Journal of Population Therapeutics & Clinical Pharmacology

RESEARCH ARTICLE
DOI:10.53555/ec4znx41

PROBLEM BEHAVIOUR: A SURVEY AMONG PARENTS OF PRIMARY SCHOOL STUDENTS

Vidhya Ravindranadan[1*], Johnson Joseph[2]

[1*]Assistant Professor, Department of Psychology, Union Christian College, Aluva
[2*]Assistant Professor, Department of Psychology, Kuriakose Elias College, Mannanam

***Corresponding author:** Vidhya Ravindranadan
*Assistant Professor, Department of Psychology, Union Christian College, Aluva

Abstract
Problem behavior is defined as behavioral excesses that are socially significant, that hinders the ability of the person or others to acquire new skills and leads to restrictive living arrangements (Hanley, Iwata, & Mc Cord (2003). Multiple causes are associated with problem behavior, which can happen in children of all ages. The present study intends to survey to understand the pattern of problem behavior among primary school children in Ernakulam, Kerala. Participants consisted of 432 parents of 208 male children and 224 female children of 6 - 10 years. Developmental Psychopathology Checklist for Children developed by Kapur, M. et.al, (1994) has been used to collect the data. Results showed that the frequency of occurrence of Developmental history, developmental problems, attention deficit hyperactivity disorder, conduct disorder, learning disability, and Emotional problems was found to be 19%,15%,35%,33%,19%, and 33% respectively among the participants.

Keywords: Children, Developmental problems, Problem behaviour

Problem behavior is behavior that is socially defined as a problem, as a source of concern, or as undesirable by the social and legal norms of conventional society and its institutions of authority; it is behavior that usually elicits some form of social control response, whether minimal, such as a statement of disapproval, or extreme, such as incarceration (Jessor, 2014). It is concerning that childhood mental health issues are becoming more common. Early warning indications of mental health problems in young children increase the likelihood that subsequent symptoms may appear in the same or adjacent areas (Abd Rahim et al., 2022). It is well known that children who suffer higher levels of behavioral and emotional issues in their early years are far more likely to struggle academically, socially, and emotionally in adolescence and beyond than children who exhibit lower levels of these problem behaviors (Brennan et al., 2012; Broidy et al., 2003; Caspi et al., et al., 1996; Davis et al., 2015; Pingault et al., 2011; Reef et al., 2011). Children behave differently, and it can be difficult to distinguish between poor behavior and a significant emotional issue. Emotional and behavioral issues are the most prevalent psychosocial health issues among preschoolers (Egger & Angold, 2006). If children are not identified and treated as soon as possible, they have a great chance of later having major psychological illnesses, inadequate social abilities, and academic challenges (Stormont, M. 2002).

Studies show a relationship between parenting and problem behaviors among children, and parenting styles that are both more negative and less positive, as described by the children, greatly influence the environment-specific variation of problem behavior (Nikstat & Riemann, 2022). The results of

the study conducted by Leve et al. (2022) indicate that strengthening parental structure is a successful technique for children with higher genetic risk for psychopathology. Still, it may be harmful for children with lower genetic risk. Early in the development of a child, proper nutritional care must be given, and appropriate disciplinary measures must be recommended to prevent behavioral issues (Joseph et al., 2021).

The current study intends to close a sizable research gap in the knowledge of problem behaviors and mental health disorders among elementary school students in Kerala. This study aims to shed light on a subject that has remained relatively understudied in the area, emphasizing the prevalence of mental health concerns in the setting of Kerala. A more nuanced and contextual understanding of the prevalence and nature of childhood mental health issues in Kerala is urgently needed; despite the growing importance of mental health concerns among children, there is still a glaring lack of thorough studies in this particular area.

Objective:

To survey the problem behavior pattern among primary school students in Ernakulam district, Kerala.

Method

Participants:

For this purpose, 500 primary school students were selected from various schools in Ernakulam District, Kerala, India, and the instrument was administered individually to the parents (either mother or father). The final set of participants consisted of 432 parents, of which 208 were male children and 224 were female children. The children belong to the age group of 6 years to 10 years. The socioeconomic status of the sample was matched.

Measures:

Developmental Psychopathology Checklist for Children (DPCL) is the version of the Child Behaviour Checklist (CBCL) by Achenbach and Edelbrock (1983). It has been standardized in an Indian setting. It is known as DPCL (high level of reliability and validity), developed by Kapur, M. et.al, (1994). It is a screening tool to assess psychopathology in children. DPCL has 124 items and six subsections: 1) Developmental History (items 1-10), 2) Developmental Problems (items 11-28), 3) Psychopathology (items 29- 78), which consists of sub-areas like attention deficit hyperactivity disorder (ADHD), Conduct disorders, Learning Difficulties, Emotion, Obsessive Compulsive Disorder, Somatic and Psychoses 4) Psychosocial factors (items 79-101), 5) temperament (items 102-118), 6) Social supports and assets of the child (items 119-124). The reliability of the entire checklist was tested by interclass correlation coefficient (ICC) via Analyses of Variance and was found to be 0.965. Validity was found against CBCL, which was found to be significant. DPCL goes beyond CBCL by providing importance to disorders relevant to the Indian context. For the present study, developmental history, developmental problems, and only some commonly seen subareas of psychopathology, such as ADHD, conduct disorders, learning disability, and emotional disorders, were studied.

Scoring:

Scoring is done by adding the sub-scores and as per the cut-off point assigned to each sub-scale.

Statistical Techniques:

The data collected was subjected to Frequency analysis.

Result and Discussion

The present study aimed to understand the pattern of problem behavior of primary school students in Ernakulam district in Kerala. The sample consisted of 432 parents of primary school students (208 boys and 224 girls) aged 6 - 10 years old studying in government schools in Ernakulam district. Details of the frequency distribution of problem behaviors under the study are given in Table 1

Table 1: Frequency of developmental history, developmental problems, attention deficit hyperactivity disorder, conduct disorder, learning disability, and emotional problems.

Sl. No. Problem Behaviour	Frequency of occurrence (%)
1. Developmental History(DH)	19
2. Developmental Problems (DP)	15
3. Attention Deficit Hyperactivity Disorder	35
4. Conduct Disorder (CD)	33
5. Learning Disability (LD)	19
6. Emotional problems	33

Neurodevelopmental disorders are linked t o a developmental or family history of neurological and mental illnesses. The study results also show that problems related to developmental history are 19%. The influence of genetic variables can explain this. Baker B.L. et al. (2003) discovered that behavioral issues were graded more severely in children with developmental delays than their non-delayed counterparts. Additionally, the delayed group had greater levels of parenting stress, which was more closely associated with the severity of behavioral issues than the child's developmental delay. The results of the study also show that the percentage of children who experienced developmental problems during their developmental years is 15%, and this can also contribute to problem behavior among children, which aligns with the study of Baker, B.L. et al. (2003).

The study shows that the occurrence of ADHD among primary school children was the highest, 35%. There are a variety of potential explanations, such as biological issues, developmental delays, psychosocial problems, etc. According to Yuksel et al. (2022), various unfavorable neurodevelopmental, medical, and surgical history aspects may be linked to ADHD. Comorbidity between disruptive and behavioral disorders is prevalent; for instance, many children with attention deficit hyperactivity disorder experience conduct issues in adolescence. (Ciechomski et al., 2005). Like many other physiological conditions, congenital heart disease is a risk factor for autism spectrum disorder and ADHD (Jenabi et al., 2022). Precautions must be taken, and early intervention should be provided to these pupils and their families to help them grow as healthy adults.

The study group has also shown a high rate of conduct problems and emotion-related issues. The duration of media exposure is associated with hyperactivity index, anxiety, hyperactivity/impulsivity, learning problems, conduct trials, and psychosomatic problems (Zoromba et al., 2022). Media exposure can also serve as a solid reason for the occurrence of problem behaviors among children. Other causes for conduct Disorders among children can include various health issues, including somatic symptoms and psychiatric and neurodevelopmental abnormalities (Kerekes et al., 2020). Emotional and behavioral problems can also be linked to having a single-parent family, more than two siblings, and one working parent (Abd Rahim et al., 2022).

The results of the study reveal that the prevalence of learning disability is 19%. Children with specific learning disorders (SLD) are prone to impulsive conduct, which is correlated with learning capacity (Al-Dababneh & Al-Zboon, 2018). Children born extremely preterm are highly susceptible to co-occurring learning and intellectual problems. The complexity of such children's challenges and the requirement for multi-domain assessments to direct intervention should be understood by education professionals (Johnson et al., 2016). Thus, many factors, including biological, psychological, and social factors, can lead to learning disability. Utilizing successful intervention techniques at the individual, institutional, and community levels in the formative years of development may be beneficial. Constructivism teaching method, known as "brain-based learning," uses associations between new information and previously learned information to locate and structure knowledge, and this is a recent intervention that is helpful for children with learning disabilities (Al Rasheed & Hanafy, 2022).

Thus, training significant others in the child's environment is essential (Kapur, M.,2007). Early in the development of a child, proper nutritional care must be given, and appropriate disciplinary measures must be recommended to prevent behavioral issues (Joseph et al., 2021).

Limitations

- The test was administered to the parents of the participants; although parents are the ones who know their children the best, they may be biased by their subjective demands.
- The study chose the sample only from the Ernakulam district of Kerala, which was due to time, financial, and technical constraints.
- The study included only some subareas of the test DPCL; not all areas were measured.

Conclusion

The frequency of occurrence of Developmental history, developmental problems, attention deficit hyperactivity disorder, conduct disorder, learning disability, and Emotional issues were found to be 19%,15%,35%,33%,19%, and 33%, respectively among the participants. The most important implication of the present study is the need to enhance the parents' psychological, social, physical, and emotional well-being by providing them with a proper understanding of the condition of their child. This would help them deal with the demands of day-to-day life appropriately. The findings of this study may be necessary for researchers and professionals working in early childhood development, psychology, and early education. By determining the prevalence and causes of behavioral and emotional issues, policymakers can create focused interventions to support the healthy growth and well-being of primary school children of Ernakulam district, ultimately improving early childhood services and support systems.

References

1. Abd Rahim, et al. (2022). Emotional and Behavioural Problems among Preschool Children in Northeast Peninsular Malaysia: Parent Report Version. *HEALTHCARE*, 11(13), 1828. https://doi.org/10.3390/healthcare11131828.
2. Al Rasheed, L. S., & Hanafy, A. A. M. (2022). Effects of brain-based instruction on executive function and habits of mind among young children at-risk for learning disabilities. *APPLIEDNEUROPSYCHOLOGY-CHILD.* https://doi.org/10.1080/21622965.2022.2161904
3. Al-Dababneh, K. A., & Al-Zboon, E. K. (2018). Understanding Impulsivity Among Children With Specific Learning Disabilities in Inclusion Schools. *LEARNING DISABILITY QUARTERLY, 41*(2), 100–112. https://doi.org/10.1177/0731948717726497
4. Baker, B.L., L.L. Mc. Intyre, J., Blacher, K., Crnic, C. Edelbrock, C.Low (2003). *Journal of intellectual disability Research, 47*(4), 217-230.
5. Brennan, L. M.,et.al, (2012). Longitudinal predictors of school-age academic achievement: Unique contributions of toddler-age aggression, oppositionality, inattention, and hyperactivity. *Journal of Abnormal Child Psychology, 40*, 1289–1300. https://doi.org/10.1007/s10802-012-9639-2
6. Broidy, L. M., et al., (2003). Developmental trajectories of childhood disruptive behaviors and adolescent delinquency: A six-site, cross-national study. *Developmental Psychology, 39*(2), 222–245. https://doi.org/10.1037/0012-1649.39.2.222
7. Caspi, A., Moffitt, T. E., Newman, D. L., & Silva, P. A. (1996). Behavioral observations at age 3 years predict adult psychiatric disorders: Longitudinal evidence from a birth cohort. *Archives of General Psychiatry, 53*(11), 1033–1039. https://doi.org/10.1001/archpsyc.1996.01830110071009
8. Ciechomski, L., Blashki, G., & Tonge, B. (2005). Common psychological disorders in childhood. *Australian Family Physician, 33*, 997–1003.IES
9. Davis, S., Votruba-Drzal, E., & Silk, J. S. (2015). Trajectories of internalizing symptoms from early childhood to adolescence: Associations with temperament and parenting. *Social Development, 24*(3), 501–520. https://doi.org/10.1111/sode.12105

10. Ding, X., et.al, (2021). Individual, Prenatal, Perinatal, and Family Factors for Anxiety Symptoms Among Preschool Children. *FRONTIERS IN PSYCHIATRY*, 12, 778291. https://doi.org/10.3389/fpsyt.2021.778291
11. Egger, H. L., & Angold, A. (2006). Common emotional and behavioral disorders in preschool children: Presentation, nosology, and epidemiology. *Journal of Child Psychology and Psychiatry, 47*(3–4), 313–337. https://doi.org/10.1111/j.1469-7610.2006.01618.
12. Hanley, G. P., Iwata, B. A., & McCord, B. E. (2003). Functional analysis of problem behavior: A review. *Journal of Applied Behavior Analysis, 36*(2), 147–185. https://doi.org/10.1901/jaba.2003.36-147
13. Jenabi, E., Bashirian, S., Fariba, F., & Naghshtabrizi, B. (2022). The association between congenital heart disease and the risk of Autism spectrum disorders or attention-deficit/hyperactivity disorder among children: A meta-analysis. *EUROPEAN JOURNAL OF PSYCHIATRY, 36*(2), 71–76. https://doi.org/10.1016/j.ejpsy.2021.10.001
14. Jessor, R. (2001). Problem-Behavior Theory. In J. Raithel (Ed.), Risikoverhaltensweisen Jugendlicher: Formen, Erklärungen und Prävention (pp. 61–78). VS Verlag für Sozialwissenschaften. https://doi.org/10.1007/978-3-663-11310-2_3
15. Johnson, S., Strauss, V., Gilmore, C., Jaekel, J., Marlow, N., & Wolke, D. (2016). Learning disabilities among extremely preterm children without neurosensory impairment: Comorbidity, neuropsychological profiles, and scholastic outcomes. *EARLY HUMAN DEVELOPMENT, 103*, 69–75. https://doi.org/10.1016/j.earlhumdev.2016.07.009
16. Joseph, N., Sinha, U., & D'Souza, M. (2021). Assessment of determinants of behavioral problems among primary school children in Mangalore city of South India. *Current Psychology, 40*(12), 6187–6198. https://doi.org/10.1007/s12144-020-01330-x
17. Kapur, M. (2007). Learning from Children what to teach them. New Delhi: *Sage Publications.*
18. Kapur, M., Barnabas, I., Reddy, M. V., Rozario, J., et al. (1994). Development of a checklist for assessment of childhood psychopathology in the Indian setting. *Indian Journal of Clinical Psychology, 21*(1), 40–52
19. Kerekes, N., Zouini, B., Karlsson, E., Cederholm, E., Lichtenstein, P., Anckarsater, H., & Rastam, M. (2020). Conduct disorder and bodily health in children: A nationwide genetically sensitive study. *BMC PSYCHIATRY, 20*(1), 595. https://doi.org/10.1186/s12888-020-03003-2
20. Leve, L. D., Anderson, D., Harold, G. T., Neiderhiser, J. M., Natsuaki, M. N., Shaw, D. S., Ganiban, J. M., & Reiss, D. (2022). Developmental profiles of child behavior problems from 18 months to 8 years: The protective effects of structured parenting vary by genetic risk. *Development and Psychopathology, 34*(5), 1716–1730. https://doi.org/10.1017/S0954579422000839
21. Nikstat, A., & Riemann, R. (2022). Differences in Parenting Behavior are Systematic Sources of the Non-shared Environment for Internalizing and Externalizing Problem Behavior. *Behavior Genetics, 53(*1), 25–39. https://doi.org/10.1007/s10519-022-10125-8
22. Pingault, J. B., et.al, (2011). Childhood trajectories of inattention and hyperactivity and predicting educational attainment in early adulthood: A 16-year longitudinal population-based study. *American Journal of Psychiatry, 168*(11), 1164–1170. https://doi.org/10.1176/appi.ajp.2011.10121732
23. Reef, J.,et.al,(2011). Developmental trajectories of child to adolescent externalizing behavior and adult DSM-IV disorder: Results of a 24-year longitudinal study.*Social Psychiatry and Psychiatric Epidemiology, 46*(12), 1233–1241. https://doi.org/10.1007/s00127-010-0297-9
24. Stormont, M. (2002). Externalizing behavior problems in young children: Contributing factors and early intervention. *Psychology in the Schools, 39*(2), 127-138 https://doi.org/10.1002/pits.10025
25. Zoromba, M. A. A., Abdelgawad, D., Hashem, S., El-Gazar, H., & El Aziz, M. A. A. (2022). Association between media exposure and behavioral problems among preschool children. *FRONTIERS IN PSYCHOLOGY,* 14, 1080550. https://doi.org/10.3389/fpsyg.2023.1080550