



## **Estimate the Prevalence of Behavioural Problems Among School Children in a Rural Community in Trivandrum District, Kerala.**

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### **ABSTRACT**

Aim of the study was to estimate the prevalence of behavioural problems among school children in a rural community in Trivandrum district. The objectives of the study were to estimate the prevalence of behavioural problems among school children in a rural community and to determine the association between the prevalence of behavioural problems among school children with their selected demographic variables. A sum of 235 samples were selected using cluster sampling method. The research approach used in this study was quantitative research approach and the research design adopted for this study was non-experimental cross sectional research design. The data analysis was done by using descriptive statistics such as frequency, percentage, mean, standard deviation and inferential Statistics such as Chi square test. The study result shows that 54% children had normal behaviour, 45.5% had mild behavioural problems, 0.4 % had moderate behavioural problems and none of them had severe behavioural problem.

**Keywords:** =school children, Prevalence of behavioural problems

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### **Introduction**

Children are important asset of parents and future nation makers. For a healthy and prosperous society, a healthy child is needed [1]. Since from birth, a child passes through total development process such as physical, mental, and social development until he achieves adulthood. When a child achieves school-age period they generally have smooth and proficient motor skills. Their coordination, fortitude, balance and physical abilities vary as they develop [2].

According to the report of National Institute of Mental Health globally 10-15% of children are affected by emotional and behavioral disorders [3]. In 2001, World health organization shows that worldwide 15% of children have emotional disturbances and about 10-20% of children have mental or behavioral problems. Epidemiological studies of child and adolescent psychiatric disorders conducted by ICMR in 2001 indicated the overall prevalence of mental and behavioral disorders in Indian children to be 12.5%. [4]

The common normal behaviors seen in school age children includes take on more responsibility, often want more freedom than they can handle, require a fair amount of guidance when it comes to doing chores, completing their homework and taking care of their hygiene, they begin to solve problems on their own and try new activities and they may struggle to deal with failure [5]. If a child is not behaving according to the expectations of the family or if it is disruptive in nature then the child will have some behavioral problems. [6]

Common behavioral issues in kids under the age of 12 include: being easily enraged, annoyed, or irritated, having frequent temper tantrums; arguing frequently with adults, especially the most familiar adults in their lives, like their parents, refusing to follow rules; appearing to be deliberately trying to annoy or aggravate others, having low self-esteem; having a low threshold for frustration and looking to assign blame for one's misery or wrongdoings. Some typical behaviors are frequently disobeying parents or other authority figures, often skipping educational institutions, having a tendency to start using drugs such as cigarettes and alcohol at an early age, a lack of empathy for others, being aggressive toward animals and humans, engaging in sadistic behaviors like harassing and physical or sexual assault, eagerness to engage in physical conflicts, taking weapons during physical warfare, lying frequently, engaging in criminal behavior like stealing, and purposely setting themselves on fire are some examples of typical behaviors. [7]

One of the descriptive studies conducted in India in 2020 shows that 89.34% of children had moderate behavioral problems and 10.66% had mild behavioral problems. Study also shows that children of working mothers had 82% moderate emotional problems and 67% had severe emotional problems. [8] Another one study conducted in 2017 in India shows that the combined borderline and abnormal behavioral problems were more prevalent in the age group of 12-13year (64.1%) and 13-14 years (30.8%) and study show that the prevalence of behavioral problems among girls were high compared to boys. [9]

Literature reviewed by the researcher has shown that many children are affected with behavioral problems and this can be a leading cause for developing behavioral disorders in their adulthood. Early identification and treatment help to prevent consequences of abnormal behavior during adulthood. Hence the researcher is interested to estimate the prevalence of behavioral problems among school children in a rural community.

### *Statement of the problem*

A study to estimate the prevalence of behavioural problems among school children in a rural community in Trivandrum district, Kerala.

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### **Objectives**

- To estimate the prevalence of behavioural problems among school children in a rural community.
- To determine the association between the prevalence of behavioural problems among school children with their selected demographic variables.

### *Hypothesis*

H1: There is an association between the prevalence of behavioral problems among school children with their selected demographic variables.

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### **Materials and methods**

**Research approach:** Quantitative research approach. **Research design:** non-experimental cross sectional research design. **Setting of the study:** This Study was conducted in Karode panchayat at Trivandrum district. **Study population:** School children with age group between 6-12 years. **Sample size:** 235.

### *Conceptual framework*

The conceptual framework for this study is based on the Health Belief Model (HBM). The model posits that messages will achieve optimal behaviour change if they successfully target perceived barriers, benefits, self-efficacy and threat.[9]

### *Tools and Techniques of data collection.*

Data were collected using the Modified child behaviour checklist by structured interview technique. The tool has two sections ,section A and section B .Section A contains Questionnaire on socio-demographic variables It includes the socio-demographic variables such as age, gender, religion, type of family, birth order of child, marital status of mother, education of mother and father, occupation of mother and father, annual family income, history of maternal depression, history of late pregnancy, history of chronic illness in child, care taker during early childhood, dietary habit, intake of junk food, family history of behavioral problems, engagement with indoor games, engagement with outdoor games, engagement with extracurricular activities and achievement of normal developmental milestone. Section B: Modified Child Behaviour Checklist It is a 3-point scale and it contains 50 items.

### *Data collection procedure*

After getting the approval from Institute of Ethics Committee, information regarding the research study was given and written permission was obtained from the concerned authority of Karode Panchayat. Investigator first selected the subjects who fulfill the inclusion criteria. Then using cluster sampling technique, 235 samples were selected and written assent was obtained from the mothers of school children after explaining the nature and purpose of the study. Data were collected using the Modified child behaviour checklist by structured interview technique.

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### **Results**

#### *Section A: Demographic variables.*

When analysing the demographic data, in age group it shows that 32.3% of subjects belonged to the age group of 8-9 years. In gender 71.1 % subjects were females, 77.4% of subjects were Hindus, majority of subjects i.e., 98.7% live in nuclear family, 63.8% were the second children, majority of subject's mothers i.e., 98.3 % are married, majority of mothers i.e., 85.5 were graduates and 73.2% of them were homemakers. Regarding education of father, 51.1% of them were graduates, 75.7% of them were private employees, 88.1% have the annual family income between Rs15000 to 24199, almost all i.e. 99.1 had no history of maternal depression, 98.3% of the subjects had no history of chronic illness, parents were the care taker for all the subjects during their childhood period, majority of subjects i.e. 98.7% of subjects were non-vegetarians, 30% had no history of intake of junk food, almost all the i.e. 99.1% of them had no family history of behavioral problems, 88.9% were not engaged with indoor games, majority of subjects i.e. 95.3% were engaged in outdoor games, 85.5% were engaged with extracurricular activities and 98.3% of subjects achieved normal developmental milestones.

### **Section B: Prevalence of behavioural problems among school children.**

Distribution of samples according to the prevalence of behavioral problem shows that 54% children had normal behavioral problems, 45.5% had mild behavioural problems, 0.4 % had moderate behavioural problems and none of them had severe behavioural problems and mean behavioral problem score is 9.31.

### **Section C: Association between the prevalence of behavioral problems among school children with their selected demographic variable.**

This study shows obtained value of selected demographic variables such as age in years, gender, birth order of child, education of mother, occupation of mother, occupation of father, annual family income and engagement with indoor games were greater than the table value. Hence there is a significant association between behavioral problems among school children with the above-mentioned demographic variables and the hypothesis "there is a significant association between behavioral problems among school children with the selected demographic variables" is accepted for the above mention variables. Other demographic variables such as religion, type of family, marital status of mother, education of father, maternal depression, history of late pregnancy, dietary habit, history of chronic illness, intake of junk foods, family history of behavioural problems, engagement in outdoor games, engagement in extra -curricular activities and achievement of normal development milestone had no association with the behavioral problems. So, the hypothesis is rejected for the above-mentioned variables.

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## **Discussion**

Aim of the study was to estimate the prevalence of behavioural problems among school children in a rural community in Trivandrum district. Distribution of samples according to the prevalence of behavioral problem shows that 54% children had normal behaviour, 45.5% had mild behavioural problems, 0.4 % had moderate behavioural problems and none of them had severe behavioural problems. This study findings shows that the demographic variables such as age in years, gender, birth order of child, education of mother, occupation of mother, occupation of father, annual family income and engagement with indoor games associated with the behavioural problems of school children. Findings of this study was congruent with findings of an experiential post facto research study was held in 2019 in Telangana, India. The study shows that boys showed high level hostile aggressive behaviours than girls, whereas girls showed anxious fear behaviours than boys

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## **Conclusion**

The present study estimated the prevalence of behavioural problems among school children in a rural community. The study concluded that 45.5% had mild behavioural problems, 0.4 % had moderate behavioural problems and none of them had severe behavioural problems. Behavioral problems are the disorders which deviate from normal behaviour. The prevention of behavioural problem is also important because behavioral problems in children are increasing periodically. Early treatment will help the child to recover from behavioral disorders. Main goal of treatment is not to carry over the problem in childhood into adulthood which leads to more severe consequences.

### **Nursing implications**

- Nurse should give proper health teaching to the parents to identify the abnormal behaviours in children to prevent further complications
- Nurse can teach positive parenting styles to the parents who have children with behavioural problems.

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