

A Study of Behaviour Problems in Pre-School Children

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Abstract

The Pre-School Behaviour Checklist was administered to 155 pre-school children in the age group two years ten months to three years eight months. Of these 54 children belonged to urban area and 101 to rural areas. Findings revealed low frequency of high scorers (5) in the total sample. All these children manifested overactivity, poor concentration, temper tantrums, feelings of misery and disturbed relations with peers. The two groups of children, urban and rural, showed equal number of behaviour problems. While boys and girls in the urban group showed similar behaviour problems, rural boys showed more behaviour problems than rural girls.

Key words -

**Pre-school children,
Behaviour problems**

The study of behaviour problem in pre-school children has received attention over the past few years [1], [2]. The subject is obviously a matter of concern and the present study is a beginning in this direction. The paper deals with the study of behaviour problems in pre-school children, who were selected for a larger investigation on 'Early Childhood Stimulation and Optimal Mental Development'.

The objective of the present study was to compare the behaviour problems in urban and rural children. The family background of these children is described briefly.

Material and Methods

Study area:

The study was conducted in Ramanagaram Taluk, of Bangalore District (Karnataka state). This area was selected as it was not covered by the Integrated Child Development Service Programmes (ICDS). As per Karnataka Census Operations (1981) the total population of Ramanagaram Taluk is 2,04,889, out of which 1,53,630 (75%) stay in villages and the remaining 51,259 (25%) stay in Ramanagaram town.

There are 135 villages in Ramanagaram Taluk. For the purposes of the present study, data was

collected from urban (Ramanagaram town) and rural areas (six villages within the distance of 15 kms from Ramanagaram town). The total population of these six villages is 4,795. The predominant caste groups are Vokkaligas, Lingayats, Scheduled Castes and Scheduled Tribes.

The sample considered of 155 non-school going children in the age group 2 years 10 months to 3 years 8 months. The mothers were interviewed regarding child's health, development and some aspects of home environment. The Pre-school Behaviour Checklist (PBCL) (Richman & Graham [3]) was then administered to the mothers. This checklist consists of 19 behavioural items, each graded on a 3 point scale with the scores 1 and 2 indicating problem in this area. The total score is derived by summing the individual items of behaviour, giving a maximum of 38 points. Using a cut off 10 points the instrument has been shown to be reliable and to identify successfully children attending psychiatric clinic [3].

As three workers were involved in the study the inter rater reliability for the tool was established prior to data collection

Initially a total of 162 children were seen. Of these, 2 children had developmental delays, 2 were suffering from epilepsy, 1 from polio, one child had fever and one scabies. These seven children were excluded from the study. Data on a sample of 155 non-school going children was analysed. Of these, 54 children (29 boys and 25 girls) belonged to urban area (Ramanagaram town) and 101 (50 boys and 51 girls) to the rural areas.

Results and Discussion

Background information on the families

Majority of the children (66% of urban and 65% of rural) came from nuclear families with less than 6 members. In both the groups the children had occupied similar positions in the birth order. While 44% of urban children and 41% of rural children were youngest in their families, 24% of urban children and 23% of rural children were the eldest. Few children (6% of urban and 9% of rural) had no sibs. Rest of the children had occupied 'middle' positions.

The main occupations of the families studied were sericulture, agriculture and petty business. There was no difference in the occupational status of the fathers in the two groups. However in the urban group only 14% of children had working mothers as against 42% in the rural group. This difference was found to be significant ($\chi^2=11.80$, $p<.01$, $df=1$).

The financial status of the family was assessed in terms of the total income of the family per month. The total income ranged between Rs. 50- Rs. 1800. Majority of the rural children (81%) came from families with an income of less than Rs. 400 as against 46% of urban children. Thus the financial status of the urban group was significantly better than that of rural children ($\chi^2=21.61$, $p<.001$, $df=3$).

Nature of behaviour problems

The proportion of children scoring 10 or more in the total group was low. Only 5 children out of 155 (3.2%) had scored 10 or more on PBCL. In the urban group, 2 children (boys) had scored 14 and in the rural group 3 children (2 boys and 1 girl) had scored 10, 11 and 12. The finding suggests that the frequency of behaviour problems in both urban and rural children is low. One possible reason is that, these children were not admitted to schools hence were not exposed to the problems associated with schooling. The children were given lot of freedom to move about and to play with peers. The demands

placed on these children were minimum and parental expectations were rather low.

The nature of behaviour disturbance in high scorers revealed that of the 19 behaviour problems, 16 problems were found in all children. These were overactivity, poor concentration, temper tantrums, feelings of misery and disturbed relations with peers. Management problems and disturbed relations with sibs were found in four children. Three children manifested fears, attention seeking behaviour, nocturnal bed wetting and sleep problems.

For the purposes of comparison of the behaviour problems in urban and rural children, 150 children scoring less than 10 were considered. Of these 50 (25 boys and 25 girls) belonged to urban area and 100 (50 boys and 50 girls) belonged to rural area. The mean PBCL score of the urban children was 4.58 and SD 2.45 and that of the rural children 4.51 and SD 2.52. There was no significant differences between the two groups ($t=0.16$ $df=148$). Though there was some difference in the family background namely maternal employment status and financial status of the family, the two groups of children showed equal number of behaviour problems.

The nature of behaviour disturbances in boys and girls of the 2 groups was examined. Urban boys and Urban girls showed similar behaviour problems while rural boys showed more behaviour disturbances than rural girls. (Table I).

Table I - Number of behaviour problems in boys and girls of the two groups

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A comparison of the mean PBCL score of the urban boys with rural boys and urban girls with rural girls revealed no significant differences.

Table II - Performance of children on various behaviours (frequencies & percentages are given)

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In Table II differences between two groups as far as individual items of behaviour concerned are examined. It can be seen that of the 19 items examined, in only one item there was significant difference at the 1% level. Rural mothers reported their children to 'wake at night' more than urban mothers. It was found that the children were waking at night either to drink water or to go to toilet. They had no problems in falling asleep again. The mothers did not consider this particular item as a behaviour disturbance.

Another item which appeared inappropriate to this group of children was 'sleeping with parents'. Most of the children were sleeping with parents not because they were upset or scared but due to overcrowding and space problems. Hence these children were given a score of 0 and not 1 on this item. It is necessary to examine the appropriateness of these items 'waking at night' and 'sleeping with parents' while assessing the behaviour disturbance of children in the Indian setup.

Examination of Table II revealed certain trends. Urban boys showed more overactivity, poor concentration and temper tantrums. They were described to be more miserable and difficult to control than urban girls. Urban girls were reported to have more fears than urban boys. The percentage of urban boys and girls scoring 2 was almost similar (28% and 24% respectively). This finding suggests that the severity of behaviour disturbances is almost similar.

In the rural group, boys showed more overactivity and poor concentration. They were described to be

more attention seeking, miserable and difficult to manage than rural girls. Rural girls showed behaviour problems such as dependency and fears more than rural boys. The percentage of rural boys scoring 2 was higher than that of rural girls (24% and 14% respectively) suggesting greater severity of behaviour disturbances in rural boys.

Thus in the rural group, boys showed more behaviour problems than girls and the severity of disturbance was also more for boys. Considering the similarity of the backgrounds of boys and girls in this rural group it is presumed that various other factors might have contributed to the difference. To understand this, it is essential to study more in depth factors such as quality of care provided by family members, father's involvement in child care, mode of disciplining and so on.

To conclude, the prevalence of behaviour problems, in the pre-school children seen was low. Urban and rural children showed equal behaviour disturbances. In the urban group, boys and girls showed equal behaviour problems while in the rural group, boys showed more behaviour problems than girls. It would be of interest to follow up these children and examine the patterns of behaviour disturbances as they enter school.

The study was conducted on a selected group of children who were physically healthy with no developmental delays. It is necessary to examine the nature of behaviour disturbance in a larger sample of non-school going children randomly selected and analyse the family and social factors related to low and high scorers. Such studies are important to identify factors associated with behaviour disturbance and to institute early interventions where appropriate.

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