A COMPARATIVE STUDY TO ASSESS THE PARENTAL PRESPECTIVE OF BEHAVIORAL PROBLEMS PREVALENT AMONG BOYS AND GIRLS IN SELECTED COMMUNITY AREA AT NAMAKKAL DISTRICT

A Dissertation submitted to

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in partial fulfillment of the requirement for the degree of

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By

Reg. No: 301232302

MENTAL HEALTH NURSING

SRESAKTHIMAYEIL INSTITUTE OF NURSING AND RESEARCH

(JKK NATTRAJA EDUCATIONAL INSTITUTIONS)

KUMARAPALAYAM

OCTOBER - 2014

“A COMPARATIVE STUDY TO ASSESS THE PARENTAL PRESPECTIVE OF BEHAVIORAL PROBLEMS PREVALENT AMONG BOYS AND GIRLS IN SELECTED COMMUNITY AREA AT NAMAKKAL DISTRICT”.

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OCTOBER - 2014

CERTIFIED THAT THIS IS THE BONAFIED WORK OF

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AT SRESAKTHIMAYEIL INSTIUTE OF NURSING &RESEARCH

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A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING TO THE TAMIL NADU Dr. M.G.R MEDICAL UNIVERSITY, CHENNAI.

EXAMINERS,

1. ……..

2. ……..

DECLARATION

I, **301232302** hereby declare that this dissertation entitled **"A comparative study to assess the parental prespective of behavioral problems prevalent among boys and girls in selected community area namakkal district"** has been prepared by me under the guidance and direct supervision of **Mrs..R.Jamunarani, M.Phil(N)., Ph.D., Professor cum Principal,** and **Mrs. Kiruthika M.Sc(N)., Lecturer**, Department of Mental Health Nursing, sresakthimayeil institute of nursing and research, kumarapalayam as the requirement for partial fulfillment of **MASTER OF SCIENCE IN NURSING**degree under **The TamilNadu Dr. M.G.R. Medical University, Chennai-32.** This dissertation had not been previously formed and this will not be used in further for award of any other degree/diploma. This dissertation represents independent work on the part of the candidate.

Place: Kumrapalayam **301232302**

Date: October 2014 **II-Year, M.Sc. (N).,**

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“Everyone has a potential, you just have to discuss it”

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“Above all, the investigators owe this success to Almighty.”

ABSTRACT

Background: A large member of children suffer from behavioral problems at one time or the other during their growing up year behavioral problems are important determinants of school children ant later success in the labor market. This study use a comparative descriptive design on a sample of 120 children in age group of 6-12 year hailing from an equal number of boys and girls to examine the prevalence of behavioral problem in related to certain socio demographic variables as well as parent characteristic, based on considered choice after review of child behavior check list was used in the study **Objectives:** to compare the behavioral problem among boys and girls, to find out the association between the behavioral problem and background variable, among boys and girls. **Methodology:** The investigator proposed to compare the behavioral problems among boys and girls (i.e.) group1 and group 2, therefore the research design used in the study was comparative descriptive design in nature. The total population of olapalayam community is 1228. In this boys and girls age group is between 6-12yrs. This setting is geographical proximity and investigator familiarity with the setting, the selection of setting was done based on feasibility of conducting the study and availability of sample. By using a convenience, sampling non-probability technique was used to select the sample for the study. Behavioral problem checklist by MURPHY.J.MICHAEL, (1995) was used as a questionnaire it consists of two section, they are section A (demographic variables) and section B (behavioral problem checklist)

the result shows that Inferential and descriptive statistics were used to analyze the values. The obtained' value was higher than the table value. **Conclusion:** This study shows that boys have more behavioral problems than girls do.

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CHAPTER - I

INTRODUCTION:

"**HEALTH OF OUR CHILDREN: WEALTH OF OUR NATION."**

"Believe that problems do have answers that they can be overcome and that you can be solve them." - Nightingale nursing times

A Nations most important and precious resource is its children who constitute, it hope for continued achievement and productivity. Today we have passing through the stage where the Mental Health of the youngster is a matter of much concern. Early childhood is the critical period in behavioral problem

According to University of Michigan Health System on Behavior Problem, All young children can be naughty, defiant and implusive from time to time, which is perfectly normal. However, some children have extremely difficult and challenging behaviors that are outside the norm for their age.

Katherine Lee describes that, Normal behavior in children depends on the child's age, personality, and physical and emotional development. A child's behavior may be a problem if it does not match the expectations of the family or if it is disruptive. Normal or "good" behavior is usually determined by whether it's socially, culturally and developmentally appropriate. Knowing what to expect from your child at each age will help you decide whether his or her behavior is normal.Children tend to continue a behavior when it is rewarded and stop a behavior when it is ignored.

According to Margret Winze the prevalence of behavioural disorders varies tremendously, chiefly because of the lack of a clear and precise definitional construct. The best available research data indicate that 2 to 10 percent of school-age children

exhibit serious and persistent behavioural problems.The greatest proportion of the behaviourally disordered population falls in the mild and moderate ranges. Boys outnumber girls in every classification, with first-born males more prone to disturbed behaviour. In school, the prevalence is low in the early years but reaches a peak in the middle grades. Prevalence then drops off during the secondary years (except for delinquency).

Beth Morrisey 2013 says that, Children's behaviour is naturally varied. All children can be on their best behaviour, and all children can be on their worst behaviour at different times. Most parents expect the Terrible Twos but when an older child's behaviour is lacking, it can be hard todetermine if they are is misbehaving or if (s)he is showing warning signs of a behavioural disorder.

Behavioural disorder is a condition that is caused by individuals experiencing changes in their thoughts and emotions that manifest as challenging behaviours. Examples of challenging behaviours in children often include temper tantrums, answering back or arguing, lying, cheating, stealing, hitting, kicking, pinching, biting, yelling, and using bad language

Dr. Kenneth Roberson (2013) Recent studies show that twice as many boys, ages 3-12years, have behavioral or conduct problems, such as Oppositional Defiant Disorder or Conduct Disorder, than girls (6.2% of all boys versus 3.0% of all girls, .Children with have temper tantrums, are argumentative with adults, often refuse to comply with adult requ Oppositional Defiant Disorder ests or rules, annoy other people deliberately, blame others for their own mistakes, are easily annoyed themselves, tend to act spiteful or vindictive and are aggressive towards their peers.

American Academy of Child and Adolescent Psychiatry Says that behaviour disorders appear to be more **common in boys than in girls**, and they are more common in**urban** than in rural areas. Between **5% and 15%** of school-aged children have **Oppositional Defiant Disorder** A little over **4%** of school-aged children are diagnosed with **Conduct Disorder Stephen Brian Sulkes 2014** says that, School avoidance occurs in about 5% of all school-aged children and affects girls and boys equally. It usually occurs between age 5 and age 11.

Children don't come with an instruction manual, but the more you learn about positive parenting and how to communicate with your child, the more enjoyable your job as a parent will be! Disciplining children means teaching them, not punishing them. It's an ongoing process of helping kids understand what behavior is acceptable with what you – and the world – expect. Being a parent is the most demanding job in the world, and we learn on the job. With so many demands on our time and energy, we often are stressed out.

NEED FOR THE STUDY

A nation's health depends on physically and mentally healthy citizens. According to WHO, Health is defined as "A state of complete physical, mental, social and spiritual well-being not merely the absence of disease or infirmity". In order to produce healthy citizens, it is necessary to concentrate our attention towards the well-being of our children. Today's child is tomorrows' adult.

The studies conducted over last fifty years regarding behavioral problems of school children invite our attention towards them. Beyond our calculations the prevalence of different types of behavioral problems are extremely high among children.

Health promotion of India, 2005,According to Erikson the developmental needs of the children between 6-12 years is industry Vs inferiority. Active participation in the daily activates helps the child to fulfill the developmental tasks .If the developmental task is not attained; there is risk for behavioral problems

Dr. Kenneth Robersonetal(June 17, 2013 **)** describes that twice as many boys, ages 3-17 years, have behavioral or conduct problems, such as Oppositional Defiant Disorder or Conduct Disorder, than girls Behavioral problems in girls tend to be different from those in boys, in those girls. About 12% of girl's age above 11yrs has been diagnosed with a depressive disorder compared to 7.5% of boys that age. The same percentage of girls are diagnosed with an anxiety disorder by age 12 compared to about 8% of boys.

Barbara A Morrongiello. 2007,says thatunintentional injuries are a leading cause of death and hospitalization during childhood. Research examining the determinants of risk taking shows the multi-determined nature of injury-risk behaviors. The present report introduces an integrative model based on these research findings, and discusses implications for interventions that seek to reduce physical risk-taking behaviors in children 6–12 years of age.

Hubbard2006,Early childhood risk factor attention problem coercive parent's pear rejection and school failure result in criminal and violent behavior in adolescentsParental perception of global sleep problems was surprisingly common in school-aged children

Mark A. Stein, says that Receiving routine pediatric care. Parental reports of their children's sleep problems may be a red flag for specific sleep problems and

psychiatric, social, or medical problems. Sleep problems should be queried about during pediatric visits for school-aged children

Statistical information on behavioral problems:

According to U.S. Census Bureau, 68.7% of American Youth are living in non-traditional families,7 out of 10 ,23.3% living with biological mother (Stepfamily Association),4.4% living with biological father 1% Foster Families 3.7% living with non-relatives6.3% living with grandparents 30% living in Stepfamilies ** (Stepfamily Association)

Bernard Leer and Offer Algid etal, (1999) says that Children of divorced parents are seven times more likely to suffer from depression in adult life than people of similar age and background 75% of children/adolescents in chemical dependency hospitals are from single-parent families. (**Center for Disease Control, Atlanta, GA**), 1 out of 5 children have a learning, emotional, or behavioral problem due to the family system changing. **(National Center for Health Statistics),**More than one half of all youths incarcerated for criminal acts lived in one-parent families when they were children**.(Children's Defense Fund**)

According to National Center for Health Statistic,63% of suicides are individuals from single parent families **,** Separation, divorce and unmarried parenthood seemed to be a high risk for children/adolescents in these families for the development of suicidal behavior**.**

Chicago Crime Commission Report, 1995, "says that Gang recruitment is a powerful lure for the products of broken homes and single-parent households" as gang members are likely to "receive little guidance or attention from family members at home

In contrast to this, statistics from older generations show that these disorders are more common in females, which suggests that women may develop certain illnesses later on in life.

National Institute of Public Cooperation and Child Development, 2010 statisticalInformation in India

Journal of Indian Institute of Mass Communication Sunderaj, Victor. (2002) says that 9 to 19 years, Boys and girls constituted 48% and 52% respectively in watching TVthat exposes them to violent actions in real life.

Andhra Univ., Dep of Psychology and Parapsychology. 14 p. Bose, V.S., and Pramila, V.S. (1999), describes that6-11years boys and girls have behavioral problem such asattention, study, discipline and emotional problems**.**

Gupta, Indira, et al. (2001) School children aged 9-11 years from an urban area of Ludhiana, had behavioral problems,45.6% of the children were estimated to have behavioural problems, ofwhom 36.5% had significant problems. Conduct disorders (5.4%), Hyperkinetic syndrome (12.9%), scholastic under-achievement (17%), and enuresis (20.3%) were detected to be the main behaviour problems in children.

Tripathi, S.K. (2000). Aggression in children, Boys (44.44%) were more prone to acquire aggressive behaviour than girls were

Amy Morin **explains that,**Kids aren't meant to be robots. As they grow and learn, they will test limits. Kids will breakhousehold rules just to see how you'll react. If they receive a negative consequence for breaking the rules, it should deter the behavior from happening over and over again.Identifying normal misbehavior requires knowledge

about child development. Parents need to be aware of normal social, emotional and sexual development in each age group.

One way to encourage good behavior is to use a reward system. Children who learn that bad behavior is not tolerated and that good behavior is rewarded are learning skills that will last them a lifetime

Families of some children with special needs have to deal with behavioral problems. These behavioral problems can result from the special need itself, or from a reaction to having the special need. Paying close attention to determine triggers of behavioral problems and then intervening as soon as possible to prevent the identified triggers, before the behavior becomes habitual, can make a significant difference.

STATEMENT OF THE PROBLEM:

A comparative study to assess the parental prespective of behavioral problems prevalent among boys and girls in selected community area at Namakkal District.

OBJECTIVES:

- To compare the behavioral problem among boys and girls
- To find out the association between the behavioral problem and background variable among boys and girls.

HYPOTHESIS:

H1 : There will be significant difference between the behavioral problems among boys and girls

H2: There will be significant association between the behavioral problems and background variable among boys andgirls.

OPERATIONAL DEFINITION:

BEHAVIOR PROBLEM

In this study Symptomatic, expression of emotional or interpersonal maladjustment especially in children as by nailbiting, enuresis, and negativism or by overt hostile or antisocial acts refers to as behavioralproblems

BOYS

Male child refers to the age group of 6-12years

GIRLS

Female child refers to the age group of 6-12years

ASSESS

The act, which is being planned by researcher to evaluate the behavioral problems of boys and girls through their parents by using, structured questionnaire.

COMPARATIVE STUDY

A comparison of behavioral problems among boys and girls

COMMUNITY

A place where a population is selected for the study

PRESPECTIVE

A parents point of view about behavioral problems of boys and girls

DEMOGRAPHIC VARIABLES

Area, availability of parents ,number of siblings, educational status of mother, educational status of father,parenting style by father, parenting style by mother, quality time spend with father, quality time spend with mother, leisure time activities, monthly income by family, occupational status, parents It refers to back ground variables are age ,gender, religion, type of family, residential compare their child with other children, and bad habits of parents.

ASSUMPTIONS:

- Items in the questionnaire will be adequate to asses the behavioral problem among boys and girls
- Children parents will respond honestly to the questionnaire employed for data collection procedure.
- Information provided by the parents will be closely reflect children behavioral problems
- The boys will be having high behavioral problems compare to the girl

CONCEPTUAL FRAME WORK

Problem Behaviour Theory was developed by Richard Jessor and colleagues during the 1960s to explain problem behaviour in a small, rural tri-ethnic community (Jessor, Groves, Hanson & Jessor, 1968). Jessor recognized that youth was a segment of the lifespan in which change is the predominant characteristic, and that rapid change is not unusual; he also recognized the need for a far-reaching understanding of young people and of youthful development (Jessor & Jessor, 1977). The influence of Rotter's Social Learning Theory (1954) and Merton's (1957) concept of anomie are evidentinthetheory.Problem behavior theory is an intersection of the fields of social psychology, developmental psychology and the psychology of personality (Jessor & Jessor, 1977). It enlarges the boundaries of the typical discipline-confined approach by encompassing factors that lie in the person, as well as those that lie in the social environment, and by examining their joint contribution to variation in human action and experience. It is not a grand theory, but rather a theory of mid-range—a network or concept of modest scope oriented toward a delimited concern–problembehavior in youth (Donovan,1996).

Problem Behavior Theory by the definition of Jessor (1987) is any behavior that deviates from both social and legal norms or behavior that is socially disapproved from those of authority and tends to "elicit some form of social control response whether mild reproof, social rejection or incarceration (Jessor, 1987).

The framework for this theory rests on the social-psychological relationships within and between each of the three systems of psychosocial influence: the personality system, the perceived environment system and the behaviour system. Within each system, the explanatory variables reflect either instigations to engage in problem

behaviour or controls against it. Together, these systems generate a dynamic state called proneness that specifies the likelihood of occurrence of normative transgression or problem behaviour.The framework is both complex and comprehensive, with more than 30 variables in three major systems and nearly 50 variables overall. Each of the three major systems of the theory is organized around structures of variables representing instigations to engage in problem behaviour and controls against engaging in problem behaviour. It is important to note the bidirectional relationship among the variables.

The theory proposes that many problem behaviours are interrelated so that the personal and situational factors influencing one behaviour may be the same as those influencing another. This has lead to the suggestion that there exists a syndrome of problem behaviour and that it might be useful to deal with it as part of a lifestyle rather than discrete or separate behaviour.

Problem behaviour is considered purposive, goal-oriented or functional by the individual and important enough to counter the likelihood of legal or social sanctions (Jessor, Jessor & Finney, 1973)

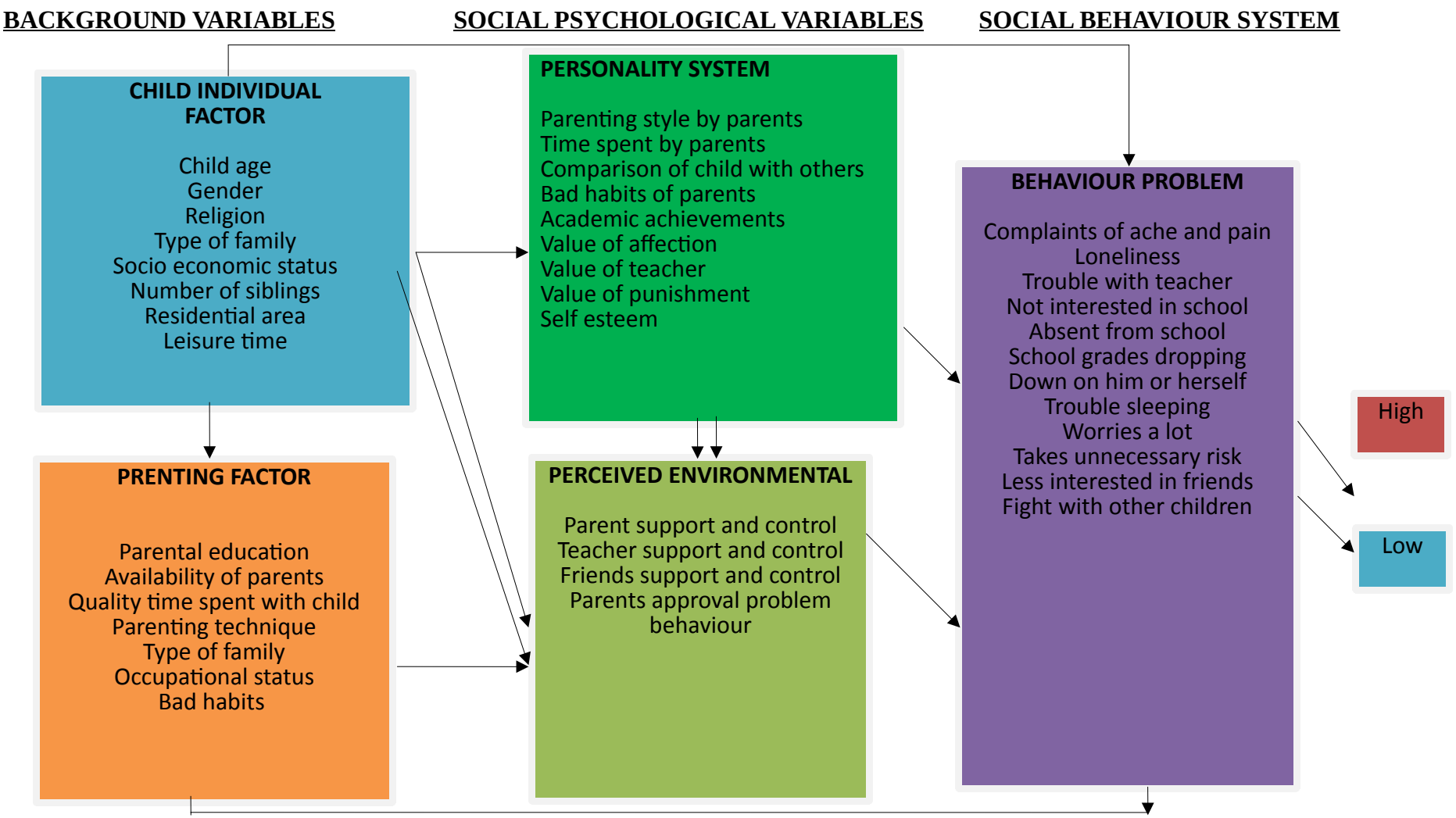

FIG.1: CONCEPTUAL FRAMEWORK BASED ON PROBLEM BEHAVIOR THEORY JESSOR R(1977)

CHAPTER II

REVIEW OF LITERATURE

Review of literature is a broad, comprehensive, systematic, and critical view of scholarly publication, unpublished print materials, audio and visual materials and personnel communication.

The researcher presents the review of related literature which helps the studying of problems in depth. It also serves as a valuable guide to understand what has been done, what is still unknown and untested.

According to polit and hungler, literature review refers to an extensive, exhaustive, and systematic examination of publications relevant to the research project .An extensive review of the research and the non-research literature was done to gain the maximum information.

Literature related to

- Review related to behavioral problems
- Review related to behavioral problems of boys and girls
- Review related to behavioral problems among girls
- Review related to behavioral problems among boys

Review related to behavioral problem:

Liu X, Sun Z, Uchiyama M etal (2000) This study is to estimate the prevalence of nocturnal enuresis and to examine associations between nocturnal urinary control or enuresis and behavioral problems in Chinese children, A community sample of 3,600 children aged 6 through 16 years was drawn from Shandong . The Child Behavior Checklist and Teacher's Report Form were used to measure children's behavioral problems, Multiple logistic regression analyses showed that attaining nocturnal urinary control after age 4 and current enuresis were significantly associated with an increased risk of behavioral, emotional, and academic problems

Kelein (2006) 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.

Mark A. Stein,etal(2001) The present study were to survey the prevalence of sleep problems in school-aged children and to examine these associations with parental perception of sleep problems, the sample size of 472 children between ages 4 and 12 years Correlation, x2 and multiple regression analyses were used to examine the association among sleep, behavior problems, demographics, and medical history

variables.Parental reports of their children's sleepproblems may be a red flag for specific sleep problems and psychiatric, social, or medical problems

Luciana Anselmi etal (2008) this community studies assess the continuity of child behavioral/emotional problems were conducted in developed countries. A sample size of 601 children was selected randomly of age group of four and 12-year Children and only selected from Brazilian birth cohort were evaluated for behavioral/emotional problems through mother interview at 4 and 12 years with the same standard procedure – Child Behavior Checklist. Behavioral/emotional problems in preschool children persist moderately up to pre-adolescence in a community sample. Externalizing problems at the age of 4 comprise the developmental history of most behavioral/emotional problems at pre-adolescence.

Woo BS etal (2007) this study aims to determine the prevalence of emotional and behavioural problems in a community sample of Singaporean children aged 6-12 years, and its agreement according to parent, teacher, and child reports. Sample size of 2,139 agreed to participate The Child Behavior Checklist ,Teacher Rating Form and child report questionnaires for depression and anxiety were administered to a community sample Higher prevalence of emotional and behavioral problems was identified by Child Behavior Checklist (12.5 percent) th,Teacher Rating Form an by (2.5 percent). According to parent reports, higher rates of internalizing problems (12.2 percent) compared to externalizing problems (4.9 percent), were found. Parent-teacher agreement was higher for externalizing problems than for internalizing problems. Correlations between child-reported depression and anxiety

Ganesha1 and S. Venkatesan etal (2012) This study to examine their reported prevalence of problem behaviors in related to certain socio-demographic child as well as

parent characteristics , uses a cross comparative two group random survey design on a sample size of 300 children in age group of 6-18 years hailing from an equal number of single and dual parent family hailing from single parent (N: 150)and dual parent (N: 150) family backgrounds with equal representation for boys and girls and/or rural-urban residential backgrounds 'Child Behavior Check List' was used in this study. Results show that, on the whole, children from dual parent family homes have fewer behavior problems than those from single parent households. Within the single parent group, children from single father households have greater propensity for problem behaviors than those from homes of single mothers. In relation to associated variables, more girls than boys and more rural over urban children are reported as having additional problem behaviors within the studied sample of single parent households in the present study.

M U Akpan (2010) This study is to compare the academic performance of primary school children with behavioral disorders with that of their controls' sample size of 132 primary school pupils aged 6–12 years with behavioral disorders were selected .While 26.5% and 12.9% pupils with behavioural disorders had high and poor academic performance respectively, 38.6% and 9.1% pupils without such disorders had high and poor performances respectively. The difference in the ooverall academic performance was statistically significant (p=0.04). The mean scores of the pupils with behavioural disorders on four core subjects compared well with those of the controls. Pupils with antisocial behaviour underachieved more than others. School absence rate had no significant influence on their performance ,Behavioral disorders are associated with poor academic performance in school children in Uyo. The overall academic performance of pupils with behavioral disorders was significantly lower than that of those without behavioral disorder.

Patricia N. Pastor, Ph.D. ;(2012) This study examines two measures that identify children with emotional and behavioral problems: **the sample size of** among 63,037 sample children aged 4–17 years in the 2001–2007 high scores based on questions in the brief version of the Strengths and Difficulties Questionnaire and a single question about serious (definite or severe) overall emotional and behavioral difficultiesNational Health Interview Survey identified the emotional and behavioral problems, characteristics, conditions, and service use of children aged 4–17 years. Approximately 7% of children had either high scores on the brief Strengths and Difficulties Questionnaire or serious overall difficulties, with 2% having only high scores on the brief , 3% Strengths and Difficulties Questionnaire having only serious overall difficulties, and 2% having both high scores on the brief Strengths and Difficulties Questionnaire and serious overall difficulties The findings indicate that the prevalence of emotional and behavioral problems and the socio demographic characteristics, diagnosed developmental conditions, and service use of children with problems depend on the measure of emotional and behavioral problem.

Luciana Anselmi etal (2008) this community studies assess the continuity of child behavioral/emotional problems were conducted in developed countries. Sample sizes of 601 children were elected randomly of agegroup of 4 and 12year children randomly selected from a Brazilianbirthcohortwereevaluatedforbehavioral/emotional problems through mother interview at 4 and 12 years with the same standard procedure–Child Behavior Checklist. Behavioral/emotional problems in preschool children persist moderately up to pre-adolescence in a community sample. Externalizing problems at the age of 4 comprise the developmental history of most behavioral/emotional problems at pre-adolescence.

Gupta, Indira, et al. (2001). The present study was conducted on Prevalence of behavioral problems in school going children a sample of 957 schoolchildren aged 9-11 years from an urban area of Ludhiana, India to assess the prevalence of behavioural problems. The study was conducted in two stages. In the first stage, a screening instrument Rutter B Scale was used to detect common emotional, conduct and behavioural problems in children. The responses were scored as 2,1, and 0 respectively. 141 children scored more than 9 points and were includedin the second phase of the study. Equal number of sex matched children scoring less than 9 points served as controls. Both the groups along with their parents were interviewed by a child psychiatrist. Only 117 and 124 children turned up and were included in the analysis. Based on the screening instrument results and parents' interviews, 45.6% of the children were estimated to have behavioural problems, of whom 36.5% had significant problems. Conduct disorders (5.4%), Hyperkinetic syndrome (12.9%), scholastic under-achievement (17%), and enuresis (20.3%) were detected to be the main behaviour problems in children. Scholastic underachievementwas found to be associated with maximum problems. It was recommended that physicians should pay special attention to any such children brought to them. An interview with parents can help to uncover many hidden problems and physical examination helps to bring out other medical causes like aneamia, which could have bearing on learning. Health education and counseling ofparents especially fathers should be made available. Close co-operation between school teachers, parents, and health care providers is suggested to ensure healthy development of children.

Shanta, K, Hirisave,etal (2001) The study examined behaviour problems and disciplining among children with scholastic skills difficulties as compared to a group of normal controls. The sample consisted of 20 children between 5-8 years of age in each

group. Data obtained regarding the child's personal, family and social back ground.Maternal report was obtained on Child Behaviour Checklist and Discipling Style Interview. Results revealed a higher prevalence of behaviour problems in children With scholastic skills difficulties these problems were externalizing and internalizing types of dysfunctions, namely attention seeking behaviour, hyperactivity, impulsivity,oppositional behaviour and conduct problems i scholastic skills difficulties n the first domain of dysfunction, and depression and anxiety in the second domain of dysfunction. The study group also had higher prevalence of learning and miscellaneous behaviour problems. The mothers of these children were found to be power assertive in their discipling and were verbally and physically punitive towards children. There was no significant correlation between the variables. It recommended that an in-depth study was needed to investigate the interaction between mother and child in teaching context at home. Disciplining needed to be studied and while remedial training may lesser learning problems, behaviour problems needed additional individual therapy and parental counselling.

- **Review related to behavioral problem of boys and girls**

Estefanı´a Este´vez Lo´,etal (2008) The present study examined the influence of family and classroom environments on the development particular individual characteristics, including level of empathy, attitude to institutional authority and perceived social reputation, and the role these characteristics may in turn play in school aggression Participants were 1319 adolescents aged 11–16 (47% male) drawn from state secondary schools in Valencia findings suggested that a positive family environment seems to be a stronger protective factor for girls in the development of problems of behavior at school, whereas for boys this is the case for a positive classroom

environment. This model accounted for 40% of the variance in aggression at school for boys and 35%for girls.

Ali Gunes etal, (2009) a cross sectional study to find out an epidemiological factors associated with nocturnal enuresis among boarding and daytime schoolchildren in Turkey .A sample size of 562 children aged between 6 and 16 years were investigated a cross-sectional study design was used .The prevalence of nocturnal enuresis declined with age. There was no significant difference in prevalence of nocturnal enuresis between boys and girls there was no association between enuresis and parent's education, father's working status, presence of other people sleeping in the child's room, birth order of the child. Enuresis was more frequent among children attending daytime school when compared to boarding school. Our results with enuresis prevalence and associated factors, which were smaller age, low income, family history of enuresis and history of urinary tract infection

Hendricks, C.S., etal, (2005) this study represent father-absence homes were sexually active comparedto adolescents living with their fathers. A study using a sample of 1409 rural southern adolescents (851 females and 558 males) aged 11-18 years, investigated the correlation between father absence and self-reported sexual activity. The results revealed that adolescents in father-absence homes were more likely to report being sexually active compared to adolescents living with their father

***Anja Taanila1,2,etal(*October 2010)** this study is to investigate the association between learning difficulties and behavioral and emotional problems of 8-year-old

children in the Northern Finland the sample size of 9,432 live-A cross-sectional study was selected for this study Teachers assessed children's behavior with a Reutter scale (In boys and girls, verbal difficulties were associated with behavioral and emotional problems whereas mathematical difficulties were associated with behavioral problems in boys and with emotional problems in girls. Divorced and reconstructed family types were significant risk factors for Learning disorders and behavioral problems, whereas a lifelong one-parent family type was a risk factor for behavioral problems

Zhou KY, Gao MH etal (2012 This study is to investigate the prevalence of attention deficit hyperactivity disorder and behavior problems among school-age children in Shenzhen City of Guangdong A total sample of 10553 students were assessed by Conner's Parent Symptom Questionnaire and Conner's Teacher Rating Scale . The children were aged from 7 to 13 years. There were significant differences in the prevalence rate among ch of attention deficit hyperactivity disorder ildren aged 7 to 13 years The prevalence rate of attention deficit hyperactivity disorder in boys was significantly higher than in girls (6.65% vs. 3.12%; $P<0.05$). The prevalence rate in children of Attention deficit hyperactivity disorder from primary schools in Shenzhen City is 5.39%, and it is higher in children aged 7 to 9 years. Boys have a higher prevalence rates than girls. I of attention deficit hyperactivity disorder mpulsion and hyperactivity, learning and conduct disorders are common problems in children with of Attention deficit hyperactivity disorder

Xianchen Liu, Hiroshi Kurita, (2003) This study examined the applicability of the Chinese Version of Teacher's Report Form and estimated the prevalence of behavioral problems in a general population sample of 2936 children aged 6 through 11 years in the Shandong Province of China Aggressive/Delinquent Behavior,

Withdrawn/Depressed, Somatic Complaints, Attention Problems, Social Problems, and Thought Problems, with significant correlations with corresponding American cross-informant syndromes (mean r= .84). The overall prevalence rate of behavioral problems was 15.5 %(95% CI = 14.2−16.8percentage), with a boy-to-girl ratio of 2.0:1($\chi 2$= 59.70, p < .001). Younger boys exhibited more externalizing problems.

J Atten Disord. (2006) A cross-sectional descriptive study was conducted from March 2004 to February 2005. A total of 2,000 primary school students, ages 6 to 12, are selected, and 1,541 students (77.1%) give consent to participate in this study. The aim of this study is to identify Attention Deficit Hyperactivity Disorders among primary school children in the State of Qatar An Arabic questionnaire is used to collect the sociodemographic variables and a standardized Arabic version of the Conners' Classroom Rating Scale for sympto Attention Deficit Hyperactivity Disorders ms of the students surveyed, 51.7% are males and 48.3% females.The data reveal that 112 boys (14.1%) and 33 girls (4.4%) scored above the cutoff for sy Attention Deficit Hyperactivity Disorders mptoms, thus giving an overall prevalence of 9.4%. The study reveals that Attention Deficit Hyperactivity Disorders is found to be a common problem among school children in Qatar.

- **Review related to behavioral problems among girls.**

Bayanah Seyedamini, (2012) this study was conducted to determine the correlation of obesity and overweight with emotional-behavioral problems in primary school age girls. In a cross-sectional study, a sample size of 300 primary school girls (aged 7-11 years) selected using a multi-staged sampling method, including randomized cluster and stratified method. The mean scores in all scales were higher in obese and

overweight children in comparison with normal weight children and the emotional-behavioral problems had significant positive correlation with obesity and overweight

David Rabiner,etal(2010) In this study, the authors examined the clinical correlates of Attention Deficit Hyperactivity Disorders in girls so that similarities and differences, a sample size of 262girls were between the ages of 6 and 18, There were 140 girls diagnosed with Attention Deficit Hyperactivity Disorders based on structured psychiatric,122 girls were normal Overall, a significantly greater proportion of symptoms of inattention were present according to parents relative to either hyperactive/impulsive symptoms.

Patricia Chamberlain, Leslie D. Leve, etal(2008) This study aims at Preventing Behavior Problems and Health-risking Behaviors in Girls in Foster Care the sample size 100 girls and their foster/kin parents are being recruited in the Spring of their final year of elementary school (usually fifth grade). All girls living in state-supported foster homes in Lane or Multnomah County, Oregon, who are finishing elementary school, are eligible for participation. Participants are randomly and equally assigned to the intervention or to the foster care "as usual" (condition following foster parent consent and youth assent 91 foster girls and their families have been recruited and have begun participation (49 in the treatment condition and 42 in the control condition).The randomized design used which evaluate the intervention that lessen the risks of serious negative outcomes for vulnerable foster girl.

Yule AM, Wilens TE, Martelon MK, etal (2013) This study examined the impact of exposure to parental substance use disorders alcohol or drug abuse or dependence) on the development of Substance use disorder in offspring , a sample size of 1048 females assessed by structured psychiatric interviews for psychopathology and

substance use. There was a significant association between exposure to parental substance use disorder during adolescence (relative to preschool or latency years) and Substance use disorder in offspring Exposure to maternal drug use disorders during adolescent years increased the risk for the development of a drug use disorder in a sample of females with and without attention deficit hyperreactive disorder and their siblings.

- **Review related to behavioral problems among boys**

Julie Anne Hammer(2008) This study examined the Attention and behavioral inhibition in young **males** with fragile syndrome and attention deficit hyper reactive disorder The participants for this study included 57 boys with full mutation , rang fragile syndrome ing in age from 7 to 13 years it is an longitudinal study *International Performance Scale were used in this study* A univariate analysis of covariance was used as a technique result shows that there is a similarities in the neuropsychological profile and symptom logy of attention deficit hyper reactive disorder to fragile syndrome there have been no comparison studies of these two groups to clarify deficits of sustained attention and inhibition in boys with fragile syndrome.

Villodas MT, McBurnett K, Kaiser N, et al(2013 Sep) The present study evaluated the impact of the Collaborative Life Skills Program, a novel school home psychosocial intervention, on social and behavioral impairments among children with attention and behavior problems. A sample size of 57ethnically/racially diverse children (70 % boys) with attention and/or behavior problems in the second through fifth grades participated in a study. Children significantly improved from pre- to post-treatment on parent, teacher, and report card ratings of children's social and behavioral function

parents used the intervention strategies more regularly, according to both clinicians' and parents' reports

Stevens LJetal(2012)conducted the study reported here was to compare behavior, learning, and health problems in boys ages 6 to 12 with lower plasma phospholipid total omega-3 or total omega-6 fatty acid levels with those boys with higher levels of these fatty acids,reported in subjects with lower total omega-3 fatty acid A greater number of behavior problems, assessed by the Conners' Rating Scale, temper tantrums, and sleep problems were concentrations,more learning and health problems were found in subjects with lower total omega-3 fatty acid concentrations

CariNierenberg, etal,(2013) The studyconducted on Workaholic Dads Linked to Sons behavior, the researchers collected data from nearly 1,440 kids at the age 5,about 1,400 of thoseyoungsters at8, and close to 1,360 of the kids at 10. Noted the study looked at behavioral problems only inchildren ages 5 to 10. "We can't rule out the possibility that fathers' long work hours might also have a negative impact on other aspects of girls' development, at a later age**,"**

Virginia Delaney-Black etal (2004) This study describe Prenatal cocaine use linked to behavior problems in boys The study looked at 473 children in the Detroit area ages 6 to 7 whose mothers had received prenatal care and drug testing. About 200 of the children in the study prenatally exposed to cocaine. Children considered "persistently" exposed if they or their mothers tested positive for traces of cocaine in their urine at the time of birth. To determine whether these children had a higher likelihood of behavioral and other cognitive problems, Delaney-Black and colleagues collected information on the children's behavior from their teach

CHAPTER - III

RESEARCH METHODOLOGY

Research methodology is a way to systematically solve the research problem, it may be understood as a science of study how research is done scientifically, and we study the various steps that are generally adopted by researcher in studying research problem along with logic behind them.

This chapter includes research design , research setting,population,sample size , sample techniques,variable sampling criteria,selection of tool, development of the tool, description of the tool,content validity,reliablity,pilot study, data collection procedure, plan for data collection procedure, plan for data analysis and ethical consideration.

RESEARCH APPROACH:

The selection of the research is a basic ptocedure for conducting the research study, in the view of the nature of the problem selected for the study and objectives to be accomplished quantitative evaluative approach is considered as an appropriate research approach to assess the prevalence of behavioral problem among boys and girls.

RESEARCH DESIGN:

The research design is the master plan specifying the methods and procedures for collecting and analyzing the needed information in a research study.

The investigator proposed to compare the behavioral problems among boys and girls (i.e) group1 and group2, therefore the research design used in the study was comparative descriptive design in nature.

SETTING OF THE STUDY:

Setting is physical location and condition in which data collection take place in study **Densie F Polite and Beck (2004)**

The study was conducted in olapalayam community at Namakkal district; it is situated 2km from sre Sakthimayeil College of nursing. The total population of olapalayam community is 1228. In this boys population is 115 and girls population is 102 and they were between the age group of 6-12yrs.The rationale for selecting this setting is geographical proximity and investigator familer with the setting, the selection of the setting was done on the basis of feasibility of conducting the study and availability of the sample.

VARIABLES:

A concept that can take on different qualitative value is called variable.

Kotahri C.R (2002)

The variables included in the study are

- **Dependent variable** : refers to the behavior problem
- **Associative variable:** refers to the selected factors

The associated factors are as age,gender,religion,type of family,residental area, availability of parents, number of siblings, education status of parents, parenting style of parents, quality time spent with parents,leisure time activities, monthly incomeof the family, occupational status of parents, comparison of children by parents, any bad habits of father.

POPULATION:

The entire set of individuals or objects having the same common characteristics:

Poilt and Hungler (2011)

Target Population:

The entire population in which the researchers are interested and to which they would like to generate the research findings

"**Suresh K Sharma**"

The target population in the present study was the parent of both boys and girls between the age group of 6-12 yrs.

Accessible Population:

The aggregate of cases that conform to designated inclusion or exclusion criteria and that are accessible as subjects of the study.

The parent of boys and girls between the age group of 6-12years in olapalayam community Namakkal district.

SAMPLE:

Sampling refers to the process of selecting a portion of the population to represents the entire population.

Poilt and Hunger (2011)

In this present study sample refers to the parent of the boys and girls between the age group of 6-12years who fulfilled the criteria in a selected sample.After getting oral consent from the village leader the samples for the study were selected.

The sample of this study were boys and girls (6-12years) of olapalayam community

CRITERIA FOR SAMPLE SELECTION:

The sample was selected under inclusion and exclusion criteria.

Inclusion Criteria:

- The parents of boys and girls of their age group between (6-12yrs)
- Parents who are willing to participate in this study
- Boys and girls and their parents who are available in the community at the time data collection
- Samples who are able to understand and speak Tamil

Exclusion criteria:

- Parents of boys and girls who were physically handicapped
- Parents of boys and girls who were not willing to participate in the study

SAMPLE TECHNIQUE:

- In this study nonprobability, convenience sampling was used according to the availability of the sample who are meeting all the criteria..

DESCRIPTION OF TOOL:

The instrument selected in a research must be the vehicle that obtains best data for drawing conclusion of the study. **Treece and treece (1986**

The tool consisted of two parts section A and section B

SECTION: A

A demographic variables were developed based on the past clinical experience of the researcher, related review of literature and opinion of the subject experts.Demographic variables consists of items seeking general information about age, gender, religion, type of family, residential area, availability of parents, member of siblings, educational status of parents, parenting style of parents, quality time spend with parents,lesurie time activities, monthly income of family occupational status of parents, comparison of children with others,father having any bad habits

The items of behavioral problem checklist by MURPHY.J. MICHAEL, (1995) was used as the questionnaire consists of two section, they are section A and section B

SECTION :B

After obtaining permission from MURPHY,J MICHAEL Childpsychiatrist questionnaire for the study were taken (Pediatric Symptom Checklist)**.**It consists of 35 statement regarding behavioral problems of children. The

items were measured on 3 point scale which consisted of never=0, sometimes=1, often=2.The total score was 70, high score indicated high behavioral problem.

VALIDITY OF TOOLS:

"Validity refers how exactly the measure yields information about the true or real variable being studied"

CAORLL MACNEE

Content validity was obtained from three nursing expert, 1 psychiatrist, 1 psychologist.The suggestions were considered and modifications were done according to the opinion of the experts

RELIABILITY:

"Reliability is the consistency with which it measure the target attribute

" Poilt and Beck, (2004)

Reliability established by test retest method the structured questionnaire was administered to the parents of boys and girls

Reliability was compared by Karl Pearson's correlation coefficient

PILOT STUDY:

The pilot study is a small-scale version done in preparation for a main study

Polit and Hunger (2011)

The structural tool was administered on10boys and10 girls along with their parents for clarity and understanding; this helped to find the feasibility of the tool for language, clarity, sequence, and appropriateness of items. The samples of the pilot study were not included in the main study.

DATA COLLECTION PROCEDURE:

"Data collection is the gathering of information needed to address a research problem"

Polit and Hunger (2011)

Formal approval was obtained from the authorities of olapalayam community. The data were collected for four weeks from the parents of boys and girls (6-12Years). An average of 60 boys and 60 girls parents participated in the studies ,samples were selected based on sample selection criteria using convenience method, initial rapport was established with the parents of boys and girls and purpose of the study was explained to them in detail, after obtaining oral consent from village head, the questionnarie was administered to them by interview method 30 samples per week has been administered to the boys and girls parents and totally 120 sampes for four week.The parents who participated in the study were co-operative, the time taken to complete one questionnaire was 30minutes.At the end of tool the information edited for its completion.

PLAN FOR ANALYSIS:

Data analysis was planned to include both descriptive and inferential statistics, the level of significance adopted was0.05 and the following plan for analysis was developed.

- Frequency, percentage distribution used to analyze the background variable
- Mean standard deviation, and 't test was used to compare the behavior of boys and girls

- Chi-square test used to find out the association between behavior problem among boys and girls

ETHICAL CONSIDERATION:

Ethical consideration was taken into the account for the study purpose ,oral permission was obtained from the village head and also from the parents of boys and girls.Fromal consent was obtained from MURPHY,J MICHAELto use his questionnaire for my study assess behavior problem among boy and girls and their parents and village head,the boys and girls have the freedom to leave at all their will without giving any reason, No physical and psychological harm was occurred during the study.

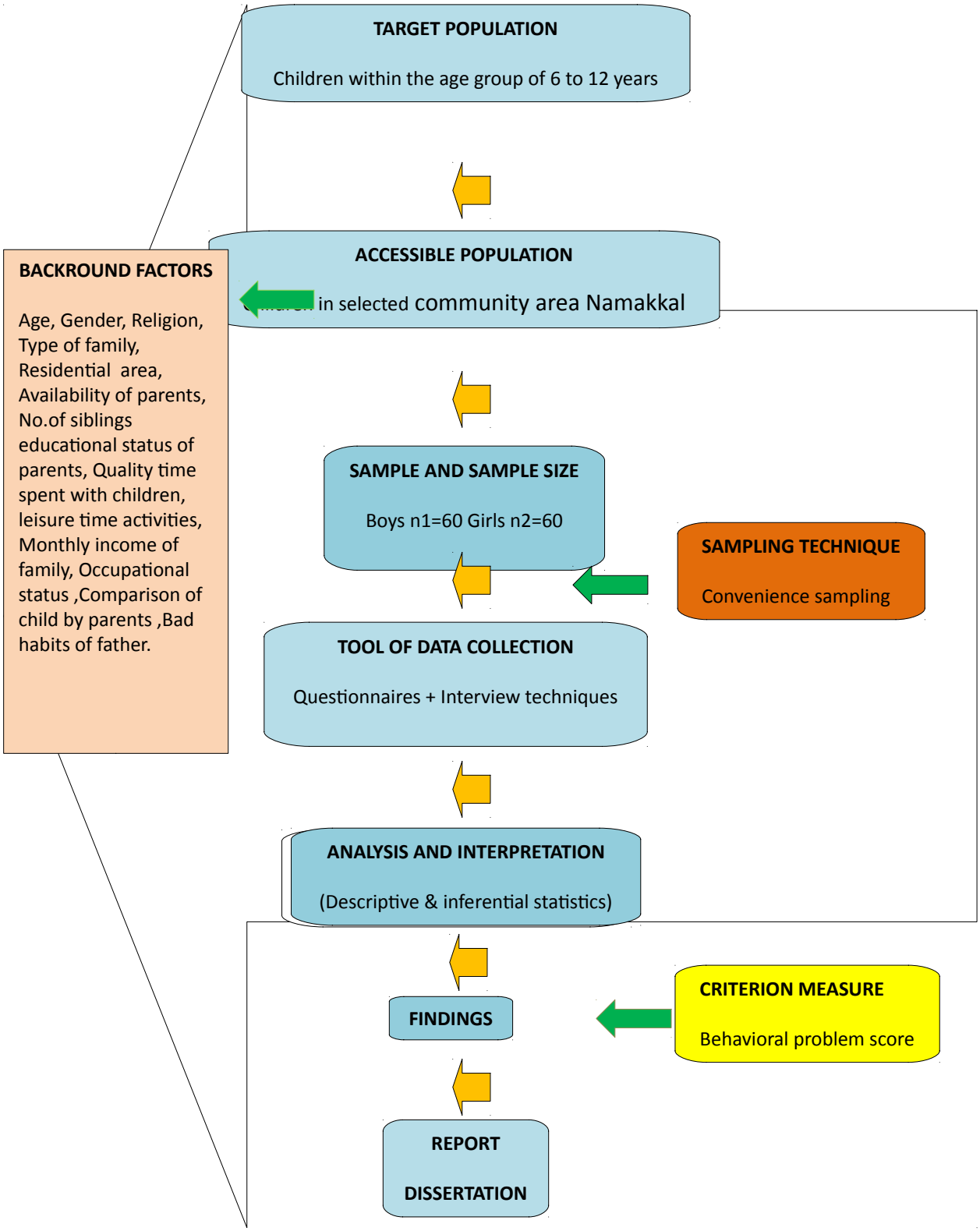

FIG.2: SCHEMATIC PRESENTATION OF RESEARCH DESIGN

CHAPTER IV

ANALYSIS AND INTERPRETATION

The analysis and interpretation of data of this study was based on data collected by interview method. The results were computed by using descriptive and inferential statistics.

The data were entered in the excel sheet and analyzed .A probability value of less than 0.05 considered to be statistically significant.

OBJECTIVES OF THE STUDY

- To compare the behavioral problem among boys and girls
- To find out the association between the behavioral problem and background variable among boys and girls.

The data were analyzed and organized under the following headings,

SECTION I: Data regarding background variables of boys and girls

SECTION II: Data on comparison between behavioral problems among boys and girls.

SECTION III: Data of association between behavioral problem and background variables of boys and girls.

SECTION I: DATA REGARDING BACKGROUND VARIABLES OF BOYS AND GIRLS

TABLE :1
FREQUENCY AND PERCENTAGE DISTRIBUTION REGARDING BACKGROUND VARIABLES OF BOYS AND GIRLS

S.NO	BACKGROUND	BOYS		GIRLS	
		N	%	N	%
1	Age				
	6-8yr	30	50%	25	42%
	8-10yr	11	18%	18	30%
	10-12yr	13	22%	6	10%
	12-14yr	6	10%	11	18%
2	Sex of the child				
	Male	60	100%	-	-
	female	-	-	60	100%
3	Religion				
	Christian	1	2%	2	3%
	Hindu	59	98%	58	97%
	Muslim	-	-	-	-
	Other	-	-	-	-
4	Type of family				
	Nuclear	39	65%	33	55%
	Joint	17	30%	23	38%
	Extended	3	5%	4	7%
	Broken	-	-	-	-
5	Residential area				
	Rural	-	-	-	-
	Urban	-	-	-	-
	Semi urban	60	100%	60	100%
6	Availability of parents				
	Both alive	60	100%	60	100%
	One parent alive	-	-	-	-
	Bothnotalive (gaurdian)	-	-	-	-
7	Number of sibling				

	None	10	17%	14	23%
	One	38	63%	33	55%
	Two or more	12	20%	13	22%
8	Education status of father				
	Illiterate	5	8%	6	10%
	Primary	3	5%	8	13%
	Secondary	19	32%	19	32%
	Higher secondary	30	50%	22	37%
	degree	3	5%	5	8%
9	Education status of mother				
	Illiterate	9	15%	6	10%
	Primary	7	12%	10	17%
	Secondary	21	35%	22	37%
	Higher secondary	20	33%	20	33%
	degree	3	5%	2	3%
10	Parenting style by Father				
	Authoritative	22	37%	16	27%
	Permissive	12	20%	14	23%
	Positive	26	43%	30	50%
	Negative	-	-	-	-
11	Parenting style by mother				
	Authoritative	21	35%	20	33%
	Permissive	10	17%	6	10%
	Postive	29	48%	34	57%
	Negative	-	-	-	-
12	Quality time spent by father				
	<1hr	37	62%	42	70%
	>1hr	23	38%	18	30%
13	Quality time spent by mother				
	<1hr	9	15%	11	18%
	>1hr	51	85%	49	82%
14	Leisuretime activities				
	Solitary play	5	8%	13	22%
	Group play	23	38%	13	22%

	Sleeping	28	47%	29	48%
	Watching TV	1	2%	3	5%
	non purposive	3	5%	2	3%
15	Monthly income				
	Above poverty line	36	60%	30	50%
	Below poverty line	24	40%	30	50%
16	Occupational status				
	Both are employed	16	27%	15	25%
	One parent are employed	44	73%	45	75%
	Both are not employed	-	-	-	-
17	The parent compare their child with other				
	yes	41	68%	32	53%
	no	19	32%	28	47%
18	Dose the parent is having any bad habit				
	Alcoholic	12	20%	10	17%
	Smoking	13	22%	17	28%
	Tobacco	1	2%	1	2%
	Other	-	-	-	-
	none	34	56%	32	53%

Table 1: shows frequency and percentage distribution of background variables of boys and girls

Among boys majority of them were in the age group of 6-8yrs 30(50%) were Hindu 59(98%) ,belonged to nuclear family 39(65%) were from semi urban 60(100%)

had both parents alive 60(100%) had one sibling 38(63%) mother had secondary education 21(35%) father had higher secondary education 30(50%) parenting style by father postive26 (43%) parenting style by mother postive35 (58%) father spent less than 1hr 37(61%) mother spent less than 1hr 51(85%),spent leisure time activities in watching TV 28(46%) family income below poverty line 36(60%) and had one employed 44(73%) had parents compare the child with other 41(68%) and had no badhabits34(56%) .

Among girls majority of them were in the age group of 6-8yrs 25(42%) were Hindu 58(97%) ,belonged to nuclear family 39(65%) were from semi urban 60(100%) had both parents alive 60(100%) had one sibling 33(55%) mother had secondary education 22(37%) father had higher secondary education 22(37%) parenting style by father postive30(50%) parenting style by mother postive34(57%) father spent less than 1hr 42(70%) mother spent less than 1hr 49(82%),spent leisure time activities in watching TV 29(48%) family income below poverty line 30(50%) and had one employed 45(75%) had parents: compare the child with other 32(53%) and had no badhabits32(53%) .

Frequency and percentage distribution of background variables of boys and girls

PERCENTAGE

Figure20: Frequency and percentage distribution of boys and girls regarding Bad Habits of Parents

SECTION II: Data on comparison between behavioral problemsamong boys and girls.

For the purpose of the study, the following null hypothesis was stated

HO1: There will be significant difference between the behavioral problem among boys and girls

TABLE: 2

LEVEL OF BEHAVIOR PROBLEM OF BOYS AND GIRLS

BEHAVIOR PROBLEM SCORING	BOYS	GIRLS
MILD (0-25)	13	41
MODERATE (26-50)	47	19
SEVERE >50	-	-

Table :2 Shows the behavioral problems of boys and girls, in that 13 boys were under the category of mild behavioral problems, scorings were between 0-25, 47 boys were under the category of moderate behavioral problem, scorings were between 26-50,41 girls were under thecategory of mild behavioral problems, scorings were between

0-25, 19 girls were under the category moderate behavioral problem scorings were between 26-50, both boys and girls didn't have severe behavior problem

TABLE: 3

MEAN, STANDARD DEVIATION AND T VALUE REGARDING BEHAVIORAL PROBLEM BETWEEN BOYS AND GIRLS

N=120

SUBJECT	MEAN	STANDARD DEVIATION	T VALUE
BOYS	34	7.77	**Tvalue**=2.702
GIRLS	23	5.19	**P**<0.05 **(s)**

S=significant

Table 3: Reveals mean standard deviation and t value of the behavioral problems among boys and girls

Boys reported higher behavioral problems M=34(SD=7.77), than girls M=23 (SD=5.19) the obtained 't' value=2.702($p<0.05$) was significant, Therefore null hypothesis was rejected.

It was inferred that boys had significantly higher behavioral problem compared to girls.

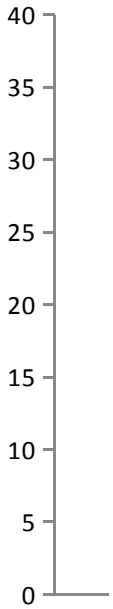

Figure 21: COMPARISON OF BEHAVIORAL PROBLEM OF BOYS AND GIRLS

SECTION III: Data of association between behavioral problems and background variables among boys and girls.

For the purpose of the study, the following null hypothesis was stated

Ho1: There will be significant association between the behavioral problem and back ground variables among boys and girls

TABLE: 4

CHI-SQUARE VALUE FOR BEHAVIORAL PROBLEM AND BACKGROUND VARIABLES FOR BOYS AND GIRLS

S.NO	BACK GROUND VARIABLES	BOYS	%		%	X2	P
1	Age						
	6-8yr	30	50%	25	42%	B=2.53	
	8-10yr	11	18%	18	30%	G=4	P>0.05
	10-12yr	13	22%	6	10%		
	12-14yr	6	10%	11	17%		
2	Sex of the child					B=0	P>0.05
	Male	60	100%	-	-	G=0	

	female	-	-	60	100%		
3	Religion						
	Christian	1	2%	2	3%	B=1	P>0.05
	Hindu	59	98%	58	97%	G=1	
	Muslim	-	-	-	-		
	Other	-	-	-	-		
4	Type of family						
	Nuclear	39	65%	33	55%	B=1.8	
	Joint	17	30%	23	38%	G=1.82	P>0.05
	Extended	3	5%	4	7%		
	Broken	-	-	-	-		
5	Residential area						
	Rural	-	-	-	-		
	Urban	-	-	-	-	B=0	
	Semi urban	60	100%	60	100%	G=0	P>0.05
6	Availability of parents					B=0	
	Both alive	60	100%	60	100%	G=0	P>0.05
	One parent alive	-	-	-	-		
	Both not alive(gaurdian)	-	-	-	-		
7	Number of sibling						
	None	10	17%	14	23%	B=0.79	P>0.05
	One	38	63%	33	55%	G=0.559	
	Two or more	12	20%	13	22%		
8	Education status of father						
	Illiterate						
	Primary						
	Secondary	19	32%	19	32%	G=2.56	P>0.05
	Higher secondary	30	50%	22	37%		
	degree	3	5%	5	8%		
9	Education status of mother						
	Illiterate	9	15%	6	10%		
	Primary	7	12%	10	17%	B=7.96	*
	Secondary	21	35%	22	37%	G=4.08	*
	Higher secondary	20	33%	20	33%		P>0.05
	degree	3	5%	2	3%		

10	Parenting style by Father						
	Authoritative	22	37%	16	27%	B=0.37	
	Permissive	12	20%	14	23%	G=0	P>0.05
	positive	26	43%	30	50%		
	negative	-	-	-	-		
11	Parenting style by mother						
	Authoritative	21	35%	20	33%	B=0.392	
	Permissive	10	17%	6	10%	G=0.31	P>0.05
	Positive	29	48%	34	57%		
	Negative	-	-	-	-		
12	Quality time spent by father						
	<1hr	37	62%	42	70%	B=0.18	P>0.05
	>1hr	23	38%	18	30%	G=0.07	
13	Quality time spent by mother						
	<1hr	9	15%	11	18%	B=0.176	P>0.05
	>1hr	51					
14	Leisuretime activities						
	Solitary play	5	8%	13	22%		
	Group play	23	38%	13	22%	B=5.38	P>0.05
	Sleeping	28	47%	29	48%	G=1.32	*
	Watching TV	1	2%	3	5%		
	non purposive	3	5%	2	3%		
15	Monthly income						
	Above poverty line	36	60%	30	50%	B=0.16	P>0.05
	Below poverty line	24	40%	30	50%	G=4.28	
16	Occupational status						
	Both are employed	16	27%	15	25%		
	One parent are employed	44	73%	45	75%	B=0.355 G=2.2	P>0.05
	Both not employed	-	-	-	-		
17	The parent comparetheir child						

	with other					B=1.023	P>0.05
	yes	41	68%	32	53%	G=0.604	
	no	19	32%	28	47%		
18	Dose the parent is having any bad						
	habit	12	20%	10	17%		
	Alcoholic	13	22%	17	28%	B=1.38	
	Smoking	1	2%	1	2%	G=2.15	P>0.05
	Tobacco	-	-	-	-		
	Other	34	56%	32	53%		
	none						

***(Associated)**

Table 4: Reveals chi-square value for behavioral problem and back ground variables among boys and girls

Background variables are age, gender, religion, type of family, residential area, availability of parents, number of siblings, educational status of mother, educational status of father, parenting style by father, parenting style by mother, quality time spend by father, quality time spend with mother, leisure time activities, monthly income of family, occupational s

bad habits of parents.

It was inferred that there was no significant association between the behavioral problem and back ground variables, among boys and girls in age, gender, religion, type of family, residential area, availability of parents, number of siblings, educational status of father, parenting style by father, parenting style by mother, quality time spend by father, monthly income of family, occupational status, parents compare their child with other children,and bad habits of parents, Therefore the behavioral problem of boys may be due to their environment factors.

There was a significant association between the behavioral problem and back ground variables among boys and girls in educational status of mother, time spent by mothers in girls ,and leisure time activities of boys .

CHAPTER V

SUMMARY FINDINGS, DISCUSSION, IMPLICATIONS, LIMITATIONS, RECOMMENDATIONS, AND CONCLUSION

The essence of any research project is based on the study findings, limitations, interpretation of result and recommendations that incorporate the study implication. It also gives meaning to the results obtained in the study.

SUMMARY

The study is to compare the prevalence of behavioral problems among boys and girls in selected community area at Namakkal District.

The objectives of the study were,

- To compare the behavioral problem among boys and girls

- Tofind out the association between the behavioral problem and background variable among boys and girls.

The study attempted to examine the following research hypothesis

H1 There will be significant difference between the behavioral problem among boys and girls

H2 There will be significant association between the behavioral problem and background variable among boys and girls

Literature review enables the investigator to develop conceptual framework, tool and methodology of the study. Review of literature done regarding behavioral problem of boys and girls

The investigator developed the conceptual framework based on behavioral theory of Richard Jessor (1951).this model consisted of three dimensions namely personality factor (child and parent), environmental factors, and behavioral problem

The research design adopted for the study was descriptive in nature, to be precise of comparative study .The dependent variables selected for the study was behavioral problems, and the associate variables included are the background variables.

The standardized behavioral problem questionnaire used to collect the data by interview method. The parents of boys and girls filled up data, 5experts established content validity of the tools. The reliability of the tool established by split half method. The correlation co-efficient obtained was r=0.86.the tool was found to be highly reliable

and feasible. After getting consent orally from the participants, pilot study conducted among parents of boys and girls who were similar to study population.

The main study conducted in Olapalayam community Namakkal. The data collection done for a month, prior permission was sought and obtained orally after explaining the purpos

convenience sampling techniques based on the same selection criteria. Onetwentyparents of boys and girls selected.

Behavioral problems were assessed by behavioral problem checklist on a 3point scale. The data analyzed at the level of 0.05 significance and interpretation made based on objective of the study.

FINDINGS

The findings presented based on the objectives of the study; probability value of less than 0.05 was considered significant.

Objectives 1: To compare the behavioral problem among boys and girls

Boys have high behavioral problem M=34(SD=7.7) than girls M=23(SD=5.19)

There was significantly more behavioral problems among boys than girls t=2.702 ($p<0.05$)

Objectives 2: To find out the association between the behavioral problem and back ground variable among boys and girls.

There was no significant association between behavioral problems and background variables among boys and girls in age, gender, religion, type of family,

residential area, availability of parents, number of siblings, educational status of father, parenting style by father, parenting style by mother, quality time spend by father , monthly income of family, occupational status, parents compare their child with other children,and bad habits of parents ,Therefore the behavioral problem of boys may be due to their environmental factors.

There was a significant association between the behavioral problem,and background variables among boys, and girls in educational status of mother, time spent by mothers in girls, and leisure time activities of boys.($p>0.05$) table value: 2.02

DISCUSSION

The purpose of the study is to compare the behavioral problem of boys and girls

The findings were discussed based on the objectives of the study.

Findings 1: Related to the behavioral problem of boys and girls.

Boys have high behavioral problem M=34(SD=7.7) than girls M=23(SD=5.19)

There was significantly more behavioral problems among boys than girls t=2.702 ($p<0.05$)

Findings 2: : To find out the association between the behavioral problem and background variable among boys and girls

There was no significant association between behavioral problems and background variables among boys and girls ($p>0.05$) table value: 2.02

IMPLICATION

The findings of the study have the following implications in nursing practice, nursing education, and nursing research.

NURSING PRACTICE

- Special attention to be provided to boys.
- Education program related to behavioral problems to be organized at the community level.
- Training of schoolteachers and parents for easy diagnosis of behavioral problems of children.
- Encourage the parents to follow the situational parental technique, so that children overcome their behavioral problem.
- Sufficient personal attention personal counseling, play needs must be met for children Nurses should focus on psychiatric rehabilitation in the community setting by using health teaching regarding behavior problems.

NURSING EDUCATION

- Nursing students must be taught about preventive care of behavioral problems.
- Nursing students must be taught to identify the behavioral problems during

  School Health program, community visit, and in clinical practice.
- Nurse educator should emphasize more on preparing students to impact health information to the public regarding behavior problems.

- The nursing education should give more importance to the application of theory in to a practice.

NURSING RESEARCH:

- There is a good scope for nurse to conduct research in this area, to find out the effectiveness of various teaching strategy to educate the teachers and the parents.
- This study can be used as valuable reference materials for future research.
- Findings of the study would help to expand the scientific body of professional knowledge upon which future research can be conducted.

LIMITATION

- ✓ Convenience sampling limits the generalization.
- ✓ Survey design require more samples

RECOMMENDATION

- Similar study can be conducted in a large group to generalize the study findings
- A similar study can be conducted as a comparative study between rural and urban children, single parent veers dual parent, hostel and day scholar children, one children veers two or more children

CONCLUSION:

Children don't come with an instruction manual, but the more you learn about positive parenting and how to communicate with your child, the more enjoyable your job as a parent will be! Disciplining children means teaching them, not punishing them. It's an ongoing process of helping kids understand what behavior is acceptable with what you – and the world – expect.

Children should provide with suitable home environment. Social support from family and friends should be ensured. Parents should be more sensitive to the needs of the children. Allow to have friends in order to improve their quality of life. Parents need to spend more time with their children and employ situational preventing style.

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LETTER SEEKING PERMISSION FOR RESEARCH STUDY

FROM

Mrs. Mohana.c,
II Year M.Sc. Nursing (Mental Health nursing),
Sresakthimayeil Institute of Nursing and Research,
Komarapalayam.

TO

The Principal,
Sresakthimayeil Institute of Nursing and Research,
Komarapalayam.

Respected Madam,

Sub: Requesting permission conducting research study in community area

I, am II year M.sc.(N) student of Sresakthimayeil institute of nursing & research .I have undertaken the following research study to be submitted to **THE TAMILNADU DR.M. G. R. MEDICAL UNIVERSITY, CHENNAI** as a partial fulfillment of university requirement for degree in Master of Nursing.

Title: **"A COMPARATIVE STUDY TO ASSESS THE PARENTAL PERSPECTIVE OF BEHAVIOR PROBLEMS PREVALENT AMONG BOYS & GIRLS IN SELECTED COMMUNITY AREA NAMAKKAL DISTRICT".**

With regard to this, I request you to allow me to conduct my research in community area

Thanking you in anticipation.

Yours faithfully,

Mohana.c

C.MOHANA

PRINCIPAL
SRESAKTHIMAYEIL INSTITUTE OF
NURSING AND RESEARCH
KOMARAPALAYAM - 638 183.

LETTER REQUESTINHG OPINION & SUGGESTIONS OF EXPERTS FOR CONTENT VALDITY OF TOOL

From

II year M.Sc.(N)., (Mental Health Nursing),
Sresakthimayeil Institute of Nursing & Research,
(J.K.K.Nattraja Educational Institution),
Kumarapalayam.

To

Through: The Principal

Respected Sir/Madam,

SUB: Content validity-Requesting-valuable opinion & suggestions-regarding

I am a final year M.Sc. (N) student of Sresakthimayeil Institute of Nursing & Research (J.K.K.Nattraja Educational Institution), Kumarapalayam. In partial fulfillment of M.Sc (N) programme, I have selected the topic mentioned below for the research project which has to be submitted to the Tamil Nadu Dr.M.G.R. Medical University.

Hereby I have enclosed the tool on BEHAVIORAL PROBLEM ,Hence I request to validate the tool & give your valuable opinion & suggestions for necessary modification of the same.

"**A COMPARATIVE STUDY TO ASSESS THE PARENTAL PRESPECTIVE OF BEHAVIORAL PROBLEMS PREVALENT AMONG BOYS AND GIRLS IN SELECTED COMMUNITY AREA AT NAMAKKAL DISTRICT.**

Thanking you in anticipation

Yours faithfully

Encl: Tool

TO WHOMSOEVER IT MAY CONCERN

Name:

Designation:

Name of the college:

I hereby certify the Dissertation **"A COMPARATIVE STUDY TO ASSESS THE PARENTAL PRESPECTIVE OF BEHAVIORAL PROBLEMS PREVALENT AMONG BOYS AND GIRLS IN SELECTED COMMUNITY AREA AT NAMAKKAL DISTRICT** Reg. No. 301232302 by Msc.Nursing Sresakthimayeil Institute of Nursing &Research, (J.K.K.Nattraja Educational Institution), Kumarapalayam was edited for ENGLISH Language appropriateness,

Date:

Place: Seal &Signature

CERTIFICATE FOR TAMIL EDITING

TO WHOMSOEVER IT MAY CONCERN

Name:

Designation:

Name of the college:

I hereby certify the Dissertation "**A COMPARATIVE STUDY TO ASSESS THE PARENTAL PRESPECTIVE OF BEHAVIORAL PROBLEMS PREVALENT AMONG BOYS AND GIRLS IN SELECTED COMMUNITY AREA AT NAMAKKAL DISTRICT,** by 301232302 Msc. Nursing Sresakthimayeil Institute of Nursing &Research,(J.K.K.Nattraja Educational Institution),Kumarapalayam was edited for TAMIL Language appropriateness.

Date:

Place: Seal &Signature

LIST OF EXPERT FOR CONTENT VALIDITY

- **Dr.Mr. ANANDKUMAR MBBS,DPM,**

  Psychiatrist,

  Erode Government Hospital,

  Erode.

- **Mrs. VANAJA M.sc (psychology).,**

  Psychologist,

  Erode Government Hospital,

  Erode

- **Mrs.GEETHA M.Sc. (N).**

  Reader,

  Department of Mental Health Nursing,

  Sresakthimayeil institute of nursing and research

  (JKK Natraja educational institute)

  Namakkal..

- **Mrs. SAMPOORNAM M.Sc. (N).**

  Lecturer,

  Department of Mental Health Nursing,

  Dhanvantri college of nursing,

  Namakkal.

❖ **Mrs.M.AROCKIAMARY M.Sc. (N).**

Reader,,

Department of CommunityHealth Nursing

Sresakthimayeil institute of nursing and research,

(JKK Natraja educational institute)

Namakkal

QUESTIONNAIRE ON BEHAVIORAL PROBLEMS IN CHILDREN

SECTION A; BACKGROUND VARIABLES

1. Age of the child

   a) 6-8yrs

   b) 8-10yrs

   c) 10-12yrs

   d) 12-14yrs

2. Gender

a) Male

b) Female

3. Religion

a) Christian

b) Hindu

c) Muslim

d) Others

4. Type of family

a) Nuclear

b) Joint

c) Extended

d) Broken

5. Residential Area

a) Rural

b) Urban

c) Semi Urban

6. Availability if parents

a) Both alive

b) One parent alive

c) Both not alive (Guardian)

7. Number of sibling

a) None

b) One

c) Two or more

8. Educational status of the mother

a) Illiterate

b) Primary education

c) Secondary education

d) Higher secondary

e) Degree

9. Educational status of the father

a) Illiterate

b) Primary education

c) Secondary education

d) Higher secoondary

e) Degree

10. Parenting style by father

a) Authoritative

b) Permissive

c) Positive

d) Negative

11. Parenting style by mother

a) Authoriative

b) Permissive

c) Positve

d) Negative

12. Quality time spend by father specially for children

a) <1hr

b) >1hr

13. Quality time spend by mother specially for children

a) <1hr

b) >1hr

14. Leisure time activities

a) Solitary play

b) Group play

c) Watching TV

d) Sleeping

e) Non purposive

15. Monthly income of the family

a) Below poverty <5000

b) Above poverty>5000

16. Occupational Status

a) Both are employed

b) One parent are employed

c) Both are not employed

17. The parent compare the child with other

a) Yes

b) No

18. Does the parent is having any bad habit

a) Alcohol

b) Smoking

c) Tobacco

d) Others

e) None

SECTION B

BEHAVIORAL PROBLEM CHECKLIST

S.NO	DESCRIPTION	NEVER	SOMETIMES	OFTEN
1	Complaints of aches and pains			
2	Spend more time alone			
3	Tries easily ,has little energy			
4	Fidgety, unable to sit still			
5	Has trouble with teacher			
6	Less interested in school			
7	Act as if driven by a motor			
8	Day dreams too much			
9	Distracted easily			
10	Is afraid of new situation			

11	Feels sad, unhappy			
12	Is irritable			
13	Feels hopeless			
14	Has trouble concentration			
15	Less interested in friends			
16	Fights with other children			
17	Absent from school			
18	School grades dropping			
19	Is down on him or herself			
20	Visit the doctor with Doctor findings nothing wrong			
21	Has trouble sleeping			
22	Worries a lot			
23	Wants to be with you more then before			
24	Feels he or she is bad			
25	Takes unnecessary risk			
26	Gets hurt frequentiy			
27	Seems to be having fun			
28	Acts younger then his or her age			
29	Dose not listen to rules			

30	Does not show feelings			
31	Does not understand other People feelings			
32	Teases others			
33	Blames others for his or her troubles			
34	Takes things that do not belong to him or her			
35	Refuses to share			

குழந்தைகளின் பழக்கவழக்க பிரச்சனைகள் பற்றிய கேள்விகள்
பகுதி -அ

குழந்தைகளின் சுயவிபரம்

1. குழந்தையின் வயது
   அ) 6-8 வயது

   ஆ) 8-10 வயது

   இ) 10-12 வயது

   ஈ) 12-14 வயது

2. பாலினம்
   அ) ஆண்
   ஆ) பெண்
3. மதம்

   அ) கிறித்துவர்

   ஆ) இந்து

   இ) இஸ்லாமியர்

   ஈ) வேறுபிற

4. குடும்ப அமைப்பு

   அ) தனிக்குடும்பம்

   ஆ) கூட்டுக்குடும்பம்

   இ) விரிவாக்கப்பட்ட குடும்பம்

   ஈ) பிரிந்த குடும்பம்

5. தங்குமிடம் அமைந்த பகுதி
   அ) கிராமப் பகுதி

ஆ) நகரப் பகுதி

இ) வளர்ச்சியடைந்து கொண்டிருக்கும் கிராமப் பகுதி

6. பெற்றோர் உள்ளனரா?

அ) தாய்,தந்தை உயிருடன் உண்டு

ஆ) தாய் அல்லது தந்தை உயிருடன் உண்டு

இ) தாய்,தந்தை இருவரும் உயிரோடு இல்லை/

பாதுகாப்பாளர்

7. உடன் பிறந்தோர் எண்ணிக்கை

அ) ஒருவருமில்லை
ஆ) ஒருவர்
இ) இருவர் அல்லது இருவருக்கு மேலே

8. தாயின் கல்வித்தகுதி

அ) படிக்காதவர்

ஆ) ஆரம்பப்பள்ளி கல்வி பயின்றவர்
இ) இடைநிலைப்பள்ளி கல்வி பயின்றவர்
ஈ) மேல்நிலைப்பள்ளி கல்வி பயின்றவர்
உ) பட்டபடிப்பு பயின்றவர்

9. தந்தையின் கல்வித்தகுதி

அ) படிக்காதவர்

ஆ) ஆரம்பப்பள்ளிகல் விபயின்றவர்

இ) இடைநிலைப்பள்ளி கல்வி பயின்றவர்
ஈ) மேல்நிலைப்பள்ளி கல்வி பயின்றவர்
உ) பட்டப்படிப்பு பயின்றவர்

10. தந்தையின் வளர்ப்பு முறை

அ) கண்டிப்பான வளர்ப்பு

ஆ) கண்டிப்பில்லாத வளர்ப்பு

இ) முறையான வளர்ப்பு

11. தாயின் வளர்ப்பு முறை

அ) கண்டிப்பான வளர்ப்பு

ஆ) கண்டிப்பில்லாத வளர்ப்பு

இ) முறையான வளர்ப்பு

ஈ) எதிர்முறையான வளர்ப்பு

12. தந்தை ஒருநாளில் குழந்தையோடு செலவிடும் நேரஅளவு

அ) ஒரு மணி நேரத்திற்கும் குறைவு

ஆ) ஒரு மணி நேரத்திற்கும் அதிகம்

13. தாய் ஒருநாளில் குழந்தையோடு செலவிடும் நேரஅளவு

அ) ஒரு மணி நேரத்திற்கும் குறைவு

ஆ) ஒரு மணி நேரத்திற்கும் அதிகம்

14. பொழுது போக்கு செயல்கள்

அ) தனியே விளையாடுவது

ஆ) கூட்டாக சேர்ந்து விளையாடுவது

இ) தொலைக்காட்சி பார்ப்பது

ஈ) தூங்குவது

உ) குறிப்பிட்டு சொல்வதிற்கில்லை

15. குடும்ப வருமானம்

அ) வறுமைக் கோட்டிற்கு கீழே < 5000

ஆ) வறுமைக் கோட்டிற்கு மேலே > 5000

16. பெற்ர்களின் வேலை

அ) தாய் தந்தை இருவரும் வேலை செய்கிறார்கள்

ஆ) தாய் அல்லது தந்தை ஒருவர் வேலைக்கு

செல்கிறார்கள்

இ) தாய் மற்றும் தந்தை இருவருமே வேலைக்கு செல்வதில்லை

17. பெற்றோர் தன் குழந்தையை பிறர் குழந்தையோடு ஒப்பிட்டு பார்த்தல்

அ) ஆம்
ஆ) இல்லை

18. பெற்றோருக்கு ஏதேனும் தீயபழக்கம் உண்டா?

அ) மது அருந்துதல்
ஆ) புகைப்பிடித்தல்
இ) புகையிலை போடுதல்
ஈ) வேறுபிற
உ) இல்லை

குழந்தைகளுக்கு ஏற்படும் பழக்கவழக்க மாறூபட்ட பிரச்சனைகளை கண்டறியும் பரிசோதனை அளவீடு

வ. எண்	கேள்விகள்			
		எப்பொழுதும் இல்லை = 0	எப்போதாவது து = 1	அடிக்கடி டி =2
1	அடிக்கடி ஏதாவது வலி இருப்பதாகக் கூறுதல்.			
2	எப்பொழுதும் தனித்து இருக்க விரும்புதல்			
3	விரைவில் சோர்வடைதல்			
4	ஒரே இடத்தில் அதிக நேரம் பொறுமையின்றி உட்காராமல் இருத்தல்			
5	ஆசிரியரிடம்கீழ்பணிந்துநடக்காதுகுறும் ம்புசெய்தல் .			
6	பள்ளிக்குச்செல்லஆர்வம்இல்லாமல் இருத்தல்			
7	பொய்யாகஅடிப்பட்டதாகநடித்தல்			
8	வேறுஉலகில்இருப்பதுபோல்அதிகம்கா ணுதல்.			
9	எளிதில்கவனம்சிதறுதல்			
10	புதியசூழலைக்கண்டுபயப்படுதல்.			
11	சோகத்துடனும், சந்தேகமில்லாமலும்காணப்படுதல்.			
12	எளிதில்எரிச்சல்அடைதல்.			
13	சுயநம்பிக்கைஇழத்தல்.			
14	கவனம்செலுத்திபடிக்கவோ,			

	எழுதவோதடுமாறுதல்			
15	நட்பில்ஆர்வம்இல்லாமல்இருத்தல்			
16	மற்ற குழந்தைகளுடன் அதிகமாக சண்டையிடுதல்			
17	பள்ளிக்குச்செல்லாமல்அடிக்கடிவிடுப்பு எடுத்தல்.			
18	பரீட்சையில்மதிப்பெண்விழுக்காடுகுறை றைந்துபின்தங்குதல்			
19	தன்னைத்தானேதாழ்த்திக்கொள்ளுதல்.			
20	மருத்துவர்ஏதுமில்லைஎன்றபிறகும்மரு ருத்துவரைஅணுகுதல்			
21	தூக்கமின்மையால்அவதிப்படுதல்.			
22	மிகவும் கவலைப்படுதல்			
23	முன்பைவிடஉங்களுடன்அதிகநேரம்இ ருக்கஆசைப்படுதல்			
24	தன்கூடஇருப்பவர்கள்தவறானவர்என்று றுநினைத்தல்			
25	தேவையற்றஅபாயசெயல்களில்ஈடுபடு தல்			
26	அடிக்கடிமனதளவில்காயப்படுதல்			
27	விளையாட்டுகளில்ஆர்வம்குறைதல்			
28	பிடிவாதத்துடன் நடந்து கொள்ளுதல்			
29	எந்தவிதிமுறைகளையும்மதிக்காமல்ந டத்தல்.			
30	உணர்ச்சிகளைவெளிப்படுத்தாதவர்			
31	மற்றவர்களின்உணர்ச்சிகளைபுரிந்துகொ கொள்ளாமல்இருத்தல்			

32	மற்றவர்களைகேலிகிண்டல்செய்தல்.			
33	தன்கஷ்டங்களுக்குமற்றவர்களைகுறை றைசொல்லுதல்			
34	தனக்குச்சொந்தமில்லாதபொருள்களை திருடுதல்.			
35	எதையும்பகிர்ந்துகொள்ளமறுத்தல்			

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