



ISSN (E): 2277- 7695
ISSN (P): 2349-8242
NAAS Rating: 5.23
TPI 2022; SP-11(3): 1724-1727
© 2022 TPI
www.thepharmajournal.com
Received: 25-01-2022
Accepted: 28-02-2022

Sunita
Ph.D. Scholar, HDFFS, CCS
HAU, Hisar, Haryana, India

Dr. Sheela Sangwan
Professor, HDFFS, CCS HAU,
Hisar, Haryana, India

Diksha
Ph.D. Scholar, HDFFS, CCS
HAU, Hisar, Haryana, India

Comparison of behavioral disorder of children across area in Haryana state

Sunita, Dr. Sheela Sangwan and Diksha

Abstract

Children are the valued possession of parents and future nation makers. A healthy child contributes to a healthy and successful society. Since birth, a baby passes through phases of physical, mental and social development until he attains adulthood. These aspects of growth and development are equally significant for the whole health of kid. Behavior problems of the child don't disappear spontaneously, they become more steadily fixed as time progresses. As long as they exist, they constitute infants to adults and affect their attitudes toward the child and that they can move to punishment and isolation by society. As an adult, a personal must function usefully as a member of his own culture, respect the rights of others, and behave in order that he merits the trust of those who depend on him. A toddler whose behavior problems are ignored cannot attain this maturity. He will continue in attitudes and actions which always have caused him complexity and which are even more inappropriate in adulthood than in childhood (Mowrer, 1948). The main purpose of the study was to investigate behavioral disorder of children as per their area of residence. The study was conducted in two district of Haryana state. For collection of data four schools were selected at random from both the district. From selected schools 240 respondents from the age group of 11 to 17 years were selected at random. Behavioral disorder of children was assessed by using Strengths and Difficulties Questionnaire (SDQ) developed by Goodman (2002) [3]. The collected data was classified and tabulated as per the objectives. For analysis of data frequency, percentages, mean, standard deviation and independent sample 'z' test were used. Results indicated that in urban as well as in rural area majority of the children had normal level of behavioural disorder and urban children were more prevalent by behavioral disorder than rural children.

Keywords: Behavioral disorder, children, Haryana state, age, district

Introduction

Childhood is one amongst the foremost absorbing periods of the lifetime. Mainly human behavior has their foundation in babyhood. Childhood is that the footing period of all behavior. Primarily parents, secondarily the teachers bond with the kid to affect the child's behavior. Experiments with children showed that the kid's psychological environment and people with whom the child interacts control and frame much of its behavior. Behavior is analyzed because the range of actions and manners completed by organisms in conjunction with their environment. It's the reaction of the organism to various internal or external stimuli, whether, conscious or subconscious; overt or covert and voluntary or involuntary.

Behavioral problems within the children are a matter of concern because the consequences can seriously impair their ability to become useful and productive citizens of tomorrow (Prakash *et al.*, 2008) [7]. A behavior problem is nothing but a deviation from the accepted pattern of behavior on the part of the kids after they are exposed to an inconsistent social and cultural environment (Rajpurohit *et al.*, 2016) [8].

Review of literature

Reddy *et al.* (2016) [10] discussed about the behavioral problems in preschool children. Open cross sectional study was administered on 350 preschoolers. Results indicated that 24 per cent of kids had behavior problems. The prevalence is more among children in 3-4 yrs. old group and kids belonging to a nuclear family. The prevalence of behavior problems was higher among boys than girls. They also found that symptoms like temper tantrums, destructive nature, fights & bites, management problems, hyperkinesia and distractibility were more common in boys. On the opposite hand having fearful responses, being over-sensitive and a focus seeking were more common in girls.

Masare *et al.* (2017) [5] found the prevalence of abnormal behavior was found to be 1.6% while prevalence of borderline abnormal behavior was 11.2% and majority 87.2% of respondents

Corresponding Author
Sunita
Ph.D. Scholar, HDFFS, CCS
HAU, Hisar, Haryana, India

were normal having no behavioral problem. The combined borderline and abnormal behavioral problems were more dominant within the age bracket of 12-13year (64.1%) also more prevalent among girls compared to boys. The prevalence of behavioral problems was higher among students studying in 9th standard (74.4%) and studying in Hindi medium. The incidence was found to be more among people who were first born compared to middle born and last born children.

Using stratified sampling, Ranjith *et al.* (2019) [9] conducted an analysis on 419 boys and girls from Class VIII to X in English medium, private schools in Bengaluru. In small groups, the adolescent peer relation instrument and also the strengths and difficulties questionnaire were administered. In step with the study's findings, the majority of participants (97.1 percent) bullied others at some stage in their lives, with verbal bullying (95.5 percent) being the foremost popular type. The bulk of participants (97.9%) had been bullied at some period in their lives and was mostly subjected to verbal victimization (93.3 percent). Boys were more likely to engage in physical bullying. Emotional disorders, behavioral issues, and hyperactivity were also strongly connected to particular forms of bullying and victimization. Pro- social activities were found to be inversely linked to all styles of bullying. The results point to the importance of school-based psychosocial approaches for addressing bullying and victimization.

Methods and Materials

Research design

A 'Descriptive Research design' was followed to conduct the present study. Descriptive studies are a scientific method which involves observing and describing the behavior of a

subject without influencing it in any way. It gives better and deeper understanding of a phenomenon on the basis of an in depth study of the phenomenon.

Sample size

The present study was conducted on 11-17 year age group children. A sample of 60 children (30 boys and 30 girls) was selected from each school. Total four schools were selected for the collection of data from both the district of Haryana state. Thus, the total sample constituted of 240 respondents.

Selection of area

Two districts of Haryana state i.e. Fatehabad and Hisar were selected randomly. From each district urban sample was taken from the city area i.e. Fatehabad and Hisar city and rural sample was taken from the randomly selected villages i.e. Shekhupur Daroli and Arya Nagar. From each district two Govt. Senior Secondary Schools i.e. one from rural and one from urban area were selected purposively.

Tools used in study

Behavioral disorder of children was assessed by using Strengths and Difficulties Questionnaire (SDQ) developed by Goodman (2002) [3].

Statistical analysis of data

Calculate statistical inference Frequency, percentage, mean, standard deviation and 'Z' test were computed.

Result and Discussion

Prevalence of behavioral disorders as perceived by children

Table 1: Presents data the prevalence of behavioral disorder in respondents across area.

(N =240)

Behavioral disorders	Rural (n=120)	Urban (n=120)	Total (N=240)
Emotional Problem			
Normal	102(85.00)	98(81.67)	200(83.33)
Borderline	13(10.83)	12(10.00)	25(10.42)
Abnormal	05(4.17)	10(8.33)	15(6.25)
Conduct Problem			
Normal	70(58.33)	53(44.17)	123(51.25)
Borderline	15(12.50)	22(18.33)	37(15.42)
Abnormal	35(29.17)	45(37.50)	80(33.33)
Hyperactivity			
Normal	110(91.66)	106(88.33)	216(90.00)
Borderline	5(4.17)	8(6.67)	13(5.42)
Abnormal	5(4.17)	6(5.00)	11(4.58)
Peer Problem			
Normal	75(62.50)	54(45.00)	129(53.75)
Borderline	33(27.50)	45(37.50)	78(32.50)
Abnormal	12(10.00)	21(17.50)	33(13.75)
Pro social			
Good	100(83.34)	55(45.83)	155(64.58)
Average	10(8.33)	53(44.17)	63(26.25)
Poor	10(8.33)	12(10.00)	22(9.17)

Note: Figures in parenthesis indicate percentages

*Significant at 5% level of significance ($P < 0.05$)

Prevalence of behavioral disorders as perceived by children

Table 1 showed the results regarding prevalence of behavioural disorders as perceived by children. Results revealed that maximum number of rural (85.00%) and urban

(81.67%) children were having normal level of emotional problem, maximum number of urban children (37.50%) were having more abnormal conduct problem than rural children (29.17%). More number of urban children had abnormal hyperactivity problem (5.00%) than rural children (4.17%).

Maximum number of rural children having no peer problem (62.50%) while more abnormal peer problem was found among urban children (17.50%). More than half (83.34%) of rural children had good pro social behavior. Same results were discovered by Anikivi and Yenagi (2019) that majority of children from rural and urban school had normal

behavioral problems. Masare *et al.* (2017) [5] found the prevalence of abnormal behavior was found to be 1.6% while prevalence of borderline abnormal behavior was 11.2% and majority 87.2% of children were normal having no behavioral disorders.

Table 2: Mean comparison of behavioral disorders perceived by children as per area

(N =240)

Behavioral disorders	Fatehabad		Z – value	Hisar		Z – value
	Urban	Rural		Urban	Rural	
	Mean ± SD	Mean ± SD		Mean ± SD	Mean ± SD	
Emotional Problem	1.28±0.58	1.22±0.49	0.79	1.31±0.70	1.10±0.35	2.10*
Conduct Problem	1.87±0.89	1.73±0.88	0.87	2.00±0.82	1.68±0.78	2.19*
Hyperactivity	1.25±0.42	1.08±0.38	2.32*	1.15±0.44	1.06±0.31	1.30
Peer Problem	1.63±0.76	1.48±0.70	1.12	1.81±0.72	1.46±0.65	2.79*
Pro social	1.35±0.66	1.13±0.39	2.22*	2.83±0.45	2.53±0.53	3.34*

*Significant at 5% level of significance ($P<0.05$)

Mean comparison of behavioral disorders as perceived by children as per area

Behavioral disorders among children of Fatehabad and Hisar district was assessed with Strength and Difficulties Questionnaire by Goodman (2002) [3]. SPSS 16.0 was used to compute the data, z-test was used. In this study, to compare difference in two samples on the basis of means, independent sample z-test has been used. Table illustrated area wise comparison of respondent's behavioural disorders as perceived by children. Results disclosed that in Fatehabad district significant differences were observed in some domains of behavioural disorders which includes hyperactivity problem ($z=2.32^*$, $p<0.05$) and pro social domain ($z=2.22^*$, $p<0.05$). It was found that behavioural disorders of the respondents residing in urban area were more than rural children and they had poor pro social behavior. Mean score achieved by rural children for emotional problem $M=1.22$, conduct problem $M=1.73$, hyperactivity problem $M=1.08$, peer problem $M=1.48$ and pro social domain $M=1.13$. Urban children gained more mean score than rural children i.e. emotional problem $M=1.28$, conduct problem $M=1.87$, hyperactivity problem $M=1.25$, peer problem $M=1.63$ and pro social domain $M=1.35$. Results further indicate that in Hisar district significant differences were observed in domains of behavioural disorders i.e. emotional problem ($z=2.10^*$, $p<0.05$), conduct problem ($z=2.19^*$, $p<0.05$), peer problem ($z=2.79^*$, $p<0.05$) and pro social domain ($z=3.34^*$, $p<0.05$). It was found that behavioural disorders of the respondents residing in urban area were greater than rural children accept emotional problem and they had poor pro- social skills. Mean score achieved by rural children for emotional problem $M=1.31$, conduct problem $M=1.68$, hyperactivity problem $M=1.06$, peer problem $M=1.46$ and pro social domain $M=2.53$. The urban children gained more mean score than rural children i.e. Emotional problem $M=1.31$, conduct problem $M=2.00$, hyperactivity problem $M=1.15$, peer problem $M=1.81$ and pro social domain $M=2.83$. Dube *et al.* (2020) [2] also found that largely prevalence rate of behavioral disorders in school going children, was found to be 35.32 %. The prevalence of behavioral problems in the urban schools was 42.11 per cent and in the rural schools it was 28.08 per cent. The mean score was found to be higher in urban school children in contrast to the rural school children who were statistically significant. Also Hope and Bierman (1998) [4] found that children in urban

location had higher rates of school conduct problems. In addition, whereas externalizing behavior was the primary school problem shown by urban children, rural children exhibited considerably higher rates of internalizing problems at school. Contradictory to results of present study Rajpurohit *et al.* (2016) [8] found that there is high frequency of behavior problems in children in rural setting. They recommended that health education and counseling by psychiatrist at the primary care level might help the children with behavior problem.

Conclusion

At the end of the research it can be concluded that majority of children had normal level of behavioral disorder followed by borderline and abnormal. The significant differences in mean values of behavioral disorder of urban and rural children, urban children were more prevalent by behavioral disorder than rural children.

References

1. Adhikari RP, Upadhaya N, Gurung D, Luitel NP, Burkey MD, Kohrt BA, *et al.* Perceived behavioral problems of school aged children in rural Nepal: A qualitative study. *Child and Adolescent Psychiatry and Mental Health.* 2015;9(25):1-9.
2. Anikivi GA, Yenagi GV. Socio-emotional behaviour problems of rural and urban primary school children. *The Pharma Innovation Journal.* 2019;8(4):914-917.
3. Dube A, Agrawal SD, Samal S, Mohapatro AM. Behavioural disorders in school going children in urban and rural areas of Bhubaneswar. 2020;9(2):4-9.
4. Goodman R. Strengths and difficulties questionnaire. *Mental Health and Suicide Prevention Branch.* Department of Health and Ageing, Canberra, Australia, 2002.
5. Hope TL, Bierman KL. Patterns of Home and School Behavior Problems in Rural and Urban Settings. *J Sch Psychol.* 1998;36(1):45-58.
6. Masare MS, Gokhe SB, Shinde RR. A cross sectional study of behavioral problems of secondary school children and related socio-demographic factors. *International Journal of Research in Medical Sciences.* 2017;5(6):2760-2766.
7. Mowrer OH. What is normal behavior? In Pennington, L. A., and Berg, I. A., eds.: *An Introduction to clinical Psychology.* New York: the Ronald Press Co., 1948, 45p.

8. Prakash J, Mitra AK, Prabhu HRA. Child and behaviour: A school based study. Delhi Psychiatry Journal. 2008;11(1):79-82.
9. Rajpurohit AC, Haque MA, Nigam VS, Ahuja R, Srivastava VP, Srivastva VK. Behavioral disorder amongst children of a rural community of Lucknow. Indian Journal of Community Health. 2016;28(2):192-195.
10. Ranjith PJ, Jayakumar C, Kishore MT, Binukumar B, Bhaskar A. Association between bullying, peer victimization and mental health problems among adolescents in Bengaluru, India. Indian Journal of Social Psychiatry. 2019;35(3):207-212.
11. Reddy BRN, Pawar JM, Aundhakar CD, Mishra L, Goyal P. Study of behavioral problems in preschool children. Journal of Medical Science and Clinical Research. 2016;88(4):14641-14649.