



## **Title: A Study to Assess the Knowledge among Parents Related to Aggression in School Going Children**

**Pratiksha Thakare<sup>1\*</sup>, Kalyani Thakare<sup>2</sup>, Chetan Supare<sup>2</sup>,  
Gauraokumar Tembhekar<sup>2</sup>, Neha Tarekar<sup>2</sup> and Shalini Lokhande<sup>3</sup>**

<sup>1</sup>Department of Medical-Surgical Nursing (Oncology), Smt Radhikabai Meghe Memorial College of Nursing, DMIMS (DU) Sawangi (Meghe), Wardha, Maharashtra, India.

<sup>2</sup>Smt. Radhikabai Meghe Memorial College of Nursing, DMIMS (DU) Sawangi (Meghe), Wardha, Maharashtra, India.

<sup>3</sup>Department of Child Health Nursing, Smt. Radhikabai Meghe Memorial College of Nursing, DMIMS (DU) Sawangi (Meghe), Wardha, Maharashtra, India.

### **Authors' contributions**

*This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.*

### **Article Information**

DOI: 10.9734/JPRI/2021/v33i46B32983

#### **Editor(s):**

- (1) Dr. Dharmesh Chandra Sharma, G. R. Medical College & J. A. Hospital, India.  
(2) Dr. Begum Rokeya, Bangladesh University of Health Sciences, Bangladesh.

#### **Reviewers:**

- (1) Ahmed El Abassy, Menoufia University, Egypt.  
(2) Lamiaa Hassnin Eita, Menoufia University, Egypt.  
(3) John W. Fisher, University of Melbourne, Australia.

Complete Peer review History: <https://www.sdiarticle4.com/review-history/73858>

**Original Research Article**

**Received 16 July 2021**  
**Accepted 19 September 2021**  
**Published 23 October 2021**

### **ABSTRACT**

**Background:** School going is a period of life with health and developmental needs and rights. In this period the children develop knowledge and skills, learn to manage emotions and relationships. The WHO defines school going from age 10 to 19 years. Investing in the world's 1.2 billion school going can break cycles of poverty and inequity, highlights UNICEF in its 2011 State of the World's Children report. Aggressive behaviors can obstruct instruction and success in a variety of interventions, preventing progress in a variety of developmental domains.

**Objectives:** 1. To assess the knowledge among parents related to the aggression of school going children. 2. To determine the association between the knowledge score of parents with their demographic variables.

**Materials and Methods:** This study was based on a descriptive approach, In this study 80 parents of school going children were selected from the rural area of Sawangi Meghe, Wardha District by using tool such as structured knowledge questionnaire with non-probability convenient sampling method data was collected.

**Results:** The study showed that the mean percentage of knowledge score was  $13.31 \pm 4.39$  (44.36 %) according to the level of knowledge score regarding aggression among parents of school going children. 2.5% of the parents had poor, 42.5% had average, 45% had good knowledge score, 8.75% had very good knowledge score and 1.25% had excellent knowledge score.

**Conclusion:** The present study is descriptive and aims to assess the knowledge regarding aggression among parents of school going children. Recommendation, we can study on Impact of the Aggression on student's mental health and school performance.

*Keywords: Assess; knowledge; aggression; parents; school going children.*

## 1. INTRODUCTION

Large quantity of knowledge regarding aggression and its regulation has been gathered from clinical sources, many related studies and theoretically. The study of human aggression in children and youth has become a significant subject for scientific research due to the social implications of violence. Aggression is a big source of concern for a variety of reasons, not the least of which is the risk of physical harm. School going is a period of life with health and developmental needs and rights. It this period the children develop knowledge and skills, learn to manage emotions and relationships. The WHO defines school going from age 10 to 19 years. Investing in the world's 1.2 billion school going can break cycles of poverty and inequity, highlights UNICEF in its 2011 State of the World's Children report [1]. Aggressive and disruptive behaviors among parents of children with developmental disabilities are the strongest predictors of stress at the household level. Furthermore, violent behavior is a strong predictor of out-of-home placements for children with intellectual impairments. Aggression is linked to a higher risk of physical abuse from caregivers, including parents [2].

Aggressive behaviors can obstruct instruction and success in a variety of interventions, preventing progress in a variety of developmental domains. Because of the devastating consequences of aggressive behavior in children, it is critical to gain a better knowledge of the scope of the problem [3]. Aggression is usually divided into two basic types. The first is affective (emotional) and hostile, reactive, or retaliatory aggression, which occurs in response to provocation, and the second is instrumental, goal-oriented, or predatory aggression, which occurs when aggressiveness is utilized to attain

a purpose. A person who punches someone who insults him or her is an example of aggressive aggression. Armed robbery is one example of instrumental aggression. A distinction between affective and predatory aggressiveness is supported by research from a variety of fields [4]. Human aggressiveness can be divided into two types: direct and indirect aggression. Direct aggression is defined as physical or verbal behavior designed to injure another person, whereas indirect aggression is defined as behavior intended to harm an individual's or group's social relationships [5]. Aggression is defined as a response by an individual to deliver something unpleasant to another person, according to popular classifications in the social sciences and behavioral sciences. According to certain definitions, the person must aim to hurt another person. Aggression may or may not be defined as predatory or defensive behavior between members of different species [6].

According to the few studies examined above, the interplay between attachment and gender on aggression may be mitigated further by age. Preschool age might be assumed before and throughout the school [4]. Aggression, like many other psychological phenomena, is a highly complicated concept with a difficult term to come by. If we had to summarize some of the current definitions, we could say that the vast majority of them are concerned with its aim, expression, and affecting elements. They also involve harming another person or oneself to hurt another person or oneself. Aggression comes in a multitude of forms, each with its level of complexity [7]. Aggression, according to psychologists, is defined as behavior between members of the same species that is designed to humiliate, pain, or harm, as well as antisocial behavior, depression, anxiety, dissociation, and other trauma-related symptoms, as well as problems

with emotion management [8]. Children learn important social skills, verbal and emotional expression, self-control, and coping skills throughout their early years. Mild to moderate aggressive behavior, like shouting, name-calling, shoving, and jabbing, is extremely normal during this time; in fact, most children are physically violent toward siblings, peers, and adults by the age of 17 months [9]. Students who perceive their mothers or fathers to be more loving, caring, and attentive to them are less likely to engage in physical aggression than those who perceive their parents to be more authoritative and over protective, according to the study, which was conducted on Nigerian secondary students [10].

### 1.1 Objectives

1. To assess the knowledge among parents related to the aggression of school going children
2. To determine the association between the knowledge score of parents with their demographic variables.

## 2. METHODS

### 2.1 Research Design

Descriptive Research Design is used in this study this approach was selected because the aim of the study evaluated knowledge of parents regarding the aggression of school going children.

### 2.2 Setting of the Study

The different places of rural areas of Wardha district such as Sawangi Meghe will be the setting for this research.

### 2.3 Inclusion Criteria

- Parents of school going children who are willing to participated in study
- Parents of school going children who are understand Marathi Hindi or English.

### 2.4 Exclusion Criteria

- Parents of school going children are who having aggression with child and taking treatment.
- Parents of school going children who are having the child with mental illness.

### 2.5 Sample Size

The sample size of study was 80 parents of school going children.

### 2.6 Sampling Technique

In this study non - probability convenience method of sampling was used for sample collection.

### 2.7 Preparation of Tools

A tool was derived through several steps of item generation, reduction, weightage, pilot testing of the tool and validating of the tool. The content validity was determined after the opinion experts in the various field. Tool validation included measurement of inter-observer reliability; and generation of criterion-related, construct-related and content-related validity. The tool was later revised by English - language experts and then translated into the Marathi language by language experts without altering the meaning of the tool.

### 2.8 Data Collection Procedure

Data was collected by using a structured knowledge questionnaire on knowledge regarding aggression among parents of school going children. The knowledge questionnaire that divided in two parts 1. Demographic variables such as age, sex, parent's education, religion and occupation and 2. Questionnaire that consisted 30 items. Scoring for knowledge questionnaire each correct answer carried 1 mark and 0 was given for the wrong response. Knowledge was graded from poor to Excellent knowledge based on scores. The minimum score was (1) and the maximum score was (30). Based on the total number of correct responses the degree of knowledge was classified as Poor (0-6), Average (7 - 12), good (13 - 18), very good (19 - 24) and Excellent (25- 30). The data collection was done within 02/02/2018 to 11/02/2018. Before the data collection, the willing consent from parents of school going children was taken in their understanding language. After that the structured knowledge questionnaire given to each patient and they fill the all required information and select the multiple choice question within 30 min and we collect it and after that assessment was done.

### 2.9 Analysis

The findings were summarized by concentration and percentages categorically. The program

used in the study was SPSS 24.0 and an edition of graph pad prism 7.0 and P<0.05 is regarded as a degree of significance.

### 2.10 Statistical Analysis

Descriptive and inferential statistics were used for the analysis of data. The basic characteristics of the data were defined in descriptive statistics in a sample, and inferential statistics were used to draw inferences from our data to more general conditions. The association of knowledge and perception score with demographic variables was determined by one - way ANOVA test and independent t-test.

### 3. RESULTS

Section - A Percentage wise distribution of parents according to their demographic variables.

- Distribution of parents according to their age in years shows that 26.3% of them were belonging to the age of 20-30 years, 57.5% were in the age of 30-40 years and 16.2% were in the age of 40-50 years.
- The distribution of parents according to their sex reveals that 46.2% of them were male and 53.8% were female.
- 75.0% of Parents belong to Hindu Religion and 18.8% belong to Buddhist and 1.2%

belong to Muslim and 5.0% belong to other Religion.

- Distribution of parents according to their educational qualifications shows that 28.7% of them were educated up to Primary, 37.5% of them were educated up to higher secondary, 26.3% of them were educated up to Graduate,7.5%of them were educated up to Post Graduate.
- Distribution of Parents according to their Occupation Shows that 42.5% of them were farmers, 12.5% of them were Non-Government staff, 6.2% of them were Government staff and 38.8% of the mwereother.

Section – B Assessment of knowledge regarding aggression among the parents of school going children.

The Table 2 and Graph no :1, shows that in Knowledge score, 2.5% of parents were had poor knowledge, 42.5% of parents having average knowledge score and 45% parents had good knowledge,8.75% of parents had very good knowledge and 1.25% of parents having Excellent knowledge. Minimum score was 01; maximum knowledge score was 25. So mean knowledge score was 13.31±4.39 (44.36%) revelled good knowledge.

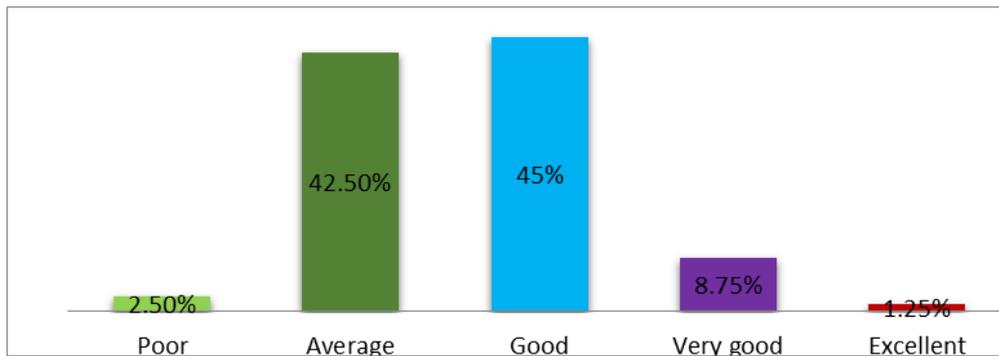
Section C - Association of knowledge score in relation to parent's demographic variables.

**Table 1. Percentage wise distribution of parents according to their demographic variables (n=80)**

Demographic Variables	Frequency	Percentage (%)	
<b>Age</b>	20-30 years	21	26.3%
	30-40 years	46	57.5%
	40-50 years	13	16.2%
	Other	0	0%
<b>Sex</b>	Male	37	46.2%
	Female	43	53.8%
<b>Religion</b>	Hindu	60	75.0%
	Buddhist	15	18.8%
	Muslim	1	1.2%
	Other	4	5.0%
<b>Educational status</b>	Primary	23	28.7%
	Higher Secondary	30	37.5%
	Graduate	31	26.3%
	Postgraduate	6	7.5%
<b>Occupation</b>	Farmer	34	42.5%
	Staff (Non Govt. sector)	10	12.5%
	Staff (Govt. sector)	5	6.2%
	Other	31	38.8%

**Table 2. Assessment of Level of Knowledge Score among Parents Related to Aggression. (n=80)**

Level of knowledge score	Score	%	Knowledge score	
			Frequency	Percentage
Poor	0-6	0-20	2	2.5%
Average	7-12	21-40	34	42.5%
Good	13-18	41-60	36	45%
Very good	19-24	61-80	7	8.75%
Excellent	25-30	81-100	1	1.25%
Minimum score	1			
Maximum score	25			
Mean score	13.31±4.39			
Mean Percentage	44.36±14.63			



**Graph 1. Assessment of Level of Knowledge Score among Parents Related to Aggression**

**Table 3. Significance of difference in knowledge of parents regarding Aggression among parents of school going children in relation to demographic variables (n=80)**

Age (yrs)	No. of subject	Mean knowledge score	F-value	p-value
20-30 years	21	12.38±4.42	1.522	0.225 NS, p>0.05
30 -40 years	46	14.04±4		
40-50 years	13	12.23±5.43		
other	0	0		
<b>Sex</b>				
Male	37	13.95±3.46	t - 1.23	0.22 NS, p>0.05
Female	43	12.77±5.03		
<b>Religion</b>				
Hindu	60	12.98±4.64	1.59	0.197 NS, p>0.05
Buddhist	15	14.07±3.32		
Muslim	1	8.00±0.0		
Other	4	16.75±1.70		
<b>Educational status</b>				
Primary	23	11.52±5.23	2.37	0.07 NS, p>0.05
Higher secondary	30	13.40±3.39		
Graduate	31	14.62±4.51		
Postgraduate	6	15.77±3.18		
<b>Occupation</b>				
Farmer	34	11.94±4.74	2.46	0.068 NS, p>0.05
Staff (Non-Govt.sector)	10	15.70±4.80		
Staff (Govt. sector)	5	13.80±5.07		
Other	31	13.97±3.35		

- Table 3 shows, the association of knowledge scores with the age of study participants. The tabulated F value (3.15) was higher than the calculated F value (1.522) at a 5% level of significance and (df 2, 77). Also 'p' = 0.225 was much higher than the acceptable level of significance i.e. 'p' = 0.05. Hence it is interpreted that the age of the study participants was not associated with the knowledge scores.
- The association of knowledge scores with the sex of study participants. The tabulated t value (2.00) was higher than the calculated t value (1.23) at a 5% level of significance and (df 1, 78). Also 'p' = 0.22 was much higher than the acceptable level of significance i.e. 'p' = 0.05. Hence it is interpreted that the sex of the study participants was not associated with the knowledge scores.
- The association of knowledge scores with the religion of study participants. The tabulated F value (2.76) was higher than the calculated F value (1.59) at a 5% level of significance and (df 3, 76). Also 'p' = 0.197 was much higher than the acceptable level of significance i.e. 'p' = 0.05. Hence it is interpreted that the religion of the study participants was not associated with the knowledge scores.
- The association of knowledge scores with the educational status of the participants. The tabulated F value (2.76) was higher than the calculated F value (2.37) at a 5% level of significance and (df 3, 76). Also 'p' = 0.077 was much higher than the acceptable level of significance i.e. 'p' = 0.05. Hence it is interpreted that the education status of the study participants was not associated with the knowledge scores.
- The association of knowledge scores with the occupation of study participants. The tabulated F value (2.76) was higher than the calculated F value (2.46) at a 5% level of significance and (df 3, 76). Also 'p' = 0.068 was much higher than the acceptable level of significance i.e. 'p' = 0.05. Hence it is interpreted that the Occupation of the study participants was not associated with the knowledge scores.

#### 4. DISCUSSION

The current study's first objective suggested that to assess the knowledge among parents related

to aggression of school going children. Support for this objectives was found given that the findings of this study shows that ,the Knowledge score, 2.5% of parents were having poor knowledge, 42.5% of parents having average knowledge score and 45% parents having good knowledge,8.75% of parents having very good knowledge and 1.25% of parents having Excellent knowledge. Minimum score was 01; maximum knowledge score was 25. So mean knowledge score was  $13.31 \pm 4.39$  (44.36%) Hence it is interpreted that the parents revelled good knowledge. Second objective suggested that to association between the knowledge score of parents with their demographic variables was not significant with demographic variables it may be due to small sample size.

A similar type of study was done on the topic of knowledge regarding behavioral problems of school children among 100 mothers of at Patteswaram rural community in Thanjavur District. The research design adopted for the study was Patteswaram rural community in Thanjavur District. The sample size consists of 100 mothers of school children. The findings of the study were discussed based on the objectives. The findings revealed that knowledge of mothers shows that 61% of the mother had inadequate knowledge 37% of mothers had moderately, 2% of a mother had adequate knowledge on the behavioral problem. In conclusion, a mothers had having very poor knowledge regarding the behavioral problem. Mothers in this study believed that behavioral problems result in mistreatment of affected children by others, negative impact on education, involvement in other bad habits and activities (such as addiction, stealing), increase in emotional problems, and negative effects in personal and family image. Parents and teachers have difficulties managing children's behavioral problems. Parents reported used listening, talking and consoling as a first option to deal with child behavioral problems; however, when verbal techniques did not help, they reported using physical punishments [11].

A similar type of study was done to assess Jordanian parents' knowledge and beliefs about the children's aggressive behavior. A sample of 262 parents of children aged 6-11 years. Parents had a moderate level of knowledge (M = 15.49, SD = 3.439). Children to parents who had adequate knowledge, Ninety-two percent (n = 241) of parents were concerned about the amount of sexual and violent content their

children see in movies or on TV. This study suggests that increasing parents' knowledge of media of evidence-based programs may have a protective effect on children's behavior [12].

A similar type of study was on parenting knowledge, attitudes, and practices that are associated with positive parent-child interactions and the healthy development of children ages and education [13].

## 5. RECOMMENDATION OF THE STUDY

- Similar study can be conducted with more study participant to generalized the finding.
- One of the limitation of this study is research work conducted in Wardha district so it can be conducted in various area of country.
- Studies may be conducted to evaluate the effectiveness of planned teaching programme on knowledge of parents regarding aggression among the children.
- We can study on Impact of the Aggression on student's mental health and school performance.

## 6. CONCLUSION

Consistent with other studies, the results of this study conclude that the findings of this study show that the Knowledge score, 2.5% of parents were having poor knowledge, 42.5% of parents having average knowledge score and 45% parents having good knowledge, 8.75% of parents having very good knowledge and 1.25% of parents having Excellent knowledge. The minimum score was 01; the maximum knowledge score was 25. So mean knowledge score was  $13.31 \pm 4.39$  (44.36%) Hence it is interpreted that the parents revealed good knowledge.

## CONSENT AND ETHICAL APPROVAL

The Institutional Ethical Committee of Datta Meghe, Institute of Medical Sciences, deemed to be university sanctioned approval for conducting the research study Central Ethics Committee on Human Research. Ref. No. DMIMS (DU)/IEC/2017-2018/7035 was obtained.

As per international standard, parental written consent has been collected and preserved by the author(s).

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

## REFERENCES

1. Kumar M, Bhilwar M, Kapoor R, Sharma P, Parija P, Student P, et al. Prevalence of Aggression among School-Going Adolescents in India: A Review Study. 2016;39 47.
2. (Baker et al. 2002). (Lecavalier et al. 2006; Tomanik et al. 2004) (Bromley and Blacher 1991; McIntyre et al. 2002) (Stith et al. 2009) and residential staff (Stormshak et al. 1999 (Rubin et al. 2002).
3. Merriam-Webster: Aggression Retrieved 10 January 2012; 2012.
4. Evis Fili, European university of Tirana-UET Among parenting styles, the most exce.
5. "Behavioural, hormonal and neurobiological mechanisms of aggressive behaviour in human and nonhuman primates". *Physiology & Behaviour*. 143:121–35
6. Anderson, Craig A.; Bushman, Brad J. "Human Aggression". *Annual Review of Psychology*. Akert RM., Aronson, E., & Wilson, T.D. (2010). *Social Psychology* (7th ed.). Upper Saddle River, NJ: Prentice-Hall. 2002;53:27–51.
7. [http://www.who.int/features/factfiles/adolescent\\_health/en/index.html](http://www.who.int/features/factfiles/adolescent_health/en/index.html), Ana Kozin, Educational Research Institute, Slovenia "Measurement of Students' Aggressive Behaviour in School Settings".
8. Robert F, Marcus. Prevalence of aggression and violence in adolescence. Cambridge University Online. Cambridge University Press 2009;8-34. Available:<http://dx.doi.org/10.1017/CBO9780511611292.002>
9. WHO Statement on International Youth Day 2011 Aug 12. Available:[http://www.who.int/child\\_adolescent\\_health/news/archive/2011/international\\_youth\\_day/en/index.html](http://www.who.int/child_adolescent_health/news/archive/2011/international_youth_day/en/index.html).
10. Lakhdir MPA, Rozi S, Peerwani G, Nathwan AA. Effect of the parent-child relationship on physical aggression among adolescents: Global school-based student health survey. *Health Psychology Open*. 2020;7(2): 2055102920954715.

11. Manivannan DD, Moses RF. A Study to Assess the Knowledge Regarding Behavioral Problems of School Children Among Mothers. :4.
12. Al-Ali NM, Yaghy HS, Shattnawi KK, Al-Shdayfat NM. Parents' Knowledge and Beliefs about the Impact of Exposure to Media Violence on Children's Aggression. Issues Ment Health Nurs. 2018;39(7): 592–9.
13. National Academies of Sciences E, Education D of B and SS and, Board on Children Y, Children C on S the P of Y, Breiner H, Ford M, et al. Parenting Knowledge, Attitudes, and Practices.

---

© 2021 Thakare et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

*Peer-review history:*

*The peer review history for this paper can be accessed here:*  
<https://www.sdiarticle4.com/review-history/73858>