Knowledge and Attitude on Habit Disorders of Children

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\textbf{ABSTRACT:} A child is unique individual; he or she is not a miniature adult, not a little man or woman. The childhood period is vital because of socialization process by the transmission of attitude, customs and behaviour through the influence of the family and community. This study aimed to assess the knowledge and attitude on habit disorders of children among parents of primary school children of selected villages of Belgaum. Researcher adopted descriptive survey research approach with non-experimental research design. The present study was conducted among 100 parents of primary school children who are in the age group of 5-11 yrs and residing in selected areas (Halaga & Basthawad.) of Belgaum city. Samples were selected by using simple random sampling technique was used for the study and data are collected through a self-administered questionnaire and analyzed concurrently. Findings revealed that 86(86\%) parents were having inadequate knowledge, 13(13\%) parents were having moderately adequate knowledge, and 1 (1\%) parents were having adequate knowledge. Regarding the level of attitude 2(2\%) parents were having Negative Attitude, 95(95\%) parents were having Low Positive Attitude and 3(3\%) parents were having Positive Attitude. There was association between the level of knowledge on habit disorders of children’s with informer and type of family of parents of primary school children. And there was association between the level of attitude on habit disorders of children’s with informer and type of family of parents of primary school children.

\textbf{Key Words:} Knowledge, Attitude, Habit disorders

1. \textbf{Introduction:} A child is unique individual; he or she is not a miniature adult, not a little man or woman. The childhood period is vital because of socialization process by the transmission of attitude, customs and behaviour through the influence of the family and community. Family’s cultural and religious belief, educational level and ways of living influence the promotion and maintenance of child health. Better education, nutrition, family planning, better health practices and more use of health services are essential aspects to improve child health.

Behavioural development in children is strongly influenced by the nature of the –caregiver relationship. Parents, particularly mothers, who are emotionally available, sensitive, perceptive and effective at meeting the needs of their child, are likely to have securely attached who are more likely to meet important behavioural milestones as they get older.

Behavioural disorders (Habit Disorders) are developed from the home environment, school environment, and by social group environment by which child belongs or passes the most time. These disorders are more reliable than adjustment reactions. Common behavioural problems of childhood are thumb sucking, nail biting, enuresis, and pica.

Behaviour problems in children are an important social, educational, and health issue. The prevalence of these problems, their stability over time, their poor prognosis, and their costs to both individuals and the society, all point to the need for primary prevention and early effective interventions.

\textbf{Need for Study:-} Children are the greatest gifts of God to humanity. In India children form nearly 40\% of the total population. The promotion of healthy child development has become a major focus of world attention over the last 3 decades. A lot of research needs to be done in the field of concerning children, which will enable us to have a better and clear understanding of the issues concerning children and how to deal with them effectively. Child’s behaviour gets moulded by the mother. It requires considerable amount of sensitivity and effort on the part of the mothers to recognize the individuality of a child and their approach to suit it.

According to WHO the habitual problems are more common in children. (25-50\%) of two year old children have thumb sucking, (15-20\%) 5-6 year old children. Nail biting mainly observed from pre-school age to adolescents: Fingernail biting is a chronic problem throughout the World. While the problem is most
prevalent in adolescent children, it is common in adults as well. It is estimated that 30% of children ages (7-10), 44% of adolescent children, 25% of young adults and 5% of adults are nail biters. Problem nail biting is widespread and common. Approximately 20% of the adult population is at any one time a nail biter, with rates among college students being much higher at 30%. One of the more noteworthy and generally surprising aspects of nail biting is that it crosses every social and economic barrier.

In India, WHO statistical report of digit sucking habit was actively present in (6.4%) of the children who were less than 49 months old, (2.2%) of the children 49 and 60 months old and (2.8%) of the children above 60 months old. (P=0.026). Digit sucking, pencil biting, tongue thrust are more prevalent between ages 3 and 6 years. Bruxism was reported to be more significant between ages 7 and 12 years. While lip/cheek biting and nail biting were more frequent between ages 3 and 16 years.

2. Objectives:
Statement of the Problem
A descriptive study to assess the knowledge and attitude on habit disorders of children among parents of primary school children of selected villages of Belgaum.

- To assess the knowledge on habit disorders of children among parents of primary school children.
- To assess the attitude towards habit disorders of children among parents of primary school children.
- To determine the correlation between knowledge and attitude on habit disorders of children among parents of primary school children.
- To find out the association between knowledge and attitude regarding habit disorders of children with selected demographic variables of parents of primary school children.

3. Material & Method:
Research approach
In view of the nature of the problem under study and to accomplish the objectives of the study, descriptive survey approach was used to describe the knowledge and attitude of parents on habit disorders in children.

Research design
Non-experimental design was used to conduct a picture of a phenomenon or make an account of events as they naturally occur or the researcher collects data and described phenomena as they exist.

Setting
Setting is the physical location and condition in which data collection takes place. The study was conducted in the selected areas (Halaga & Basthawad.) of Belgaum city.

Population
Population is a group whose members possess specific attributes that the researcher is interested in studying. In the present study the population comprised of parents having primary school children (5-11 yrs) living in selected areas of Belgaum city. (Halaga & Basthawad)

Variables under investigation
Research variables are concepts at various level of abstraction that are measured manipulated and controlled in the study.

Socio demographic variables
In this study socio demographic variables of parents are informer, age, sex, and employment status, economic status type of family and area of residence.

Research variables
In this study research variables are knowledge and attitude of parents on habit disorders in primary school children.

Sample and sample size
Sample is a smaller part of population selected in such a way that the individuals in the sample represent the characteristics of the population. Typically shown as ‘n’.

The present study was conducted among 100 parents of primary school children who children are in the age group of 5-11 yrs and residing in selected areas (Halaga & Basthawad.) of Belgaum city.

Sampling technique
The simple random sampling technique was used for the study, which is a type of non-probability sampling technique is considered appropriate for the study.
Sampling criteria
The criteria that specify population characteristics are referred to as eligibility criteria or ‘inclusion criteria’. The eligibility criteria may reflect the issues concerning costs, practical concerns and people's ability to participate in the study and design consideration.

Inclusion criteria
- The parents of primary school children the age group between 5-11 yrs.
- Those who are willing to be participate in the study.
- The parents who can able to understand Kannada/Marathi/English.

Exclusion criteria
- The parents who are not willing to be participate in the study.
- The parents of children whose age group below 5 yrs.
- The parents of children whose age group of above 11 yrs.
- The parents whose children's are suffering with mental illness.

Development and description of tool
The tools for data collection were developed by the researcher. This self – reporting questionnaire consists of three parts. They are;
Part 1: Comprised demographic data of parents of primary school children consisted of 8 items.
Part 2: Structured questionnaire to assess the knowledge of parents regarding habit disorders in primary school children containing 25 questions. These were multiple choice questions helped in assessing the knowledge.
Part 3: Structured attitude scale to assess the attitude on habit disorder among the parents of primary school children containing 20 statements and they were divided into categories as negative attitude, positive attitude statements.

Ethical clearance
Approval was obtained from the parent institution, principal, P.D.B.C.N to conduct study. Permission was obtained from the concerned authority that is secretary of Halaga gram panchayath and secretary of Basthawad gram panchayath. Individual concern was taken from the sample before the data collection.

4. Results:
This chapter deals with the analysis and interpretation of data collected from 100 parents of primary school children in Halaga village and Basthawad village, Belgaum district, Karnataka. The data has been tabulated and analysed according to the objectives.

Organization of data:
Section-1: Demographic variables of the parents of primary school children.
Section-2: Assessment of knowledge knowledge on habit disorders of children among parents of primary school children.
Section-3: Assessment of attitude towards habit disorders of children among parents of primary school children.
Section-4: Correlation between knowledge and attitude on habit disorders of children among parents of primary school children.
Section-5: Association between knowledge and attitude regarding habit disorders of children with selected demographic variables of parents of primary school children.

SECTION 1: Demographic variables of parents of primary school children.

Table 1: Frequency and percentage distribution of demographic variables of parents of primary school children.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Demographic variables</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Informer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Father</td>
<td></td>
<td>37</td>
<td>37</td>
</tr>
<tr>
<td>b. Mother</td>
<td></td>
<td>63</td>
<td>63</td>
</tr>
<tr>
<td>2</td>
<td>Age of the Informer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. 20-25 yrs</td>
<td></td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>b. 26-30 yrs</td>
<td></td>
<td>54</td>
<td>54</td>
</tr>
<tr>
<td>c. 31-35 yrs</td>
<td></td>
<td>20</td>
<td>20</td>
</tr>
</tbody>
</table>
Table 1 describes the demographic data of sample. With regard to informer 37(37%) were fathers and 63(63%) were mothers. With regard to age 15(15%)parents belongs to age group of 20-25years, 54(54%) parents belongs to age group of 26-30years, 20(20%) parents belongs to age group of 31-35years and 11(11%) parents belongs to age group of 36& above.

With regard to religion 40(40%) parents belongs to Hindu religion, 22(22%) parents belongs to Christian religion, 28(28) parents belongs to Jain religion, 8(8%) parents belongs to Muslim religion and 2(2%) parents belongs to other specify religion.

With regard to educational status 38(38%) of parents were educated up to primary, 38(38%) of parents were educated up to secondary, 18(18%) of parents educated up to collegiate, 5(5%) of parents were educated up to degree and above and 1(1%) of parents were illiterate.

With regard to employment status 28(28%) parents were private employees, 39(39%) parents were government employees, 26(26%) parents were doing other works and 7(7%) parents were unemployed.

While considering type of family 32(32%) parents belongs to nuclear family, 57(57%) parents belongs to joint family and 11(11%) parents belongs to single parents.

While considering income 43(43%) parents were having Rs. <5000 per month, 47(47%) parents were having Rs.5001-10000 per month, 10(10%) parents were having Rs.10001 and above per month. While considering habit 4(4%) parents were having the habits of tobacco chewing, 20(20%) parents were having the habits of smoking, 19(19%) parents were having the habits of alcoholism, 55(55%) parents were not having any bad habit, 2(2%) parents were having other habits. (Fig.3)
SECTION- 2: Assessment of knowledge on habit disorders of children among parents of primary school children.

Figure 1 describes that 86(86%) parents were having inadequate knowledge, 13(13%) parents were having moderately adequate knowledge, and 1 (1%) parents were having adequate knowledge.

SECTION -3: Assessment of attitude towards habit disorders of children among parents of primary school children.

Figure 2 describes that 2(2%) parents were having Negative Attitude, 95(95%) parents were having Low Positive Attitude and 3(3%) parents were having Positive Attitude.
SECTION-4: Correlation between knowledge and attitude on habit disorders of children among parents of primary school children.

There was a positive correlation ($r=0.37$) between knowledge and attitude regarding habit disorders of children among parents of primary school children.

SECTION-5: Association between knowledge and attitude regarding habit disorders of children with selected demographic variables of parents of primary school children.

Table 2: There was association between the level of knowledge on habit disorders of children’s with informer and type of family of parents of primary school children.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Characteristics</th>
<th>Inadequate Knowledge</th>
<th>Moderately Adequate Knowledge</th>
<th>Adequate Knowledge</th>
<th>$\chi^2$ Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
<td>%</td>
</tr>
<tr>
<td>1.</td>
<td>Informer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Father</td>
<td>36</td>
<td>36</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>b.</td>
<td>Mother</td>
<td>50</td>
<td>50</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>2.</td>
<td>Type of family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Nuclear</td>
<td>28</td>
<td>28</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>b.</td>
<td>Joint</td>
<td>49</td>
<td>49</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>c.</td>
<td>Single parent</td>
<td>9</td>
<td>9</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 3: There was association between the level of attitude on habit disorders of children’s with informer and type of family of parents of primary school children.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Characteristics</th>
<th>Inadequate Knowledge</th>
<th>Moderately Adequate Knowledge</th>
<th>Adequate Knowledge</th>
<th>$\chi^2$ Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No</td>
<td>%</td>
<td>No</td>
<td>%</td>
</tr>
<tr>
<td>1.</td>
<td>Type of family</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Nuclear</td>
<td>0</td>
<td>0</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>b.</td>
<td>Joint</td>
<td>1</td>
<td>1</td>
<td>56</td>
<td>56</td>
</tr>
<tr>
<td>c.</td>
<td>Single parent</td>
<td>1</td>
<td>1</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

RECOMMENDATIONS:
Based on the findings of the study the following recommendations are made:
- A similar study may be conducted on a larger sample for wider generalization.
- Similar study may be conducted among parents of children's with habit disorders.
Comparative study may be conducted among urban and rural population. Experimental study may be conducted to reduce the habit disorders among school children's.

**DISCUSSION:**
Findings revealed that 86(86%) parents were having inadequate knowledge, 13(13%) parents were having moderately adequate knowledge, and 1 (1%) parents were having adequate knowledge. Regarding the level of attitude 2(2%) parents were having Negative Attitude, 95(95%) parents were having Low Positive Attitude and 3(3%) parents were having Positive Attitude. There was association between the level of knowledge on habit disorders of children's with informer and type of family of parents of primary school children. And there was association between the level of attitude on habit disorders of children's with informer and type of family of parents of primary school children.

**CONCLUSION:**
Parenting has an important role to play in helping children to become adjusted and that the 1st few months and years of a child’s life are especially important in establishing patterns of emotional, cognitive and social functioning which will in turn influence the child’s future development and in particular, their mental health. The finding of this review provides some support for the use of group-based parenting programmes to improve the emotional and behavioural adjustment of children under the age of 3 years. Parenting programmes may therefore have a role to play in improving the emotional and behavioural adjustment of infants and toddlers.

**REFERENCE:**