



# A Study To Assess The Knowledge Regarding Early Identification And Management Of Conduct Disorder In Children Among Primary School Teachers At Selected Schools Of Jaipur, Rajasthan With A View To Develop An Information Booklet

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## ABSTRACT

**Conduct Disorder** (CD) is a serious behavioral and emotional disorder in which children or adolescents consistently exhibit behaviors that violate societal norms, the rights of others, and the expectations of their family and school. The diagnostic criteria for Conduct Disorder are outlined in both the **DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, 4th edition)** and the **DSM-5 (5th edition)**,

**OBJECTIVES:-**1 To assess the knowledge regarding early identification and management of conduct disorder in children among primary school teachers at selected schools of Jaipur.2. To find out the association between the knowledge regarding early identification and management of conduct disorder in children among primary school teachers at selected schools of Jaipur and their selected demographic variables.

3. To develop an information booklet regarding early identification and management of conduct disorder

## METHODOLOGY

a quantitative research approach with a descriptive research design was a structured knowledge questionnaire was used to assess the knowledge regarding early identification and management of conduct disorder among primary school teachers total Enumerations sampling technique was use to select the subject which include a sample of 100 primary school teachers

## RESULTS

The data was analysed by both descriptive and inferential statistics. The result showed that, most of the participants have 22% (22) teachers have good knowledge, 32% (32) have average knowledge and 46% (46) have poor knowledge regarding conduct disorder. The computed chi-square test revealed that, the socio-demographic variables, education qualification, professional qualification, teaching experience were significantly associated with knowledge at a 0.05 significance.

The calculated chi-square test also revealed that, the socio-demographic variables Age, gender, number of children, marital status, previous training attained were not significantly associated with knowledge at a 0.05 significance level regarding early identification and management of conduct disorder.

Keywords:- Conduct Disorder, Children, assessment

## INTRODUCTION

***“EVERY CHILD BEHAVIOR IS TELLING US SOMETHING. OUR JOB IS TO SEE THE BEHAVIOR AS INFORMATION NOT AGGRAVATION.”***

### 1.1 BACKGROUND OF THE STUDY

In 1968 the term conduct disorder was first used in the Diagnostic and Statistical Manual of Mental Disorder (DSM-II) drawn up under the auspices of the American Psychiatric Association (APA). In 1977–1978, the term was taken up by the World Health Organization (WHO) in its updated International Classification of Diseases (ICD-9).

A defines the disorder as "A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of three (or more) of the following criteria in the past 12 months, with at least one criterion present in the past 6 months." Symptoms are broken down into four broad categories:

Conduct disorders are a diagnostic category within medicine. There are two diagnostics Manual used by the mental health services: The World Health Organization (WHO) that publish The International Classification of Diseases (ICD) and the American Psychiatric Association (APA) that publish the Diagnostic and Statistical Manual (DSM). The first clinical diagnosis of conduct problems appeared in 1968 in DSM-II and in 1969 in ICD-8 under the name "Behavior disorders of childhood". In 1980 the disorder separated in DSM -III into two different diagnoses, Oppositional Defiant Disorder and Conduct Disorder to distinguish between two different clusters of symptoms.<sup>[1]</sup>

The essential features of Conduct Disorder are concentrated around the violation of basic rights of others or major age-appropriate societal norms. The behavior can be grouped into four main categories that together make up the diagnostic criteria: Aggressive behavior that may cause or threatens to physical harm other people or animals, behavior causing loss or damage to property, deceitfulness or theft, and serious violations of rules. The behavior must have been evident for at least 12 months and cause significant impairment in daily living (APA 1994).<sup>[1]</sup>

**American Psychiatric Association, 2013-** The DSM-5 indicates that risk factors for Conduct Disorder are under controlled temperament, low verbal IQ, parental rejection and neglect, other forms of child maltreatment, including sexual abuse, and inconsistent parenting. There are numerous other risk factors that have been identified. A parental history of ADD/ADHD and conduct disorder is also identified as a risk factor

as is parental drug and alcohol abuse and dependence (Haber, Bucholz, Jacob, Grant, Scherrer, Sartor, Duncan, & Heath, 2010).

Parental overindulgence has also been increasingly identified as a risk factor due to the development of a sense of entitlement, lack of concern for others, self absorption unrealistic expectations, and frustration when these expectations are not delivered (Fogarty, 2009). Neurological malfunction in the amygdala and the orbito-frontal cortex are implicated in the clinical manifestations of Conduct Disorder. The inability to self regulate combined with a more activated fear/anger center is an alignment for the production of dysregulated behavior (Finger, Marsh, Blair, Reid, Sims, Ng, Pine, & Blair, 2011).

Lack of economic opportunity is frequently cited in the criminal justice literature as a cause of delinquency, as well as parental criminality, and youths having unoccupied/unsupervised time. However, neo- classical criminology theorist Samenow (2004) argues that many youths grow up under adverse circumstances, and do not engage in delinquent/Conduct Disordered behavior, but make more pro-social choices despite adversity. Delinquency is therefore a rational, though maladaptive and dysfunctional choice, arrived at through active rejection of education, parental/societal values, and legitimate employment opportunities (Samenow, 2004).

One of the problems that has effects on children and was widely considered by clinicians and psychologists, is conduct disorder. Conduct Disorder is a sustainable collection of behaviors that forms over time and often"characterized by aggression and violate regarding the rights of others (Saduk & Saduk, 2007;

Rezaei, et al., 2011 Children and adolescents with this disorder insist in the refusal of the rules at home, school or community and are inconsistent in school and disobey from the orders of authorities, and have many destructive behaviors.[2]

In worldwide, the prevalence rate of behavioral disorders is 16% and 12.3% conduct disorder, 9.6% attention deficit hyperactivity disorder, 8.4% emotional disorders, 0.5% scholastic prevalence rate of behavioral problems is 43.1% and 14.5% conduct disorder, 29.7% attention deficit hyperactivity disorder, 12.5% emotional disorder, 7.1% scholastic disorders, 2% adjustment disorder, 9.5% pervasive developmental disorder.<sup>[3]</sup>

**Sharma N and. Singh S.**2004 undertook a study assess the effectiveness of structured teaching program on knowledge regarding selected behavioral disorders of primary schoolchildren among primary school teachers In the current investigation, Quantitative research approach and Pre experimental research design was utilized to assess the adequacy of structured teaching program 300 primary school teacher

selected by non-probability convenient sampling method. Majority of the respondents (95%) had scores underneath 18 and just 5% had scores between 19-23 and none of them had scores over 23 in pre-test. Whereas majority of subjects (91.66%) had scores going between 24-30 in post-test while in the pre-test none of them had scored over 23. The mean improvement in knowledge score was 11.74. The calculated paired t value was  $t = 29.088$  was found to be statistically significant at  $P < 0.001$  level.[4]

Conduct disorder presents a significant burden to developing adolescents and has tremendous impact on their future well-being while developing into an adult. The onset may occur as early as the preschool years but the first significant symptoms usually emerge during the period from middle childhood through middle adolescence. Global disease burden estimate reveals that approximately 51 million are affected by conduct disorder as of 2013. Conduct disorder ranks 29th in mean years lived with disability score among all the diseases (acute or chronic) globally<sup>12</sup>. The general population prevalence varies from 1.5-20 % depending on the method of data collection, time frame of study and the study site. According to DSM-5, the average prevalence is about 4% with range of 2-10%. According to the CDC surveillance report on mental health among children between 3-17 years of age, the parental report of behavioral issues or conduct problems was found to be 3.5 %. It is clear that the prevalence varies depending upon the country, population type and the type of method used. Prevalence estimates from literature shows higher proportion of conduct disorder among males as compared to females Male to female ratio varies from 3:1 to 5:1, however, in the adolescence the difference in the ratio decreases<sup>2</sup>. The prevalence of conduct disorder also appears to vary with race and ethnicity. In a very interesting study done by Goodman et al<sup>1</sup> using clinician-rated DAWBA (Development and Well-Being Assessment) questionnaire, researchers found that the prevalence of all mental health disorders was low in Indian population as compared to White population. The prevalence of behavioral disorder was noted to be 1.4 % in Indian children as compared to 5.3 % in White children with odds ratio of 3.98. These differences may suggest actual differences in definition, conceptualization and management.<sup>[5]</sup>

#### **PROBLEM STATEMENT: -**

**“A Study To Assess The Knowledge Regarding Early Identification And Management Of Conduct Disorder In Children Among Primary School Teachers At Selected Schools Of Jaipur, Rajasthan With A View To Develop An Information Booklet.”**

#### **OBJECTIVES:-**

1. To assess the knowledge regarding early identification and management of conduct disorder in children among primary schools of Jaipur.
  2. To find out the association between the knowledge regarding early identification and management of conduct disorder in children among primary schools of Jaipur and their selected demographic variables.
- To develop an information booklet regarding early identification and management of conduct disorder.

## OPERATIONAL DEFINITIONS:

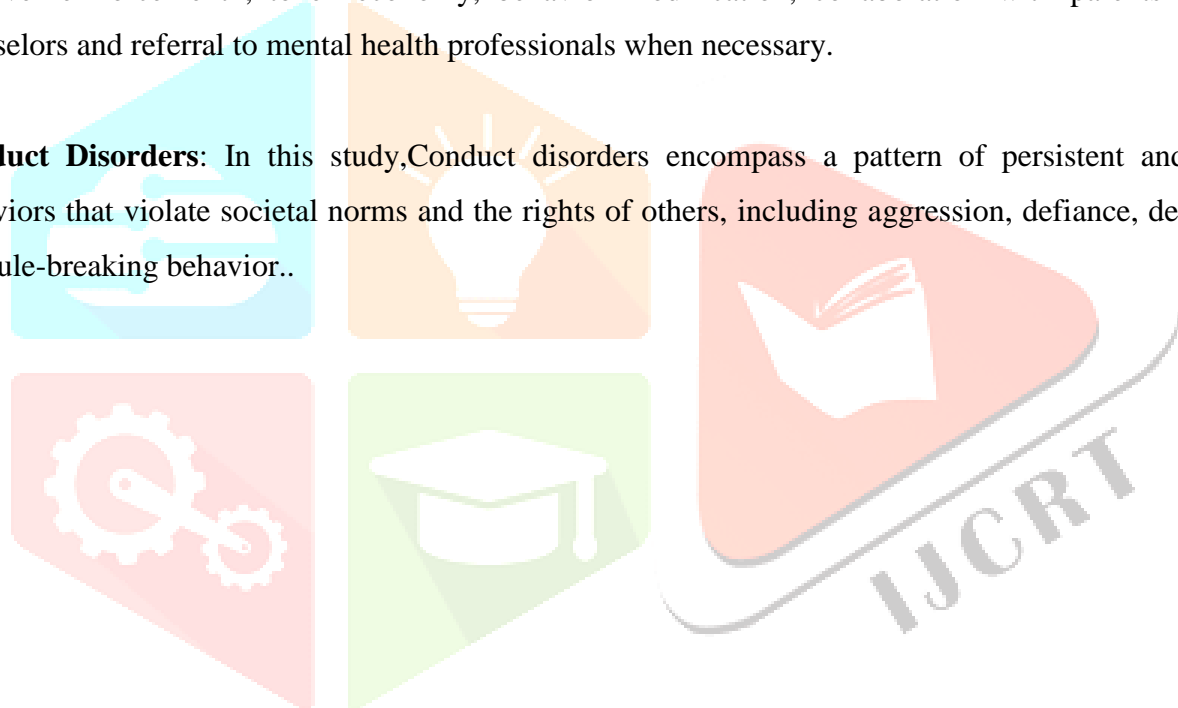
**Assess:** In this present study refers to the statistical measurement of the level of knowledge regarding conduct disorder with the help of structure questionnaire measured in terms of obtained scores.

**Knowledge:** In this study, "knowledge" refers to the understanding and awareness that primary school teachers possess about the early signs, symptoms, and management strategies for conduct disorders in children measured in terms of obtained scores.

**Early Identification:** In this study "Early identification" refers to the process by which primary school teachers can recognize and detect the early signs and symptoms of conduct disorders in children as soon as possible at the initial stage. Like behavioral patterns, emotional indicators, and social interactions that may suggest a child is at risk of developing a conduct disorder.

**Management:** In this present study "Management" involve teaching social skills , anger management and positive reinforcement , token economy, behavior modification, collaboration with parents and school counselors and referral to mental health professionals when necessary.

**Conduct Disorders:** In this study, Conduct disorders encompass a pattern of persistent and repetitive behaviors that violate societal norms and the rights of others, including aggression, defiance, deceitfulness, and rule-breaking behavior..



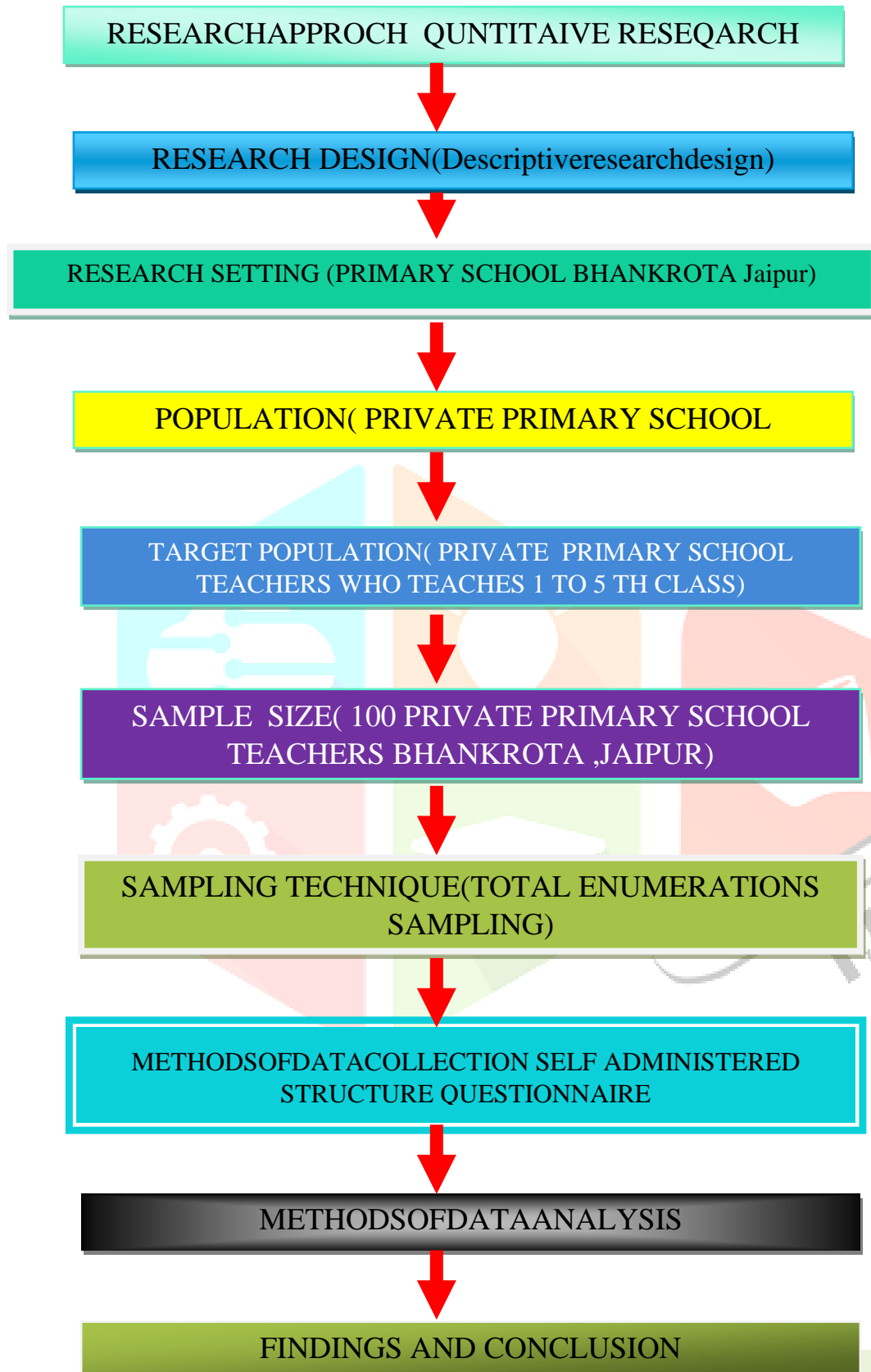
**RESEARCH METHODOLOGY**

Figure No :-2. Schematic presentation of research design

## RESULT

The collected data have been edited, tabulated, analyzed, interpreted and the findings obtained were presented in the form of tables, and diagrams represented under the following sections:

<b>Section-A</b>	Frequency and percentage distribution of demographical Variables among primary school teachers
<b>Section- B</b>	Frequency and percentage distribution of level of knowledge regarding early identification and management of conduct Disorder among primary school teachers
<b>Section-C</b>	Mean, mean percentage, median, mode, and standard deviation according to the level of knowledge score regarding early identification and management of conduct disorder among primarySchool teachers
<b>Section-D</b>	Association of level of knowledge regarding identification and Management of conduct disorder among primary school teachers with their selected demographical variables.

### SECTION-A

#### FREQUENCY AND PERCENTAGE DISTRIBUTION OF SOCIO-DEMOGRAPHIC VARIABLES OF PRIMARY SCHOOL TEACHERS

This section deals with the distribution of participants according to the socio demographical variables selected for analysis in the study: age, gender marital status numbers of children, educational qualification professional qualification working experience and attended any training pr. Data was analyzed using descriptive statistics and summarized in terms of frequency and percentage.

**TABLE-2 Frequency and percentage distribution of socio-demographic variables of primary school teachers**

(N=100)

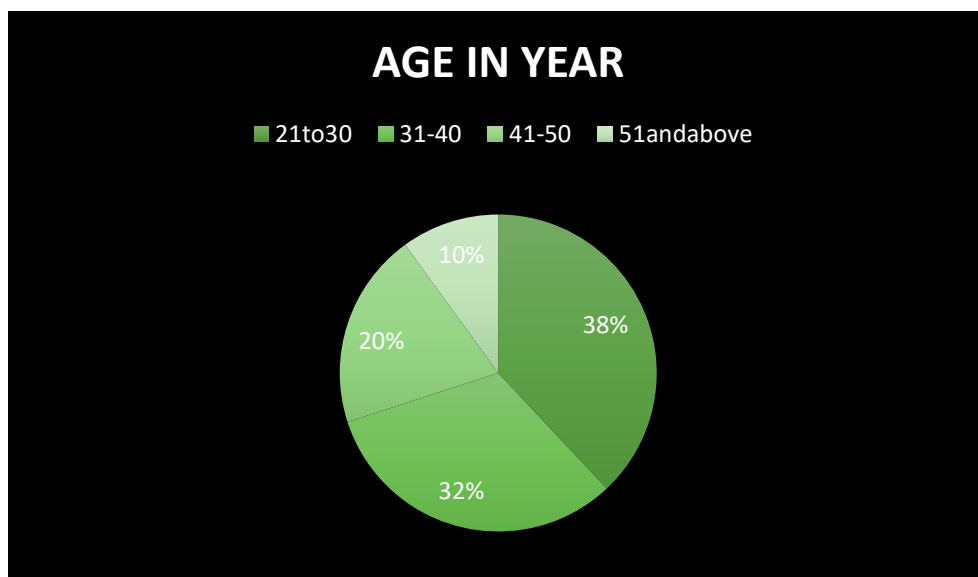
S.N.	Socio Demographic Variables	Categories	Frequency (F)	Percentage (%)
1.	Age (in years)	21 To 30	38	38
		31 - 40	32	32
		41 - 50	20	20
		51 and above	10	10
2.	Gender	Female	70	70



		Male	30	30
3.	Marital Status	Married	60	60
		Unmarried	35	35
		Divorce/separate	5	5
4	Educational qualification	Senior secondary	25	25
		Ug	40	40
		PG	26	26
		M.phill /p.hd	9	9
5	Professional qualification	BSTC	45	45
		B.ED	40	40
		M.ED	10	10
		D.EL.ED	5	5
6	Teaching experience	Upto1year	25	25
		2to3year	30	30
		4to5year	30	30
		Morethan5year	15	15
7.	Any Previous training attained	Yes		
		No		
8.	Number of children	0		
		1		
		2		
		More than 2		

### 1. FREQUENCY AND PERCENTAGE DISTRIBUTION TO THE PRIMARY SCHOOL TEACHER ACCORDING TO AGE

N = 100



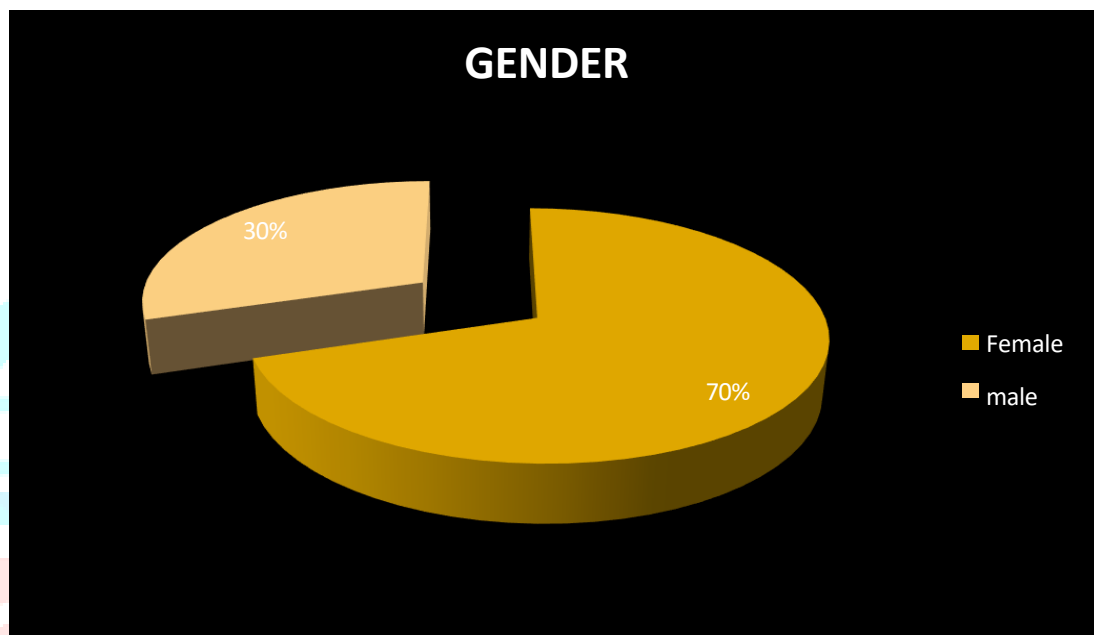


**FIG-3 frequency and percentage distribution according to the primary school teacher**

Table no 2. fig no. 3 clearly reveals that majority of primary school teachers were found to be 38 is (38%) teachers belong to the age range 21-30 years where only 10(10%) are belong to the age range. Notably 32(32%) primary school teachers are belong to age range 31- 40 year.

## 2. FREQUENCY AND PERCENTAGE DISTRIBUTION TO THE PRIMARY SCHOOL TEACHER ACORDING TO THE GENDER

N=100

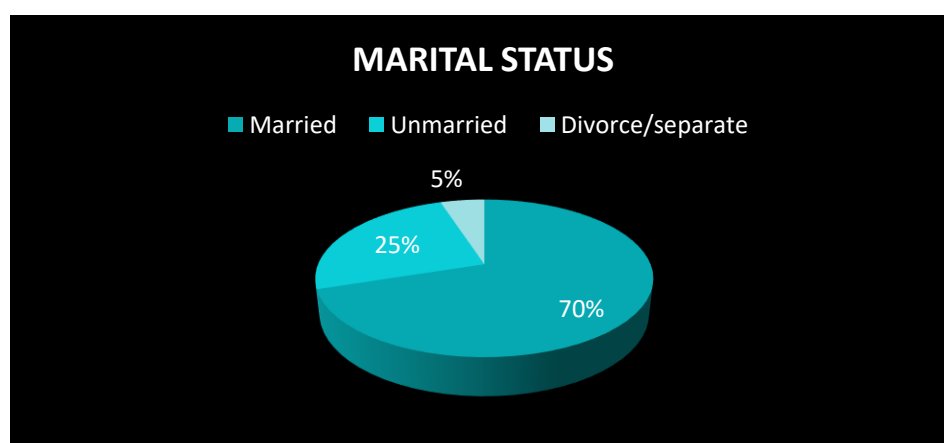


**Fig-4Frequency and Percentage Distribution Of Primary School Teachers According To Gender**

Table n.2 .fig n. 4Clearly reveals that majority{70}70% of teachers are belong to the female category where only { 30 } 30%teachers are belong to the male category

## 3. FREQUENCY AND PERCENTAGE DISTRIBUTION ACCORDING TO THE PRIMARY SCHOOL TEACHER

N -100

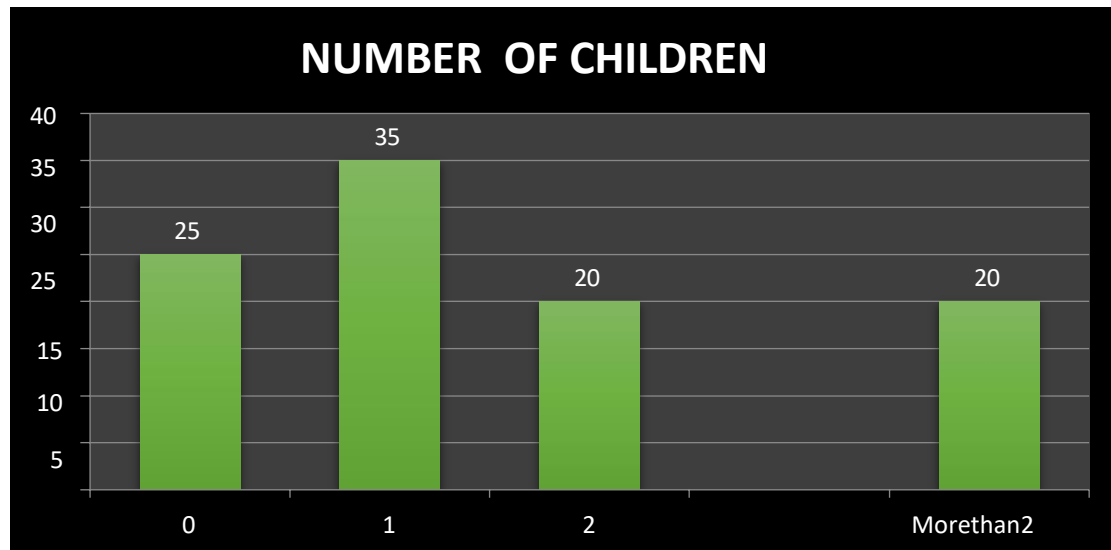


## FIG-5 Frequency and Percentage Distribution To The Primary School Teachers According To their Marital Status

Table n. 2. fig n -5 clearly reveals that marital status of primary school teachers 70 (70%) of teachers were married ,Where(only 5) 5%teacher are reported being divorce/ separate category

### 4. FREQUENCY AND PERCENTAGE DISTRIBUTION ACCORDING TO THE PRIMARY SCHOOL TEACHER

N=100

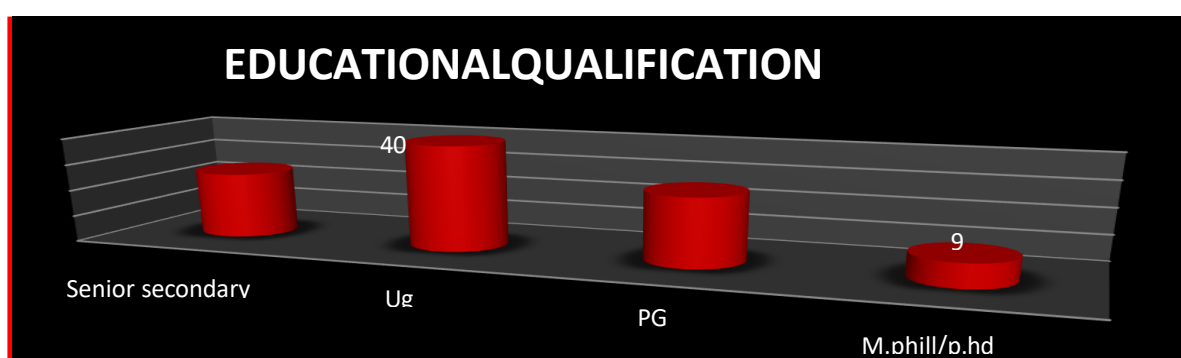


**Fig-6 frequency to the primary school teachers according to the number of children**

Table n. 2.fig n . 6 clearly reveals that number of children of primary school teachers who have participated in The main study. In this study, the majority of 35 (35%) of teachers having 1 children and only (20)20.% teachers are having 2 more than 2 children , notably 20% (20) teachers are having 2 child

### 5. FREQUENCY AND PERCENTAGE DISTRIBUTION ACCORDING TO THE PRIMARY SCHOOL TEACHER

N =100



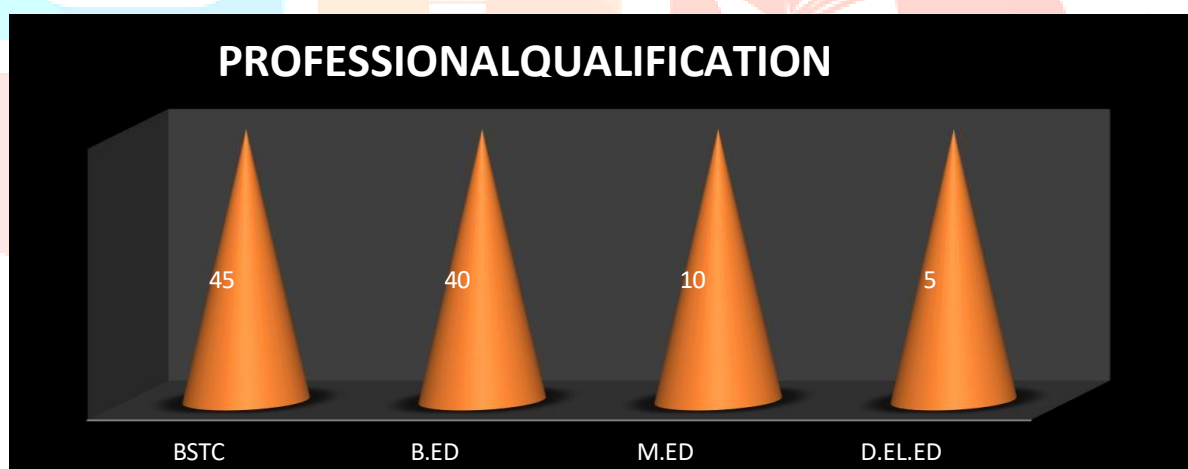
	Seniorsecondary	Ug	PG	M.phill/p.hd
■ Series 1	25	40	26	9

**Fig-7 frequency and percentage distribution to the primary school Teachers according to their educational qualification**

Table n. 2.fig n .7 Educational qualifications reveals that the majority 40 (40%%) of the primary school teachers were graduate , whereas 25 (25 %) of primary school teachers had up to senior secondary education, 26 (26 %) of primary school teachers were post graduated and least 9(9%)of the primary school teachers are belonged to the M.phill/p.hd category.

#### **6. FREQUENCY AND PERCENTAGE DISTRIBUTION ACCORDING TO THE PRIMARY SCHOOL TEACHER**

**N=100**

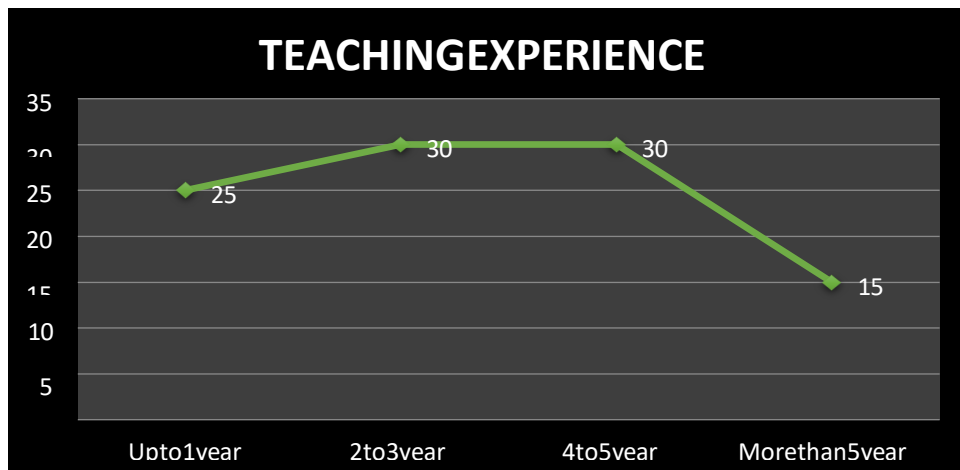


**Fig 8 Frequency and percentage distribution to primary school teachers according to the professional qualification**

Table n 2. fig n. 8 clearly reveals that majority{45% }45 of teachers are holding to the B.ED degree where only(5)5% teachers are holding to the D..ED..ED diploma notably 40 (40 %) teachers are holding B.ED degree.

#### **TABLE NO 2. FREQUENCY AND PERCENTAGE DISTRIBUTION ACCORDING TO THE PRIMARY SCHOOL TEACHER**

**N=100**



**FIG-9** frequency and percentage distribution according to the primary school teachers according to teaching experience

Table n 2. fig n . 9 clearly reveals that majority 33(33)% of teachers are having 4-5 years of experience where (only 15 )15 teachers are having more than 5 year of teaching experience.

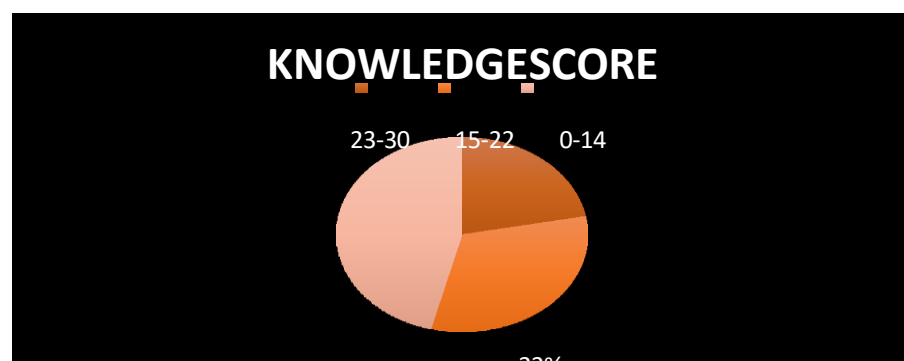
### SECTION-B

**TABLE -3**

**FREQUENCY AND PERCENTAGE DISTRIBUTION ACCORDING TO THE KNOWLEDGE LEVEL OF CONDUCT DISORDER AMONG PRIMARY SCHOOL TEACHERS**

(N=100)

LEVEL OF KNOWLEDGE	SCORE	FREQUENCY (F)	PERCENTAGE(%)
Good	23-30	22	22
Average	15-22	32	32
Poor	0-14	46	46
Max.score	100	100	100



**Table n 3 Fig n .9** frequency and percentage distribution according to the knowledge level of conduct disorder among primary school teachers.

Table 3 fig n.9 represents the frequency and percentage distribution of level of knowledge regarding conduct disorder among primary school teachers 22% (22) teachers have good knowledge, 32% (32) have average knowledge and 46% (46) have poor knowledge regarding conduct disorder.

### SECTION-C

**TABLE -4**

**mean, mean percentage, median, mode, and standard deviation according to the level of knowledge score regarding early identification and management of conduct disorder among primary school teachers**

**N =100**

S. N.	Area of knowledge	Max. Score	Mean	Mean Percentage (%)	Median	Mode	Standard Deviation
1	Introduction of conduct disorder	7	4.19	59.85	4	3	1.54
2	Risk of conduct disorder	6	2.81	36.33	3	3	1.27
3	Early identifications of conduct disorder	6	2.94	49	3	3	1.66
4	Management of conduct disorder	11	7.13	64.81	7	5	2.50
	TOTAL	30	17.07	56.9	16	14	4.12

Table n. 4 represent overall knowledge score showed that mean percentage of knowledge score of primary school teacher regarding early identification and management was 17.44% with mean and mean percentage 56.09 the mode and medium is 16 to 14 respectively and SD is 4.12.

Since the obtained mean median and mode are different to each other with standard Deviation 4.12 so the primary school teachers are found to be heterogeneous since term of their knowledge of primary school teachers

## SECTION-D

### **Association between knowledge score and selected demographic regarding conduct disorder among primary school teachers**

This section deals with the analysis and interpretation of the data collected to find out the association between knowledge score with their selected socio-demographic variables such as Age, gender, marital status, number of children, Education qualification, professional qualification, teaching experience.

A non-parametric chi square is used to describe the association between knowledge scores with their selected socio-demographic variables.

To find out the association between knowledge regarding conduct disorder among primary schools teachers at selected primary school Jaipur Rajasthan with their selected socio-demographic variables.

In order to find out the association between the knowledge regarding conduct disorder among primary school teachers and selected socio-demographical variables, the following hypotheses have been formulated:

**H1-** There will be a significant association between knowledge regarding early identification and management of conduct disorder in children among primary school teachers at selected schools of Jaipur and their selected demographic variables at 0.05 level of significance.

**H01-** There will be no significant association between knowledge regarding early identification and management of conduct disorder in children among primary school teachers at selected schools of Jaipur and their selected demographic variables at 0.05 level of significant

TABLE -5

Association between knowledge score and selected demographic regarding conduct disorder among primary school teachers

N - 100

Socio-Demographic Variables and Categories	Frequency(f)	Knowledge score			Calculate dChi-square( $\chi^2$ )	df	Tabulated value	LOS @ 0.05
		Good	Average	Poor				
Age (in year)								
21to30	38	8	10	20	4.2887	6	12.592	NS
31-40	32	8	9	15				
41-50	20	4	10	6				
51andabove	10	2	3	5				
Total	100	22	32	46				
Gender								
female	70	12	23	35	3.3673	2	5.991	NS
male	30	10	9	11				
	100	22	32	46				
Marital status								
Married	70	20	20	30	6.655	4	9.448	NS
Unmarried	25	1	10	14				
Divorce/Separated	5	1	2	2				
total	100	22	32	46				
Educational qualification								
Senior secondary	25	0	5	20	35.0631	6	12.592	S
Ug	40	8	20	12				
PG	26	8	4	14				
M.phill/p.hd	9	6	3	0				
total	100	22	32	46				
Professional qualification								
BSTC	45	5	15	25				
B.ED	40	15	15	10	25.2349	6	12.592	S
M.ED	5	1	2	2				



D.EL.ED	10	1	0	9				
	100	22	32	46				
Teaching experience								
Upto1year	25	7	3	15				
1to2year	30	7	13	10	21.2500	6	12.592	s
3to5year	30	7	10	13				
Morethan5year	15	1	6	8				
	100	22	32	46				

### N – SIGNIFICANCE

#### NS–NONSIGNIFICANCE

Table n. 5 clearly stated that The obtain chi square value for the association of knowledge score regarding early identification and management of conduct disorder among selected socio demographic variables that is age of primary school teachers

The obtained calculated chi-square ( $\chi^2$ ) value 4.28 is found to be lower than their respective tabulated values 12.59 and df 6 at 0.05 level of significance. This clearly indicates that the association between knowledge and socio- demographic variables age was not statistically significant but by chance therefore The researcher fails to reject the Null Hypothesis H<sub>0</sub>

So this means the age did not significantly influence of these knowledge score regarding conduct disorder among primary school teachers.

The obtain chi square value for the association of knowledge score regarding early identification and management of conduct disorder among selected demographic variables that is gender primary school teachers .

The obtained calculated chi-square ( $\chi^2$ ) 3.367 value is respectively found to be lower than their respective tabulated value 5.991 and df 2 at 0.05 level of significance. This clearly indicates that the association between knowledge and socio- demographic variables was not statistically significant but by chance therefore The researcher fails to reject the Null Hypothesis H<sub>0</sub>

So this means the gender did not significantly influence of these socio- demographic variables on knowledge regarding conduct disorder among primary school teachers .

The obtain chi square value for the association of knowledge score regarding early identification and management of conduct disorder among selected background variables that is marital status of primary

school teachers

The obtained calculated chi-square ( $\chi^2$ ) value (6.66) is respectively found to be lower than their respective tabulated values and df 4 at 0.05 level of significance. This clearly indicates that the association between knowledge and socio- demographic variables is not statistically significant but by chance therefore The researcher fails to reject the Null Hypothesis  $H_0$

So this means the marital status did not significance influence of these socio- demographic variables on knowledge regarding conduct disorder among primary school teachers

The obtain chi square value for the association of knowledge score regarding early identification and management of conduct disorder among selected background variables that is number of children of primary school teachers

The obtained calculated chi-square ( $\chi^2$ ) values 10.09 number of children is respectively found to be lower than their respective tabulated values 12.579 and df 6 at 0.05 level of significance. This clearly indicates that the association between knowledge and socio- demographic variables number of children is not statistically significant but by chance There for investigator fails to reject the Null Hypothesis  $H_0$

So this means the number of children did not significance influence of these socio- demographic variables on knowledge regarding conduct disorder among primary school teachers

The obtain chi square value for the association of knowledge score regarding early identification and management of conduct disorder among selected background variables that is Educational qualification of primary school teachers

The obtained chi-square ( $\chi^2$ ) value 35.06 is found to be greater than their respective tabulated value 12.592 and df 6 at 0.05 level of significance,

This clearly indicates that the association between knowledge and socio- demographic variables educational qualification is statistically significant not buy chance .Hence therefore the research hypothesis was accepted and the null hypothesis was rejected .

So this means educational qualification did significance influence on the knowledge regarding early identification and management of conduct disorder among primary school teachers.

The obtain chi square value for the association of knowledge score regarding early identification and management of conduct disorder among selected socio demographic variables that is professional qualification of primary school teachers

The obtained chi-square ( $\chi^2$ ) value 25.23 is found to be greater than their respective tabulated value 12.592 and df 6 at 0.05 level of significance ,

These means This clearly indicates that the association between knowledge and socio- demographic variables professional qualifications is statistically significant not buy chance .Hence therefore the

research hypothesis was accepted and the null hypothesis was rejected

So this means professional qualification did significance influence on the knowledge regarding early identification and management of conduct disorder among primary school teachers.

The obtain chi square value for the association of knowledge score regarding early identification and management of conduct disorder among selected background variables that is teaching experience of primary school teachers

The obtained chi-square ( $\chi^2$ ) value 21.25 is found to be greater than their respective tabulated value 12.59 and df 6at 0.05 level of significance , This clearly indicates that the association between knowledge and socio- demographic variable teaching experience is statistically significant not buy chance .Hence the research hypothesis was accepted and the null hypothesis was rejected

So this means teaching experience did significance influence on the knowledge regarding early identification and management of conduct disorder among primary school teachers.

## SUMMARY

This chapter presents the analysis and interpretation of data collected from 100 primary school teachers to assess their knowledge regarding early identification and management of conduct disorder. Descriptive and inferential statistics were used for analysis. Pie chart and bar graph were used to describing demographical characteristics of the samples. Chi square test was most suitable for finding relationship between knowledge score among primary school teachers and their selected demographic variables. The study found significant associations between knowledge scores and education qualification and professional qualifications and teaching experience. . However, age, gender marital status number of children any previous training attained showed no significant impact. The findings emphasize the need for targeted educational interventions to enhance conduct disorder knowledge and management.

## CONCLUSION

The study assessed the knowledge of primary school teachers regarding the early identification and management of conduct disorder in children. The findings revealed that while some teachers demonstrated good knowledge, a significant proportion had only average or poor awareness of the disorder. The study established that factors such as educational qualification, professional training, and teaching experience significantly influenced the level of knowledge among teachers.

These results underscore the need for targeted interventions, including structured training programs and informational resources, to enhance teachers' ability to recognize and manage conduct disorder effectively

The development of an information booklet, as proposed in this study, could serve as a valuable tool in bridging the knowledge gap.

The study highlights a significant gap in knowledge regarding early identification and management of conduct disorder in children among primary school teachers.

The findings indicate that educational qualification, professional qualification teaching experience significantly influenced knowledge levels. However, factors such as age, gender, marital status did not show a significant impact.

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