CHAPTER III

RESEARCH METHODOLOGY
The nature and content of a research study cannot be comprehended without taking a look at the method used by the researcher. The research methodology was based on the nature of the problem selected for the present study and this chapter outlines the entire plan.

STATEMENT OF THE PROBLEM

There are few studies highlighting Child Mental Health problems, and still fewer studies highlighting parents' and teachers' perception of the child's behaviour problem, though it is very well known that parents and teachers play an important role in the child's life and development. To enable parents and teachers to enhance this development, a proper knowledge of their perception of the children's behavioural problems, and their opinion about the need for professional help in such cases is neccessary.

AIM AND OBJECTIVES OF THE STUDY

The aim of this research is to study the perception of parents and teachers about the behaviour problems of primary school children.

The specific objectives of the study are:

1. To study the behaviour problems of primary school children as perceived by the teachers and parents.
2. To compare the parents' and teachers' perception of children's behaviour problems.

3. To study the parent-teacher perception of the causes of these problems.

4. To study and compare the family environment of children with problems and without problems.

5. To identify the levels of performance of the above two groups of children in scholastic and non-scholastic activities.

6. To assess parents' and teachers' awareness of the need for professional help and guidance in such problems.

FORMULATION OF HYPOTHESIS

Keeping in mind the topic, the researcher has formulated the following hypothesis.

Hypothesis 1

The scholastic and non-scholastic performance of children with problems will be poorer than that of children without problems.

Hypothesis 2

The environment of children without problems will be more conducive with better communication, relationship and disciplining.
patterns than that of children with problems.

Hypothesis 3

Parents who have had children with problems, have a better understanding of children's behaviour problems than parents of children without problems.

Hypothesis 4

Parents of children with problems will have a better understanding of the sources and mode of treatment than parents of children without problems.

Hypothesis 5

The teachers' perception of problems in relation to causes would be more appropriate than that of parents.

Hypothesis 6

Teachers have a better awareness of behaviour problems and treatment approaches than the parents.

Hypothesis 7

Teachers' perception of behaviour problems related to classroom activities is better than that of parents.
PILOT STUDY

With the above objectives and hypothesis a pilot study was conducted to gain familiarity with the subject and to finalize the tools to be used for the study. Hence two schools in the Mangalore Corporation area were selected and the study was conducted on four teachers - two from each school (i.e. one IIIrd std teacher and one IVstd teacher), four parents of children with behaviour problem (one IIIrd std and IV std child's parents) and four parents of children without problems - two from each school (one IIIrd std and one IV std child's parent).

The results of the pilot study were analysed and accordingly modifications were made in the questionnaires and the other tools used. Thus the results and experience of the pilot study have proved to be beneficial in formulating the methodology of the final study.

OPERATIONAL DEFINITIONS

Some of the terms used in the study are defined as follows:

Childhood: As per the classifications preferred by Thomson (1968); Harlock (1978); and Solnit (1978), Childhood is considered to be the period which extends from birth to 12 years of age. This study, has included children studying in IIIrd and IV std i.e. in the range of 8-12 years. Barker suggests that this period is best referred to as middle childhood.
Psycho Social Factors: The Psychosocial factors refer to relevant psychological and social aspects such as the current level of cognitive functioning, temperamental characteristics, personality aspects and interpersonal attitudes and interactions.

Behaviour: Any response(s) made by an organism; specifically, parts of a total response pattern; an act or activity and a movement or a complex of movement. (Atkinson J; E. Berne & R. S. Wood worth).

Trait: May be considered a disposition or tendency to act in a certain manner, be it hostile, kindly, passive or whatever (Kaplan Harold I and Benjamin J. Sadock).

Family: A basic kinship unit in its minimal form consisting of a husband, wife and children. In its widest sense, it refers to all relatives living together or recognised as a social unit including adopted persons. (Scott William P.)

RESEARCH DESIGN

The research design helps us to understand the procedure used in selecting the sample, tools and actual procedure of data collection. The design of the present study is a descriptive one aiming at assessing the parent-teacher perception of children's behaviour problems.
UNIVERSE AND SAMPLING

The universe consists of three groups of respondents in Mangalore city.

(a) Teachers.

(b) Parents of children who have behaviour problems.

(c) Parents of children who have no behaviour problems.

The sample was drawn from 50 schools out of the total 95 primary schools in Mangalore Corporation area. The schools were classified into groups based on the medium of instruction, management and gender catered to as shown in the following table.

<table>
<thead>
<tr>
<th>Management &amp; Medium</th>
<th>Gender of students</th>
<th>Boys</th>
<th>Girls</th>
<th>Co-ed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private English</td>
<td></td>
<td>2</td>
<td>6</td>
<td>11</td>
<td>19</td>
</tr>
<tr>
<td>Kannada</td>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Aided English</td>
<td></td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Kannada</td>
<td></td>
<td>4</td>
<td>10</td>
<td>29</td>
<td>43</td>
</tr>
<tr>
<td>Government English</td>
<td></td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Kannada</td>
<td></td>
<td>-</td>
<td>-</td>
<td>32</td>
<td>32</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>7</td>
<td>16</td>
<td>72</td>
<td>95</td>
</tr>
</tbody>
</table>
Out of these 95 schools 50 schools were selected based on the stratified proportionate sampling method as in following table

**Table No 3.02**

The distribution of schools selected for the study

<table>
<thead>
<tr>
<th>Management &amp; Medium</th>
<th>Gender of students</th>
<th>Boys</th>
<th>Girls</th>
<th>Co-ed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Boys</td>
<td>Girls</td>
<td>Co-ed</td>
<td>Total</td>
</tr>
<tr>
<td>Private</td>
<td>English</td>
<td>1</td>
<td>3</td>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Kannada</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Aided</td>
<td>English</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Kannada</td>
<td>2</td>
<td>5</td>
<td>15</td>
<td>22</td>
</tr>
<tr>
<td>Government</td>
<td>English</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Kannada</td>
<td>-</td>
<td>-</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td><strong>4</strong></td>
<td><strong>8</strong></td>
<td><strong>38</strong></td>
<td><strong>50</strong></td>
</tr>
</tbody>
</table>
From the above 50 selected schools three groups of respondents i.e., teachers, parents of children with behaviour problems and parents of children without problems were chosen as respondents for the study.

SELECTION CRITERIA

As the study aims at exploring the parent-teacher perception of behaviour problems of children, it has focussed on the upper limits of childhood, i.e., 8-12 years. Children of this age are generally studying in std. III and IV and so the parents and teachers of children studying in these classes were included in the study.

The first group of respondents were the teachers. Most of the schools had only one division and thus one teacher each from III and IV std was included in study. In some schools where there was more than one division, one teacher each from IIIrd and IVth std was selected based on the availability factor (i.e. inclusion of the teacher who was free at that particular time).

The second group of respondents were the parents with children who showed behaviour problems. This was derived by administering the Children's Behaviour Questionnaire-Proforma B (Rutter's 1967) which is the most widely used screening instrument. (Tool No 1-Appendix-1). The child who had the highest score was taken and his/her parents were interviewed i.e. one parent each of a child from IIIrd and IV stds. respectively. Children who showed signs of mental retardation were excluded from the same. The third group of respondents comprised the
parents of children who had no behaviour problems ie. children who have scored 'O' on the Childrens Behaviour Questionnaire-Proforma B (Rutter 1967) (Tool 1- Appendix-1). As there were many children falling in this category, one child each from IIIrd and IVstd respectively was selected on random basis and their parents were included in this category.

Thus a total of 100 teachers, 100 parents of children with problems, and 100 parents of children without problems were included in the study as shown in table No. 3.03.

Table No. 3.03.

The distribution of the three groups of respondents

<table>
<thead>
<tr>
<th>Standard</th>
<th>Teachers</th>
<th>Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>in which</td>
<td>of children</td>
</tr>
<tr>
<td></td>
<td>the child</td>
<td>with problems</td>
</tr>
<tr>
<td>IIIrd</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>IVth</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Thus the data was collected from a total of 300 respondents belonging to three different groups - teachers, parents of children without
problems and parents of children with problems. The respondents were spread all over Mangalore Corporation and both male and female respondents were included in the study.

SELECTION AND DESCRIPTION OF THE TOOLS

In keeping with the objectives of the study and the results of the pilot study, specific tools were employed to obtain the necessary information each of which is described briefly.

Tool No 1

CHILDREN'S BEHAVIOUR QUESTIONNAIRE

Rutters' (1967) Proforma B (Appendix 1) A screening test for psychiatric disorders was administered to detect children with behaviour problems. For this purpose the Children's Behaviour Questionnaire devised by Rutter (1967) was chosen. The Kannada version (Kapur 1983) was also used. The questionnaire was to be completed by the teachers.

This questionnaire consists of 26 descriptions of behaviour against which the teacher had to indicate whether such descriptions "doesnot apply", "applies some what"or "definitely applies" to each child. The ratings for each child were scored 0, 1 and 2 respectively and the total score obtained.
Rutter (1967) and Rutter, Tizard and Whitmore (1970) found that a cut off score of 9 or more had discriminative value for the presence of a psychiatric disorder. A subsequent study by Zimmerman, Mingletti, Tacconia and Tansella (1978) established the discriminative power of the screening instrument in the clinical cases.

The scale has been shown to have a high test retest reliability of 0.89 over a three month period and interrater reliability of 0.72 to discriminate between children in general population to agree well with psychiatric judgement and to differentiate between main types of psychiatric disorders (Rutter 1967; Woody 1969; Rutter, Tizard and Whitmore, 1970; Rutter, Cox, Tupling and Berger, 1975). The scale has sufficient validity as documented by the authors.

In the present study a score of 9 or more was used for the purpose of screening the group of normal children. The child whose score was the highest was considered for the study purpose under the category of "children with problems".

Tool No 2

QUESTIONNAIRE FOR TEACHERS

The researcher prepared a questionnaire consisting of 17 questions (Appendix 2) that covered details pertaining to information required about the teachers and schools. This included personal information regarding
the teacher i.e. age, educational level, marital status, the duration of service in the school, the activities conducted by the teacher etc which would help to understand the individual teacher and the proximity of relationship between the teacher and children. It also gives information on the type of school, medium of instruction and the area of the school. This questionnaire was translated into Kannada and used when necessary.

Tool No 3

QUESTIONNAIRE FOR TEACHERS

A questionnaire consisting of 15 questions to determine the level of scholastic and non scholastic performance of the selected children with problems and children without problems was administered to the teachers (Appendix 3). This questionnaire included information regarding the level of academic performance, peer relationships, involvement in extra curricular activities and the general behaviour of the child. This questionnaire was also translated into Kannada and used when neccessary.
QUESTIONNAIRE FOR PARENTS

A questionnaire consisting of 30 questions was administered to the parents to assess the family environment of children with problems and children without problems (Appendix .4). This included a brief biographical information of the members and the components of the total family environment—Family life style, reinforcement and disciplining patterns used, learning environment provided to the child, communication and support system in the families and the child's involvement in the family. Based on these components the total family environment was assessed. The questionnaire was translated into Kannada and used when necessary.

QUESTIONNAIRE FOR PARENTS

A list of 20 behaviour traits was prepared to assess the behaviour problem traits in children (Appendix-5) and was administered to the parents where they had to indicate "Not at all present," "Sometimes present" and "Frequently present". A rating of 0, 1 and 2 was given respectively and the total score was obtained. This list was made on basis of a brief discussion with two groups of people (mental health professionals and parents of children) as to what are the behaviour traits
that they would consider as problems. The symptom check list (Daniel Elizebeth 1984) was used as the basis. The modified final list was again given to professionals in the field of mental health (two psychiatrists, two psychiatric social workers and one psychologist) to ensure consensus. Then it was translated into Kannada and used when necessary.

Tool No 6

QUESTIONNAIRE ON GENERAL AWARENESS:

A questionnaire consisting of 14 questions was administered to all the three groups of respondents (i.e., teachers, parents of children with problems and parents of children without problems (Appendix 6). This Questionnaire explores the awareness level of the respondents regarding behaviour problems, their causes, their knowledge of professional assistance in this area and their ability to detect these problems. A Kannada version was used when the need arose.

Tool No 7

Case Vignettes

Twenty case vignettes were given to all three groups of respondents. They included 15 vignettes describing certain common behaviour problems of children like: Conduct disorders, emotional disorders, other
behavioural disorders, specific learning disorders, psychosis and epilepsy and five vignettes describing certain normal behaviour in children. Each vignette was assessed with seven questions.

Steps in constructing these case vignettes

Before constructing these case vignettes the researcher made a study of the cases commonly reported at some of the Child Guidance Clinics and Psychiatric departments in Mangalore.

- Fr. Mullers Charitable Hospital, C.G.C, Mangalore.
- T.M.A Pai Rotary Hospital, Psychiatric Department, Bejai, Mangalore.
- Chetana Counselling Centre, Mangalore.
- Family Counselling Centre, Roshni Nilaya, Mangalore.
- Psycho-Clinic, Medicare Centre, Mangalore.

A list of the commonly reported problems was formulated. The Manual on Child Mental Health and Psycho-social Development was also referred to. Fifteen vignettes were prepared based on the list and the manual and five vignettes describing normal behaviour were also added in between.

These twenty vignettes were given to professionals in the field of mental health to ensure a consensus on the diagnosis of the problems
specified. The professional were two psychiatrists, two psychiatric social workers and one psychologists. Then the Vignettes were modified on the basis of suggestions recieved from the above professionals.

Each vignette was assessed with seven questions, with an aim of finding the level of awareness among respondents regarding the types, causes of the problem and intervention sought. Here too the Kannada version was used when necessary.

Translation of the tools

As some of the respondents would be more familiar and at ease with the Kannada language, it was decided to translate the tools from English to Kannada. This translation was checked later, by obtaining a consenses from three Mental Health professionals. Then the two versions were administered to three respondents chosen at random who had good knowledge of both the Kannada and English and the answers will clarified and checked. There were no significant difference between the two groups.

PROCEDURES OF DATA COLLECTION:

Group I

Teachers

This group included two teachers from each of the 50 selected
schools. (one from IIIrd std and one IV std teacher) i.e, a total of 100 teachers. The researcher first explained the study, its purpose and requirements to the headmistress / headmaster and then to the respective teachers.

First of all the questionnaires-Tool No 2 and Tool No 6 were administered personally. Then the tool No 1 (C.B.Q-Rutter 1967) was administered to detect children with behaviour problems. This questionnaire was administered with reference to each child in a class and the two children were selected - A child with behaviour problem who has the highest CBQ score and one of the children with a lowest score of 'O'. And then the tool No 3 (a questionnaire to assess the scholastic and non-scholastic performance of the children) was administered to the teachers regarding the two selected children. And finally the teachers were given the twenty case Vignettes (ie tool No 7) which they were asked to read carefully and answer the questions at the end of each vignette. This process was conducted either in one session or more depending on the availability of the teachers concerned.

Group II

Parents of children with behaviour problems

The researcher collected the data from this group either by meeting them at school or through a home visit according to the respondents convinience. Here again the respondents were briefed regarding the study,its purpose and requirements. After the initial rapport building the
parents were administered the questionnaire to assess the family environment - Tool No 4. And then the questionnaire consisting of the problem traits (Tool No 5) was administered to assess the presence of these traits in the child. Then, tool no 6 was administered to assess their knowledge of mental health services. This information was collected with the use of an interview schedule. Finally the case vignettes were also given to the respondents. They were asked to read each vignette and answer the questions below each vignette.

Group III

Parents of children without problems

The respondents were met at school or home according to their convinience. They too were briefed regarding the study purpose and requirements.

The procedure of data collection from this group is similiar to the previous group i.e. they were administered the following tools.

Tool No 4 : A questionnaire to assess the family environment.

Tool No 5 : A questionnaire consisting of behaviour traits to assess the presence of these traits among children

Tool No 6 : A questionnaire to assess the respondents level of mental health services.
Tool No 7: Case vignettes which they were asked to read and answer the questions that followed.

DATA ANALYSIS

Analysis of the data involves closely related operations that are performed with the purpose in such a way that they will yield answers to the research questions. The data from the questionnaires and the vignettes were checked thoroughly and the open ended questions were classified.

A code book was prepared and the coded data was transferred to the master sheets and fed to the computer and analysed using the Specific Package for Social Sciences (SPSS).

The statistical measures used were Chi-Square, T-Tests, One way ANOVA. Multivariate method and matrix of correlation coefficients and multiple regression analysis. With the help of the above statistical measures the data was analysed, discussed and conclusions were drawn keeping in mind the objectives and the hypothesis.
LIMITATIONS OF THE STUDY:

Inspite of careful planning, there have been certain limitations faced by the researcher.

1. The study has not studied variation and differences in the teachers' training and its training outputs.

2. The Researcher had to rely on parents answers about their families which could not be confirmed through other sources or through observations. Some of the parents were hesitant to specify any problems of their children due to the social stigma attached to it.

This chapter gives a brief overview regarding the statement of problem, aim and objectives of the study and the methods adopted for the collection, analysis and study of data.