Problem Behaviour and Parental Mental Health: A Survey among Primary

School Students

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Behavioural problems can happen in children of all ages. Some children have serious behavioural problems. The signs to look out for are a) the child continues to behave badly for several months or longer, is repeatedly being disobedient, cheeky and aggressive; b) their behaviour is out of the ordinary, and seriously breaks the rules accepted in their home and school. This is much more than ordinary childish mischief or adolescent rebelliousness. Range of problem behaviours may be caused by a number of factors. The child's problems are often multi-factorial and the way in which they are expressed may be influenced by a range of factors including developmental stage, temperament, coping and adaptive abilities of family, and the nature and the duration of stress. In general, chronic stressors are more difficult to deal with than isolated stressful events.

In stressful situations, young children will tend to react with impaired physiological functions such as feeding and sleeping disturbances.  Older children may exhibit relationship disturbances with friends and family, poor school performance, behavioural regression to an earlier developmental stage, and development of specific psychological disorders such as phobia or psychosomatic illness.

All children will at some developmental stage display repetitive behaviours but whether they may be considered as disorders depends on their frequency and persistence and the effect they have on physical, emotional and social functioning. It can be difficult to assess whether the behaviour of such children is normal or sufficiently problematical to require intervention. Judgement will need to take into account the frequency, range and intensity of symptoms and the extent to which they cause impairment.

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Major Objectives of the Present study are

a) to understand the pattern of problem behavior among primary school students in Ernakulam district, Kerala,

b) to study the gender difference in problem behaviour and

c) to find out the correlation between problem behavior of children and parental mental health.

The sample consisted of 432 parents of primary school students (208 boys and 224 girls) belongs to an age group of 6 - 10 years studying in government schools in Ernakulam district. The tools were administered individually to the parents (either mother or father). Socio economic status of the sample was matched. The instruments used wereDevelopmental Psychopathology Checklist for Children(DPCL) and Mental Health Status Scale(MHS scale). DPCL is a screening tool to assess behavioural problems in children. It has 124 items and six subsections. Mental Health Status Scale scale has been developed by Gireesan and Sam Sanandharaj (1988), which is measuring the productive mental health scores of the individuals. This refers as behavior, attitudes and feelings that represent an individual’s level of personal effectiveness, Success and satisfaction. This test has six sub scales and each sub section has twelve statements. The data were analyzed using frequency distribution, t-test, and correlation.

Following conclusions can be made on the basis of the findings of the present study.

* The frequency of occurrence of developmental history was found 19%
* The frequency of occurrence of developmental problems was found 15%
* The frequency of occurrence of Attention Deficit Hyperactivity Disorder was found 35%
* The frequency of occurrence of conduct disorder was found 33%
* The frequency of occurrence of Learning disability was found 19%
* The frequency of occurrence of emotional problems was found 33%
* The frequency of occurrence of obsession was found 7%
* The frequency of occurrence of somatic issues was found 15%
* The frequency of occurrence of psychoses was found 22%
* Significant Gender difference found to exists on the problem areas like developmental problems, conduct, obsession, somatic complaints and stress.
* No Significant Gender difference exists on the problem areas like developmental history, ADHD, emotions, learning difficulties, psychoses, family history and temperament.
* Parental mental health has significantly high correlation with ADHD, conduct, leaning difficulties and psychoses of children.
* Parental mental health has no significant correlation with Developmental History, Developmental Problems, Emotions, OCD, Somatic, Family History, Stress and Temperament of children.

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 proper understanding about the condition of their child. This would help them know to deal with the demands of day to day life appropriately. Behaviour modification services will be effective for children with problem behaviour; so that their condition will not be deteriorating in future. The pattern of behavioural problems in the sample indicates the strong and immediate need for intervention. Importance of parenting and spending quality time with the children has to be noticed.