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A CROSS-SECTIONAL STUDY ON COMMON BEHAVIORAL PROBLEMS AMONG THE UNDERPRIVILEGED ADOLESCENTS IN A SCHOOL OF KOLKATA.

Community Medicine

Dr. Nirmalya Manna	Associate Professor, Department of Community Medicine, Medical College Kolkata.
Dr. Shibasish Banerjee	Assistant Professor, Department of Community Medicine, Medical College Kolkata.
Dr. Pulak Kumar Jana	Assistant Professor, Department of Community Medicine, Murshidabad Medical College & Hospital.
Dr. Soumitra Mondal*	Demonstrator, Department of Community Medicine, Medical College Kolkata. *Corresponding Author
Dr. Saikat Bhattacharya	Assistant Professor, Department of Community Medicine, Medical College Kolkata.

ABSTRACT

Adolescence is characterized by conflicts of values, emotional stress and readiness to extreme attitudes, which invariably leads to several psycho-social problems of adolescents. During adolescence, the frequency and severity of violent interactions increase. Worldwide, the prevalence of clinically significant psychiatric disorder in children is at least 7%. This rate rises in socially disadvantaged and densely populated urban areas. It also increases by 3%-4% after puberty. Substance abuse is a common trigger of behavioral problems and often requires specific therapy. Behavioral problems may be the first sign of depression or other mental health disorders. With this background this study is conducted to find out different behavioral and psychological problems of underprivileged adolescents studying in a school of Kolkata and their background information as well. This observational & descriptive epidemiological study was cross-sectional in design, was conducted from December 2019 to February, 2020. The School has at present 500 students from class I to X. In each class there are 50 students. The school has provisional affiliation from ICSE Board. 20 students were selected from each class by Stratified Random Sampling method by using random number table from the list of the students of class VI to X. A predesigned, pretested, self-administered questionnaire was used for data collection. The questionnaire was translated to two local languages i.e. Bengali & Hindi. Most common behavioral problems were lying (88%), phobia (86%). Anxiety (80%), followed by cruelty and destruction (44%), school failures (36%), depression (28%), stealing (20%), masturbation (10%), addiction (8%). Common problems among male students were Anxiety, Phobia, Lying, Cruelty, School failure. Among female students, Phobia, Depression, Anxiety & Lying were common behavioural problems. 62 adolescents told that they had phobia. Among them 62.9% adolescent had phobia to specific object. 32.26% had social phobia and 4.84% had school phobia. Further longitudinal studies should be planned to find out temporal association of these behavioral and psychological problems among this study group.

KEYWORDS

Adolescent, Behavioural problems,

INTRODUCTION:

Adolescence is characterized by conflicts of values, emotional stress and readiness to extreme attitudes, which invariably leads to several psycho-social problems of adolescents. Adolescence is a time for developing independence. Typically, adolescents exercise their independence by questioning their parents' rules, which at times leads to rule breaking (Achenbach & Edelbrock, 1978). Parents and doctors must distinguish occasional errors of judgment from a degree of misbehavior that requires professional intervention. The severity and frequency of infractions are guides. Children occasionally engage in physical confrontation. However, during adolescence, the frequency and severity of violent interactions increase. Although episodes of violence at school are highly publicized, adolescents are much more likely to be involved (*Behaviour Problems and Their Relationship to Reading Difficulty - Bale - 1981 - Journal of Research in Reading - Wiley Online Library*, n.d.) with violence (or more often the threat of violence) at home and outside of school. Many factors, including developmental issues, gang membership (Beitchman & Young, 1997), access to firearms, substance use, and poverty, contribute to an increased risk of violence for adolescents. Of particular concern are adolescents who, in an altercation, cause serious injury or use a weapon (Berger et al., 1975).

Because adolescents are much more independent and mobile than they were as children, they are often out of the direct physical control of adults (Cantwell & Baker, 1991). In these circumstances, adolescents' behavior is determined by their own moral and behavioral code (*Reading Disabilities and Aggression: A Critical Review - Anne Cornwall, Harry N. Bawden, 1992*, n.d.). The parents guide rather than directly control the adolescents' actions. Adolescents who feel warmth and support from their parents are less likely to engage in risky behaviors (Cunningham & Barkley, 1978). Also, parents who convey clear expectations regarding their adolescents' behavior and who demonstrate consistent limit setting and monitoring are less likely to have adolescents who engage in risky behaviors (Fergusson & Lynskey, 1997). Authoritative parenting, as opposed to harsh or permissive parenting, is most likely to promote mature behaviors.

Worldwide, the prevalence of clinically significant psychiatric disorder in children is at least 7%. This rate rises in socially disadvantaged and densely populated urban areas. It also increases by 3%-4% after puberty. Childhood psychopathology presents as: 1.disturbed or antisocial behaviour (externalizing disorders) -- prevalence 3%-5%, 2. Troubled emotions and feelings (internalizing disorders) -- prevalence 2%-5%, 3. A mixture of psychological problems and physical illness (somatoform disorders) -- prevalence 1%-3% 4. More rarely as childhood psychosis or pervasive developmental (autism spectrum) disorders -- prevalence about 0.1%.
The years of adolescence are the years of change of development at the biological, psychological and social level. Psychologically, adolescence refers to a period of identity crisis. Crisis, infact does not mean a breakdown or catastrophe but rather a “crucial” period when development must move one way or another. Moreover adolescents need a supportive environment at home, school and the community to enable them to understand the complexity of challenges of the stage, and be able to respond with a sense of responsibility (Ritter, 1989). When adolescents are deprived of such conducive environment, it may lead to various psycho-social problems like academic problems, truancy, adjustment problems, low self-esteem etc. Keeping this in mind National Institute of Public Cooperation and Child Development (NIPCCD) has started an Adolescent Guidance Service Centre (AGSC) to help adolescents cope with daily stress, avoid unwanted peer pressure, resolve conflicts, and develop adequate life skills and the like. In order to fulfill this goal the major objective of the AGSC is

to provide counseling and psychosocial care for adolescents through a comprehensive adolescent guidance programme (Rourke, 1988).

Adolescents whose behavior is still dangerous or otherwise unacceptable despite their parents' best efforts may need professional intervention. Substance abuse is a common trigger of behavioral problems and often requires specific therapy. Behavioral problems may be the first sign of depression or other mental health disorders. Such disorders typically require treatment with drugs as well as counseling. In extreme cases, some adolescents may also need legal intervention in the form of probation. Assessment and diagnosis takes a biopsychosocial approach, with consideration of the contribution made by biological development and medical illness, cognitive and personality characteristics and the family, school and social environment.

Methodology:

This observational & descriptive epidemiological study was cross-sectional in design, was conducted from December 2019 to February, 2020 among the underprivileged adolescents of a school of Kolkata. After obtaining approval from Institutional Ethics Committee and permission from the school authority, the study was conducted to understand the socio economic condition and common behavioral problems among the underprivileged adolescents.

The School has at present 500 students from class I to X. In each class there are 50 students. The school has provisional affiliation from ICSE Board. The students from class VI to class X were selected for this study. 20 students were selected from each class by Stratified Random Sampling method by using random number table from the list of the students of class VI to X.

A predesigned, pretested, self-administered questionnaire was used for data collection. The questionnaire was translated to two local languages i.e. Bengali & Hindi, so that participants can understand it by themselves. To reduce the bias, anonymity was maintained while filling up the questionnaire. The senior faculty of the Community Medicine Department & Psychiatry Department of Medical College Kolkata have independently reviewed to ensure the face- validity of the other parts of the questionnaire. Apart from this data was collected on different demographic variables like age, sex, ethnicity, patent's occupation, number of family member, the educational status of their parents, type of family types of housing etc.

The data was compiled in MS Excel Sheet and Statistical analyses were performed with SPSS 20.0. Quantitative data were expressed as mean ± standard deviation, and qualitative data were expressed as proportions. Differences in Quantitative data were analyzed using analysis of variance.

RESULTS:

40% of the students were of 15 years and above of age and 66% were boys and 34% were girls. 47.9% of the parents / guardians are primary educated, followed by secondary educated (18.75%) followed by illiterate 14.58% and Graduate 10.42%. Most (41.67%) of the families of the students with per capital income of Rs. 500-700 followed by Rs. 300-500 of 31.25% of the families and 12.5% of the families having per capital income Rs. <300. 52.09% students live in slum. Most of the families (83.33%) were migrated. Only 16.67% families were permanent resident. Most of the families (45%) were migrated from nearby districts, followed by nearby states (30%). Most of the families (67.5%) were migrated to earn their livelihood.

Most common behavioral problems were lying (88%), phobia (86%). Anxiety (80%), followed by cruelty and destruction (44%), school failures (36%), depression (28%), stealing (20%), masturbation (10%), addiction (8%). Common problems among male students were Anxiety, Phobia, Lying, Cruelty 7 School failure. Among female students, Phobia, Depression, Anxiety & Lying were common behavioural problems. Most of the students (45%) were telling lie occasionally, followed by frequently and very frequently. Among the boys, 50% and among the girls, 35.72% were telling lie occasionally. Most of the adolescent (80%) tell a lie to fulfill their desire and to cover their guilt (75%). Most of the adolescent (59.37%) told that they had onset of sexual desire at the age between 12 – 14 years. Most of the adolescent (70%) was stealing because to eat something, followed by to buy something (60%). But 20% of the respondent adolescent did not know why they are stealing. Most of the adolescents (77.27%) had done cruelty by using weapon (eg. bat, brick, blade, broken bottles). Physical fighting was present among 68.18% of adolescents. Most of the adolescent (42.86%) had depression frequently, followed by occasionally (35.71%) and very frequently (21.43%).

62 adolescents told that they had phobia. Among them 62.9% adolescent had phobia to specific object. 32.26% had social phobia and 4.84% had school phobia. Among the 38 male adolescent, 25 (65.79%) had object phobia and 11 (28.95%) had social phobia. Among the 24 female adolescent, 14 (58.33%) had object phobia and 9 (37.5%) had social phobia. Among the study population 22% were failed in last year. Among 66 males, 14 (21.21%) were failed. Among 34 females, 8 (23.53%) were failed in last year. Long school hours were the most common cause (60%) of non interest in attending school by the adolescents. This is followed by parental unwillingness and involvement in household work (50%). 40% adolescent thought that teachers were not good and 20% were not interested in continuing the study.

Table 1. Distribution of the behavioral problems among the Study population. (n =100)*

Behavior	Male	Female	Total	%
Lying	52	28	80	80
Stealing	18	2	20	20
Cruelty & Destruction	32	12	44	44
Abuse Languages	16	4	20	20
Depression	8	20	28	28
Phobia	50	30	80	80
Anxiety	60	20	80	80
School failures	26	10	36	36
Masturbation	10	0	10	10
Addiction	8	0	8	8

* Multiple responses

Table 2. Distribution of the study population according to their frequency of telling lie (n = 80)

Frequency	Male		Female		Total	
	Number	%	Number	%	Number	%
Very Frequently	14	26.92	8	28.57	22	27.5
Frequently	12	23.08	10	35.71	22	27.5
Occasionally	26	50.00	10	35.72	36	45
Total	52	100	28	100	80	100

Table 3: Distribution of the study population according to the cause of their stealing (n = 20)*

Cause of stealing	Number	%
To eat something	14	70
To buy something	12	60
Do not Know	4	20

* Multiple Responses

Table 4. Distribution of study population according to type of Phobia among them (n = 62)

Type of Phobia	Male		Female		Total	
	Number	%	Number	%	Number	%
School Phobia	2	5.26	1	4.17	3	4.84
Object Phobia	25	65.79	14	58.33	39	62.9
Social Phobia	11	28.95	9	37.5	20	32.26
Total	38	100	24	100	62	100

DISCUSSION:

Risk factors for behaviour problems occur throughout children's development, and children face new risks as they mature and encounter new challenges. Children's environments also become more complex as they grow older, making intervention more difficult. Some early risks have been repeatedly tied to many behaviour problems in later childhood. One of the best-established principles of learning is that appropriate, immediate positive consequences can make behaviour more frequent. This process is commonly called positive reinforcement. Similarly, increasing positive incentives for alternatives to problem behaviour can lead to decreases in problem behaviour. At the societal level, economists' work clearly shows that changing incentives that involve money produces changes in business and societal practices. When adults provide positive consequences for a child's co-operative behaviour, nonviolent ways of handling conflict,

and involvement with peers who are involved in desirable activities, they steer youth away from problem behaviour. Furthermore, most of the effective prevention programmes that begin when children enter school or that work with parents of aggressive children teach adults to use positive consequences systematically. Adults can encourage children to develop in positive ways.

Two important factors that predict the development of antisocial behaviour and drug and alcohol use in adolescence are poor achievement in school and problems with peer relationships. These problems in turn are linked to poor academic and social skills. Although teachers typically focus on children's academic skills, they can also play important roles in helping children learn to interact appropriately with peers. Some of the most effective programmes for preventing drug, alcohol and tobacco use specifically teach adolescents how to resist peer pressure to become involved in problem behaviour. Effective prevention approaches that begin even earlier focus in part on teaching children to get along well with peers and to think through and resolve problem situations. Children learn interpersonal skills in various ways. They observe parents; teachers and peers handle situations and learn from what they see. Adults also instruct children in how to behave. One thing is clear from research on teaching children to resist peers' encouragement to use tobacco, alcohol and drugs, however: adult instruction is not enough. Practicing the skills is crucial, too. Children must also generalize what they have learned to real-life situations. Teaching children how to handle problem situations will be most effective. From the observational study among the underprivileged adolescents students of class VI to X of Calcutta Emmanuel School, following observations were found.

Limitation:

As the study was done in a school, so denominator is not defined. So true value could not be obtained. There may be some suppression of fact regarding the behavior of the children. However, adequate care was taken to avoid any kind of wrong entry of data. As the observations were mainly qualitative for the measurement of the behavior, no scientific scale was used.

CONCLUSION:

It can be concluded that most common Behavioral problems among adolescents were lying (885), phobia (86%), anxiety (80%), Cruelty and destruction (44%), depression (28%). Addiction also present (8%) among the adolescents.

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