

Common behaviour problems amongst primary school children in slum dwelling area of Kathmandu Valley

PP Kafle, L Vaidya, PP Panta, MR Chhetri and SK Mehrotra,

Department of Community Medicine, Nepal Medical College Teaching Hospital, Attarkhel, Jorpati Kathmandu, Nepal.

Corresponding author: Dr. Phanindra Prasad Kafle, Department of community Medicine Nepal Medical College Teaching Hospital, Jorpati, Kathmandu, Nepal; e-mail: p_99rabin@hotmail.com

ABSTRACT

A cross sectional observation study was carried out in primary school children of slum dwelling area of Kathmandu Valley which included 454 students. The aim of study was to find out morbidity in habit disorders in age group of 6-10 years so that early detection will be helpful to correct them to prevent it from further personality maladjustment. There was no statistical difference in gender wise habit disorders. The morbidity is due to multiple factors of physico- social environment. However severity of disease is not more here in this area.

Keywords: Habits, disorder and primary school children.

INTRODUCTION

The study was carried on behaviour disorder morbidity pattern amongst primary school children in slum dwelling area schools of Kathmandu valley which includes 454 students of age between 6-10 years. The objective were to collect health related information as behavior in children at primary school age and to study common behavioural problems which can be dealt at school level in relation to psychological aspect like behaviour, dental hygiene, eating habits and physical activity. Significant associations have been obtained consistently between learning disabilities and behaviour problems and various studies have supported in other country.¹

Extensive review of issues pertaining to the relationship between externalizing behaviour problems and academic underachievement, stated that, in childhood, inattention and hyperactivity were stronger correlates of academic problems than aggression.²

As children in primary school are vulnerable to any infection, similarly they adopt behavior disorders in this age group. However it remains a cause of concern for their parents till they are grown up. Many times parents do not bother for such habits and later on they repent. Language and speech disorder are in school age population and more prevalent in toddlers and pre-school but it is not observed in our study. Similarly sleep disorder is also not observed in any child.

Although the school age children morbidity is low in habit disorder and behavior problems, which keep them away from friends due to guilt feeling. In Nepal poor economic condition, inadequate infra structure of medical services inaccessibility to health services

declines the study environment in the school specially for these children.

MATERIALS AND METHODS

This study was conducted in NMC Hospital through department of community medicine while simultaneously carrying out school health survey in slum dwelling area of Kathmandu Valley. A predesigned semi-structured performa of questionnaire was prepared and pretested in one school to know the magnitude of problems in relation to behavior disorder and personal hygiene.

Data was analyzed on SPSS and excel soft ware. Poverty is a major underlying cause together with ignorance and a fatalistic attitude in familial environment. The teachers also play the important part in observing the students and coordinating with parents' level to time.

RESULTS

Common behaviour problems among primary school children 6-10 years of age were conducted in slum dwelling area of Kathmandu Valley. Total sample size of the study was 454. Among them 251 (55.3%) were male and 203 (44.7%) were female. Out of the 454 children 55 (12.1%) were felling nail biting, 35 (7.7%) thumb shucking, 27 (6.0%) bed wetting, 7 (1.5%) food fad, 16 (3.2%) temper tantrum and 314 (69.2%) were none of problems (Table-1). Among them the bathing habits of the studied students were 266 (58.6%) once a week, 74 (16.3%) twice a week, 21 (4.6%) thrice a week and 93 (20.5%) regular bathing were found (Table-2). The brushing habits were found 333 (73.4%) once a day, 112 (24.7%) twice a day and 9 (2.0%) regular (Table-3).

Table-1: Behaviour of school children parenthesis is the percentages

Behaviour	n.		
	Male	Female	Total
Nail biting	20 (4.4)	35 (7.7)	55 (12.1)
Thumb shucking	9 (2.0)	26 (5.7)	35 (7.7)
Bed wetting	6 (1.3)	21 (4.6)	27 (5.9)
Food fad	4 (0.9)	3 (0.7)	7 (1.5)
Temper tantrum	12 (2.6)	4 (0.88)	16 (3.5)
None	200 (44.1)	114 (25.1)	314 (69.2)
Total	251 (55.3)	203 (44.7)	454 (100)

Figures in parenthesis are in percentages

DISCUSSION

Our study subjects include 454 students in slum area of Kathmandu Valley. The minimum care by parents after the school hours prompted us to take up this study in this developing country. In this study children aged less than 10 years were commonly affected. One hundred forty (40.8%) males were affected as observed here. This study revealed nail biting is a common behavior problem in the children of age group 6-10 years. Total 55 (12.1%) children found to have nail biting in male 20 (4.4%) and female 35 (7.7%) respectively as depicted in Table-1. Infected nail can lead to the skin diseases. This kind of habits can make parents, teachers or care taker as a cause of concern. When they became more conscious of their appearance thumb shucking habit was found 35 (7.7%) next common disorder in this study. When they are anxious or lonely, they also immediately start thumb shucking. Food fad amongst school children is common in 7 (1.5%) subjects only. How ever temper tantrum is also observed in 16 (3.5%) students. None of behavior disorders observed in 314 (69.2%) students which is remarkable in slum dwelling area. These are few common adjustment disorders that are routinely diagnosed during school health survey as it is in our study. These disorders are mainly treated by educating children and parents. Ritter 1989 also estimated social competence with learning disability including child behavior response.³

Table-2: Bathing habits amongst subjects (N= 454)

Bathing habits	Male	Female	Total
Once a week	157 (34.6)	109 (26.2)	266 (58.6)
Twice a week	33 (7.7)	41 (9)	74 (16.3)
Thrice a week	8 (3.1)	13 (2.9)	21 (4.6)
Regular	48 (10.6)	45 (9.9)	93 (20.5)
Total	246 (54.2)	208 (45.8)	454 (100)

Figures in parenthesis are in percentages

Social scientist can create a breach in such asocial habits by detecting at early age and it can be corrected with help of clinical psychologist or psychiatrist in dealing with behavior therapy. The childhood set up conduct disorder refers to a persistent pattern of anti-social behavior in which individual repeatedly breaks social rules and carried out such acts that upset other people. The ratio of males to females with childhood disorder is lower among Indian children.⁴

The range of disorders may be caused by a number of factors such as parenting style which is inconsistent or contradictory, family or marital problems, child abuse or neglect, overindulgence, injury or chronic illness, separation or bereavement.⁵

Anxiety and fearfulness are part of normal development however, when they persist and become generalised they can develop into socially disabling conditions and required intervention. Approximately 6.7% of children may develop anxiety disorders and of this 1/3rd may be over anxious while 1/3rd may have some phobia. Generalized anxiety disorder childhood one set social phobia, separation anxiety predictably cause by certain situation. School phobia occurs in 1-2% of children of an estimated 75.0% may be suffering some degree of depression and anxiety.⁶ The prevalence of childhood disorder is 11.1% in Indian children while Sakar *et al*⁷ reported the prevalence rate of such behavior as 7.1%. Recently Sreenath *et al* had reported as low 0.2% by Deivasigamani.⁸

Bed wetting is a batting to parents but embarrassing for children. In this study bed wetting habits is found in 27 (5.9%) school children. This disorder in children is the cause of noxious smelling of the bed. It is estimated that up to 20.0% of six years olds and approximately 5.0% of fourteen years olds, wet their beds some time bedwetting also continues into adulthood.⁹

Some myth amongst parents and teacher is this kind of habits may communicate from parents to children. But it is actually due to stress, anxiety, jealousy, fear or phobia which to take place in school. Only 93(20.5%) subject takes daily bath regularly while others are taking

Table-3: Brushing habits in school children (N=454)

Brushing habits	n		
	Male	Female	Total
Once a day	187 (41.2)	146 (32.2)	333 (73.4)
Twice a daya	63 (13.9)	49 (10.8)	112 (24.7)
Regular	3 (0.7)	6 (1.3)	9 (2.0)
Total	253 (55.7)	201(44.3)	454 (100)

Figures in parenthesis are percentages

bath very irregularly like once a week in 266 (58.6%) twice a week in 74 (16.3%) cases and thrice a week in 21(4.6%) is frequently for bath (Table-2). Similarly brushing of teeth is also erratic amongst students. Only 9 (2.0%) brushes their teeth daily but in spite of this the teeth problems are not developed by this age group.

It needs regular further follow up (Table-3).

The simplest assessment is keen observation during school health survey for habit disorders.

Management is by treating underlying psychiatric condition, family therapy, parental training and liaison with school to investigate possible reasons for refusal and negotiate re-entry.

Teachers should be taken in to confidence for training and initial assessment and follow up regularly. They have to play a vital role to change their habit by the reward and/or punishment. The counseling was provided to them during the study period. This is due to anxiety that children develop. Health education and counseling by psychiatrist/psychiatric social worker is a need of hour.

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