Original Research Article

Prevalence of Behavioural Problems among School Children: A Pilot Study

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ABSTRACT

Introduction: Behavioural problems in children are actually the characteristics that do not meet the criteria of mental disorder, but can lead to the development of mental disorder in later life if not taken care of. Behavioural problems can be of different types- both externalizing and internalizing i.e. hyperactivity, inattention, temper tantrum, depression, anxiety, aggression, disobedience, peer problems, nail biting, thumb sucking, sleep problems etc. Behavioural problems in children should be identified and managed as early as possible to prevent further complications.

Objectives:
The objectives of the study are
- To assess the behavioural problems among school children
- To assess the sociodemographic profile of children with behavioural problems
- To find out the association between behavioural problems and selected demographic variables

Methodology: The present study is a descriptive survey study that is conducted among 50 no of students selected randomly from government primary schools of Baksa District, Assam. The tools used for data collection are strength and difficulty questionnaire (SDQ)-teacher form and socio-demographic proforma for school children. After collecting the data, statistical analysis of data has been done with descriptive and inferential statistics.

Results: 18% of the students have abnormal behavioural while 12% have borderline behavioural problems. Highest number of students (26%) has conduct problems. Mean score of externalizing problem is more than that of internalizing problem. There is significant association between emotional problem and age, conduct problem and gender, conduct problem and no of siblings, hyperactivity and religion, prosocial problem and age

Conclusion: Behavioural problems exist at the early stage of human development i.e. childhood. It is important to identify the child with behavioural problems at the earliest where school teachers can take an active role in a country like India, thus reducing the cost of health economy.

Key Words: Behavioural problems, prevalence, school children, primary school, socio-demographic factors

INTRODUCTION

Mental Health of a child is of basic importance to gain the ability to live harmoniously in the changing environment. Child's health is the corner stone of national progress. The community which neglects its children retards its future progress. UNICEF has given great attention to the concept of the whole child which means it is essential to promote their health, as they are the vulnerable segment of the society. [1]

Young people can have mental, emotional and behavioural problems that are real, painful and costly. These problems often can lead to development of disorders if neglected which are the sources of stress for children and their families, schools and communities. [2] Although it is difficult to

get accurate estimates of child mental disorders, the few available epidemiological data indicate that 12-51%; with the average around 29% of the world's children suffer from emotional and other mental problems that warrant mental health treatment. [3] Out of this group, 6-9% is seriously emotionally disturbed children who need intensive psychiatric care. [4] In addition, there are unfolding numbers of at-risk children who need attention and secondary preventive service. Recent evidence indicates that emotional and behavioural disorders frequently lead to poor school performance and to dropping out of school. This wastes educational resources and seriously impairs the economic and social potential of such children. [5] The behavioural problems such as quarrelling, using abusive language, delinquent behaviour are visible in school children in general. A child may have more than one disorder ranging from mild to severe.

In India, Children below 16 years of age constitute over 40% of its population. [6] Community studies on emotional/ behavioural disorders in children and adolescents conducted in India have yielded disparate point prevalence estimates (2.6% to 35.6%). [7-9] Methodologically robust studies on community samples have reported overall point prevalence rates of 9.4% in children aged 8-12 years[14], 12.5% in children aged 0-16 years. [9]

In Assam, a cross sectional study on school students shows prevalence rate of various behavioural problems ranged from 7.90 to 16.78%. Anxiety problem was highest among school students. [10]

Children spent nearly 200 days each year in the school. So, the child spends a large portion of each day, week in school. So it is the primary responsibility of the school, not only to build up their intellectual capacity and knowledge but also to develop their physical and mental health. [11]

Dr. Sarvepalli Radhakrishnan said, "Successful teacher emphasizes the role of guide, facilitator, leader, manager and evaluator".

The role of the teacher is important and fundamental in school health services. Participation of the teacher in child care is of great value and there is no substitute for this. Teachers can help the children to gain knowledge and understanding of health, develop favourable attitudes and formulate desirable habits to improve their own health as well as that of the community. [12]

Baksa district is one of the 27 districts of Assam where Assam is one of north-eastern states of India. The total population of Baksa district is 953,773. [12] The total number of villages is 696. The total number of ME school according to provincial census 2011 is 466. Here, most of the families are below poverty line. Families prefer to enroll their children in government schools where teacher needs to act as their parents.

It has been observed that a larger number of children suffer from behavioural problems at given time in India. But there is no such evidence on behavioural problems among school children in Baksa district. Knowledge on prevalence of child mental health problems is essential to inform policy and to plan and implement mental health services that they need.

In this background the present study is undertaken aiming at the assessment of behavioural problems among school children in Baksa district, Assam.

Objectives:
1. To assess behavioural problems of school children
2. To find out the socio demographic profile of children with behavioural problems
3. To find out the association of behavioural problems and selected demographic variables

MATERIALS AND METHODS
The study design is a descriptive one and the approach is survey approach. The study sample consists of 50 students randomly selected from government primary schools of Baksa District, Assam.

Children studying in 1st, 2nd, 3rd, 4th and 5th standard who are present on the day of data collection are included in the study. Students studying in other middle and high schools are excluded in the present study. Researcher also excludes the students with physical handicap and mental retardation.

The study has been approved by the Institutional ethical committee. Before collecting the data, formal permission has been taken from district Elementary Education Officer, Baksa and Head Master of selected schools.

The tools for data collection are socio-demographic proforma and the Strength and Difficulty Questionnaire (SDQ). Socio-demographic proforma of student includes 15 items. Variables are age, gender, education, religion, ethnicity, caste, parent, family type, no of sibling, birth order, father education, mother education, father occupation, mother occupation.

SDQ is a brief behavioural screening questionnaire for 3-16 yrs of children developed by Goodman, 1999. It can be completed by parents, teacher and self completion by adolescents (11-16 years of age). It has 25 items which are divided between 5 scales, each scale having 5 items. The 5 scales of SDQ are emotional problems, conduct problems, hyperactivity/inattention, peer problems and prosocial problems. For the present study, SDQ-teacher report form is used.

After collecting the data, they are analyzed with the help of SPSS.

RESULTS
The data analysis is done based on the following headings-
1. Sample distribution
2. Assessment of behavioural problems of school children
3. socio demographic profile of children with behavioural problems
4. association of behavioural problems and selected demographic variables

TABLE 1: Sample distribution: N=50

Sl No	Sample characteristics	Frequency	Percentage
1	AGE:		
	5-6 years	2	4%
	7-8 years	25	50%
	9-10 years	19	38%
	11-12 years	4	16%
	More than 12 years	-	-
2	GENDER :		
	Boy	26	52%
	Girl	24	48%
3	EDUCATION:		
	Class 1	6	12%
	Class 2	11	22%
	Class 3	11	22%
	Class 4	7	14%
	Class 5	15	30%
4	RELIGION:		
	Hinduism	38	76%
	Islam	12	24%
5	ETHNICITY :		
	Assamese	38	76%
	Bodo	12	24%
6	CASTE :		
	General	34	68%
	OBC/MOBC	1	2%
	SC	4	8%
	ST	11	22%
7	PARENTS :		
	Single parent	1	2%
	Both parent	49	98%
8	FAMILY TYPE :		
	Nuclear	35	70%
	Joint	15	30%
9	NO OF SIBLINGS :		
	O	4	8%
	1	27	54%
	2	15	30%
	More than 2	4	8%
10	BIRTH ORDER :		
	Single child	6	12%
	1st child	23	46%
	Middle child	8	16%
	Last child	13	26%
11	PRESENTLY STAYING WITH :		
	Parents	50	100%
	Other	-	
12	Education Of Father :		
	Illiterate	4	8%
	Up to class 10	36	72%
	HS	8	16%
	Graduate	2	4%
	Post graduate	-	-
13	EDUCATION OF MOTHER :		
	Illiterate	16	32%
	Up to class 10	30	60%
	HS	3	6%
	Graduate	1	2%
	Post graduate	-	-
14	OCCUPATION OF FATHER:		
	Farmer	5	10%
	Daily wage earner	20	40%
	Business	8	16%
	Private employee	16	32%
	Govt employee	1	2%
15	Homemaker	47	94%
	Farmer	2	4%
	Daily wage earner	-	-
	Business	1	2
	Private employee	-	-
	Govt employee	-	-

50 no. of students were assessed by strength and difficulty questionnaire. The characteristics of the sample are shown in table 1. Most of the school children were 7-8 years old (50%), boys (52%), Hindu (76%), Assamese (76%), having both parents (98%). 70% children were from nuclear type of family. All children were found to be staying with parents. Maximum students were 1st child (46%), have one sibling (54%). Highest no of parent studied upto class 10. Most of the students' father was daily wage earner (40%) while mother being housewife (94%).

Figure 1 shows the assessment of behavioural problems among school children. 18 % of school children had abnormal behaviour problems while 12% had borderline problems and 70% were found to have normal behaviour. Behavioural problems according to subscale are shown in table 2 which depicts abnormal score in hyperactivity/ inattention, conduct problems, emotional problems, peer problems and prosocial problems. 26% of the school children had abnormal conduct problems followed by hyperactivity (20%), prosocial behavioural problems (18%) and peer problems (16%) while emotional problems was the least one (6%). The mean score of externalizing problems (5.46) was found to be more than that of internalizing problems (5.14) (Table 3).

The table 4 represents the socio demographic profile of children with behavioural problems.
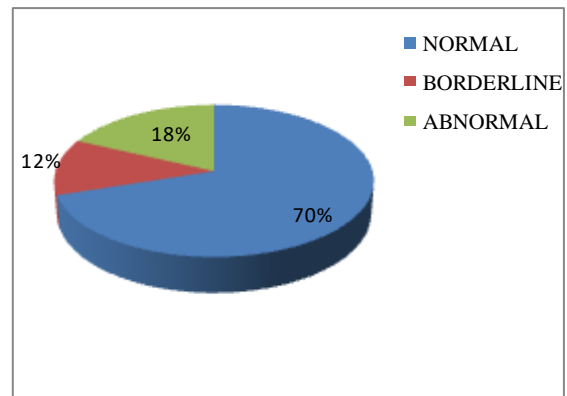

Figure 1: Assessment of behavioural problems among school children

Table 2: Assessment of behavioural problem according to subscale.　　　　　**N=50**

Sl no	Behavioural problem	Normal		Borderline		Abnormal	
		f	%	f	%	f	%
1	Hyperactivity/inattention problem	36	78%	1	2%	10	20%
2	Conduct problem	37	74%	-	-	14	26%
3	Emotional problem	46	92%	1	2%	3	6%
4	Peer problem	35	70%	7	14%	8	16%
5	Pro social behaviour	40	80%	1	2%	9	18%

Table 3: Externalizing and internalizing problems of school children:

Behavioural problems	Mean	Standard deviation
Externalising	5.46	5.43
Internalising	5.14	2.61

Table 4: Socio demographic profile of children with behavioural problems

Sl No	Sample characteristics	Total difficulty score		
		Normal f (%)	Borderline f (%)	abnormal f (%)
1	AGE :			
	5-6 yrs	2 (4%)	-	-
	7-8 yrs	18 (36%)	2 (4%)	5 (10%)
	9-10 yrs	12 (24%)	4 (8%)	3 (6%)
	11-12 yrs	4 (8%)	3 (6%)	1 (2%)
2	GENDER:			
	Boy	17 (34%)	3 (6%)	6(12%)
	Girl	18 (36%)	3 (6%)	3 (6%)
3	EDUCATION :			
	Class 1	5 (10%)	-	1 (2%)
	Class 2	8 (16%)	1 (2%)	2 (4%)
	Class 3	6 (12%)	3 (6%)	2 (4%)
	Class 4	5 (10%)	1 (2%)	1 (2%)
	Class 5	11 (22%)	1 (2%)	3 (6%)

	Table 4 to be continued…			
4	RELIGION : Hinduism Islam	24 (48%) 11 (22%)	6 (12%) -	8 (16%) 1 (2%)
5	ETHNICITY: Assamese Bodo	26 (52%) 9 (18%)	4 (8%) 2 (4%)	8 (16%) 1 (2%)
6	CASTE : General OBC/MOBC SC ST	22 (44%) 1 (2%) 3 (6%) 9(18%)	4 (8%) - 1 (2%) 1 (2%)	8 (16%) - 1 (2%)
7	PARENTS : Single parent Both parent	1 (2%) 34 (68%)	- 6 (12%)	- 9 (18%)
8	FAMILY TYPE : Nuclear Joint	23 (46%) 12 (24%)	5 (10%) 1 (2%)	7 (14%) 2 (4%)
9	NO OF SIBLINGS : 0 1 2 More than 2	3 (6%) 15 (30%) 14 (28%) 3 (6%)	- 4 (8%) 1 (2%) 1 (2%)	1 (2%) 8 (16%) - -
10	BIRTH ORDER : Single child 1st child Middle child Last child	5 (10%) 15 (30%) 6 (12%) 9 (18%)	- 2 (4%) 2 (4%) 2 (4%)	1 (2%) 6 (12%) - 2 (4%)
11	PRESENTLY STAYING WITH : Parents Other	35 (70%) -	6 (12%) -	9 (18%) -
12	EDUCATION OF FATHER: Illiterate Up to class 10 HS Graduate Post graduate	3 (6%) 23 (46%) 7 (14%) 2 (4%) -	1 (2%) 5 (10%) - - -	- 8 (16%) 1 (2%) - -
13	EDUCATION OF MOTHER: Illiterate Up to class 10 HS	11 (22%) 20 (40%) 3 (6%)	1 (2%) 5 (10%) -	4(8%) 5 (10%) -
14	OCCUPATION OF FATHER : Farmer Daily wage earner Business Private employee Govt employee	3 (6%) 14 (28%) 7 (14%) 10 (20%) 1 (2%)	1 (2%) 3 (6%) 1 (2%) 1 (2%) -	1(2%) 3 (6%) - 5 (10%) -
15	OCCUPATION OF MOTHER : Homemaker Farmer Business	37 (74%) 2 (4%) 1 (2%)	1 (2%) - -	9 (18%) - -

Chi-square test is used to find out the association between behavioural problems of school and selected socio-demographic variables. Study result shows no significant association between behavioural problems and socio-demographic variables. But some of the sub categories of behavioural problems have significant association with some selected socio-demographic variables.

Emotional problems is significantly associated with age of the child (p value 0.048 at df=6). Again, conduct problem is found to be significantly associated with gender (p value 0.037 at df= 1) and no of siblings of the child (p value 0.010 at df=3). Likewise, there is a significant association between hyperactivity and religion (p value 0.035 at df of 2) and prosocial problems and age of the students (p value 0.045 at df of 6).

DISCUSSION

18% of children were found to have abnormal behavioural problems while 12.5 per cent among children aged 0-16 as reported by Srinath S et al. [13] Gupta AK et al. [14] reported in their study that 22.7% children had behavioural problems which is similar with the findings of study done by

Muzammil *et al*. [15] and Malhotra and Patra. [16] There is different prevalence rate of behavioural problems among children in different parts of India which give insight into the effect of various socio-demographic factors on behaviour of a child. This ultimately helps in the overall mental health policy development in India.

Again, highest no of children had abnormal conduct problems (26%) followed by hyperactivity (20%). A similar result was found in the study done by Reddy KR et al. [17] Again, Ghosh P et al. [18] found 10.52% school children with hyperactivity which is slightly lower than the present study findings. Since there is high number of behavioural problems among children, it is important to equip the school teachers and parents of the child with the help of proper training, workshop, seminar etc. thus reducing the mental health problems.

The externalizing problems of school children were found to be more than that of internalizing problems which can help in the development of treatment protocol under school mental health programme.

The present study also shows the sociodemographic characteristics of children with behavioural problems. Children with abnormal behavioural problems were mostly at 7-8 years of age, boys, Hindu, Assamese and had both parents. Most of them were from nuclear family. 1st child had more abnormal behavioural problems than others. Masare MS et al. [19] also reported that behavioural problems were more in school students coming from nuclear families which are similar with the findings of Kieling C et al. [20] and it was more among first born children. Parents of maximum students studied upto class 10 working as either farmer or daily wage earner. This gives the present scenario of rural India where families are shifting from joint family to nuclear family with poor socio-economic status which can be the contributing factors of behavioural problems.

The socio-demographic factors like age, gender, no of siblings, religion are significantly associated with the development of behavioural problems of children which gives valuable input in the psychopathology of the behavioural disorders.

CONCLUSION

About 30% of children among the selected sample were found to have either borderline or abnormal behavioural problems such as hyperactivity, inattention, conduct problem, emotional problem and peer problem. This study result shows the immediate need for regular assessment of children for early identification of behavioural problems so that interventional methods may help in reducing the childhood mental disorders. It also emphasizes the need for training of school teachers regarding behavioural problems, development of training modules, life skill training so that they can take an active role at school level.

However, the study has many limitations. It is a descriptive study done in small size sample. Moreover, data of children is collected with the help of teachers with a specified screening tool. So research's biasness can have a role. It is important to conduct extensive scientific study on various aspects of behavioural problems among larger samples to have a detailed picture of it.

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