

Study of family factors in association with behavior problems amongst children of 6-18 years age group

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ABSTRACT

Background: The 'behaviour problems' are having major impact on child's bodily and social development. The family provides emotional support to an individual as well as plays a major role in the formation of one's personality. The quality and nature of the parental nurturance that the child receives will profoundly influence his future development. The knowledge of these family factors associated with behaviour problems may be helpful to identify at risk children. **Aims and Objective:** To study the family factors associated with behaviour problems amongst children of 6-18Yrs age group. **Setting:** an adopted urban slum area of Govt. Medical College, Miraj Dist. Sangli. **Design:** Cross sectional study. **Materials and Methods:** the sample size was calculated based upon 40% prevalence obtained in pilot study. Total 600 Children in the age group of 6-18 years residing in the urban slum area and their parents were interviewed with the help of predesigned, pretested proforma. **Analysis:** chi-square test and risk estimate with Odd's ratio. **Results:** Our study result reveals significant association between prevalence of behaviour problems with absence of either or both real parents and alcoholism in the parent or care taker. **Conclusion:** The behaviour problems have good prognosis if they are recognized earlier. Family has great role in prevention of behaviour problems in children, so parental counseling may be helpful.

Key words: Behaviour problems, alcoholism in parents, vulnerable factors, slum area

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INTRODUCTION

The behavior of a child is variable and depends on biological, social and environmental factors.^[1] In learning to adjust to the world in which child is growing up, he develops certain kinds of behavior which are annoying or embarrassing to adults with whom he comes in contact. Adults frequently label such behaviors as problem behaviors.

Studies on the prevalence of behavior problems in children shown alarming results and yet strikingly varying from one

study to another. Studies conducted in rural and urban areas of different parts of India suggest prevalence range ranging from approximately 1.16% (Dube, 1970)^[2] to 43.1% (Vardhini).^[3]

The "behavior problems" are having a major impact on the child's bodily and social development. It is the major concern of frustration to parents. Parent-child relationship gets disrupted and creates family conflicts and disharmony.

The family provides emotional support to an individual as well as plays a major role in the formation of one's personality. The quality and nature of the parental nurturance that the child receives will profoundly influence his future development. But only few homes provide the right type of environment to the growing child. Numerous studies have shown that children with various kinds of psychiatric and behavioral problems tend to come from homes or schools that are disadvantaged in some respect.^[4]

Hence, the present study is planned to study certain family factors in association with behavior problems in adopted urban slum area of Government Medical College (GMC), Miraj.

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MATERIALS AND METHODS

Present cross sectional study was planned at an adopted urban slum area of GMC and Hospital Miraj. Parents of children in the study group and in some context children themselves interviewed with the help of predesigned, pretested proforma. The proforma was prepared after review of child behavior check list and achenbach system of empirically based assessment behavior problem check list used by different authors in their studies.^[5-7] Also clinical psychologist who run own child guidance clinic at Miraj was consulted to finalize the proforma. The study populations enrolled for the study were permanent resident of the same area for last 5 years or more. Prior to data collection written consent was obtained and data was collected by the corresponding author with the help of fieldworkers of Urban Health Training Center.

The non-respondents or having any chronic illness and neurological disorders were excluded for the present study. The prevalence rate of 40% obtained in a pilot study was used to calculate sample size for the present study. A total 600 children in the age group of 6-18 years were enrolled for study from adopted urban slum area. The children were selected by simple random sampling method from the list of family survey registers of field workers. Their socio-demographic data and information regarding behavior was recorded. Socio-demographic data pertaining to socioeconomic classification, type of family, parent educational status, parent habits and addictions etc., was collected.

The behavior problems which were categorized as externalizing and internalizing in previous literature^[8-10] were further sub classified as antisocial problems, habit problems, psychosomatic problems, personality problems, scholastic difficulties and eating problems etc.

Data was entered in Microsoft excel sheet and contingency tables were prepared and χ^2 was calculated to find out association between the factors and further strength of association was estimated by odd's ratio.

Observations

In our study, majority of children with behavior problems were coming from nuclear families. The observed difference of behavior problems with type of family was not found statistically significant [Table 1].

In the present study out of 600 children, there were 71 (11.83%) children with either one or both real parents absent (death of a parent). In the present study group the absence of either parent was only because of death of either parent (other causes separation or divorce were not found). Out of these children 56 (78.87%) children exhibited one or

more than one behavior problem. The observed difference was found statistically significant, showing that there is an association between behavior problems and absence of parents [Table 2].

Furthermore the strength of association estimated with odd's ratio show that the absence of either one or both parents increases the risk of behavior problems four times when compared to children having both biological parents present.

In the present study, out of 600 children, 238 (39.67%) children were from families having a history of alcoholism in parents or caretakers. Amongst these children, 134 (56.30%) children exhibited one or more than one behavior problems [Table 3].

Statistically there is a significant association between alcoholism in parents and prevalence of behavior problems in children. The risk of behavior problems increases almost 1.5 times among the children having alcoholic parent/care taker.

DISCUSSION

In this study we observed no significant association between type of family and prevalence of behavior problems in children. Deivasigamani^[11] (1989) and Gupta *et al.*^[12] (2001) also had shown same result.

Table 1: Association between type of family and prevalence of behaviour problems

Types of family	Behaviour problems (%)		Total
	Present	Absent	
Nuclear	188 (52.22)	172 (47.78)	360
Three generation	44 (45.36)	53 (54.64)	97
Extended	66 (46.15)	77 (53.44)	143

$\chi^2=2.36; P>0.05$

Table 2: Association between parental loss (absence of parent) and behaviour problems

Parental loss (absence)	Behaviour problems (%)		Total (%)
	Present	Absent	
No loss	242 (45.75)	287 (54.25)	529 (100)
Loss of either one or both	56 (78.87)	15 (21.13)	71 (100)
Total	298 (49.67)	302 (50.33)	600 (100)

$\chi^2=27.5; P<0.001; OR=4.43; 95\% CI (2.4429; 8.0317)$

Table 3: Association between alcoholism in parents and prevalence of behavior problems

Alcoholism in parent	Behaviour problems (%)		Total (%)
	Present	Absent	
Present	134 (56.30)	104 (43.70)	238 (100)
Absent	164 (45.30)	198 (54.70)	362 (100)
Total	298 (49.67)	302 (50.33)	600 (100)

$\chi^2=6.95; P<0.05; OR=1.56 95\% CI (1.1218; 2.1688)$

Although Bhalla *et al.*^[13] (1986) and Singhal *et al.*^[14] (1988) found the majority of the children from nuclear families attending pediatric out-patient department for their psychological and psychiatric problems and shown significant relationship with type of family.

These findings were inconsistent with the present study results.

The present study revealed a significant association between loss of parents and prevalence rate of behavior problems. Most of the research studies related to mental illness and psychological disturbances have shown a significant correlation between loss of parent and psychopathology in children.

Srinivasan and Raman^[15] in their study estimated 9.32 times increased risk for psychopathology in children with long term parental separation Dayal *et al.*^[16] (1986) studied social, cultural and educational background of 100 male delinquent children at Agra found most of the children from families with the absence of a father.

Deivasigamani (1989) found absent father in most of children with psychiatric morbidity.

Gregory^[17] (1962) shown parental loss as a predisposing factor in delinquent behavior in children. Furthermore, Prat^[18] (2003) stated that parental loss is associated with significant psychosocial and mental health problems in adolescents.

All these studies support the result of the present study showing significance of presence of parents in the life of children and adolescents.

Alcoholism in a parent or care taker of children was found significantly associated with prevalence of behavior problems in children.

Shenoy and Kapur^[19] (1996) studied socio-demographic factors in children with scholastic backwardness; shown alcoholism in the parent as a significant factor. Srinath *et al.*^[20] (2004) conducted a study at Bangalore among children aged 4-16 year found a significant association between alcoholism in parent and psychiatric morbidity in children.

Few of the western studies have also shown alcoholism in parents as a predisposing factor for psychological and mental problems in children and adolescents. Prat^[21] (1999) stated that in US, India or South East Asia, adolescents who live in households where alcohol is abused are at risk being victims of family violence leading to behavior problems.

CONCLUSION

The present study shows that family structure is changing more in favor of nuclear setup. Probably, may be because the majority of families are migrated from rural places to urban areas in search of work or for educational purposes. Hence the older persons in family remain at their homes in villages. All these factors contribute to the majority of nuclear families in slum areas. Probably other vulnerable factors present in these children in the present study may be masking the effect of type of family.

Parents are first guide and teacher in the life of children. They fulfill their physical and emotional needs and also provide social and psychological support to their child. The presence of parents increases the secured awareness in the child which prevents them from being exposed to peer group pressure or influence of the outer world.

Alcoholism is now a days increasing in India. In slum areas, most of the population is migrated and doing labor work. The increased economic pressure and indulged in heavy working makes this population involved in alcoholism. The alcoholism in parents is responsible for disharmony in home environments; there is poor interaction between family members, which hampers the psychosocial development of children.

Parents need to be helped to understand that 'it is not enough to do things to their children; they must do things with them'. Family based interventions which focus on improving communication within the family had some success in treating behavior problems. In family therapy, the primary goal is to change dysfunctional family systems, clarify family roles and promote honest and open communication among family members. Good quality day care can have positive psychosocial benefits, particularly in case of children from poor or disordered homes.

Limitations of the study

There is need further exploratory study with the same topic. Due to time constraint the study has to rely upon the responses of parents and child only. As the study was conducted in the community setting because of cultural barriers we could not include the questions pertaining to sexual behavior of children.

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