Study of Behaviour Problems in a Paediatric Outpatient Department

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Abstract

Background : Behaviour problems in children still needs precise definition, explicit criterion and assessment on multiple paradigms.

Methods : Fifty children of the age group 6-14 years, from paediatric outpatient department, selected after randomisation were assessed for behaviour problems with the child behaviour checklist. The data collected was analysed using appropriate statistical tests.

Results : 40% children were above cutoff score. Mean child behaviour check list (CBCL) score was 40.6. Total of 72% children were from armed forces background of whom 9% were siblings of officers. 30.6% children from the armed forces background were above the cutoff score. There was no significant difference in the behaviour problems between different age groups and sex. There was no significant difference in behaviour problems between children of officers, other ranks or various income groups. Female children had behaviour problems like "too concerned with neatness or cleanliness", "feels has to be perfect" and "argues a lot" where as male children had behaviour problems like "Does not feel guilty after misbehaving", "argues a lot" and "restless".

Conclusion : Behaviour problems in the subjects were externalizing ones. No specific trend was found in children of defence personnel vis-a-vis children of civilian population.

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Key Words: Child behaviour problems; Child behaviour checklist

Introduction

Researchers attempted to assess child behaviour quantitatively and qualitatively but differed from each other in sampling, use of assessment scales, diagnostic criteria and statistics. In the studies conducted over the last fifty years prevalence rate varied from 5% [1] to 51% [2]. In the Indian studies prevalence rate varied from 13 per thousand [3] to 431 per thousand [4]. Analysis at paediatric outpatient departments revealed behaviour problems in the range of 3.36% [5] to 50% [6]. Single parenting and violence have been associated with increased behaviour problems in children [7,8]. Western studies suggested increase in prevalence of behaviour disorder in children of armed service personnel [9] with separation, transiency and differential parenting [10] implicated as predisposing factors. No studies have been undertaken to that effect in military population in India.

Material and Method

Fifty children of age 6-14 years from paediatric outpatient department of a command hospital were selected after randomisation. Every third patient with either of the parents entering the paediatric out patient department (OPD) complex

was included and subjected to child behaviour checklist (CBCL) which was filled by the parents [11]. This checklist (CBCL) is a family of self rated instrument that surveys a broad range of difficulties encountered in children from preschool age to adolescence. It is a multi-axial scale normed by age and gender. Various versions of CBCL were designed to obtain data from parents, teachers and youth. Parent's version of CBCL was used in this study. The cut off scores as given by Achenbach were used in this study (Table 1).

Results

Of the 50 patients studied, 36 (72%) were from the armed forces of which 3 (9%) were siblings of officers. Mean age of the study population was 9.56 ± 2.62 years. Male to female ratio was 1:1. Mean income of the parents was Rs 5780 $\pm$ 3194.63.

Twenty children (40%) were found to be above cutoff score. There was no significant difference in the behaviour problems between age group 6-12 years and 12-14 years. Sexwise distribution showed no significant difference in behaviour. Mean CBCL score was 40.6 ± 33.90 (Table 2). Eleven children (30.6%) from the armed forces background were above cutoff which was significantly lower than that in civil population (69.4%) (Table 3). There was no significant difference in behaviour problems between children of officers and the other ranks (Tables 4 & 5).

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Most common behaviour problem was “argues a lot” shown by 56% of the subjects (Table 6). Other problems were “can not concentrate” (54%) and “can not sit still, restless, hyperactive” (50%). Female children had behaviour problems like “too concerned with neatness or cleanliness”, “feels has to be perfect” and “argues a lot” where as male children had behaviour problems like. “Does not feel guilty after misbehaving”, argues a lot” and “restless” (Table 7). Common behaviour problems in children of civilian background were “does not eat well”, “can not concentrate”, “physical problems without known cause” where as in children of defence background problems were “argues a lot”, can not concentrate”, “disobedient at home” (Table 8).

Discussion

Twenty children (40%) were above cutoff score, which was higher than other studies in the past but similar to findings by Rohini [6]. There was no significant difference in the behaviour problems between age group 6-12 years and 12-14 years, which was not in consonance with findings by Lapouse and Monk [12]. Sexwise distribution showed no significant difference in behaviour which was in agreement with the findings of

Table 1

Cut off score of child behaviour check list by Achenbach

Age	Girls	Boys
4-5 years	42	42
6-11 years	37	40
12-16 years	37	38

Table 2

Mean CBCL scores of the subjects

Sample	Mean CBCL scores	S. D.
School subjects	40.6	33.90

Table 3

Relation of CBCL scores to background of the subjects

Occupation	Above cut off score	Below cut off score	Total
Civilian	9 (64.3%)	5 (35.7%)	14
Defence	11 (30.6%)	25 (69.4%)	36
Total	20	30	50

$X^2 = 4.773$; $df = 1$; $p < 0.05$ (significant)

Table 4

Relation of CBCL scores to rank of parents from service background

Rank	Above cut off score	Below cut off score	Total
Officers	1 (33.3%)	2 (66.7%)	03
Other ranks	10 (30.3%)	18 (69.7%)	33
Total	11	25	36

$X^2 = 0.3929$; $df = 1$; $p > 0.50$ (not significant)

Yates continuity correction applied

Mastura et al [13] but contradictory to that of Liu X [14]. Mean CBCL score of 40.6 is marginally higher than most studies, which can be attributed to small sample size, greater sensitivity of CBCL, and growing concern among the parents of these problems or even growing magnitude of the behavioural disturbances. Eleven children (30.6%) from the armed forces background were above cut- off score, which was significantly lower than that in civilian population (69.4%) which probably can be attributed to poor and less literate civilian clientele attending a government hospital as against the entitled defence population. Though this finding refutes the findings of Gonzalvez [9] it is in consonance with recent finding by Jensen et al [15]. There is hardly any research to compare difference in behaviour problems between children of officers and the other ranks or various income groups.

Table 5

Relation of CBCL scores to income of the parents

Income	Above cut off score	Below cut off score	Total
Upto Rs 4000	7 (46.7%)	8 (53.3%)	15
Rs 4000 to Rs 6000	10 (50%)	10 (50%)	20
>Rs 6000	3 (20%)	12 (80%)	15
Total	20	30	50

$X^2 = 3.827$; $df = 2$; $p > 0.10$ (not significant)

Table 6

Common behaviour problems in school subjects

Most common	2 nd most common	3 rd most common
Argues a lot 28 (56%)	Can't concentrate 27(54%)	Can't sit still, restless, hyperactive 25 (50%)

Table 7

Sex wise distribution of common behaviour problems

Sex	Most common	2 nd most common	3 rd most common
Male (25)	Doesn't seem guilty after misbehaving 18(72%)	Argues a lot 17(68%)	Restless 16(64%)
Female (25)	Too concerned with neatness or cleanliness 20(80%)	Feels she has to be perfect 16(64%)	Argues a lot 15(60%)

Table 8

Relation of common behaviour problems to background of the subjects

Background	Most common	2 nd most common	3 rd most common
Civilian 14	Feels he/she has to be perfect 12(86%)	Can't concentrate 11(78%)	Self-conscious 09(64%)
Defence 36	Argues a lot 20(55%)	Can't concentrate 19(53%)	Disobedient at home 18(50%)

The analysis of pattern of distribution of behaviour problems in the subjects revealed them more of externalizing ones. This goes along with findings by Sarkar [16]. Female children had more of internalizing behaviour problems where as male patients had more of externalizing problems. This is in keeping with study by Sarkar [14]. Behaviour problem profile in male population was again similar to findings by Sarkar [16]. No specific trend was found in behaviour problems in children of defence personnel as compared to children of civilian population.

The limitation of this study was small sample size and assessment of special population i.e. children of defence service personnel which could have affected the conclusion. Study needs to be validated with more research on a larger sample involving those attending a civilian general hospital.

Conflicts of Interest

None identified

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