

“A descriptive study to assess the knowledge and attitude of mothers on selected behavioural problems among children”.

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Abstract

Background: The family provides emotional support to an individual as well as plays a major role in the formation of one's personality. The quality and nature of the parental nurturance that the child receives will profoundly influence his/ her future development. The knowledge of these family factors associated with behavioural problems may be helpful to identify at risk children. Family has a greater role in prevention of behavioural problems in children, so parental counselling may be helpful.

Materials and methods: A descriptive cross-sectional design was used and the study was conducted in the outpatient department of Paediatrics of Christian Medical College, Vellore. Stratified sampling technique was used and 200 mothers who fulfilled the inclusion criteria were selected. The purpose of the study was explained and after obtaining informed written consent, the mothers were assessed on the knowledge and attitude on selected behavioural problems by giving self-administered questionnaire. Self-structured questionnaire was used after obtaining content validity from the experts. Standardized Socio demographic variables were also collected.

Results: Among the mother's majority 43.5% of mothers were under the age group of 26- 30 years. With regards to the educational status majority 43% have completed their high school certificate. Majority 58.5% of mothers have moderately adequate knowledge and 18.5% of mothers have adequate knowledge regarding temper tantrum. Majority of mothers having moderately adequate knowledge has most favourable attitude of (62.5%) regarding temper tantrum. $r = 0.162$; $P = 0.001$ *. Correlation is significant at the 0.05 level (2-tailed). This implies that there is a relationship between the knowledge and attitude of mothers on temper tantrum.

Conclusion: After the analysis it was found that there is a significant relationship between the knowledge and attitude of mothers on temper tantrum in children and few demographic variables was found to have significant association with the knowledge and attitude of the subjects. Whereas majority of the findings were not associated with the demographic variables. Hence continuous training on the management of behavioural problems through media, pamphlets, videos, health education will improve mother's knowledge and attitude towards their children's behavioural problem. As health care professionals we held up in the responsibility of doing so. Thereby, an insight is given to the study participants by distributing pamphlets to them.

Key word: Behavioural problems, knowledge, attitude

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I. Introduction

“It is easier to build strong children than to repair broken men”

- Frederick Douglass

Children are cute when naughty. A few tantrums, thumb sucking, enuresis, nail biting and sibling rivalry is normal. But if such behaviour becomes a daily occurrence, then it is a cause for concern. (Sarari gongala¹, Yala university, 2019, march 18). Interventions can be focussed in future in changing mother's perception of their young children as well as their parenting practices in decreasing children's behavioural problems. (Kimberly Renk², 2011).

Children of today are the future of tomorrow; this powerful statement assumes special significance in the context of ever fragrant flower, to shine in all spheres of life. This reminds us of the responsibility that we must mould and shape their present conditions in the best possible way (Manpreet S, Ajeesh T. K, Punet K³, 2015).

The overall prevalence among preschool-aged children (age 1-6years) was 10%, while another literature review reported a prevalence range of 9.5 to 14.2% .

Choosing to ignore behavioural problems causes these behaviours to become the child’s normal response to life situations and will lead to her becoming a dysfunctional adult. It is up to parents, to see that behavioural problems don’t interfere with the child’s development and positive experiences.

Mothers play a vital role in taking care of the children by providing love and support to their children constantly. They can easily identify the symptoms of behavioural problems and can prevent it as primary care givers.

II. Materials And Methods

Study Design: A descriptive design

Study Location: Christian Medical College, Vellore, Tamil Nadu.

Study Duration: January-February 2020

Sample size: Total of 200 mothers were selected for the study based on the pilot study report.

Subjects & selection method: Systematic random sampling.

Inclusion criteria:

- Mothers of children from 2 to 6 years
- Mothers who are willing to participate in the study
- Mothers who can communicate in English, Hindi, or Tamil.

Exclusion criteria:

- Mothers of children with developmental problem or any other chronic systemic illness.
- Mothers of children with serious physical and psychiatric illness.
- Care givers of children who are not mothers.

Procedure methodology

A rapport was established with the mothers and the purpose of the study was explained and written consent was obtained. Samples were selected using stratified random sampling technique. Investigator structured questionnaire was distributed to mothers in the general side of Child Health OPD and after completion, questionnaire will be collected back. After which their doubts were cleared, and a pamphlet was given to the mothers regarding the selected behavioural problems. Time taken to fill the questionnaire varies to each subject. It ranged from 10 to minutes.

Statistical analysis

Frequency and percentage distribution were used to analyse the demographic variables of mother and children. Chi-square test and fisher’s exact (where the expected frequency cell value was less than five) was used to identify the association between demographic variables and perception and practice of mothers. The categories in the variables were clubbed for the purpose of the association test.

III. Result

Table 2: Distribution of demographic variables of mothers

N= 200

Demographic variables	n	%
Age in years		
20- 25	40	20.0
26- 30	87	43.5
31- 35	46	23.0
36- 40	27	13.5
Educational status		
Profession or honours	3	1.5
Graduate	85	42.5

Intermediate or diploma	17	8.5
High school certificate	86	43.0
Middle school certificate	3	1.5
Primary school certificate	4	2.0
Illiterate	2	1.0
Birth spacing		
< 2 years	45	22.5
2- 3 years	38	19.0
> 3 years	34	17.0
Single child	83	41.5
Monthly income		
> 126,360	5	2.5
63,182- 126,356	8	4.0
47,266- 63, 178	10	5.0
31, 591- 47, 262	24	12.0
18, 953- 31, 589	47	23.5
6327- 18, 949	78	39.0
<6323	28	14.0
Type of family		
Nuclear		9748.5
Joint		10351.5
Residence		
Rural		10150.5
Urban		9949.5

Table 2 shows that majority 87 (43.5%) of mothers were under the age group of 26- 30 years . With regards to the educational status majority 86 (43%) have completed their high school certificate and majority 83 mothers had single child. Majority 79 (39%) have monthly income range from Rs.6327- 18, 949. With regards to the type of family majority 103(51.5%) belongs to the joint family and 10150.5%) mothers are from the rural area

Table 3: Distribution of demographic variables of children

N= 200

Demographicvariables	n	%
Age(years)		
2	70	35.0
3	36	18.0
4	27	13.5
5	20	10.0
6	47	23.5
Sex		
Male	130	65.0
Female	70	35.0
Birth order		
1 st	122	61.0
2 nd	65	32.5
3 rd	12	6.0
4 th	1	0.5
School		
Balvadi/kinder garden	32	16.0

Primary school	91	45.5
Middle school	1	0.5
Not yet	76	38.0

Table 3 shows that majority 70 (35%) of children belongs to the age group of 2 years and 130 (65%) were male children. With regards to the birth order majority 122 (61%) were first born and 91 (45.5%) of children were doing their primary level.

❖ **Frequency and percentage distribution of assessment of level of knowledge of mothers on temper tantrum among children**

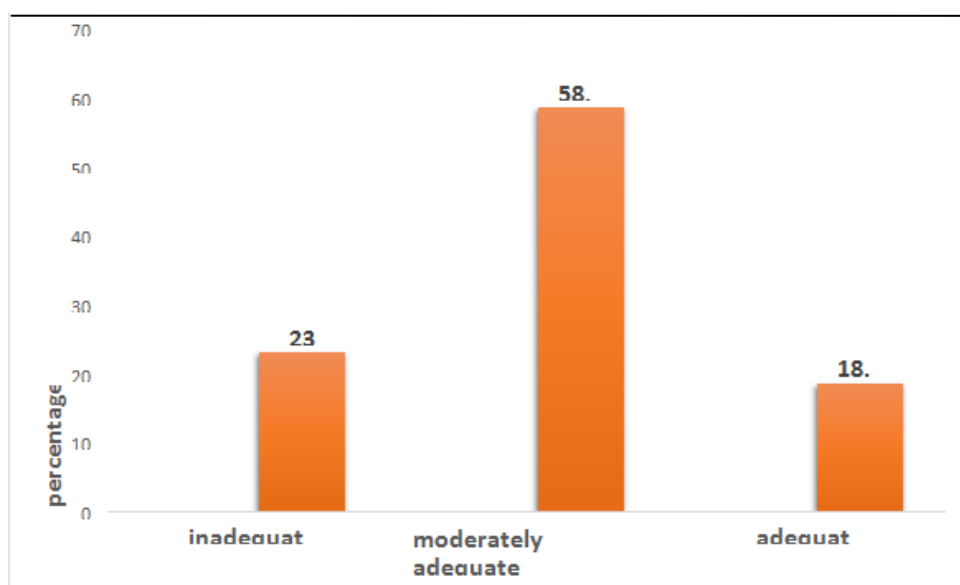


Figure 2 shows majority 117(58.5%) of mothers have moderately adequate knowledge and 37(18.5%) of mothers have adequate knowledge regarding temper tantrum.

❖ **Frequency and percentage distribution of assessment of level of knowledge of mothers on thumb sucking among children**

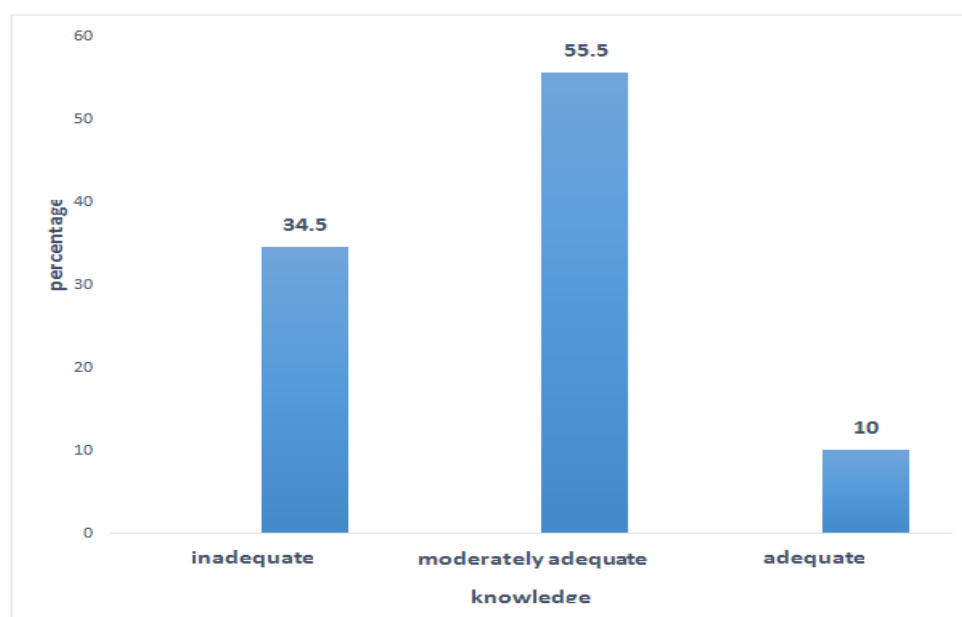


Figure 3. shows majority 111(55.5%) of mothers have moderately adequate knowledge and 20(10%) of mothers have adequate knowledge regarding thumb sucking.

❖ **Frequency and percentage distribution of assessment of level of knowledge of mothers onbedwetting among children**

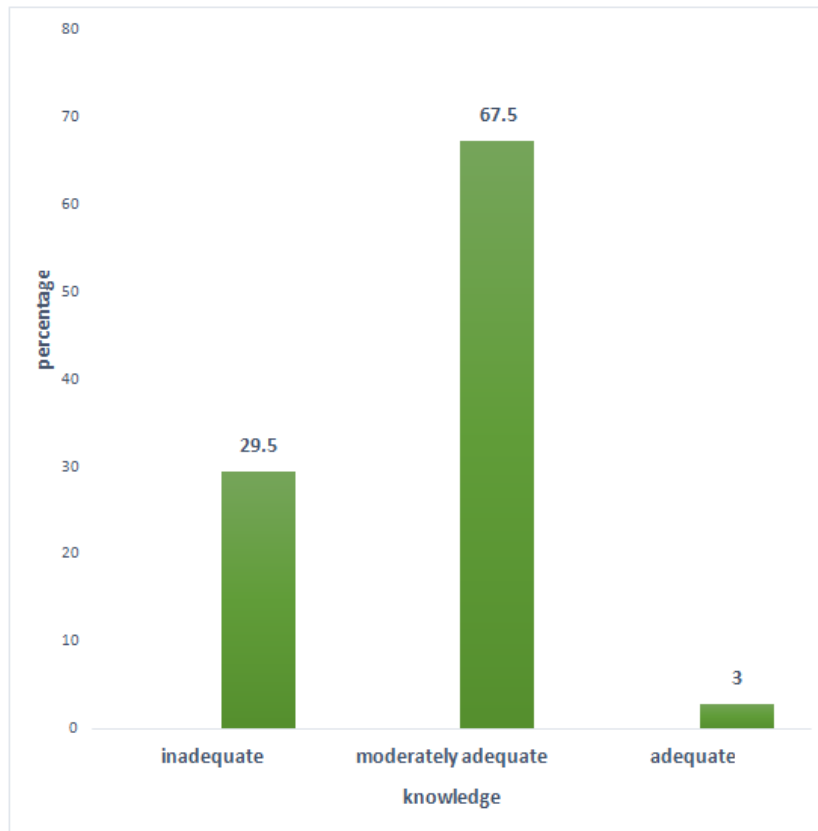


Figure 4: depicts majority 135(67.5%) of mothers have moderately adequate knowledgeand 6(3%) of mothers have adequate knowledge regarding bed wetting.

❖ **Frequency and percentage distribution of assessment of level of attitude of mothers ontemper tantrum among children**

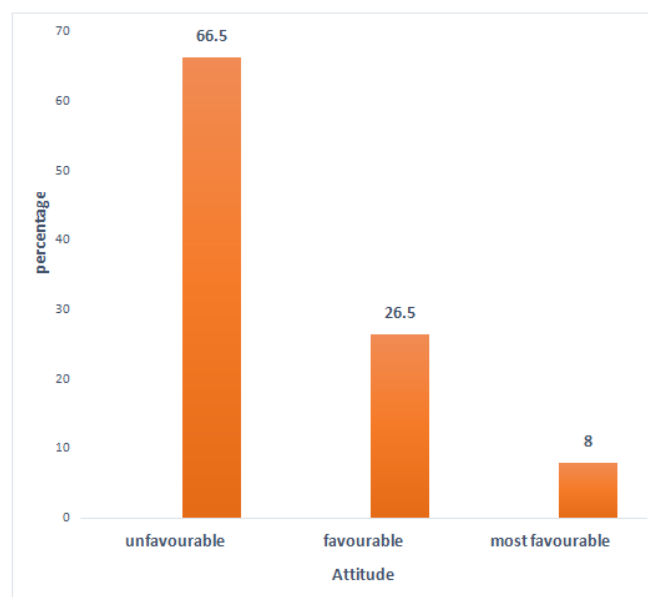


Figure 5: shows majority 131(66.5%) of mothers have unfavourable attitude and 16(8%)of mothers have most favourable attitude regarding temper tantrum.

❖ **Frequency and percentage distribution of assessment of level of attitude of mothers onthumb sucking among children**

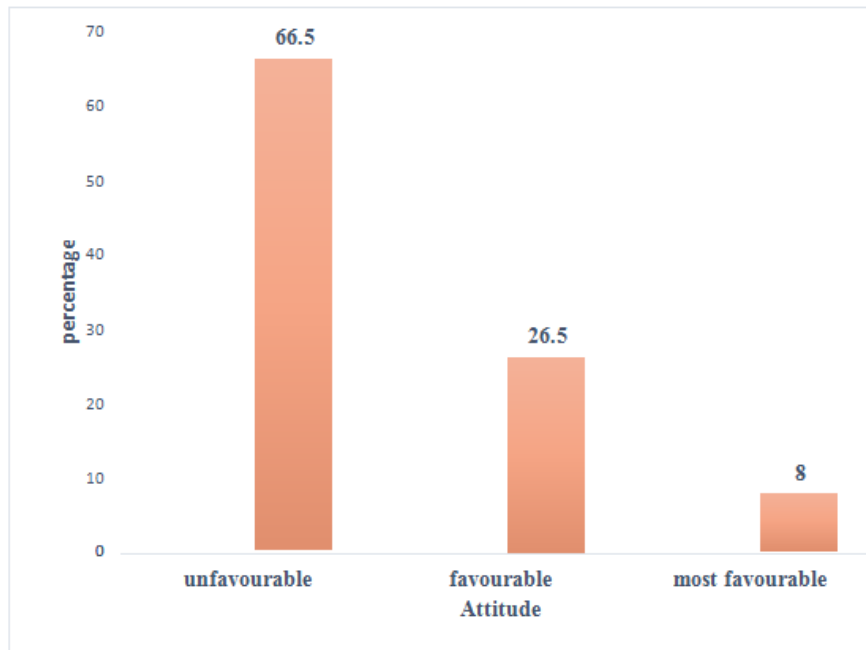


Figure 6: shows majority 131(66.5%) of mothers have unfavourable attitude and 16(8%)of mothers have most favourable attitude regarding thumb sucking.

❖ **Frequency and percentage distribution of assessment on level of attitude of mothers onbed wetting among children**

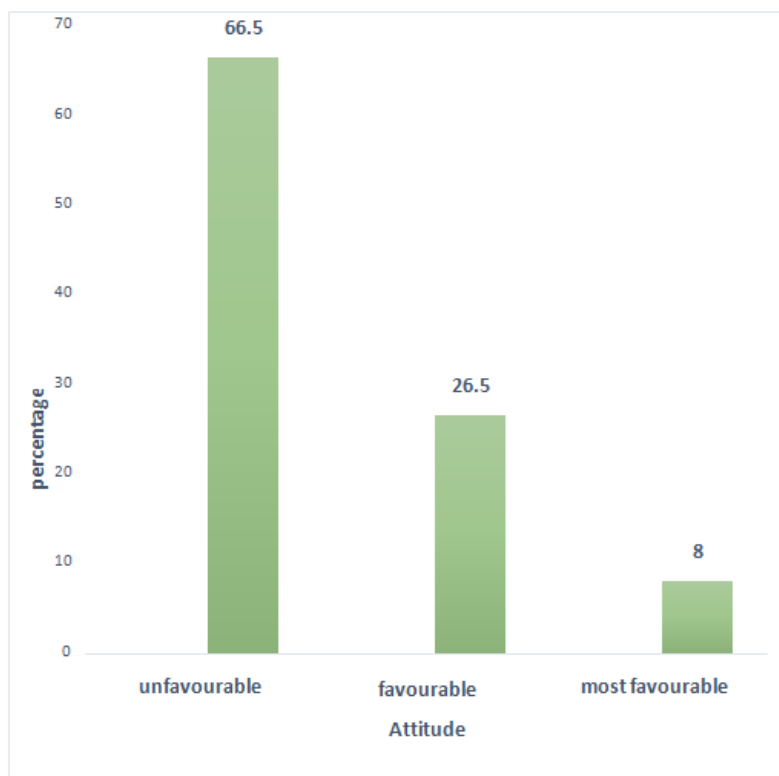


Figure 7: shows majority 131(66.5%) of mothers have unfavourable attitude and 16(8%)of mothers have most favourable attitude regarding bed wetting.

Section-D: Relationship between knowledge and attitude of mothers on selected behavioural problems among children

❖ **Frequency and percentage distribution of relationship between knowledge and attitude of mothers on temper tantrum among children**

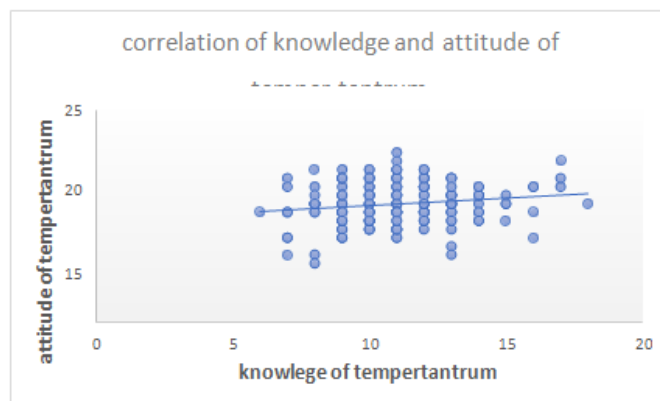


Figure 8 shows that majority of mothers having moderately adequate knowledge has most favourable attitude of (62.5%) regarding temper tantrum. $r = 0.162$; $P = 0.001$ *. Correlation is significant at the 0.05 level (2-tailed). This implies that there is a relationship between the knowledge and attitude of mothers on temper tantrum.

Table 4: Relationship between knowledge and attitude of mothers on thumb sucking among children

Knowledge	Attitude						Chi square
	Unfavourable		Favourable		Most Favourable		
	n	%	n	%	n	%	
Inadequate	46	35.1	19	35.8	4	25.0	$r = 0.754$ $P = 0.729$
Moderately adequate	72	55.0	30	56.6	9	56.2	
Adequate	13	9.9	4	7.6	3	18.8	

Table 4 shows that majority of mothers having moderately adequate knowledge has most favourable attitude of (56.2%) regarding thumb sucking. P value is >0.05 , hence there is no significant relationship between knowledge and attitude of mothers on management of thumb sucking.

Table 5: Relationship between knowledge and attitude of mothers on management of bedwetting among Children Attitude

knowledge	unfavourable		favourable		Most favourable		Chi square
	n	%	n	%	n	%	
	inadequate	35	26.7	20	37.7	4	
Moderately adequate	92	70.2	31	58.5	12	75.0	
adequate	4	3.1	2	3.8	0	.0	

Table 5 shows that majority of mothers having moderately adequate knowledge has most favourable attitude of (75%) regarding bed wetting. P value is >0.05 , hence there is no significant relationship between knowledge and attitude of mothers on management of bed wetting.

Section-E: Association of knowledge and attitude of mothers on management of selected behavioural problems among children and their selected demographic variables.

Table 6: Association of knowledge of mothers on temper tantrum among children and their selected demographic variables.

Demographic variables	N= 200						Chi square
	inadequate		Moderately adequate		adequate		
	n	%	n	%	n	%	
Age in years							
20-25	9	19.6	28	23.9	3	8.1	p= 0.293
26-30	23	50	47	40.2	17	45.9	
31-35	10	21.7	24	20.5	12	33.4	
36-40	4	8.7	18	15.4	5	13.5	
Educational status							
Profession or honours]	0	.0	2	1.7	1	2.7	p= 0.242
Graduate	18	39.1	46	39.3	21	56.8	
Intermediate or diploma	6	13.0	9	7.7	2	5.4	
High school certificate	20	43.5	56	47.9	10	27.0	
Table6contd							
Middle school certificate	1	2.2	1	.9	1	2.7	p= 0.475
Primary school certificate	1	2.2	1	.9	2	5.4	
illiterate	0	.0	2	1.7	0	.0	
Birth spacing							
<2 years	12	26.1	23	19.7	10	27.0	p= 0.475
2-3 years	6	13.0	22	18.8	10	27.0	
>3 years	7	15.2	20	17.1	7	19.0	
Single child	21	45.7	52	44.4	10	27.0	
Monthly income							
>126,360	0	.0	3	2.6	2	5.4	p= 0.311
63,182-126,356	0	.0	5	4.3	3	8.1	
47,266- 63,178	1	2.2	7	6.0	2	5.4	
31, 591- 47,262	2	4.3	16	13.7	6	16.2	

18, 953- 31, 589	13	28.3	26	22.2	8	21.6	
6327- 18, 949	24	52.2	43	36.8	11	29.7	
<6323	6	13.0	17	14.5	5	13.5	
Type of family							
Nuclear	21	45.7	55	47.0	21	56.8	p=0.854
Joint	25	54.3	63	53.0	16	43.2	
Residence							
Rural	34	49.3	58	52.3	9	45.0	p=0.165
urban	35	50.7	53	47.7	11	55.0	

Table 6 with regard to knowledge of mothers on temper tantrum shows that mothers from 26- 30 years of age have 50% inadequate knowledge, 47.9 % have moderately adequate knowledge with the educational qualification of high school certificate and has 56.8% of adequate knowledge who belongs to the nuclear family. P value is > 0.05, hence there is no significant association between the knowledge of mothers on management of temper tantrum and their demographic variables.

Table 7: Association of knowledge of mothers on thumb sucking among children and their selected demographic variables.

Demographic variables	N= 200						Chi square
	Inadequate		Moderately adequate		Adequate		
	No.	%	No.	%	No.	%	
Age in years							
20- 25	18	26.1	20	18.0	2	10.0	p=0.255
26- 30	26	37.7	47	42.3	14	70.0	
31- 35	17	24.6	27	24.3	2	10.0	
36- 40	8	11.6	17	15.3	2	10.0	
Educational status							
Profession or honours	0	.0	2	1.8	1	5.0	p=0.051
Graduate	23	33.3	55	49.5	7	35.0	
Intermediate or diploma	3	4.3	11	9.9	3	15.0	
High school certificate	39	56.5	39	35.1	8	40.0	
Middle school certificate	1	1.4	2	1.8	0	.0	
Primary school	2	2.9	2	1.8	0	.0	

certificate							
illiterate	1	1.4	0	.0	1	5.0	
Birth spacing							
<2 years	18	26.1	23	20.7	4	20.0	p= 0.239
2-3 years	14	20.3	21	18.9	3	15.0	
>3 years	13	18.8	14	12.6	7	35.0	
Single child	24	34.8	53	47.7	6	30.0	
Table 7 cont.							
Monthly income							
> 126,360	2	2.9	1	.9	2	10.0	p= 0.289
63,182-126,356	2	2.9	5	4.5	1	5.0	
47,266-63,178	3	4.3	3	2.7	4	20.0	
31,591-47,262	6	8.7	15	13.5	3	15.0	
18,953-31,589	14	20.3	31	27.9	2	10.0	
6327-18,949	30	43.5	42	37.8	6	30.0	
<6323	12	17.4	14	12.6	2	10.0	
Type of family							
Nuclear	29	42	56	50.5	12	60.0	p= 0.543
Joint	40	58	55	49.5	8	40.0	
Residence							
Rural	34	49.3	58	52.3	9	45.0	p= 0.213
urban	35	50.7	53	47.7	11	55.0	

Table 7: P value is > 0.05, hence there is closely significant association between the knowledge of mothers on management of thumb sucking and their educational status.

Table 8: Association of knowledge of mothers on bed wetting among children and their selected demographic variables.

Demographic variables	N= 200						Chi square
	Inadequate		Moderately adequate		Adequate		
	n	%	n	%	n	%	
Age in years							
20-25	10	16.9	25	18.5	5	83.3	p= 0.012
26-30	32	54.2	55	40.7	0	0	
31-35	12	20.3	33	24.4	1	16.7	
36-40	5	8.5	22	16.3	6	0	
Educational status							
Profession or honours	1	1.7	2	1.5	0	.0	p= 0.787
Graduate	25	42.4	57	42.2	3	50.0	
Intermediate or diploma	3	5.1	14	10.4	0	.0	
High school certificate	30	50.8	53	39.3	3	50.0	
Middle school certificate	0	.0	3	2.2	0	.0	
Primary	0	.0	4	3.0	0	.0	

school certificate								
illiterate	0	.0	2	1.5	0	.0		
Table 8 cont.								
Birth spacing								
< 2 years	14	23.7	29	21.5	2	33.3	p= 0.890	
2- 3 years	12	20.3	24	17.8	2	33.3		
> 3 years	10	16.9	24	17.8	0	.0		
Single child	23	39.0	58	43.0	2	33.3		
Monthly income								
> 126,360	2	3.4	3	2.2	0	.0		
63,182-126,356	3	5.1	5	3.7	0	.0	p= 0.272	
47,266-178	63, 3	5.1	7	5.2	0	.0		
31, 591-262	47, 4	6.8	19	14.1	1	16.7		
18, 953-589	31, 14	23.7	33	24.4	0	.0		
6327-18, 949	26	44.1	51	37.8	1	16.7		
<6323	7	11.9	17	12.6	4	66.7		
Type of family								
Nuclear	27	45.8	67	49.6	3	50.0	p= 0.619	
Joint	32	54.2	68	50.4	3	50.0		
Residence								
Rural	33	55.9	65	48.1	3	50.0	p= 0.449	
urban	26	44.1	70	51.9	3	50.0		

Table 8: P value is > 0.05, hence there is significant association between the knowledge of mothers on management of bedwetting and their age.

Table 9: Association of attitude of mothers on temper tantrum among children and their selected demographic variables.

Demographic variables	Unfavourable		Favourable		Most Favourable		Chi square
	No.	%	No.	%	No.	%	
Age in years							
20- 25	26	19.8	11	20.8	3	18.8	p= 0.981
26- 30	56	42.7	24	45.3	7	43.8	
31- 35	30	22.9	11	20.8	5	31.2	
36- 40	19	14.5	7	13.2	1	6.2	
Educational status							
Profession or honours	1	.8	2	3.8	0	.0	p= 0.210
Graduate	56	42.7	19	35.8	10	62.5	
Intermediate or diploma	8	6.1	7	13.2	2	12.5	

High school certificate	59	45.0	24	45.3	3		
Middle certificate school	3	2.3	0	.0	0	.0	
Primary certificate school	2	1.5	1	1.9	1	6.2	
illiterate	2	1.5	0	.0	0	.0	
Birth spacing							
< 2 years	27	20.6	13	24.5	5	31.2	
2- 3 years	24	18.3	10	18.9	4	25.0	p= 0.535
> 3 years	24	18.3	10	18.9	0	.0	
Single child	56	42.7	20	37.7	7	43.8	
Table 9 cont.							
Monthly income							
> 126,360	2	1.5	2	3.8	1	6.2	p= 0.608
63,182- 126,356	4	3.1	3	5.7	1	6.2	
47,266- 63, 178	6	4.6	3	5.7	1	6.2	
31, 591- 47, 262	14	10.7	5	9.4	5	31.2	
18, 953- 31, 589	34	26.0	12	22.6	1	6.2	
6327- 18, 949	55	42.0	16	30.2	7	43.8	
<6323	16	12.2	12	22.6	0	.0	
Type of family							
Nuclear	65	49.6	26	49.1	6	37.5	p= 0.784
Joint	66	50.4	27	50.9	10	62.5	
Residence							
Rural	68	51.9	25	47.2	8	50.0	p= 0.195
urban	63	48.1	28	52.8	8	50.0	

Table 9 shows P value > 0.05, hence there is no significant association between the attitude of mothers on management of temper tantrum and their demographic variables.

Table 10: Association of attitude of mothers on thumb sucking among children and their selected demographic variables.

N= 200

Demographic variables	unfavourable		favourable		Most favourable		Chi square
	n	%	n	%	n	%	
Age in years							
20- 25	26	19.8	11	20.8	3	18.8	p= 0.981
26- 30	56	42.7	24	45.3	7	43.8	
31- 35	30	22.9	11	20.8	5	31.2	
36- 40	19	14.5	7	13.2	1	6.2	
Educational status							
Profession or honours	1	.8	2	3.8	0	.0	p= 0.210
Graduate	56	42.7	19	35.8	10	62.5	

Intermediate or diploma	8	6.1	7	13.2	2	12.5	
High school certificate	59	45.0	24	45.3	3		
Middle school certificate	3	2.3	0	.0	0	.0	
Primary school certificate	2	1.5	1	1.9	1	6.2	
illiterate	2	1.5	0	.0	0	.0	
Birth spacing							
< 2 years	27	20.6	13	24.5	5	31.2	p= 0.535
2- 3 years	24	18.3	10	18.9	4	25.0	
> 3 years	24	18.3	10	18.9	0	.0	
Single child	56	42.7	20	37.7	7	43.8	
Table 10 continued							
Monthly income							
> 126,360	2	1.5	2	3.8	1	6.2	p= 0.608
63,182- 126,356	4	3.1	3	5.7	1	6.2	
47,266- 63, 178	6	4.6	3	5.7	1	6.2	
31, 591- 47, 262	14	10.7	5	9.4	5	31.2	
18, 953- 31, 589	34	26.0	12	22.6	1	6.2	
6327- 18, 949	55	42.0	16	30.2	7	43.8	
<6323	16	12.2	12	22.6	0	.0	
Type of family							
Nuclear	65	49.6	26	49.1	6	37.5	p= 0.784
Joint	66	50.4	27	50.9	10	62.5	
Residence							
Rural	68	51.9	25	47.2	8	50.0	p= 0.195
urban	63	48.1	28	52.8	8	50.0	

Table 10 shows, P value > 0.05, hence there is no significant association between the attitude of mothers on thumb sucking and their demographic variables.

Table 11: Association of attitude of mothers on bed wetting among children and their selected demographic variables

N= 200

Demographic variables	Unfavourable		Favourable		Most Favourable		Chi square
	n	%	n	%	n	%	
Age in years							
20- 25	26	19.8	11	20.8	3	18.8	p= 0.981
26- 30	56	42.7	24	45.3	7	43.8	
31- 35	30	22.9	11	20.8	5	31.2	
36- 40	19	14.5	7	13.2	1	6.2	
Educational status							
Profession or honours	1	.8	2	3.8	0	.0	p= 0.210
Graduate	56	42.7	19	35.8	10	62.5	
Intermediate or diploma	8	6.1	7	13.2	2	12.5	
High school certificate	59	45.0	24	45.3	3		
Middle school certificate	3	2.3	0	.0	0	.0	
Primary school	2	1.5	1	1.9	1	6.2	

certificate							
illiterate	2	1.5	0	.0	0	.0	
Birth spacing							
< 2 years	27	20.6	13	24.5	5	31.2	p= 0.535
2- 3 years	24	18.3	10	18.9	4	25.0	
> 3 years	24	18.3	10	18.9	0	.0	
Single child	56	42.7	20	37.7	7	43.8	
Table11 cont.							
Monthly income							
> 126,360	2	1.5	2	3.8	1	6.2	p= 0.608
63,182-126,356	4	3.1	3	5.7	1	6.2	
47,266-178	63,	6	4.6	3	5.7	1	6.2
31, 591- 47, 262	14	10.7	5	9.4	5	31.2	
18, 953- 31, 589	34	26.0	12	22.6	1	6.2	
6327- 18, 949	55	42.0	16	30.2	7	43.8	
<6323	16	12.2	12	22.6	0	.0	
Type of family							
Nuclear	65	49.6	26	49.1	6	37.5	p= 0.784
Joint	66	50.4	27	50.9	10	62.5	
Residence							
Rural	68	51.9	25	47.2	8	50.0	p= 0.195
urban	63	48.1	28	52.8	8	50.0	

Table 11 describes that 45.3% of mothers who belongs to the age group of 26- 30 years had favourable attitude. P value is > 0.05, hence there is no significant association between the attitude of mothers on bedwetting and their demographic variables.

IV. Discussion

A Descriptive design was used to determine the knowledge and attitude of mothers on management of selected behavioural problems of children from 2 to 6 years of age. The purpose of the study was to assess the knowledge and attitude of mothers on management of selected behavioural problems among children in the CH-OPD of Christian medical college hospital, Vellore District. The results of the study were based on the statistical analysis. The data was collected with the help of structured questionnaire to assess the knowledge, four-point scale was used to assess the attitude of mothers. The chi square was used to find out the association for knowledge and attitude with selected demographic variables. The results are provided according to the stated objectives.

Among the mother's majority 87 (43.5%) of mothers were under the age group of 26- 30 years and 27 (13.5%) were from 36- 40 years of age. With regards to the educational status majority 86 (43%) have completed their high school certificate and majority 83 mothers had single child. Majority 79 (39%) have monthly income range from Rs.6327- 18, 949. With regards to the type of family majority 103(51.5%) belongs to the joint family and 101 50.5%)mothers are from the rural area (Table 4.1).

Table 4.5 shows the distribution scores on level of knowledge of mothers regarding management of bed wetting. It denotes that, the level of knowledge on management of bed wetting on analysis of 200 samples had 29.5% inadequate knowledge, 67.5% moderately adequate knowledge and 3% adequate knowledge.

These findings are supported by the results of choudhari J⁵, (2016). A descriptive study approach was used on 60 mothers of preschool children in selected urban slums of chitradurga in the year 2011. Mothers were selected using convenient sampling method. The findings of the study showed 1.67% of mothers had adequate knowledge, 81.6% mothers had moderate knowledge and 16.67% of mothers had inadequate knowledge. It also revealed that there is no significant association between selected demographic variables and knowledge (Choudhary J⁵, 2016).

Table 4.8 shows the distribution scores on level of attitude of mothers regarding management of bed wetting. It denotes that, the level of attitude on management of bed wetting on analysis of 200 samples had 66.5% unfavourable attitude, 26.5% favourable attitude and 8% most favourable attitude.

These findings were supported by the results of Kavitha V⁶, (2015) A Quasi experimental design was adopted to study the effectiveness of structured teaching programme knowledge and attitude regarding selected behavioural problems of primary school children among primary school teachers. Majority 25(83.33%) had unfavourable attitude and 5(16.67%) had moderately favourable attitude regarding selected behavioural problems of primary school children. whereas in the post test after imparting structured teaching programme majority 25(83.33%) had favourable attitude and 5(16.67%) had moderately favourable attitude regarding selected behavioural problems of primary school children among primary school teachers.

Table 4.15, 4.16, 4.17 shows that the demographic variables had not shown statistically significant association (p value is >0.05) with the level of attitude of mothers regarding management of selected behavioural problems among children.

These findings are supported by the results of choudhari J⁵, (2016). A descriptive study approach was used on 60 mothers of preschool children in selected urban slums of chitradurga in the year 2011. Mothers were selected using convenient sampling method. The findings of the study revealed that there is no significant association between selected demographic variables and knowledge.

V. Conclusion

After the analysis it was found that there is no significant relationship between the knowledge and attitude of mothers on management of behavioural problems in children and none of the demographic variables was found to have significant association with the knowledge and attitude of the subjects. Hence continuous training on the management of behavioural problems through media, pamphlets, videos, health education will improve mother's knowledge and attitude towards their children's behavioural problem. As health care professionals we held up in the responsibility of doing so.

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