



## Assessment of Primary School Teachers' Knowledge and Attitude toward Conduct Disorders

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### ABSTRACT

**Background:** DSM-5-TR defines conduct disorder as groups of repetitive and persistent behaviors, including aggression to people or animals, destruction of property, deceitfulness or theft, and serious violation of rules in children and adolescents aged under 18 years.

**Objectives:** To assess of primary school teachers' knowledge and attitude toward Conduct Disorders.

**Methodology:** Descriptive study was carried throughout the period (1st December 2022 to 10th June 2023) to assess primary school teachers' knowledge's and attitudes toward conduct disorders among children in Al-Najaf Al-Ashraf city. A (70) primary school teachers were selected by a non-probability (purposive) sample from candidate school were included in the present study, The Study Instrument consists of three parts, the first part contains demographic information. The second part contains six domains to measure teachers' knowledge toward conduct disorders, and the last part consists of fifteen questions to find out teachers' attitudes toward conduct disorders.

**Results:** the result indicate that 71.4 % of study sample with poor knowledge toward conduct disorders, while 55.7% of sample with unfavorable attitude.

**Conclusion:** The results of the current study indicate that two third of teachers' with poor level of knowledge and half of teachers with unfavorable attitude toward conduct disorders.

**Recommendations:** The authors recommended collaborating between the Ministry of Education and mental health organizations to establish partnerships between schools and mental health professionals or organizations specializing in conduct disorders. This collaboration can provide additional support and resources to teachers and help create a more comprehensive approach to addressing conduct disorders in educational settings.

**Keywords:** Attitude, Conduct Disorders, Knowledge, Teachers.

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## INTRODUCTION

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5-TR) defines conduct disorder as groups of repetitive and persistent behaviours, including aggression to people or animals, destruction of property, deceitfulness or theft, and serious violation of rules in children and adolescents aged under 18 years <sup>(1)</sup>.

Children or adolescents who suffering from conduct disorder will exhibit aggressive behaviour. On the other hand, it was reported that the symptoms of aggression are more apparent in boys than girls in form of physical aggression and criminal behaviors while, girls appear bullying emotionally, engaging in sexual activity, and substance abuse <sup>(2, 3)</sup>.

Conduct disorder is widespread among school especially elementary schools. The prevalence of conduct disorder in male estimated that 12 %, while in female equivalent 7.1% in the United States <sup>(4)</sup>. The worldwide prevalence of conduct disorder among children and adolescent which aged 6-18 years is 3.2% <sup>(5)</sup>. The prevalence of conduct disorder in Saudi Arabia occurs between ages 2 - 17 years and the estimated rate is 20%. On the other hand, the prevalence rate in the Middle East is estimated by 32.9% among Iranian and 25.3% among Egyptian children between ages 6-12 -year-old <sup>(6, 7)</sup>.

Male gender, mother smoking during pregnancy, early poverty, and parental problems such as substance use disorders and criminal activity Childhood sexual or physical abuse, as well as witnessing parental violence, are risk factors for developing conduct disorders. Lower cognitive capacity and association with friends who use substances, are truant from school, or engage in criminal behavior are risk factors, as is family instability, notably changes in parent or guardian figures <sup>(8)</sup>.

Teachers spending most of the school day with students, giving them a unique vantage point for spotting the early warning signs of emotional or

behavioral issues. If children's mental health issues aren't addressed, they can persist throughout adolescence and adulthood, increasing the likelihood of problems including low achievement in school, dropping out altogether, substance addiction, a lack of employment opportunities, domestic and school violence, and a higher likelihood of being sick <sup>(9)</sup>.

Children develop symptoms in school, but due to a lack of knowledge, teachers don't recognize them early and refer them for health services, which leads to severe difficulties. School-based therapies that involve the teacher are extremely effective in preventing disruptive behavior and enhancing the child's social and emotional skills <sup>(10)</sup>.

## AIMS OF THE STUDY

The study aims to assess primary school teachers' knowledge and attitudes toward Conduct Disorders.

## METHODOLOGY

**Design of the Study:** A Descriptive study aims to assess Primary School Teachers' knowledge and attitude toward Conduct Disorders in AL-Najaf AL-Ashraf city in Iraq between the period ( 26th Dec. 2022 to 5th Jan. 2023 ).

**Study Sample and Setting:** A total of 70 primary school teachers were selected by a non-probability (purposive) sample from eight primary schools chosen at random selection from among the city of Al-Najaf's total of 253 elementary schools. Following are the criteria by which the participants are chosen:

**Exclusion criteria:** (1) Teachers who working as principal and not participated in the teaching role. (2) The primary school teachers who are above 60 years of age. (3) Teachers who participated in a training course on conduct disorders during the previous six months.

**Data Collection:** Data collection were through the utilization of the self-administrative technique as mean of data collection.

**The Study Instrument:** study instrument consist three parts:

**Part I:** was socio-demographic characteristics sheet consist of 7 items, which included age, gender, marital status, level of education, years of experience, Teachers' information about conduct disorders and training courses about conduct disorders.

**Part II:** Primary school teachers' knowledge toward Conduct disorders questionnaire was developed and adapted from Zeyad (11), The knowledge scale consists of 35 items distributed into six main domains of knowledge are: General information about conduct disorder, signs/symptoms, causes, types, treatment and teacher's role towards children with conduct disorders.

**Part III:** Primary school teachers' attitude toward conduct disorders was developed and adapted from Khalil (3), There were 15 items total on the scale (7 positive and 8 negative). The positive items received scores of 5 indicates strong agree; 4 indicates agree; 3 indicates uncertain; 2 indicates disagree; and 1 indicates strong disagree. The

evaluation of the negative elements was inverted. items 1, 3, 11, 12, 13, 14, and 15 are all considered positive, while items 2, 4, 5, 6, 7, 8, 9, and 10 are all considered negative.

**Validity and Reliability of the study instrument:**

Face validity of the study instrument determined through a panel of 8 experts from different specialties related to the field of the study. While for Reliability, An internal consistency technique used through the calculated Alpha Cronbach. The results of Alpha Cronbach are 0.825 for the teachers' knowledge scale and 0.864 for the teachers' attitude scale, which are considered acceptable to conduct the study.

**Ethical Considerations:** Every primary school principal was interviewed to explain the nature, importance, and objective of the study and then obtain permission from the principal to allow teachers to participate in the study. In addition, After explaining the study's goal and informing them that their data will be kept secret and used for research, teachers are given a consent form to indicate their agreement.

**Statistical Analysis:** Both SPSS version 26.0 and Excel are utilized in order to do the analysis on the collected data.

## RESULTS:

**Table (1): Teachers' Knowledge toward Conduct Disorders**

Main studied domains	Knowledge Level						Overall Mean of Scores	Assess.
	Poor		Fair		Good			
	F	%	F	%	F	%		
1. General Information about Conduct Disorders	49	70.0	21	30.0	0	0	0.28	Poor
2. Signs and Symptoms of Conduct Disorders	38	54.3	31	44.3	1	1.4	0.28	Poor
3. Causes of Conduct Disorders	44	62.9	25	35.7	1	1.4	0.27	Poor
4. Types of Conduct Disorders	40	57.1	30	42.9	0	0	0.26	Poor
5. Treatment of Conduct Disorders	41	58.6	29	41.4	0	0	0.27	Poor
6. Teacher's role towards Children with Conduct Disorders	25	35.7	42	60.0	3	4.3	0.36	Moderate
Overall Teachers' Knowledge	50	71.4	20	28.6	0	0	0.28	Poor

Poor (mean of scores 0-0.33), Moderate (mean of scores 0.34-0.67), good (mean of scores 0.68) and more.

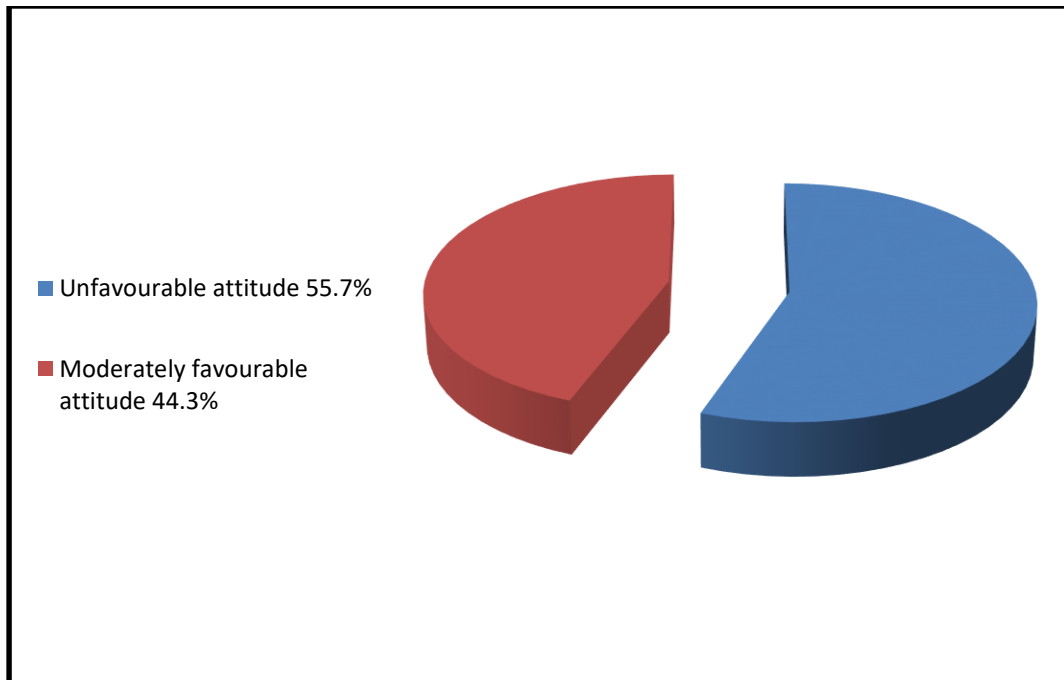
Table 1 shows the assessment of teachers' knowledge through six domains and also the overall assessment of teachers' knowledge toward Conduct disorders. The results indicate that teachers' knowledge is poor in all domains except domain six (teachers role towards Children with Conduct Disorders), which is moderate, while the overall assessment of teachers' knowledge is poor.

**Table (2):** Teachers' Attitude toward Conduct Disorders

No	Items	SD	Mean scale
1	Child with Conduct Disorders not have exposure to traumatic life experience	2.29	1.144
2	Child with Conduct Disorders purposefully harm others	2.30	1.054
3	Early intervention of behaviour problem may prevent Conduct Disorders	2.81	1.067
4	Difficult to control Child with Conduct Disorders	2.70	0.998
5	Violating other right will be seen in Child with Conduct Disorders	2.29	0.854
6	Type of antisocial behaviour show in Child with Conduct Disorders	2.23	0.920
7	They may act impulsively without considering the consequences of their actions	2.03	0.884
8	Parents with substances abuse have an impact on his child	1.77	0.981
9	They are often hard to control when they are unwilling to follow rules	2.13	0.760
10	They have significant impairment in social, academic, or occupational functioning	2.26	0.973
11	Teachers play important role in identifying the behaviour to elicit the risk of Conduct Disorders	2.71	1.131
12	Awareness of the change in the behaviour of child among parents necessary to control Conduct Disorders	2.50	1.213
13	Bulling others, committing rape, harming others are the behaviour of Children with Conduct Disorders	2.53	1.164
14	They must be isolated from another peer group	2.11	1.043
15	Not essential for parents to spend quality time with them	1.89	1.001

SD= standard deviation

Table 2 shows the distribution of teacher respondents in relation to their attitude toward conduct disorders. The results revealed the very low mean for the attitude scale are: children are often hard to control when they are unwilling to follow rules (0.76); Violating other rights will be seen in children with CD (0.85); acting impulsively without considering the consequences of their actions (0.88); Type of antisocial behavior shows in children with CD (0.92); children with CD have significant impairment in social, academic, or occupational functioning (0.97) and Parents with substance abuse have an impact on their child (0.98); and Difficult to control children with CD (0.998).



**Figure (1): Evaluation of overall Teachers' Attitude toward Conduct Disorders**

Figure 1 shows the overall teachers' attitude toward Conduct disorders. The results show that more than half of the sample (55.7%) had an unfavorable attitude, and the other part of the sample (44.3%) had a moderately favorable attitude. while zero of the sample had a favorable attitude.

## DISCUSSION

The current descriptive study was conducted to assess primary school teachers knowledge and attitude toward children with conduct disorders. The results indicate that teachers' knowledge is poor in all domains except domain six (teachers role towards Children with Conduct Disorders), which is moderate. Meanwhile, the lowest level of knowledge was related to the types of conduct disorders. Similarly, Kiran & Kaur <sup>(12)</sup> reported in their descriptive study the lower level of knowledge about conduct disorder among the majority (57% of school teachers), 43% moderate knowledge, and none of the teachers get adequate knowledge. Also, the result of the current study is like that of Adevi and Abisha <sup>(13)</sup> in their quantitative study, who reported a low level of knowledge in the pre-test with a majority of 85%. while 15% had moderately adequate knowledge regarding conduct disorders in children.

Researchers believe that in Iraqi society. Children with mental disorders are often marginalized for several reasons, including the lack of awareness of people about these disorders, the lack of provision of specialized centers and schools to educate and teach this group well, and also the lack of training courses provided to educational staff and parents about these disorders.

In addition, Many parents of children with special needs, such as behavioral problems, obtain knowledge about their children's illness from non-medical sources, such as the urban legend that the evil eye is to blame. Also, some parents look to religion to help their children recover <sup>(6)</sup>.

The current study results show that the attitude of the teachers toward children with conduct disorder is negative, with 55.7% having an unfavorable attitude and 44.3% having a moderately favorable attitude, as shown in figure 1. The result of the current study is similar to Khalil (3), which found 75%

of the study sample to have unfavorable attitude toward conduct disorders and 25% have moderately favorable attitude.

Teachers' negative attitude towards conduct disorders in children is due to teachers' lack of knowledge about conduct disorders and how to deal with the child who is behaviorally disturbed.

## CONCLUSION

The results of the current study indicate that two third of teachers' with poor level of knowledge and half of teachers with unfavorable attitude toward conduct disorders.

## Recommendation:

The authors recommended collaborating between the Ministry of Education and mental health organizations to establish partnerships between schools and mental health professionals or organizations specializing in conduct disorders. This collaboration can provide additional support and resources to teachers and help create a more comprehensive approach to addressing conduct disorders in educational settings.

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