

A study to assess the Knowledge of the Parents regarding Antisocial Behavior among the Adolescence in selected areas of City.

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Abstract: The present study was conducted to assess the knowledge of the parents regarding antisocial behavior among the adolescence and to find out association between knowledge regarding antisocial behavior with selected demographic variables of the city. The research design selected for the present study was non-experimental design. A total of 100 parents who fulfilled the inclusion and exclusion criteria for the following study was selected by using purposive sampling technique. The data was collected using structured interview technique with structured knowledge questionnaire. The collected data was analyzed by using descriptive and inferential statistics. The study findings revealed that majority of parents 56% had poor knowledge, 42% had average level of knowledge and 02% had good level of knowledge regarding antisocial behavior. Significance of difference at 5% level tested with chi-square (χ^2) test and also calculated 'P' value i.e. 0.05. The association was found between religion ($\chi^2_{(1)} = 17.228, P < 0.05$), type of parentage ($\chi^2_{(1)} = 10.0831, P < 0.05$) and use of substance ($\chi^2_{(1)} = 19.0269, P < 0.05$) of the parent with selected demographic variables. The study concludes that the knowledge of parents regarding antisocial behavior among the adolescence were average and moderately favorable.

Keywords: Adolescence, Antisocial Behavior, Chi-Square Test, Knowledge, Parents.

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I. Introduction

Adolescence has been frequently called as tumultuous teens by the W.H.O. The adolescent years, between 12 and 19 years are the formative as well as impressionable years when maximum amount of physical and psychological changes takes place.

Antisocial behavior in adolescence needs to be taken seriously. During adolescence the body and mind go through many complex changes, some of which are difficult to deal with. Adolescence constitutes 23% of population of India. Adolescence is recognized as a vitally important stage of development that confronts individuals with substantial change in many spheres of life. These changes are challenging to young people, and for that reason adolescence tends to involve in behaviors that surpass the limits of what is socially acceptable. Such behaviors fall under the label of antisocial behavior. It has been confirmed that during this stage, a considerable increase in this type of behavior occurs - that does not only include committing crimes (e.g. theft), but also incorporates a whole host of behaviors considered in society to be ant normative (e.g. smoking or prank calling people on the phone).

Over the past 50 years, antisocial behavior has increased in frequency and severity among adolescents. The consequences of violence and related activities presently pose a major public health problem for society. The identification containment, referral, assessment and treatment of aggressive young people are challenges for many community institutions, including schools, juvenile justice authorities and clinical mental health resources.

Mental health professionals agree, rising rates of serious school disciplinary problems, delinquency, and violent crime indicate that antisocial behavior in general is increasing 30% to 70% of childhood psychiatric admissions are for disruptive behavior disorders and diagnosis of behavior disorders are increasing over all. A small percentage of antisocial children (about 3% males and 1% females) grow up to become adults with antisocial personality disorder, and a greater proportion suffer from the social, academic, and occupational failures resulting from their antisocial behavior.

In the United States it is reported that 2% of children between 7-17 years attend juvenile courts. Comparable statistics are not available in India to denote the size of problem, but it is agreed that juvenile delinquency has increased in India during the past 2-3 decades due to change in the culture pattern of the people, urbanization and industrializations. The highest incidence is found in children aged 15 and above the incidence among boys is 4-5 times more than girls.

The present day adolescents are faced with many pressures as compared to the older generation. The adolescent period is a stage, which provides a platform for the personality of an individual. Hence it is necessary to study the factors which lead to the antisocial behavior and how to prevent the antisocial behavior in adolescence.

II. Objectives

Objectives of the Study:

1. To assess the knowledge of parents regarding antisocial behaviors of Adolescents.
2. To find out association between knowledge of parents regarding antisocial behavior with selected demographic variables.

Assumptions:

It is assumed that parents have some knowledge regarding antisocial behavior of adolescents.

Hypothesis:

H₀: There will be no significant association between knowledge of parents regarding antisocial behavior and selected demographic variables.

H₁: There will be significant association between knowledge of parents regarding antisocial behavior and selected demographic variables.

III. Methodology

Research Approach: The research approach adopted for this study was descriptive survey approach as appropriate to describe knowledge of the parents regarding antisocial behavior of adolescence.

Research Design: The research design selected for present study was non experimental design which enables the investigator to assess the knowledge of the parents regarding antisocial behavior of adolescents.

Setting of the study: The setting is the location where a study is conducted and it was a natural setting. The study was undertaken in selected areas of city.

Sample: The sample for the present study comprised of parents of adolescence.

Sample size: Sample consist 100 parents of adolescence.

Sampling Technique: 100 parents were selected by using purposive sampling technique.

Description of the Research Tool:

The tool used in this study consists of two sections, they are as follows:

Part 1- Demographic variables like age of parent, sex of the parent, number of children, type of family, religion, educational status of parents, occupation, family income, type of parentage, substance abuse in parent, adjustment problem among parent and source of information.

Part 2- Structured interview schedule is used to assess knowledge of the parents regarding antisocial behavior of adolescents. This consists of 30 questions.

Content Validity: In order to measure the content validity the tool was given to 13 experts from different field such as 11 in Child Health Nursing, 01 Mental Health Nursing and 01 Psychiatrist. Based on suggestions given by the experts, appropriate modifications and reorganizations of certain items were made accordingly and the tool was reframed. Later the tool was edited by an English expert and translated into Kannada by language expert without changing the meaning of the tool. It was found to be valid and suitable for Parents of Adolescence.

Reliability of the Tool: The reliability of the tool was computed by using split half technique by Spearman Brown prophecy formula. The reliability obtained for knowledge tool was $r = 0.7$. Hence, the tool was found to be reliable.

Procedure for Data collection: Prior permission was obtained from the concerned authority and parents. Researcher personally visited each respondent, introduced himself to the parents of adolescence and explained the purpose of the study and ascertained the willingness of the participation. The parents of adolescent were assured anonymity and confidentiality of the information provided by them. Data was collected with the help of interview schedule of knowledge questionnaire.

Analysis of data: The obtained data was organized and entered in the master sheet. Data was analyzed by applying descriptive and inferential statistics mean standard deviation and mean percentage was used to describe

the variables. Chi-square test was used to find out the association between knowledge score with selected demographic variables.

Parents of adolescence who had scored above 21-30 score in knowledge questionnaires were categorized as having good knowledge, those with 11-20 score in knowledge questionnaires as average knowledge, those who scored below 10 score in knowledge questionnaires were considered to have poor knowledge. The analyzed data were presented in the form of tables and graphs.

IV. Result

Section I: Description of demographic characteristics of parents.

Table 1: Frequency and Percentage distribution of parents demographical characteristics.

N = 100

Sl. No.	Characteristics	Category	Respondents	
			Frequency	Percentage
01	Type of Family	Nuclear	42	42
		Joint	46	46
		Extended	12	12
02	Age of the Parent	31-40	26	26
		41-50	23	23
		51-60	37	37
		61&above	14	14
03	Gender of the Parent	Male	68	68
		Female	32	32
04	No. of Children	01	06	06
		02	34	34
		03	40	40
		04& above	20	20
05	Religion	Hindu	51	51
		Muslim	29	29
		Christian	17	17
		Others	03	03
06	Educational status of Parents	Informal Education	16	16
		Primary Education	26	26
		Secondary Education	16	16
		Higher secondary Education	25	25
		Graduate & above	17	17
07	Occupation	Private Employee	13	13
		Govt. Employee	21	21
		Business	34	34
08	Monthly Income of Family	Housewife	18	18
		Others	14	14
		1000 to 3000	27	27
		3001 to 5000	24	24
		5001 to 7001	24	24
		7001 & above	25	25
09	Type of Parentage	Single biological Parent	78	78
		Non- biological Parent	12	12
		Adopted Parent	10	10
10	Substance Abuse in Parents	Occasional use	13	13
		Dependence pattern in both	14	14
		Dependence pattern in Single Parent	24	24
		No Abuse	49	49
11	Adjustment Problem in Parent	Domestic Violence	15	15
		Disturbed Communication	19	19
		Physical Illness	25	25
		Psychological problem	41	41
12	Source Information of	Previous Knowledge	11	11
		Television/Radio	44	44
		Friends/Relatives	20	20
		Newspaper & Others	25	25

The data in above Table depicts, majority of parents 46% were belongs to joint family, 42% parents were belongs to nuclear family and 12% parents were extended family. Majority of parents 37% were in the age group of 51-60 years, 26% parents were in the age group of 31-40 years, 23% parents were in the age group of 41-50 years and 14% of parents were in the age group of 61 and above. Majority of parents 68% were males, 32% parents were females. Most of the parents 40% are having three children, about 34% of parents having two children, about 20% of parents having four and above children and about 06% of parents having one child. Maximum numbers of parents (51%) were Hindus (29%) of parents belonged to Muslims (17%), Christian and (03%) other community respectively. Majority of the parents (26%) were studied up to primary education, (25%) studied up to higher secondary school (17%) parents completed graduation and (16%) were had secondary and informal education. Most of parents (34%) were doing business and (13%) of parents were doing private employee and (18%) housewives. Majority of the families belonged to the income range of 1001-3000 (27%) the family belong to income range from 3001-5000 and 5001-7000 (24%) respectively and (25%) belonged to the income range of more than Rs.7000. Majority of the type of parentage belonged to single biological parent(78%), (12%) non-biological parent and adopted parent (10%). Most of the parent having no abuse (49%) of substance abuse, parent having dependence pattern in single parent (24%), (14%) parents having dependence pattern in both and (13%) using occasionally. Most of the parent having psychological problem as adjustment problem (41%), parent having physical illness as adjustment problem (25%), parent having disturbed communication as adjustment problem (19%) and parent having domestic violence as adjustment problem (15%). Most of the parent gathered information from television/radio (44%) as source of information, parent gathered information from newspaper and other (25%) as source of information, parent gathered information from friends/ relatives (20%) as source of information and parent having previous knowledge (11%).

1. Religion of the Family:

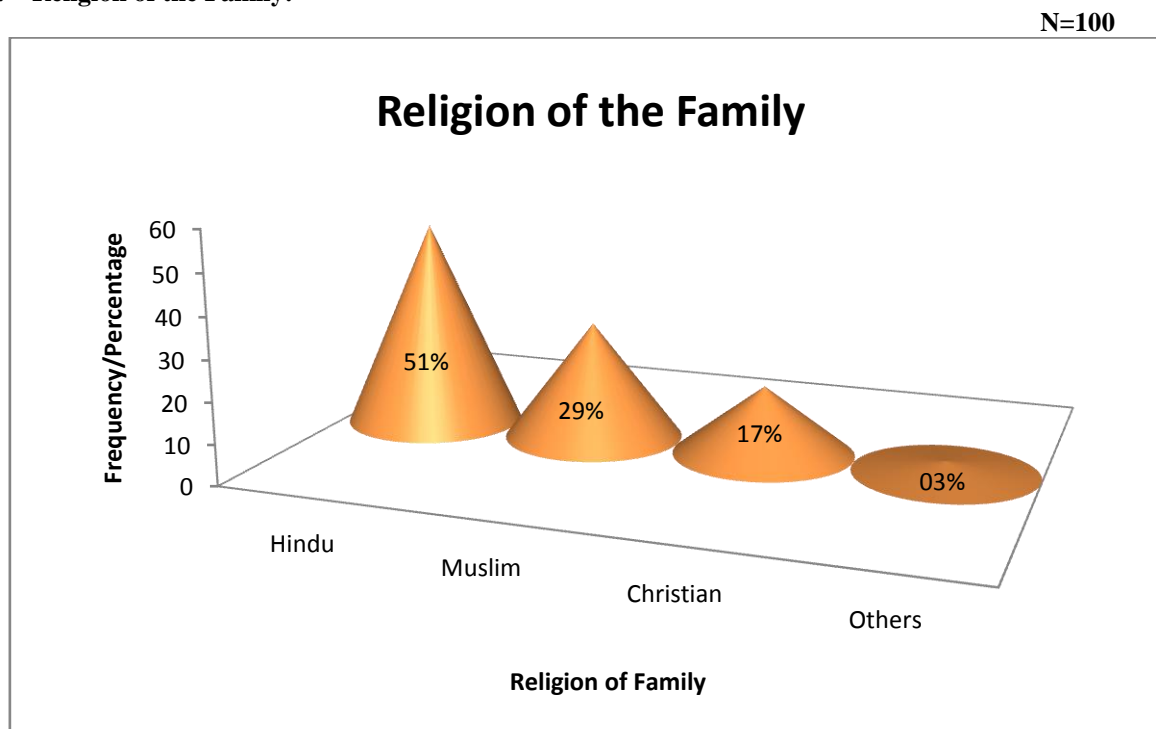


Fig. 01: Clustered cone diagram showing the distribution of parents according to religion. 51% of the parents were belonging to Hindu, 29% of the parents belonging to Muslim, 17% of the parents belonging to Christian and 13% of the parents belonging to other religions.

2. Type of Parentage:

N=100

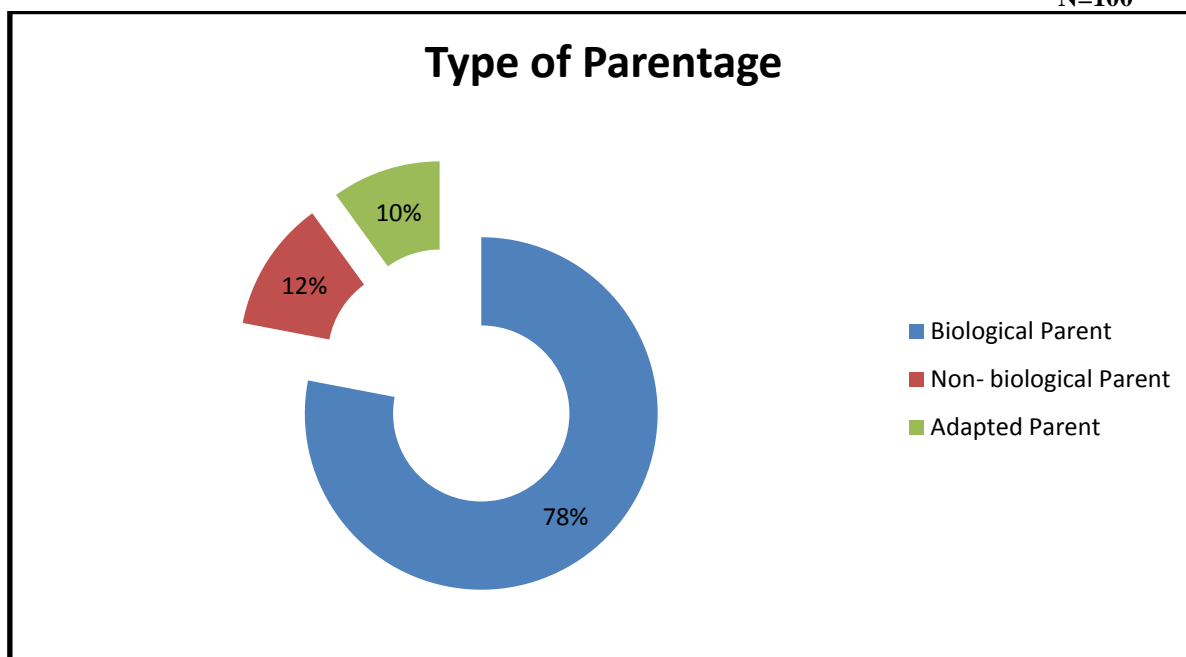


Fig. 02: Clustered Doughnut diagram showing the distribution of parents according to type of parentage. 78% of the parents (78) are single biological parents, 12% of the parents (12) are non-biological parents and 10% of the parents (10) are adapted parents.

3. Substance Abuse in Parents:

N=100

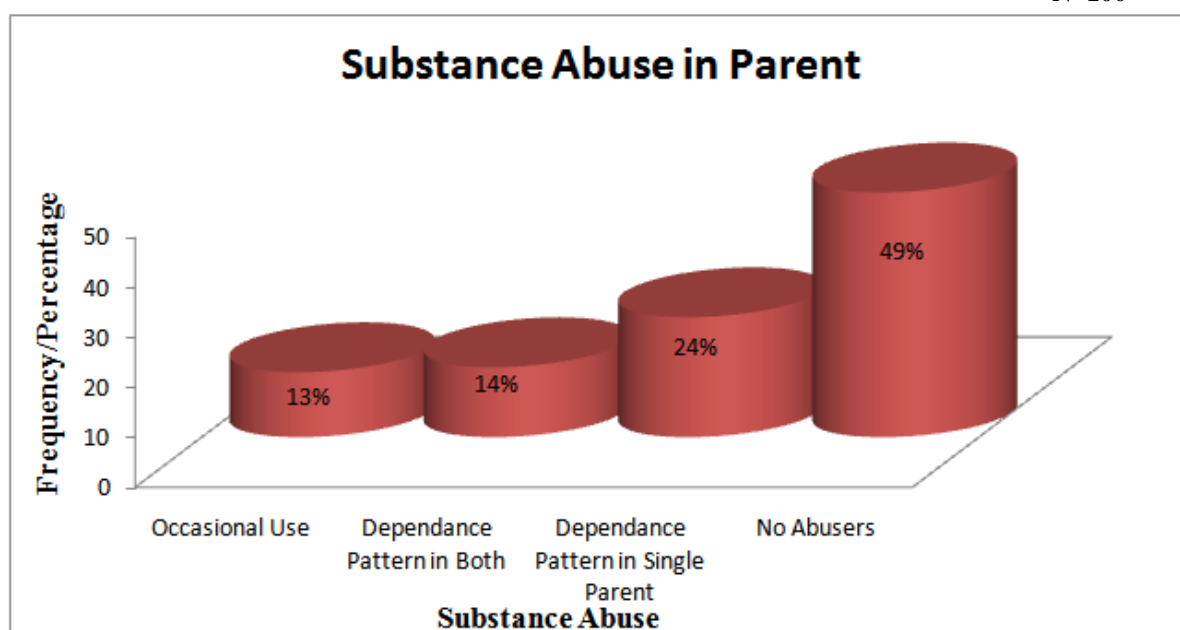


Fig. 03: Cylindrical column diagram showing the distribution of parents according to substance abuse. 13 parents (13%) were occasional users, 14 parents (14%) were having dependence pattern in both, 24 parents were (24%) were having dependence pattern in single parent and 49 parents (49%) were no abusers.

Section – II: Distribution of knowledge scores of parents of adolescence regarding Antisocial Behavior.

Table 2: Distribution of knowledge scores of parents adolescence regarding Antisocial Behavior.

N=100

Knowledge Level	Score	Frequency	Percentage
Good	21-30	02	02%
Average	11-20	42	42%
Poor	01-10	56	56%

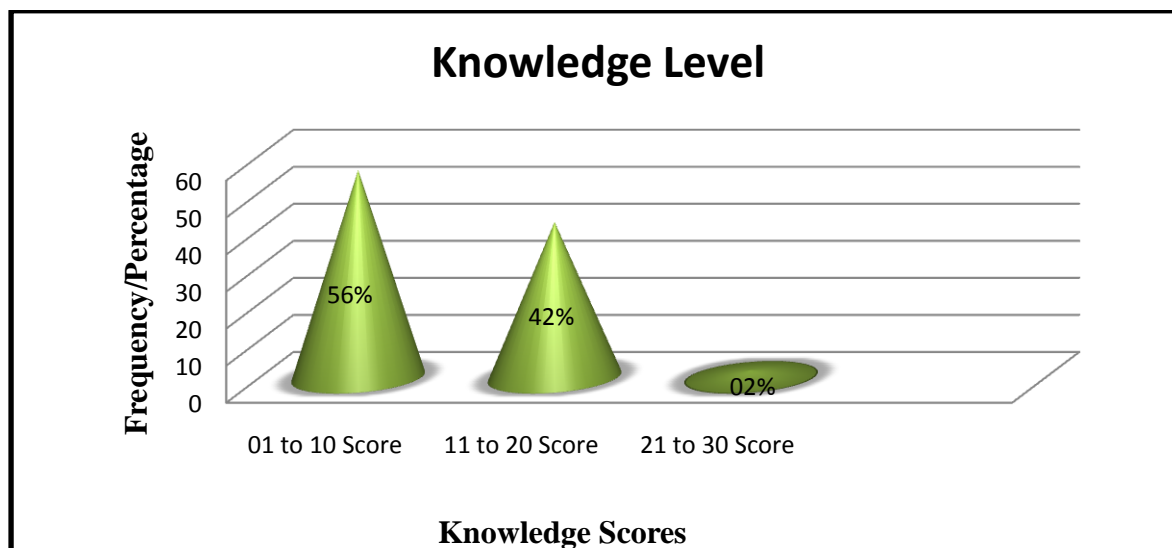


Fig.01: Staked cone diagram showing the distribution of parents according to their knowledge level. 56 parents have poor knowledge i.e. 01-10 score 42 parents were having average knowledge i.e. 11-20 score and 02 parents having good knowledge i.e. 21-30 score.

Section – III: Distribution of knowledge scores of parents in association with demographical characteristics.

Table 3: Distribution of knowledge scores of parents in association with demographical characteristics.

N = 100

Sl No.	Characteristics	Category	Respondents	Knowledge Scores			Chi-Square Value	df	Inference
			Frequency	Poor	Average	Good			
01	Type of Family	Nuclear	42	23	18	01	7.2441	4	NS
		Joint	46	23	22	01			
		Extended	12	11	01	00			
02	Age of the Parent	31-40	26	14	12	00	9.5068	6	NS
		41-50	23	11	11	01			
		51-60	37	25	11	01			
		61&above	14	05	09	00			
03	Gender of the Parent	Male	68	35	32	01	2.40	3	NS
		Female	32	21	10	01			
04	No. of Children	01	06	05	01	00	5.0296	6	NS
		02	34	18	16	00			
		03	40	20	18	02			
		04& above	20	11	09	00			
05	Religion	Hindu	51	19	30	02	17.228	6	S
		Muslim	29	20	09	00			
		Christian	17	15	02	00			
		Others	03	02	01	00			
06	Educational status of Parents	Informal Education	16	08	08	00	6.8372	8	NS
		Primary Education	26	19	07	00			

		Secondary Education	16	08	08	00			
		Higher secondary Education	25	13	11	01			
		Graduate & above	17	08	08	01			
07	Occupation	Private Employee	13	06	07	00	9.0107	8	NS
		Govt. Employee	21	12	07	02			
		Business	34	19	15	00			
		Housewife	18	11	07	00			
		Others	14	08	06	00			
08	Monthly Income of Family	1000 to 3000	27	13	14	00	12.457	6	NS
		3001 to 5000	24	16	08	00			
		5001 to 7001	24	14	10	00			
		7001 & above	25	13	10	02			
09	Type of Parentage	Single biological Parent	78	38	38	02	10.0831	4	S
		Non-biological Parent	12	10	02	00			
		Adopted Parent	10	09	01	00			
10	Substance Abuse	Occasional use	13	11	02	00	19.0269	6	S
		Dependence pattern in both	14	11	03	00			
		Dependence pattern in Single Parent	24	17	07	00			
		No Abuse	49	17	30	02			
11	Adjustment Problem in Parent	Domestic Violence	15	11	03	01	10.2562	6	NS
		Disturbed Communication	19	11	07	01			
		Physical Illness	25	17	08	00			
		Psychological problem	41	19	22	00			
12	Source Information of	Previous Knowledge	11	07	04	00	4.4067	6	NS
		Television/Radio	44	21	23	00			
		Friends/Relatives	20	12	07	01			
		Newspaper & Others	25	16	08	01			

The data presented in table 3 shows that the association was found between religion ($\chi^2_{(1)} = 17.228, P < 0.05$), type of parentage ($\chi^2_{(1)} = 10.0831, P < 0.05$) and use of substance ($\chi^2_{(1)} = 19.0269, P < 0.05$) of the parent with selected demographic variables. Remaining demographical variables are not associated with knowledge score.

V. Conclusion

The following conclusions were drawn on the basis of the findings of the study.

1. The overall knowledge score of the parents of adolescence revealed that Knowledge score ranged between 01-10. The mean knowledge score was 07.33. The mean percentage of knowledge score of 56. The majority of the parents of adolescence (56%) had poor knowledge, (42%) had average level of knowledge and (02%) had good level of knowledge regarding Antisocial Behavior.
2. The association was found between religion ($\chi^2_{(1)} = 17.228$, $P < 0.05$) of parent with selected demographic variables
3. The association was found between type of parentage ($\chi^2_{(1)} = 10.0831$, $P < 0.05$) with selected demographic variables
4. The association was found between use of substance ($\chi^2_{(1)} = 19.0269$, $P < 0.05$) by the parent with selected demographic variables. Remaining demographical variables are not associated.

Implications of the study

The findings of the study have implications for nursing education, nursing practice, nursing administration and nursing research.

Nursing education

The Pediatric nurse as an educator needs to understand the various health problems of adolescence. The nursing personnel working in the Pediatric and Community setting should be equipped with adequate knowledge and skill to educate parents of adolescence regarding antisocial behavior. The curriculum should give importance to health education. Nurse educators should plan and organize teaching programmes regarding antisocial behavior.

Nursing practice

The nurse plays an important role in the healthcare delivery system. Health education is considered as an important and best weapon and is a powerful tool of any healthcare agency. Nurse should plan health education programmes that aim to reduce antisocial behavior among adolescence. Counseling and motivating the parents of Adolescence to understand antisocial behavior problem among adolescence and also use of AV aids to the parents of adolescence to create awareness regarding antisocial behavior.

Nursing administration

The pediatric nurse as an administrator can organize and conduct teaching programmes for pediatric nurses in order to enhance and upgrade their knowledge and keep them aware regarding Antisocial Behavior, thus to educate the parents of adolescence regarding the antisocial behavior and the solution for the same.

Nursing research

Research essentially is a problem-solving process. Research provides nurses credibility to influence decision making, policy and protocol formulation. The findings of other studies regarding antisocial behavior must be utilized to motivate parents of adolescence to understand regarding antisocial behavior. Findings of the present study suggest that the educators and administrators should encourage nurses to read, discuss and conduct research studies so as to enable the pediatric nurses to make data based decisions.

Recommendation

On the basis of the findings of the study, the following recommendations have been made for further study: A study can be conducted on a larger sample in different settings, comparative study can be conducted between urban and rural parents of adolescence and study to assess the effectiveness of structured teaching programme regarding antisocial behavior can be conducted.

VI. Summary

The need for taking greater responsibility by Parents of Adolescence in the recognition of Antisocial Behavior and its management is being increasingly emphasized in the recent years. Many studies show that Antisocial Behavior is a common problem among adolescent. The teaching programme is the best method to promote the right attitude of parent's towards Antisocial Behavior and taking care of adolescent. All these factors motivated investigator to assess the knowledge regarding Antisocial Behavior among Parents of Adolescence.

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