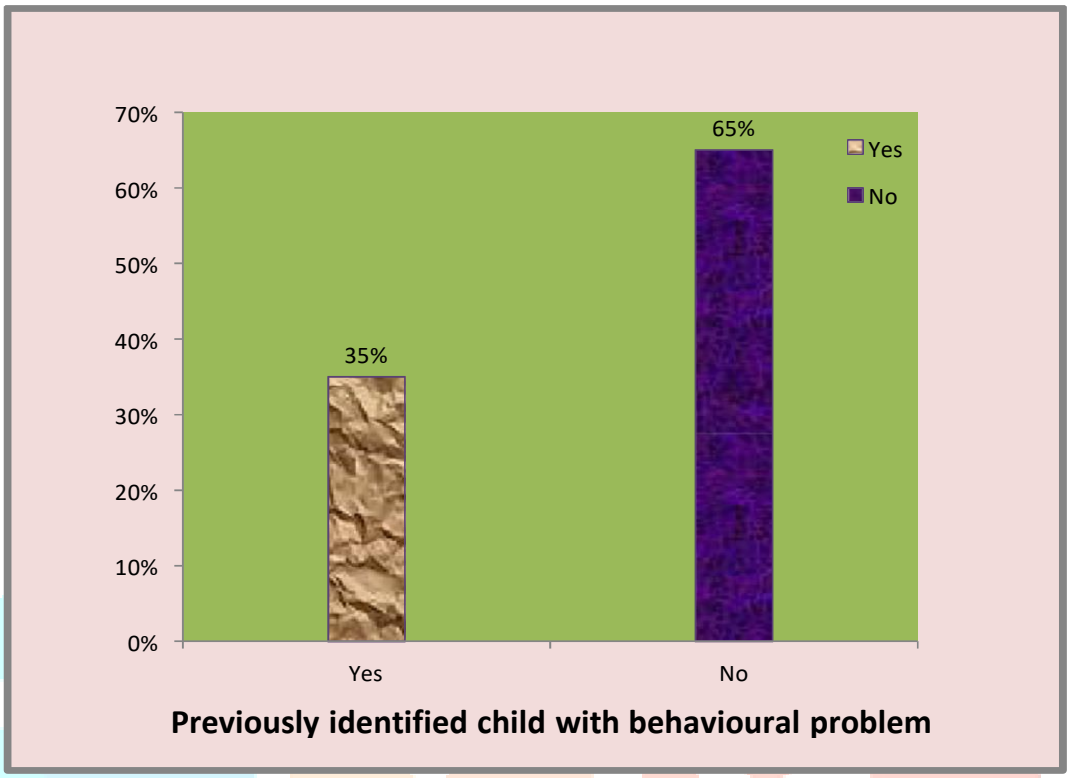


Fig: 1.8 Bar diagram shows the frequency and percentage distribution of school teachers with previously identify children with behavioral problems.

This bar diagram explains with regard to the teachers who previously identified the child with behavioral problems were 14 (35%), and 26 (65%) teachers did not previously identify children with behavioral problems.

- Knowledge Scores and Levels: The STP led to a substantial and statistically significant improvement in teachers' knowledge. The mean knowledge score rose from 14.00 (SD 3.72) in the pre-test to 25.29 (SD 3.12) in the post-test. The paired t-test value was 14.02 ($p<0.05$), confirming the effectiveness of the intervention. Before the STP, knowledge was predominantly moderate (87.5%), with only 5% scoring in the adequate range. After the STP, 90% of teachers achieved adequate knowledge scores, and none remained in the inadequate category.

n=40

Level of Knowledge	Inadequate		Moderately adequate		Adequate	
	F	%	F	%	F	%
Pre test	**3**	**7.5**	**35**	**87.5**	**2**	**5**
Post test	0	0	4	10	36	90

- Association with Demographics: Analysis revealed a statistically significant association between higher post-test knowledge scores and teachers' age ($X^2=8.55$, $p<0.05$) and having previously identified a child with behavioral problems ($X^2=4.02$, $p<0.05$). No significant association was found between post-test knowledge scores and qualification, years of experience, or nature of employment.

Discussion:

The findings clearly indicate that the Structured Teaching Program was highly effective in enhancing the knowledge base of primary school teachers regarding the early detection of behavioral problems among schoolchildren. The significant increase in mean scores and the dramatic shift from moderate to adequate knowledge levels post-intervention strongly support the utility of such focused educational initiatives. This aligns with the need identified in literature and reports (e.g., NIMHANS) for school mental health programs and specific teacher training, and corroborates findings from other studies demonstrating the positive impact of planned teaching on teacher knowledge in this area.

The association finding suggests that older teachers and those with prior experience identifying behavioral issues may have benefited differently or retained information more effectively from the STP, although the reasons require further exploration. The lack of association with formal qualifications (like B.Ed) or overall years of service suggests that general teacher preparation or tenure may not sufficiently cover this specialized area, highlighting the added value of targeted in-service training like the STP.

Several limitations must be considered when interpreting these results. The pre-experimental one-group design lacks a control group, making it impossible to rule out the influence of extraneous factors (e.g., history, maturation, testing effects, external information sources like mass media) on the observed knowledge gain. The use of purposive sampling and the relatively small sample size (N=40) drawn from only two schools limit the generalizability of the findings to other populations or settings. The study was also limited to assessing knowledge; changes in attitudes or actual classroom practices were not measured.

Conclusion:

This study concluded that the implemented Structured Teaching Program significantly improved knowledge regarding the early detection of behavioral problems among participating primary school teachers. Teachers' age and prior experience with identifying such problems were found to be associated with post-intervention knowledge levels. The findings strongly support the use of focused educational programs to empower teachers in promoting student mental health.

Recommendations:

Based on the study, the following recommendations are proposed:

- **For Practice:** Integrate regular, structured training on child behavioral health into teacher professional development programs and school health initiatives. Utilize various teaching methods and materials (pamphlets, media) to enhance knowledge dissemination. Foster collaboration between teachers, parents, and mental health professionals.
- **For Education:** Nursing and teacher training curricula should adequately cover child behavioral problems and emphasize practical application. Nurse educators can use STPs as an effective teaching strategy.
- **For Administration:** School and nursing administrators should support and facilitate such training programs, formulate relevant policies, and provide resources (e.g., guidance, counseling access, educational materials).
- **For Research:** Conduct further research using more robust designs (e.g., quasi-experimental with a control group or RCTs) and larger, diverse samples to strengthen the evidence base. Future studies should also assess the impact on teacher attitudes, self-efficacy, and behavioral practices (e.g., classroom management, referral patterns). Comparative studies (e.g., urban vs. rural) are warranted

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