ORIGINAL ARTICLE

PATTERN OF BEHAVIOR PROBLEMS AMONGST THE URBAN SLUM DWELLERS AGED 6 TO 18 YEARS

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ABSTRACT

Introduction: There are approximately 1 billion slum dwellers in the world, and projected to grow to 1.4 billion by the year 2020. Research demonstrates that children living in slums shoulder a disproportionate burden of disease compared to their adult counterparts, and the long term consequences of these childhood illness can be devastating – including permanent stunting, physical disability, behavioral problem and life-long impaired cognition.

Objective: The present study intends to get a holistic picture of behavior perceived by parent or care taker of children as problem behavior and to throw light on the patterns of behavior problems amongst slum dwellers aged 6-18 years.

Method and Material: Children in the age group of 6-18 years residing in the urban slum area, their parents interviewed with the help of predesigned, pretested proforma, the proforma was prepared after review of CBCL and ASEBA behavior checklist also consultation with clinical psychologist running own child guidance clinic at Miraj, Dist Sangli.

Results: Our study reveals that prevalent behavior problem in children was educational difficulties; male preponderance was observed for educational difficulties antisocial problems and habit problems. Educational difficulties were observed amongst lower age group while antisocial problems were observed amongst higher age groups. Both were statistically significant.

Conclusion: In present study the prevalence rate of behavior problem was observed was very high i.e. 49.67%. The educational difficulties and antisocial behavior problem were most commonly observed. It was found that psychosomatic disorders and different type of eating disorders contributed the least.

Keywords: Urban slum, Behavior problems, educational difficulties, antisocial problems

INTRODUCTION

As of 2007, more than half of the world's population was living in urban areas, and one in three city dwellers was living in an urban slum.[1] There are approximately 1 billion slum dwellers in the world, and this number is projected to grow to 1.4 billion by the year 2020.[1] Amid the prosperity of the greater urban landscape, however, exists a plethora of slums that have not necessarily reaped the benefits of greater contemporary city living. The stark living conditions in slums— characterized by extreme population density, poor sanitation, and a lack of access to basic health services— encourage a host of health challenges. According to UN-HABITAT, "slum dwellers die earlier, experience more hunger, have less education, have fewer chances of employment in the formal sector and suffer more from ill---health than the rest of the inhabitants of cities".[1] This environment is highly conducive to the development and spread of infectious diseases, especially among immunonaïve populations such as children. Research demonstrates that children living in slums shoulder a disproportionate burden of disease compared to their adult counterparts[2], and the long term consequences of these childhood illness can be devastating – including permanent stunting, physical disability, behavioral problem and life-long impaired cognition.[2]

Behavior problem may be defined as 'such reaction patterns of a child which are not up to the expectation of the parents, members of the family or members of the community'. In year 2000, NIMH U.S. reported 15% of youth under 18 years of age experience behavior problems serious enough to justify special treatment.[3]

The developing countries like India are also facing the same problem with somewhat equal or major extent. In the year 1980s, international union for child estimated, 1.5 million children with 'behavior problems' in India alone.[4]. WHO published ICD-10 in 1992 classified behavior problems under categories F.90-95 and F.98 as

"Behavioral and emotional disorders with onset usually occurring in childhood and adolescence".[6]

The present study intends to get a holistic picture of behavior perceived by parent or care taker of children as problem behavior and to throw light on the patterns of behavior problems amongst slum dwellers aged 6-18 years.

MATERIAL AND METHODS

This cross-sectional study was planned at an adopted urban slum area of Govt. Medical College and Hospital Miraj, Dist Sangli, Maharashtra. The study population was parents of the children in the age group of 6-18 years and permanent resident of the same slum area for last 5 years or more. Child Behavior checklist (CBCL) of Achenbach was referred and the revised child behavior inventory developed in consultation with child psychologist and used to collect the data. The questions were directed to parents or care-takers of study group and also in some context children themselves. Based upon prevalence rate obtained in pilot study in the same area the sample size was worked out with the help of formula $N = Z^2_{(1 - \alpha/2)} (1 – P) / \varepsilon^2 P$, where P (prevalence) = 40%, ε (precision level) =10%, $Z_{(1 - \alpha/2)}$ = Standard error of population proportion at 95% level i.e. 1.96.

Total 600 parents of children in the age group of 6-18 years were selected by simple random sampling method using random number table from the family register. The information regarding behavior was recorded in pretested questionnaire. The ethical clearance was obtained from Institutional Ethical Committee before starting the study. The written informed consent of all parents was obtained by the investigator. The person not willing to give written consent was excluded from the study and next eligible person in the family register was included. The data was entered in Microsoft excel sheet and appropriate statistical tests were used.

As there is no uniform and standard classification of behavior problems found in literature following classification was used in present study as mentioned in Indian paediatric text book[7] which was simple and easy to use in community.

Table 1: Classification of behavior problems:

Category	Types
Antisocial problems	lying; stealing; gambling; destructiveness and fire setting
Habit problems	Thumb sucking; nail biting; enuresis; tobacco use; alcohol consumption; other non-medicated drug use
Personality problems	Jealousy; temper tantrum; fear; shyness; anxiety
Psychosomatic problems	Headache; hallucination; tremors; depression
Educational difficulties (Scholastic difficulties)	
Eating problems	over eating; frequent eating; outside eating; likes-dislikes; food faddism

OBSERVATIONS

In the present study, out of 600 children, 298 (49.67%) were with either one or more than one behavior problem. Thus the observed prevalence is 49.67% in present study.

Table 2: Distribution of children with behavior problems:

Child with Behavior Problems	Frequency (%)
Single problem	163 (54.7%)
Two problems	74 (24.83%)
Three or more problems	61 (20.47%)

Table 2 shows that out of total 298 children having behavior problem, 163 (54.7%) were having any one problem.

Further, children with behavior problems were classified depending upon pattern of behavior problems. Out of 298 children with behavior problems, majority of the children were having educational difficulties 172 (52.72%) i.e School Phobia; backwardness, failure according to classification used. This was followed by antisocial problems (42.62%) i.e. lying; stealing; gambling; destructiveness and fire setting. Eating disorder contributes the least 54 (18.12%).

Table 3: Distribution of children with different patterns behavior problems as per classification given in table No. 3. (N = 298)

Pattern of Behavior problem	Frequency (%)
Educational	172 (57.72)
Antisocial	127 (42.62)
Personality	118 (39.60)
Habit	93 (31.20)
Psychosomatic	59 (19.80)
Eating disorder	54 (18.12)

Table 4 shows age and sex wise distribution of children with behavior problem. It was found that out of total 298 children with behavior problem, 202 (67.79%) were male and 96 (32.21%) were female.

Out of total 298 children with different type of behavior problem, 163 (54.7%) were of age between 6 to 12

years. Out of these 163 children, maximum number i.e. 85 (52.14%) were having educational behavior problem and minimum i.e. 27 (16.56%) were having psychosomatic behavior problem. From 163 children, 112 (68.71%) were male and 51 (31.29%) were female.

Table 4: Age and Sex wise Distributions of Children with Different Behavior Problems (multiple responses)

Pattern of behavior problems	6 – 12 years		13 – 18 years	
	Male (%) (n=112)	Female (%) (n=51)	Male (%) (n=90)	Female (%) (n=45)
Educational	67 (59.82)	18 (35.29)	61 (67.78)	26 (57.78)
Antisocial	41 (36.61)	19 (37.25)	57 (63.33)	10 (22.22)
Personality	45 (40.18)	24 (47.06)	38 (42.22)	11 (24.44)
Habit	39 (34.82)	7 (13.72)	40 (44.44)	7 (15.55)
Psychosomatic	20 (17.86)	7 (13.72)	8 (8.89)	14 (31.11)
Eating	15 (13.39)	18 (35.29)	17 (18.89)	4 (8.89)

(**Note:** For statistical analysis columns were clubbed and rearranged)

Out of total 298 children with behavior problem, 135 (45.30%) were from age between 13 to 18 years. Out of these 135 children, maximum number i.e. 87 (64.44%) were having educational behavior problem and minimum i.e. 21 (15.56%) were having eating behavior problem. From 135 children, 90 (66.67%) were male and 45 (33.33%) were female.

The proportion of children with educational difficulties was found significantly higher, as compared to other patterns of behavior problem (SEp = 2.86). In the present study male preponderance was observed for educational difficulties ($x^2 = 8.2$, $p < 0.05$); antisocial problems ($x^2 = 8.91$, $p < 0.05$) and habit problems ($x^2 = 18.23$, $p < 0.001$). Educational difficulties were observed prevalent amongst lower age group i.e.6-12yrs ($x^2 = 4.58$, $p < 0.05$) while antisocial problems were observed prevalent amongst higher age groups i.e.13-18 yrs. ($x^2 = 4.97$, $p < 0.05$).

DISCUSSION

The present study was aimed to find out pattern of behavioral problems among children of age between 6 to 18 years residing in urban slum and their association with various socio-demographic factors.

The prevalence rate of behavior problems was 49.67%, the significantly higher proportion of children with behavior problems have educational difficulties followed by antisocial behavior. This may be probably due to wide range of age groups involved in study. Also the study is conducted in urban slum area where the vulnerable factors are prevailing as compared to other areas, giving rise to high prevalence of behavior problems. The observed higher prevalence of educational difficulties in children may be due to more children coming from lower socioeconomic families with low literacy status of parents. Also this can be attributed to poorer educational facilities in such households and lack of proper attention by parents who are preoccupied with earning a living.

Similar findings were reported by Venugopal (1988) and Sarkar (1990) for educational difficulties.

Finding of the present study was not matched with P. K. Singhal et al. (1988) who observed majority of children i.e. 51.4% having psychosomatic problems in his study.[8] Also T. R. Deivasigamani (1990) reported higher prevalence of antisocial problems in children of 8 – 12 years age group.[9] M. Bhalla (1986) found 11% children with antisocial behavior, in 8 – 12 years children with male preponderance.[10] Similar findings were quoted by R. Dayal (1986).[11]

Many of the studies found male preponderance for personality problems. P. K. Singhal (1988) found male preponderance in his study and same result was also observed by M. S. Bhatia in 1990 [12] which are not consistent with present study results. Male preponderance observed in present study for habit problems. P. K. Singhal (1987) found overall prevalence of 53.8% of habit disorders in Children of 1 – 12 years age group and reported female Preponderance, which is inconsistent with present study.[13]

There was no statistical association between prevalence of Psychosomatic Problems and eating problems with age or gender of the child. Sarita Bhargava (1988) stated that female children are fussy and prone to develop eating problems also M. K. C. Nair [14] (2004) observed only 11.2% depressive disorders amongst adolescents of 13 – 19 years age group with female preponderance. These results are not in accordance with present study.

CONCLUSION

In present study the prevalence rate of behavior problem was observed was very high i.e. 49.67%.

The educational difficulties such as school phobia, backwardness, failure were contributed most among slum dwellers aged 6 to 18 years. This was followed by antisocial behavior problem like lying, stealing, gambling, destructiveness and fire setting. It was found that psychosomatic disorders such as headache, hallucination, tremors, depression and different type of eating disorders contributed the least.

Behavior problems occur during transition and adjustment. Since childhood is by its nature a continuous process of transition and adjustment to rapid development, its easy to see that bad behavior is a natural reaction to challenges that the child doesn't yet have the skills to accomplish.

An awareness of the prevalence of these problems is important to plan mental health services for children in order to offer help and thereby improve the quality of life of the affected children.

Thus it becomes apparent that in establishing patterns of behavior, the child needs guidance to make sure that he learns the most useful and most desirable patterns of behavior.

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