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PERCEIVED BEHAVIORAL PROBLEMS OF SCHOOL AGE CHILDREN IN A SELECTED RURAL AREA IN PATHANAMTHITTA DISTRICT, KERALA

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ABSTRACT

School going children form an important vulnerable segment of the nation's population. Children in the school- going age group of 5 to 16 years constitute a total of 30% of total population. School age is a dynamic period of physical growth and development, where the child undergoes rapid mental, emotional and social changes. Hence, school- going children are susceptible group for psychiatric disorders especially behavioral problems. The present study was conducted to assess the parents' community members and teachers' perception of behavioral problems of school age children and to explore their ideas to address the identified behavioral problems. A qualitative phenomenological design was used for the study. 30 free list interviews and 10 key informant interviews were conducted in a selected rural area in Pathanamthitta district. The study participants were selected using purposive sampling technique. The results revealed not paying attention to studies, getting angry easily and fighting over small issues, disobedience and excessive use of mobile phones were the most reported behavior problems of school age children. Results indicate that community members view the family, community and school environments as being the causes of child behavioral problems, with serious impacts upon children's personal growth, family harmony and social cohesion. The strategies reported by parents and teachers to manage child behavioral problems were talking, listening, consoling, advising and physical punishment (used as a last resort). It was concluded that multi-level community based interventions targeting the parents, teachers, friends and community people as an acceptable approach to address the identified problems.

INTRODUCTION

Human behavior flows from three main sources: desire, emotions and knowledge Plato. School- going children form an important vulnerable segment of the nation's population. Children in the school- going age

group of 5 to 16 years constitute a total of 30% of total population [1]. School age is a dynamic period of physical growth and development, where the child undergoes rapid mental, emotional and social changes. Hence, school-going children are susceptible group for psychiatric disorders especially behavioral problems.

The World Health Organization estimates that neurological, mental and behavioral disorders and self-harm contribute 12% of the global burden of disease.

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Research Article



Globally around 10 to 20 % of children and adolescents suffer from a mental health problem and suicide is one of the top three leading causes of death among adolescents [2].

Behavior problems include problems related to repeated violation of other's rights, aggressiveness, hyperkinetic impulsive behavior, and missing classes and running away from school. The Global Burden of Disease report 2010 indicates that behavior disorder is among the 15 leading causes of disability adjustment life years of children ages 5 to 19 years [3]. A study conducted in five developing countries suggests that 10.5% of adolescent suffer from mental health problems with significant proportion being conduct problems. 20.8% of children in Brazil, 11.7 – 13.7% of school age children in Sri Lanka, 34 – 36% of children in Pakistan and 30% of children in India suffer from behavioral problems [4].

Studies conducted in developed countries have shown that behavior problems have negative impacts on children's social, educational and economic performance in later life. Childhood behavior problems also predict involvement in anti-social behavior in adulthood [5, 6].

Community studies on emotional/ behavioral disorders in children and adolescents conducted in India have yielded disparate point prevalence estimates (2.6% to 35.6%) [7]. Child and adolescent mental health is an essential component of overall health and its importance is gaining increased recognition.

Kerala is home to 2.76% of India's people, and its land is three times as densely settled as the rest of India. However, Kerala's population growth rate is far lower than the national average. Kerala has an average of 23.9% of children belonging to the age group of 7 – 14 years [8]. A cross-sectional study was conducted to assess the prevalence and type of psychiatric disorders among school going adolescents in Kerala. A total of 720 students from 8th, 9th and 10th standards of four schools in two districts of Kerala were selected randomly and assessed with Children Behavior Questionnaire (CBQ). Those students whose CBQ was more than 9 was evaluated using Diagnostic Interview Schedule for Children- Child Version (DISC-C) and their parents by Diagnostic Interview Schedule for Children- Parent Version (DISC-P) for psychiatric disorders. Results revealed that 38.3% of disturbed adolescents had psychiatric disorders and the most common psychiatric disorder reported was conduct disorder (12.5%) followed by oppositional defiant disorder (8.3%), depressive disorder (5%), generalized anxiety disorders (5%) and attention-deficit hyperactivity disorder (3.3%) [9].

Mental health nurses are well prepared to case manage in schools and support individual teachers and health and welfare services in their management of their clients with emotional disturbances. In India, the attempt

to research in the field of mental health of school children is minimal.

Considering the above facts, the investigator felt that there is a strong need to assess the mental health with prime focus on behavioral problems of secondary school children and parent's / teacher's perception of their behavioral problems and also to study the baseline variables influencing the behavior and to suggest recommendations based on the findings of the study.

Statement of the problem

A qualitative study to assess perceived behavioral problems of school age children in a selected rural community in Pathanamthitta District, Kerala.

Objectives of the study

- To assess the parents', community members and teachers' perceptions about behavioral problems of school age children.
- To explore the ideas of parents', community members and teachers' to address the identified behavioral problems of school age children.

Research Questions

- What are the perceptions of parents, community members and teachers regarding the behavioral problems of school age children?
- What are the ideas of parents, community members and teachers to address the identified behavioral problems of school age children?

Assumptions

- Parents, community members and teachers may vary in their perception about behavioral problems among school age children.
- Accurate perception of behavioral problems among school aged children will help in minimizing it.

RESEARCH METHODOLOGY

Research approach and design

A qualitative approach with descriptive phenomenological design was adopted for this study. The present study was conducted at selected wards of Ayroor Panchayat in Pathanamthitta District, Kerala. This study was targeted on children aged 8 – 15 years as well as parents, community members and school teachers. Two qualitative methods (free list interviews and key informant interviews) were used for data collection. Free list interviews provide a broad overview of a community's perception of behavioral problems. The open ended question "Please tell us about the problems faced by children between 8 – 15 years in your community" was asked during the free list interviews to identify the general behavioral problems of the children in



the community. The four most frequently reported behavioral problems were then explored in detail in key informant interviews. Key informant interviews were focused on probing related to identification of the problem, its perceived causes, perceived effects, what care givers have done to address these problems and what else could be done to minimize these problems.

Sample

30 free list interviews and 10 key informant interviews were conducted. The respondents of free list interviews consisted of parents of children aged 8 to 15 years, residing at a selected ward, Ayroor Panchayat, Pathanamthitta who fulfilled the inclusion criteria. They were selected by using purposive sampling technique. Subjects who were residing in a rural community in a selected ward, who were present at the time of data collection and willing to talk with the interviewers were included in the study. The parent's age ranged from 30 to 55 years with a mean 38.6 years and education ranged from primary level to graduation.

The identified key informants were school teachers (n = 7) and community members (n = 3). Their age ranged from 24 to 55 years with mean 35.6 years and education ranged from primary level to post graduation.

The study was conducted during March to April 2018. Free list interviews were recorded through a verbatim and key informant interviews were audio recorded along with note taking. Each of the free list interview lasted for 20 – 30 minutes while key informant interviews lasted for 40 – 50 minutes.

Analysis

At first, the free list data were analyzed by the researcher by listing all the problems in a single summary table with frequency of each problem calculated based on the number of times the problem was reported by respondents. The main objective of free-list interview was to list all the problems faced by children.

The summary sheets for the four most reported behavioral problems explored in key informant interviews was then prepared, which consisted of five subheadings based on the questions and probes: (a) symptoms of the problems; (b) perceived causes; (c) perceived impact; (d) what is currently done to address this problem; and (e) recommendations to address the problem. Responses were listed under the subheadings of each behavioral problem. The frequencies were calculated based on how many respondents reported each item.

Ethical approval

The study received ethical approval from the Institutional Ethics Committee. Written informed consent was obtained from the participants. The objectives of the study were explained and confidentiality was maintained. All study participants were informed of their right to refuse participation and to leave the interview at any time.

RESULTS

General problems of children

The most common general problems of children in this community reported by the 30 participants of free list interview were: not paying attention to school work, getting angry easily and fighting over small issues, disobedience and excessive mobile use. Not paying attention to studies include lack of interest in education, not doing home work properly, more interested in playing than studying and always watching television instead of studying.

Major behavioral problems of children

The most reported four behavior problems identified from free list interviews were: not paying attention to studies, getting angry easily and fighting over small issues, disobedience and excessive use of mobile phones.

The major causes of the problems reported by the respondents were overprotection and over caring of children by the parents, domestic violence, alcohol abuse, negative peer influence, lack of good school environment and negative influence of media. These problems were said to result in negative impact on education, lead to involvement in bad habits, increase in emotional problems and will have negative impact on personal and family life.

Existing practices and suggestions to address the problems

Most participants reported that parents and teachers try to correct the behavior through verbal discussions or instructions. It was also found that parents and teachers punish children physically if verbal discussions or convincing do not work (a method which is inappropriate).

The respondents' main suggestions to address behavior problems in the local community were: to make the children, parents and school teachers aware of the problems; to talk with the children and provide suggestions; and to provide individual and family support for children suffering from severe behavioral problems.

Table 1. Major behavioral problems of children discussed in 10 key informant interviews

| Reported major behavior problem(N= number of key informants) | Signs and symptoms(n= number of frequencies) | Causes(n= number of frequencies) | Effects(n= number of frequencies) |
|--|--|----------------------------------|-----------------------------------|
|--|--|----------------------------------|-----------------------------------|



| | | | |
|---|--|--|---|
| Not paying attention to studies (N =10) | Not doing home work regularly (3) Disrupt classes by making noises (5) Lack of attention in classes (7) Disobey teachers and parents (3) Fight with friends (4) Telling lies to parents and teachers (5) Not valuing the teacher's words.(4) | Lack of good family environment (3) Over protection of children by parents (5) Fulfilling excessive demands by parents (5) Lack of awareness of parents (4) Peer group influence (7) Influence of media.(6) | Failure in examinations (5) Make parents worried (7) Increase in emotional problems (3) |
| Getting angry easily and fights over small issues (N =10) | Become aggressive in small matters (4) Lack of interest in studies (4) Talk back and argue with others (3) Getting irritated on advices (6) | Lack of congenial family environment (3) Family discord (4) Addictive behavior of parents (5) Bad influence of friends (7) Influence of media, mainly television (6) | Increase in emotional problems (anxious, tensed, thinking too much) (3) Increase in aggressive behavior (4) Discord in family (6) |
| Disobedience (N =10) | Don't listen to others (4) Becoming aggressive easily (3) Say whatever comes to mind (3) Lack of interest in studies (4) Make excuses for the tasks given to them (4) Not valuing the teacher's words (4) | Family discord (4) Poor parenting (4) Authoritative parents (3) Addictive behavior of parents (5) | Affects the studies (7) Increase in negative thoughts (4) Never focus on daily activities (4) |
| Excessive use of mobile phones (N = 10) | Lack of interest in studies (4) Playing games in the mobile phones (6) Indulging in use of social media excessively (6) | Over protection of children (5) Fulfilling excessive demands (5) Negative peer influence (7) | Affects the studies (7) increased emotional problems (3) |

DISCUSSION

The study conducted in a rural setting in Pathanamthitta District, Kerala identified several behavioral problems among school age children.

In this section we discuss: 1) the most commonly reported behavioral problems and their inter-relations; 2) the perceived roles of peers, family, and the community environment in shaping child behavioral problems; 3) the impact of behavioral problems on the individual child and those around him or her; and 4) strategies used by parents and teachers to manage child behavioral problems in the study community.

Many of the problems reported by parents and teachers were related to those which affect the school performance directly. They were also concerned about

behaviors that suggested lack of discipline (e.g. disobeying) or that had direct negative effects on others (e.g., speaking rudely to others, and being aggressive.)

School-related behavioral problems included irregular in school attendance, lack of interest in schoolwork and education, not completing homework, failing in examinations, being more interested in playing than studying and always watching television instead of studying.

The respondents also expressed their concern in the behaviours like excessive use of mobile phones: mainly for playing the games and the use of social media. A study was conducted in Nepal to assess the perception of behavioral problems among school children and the results revealed problems like lack of interest in studies,



disobedience and addictive behaviours which was similar to the results of the present study [10]. In the present study a few respondents (16.6%) reported about the addictive behaviors (use of pan masala) and were reluctant to express about the use of alcohol and smoking. Majority of the respondents (60%) expressed concern about the excessive use of mobile phones and spending more time in social media rather than studying. This may be because the children were very curious to explore the new electronic gadgets by themselves and were inattentive about what is happening around them.

Among the 30 free list respondents, one reported a case of sexual maltreatment occurred for a school child in the community. The researcher strongly felt that these problems were not discussed because they may be reluctant to reveal it. A report in leading newspaper reveals that sexual abuse against children is increasing in Kerala. 449 cases were reported within 4 months in the year 2015 and among these more cases were from Malappuram (70) cases. The news paper also reported about this particular incident in AyroorPanchayat on October 2017 [11].

In the present study, the most frequently reported causes for the behavioral problems were over protection and over caring of children by the parents, domestic violence, alcohol abuse, and negative peer influence, lack of good school environment and negative influence of media.

A study was conducted in Vellore, India to assess the relationship between child rearing practices and the psychological problems of children in 2007 and the results revealed that parent's supportive interactions with children, providing a stimulating environment, meeting basic needs and providing appropriate leisure time activities were associated with a reduction in child behavior problems [12]. The study respondents expressed that besides the parent's attitude and the family environment the other factors like peer group influence and the negative attitude of the society plays an important role in shaping the behavior of children. Respondents in this study believed that behaviour problems will create a negative impact on education, increase in emotional problems and also affects the personal and family life. A systematic review conducted in 2011 to identify the

strategies for reducing the inequalities and improving the developmental outcomes for children in low-income and middle-income countries also highlighted the negative impact of behavioral problems on children's education [13].

Parents and teachers in the present study reported that they face difficulties in managing the children's behavioral problems. In some cases, the will talk with the child, provide corrections for the unacceptable behavior or physically punish the child. Some parents expressed that if the child hesitates to obey them, they will scream or yell at the child to get the work done. A few expressed that they will avoid the child by ignoring them thinking that these problems will pass over a period of time. The physical punishment includes beating and verbal abuse. Some teachers expressed that they will follow a matter of fact way because they were not sure how these children behave if they are punished. Counselling services were provided in the school by the school counsellor, but a few children uses it.

CONCLUSION

The most commonly reported child behavior problems were: lack of interest in studies, getting angry easily and fighting for simple reasons, disobedience and excessive use of mobile phones. Teachers and parents expressed difficulties in managing these problems. The findings of the study throw light on the importance of the role of school mental health nurses who are specially trained in dealing with childhood behavioral problems. The study also shows the need for multi-level community based interventions targeting the parents, teachers, friends and community people as an acceptable approach to address the identified problems.

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CONFLICT OF INTEREST

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REFERENCES

1. UNICEF. (2017). Statistics and Monitoring.
2. WHO. (2014). Preventing Suicide a global imperative. Geneva, Switzerland: World Health Organization.
3. Erskine HE, Ferrari AJ, Polanczyk GV, Moffitt TE, Murray CJL, Vos T, et al. (2014). The global burden of conduct disorder and attention-deficit/hyperactivity disorder in 2010. *Journal of Child Psychology and Psychiatry*, 55(4), 328 – 336.
4. Atilola O, Balhara YPS, Stevanovic D, Avicenna M, Kandemir H. (2013). Self-reported mental health problems among adolescents in developing countries: results from an international pilot sample. *Journal of Developmental and Behavioral Pediatrics*, 34, 129-37.



5. Kessler RC, Amminger GP, Aguilar GS, Alonso J, Lee S, Ustun TB. (2012). Age of onset of mental disorders: a review of recent literature. *Current Opinion in Psychiatry*, 20(4), 359 – 64.
6. Fergusson DM, Horwood LJ, Ridder EM. (2005). Show me the child at seven: the consequences of conduct problems in childhood for psychosocial functioning in adulthood. *Journal of Child Psychology and Psychiatry*, 46(8), 837 -49.
7. Monika S, et al. (2017). A cross-sectional study of behavioral problems of secondary school children and related socio-demographic factors. *International Journal of Research in Medical Sciences*, 5(6), 2760 – 2766.
8. <http://worldpopulationreview.com/territories/kerala-population/>
9. Ajitha C, Firoz K, KunhiKoyamu AM. (2017). Prevalence and pattern of psychiatric disorders in school going adolescents. *The International Journal of Indian Psychology*, 4(3), 123 -27.
10. Adhikari AP, Upadhaya N, Gurung D, Luitel NP, Burkey MD, Kohrt BA & Jordans MJD. (2015). Perceived behavioral problems of school aged children in rural Nepal: a qualitative study. *Child and Adolescent Psychiatry and Mental Health*, 9(25), 54.
11. Staff reporter. (2017). Ayroor child abuse case. Mathrubhumi News Published, 5.
12. Vijayalakshmi K, Kumar CV, Rajamanickm H & Cherian A. (2007). Child rearing practices and psychological problems of children. *Nursing and Midwifery Research Journal*, 3(2), 49 – 56.
13. Engle PL, Fernald LCH, Alderman H, Behrman J, Yousafzai A, et al. (2011). Strategies for reducing inequalities and improving developmental outcomes for young children in low-income and middle-income countries. *Lancet*, 378, 1339 – 53.

