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RESEARCH ARTICLE

EFFECTIVENESS OF CONTINGENCY CONTRACTING ON BEHAVIOURAL DISORDERS AMONG CHILDREN IN SELECTED SCHOOLS, NELLORE

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ABSTRACT

A normal child can work with satisfaction, and he can relax when he is not working. He enjoys play. Behavioral problems in children are common these days. Those are Children throw tantrums, do not listen to their parents, do not pay adequate attention in studies, they do not eat properly, and do not like to take balanced diet.

Objectives

- To assess the prevalence of behavioural disorders among children in selected schools, Nellore.
- To evaluate the effectiveness of contingency contracting on behavioural disorders among children in selected schools, Nellore.
- To associate the effectiveness of contingency contracting on behavioural disorders among children with selected socio demographic variables.

Material and method

The present study was conducted by using Quasi Experimental one group pre-test post test design. The children were selected by using non probability- convenience sampling technique.

Results and Discussion

The data reveals that pattern of behaviour in pre test, 27 (45%) children had annoying behaviour, 33(55%) children had inherent behaviour. In post test, 8(13%) children had annoying behaviour, 32 (53%) children had inherent behaviour and 20 (34%) children had age appropriate behaviour.

Conclusion

The results found that the contingency contracting is effective in decreasing behavioral disorders among children.

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INTRODUCTION

A normal child can work with satisfaction and can relax when he or she is not working. He enjoys play. Child enjoys himself much of the time, even if child is only talking to a friend or watching television. But probably the defining quality of a normal child is a kind of flexibility that allows him to adapt to the different demands and stresses that life imposes upon him. Child can tolerate conflict and frustration and loneliness-to some extent.

Behavioural problems in children are common these days. Children throw tantrums, do not listen to their parents, do not pay adequate attention in studies, they do not eat properly, and

do not like to take balanced diet. Sometimes they love to throw stones on animals and they bully other children who are younger than them or they defy the authorities.

Every child is unique and that every child has different inborn capability potential, the child is influenced by their parents, teachers, peers, media and surrounding environment. Lack of awareness of actual strengths and weakness leads them to spend, this goes generation by generation. Behavioural disorders can be of many kinds. There are certain habit disorders like enuresis (bed-wetting), thumb sucking, nail biting, stammering and feeding problems, like shyness, temper tantrums and daydreaming. Behavioural problems like attention deficit- hyperactivity disorder, autistic disorder, learning disorders, disruptive behavioural disorder like oppositional

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defiant behaviour, conduct disorder, adjustment disorders, anxiety disorders, mutism, and phobic anxiety disorders are common in children. In these disorder children can be more affected with those disorders like autistic disorders, attention deficit- hyper active disorder, and disruptive disorders. There are several different types of treatments available to treat the behavioral disorders which includes psycho therapy, specialized parent skill training, token economy, shaping, Modelling, and contingency contracting.

A contingency contract is a positive intervention that specifies the behavioral, social, or academic expectations to be completed in order to access reinforcement. A contract is typically developed by the client(s) and the individual providing treatment. The contract must also monitor individual or group progress after obtaining the baseline level of performance. The implementation of these contracts can target behaviors that are client or group specific. Contingency contracting is powerful in classroom situations. The teacher sets up a contract, perhaps with the help of the behavior modifier, specifying what is expected of the students, academically and non- academically, and what reinforcements they may expect for behaving these ways. Thus the students may be required to bring specified supplies, abide by a list of well-specified classroom rules, and turn in their homework completed to a specified degree. Reinforcements may include opportunity to spend a certain amount of time in a reward area or opportunity to work on a special project. Teacher has negotiated all aspects of the contract with the students and all students fully understand the contract.

Need For Study

World population data sheet (2014) shows that children population continues to grow, but the number of children in the world has now reached its peak. In 1960 there were 1 billion children below 15 years of age and 35% it accounted for world population. Now there are **1,9 billion** children in the world, but they are 27% of world population.

WHO (2013) India has 440 million children. That's more than the entire population of North America (USA, Mexico and Canada put together). Every fifth child in the world is Indian.

International classification of diseases (ICD-10) published by the world health organization (WHO) (2013) reported 15% of adolescents population are affected with emotional disorders in USA.

Department of Health and Human Services (DHHS) (2012) estimates that at least one in five (20%) of children and adolescents population affected with the behavioural and emotional problems in England.

International Epidemiologic Surveys (2012) estimated that 2-24% of the children were affected with anxiety disorders in Europeans.

WHO (May 31, 2001) reported that 40% of children with Conduct Disorder eventually develop antisocial personality

disorder. Overall, conduct disorder appears more often in boys than girls, with a rate of 6% to 10% for males and **2% to 9%** for females.

DSM-IV criteria, was found in 0.6% of the total population, another 0.8% had chronic motor tics, and 0.5% had chronic vocal tics among children in Swedish school.

DSM-IV (2011) estimated 20.8% of children's were suffering with mood disorders and 24.8% of children's with impulse-control disorders in UK.

DSM-IV (2013) criteria estimated that the prevalence rate of ADHD is 1.7% to 17.8% of children's for age of 5-15 years in US.

WHO (2012) estimated the ADHD rates 11.8% in boys and 5.4% in girls, 3.62% in boys and 0.85% in girls, 2.0% for boys and 0.5% for girls; and 1.5% for boys and 0.3% for girls.

The 12-month prevalence rate of disruptive behaviour disorders (ie, conduct disorder [CD] or oppositional defiant disorder [ODD]) is 6% with a range from 5% to 14% for age 5-15 years in Eastern Europe.

WHO (2012) estimated 50% of children's are having neurotic, stress related and affective disorders in India.

DSM-IV estimated that the students are 2.8% to 5.5% for ODD and 2.0% to 3.32% for CD. Similar to ADHD, CD is also more prevalent in boys than girls, with many studies showing a difference of 3 to 4 times higher than boys in India.

As a part of treatment there are various therapies are available for behavioral disorder. The contingency contracting therapy can be practiced easily. So, investigator is interested to identify the effectiveness of contingency contracting among children with behavioral disorder.

Statement of the problem

A Study to assess the effectiveness of contingency contracting on behavioural disorders among children in selected schools, Nellore.

Ojectives

- To assess the Prevalence of behavioural disorders among children
- To evaluate the effectiveness of contingency contracting on behavioural disorders among children
- To associate the effectiveness of contingency contracting on behavioural disorders among children with selected socio demographic variables.

Hypotheses

Null hypotheses

H₀₁: There is no statistically significant difference on behavioural disorder before and after implementation of contingency contracting among children.

H₀₂: There is no statistical significant association between the effectiveness of contingency contract on behavioural disorders among children with socio demographic variables.

Research Hypotheses

H₁: There is a statistically significant difference on behavioural disorder before and after contingency contracting.

H₂: There is a statistically significant association between the effectiveness of contingency contracting on behavioural disorders among children with their socio demographic variables

METHODOLOGY

Research Approach: A quantitative research approach

Research Design: Quasi experimental one group pre test post design is adopted for the study.

Setting: The study was conducted in Sathyabhama English medium school, located at Saraswathi Nagar, Nellore.

Population

Target Population: school going children

Accessible Population: school going children with behavioural disorder.

Sample: Children with behavioural disorders.

Sampling Technique: Non probability convenience sampling technique

Sample Size The sample sizes consist of 60 children with behavioural disorders.

Sampling Criteria

Inclusion Criteria

Children with behavioral disorders

1. Age group of 6-12 years
2. Both boys and girls

Exclusion Criteria

1. Children of parents who are not willing to participate in the study
2. Children who are already taking treatment for behavioural disorder
3. Children who have other psychiatric disorder
4. Children who don't know to read or writing Telugu and Englis

Description of Tool

Part-A

It consists of socio demographic variables such as age in years, gender, religion, fathers education, mothers education, fathers occupation, mothers occupation, income of the family, type of family, place of residence, class room behavior, type of diet, family history of behavioral problems, academic performance.

Part-B

Behavioral Summarized Evaluation –Revised (BSE-R) which consists of 29 items about behavior pattern of children.

Part-C

Sessions of Contingency Contracting

- Session-I Maintain Interpersonal Relationship.
- Session-II Assessment.
- Session-III Pre test.
- Session-IV Contract condition
- Session-V Contract completion.
- Session-VI Reinforces.
- Session-VII Review.
- Session-VIII Post test.
- Session-IX Follow up.

Data analysis and interpretation

Sno	Data analysis	Method	Remarks
1	Descriptive statistics	Mean and Standard deviation	Distribution of demographic variables Frequency and percentage distribution of behavioural disorder.
		Frequency & percentage	To determine the effectiveness of contingency contracting on behavioural disorders among children.
2.	Inferential statistics	'Z'-test	To find out Association between the effectiveness of contingency contracting on behavioural disorders among children with their selected socio demographic variables.
		Chi-Square	

RESULT AND DISCUSSION

The data was organized, tabulated, analyzed and interpreted by using descriptive and inferential statistics based on the objectives of the study. The findings were presented on tables.

The analysis of the data was mainly classified as:-

- Section I :-** Frequency and percentage distribution of socio demographic variables of the children with behavioral disorder.
- Section II :-** Frequency and percentage distribution of prevalence of behavioral problems among children.
- Section III :-** Effectiveness of contingency contracting on behavioral problems among children
- Section IV:-** Association between the effectiveness of contingency contracting on behavioral disorder among children with their selected socio demographic variables.

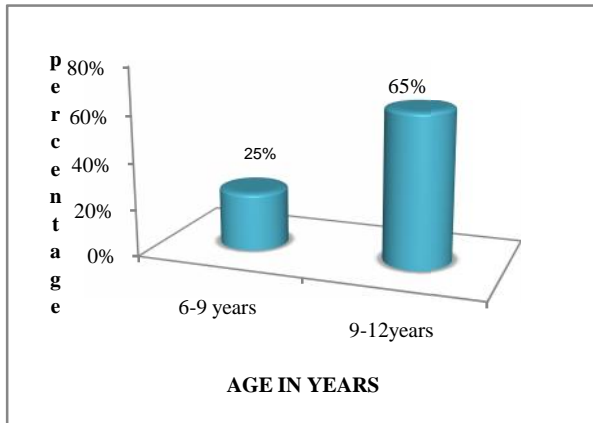


Figure 1 Percentage distribution of children based on age.

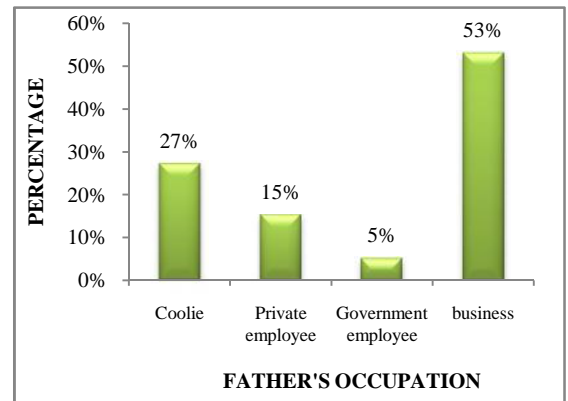


Figure 5 Percentage distribution of children based on father's occupation

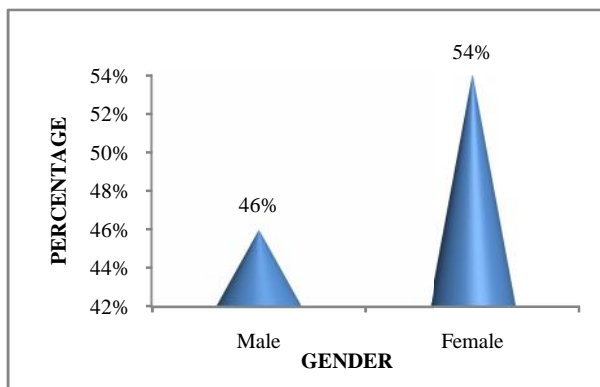


Figure 2 Percentage distribution of children based on Gender.

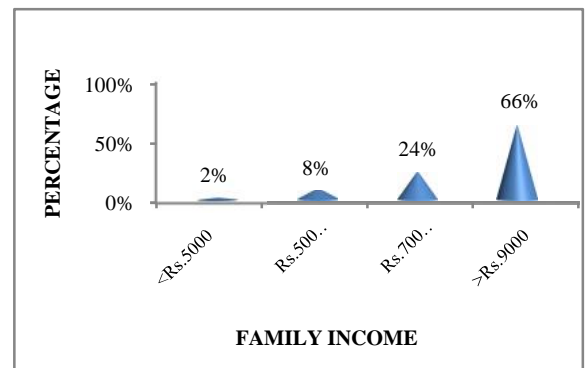


Figure 6 Percentage distributions of children based on family income.

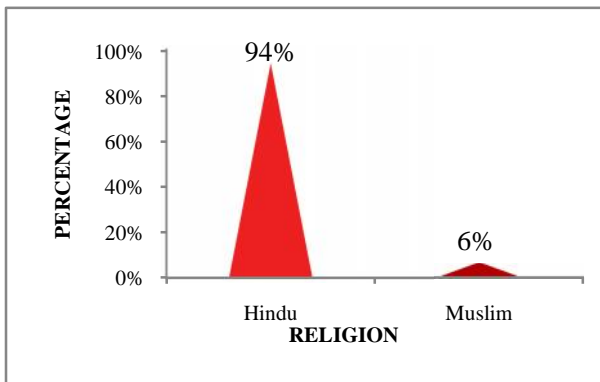


Figure 3 Percentage distribution of children based on Religion

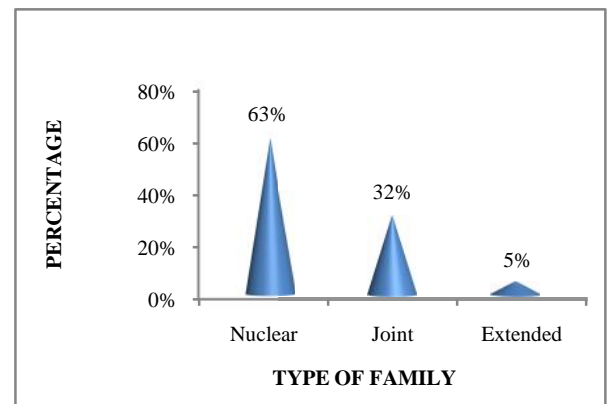


Figure 7 Percentage distribution of children based type of family

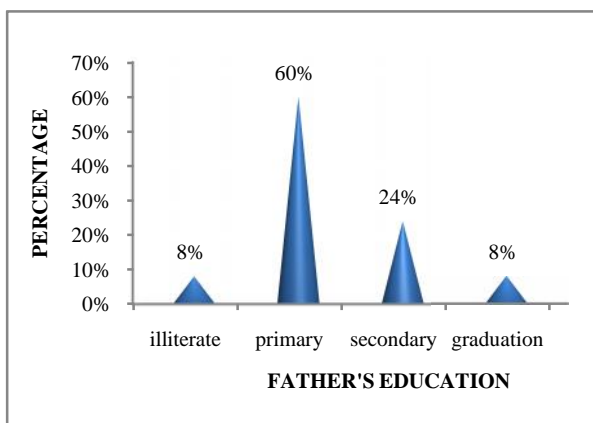


Figure 4 Percentage distribution of children based on father's education

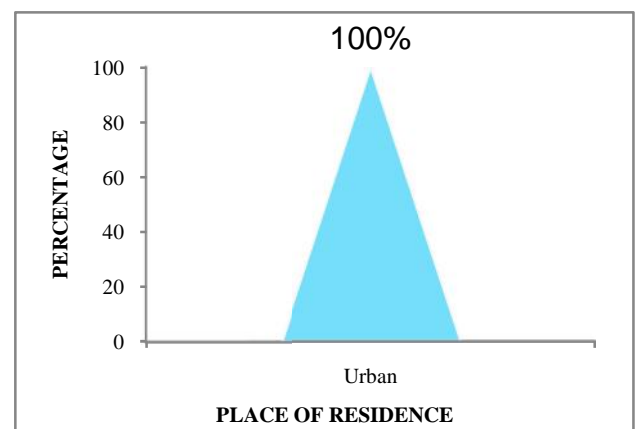


Figure 12 Percentage distribution of children based on place of residence.

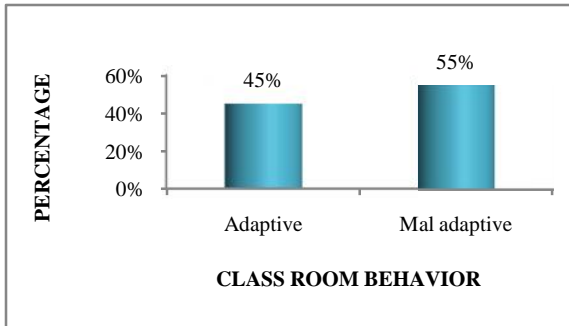


Figure 13 Percentage distribution of children based on class room behaviour

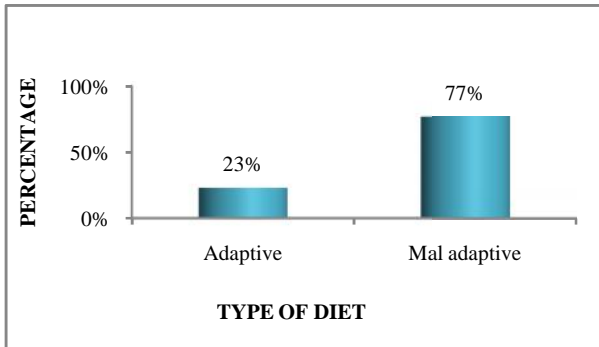


Figure 14 Percentage distribution of children based on type of diet

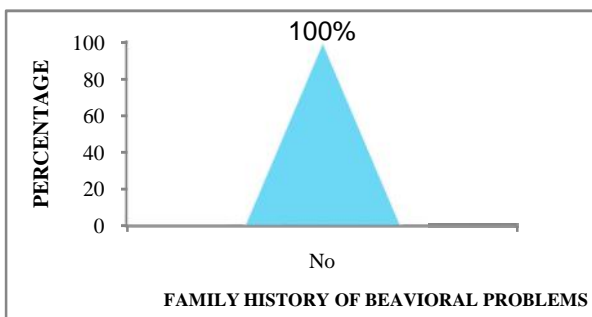


Figure 15 Percentage distribution children based on family history of behavioural problems.

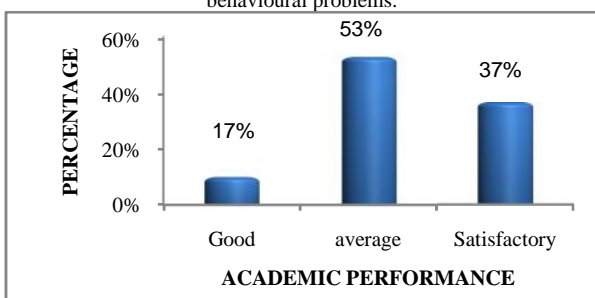


Figure 16 Percentage distribution of children based on academic performance

Section-II

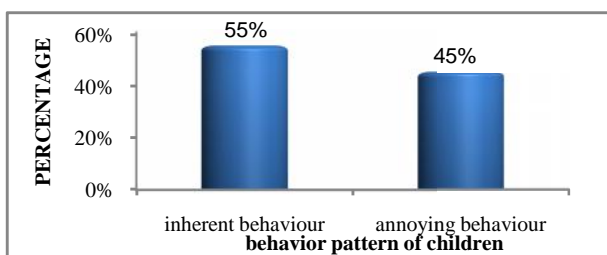


Figure-17 percentage and distribution of children based on behaviour pattern

Section -III

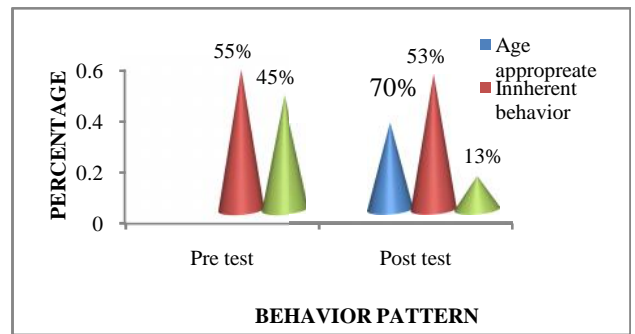


Figure 18 Percentage distribution on effectiveness of Contingency contracting on behavioural Disorder among children

Section-IV

Association between the effectiveness of contingency contracting on behavioural disorder among children with selected socio demographic variables

In association the effectiveness of contingency contracting on behavioural disorders among children with socio demographic variables, variables like age in years, religion, class room behaviour is significant and variables like gender, fathers education, mothers education, fathers occupation, income of family, type of family, type of diet and academic performance is non significant.

So, the null hypothesis (H_{02}) is rejected. Research hypothesis (H_2) is accepted.

CONCLUSION

Investigator found that the contingency contracting is effective in decreasing behavioural disorders among children.

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