

**A COMPARATIVE STUDY TO ASSESS THE BEHAVIORAL
PROBLEMS AMONG PRESCHOOL CHILDREN OF EMPLOYED
AND UNEMPLOYED MOTHER IN SELECTED COMMUNITIES,
AT COIMBATORE.**

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**A DISSERTATION SUBMITTED TO THE TAMILNADU Dr.M.G.R.
MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL FULFILLMENT
OF REQUIREMENTFOR THE DEGREE OF
MASTER OF SCIENCE IN NURSING
APRIL 2012.**

CERTIFICATE

This is to certify that the dissertation entitled “**A COMPARATIVE STUDY TO ASSESS THE BEHAVIORAL PROBLEMS AMONG PRESCHOOL CHILDREN OF EMPLOYED AND UNEMPOLED MOTHER IN SELECTED COMMUNITIES, AT COIMBATORE**” is submitted to the Faculty of Nursing, The Tamilnadu Dr.M.G.R. Medical University, Chennai by **Ms.A.VICTORIYA**, in partial fulfillment of requirement for the degree of Master of Science in Nursing. It is the bonafide work done by her and the conclusions are her own. It is further certified that this dissertation or any part thereof has not formed the basis for award of any degree, diploma or similar titles.

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	Booklet

LIST OF ABBREVIATIONS

S. NO.	ABBREVIATIONS
1	ASLH - American speech language hearing association.
2	NSDUH - National Survey on Drug Use and Health
3	OCD - Obsessive Compulsive Disorder
4	PBCL - Preschool Behaviour Check List.
5	BSQ - Behaviour Screening Questionnaires.
6	ADHD - Attention Deficit Hyperactive Disorder.
7	BCL - Behaviour Check List.
8	PPVT - Peabody Picture Vocabulary Test
9	BEARS - Bedtime, Excessive daytime sleepiness, Awakening, Regularity, Snoring
10	OD - Odd Ratio
11	CL - Confidence interval
12	NICHD - National Institute Of Child Health And Human Development.

CHAPTER - I

INTRODUCTION

Relationship is essential for any child in order to improve shelter attachments and properly defined emotions. While children have an inherited capacity of bonding to their mother, these bonding render into real attachment only when parents are affectionate and attentive to the child. This association affects many other parts of the child's development as well. When children have loving relationships with parents, they are better-off to play with peers in the absence of their mother. The interaction between mother and child will create a loving relationship; if conducive the child is at a higher risk for problem behaviors.

The relationship between mother and the child has to be so pure and innocent that cannot be articulated into the worldly sayings. Only the mother can experience all the minute and the major changes that take place during the expecting time of ninth month. The mother builds up a very close bonding with the child in the womb. Perhaps, a lady gets to know and her anxiety of every moment starts dreaming about her child's future behavior and even the name by which she would call her child. A mother is conscious of every action that is believed to be good, healthy and moreover necessary for the good growth of her child.

From the age of three, until child enters formal school, usually at the age of five, he or she will experience the world in such a way which they will never been experienced it again. Thoughts, Magical element and other playing stuffs will be their real world stuffs. Hence, they will act as scientists, as testing physics, accepting or analyzing human behavior in order to know the communication.

As the development of physical and mental is indispensable for a child, both can be taken care of by the mother at the time of pregnancy. Every thought, action, emotion and interest of the mother constructs the behavioral pattern of the child in the future. By

becoming positive, creative and spiritual, the mother can develop the good virtues of the child at the time of pregnancy.

Effects of maternal employment on the child a) the employed mother plays a different role model than does the nonworking mother. (b) Employment affects the mother's emotional state sometimes provides satisfaction, sometimes role strain, and sometimes guilt and this, in turn, influences the mother-child interaction. (c) The different situation and emotional state of the employed mother affect child-rearing practices. (d) Employed mothers offer lesser satisfactory supervision. (e) Absence of the employed mother results in emotional and possibly cognitive deprivation to the child.

Demanding role of parent is clear as the role of cultivating these young guns of the society. Their need of analyzing the world, explore the possibilities has to be preserved. These developmental steps have to be enhanced within limits to stabilize the same, safe and protective environment.

Centre for Child and Family Policy (2009), has reported that the child's normal behavior based on various natural and ecological situation. A child grows and understands the way for his best possible conduct within his reach and interacting among those who respond to his gestures and body talks. Child makes and develops his concerns about his needs and wants. Here we can plainly say that normal behavior development needs normal circumstances and equal participation of parent's courage in bringing up a child for precisely standard behavior and positive approach with essence of real life realities to accept and cope up with them.

The American Academy of Pediatrics (2005) reported that it is very not easy to identify regular and irregular behaviors. The children's mind may vary in temperament, development and behavior. The American Academy of Pediatrics reported that the mother's response plays an important role.

When a child reacts in a certain way some others want to do absolutely nothing. It is easy to over react to something small and meaningless. The solution is really being in tune with children to know what the mother expects from the children. There are certain deviations which are considered as a behavior problems.

Important finding and intrusions of preschool children, who are at increased threat for the behavior and emotional developments are crucial. The real incidence of behavior problems among young children is not easy to decide with any causes. Since the frequency rates reported in the journal vary greatly.

One of the effects for preschool children is Maternal Employment. Hence it varies accordingly to the specific characteristics of the mother's employment, economic status of the family and mother's attitude as well as coping strategies.

Patterson, et al., (2002) suggest that in the United Kingdom 1 in 5 children under the age of 6 has behavior that is troublemaking to the family. The most current data in the United States suggest that about 10% of young children have behavior problem with that number increasing to 25% for children in poverty due to low income.

According to American Speech-Language-Hearing Association (ASHA), a number of factors influence a child's progress in speech and language with physical development, inheritance, and environment. Hearing problems was common causes of speech imperfections, but even children with normal hearing may go through stages of "dysfluencies," or articulation problems. 10 to 15 % of preschool children have some variety of speech disorder.

A report from the division of Child and Adolescent Psychiatry, University of Maryland at Baltimore (2009), states that, tantrums naturally peak between ages 2 and 3, and start to decline by 4 year of age. They usually run their course within a year. 23 to 83 percent of all 2- to 4-year-olds children have temper tantrums.

Laura Gutermuth Foster (1998), Parents reported the most common behaviors being thumb sucking (25%) and nail biting (23%). Motor stereotypes recognized a frequency of 4% as reported by the teachers and a frequency of 3% as reported by the parents. Teachers reported that reduce in children having the anxious habit of picking at sores, lips, (etc.,) with age.

In United States, it was expected that 1-2% of children younger than 10 years are affected by encopresis. Many boys were experiencing encopresis than girls; around 80% of affected children were boys. It is common problem of preschooler.

NEED FOR THE STUDY

The National Survey on Drug Use and Health (NSDUH) Report (2008) states that, during the past two decades, there have been clear changes in inpatient services for preschool children with emotional and behavioral problems. In preschool children indicates that an estimated 2.6% reported getting home services for emotional and behavioral problems in the past one year.

A special feature in the report, America's Children, National Indicators of Well-Being 2005 shows that nearly 5 % or an estimated 2.7 million children are declared by their parents to suffer from definite or severe emotional or behavioral difficulties, problems that may get in the approach with their family life, their capacity to learn, and their formation of friendships.

United State Department of Labor (2000) stated that 56% of married mothers with a child under the one year of age are employed, 61% with a child aged one, and 62% with a child aged two. Employment rates for unmarried mothers are still higher: 59% with a child under age one, 70% with a child aged one, and 75% with a child aged two. These percentage reflect a quickly increase in early maternal employment in the latter part of the century, with particularly spectacular changes for married-couple families with young children from 1975 to 1998, the labor force contribution rate of married women with

children under age three from 30% to 62% for white women, from 50% to 75% for African American women, and from 24% to 42% for Hispanic women (United States Bureau of the Census 1999) statistics for Hispanics were calculated Working parents' child will have more chance of adult sucking due to insecure feelings. In children with poor academic and sport activities, they will develop this custom due to psychological stress and emotional stress.

Ravikiran, et al., (2010) conducted cross sectional study on sleep in preschool children and school aged children. Sample selected through convenience sampling technique. The sample size for this study consists of 582 children. For sleep problem using BEARS tool. Sleep problem detected in the BEARS domains for preschool (2-6 years) were follows, bedtime problems (33.3% verse 14.9%, $p \leq 0.001$), excessive daytime sleepiness (32.5% verse 1.9%, $p \leq 0.001$), awakening during night (25% verse 11.87%, $p \leq 0.001$). Regularity and duration of sleep problem (19.84% verse 4.98%, $p \leq 0.001$). Conclusion of this study was sleep problem are common among rural Indian children.

Due to the economic conditions in our day-to-day family life mothers are looking into more employment opportunity. Hence, it enhances the preschoolers to be with primary private care takers which leads to emotional and attitude problem of the preschoolers. We are also facing the same crisis in our profession too. For this reason I am interested in doing this particular study.

STATEMENT OF THE PROBLEM

A comparative study to assess the behavioral problems among preschool children of employed and unemployed mothers in selected communities, at Coimbatore.

OBJECTIVES

- Identify the behavioral problems among preschool children of employed and unemployed mothers.

- Compare the behavioral problems among preschool children of employed and unemployed mothers.
- Associate the selected demographic variables with behavioral problems among preschool children of employed and unemployed mothers.

OPERATIONAL DEFINITION

Behavioral Problems:

Preschool children exhibit deviated behavior such as temper tantrum, speech problem, sleep problem, and thumb sucking, nail biting and enuresis.

Preschool Children:

Children under the age group of 3-5 years, irrespective of the sex from Balwadi.

Employed Mother:

Synchronize the job status of the preschool children's mother.

Unemployed Mother:

The mothers of preschool children those who are taking care at home.

ASSUMPTIONS

- Children of employed mothers might have more behavioral problems than children of unemployed mothers.
- Level of behavioral problems varies from child to child.

CONCEPTUAL FRAMEWORK

Polit and Hungler, (1995) defined that a conceptual model is interrelated concept or abstractions that are assembled together in some rational scheme by virtue of their relevance to common theme. The conceptual frame work for this study is adopted from the “**Child Health Assessment Interaction Model**” Given By **Kathryn E. Barnard** (1977). It addresses the interaction in relation to child development. The child health assessment interaction model has four major components. They are the child, the caregiver, the environment, and the interaction.

Child:

The first component in this model is a child. According to the concept related to child is temperament. The temperament noted by the researcher are restless, squirmy, unhappy, tearful, tics, disobedient, wet or soiled self, tells lies, stutter or stammer, inattentive, unusual sexual behavior, stares in to space. These problems were observed with the help of Lehor Behor preschool behavior questionnaire.

Caregiver:

In this study, the care giver is considered as mother. according to the concept caregiver related to mother age, education, occupation, number of children, monthly income, type of family.

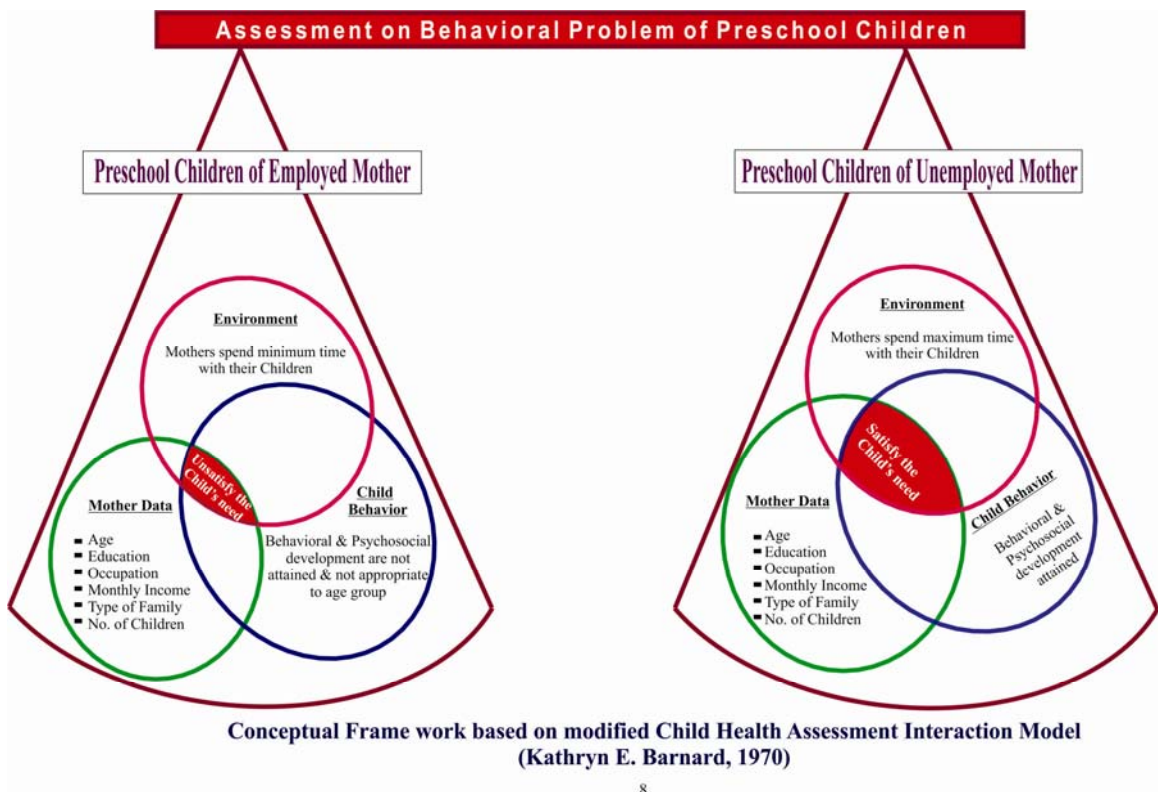
Environment:

Environment states that disconnection of child from the mother. Lead to less spending of time together for both of them. The employed mother has spending minimum time with their children and unemployed mother spending maximum time with their children.

Interaction:

In interaction, sensitivity to cues involves the suitability of the caregiver's response to cues initiated by the child, and development emotional growth involves kind

play, social relations, and strengthening of desirable social behavior, all at a developmentally suitable level. The mother should know the child need and expectation.



CHAPTER – II

REVIEW OF LITERATURE

Review of literature is a key step in research process. The major goal of the literature is to develop a well-built knowledge base to carry out research and other non-research academic activities in educational and clinical practice setting, in educational area, such knowledge enhance the writing of scholarly papers by student and faculty. Review of literature of the present study has been organized and presented in the following heading.

- Literature related to preschooler behavioral problems.
- Literature related to employed mother with preschooler behavioral problem.
- Literature related to management of preschooler behavioral problem.

Literature Related to Preschooler Behavioral Problem

Lauren S. (2002) stated that mother's smoking during pregnancy and children's behavior problems. Aim of the study was provide advanced training to the sample in conduct research to study the correlation of prenatal experience to cigarette smoke and young children's behavior problems. Structural equation modeling was used to identify direct and indirect effect of smoking with particular emphasis on casual pathway among smoking, parental psychopathology and value of the parent child rapport.

Michelle et.al, (2002), conducted a study to assess the father and preschool behavior problems in children's Hospital and medical center, United States of America. The study revealed that father has not at all been the focus of research investigating the causes and correlates of early behavior problems. Six risk factors were examined; life stress, social hold up, psychosocial symptoms, parent behavior, optimistic involvement, and cruel regulation. These risk factors are correctly classified 81% of the boys. The

study concluded that different factors may account for clinic status versus stability of problem

Jake M. et al., (2000) conducted a prospective study to assess the preschool children and their behavior problems. 5296 samples of Mater University of Queensland have been taken for the study. The study done that there is, however, useful to notice that most of the children who are classified as having severe behavior do not fall into any of the risk categories. In this variety of explanations and analysis of the data was considered.

Ahmad (2008) conducted a study on association of nail biting and psychiatric disorder children and their parents. A consecutive sample of 450 referred in that 63(14%) were found to have nail biting. The most common co morbid psychiatric disorder in these children was ADHD (74.6%), Oppositional Deficit Disorder (36%), Separation Anxiety Disorder (20.6%), Enuresis (15.6), Tic Disorder (2.7%) and OCD (11.1%). sternness and rate of nail biting were not correlated with co-morbid psychiatric disorder. About 56% of the mother and 45.5% of the father were distress from at least one psychiatric disorder. The study concluded that nail biting presents in a significant quantity of referrals to mental health clinic setting. If nail biting presents, its detection can then followed by looking for more subtle stereotypic or self mutilating behaviors.

Cheish (1987) conducted exploratory study to investigate mother-child interaction, child temperament, behavior problems and the relationships with variables. Mother Child relations were assessed by 2 questionnaires, the Play Parent Questionnaire for all subjects and 30 minute watching of mother child interaction among 25 families. Temper was assessed by a Chinese version of the Parent Temperament Questionnaire. Problem behavior at school was screened by the Preschool Behavior Checklist .Problem behavior at home was screened by the Behavior Screening Checklist. The findings indicate that quality of mother child interaction in the observation group was characterized by mother's sensitivity and positive control, but also by neutral affection look and a lack in hopeful two-way communication. A child's temper did affect mother's behavior but the

route of influence could either be positive or negative. A child's problem behavior was significantly associated with quality of mother and child behavior and temper. The present findings support Bowlby's attachment theory that the quality of mother-child interaction influences a child's behavior problem.

John (1993) undertaken study on be aware of emotional and behavioral problems among preschool children. Children aged 2 to 5 ($N = 3876$) were screened. Subsequently, children who scored above the 90th percentile for behavioral problems on the Child Behavior Checklist, along with children matched on age, sex, and race who had screened low, were invited for an intensive second-stage assessment. There were 495 mothers and children who participated in that assessment, which included a behavioral questionnaire, maternal interview, play examination, and developmental testing. The psychologists identified considerably higher rates of problems overall 13% when the criterion was self-determining conformity that the child had an emotional and behavioral problem and a regular psychiatric diagnosis was assigned, vs. 8.7% based on pediatricians' ratings. Prevalence rates based on psychologists' ratings were significantly higher than the pediatricians' for all subgroups when diagnoses were included in the psychologists' ratings. Overall, pediatricians' sensitivity was 20.5%, and specificity was 92.7%. 51.7% children had emotional and behavioral problems.

Clasrita et al., (2009) conducted study on behavior and speech problems. A total of 128 three- to five-year olds were assessed, in that 46% girl and 54% boys. Children were breastfed for a normal of 25.2 (SD 9.6) months and used a bottle 24.4 (SD 15.2) months. Fifty-three children (41.7%) had or currently used an offering for an average of 11.4 (SD 17.3) months; 23 children (18.3%) were reported to have sucked their fingers. Delayed use of a bottle until after 9 months appeared to be protective for subsequent speech disorders. There was less than a one-third lower relative odds of subsequent speech disorders for children with a belated use of a bottle compared to children without a delayed use of a bottle (OR: 0.32, 95% CI: 0.10-0.98). A three-fold increase in relative chance of speech disorder was found for finger-sucking behavior (OR: 2.99, 95%

CI: 1.10-8.00) and for use of a pacifier for 3 or more years (OR: 3.42, 95% CI: 1.08-10.81). The findings suggest unmitigated use of sucking outside of breastfeeding may have harmful effects on speech development in young children.

Ulrike (2001) conducted a study among 108 children, between the ages of three and six, who were selected in several preschools of Vienna. The sample was composed of 52 (48 %) boys and 56 (52 %) girls with a mean age of 55.9 months (SD = 9.5 months) and a mean position of sibship of 0.9 (SD = 0.7). 14 (37 %) children were only children, 52 (48 %) had 1 sibling, 12 (11 %) had 2 siblings, and 4 (4 %) had 3 siblings. The children's mean total IQ was 111.3 (SD = 15.7), the mean t-value regarding animated language abilities with respect to vocabulary was 45.3 (SD=32.4), the morphology was 50.3 (SD = 12.1), the mean t-value regarding the accessible abilities with respect to syntax was 54.9 (SD = 11.1), and the mean standard values of receptive vocabulary was 101.0 (SD = 19.6). The mean t-value as regards total behavior problems was 52.1 (SD = 8.7), the mean percentile-value regarding parenting stress caused by child characteristics was 41.7 (SD = 17.3), caused by parent characteristics was 36.4 (SD = 15.4), and regarding life stressors was 62.6 (SD = 22.5).

Pavuluri (1996) conducted a study to identify the pattern of behavior problems in preschool children to enable early recognition and intervention. Three hundred and twenty children, in eight randomly selected preschool centres, aged between 2.5 and 5 years. Parents completed the BCL, a screening measure for preschool behavior problems. Dependency, irritability, and being difficult to manage were the commonly rated symptoms when moderate and severe problems were examined. There were no most important differences in the patterns between boys and girls. These results help clinicians identify the emerging pattern of preschool behavior problems that change with rising age and vary with differing cultures. Clear cut understanding of preschool behavior problems supports the view that they should be incorporated in a categorization system.

Ann (2003) stated on the prevalence of behavior problems in preschool children from low-income families, and the risk factor associated with these behaviors, was

reviewed. A systematic search of studies conducted between 1991 and 2002 yielded a total of 30 research reports that met all of the pre established criteria. These studies yielded several findings. Children from low socio economic status backgrounds were found to have a higher incidence of behavior problems as compared to the general population. Behavior problems were linked with numerous risk factors found in these children's lives related to child, parent, and socioeconomic characteristics. The results are discussed in terms of implications for early detection and intervention and directions for forthcoming research.

Susan (2006) conducted on the prevalence, course, and correlates of behavior problems in preschool children was examined. Prospective epidemiological studies and follow-up studies of clinical and high risk samples point out that serious externalizing problems identified early often keep on negative, inconsistent parental behavior and high levels of family adversity are related with the appearance of problems in early childhood and predict their determination in school age. Studies are examined from a developmental perspective and incorporated with research on optimal parent-child relationships. The cruelty of opening problems and family context are linked to different developmental outcomes.

Maartje A. Raaijmakers (2011) conducted study aimed to investigate whether preschool children with a high level of aggressive behavior previously differ in the generated amount of costs and impact on family operation from children with lower levels of violent behavior. Sample of 317 preschool children was divided into four groups with different levels of aggression (moderate, borderline, clinical). Parents filled out questionnaires Over the past 3 months as well as over the first 4 years of life, children with a clinical level of violence were more costly than children with a low level of aggression (mean total costs over the past 3 months: low = €167, 05 versus clinical € = 1034, 83 and mean lifetime costs: low € = 817, 37 versus clinical € = 1433, 04), due to higher costs of services used by the child. The result demonstrates that a high level of

aggressive behavior results in high costs and impaired family functioning in the preschool years already.

Literature Related to Employed Mother with Preschooler Behavioral Problem

Sonald et al. (1987) conducted longitudinal survey of youth data set to examine the impact of maternal employment on children's intellectual ability, as calculated at the age of 4 by using the PPVT. Results from multivariate regression analysis show a statistically significant adverse effect of mother's employment on children's intellectual ability, but only for boys in higher income families. The negative impact was related to the timing of maternal employment: employment during the boys' infancy had a statistically significant negative effect on PPVT scores at the age of 4. This pattern was not found for girls, for children in low-income families, or for families in which mothers resumed their employment after the child's first year of life. The impact of other demographic trends in recent years—declining fertility and rising marital instability are also investigated. The researcher had concluded that an adverse effect of the presence of other siblings on children's PPVT scores; but the family income was stable; there is no statistical significant on the effect of the parents' marital status and on children's intellectual ability. Several family background factors were highly associated with children's test scores.

Youngblut et al., conducted study to explore differences in parent-child and family relationships for employed and non employed single mothers of low birth weight and full term preschool children and to describe the interaction of the mother's employment status, employment history, and employment attitude and behavior consistency to parent child and family relationships. Single mothers with low birth weight sample 60 and full term children 61, preschool children provided data on their employment position, the Parenting Stress Index, the Feetham Family Functioning Survey, and the Home Observation for Measurement of the Environment. Employed mothers had more positive perceptions and provided more inspiring home environments for their children. Greater attitude-behavior reliability was associated with more positive perceptions of the parental

role. Thus, in single-parent families; employment and consistency are positive influences on the mother-child relationship.

Maria (2010) conducted study on allocation of childcare time differs across gender, parental employment and other characteristics in Spain. Results show that mothers provide significantly more care for Essential Needs Activities and Secondary Child care than fathers, but the care for Educational Activities is similar. The study also shows that fathers and mothers in employment spend more time on Educational Activities than their counterparts who are not working, and that parental education usually increases childcare for Essential Needs and Educational Activities. Finally, the study suggests that ending the work day no later than 6 evening. Would considerably raise the time allocated to childcare by employed parents.

Jeanne et al. (2003) stated that with improved numbers of women employed in their children's first year of life and with increased concentration being paid by parents and policy makers to the significance of early experiences for children, establishing the links that might exist between early maternal employment and child cognitive outcomes is more important than ever. Negative associations between maternal employment during the first year of life and children's cognitive outcomes at age 3 has been reported using data from the National Longitudinal Survey of Youth Child Supplement. This study sample 900 European American children from the National Institute of Child Health and Human Development Study of Early Child Care, which provides information on child cognitive scores at 15, 24, and 36 months, as well as data about the home environment, parental sensitivity, and child-care quality and type over the first 3 years of life. Although quality of child care, home location, and maternal kindness also mattered, the negative effects of working 30 hr or more per week in the first 9 months were still establish, even when controlling for child care quality, the quality of the home environment, and maternal feeling.

Joanne et al., (2001) conducted a study among sixty preterm and 61 full-term preschool children. Data were collected with the Kaufmann Assessment Battery for Children, PPVT, BCL, Parenting Stress Index, and the Life History Calendar. The study done about Greater hours employed was related to higher success and mental processing scores only. Less irregularity between actual and desired employment was related to higher attainment, mental processing, and language scores and lower behavior scores. Prematurity was not related to child cognitive and behavioral performance. Only the association between difference and language remained after statistical control.

Stephanie (2009) conducted study on associations between maternal irregular work schedules during infancy and children's early behavior problems, and the extent to which infant temperament may moderate these associations. Hypothesized associations were tested using data from the NICHD. Analyses focused on mothers who returned to work by the time the child was 6 months of age, and who worked an average of at least 35 hrs per week from 6 through 36 months. At 24 and 36 months, children whose mothers worked an irregular schedule had higher internalizing and externalizing behaviors. Self-effacing, although inconsistent, evidence suggests that temperamentally reactive children may be more vulnerable to maternal work schedules. Maternal depressive symptoms partially mediated associations between nonstandard maternal work schedules and child behavior outcomes.

Anna Gassman (2011) conducted study investigated low-income mothers' daily nighttime and weekend work and family outcomes. Sixty-one mothers of preschool-aged children reported daily on work hours, mood, mother-child interaction, and child behavior for two weeks (N = 724 person-days). Although those who completed study requirements were more likely to have a high school diploma than those who did not complete study requirements ($b = .29$; $SE = .12$; $p < .05$), the joint hypothesis test that all of the background coefficients were zero could not be abandoned ($F = 1.31$; $p > .10$). Although nighttime and weekend work are both irregular schedules, results showed adverse relations of working night time hours on family outcomes more negative mood

and mother child relations; less positive child behavior but there was association between weekend work and family outcomes.

Theodore (1993) conducted that employs the household economics approach to study the effects of maternal employment and substitute child care on the social behavior of a national sample of 4 and 5 years old children. Mothers from the National Longitudinal Survey's youth cohort was asked to rate their child's community behavior using items from the Behavioral Problems Index. The household economics come close to predicts that behavioral outcomes for children of working mothers will differ from those of children whose mothers were not working to the extent that the replace of market goods and services for nonmarket goods and services is flawed. The study tests three hypotheses analyzing the interactions of family income and emotional support level with indicators of maternal employment and use of substitute child care. In general, the findings do not support the argument that maternal employment is related with negative behavioral outcomes for young children. The result of this and related studies suggest redirecting the research on maternal employment and families to include analyses of the beneficial aspects of maternal employment for child well-being and to develop policies planned to promote the well-being of children with employed parents.

Literature Related to Management of Preschooler Behavioral Problems

Silovsky (2000) conducted pilot study evaluated a 12-week group management program for preschool children with interpersonal sexual behavior problems. Sample size was 85. Many children were present with co-occurring trauma symptoms and disruptive behaviors. In intent-to-treat analysis, an important linear reduction in SBP due to number of management sessions attended was found, an effect that was independent of linear reductions associated with elapsed time. Under the guess that treatment can have an incremental impact, more than one third of the inconsistency was accounted for by treatment effects, with female and older children most positively impacted. Caregivers stated that increase in knowledge, fulfillment, and worth of treatment.

Chandra (2007) conducted study in the Sirsa city of Haryana state on a sample size of 30 mothers of pre-schoolchildren. Self-structured interview schedule was used to collect information on causes and remedial measures of the behavior problems of children. The result portrayed that the causes of the problem for temper tantrums were mainly attention seeking and curative actions were ignoring and avoiding too many do's and don'ts, for the causes of fears was using fear as a disciplining technique and remedial measures were the build up the child's declaration and bed wetting was due to lack of assurance and nightmares mainly and the remedial measures was used by them were castigation giving by the parents and limiting his intake of liquid several hours before bed time.

Reginald (2002) stated that parent training interventions with conduct problem preschool aged children is reviewed. Interventions that utilize parents as active sources of change remain predominant. The review reveals the need for further research to improve accessibility and delivery of interventions. Treatments that have undergone modification in their delivery format (e.g., use of telephone and videotape) were also identified and critically evaluated. Finding of the study indicate that many studies were still accompanied by methodological limitations. Although promising interventions exist for young conduct problem children, it was recommended that treatment effectiveness for preschoolers being evaluated more carefully.

Cybele (2008) conducted the efficacy of a multi-component classroom-based intervention in reducing preschoolers' behavior problems. The Chicago School Readiness Project model was implemented, using a clustered RCT design. Results indicate important treatment effects for teacher-reported and independent explanation of children's internalizing and externalizing behavior problems, with effect sizes ranging from $d = .53$ to $d = .89$. Moreover, there were some proofs for the moderating role of child gender, race and ethnic group membership, and exposure to poverty related risk, with stronger effects of intervention for some groups of children than for others. Findings

donate to a growing area of study on poverty and preventive interference in early childhood.

Axelrad (2008) stated that nearly 20% of preschool aged children have major behavioral problems. Parents typically check with their child's most important care provider, who often refers to child psychologists for management regarding this difficulty. The Behavior Consultation Clinic was a structured clinic for preschool children designed to address these issues of effectiveness, accessibility and acceptability. A retrospective study of 550 patients was seen over a five year's period found that half were seen for one therapy session. Evaluation of the remaining patients found that slightly more than half showed development (32% successful discharge with development, 24% premature discharge with improvement) with a typical range of two to seven half-hour sessions, about a quarter did not improve, and the remaining patients were referred to a higher level of service. These data point out that a structured, brief clinic that focuses on the needs of preschool children utilizing evidence-based approaches can be effective, acceptable, and accessible.

Jane F, et al., (2008) conducted meta-analysis of 11 treatment outcome studies evaluated 18 specific treatments of sexual behavior problems as a primary or secondary target. Study examines relations among child characteristics, treatment feature and short-term outcome. Utilizing pre and post intervention results, the overall degree of vary over the course of treatment was expected at a 0.46 and 0.49 standard deviation decline in SBP and general behavior problems, respectively. Hypothesized, the caregiver practice element Parenting and Behavior Management Skills predicted the Child Sexual Behavior Inventory (the Child Behavior Checklist when BPT was mutual with caregiver Rules about Sexual Behaviors). In contrast, observe the elements that evolved from Adult Sex Offender management were not important predictors. BPT and preschool age group provided the best model fit and more strongly predicted result than broad treatment type classifications that were Play Therapy or Cognitive Behavior Therapy. Results were

current treatments for children with SBP that are based on ASO models of management without caregiver participation.

The above study reveals that preschooler behavioral problem occur not because of their mothers are employed, but, for the families which has low income, wrong habitual and attitude of the parents, harsh discipline, negative parent child interaction. The parent should identify the behavioral problems symptoms of the preschooler and provide effective management to prevent these problems and future complications.

CHAPTER – III

METHODOLOGY

This chapter dealt with research approach, research design, setting of the study, population of the study, sample size, sampling techniques, criteria for selection of the sample, description of the data.

RESEARCH DESIGN

The research design applied for this study was descriptive research design.

SETTING OF THE STUDY

The Study was conducted in selected villages (kalapatti and veeriyampalayam) at Coimbatore. Both the villages came under adopted primary health centre at Sarkarsamakulum. These areas are situated around 3-5 kms away from Kovai Medical Centre and Hospital.

Area	Mother of Preschool children	Preschool Children In Balwadi	
		Employed Mother children	Unemployed Mother children
Kalapatti	72	33	39
Vereriyampalayam	61	28	33
	133	61	72

POPULATION OF THE STUDY

The study population included preschool children of employed and unemployed mothers, in selected Balwadies.

SAMPLE SIZE

The sample size of the study was of 100 preschool children. It included 50 preschool children of employed mothers, 50 preschool children of unemployed mothers, in selected Balwadies.

SAMPLING TECHNIQUE

Sarkarsamakulam Primary Health Centre covering 13 subcentres, through lottery method we had selected two areas from Kalapatti, and Veeriyampalayam. Selections of 100 preschoolers had been done by using purposive sampling technique, consists of 50 preschool children of employed mothers and 50 preschool children of unemployed mothers.

Among 72 preschool children who fulfilled the inclusion criteria, 50 preschool children were selected purposively at Kalapatti Balwadi. Among 61 preschool children who fulfilled the inclusion criteria, 50 preschool children were selected purposively at Veeriyampalayam Balwadi.

CRITERIA FOR SAMPLE SELECTION

Inclusion criteria

- Preschool children in the age group of 3-5 years, belonging to both sex.
- Preschool children with regular attendance.

Exclusion criteria

- Physically challenged preschool children.

DEVELOPMENT AND DESCRIPTION OF THE TOOL

The tool was developed by the researcher on reviewing literature and in consultation with medical and nursing experts in the field of community health.

The tool consists of two sections.

Section I : Demographic characteristics of mother and preschool Children

Section II : Lenore Behar preschool behavior questionnaire

Section I : Demographic characteristics of mother and preschool Children

- a) Mother Demographic data such as Sample Number, Age, Religion, Education, Occupation, Monthly Income and Type of Family and Number of Children.
- b) Child Demographic data such as Age, Sex, Birth Order, and Degree of Malnutrition.

Malnutrition of preschoolers was identified by using Gomez' classification on weight for age.

90 – 110%	:	Normal Nutritional Status
75 – 89%	:	First degree/ Mild Malnutrition
60 – 74%	:	Second degree/ Moderate Malnutrition
Below 60%	:	Third degree/Severe Malnutrition

Section II : Lenore Behar preschool behavior questionnaire

It consisted of the statement related to preschool behavior problems. There are 30 statements in this section. Each statement has three column “does not apply”, “applies sometime”, and “certainly applies”.

Scoring Procedures of the Statements are as follows:

S. No	Statement	Score
01	Does not apply	0
02	Applies Sometime	1
03	Certainly applies	2

Minimum Score : 0

Maximum Score : 60

CONTENT VALIDITY OF THE TOOL

The content validity of the tool was obtained from medical and nursing experts in the field of social and preventive medicine and Community health nursing and Child health nursing. Based on their suggestion and recommendations the tool was modified for main study.

PILOT STUDY

Pilot study was conducted in Rangasamy Gounder pudhur Balwadi among 20 children for a period of one week. The result of the pilot study revealed that the study was feasible.

RELIABILITY

Karl Pearson's method was used to find out the inter reliability. The reliability of Co. efficient {r} for preschool behavior questionnaires is $r = 0.65$.

PROCEDURE FOR DATA COLLECTION

The Researcher got official permission from the medical officer in Sarkarsamakulam Primary Health Centre by submitting an application. The data collection was done for the period of six weeks. The researcher introduced herself to the Balwadi teachers, mothers of preschoolers and explained about the importance of the study. The oral consent was obtained before the interview. Every mother and teacher assured that the collected data from them will be utilized only for the purpose of the study and will be kept as confidential. The researcher collected the demographic data using the method of structured interview from the mothers, while they come to balwadi to leave their children and observe the preschoolers behavioral problems by using structured questionnaires. Observation process has been done for six weeks in both Kalapatti and Veeriyampalayam Balwadies. The researcher used anthropometric measurement to assess the malnutrition of the preschoolers.

STATISTICAL ANALYSIS

The Collected data was analyzed by descriptive and inferential statistics. The descriptive statistics include Mean and Percentage to identify the Preschool children behavioral problems. The inferential statistics include independent 't' test which was applied to find out the significant of preschool children behavioral problems of employed and unemployed mothers. Chi square was used to associate the preschool children behavioral problems with demographic variables.

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the analysis of data collected, which are tabulated and presented as follows:

- Section A** : Distribution of respondents according to the demographic variables
- Section B** : Distribution of respondents according to mean score of behavioral problem among preschool children of employed and unemployed mothers.
- Section C** : Comparison of behavioral problems among preschool children of employed and unemployed mothers.
- Section D** : Association of behavioral problems of preschool children with selected demographic variables of employed mothers.
- Section E** : Association of behavioral problems of preschool children with selected demographic variables of unemployed mothers.

Section – A

Table No.1: Distribution of respondents according to demographic variables.

N=100

S.No	Demographic Variable	No of Subjects			
		Employed Mother n = 50	Percentage %	Unemployed n = 50	Percentage %
1	Mother data				
	Mother of age (year)				
	a) up to 23	10	20	6	12
	b) 24 to 26	18	36	18	36
	c) 27 & above	22	44	26	52
2	Religion				
	a) Hindu	48	96	50	100
	b) Christian	2	4	0	0
3	Education				
	a) Illiterate	11	22	5	10
	b) Primary Education	24	48	16	32
	c) Higher Secondary & above	15	30	29	58
4	Family Monthly Income				
	Employed mother				
	a) Up to ` 8000	33	66	-	-
	b) ` 8001 - ` 12,000	13	26	-	-
	c) `12,001 & above	4	8	-	-
	Unemployed mother				
	a) Up to ` 5 000	-	-	28	56
	b) ` 5001 - ` 7000	-	-	9	18
	c) ` 7001 & above	-	-	13	26
5	Type of Family				
	a) Nuclear	32	64	35	70
	b) Joint	18	36	15	30

6	No of Children a) One b) Two c) Three	10 34 6	20 68 12	14 33 3	28 66 6
7	Children data children of age a) 3 years b) 4 Years c) 5 Years	14 25 11	28 50 22	29 14 7	58 28 14
8	Sex a) Male b) Female	23 27	46 54	26 24	52 48
9	Birth Order a) First b) Second c) Third	20 26 4	40 52 8	35 13 2	70 26 4
10	Degrees of Malnutrition a) Normal health status b) 1st Degree malnutrition c) 2nd Degree malnutrition	35 14 1	70 28 2	23 23 4	46 46 8

The above table shows the demographic variable of 50 respondents of preschool children and employed mothers & 50 respondents of preschool children and unemployed mothers.

Employed Mother:

Regarding the age of mother 10 respondents (20 per cent) were up to 23 years, 18 respondents (36 percent) were between 24 to 26 years, and 22 respondents (44 per cent) were 27 years and above. Regarding religion, 48 respondents (96 per cent) were Hindu and 2 respondents (4 per cent) were Christian. Regarding educational status, 11

respondents (22 per cent) were illiterate, 24 respondents (48 per cent) studied primary education, and 15 respondents (30) were studied higher secondary and above.

Regarding family monthly income, 33 respondents (66 per cent) were earn up to `8000/-, 13 respondents (26 per cent) were earn between ` 8001 - ` 12,000/- and 4 respondents (8 per cent) were earn ` 12,000 & above. Considering type of family 32 respondents (64 per cent) belongs to nuclear family and 18 respondents (36 per cent) belongs to joint family. Regarding number of children, 10 respondents (20 per cent) have one child, 34 respondents (68 per cent) have two children, and 6 respondents (12 per cent) have three children.

On the basis of children age in year, 14 respondents (28 per cent) were 3 years, 25 respondents (50 per cent) were 4 years, and 11 respondents (22 per cent) were 5 years of age. Regarding sex of the children 23 respondents (46 per cent) were male, and 27 respondents (54 per cent) were female. Regarding birth order of the children 20 respondents (40 per cent) were first children, 26 respondents (52 per cent) were second children, and 4 respondents (8 per cent) were third children.

Regarding degree of malnutrition, 35 respondents (70 per cent) were normal nutritional status, 14 respondents (28 per cent) were first degree malnutrition, and 1 respondent (2 per cent) was second degree malnutrition.

Unemployed Mother:

On the basis of unemployed mother age in years, 6 respondents (12 per cent) were up to 23 years, 18 respondents (36 per cent) were between 24 to 26 years, and 26 respondents (52 per cent) were 27 years and above. Regarding religion, 50 respondents (100 per cent) were Hindu.

Regarding educational status, 5 respondents (10 per cent) were illiterate, 16 respondents (32 per cent) studied primary education, 29 respondents (58 per cent) were studied higher secondary and above. Regarding family monthly income, 28 respondents

(56 per cent) were earn up to ` 5000/-, 9 respondents (18 per cent) were earn between ` 5001 – ` 7000/- and 13 respondents (26 per cent) were earn ` 7001 & above.

Regarding type of family 35 respondents (70 per cent) belongs to nuclear family and 15 respondents (3 per cent) belong to joint family. Regarding number of children 14 respondents (28 per cent) had one child, 33 respondents (66 per cent) had two children and 3 respondents (6 per cent) had three children.

On the basis of children age in year, 29 respondents (58 per cent) were 3 years, 14 respondents (28 per cent) were 4 years, and 7 respondents (14 per cent) were 5 years of age. Regarding sex of the children, 26 respondents (52 per cent) were male and 24 respondents (48 per cent) were female.

Regarding birth order of the children, 35 respondents (70 per cent) were first children, 13 respondents (26 per cent) were second children, and 2 respondents (4 per cent) were third children. Regarding degree of malnutrition, 23 respondents (46 per cent) were normal nutritional status, 23 respondents (46 per cent) were first degree malnutrition, and 4 respondents (8 per cent) was second degree malnutrition.

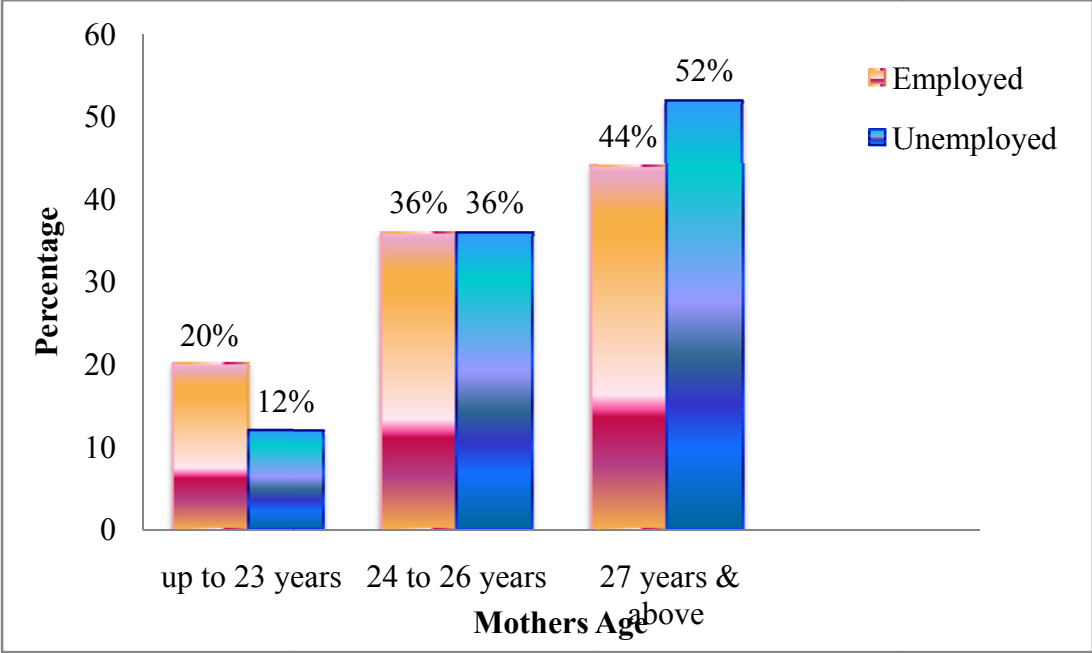


Fig 2: Distribution of Respondents according to Mothers' age in year.

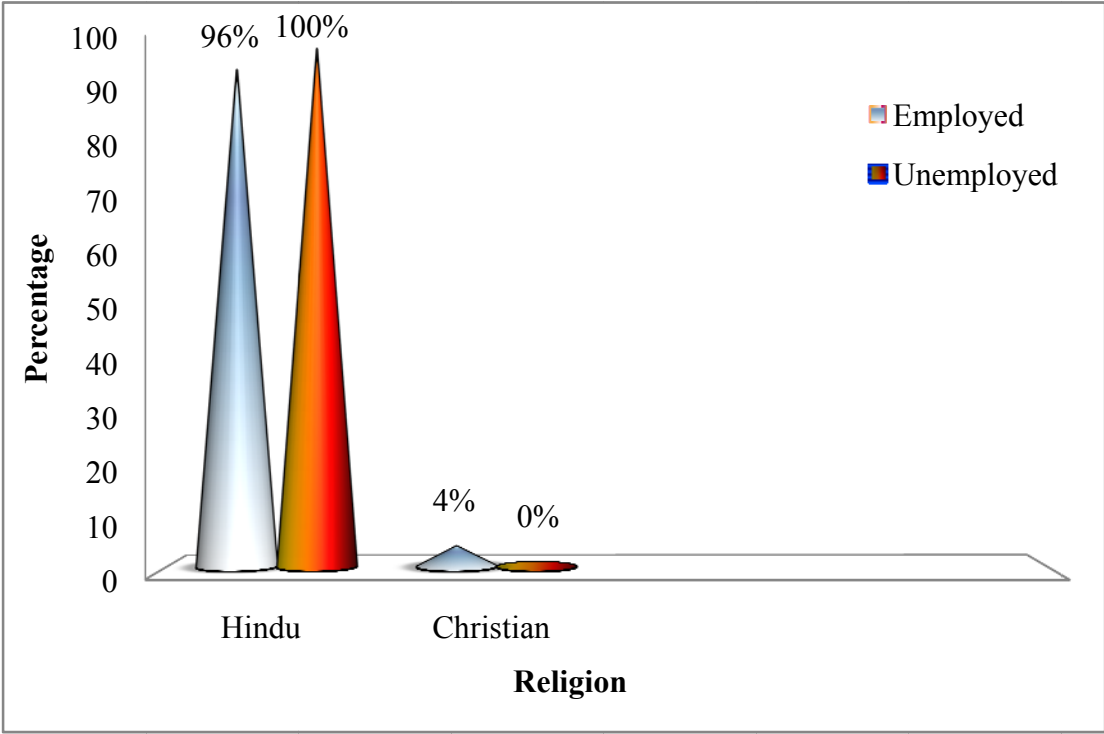


Fig 3: Distribution of Respondents according to Religion.

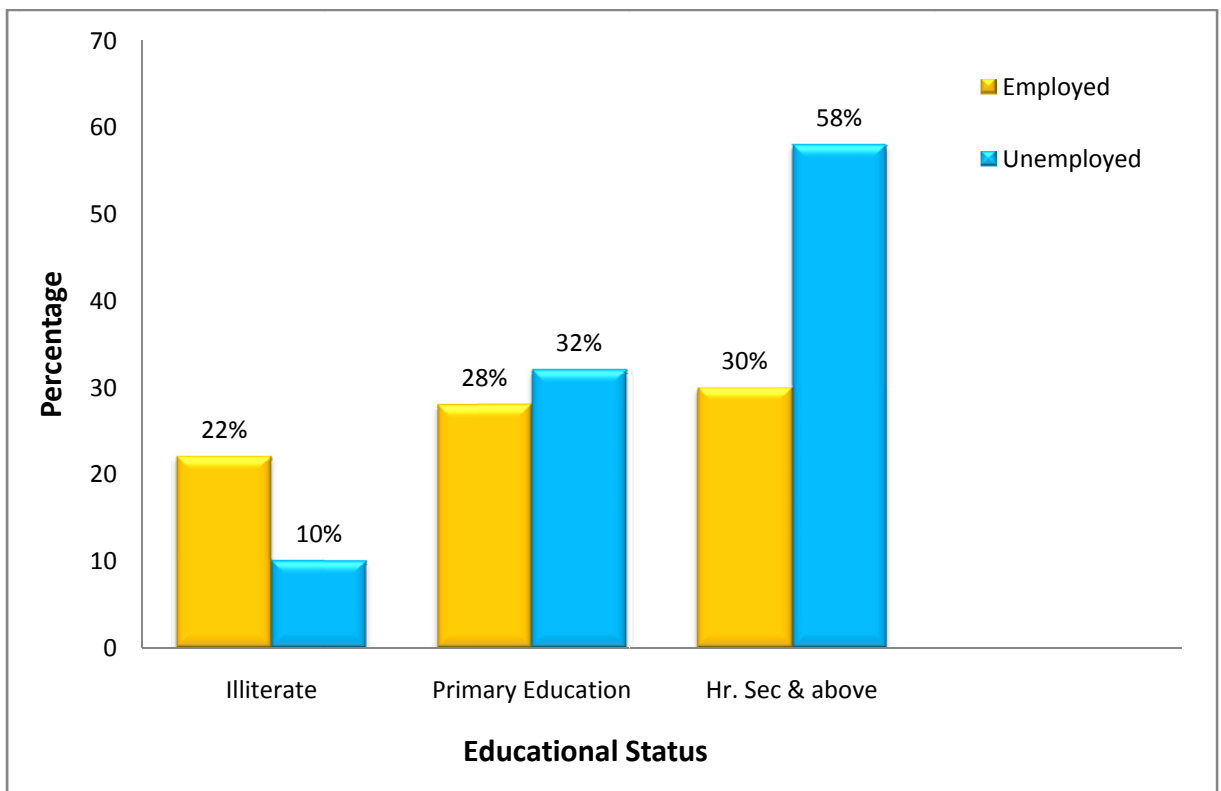


Fig 4: Distribution of Respondents according to Educational status.

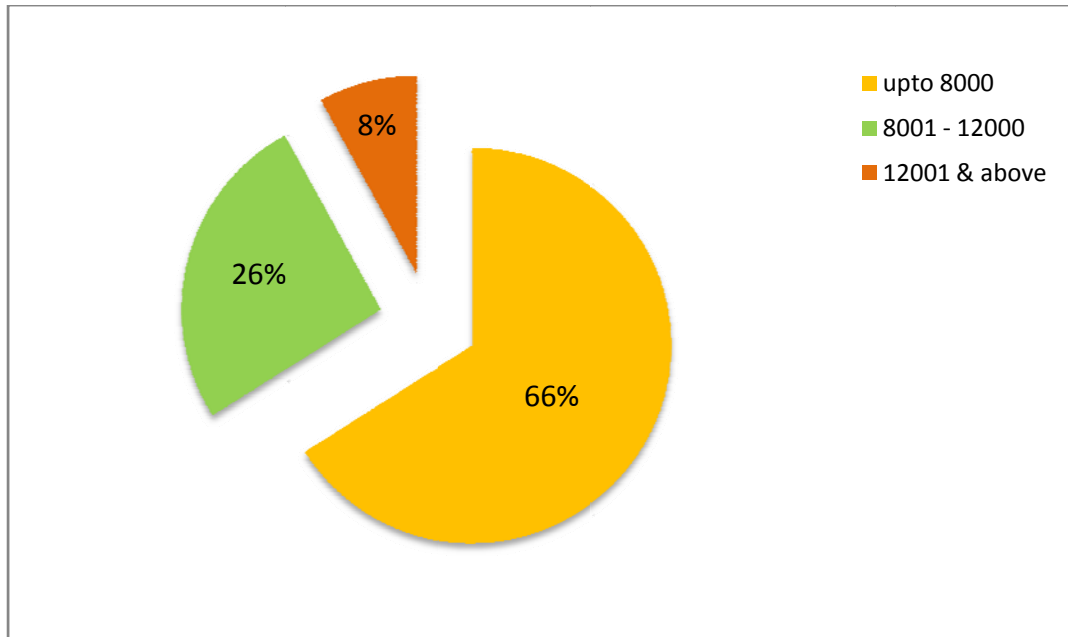


Fig 5: Distribution of respondents according to income level of employed mothers

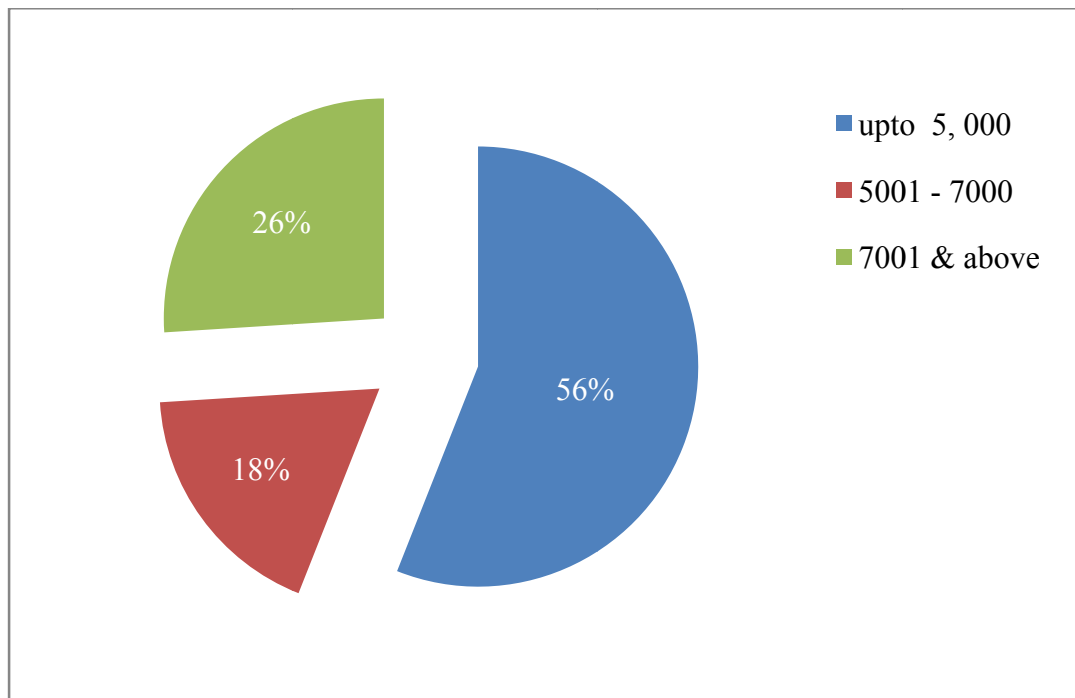


Fig 6: Distribution of respondents according to income level of unemployed mothers

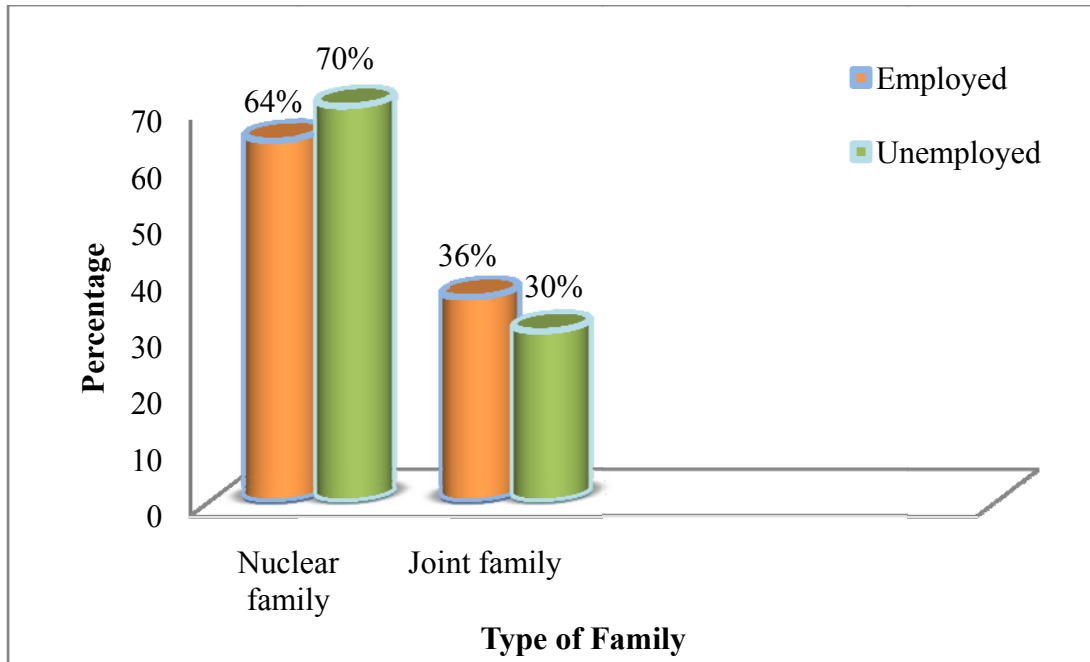


Fig 7: Distribution of Respondents according to type of family

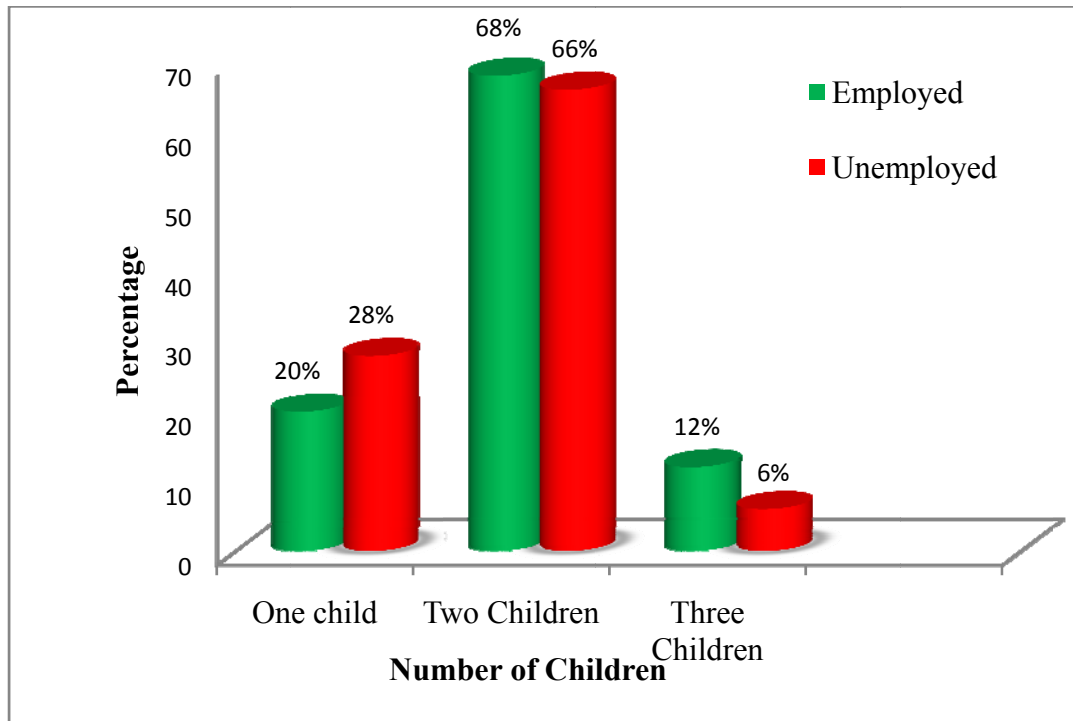


Fig 8: Distribution of Respondents according to Number of Children

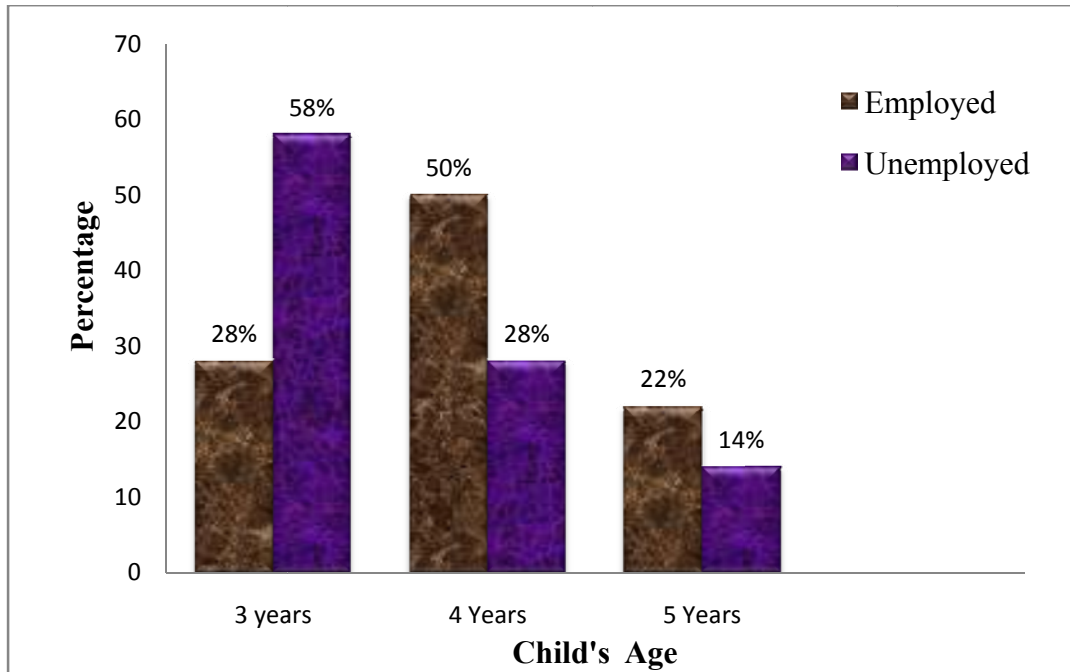


Fig 9: Distribution of Respondents according to Child's age

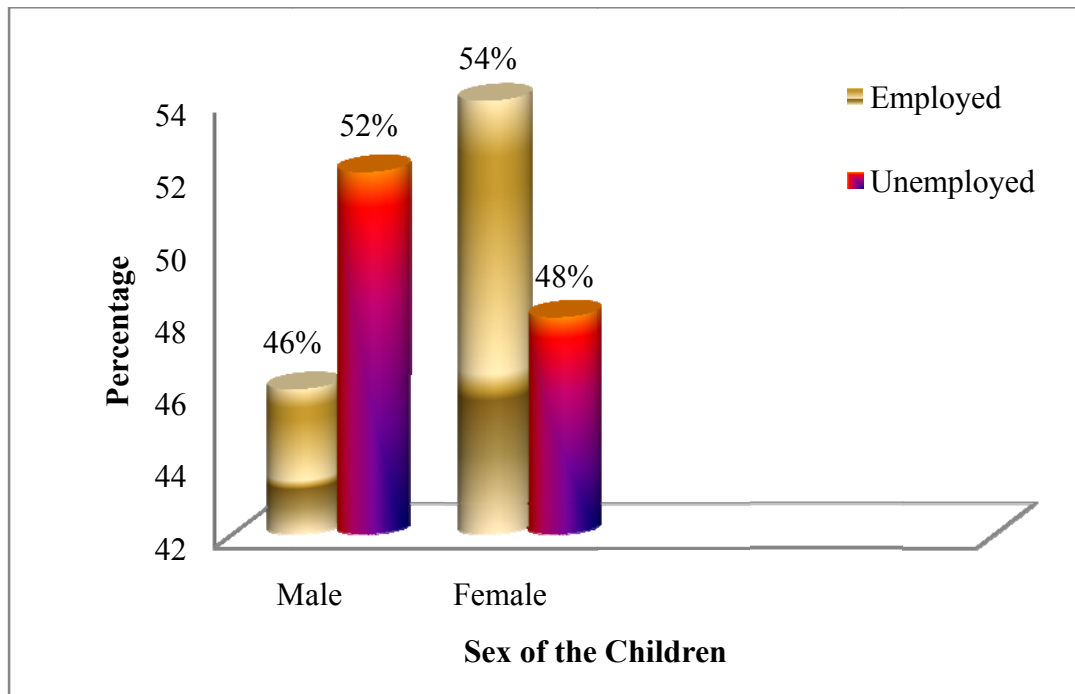


Fig 10: Distribution of Respondents according to sex of the children

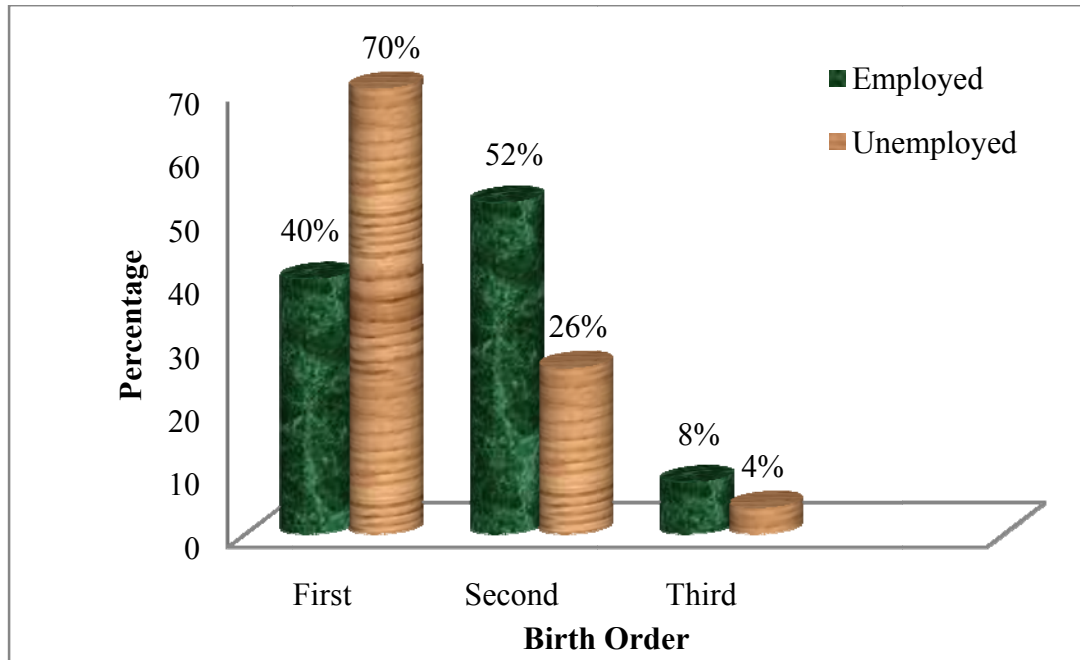


Fig 11: Distribution of Respondents according to Birth Order of the children

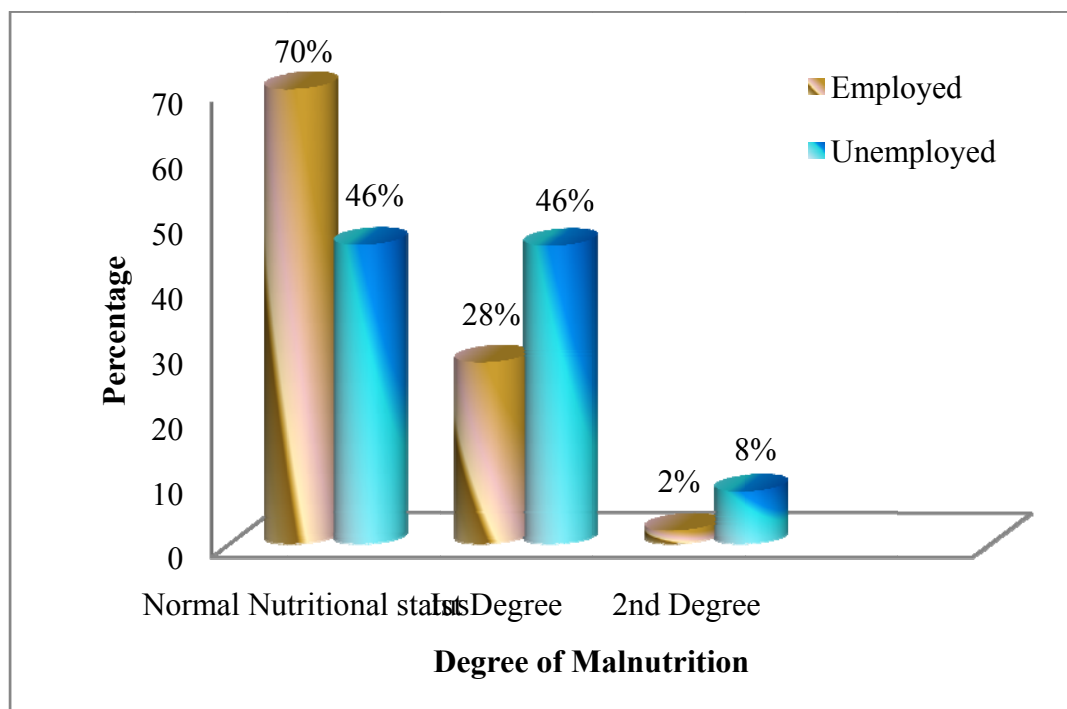


Fig 12: Distribution of Respondents according to Degree of Malnutrition.

Section -B

Table No: 2 Distribution of mean score according to the behavioral problems among Preschool children of employed mother.

N=50

Mean Score Behavioral Problem of Preschool children	Number of Respondents	Percentage (%)
Up to 13	13	26
14 – 17	15	30
18 & above	22	44

The above table shows that, 13 respondents (26 per cent) behavioral problem mean score was up to 13, 15 respondents (30 per cent) behavioral problem mean score was between 14 to 17, and 22 respondents (44 per cent) behavioral problem mean score was 18 and above.

Table No: 3 Distribution of mean score according to the behavioral problems among Preschool children of unemployed mother.

N=50

Mean Score Behavioral Problem of preschool children	Number of Respondents	Percentage (%)
Up to 2	16	32
3 to 6	22	44
7 & above	12	24

The above table shows that, 16 respondents (32 per cent) behavioral problem mean score was up to 2, 22 respondents (44 per cent) behavioral problem mean score was between 3 to 6, and 12 respondents (24 per cent) behavioral problem mean score was 7 and above.

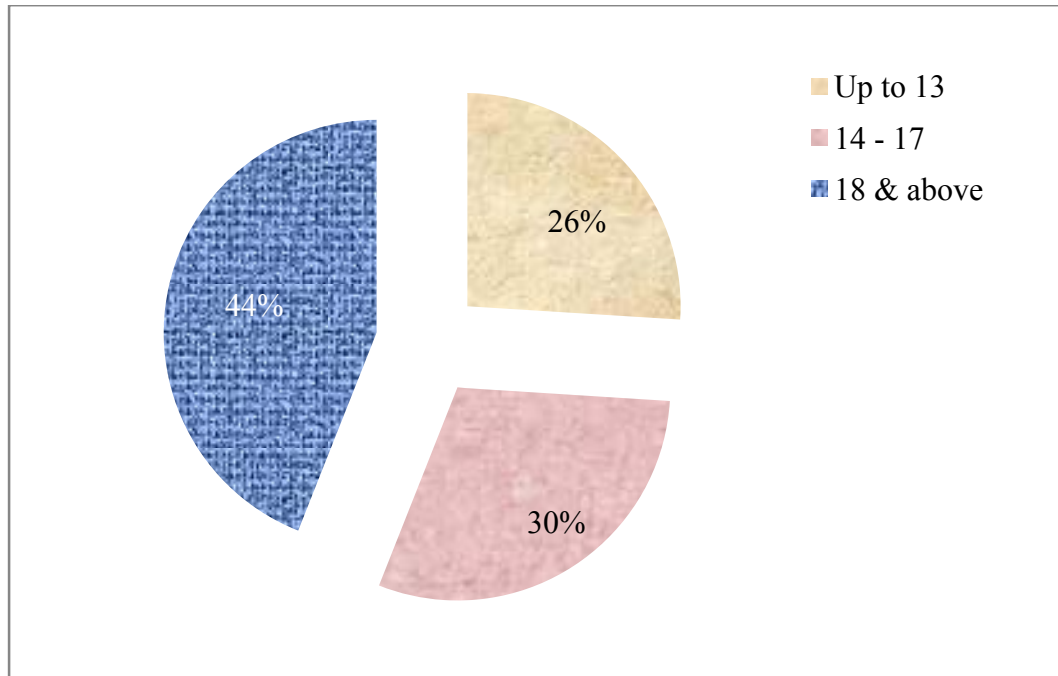


Fig 13: Distribution of respondents mean score according to the behavioral problem among preschool children of employed mother

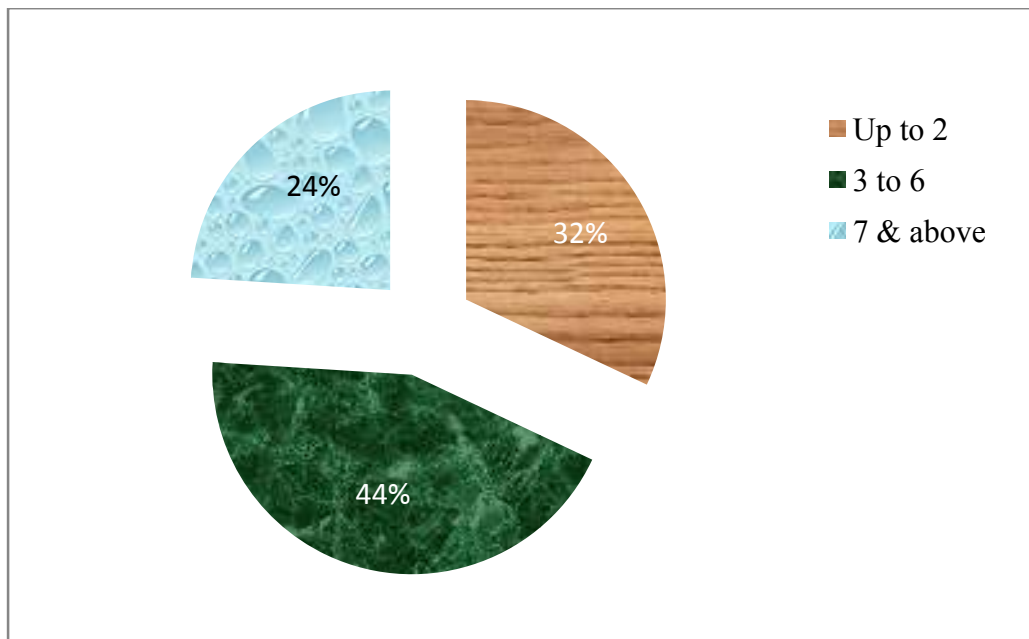


Fig 14: Distribution of respondents mean score according to the behavioral problem among preschool children of unemployed mother

Section -c

Table No: 4 Comparison of behavioral problems among preschool children of employed and unemployed mothers.

N=100

S.No	Subject	Number of Respondents	Mean	Percentage %	t' Value
1	Preschool children of Employed Mother	50	15.68	74	9.12*
2	Preschool children of Unemployed Mother	50	5.46	26	

* Significant at < 0.05

The above table reveals that comparison of behavioral problems among preschool children of employed and unemployed mother. The computed 't' value 9.12 is more than table value (1.962), which was statistically significant at 0.05 level. This establishes that there is significant difference in behavioral problem among preschool children of employed and unemployed mother.

More over the findings showed that the behavioral problems were more among the preschool children of employed mother than the preschool children of unemployed mother.

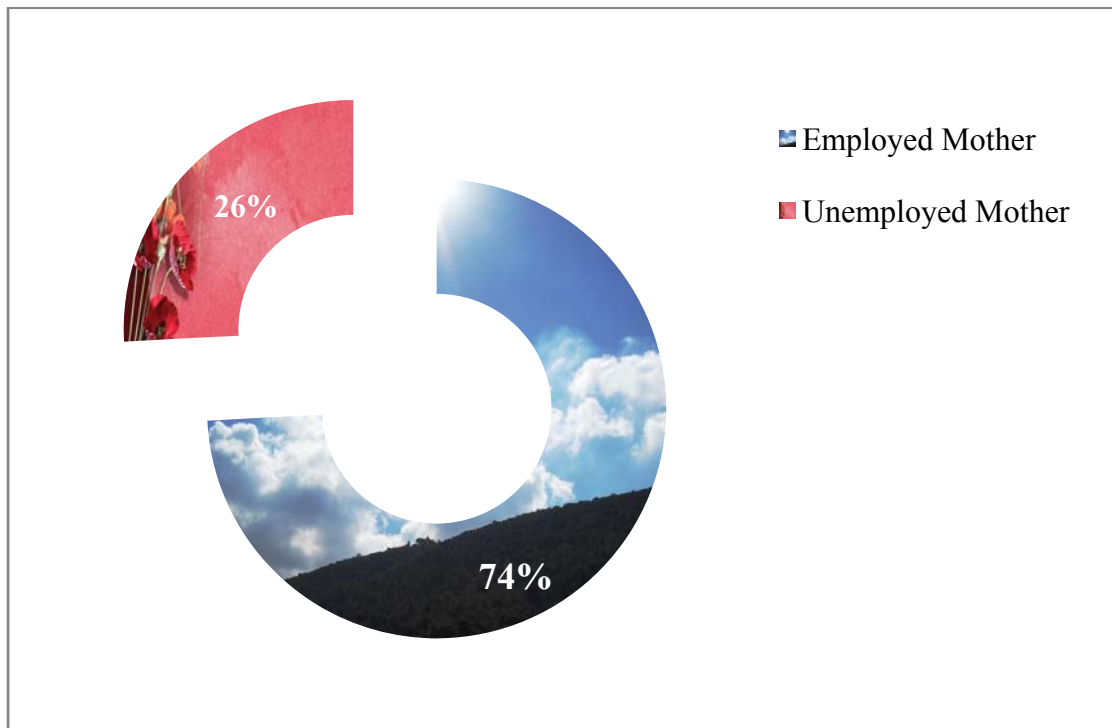


Fig 15: Comparison of behavioral problem among preschool children of employed and unemployed mothers.

Section –D

Table No.5: Association between behavioral problem of preschool children and age of employed mothers.

Age of mother	Mean Score of Behavioral problems			df	χ^2
	Up to 13	14 to 17	18 & above		
a) Up to 23 years	4	4	2	4	5.559 (NS)
b) 24 – 26 years	3	3	12		
c) 27 years and above	6	8	8		

NS - Not significant at $p < 0.05$

The table No.5 reveals that there was no significant association between mean score of behavioral problems and age of the mother.

Table No 6: Association between behavioral problem of preschool children and educational status of employed mothers.

Educational status	Mean Score of Behavioral problems			df	χ^2
	Up to 13	14 to 17	18 & above		
a) Illiterate	2	5	4	4	2.276 (NS)
b) Primary Education					
c) Higher Secondary and above					
	7	5	12		
	4	5	6		

NS - Not significant at $p < 0.05$

The table No.6 reveals that there was no significant association between mean score of behavioral problems and educational status.

Table No 7: Association between behavioral problem of preschool children and family monthly income of employed mothers.

Family monthly income	Mean Score of Behavioral problems			df	χ^2
	Up to 13	14 to 17	18 & above		
a) Up to ` 8000	8	12	13	4	2.033 (NS)
b) ` 8001 to ` 12,000	4	2	7		
c) ` 12,000 & above	1	1	2		

NS - Not significant at $p < 0.05$

The table No.7 reveals that there was no significant association between mean score of behavioral problems and family monthly income.

Table No 8: Association between behavioral problem of preschool children and type of family of employed mothers.

Type of family	Mean Score of Behavioral problems			Df	χ^2
	Up to 13	14 to 17	18 & above		
a) Nuclear family	8	10	14	3	0.4961 (NS)
b) Joint family	5	5	8		

NS - Not significant at $p < 0.05$

The table No.8 reveals that there was no significant association between mean score of behavior problems and type of family.

Table No 9: Association between behavioral problem of preschool children and number of children among employed mothers.

Number of Children.	Mean Score of Behavioral problems			df	χ^2
	Up to 13	14 to 17	18 & above		
a) One	2	5	3	4	8.344 (NS)
b) Two	7	10	17		
c) Three	4	0	2		

NS - Not significant at $p < 0.05$

The table No.9 reveals that there was no significant association between mean score of behavioral problems and Number of Children.

Table No 10: Association between behavioral problem of preschool children and age of the employed mothers' children.

Children age in year	Mean Score of Behavioral problems			df	χ^2
	Up to 13	14 to 17	18 & above		
a) 3 years	2	7	5	4	6.192 (NS)
b) 4 years	6	7	12		
c) 5 years	5	1	5		

NS - Not significant at $p < 0.05$

The table No.10 reveals that there was no significant association between mean score of behavioral problem and Children age in year.

Table No 11: Association between behavioral problem of preschool children and sex of the employed mothers' children.

Sex	Mean Score of Behavioral problems			df	χ^2
	Up to 13	14 to 17	18 & above		
a) Male	6	6	11	3	0.358 (NS)
b) Female	7	9	11		

NS - Not significant at $p < 0.05$

The table No.11 reveals that there was no significant association between mean score of behavioral problems and sex of the children.

Table No 12: Association between behavioral problem of preschool children and birth order of the employed mothers' children.

Birth Order.	Mean Score of Behavioral problems			df	χ^2
	Up to 13	14 to 17	18 & above		
a) First child	5	8	7	4	3.538 (NS)
b) Second child	6	7	13		
c) Third child	2	0	2		

NS - Not significant at $p < 0.05$

The table No.12 reveals that there was no significant association between mean score of behavioral problems and birth order.

Table No 13: Association between behavioral problem of preschool children and Degree of malnutrition of the employed mothers' children.

Degree of Malnutrition.	Mean Score of Behavioral problems			df	χ^2
	Up to 13	14 to 17	18 & above		
a) Normal nutritional status	8	10	17	4	3.529 (NS)
b) First Degree	4	5	5		
c) Second Degree	1	-	-		

NS - Not significant at $p < 0.05$

The table No.13 reveals that there was no significant association between mean score of behavioral problem and Degree of Malnutrition.

Section –E

Table No14: Association between behavioral problem of preschool children and age of unemployed mothers.

Mother Age In Year	Mean Score of Behavioral problems			df	χ^2
	Up to 2	3 to 6	7 & above		
a) Up to 23 years	1	4	1	4	12.561*
b) 24 – 26 years	11	3	4		
c) 27 years and above	4	15	7		

*significant at $p < 0.05$

The table No.14 was significant at < 0.05 levels and reveals that there was significant association between mean score of behavioral problem and mother age in year.

Table No 15 Association between behavioral problem of preschool children and educational status of unemployed mothers.

Educational status	Mean Score of Behavioral problems			df	χ^2
	Up to 2	3 to 6	7 & above		
a) Illiterate	1	3	1	4	0.656 (NS)
b) Primary Education	5	7	4		
c) Higher Secondary & Above	10	12	7		

NS - Not significant at $p < 0.05$

The table No.15 reveals that there was no significant association between mean score of behavioral problem and educational status.

Table No16: Association between behavioral problem of preschool children and family monthly income of unemployed mothers.

Family Monthly Income	Mean Score of Behavioral problems			df	χ^2
	Up to 2	3 to 6	7 & above		
a) Up to ` 5000	8	15	5	4	17.897*
b) ` 5001 to ` 7000	4	2	3		
c) ` 7001 & above	4	5	4		

*- significant at $p < 0.05$

The table No.16 was significant at < 0.05 levels and reveals that there was significant association between mean score of behavioral problem and family monthly income.

Table No 17 Association between behavioral problem of preschool children and type of family of unemployed mothers.

Type of family	Mean Score of Behavioral problems			df	χ^2
	Up to 2	3 to 6	7 & above		
a) Nuclear family	11	15	9	3	0.187 (NS)
b) Joint family	5	7	3		

NS - Not significant at $p < 0.05$

The table No.17 reveals that there was no significant association between mean score of behavioral problem and type of family.

Table No 18: Association between behavioral problem of preschool children and number of children among unemployed mothers.

Number Of Children.	Mean Score of Behavioral problems			df	χ^2
	Up to 2	3 to 6	7 & above		
a) One	4	8	2	4	3.348 (NS)
b) Two	12	12	9		
c) Three	0	2	1		

NS - Not significant at $p < 0.05$

The table No.18 reveals that there was no significant association between mean score of behavioral problem and Number of Children.

Table No 19: Association between behavioral problem of preschool children and age of the unemployed mothers' children.

Children age in year	Mean Score of Behavioral problems			df	χ^2
	Up to 2	3to 6	7 & above		
a) 3 years	9	14	6	4	0.627 (NS)
b) 4 years	5	5	4		
c) 5 years	2	3	2		

NS - Not significant at $p < 0.05$

The table No.19 reveals that there was no significant association between mean score of behavioral problems and Children age in year.

Table No 20: Association between behavioral problem of preschool children and sex of the unemployed mothers' children.

Sex	Mean Score of Behavioral Problems			df	χ^2
	Up to 2	3 to 6	7 & above		
a) Male	9	12	5	3	0.683
b) Female	7	10	7		(NS)

NS - Not significant at $p < 0.05$

The table No.20 reveals that there was no significant association between mean score of behavioral problems and sex of the children.

Table No 21: Association between behavioral problem of preschool children and birth order of the unemployed mothers' children.

Birth order	Mean Score of Behavioral problems			df	χ^2
	Up to 2	3 to 6	7 & above		
a) First Child	12	15	8	4	1.328
b) Second Child	4	6	3		(NS)
c) Third Child	-	1	1		

NS - Not significant at $p < 0.05$

The table No.21 reveals that there was no significant association between mean score of behavioral problem and birth order.

Table No 22: Association between behavioral problem of preschool children and Degree of malnutrition of the unemployed mothers 'children.

Degree Of Malnutrition.	Mean Score of Behavioral problems			df	χ^2
	Up to 2	3 to 6	7 & above		
a) Normal health status	6	12	5	4	8.061 (NS)
b) First Degree	10	9	4		
c) Second Degree	-	1	3		

NS - Not significant at $p < 0.05$

The table No.22 reveals that there was no significant association between mean score of behavioral problem and Degree of Malnutrition.

CHAPTER-V

DISCUSSION, SUMMARY, CONCLUSION, IMPLICATIONS, LIMITATIONS AND RECOMMENDATIONS

DISCUSSTION

A child's development encompasses many aspects including the physical social, emotional and cognitive and mental. In order for children to develop in all aspects, they must be supported in all areas and the one person most often accountable for this back up is the mother. Mothers tend to be the primary caregiver in both conventional and single parent families and thus are with their children more than anyone else. Mothers, therefore, are in the unique site of influencing their children's growth in all areas of development, start with the bonding and attachments that they usually develop with their children.

➤ **Demographic variables of preschool children with employed and unemployed mother.**

On the basis of Age group 22 and 26 respondents (44per cent vs 52per cent) were 27 years & above. Regarding Religion 48 and 50 respondents (96per cent vs 100 per cent) were Hindu. Regarding Education 24 and 29 respondents (48per cent vs 58per cent) were primary and higher secondary and above

On the basis of Family Monthly Income 33 and 37 respondents (66 per cent vs 74 per cent) were ` Up to 8000 and ` 3001 to ` 7000. Regarding Type of Family 32 and 35 respondents (64 per cent vs 70 per cent) were nuclear family. Regarding Number of children 34 and 33 respondents (68 per cent vs 66per cent) were two children.

On the basis of children age in year 25 and 29 respondents (50per cent vs 58percent) were 4 years and 3 years. Regarding Sex 27 and 26 respondents (54per cent vs 52per cent) were female and male. Regarding Birth Order 26 and 35 respondents

(52per cent vs 70per cent) were second and third child. Regarding Degree of Malnutrition 35 and 23 respondents (70per cent vs 46 per cent) was normal nutritional status.

➤ **The first objective of the study was to identify the behavioral problems among preschool children of employed and unemployed mothers.**

Among 50 respondents preschool children of employed mother, 13 respondents (26 per cent) behavioral problem mean score was up to 13, 15 respondents (30 per cent) behavioral problem mean score was between 14 to 17, and 22 respondents (44 per cent) behavioral problem mean score was 18 and above. Among 50 respondents preschool children of unemployed mother 16 respondents (32 per cent) behavioral problem mean score was up to 2, 22 respondents (44 per cent) behavioral problem mean score was between 3 to 6, and 12 respondents (24 per cent) behavioral problem mean score was 7 and above.

This present study findings are consistent with the study findings of Prabitha (2010) who conducted study on determine the emotional and behaviour problem among children of employed mother. A descriptive design was used in this study. The sample consists of 100 children of employed mothers. The study finding was in emotional problems, 29% of children had severe emotional problems, 49% of them had moderate emotional problems, and 22%of them had mild emotional problems. In behavioral problems, 21% of children had severe behavioral problems, 45%had moderate level of behavioral problems, and 34% of them had mild behavioral problems.

➤ **The second objective of the study was comparing the behavioral problems among preschool children of employed and unemployed mother.**

The computed 't' value 9.12 is more than table value (1.962), which was statistically significant at 0.05 level. This establishes that there was significant difference in behavioral problem among preschool children of employed and unemployed mother. More over the findings showed that the behavioral problems were more among the

preschool children of employed mother than the preschool children of unemployed mother.

This present study findings is consistent with the study findings of Anith et al., (2010) who conducted a study on behavior problem among preschool children. 100 sample selected through non probability convenience sampling technique, in which 50 samples were of employed mothers and 50 samples were unemployed mothers of preschool children. Finding of the study was 50 preschool children of employed mothers 33(66%) Of them had moderate behavioral problems and 17 (34%) of them had mild behavior problems and none of them had severe behavior problems, where as among 50 preschool children of unemployed mothers, majority of them 39 (78%) had mild behavior problems and 11 (22%) of them had moderate behavior problems and none of them had sever behavior problems.

- **The third objective of the study was to associate the selected demographic variables with behavioral problems among preschool children of employed and unemployed mothers.**

There was association between the mother age in year, family monthly income and behavioral problems among preschool children of unemployed mother. There was no association between other selected demographic variables and behavioral problem among preschool children of unemployed mother and employed mother.

This present study findings is consistent with the study findings of Cathy Huaging & Kaiser (2003) who conducted a study on the prevalence of behavior problems in preschool children from low-income families, and the risk factors associated with these behaviors, was reviewed. A systematic search of studies conducted in 1991 to 2002 yielded a total of 30 research reports that met all of the pre well-known criteria. This study says that Children from low socioeconomic status backgrounds were found to have a higher frequency of behavior problems as compared to the general population. Behavior problems were associated with multiple risk factors found in these children's lives related to child, parent, and socioeconomic characteristics.

SUMMARY:

The aim of this study was to assess the behavioral problems among preschool children of employed and unemployed mothers in selected communities, at Coimbatore. Objectives of the study were to,

- Identify the behavioral problems among preschool children of employed and unemployed mothers.
- Compare the behavioral problems among preschool children of employed and unemployed mothers.
- Associate the selected demographic variables with behavioral problems among preschool children of employed and unemployed mother.

This study was based on Kathryn E. Barnard Child Health Assessment Model. The study used a descriptive survey approach and the design used for the study was descriptive research design. Selection of 100 preschoolers by using purposive sampling technique, consist of 50 preschool children of employed mothers and 50 preschool children of unemployed mother. The tool used for data collection consists of a structured interview questionnaire related to demographic variables from mothers, Lenor Behor preschool behaviour questionnaires scale used to assess the behavioral problems of preschool children and anthropometric assessment was used to assess the degree of malnutrition of the preschooler. The data were collected for a period of six weeks. Descriptive and inferential statistics were used in statistical analysis and chi-square was used to find the association between selected demographic variables with behavioral problems among preschool children of employed and unemployed mother.

MAJOR FINDINGS OF THE STUDY:

Among 100 mothers in which 50 preschool children of employed mother and 50 preschool children of unemployed mothers were assessed regarding behavioral problems.

- ❖ Among 50 preschool children of employed mother 22 (44%) had 18 and above mean score behavioral problems of preschool children.

- ❖ Among 50 preschool children of unemployed mother 22(24 %) had between 3- 6 mean score behavioral problems of preschool children.
- ❖ The mean score of behavioral problems among preschool children of employed mother was obtained 15.68(74%), preschool children of unemployed mother was obtained 5.46 (26%) and 't' value 9.12 significant at 0.05 level
- ❖ The chi square value shows there was association between mother age in year, family monthly income and preschool behavioral problems of unemployed mother. There was no association between other selected demographic variables and preschool behavioral problem of unemployed mother.
- ❖ There was no association between the demographic variables and behavioral problems among preschool children of employed mother.

CONCLUSION:

The following conclusions are drawn from the study.

- The study revealed that behavioral problems were more among preschool children of employed mother than unemployed mothers.
- The study showed that there was significant relationship between behavioral problems of preschool children and mother age, monthly income of unemployed mother and other selected variables not significant.
- The study revealed that there was no significant relationship between behavioral problem of preschool children and employed mother demographic variables.

IMPLICATION

Nursing practice:

- ✓ Children physical health is related with the mental health.
- ✓ The responsibility of the nurse to teach the employed mother regarding preventive measures to deal with the behavioral problems.

- ✓ Advice the mother to maintain a loving stable relationship between the parents and children.

Nursing education:

- ✓ Education helps the individual to learn new stuff and there by acting an important role in altering behavior of the learner.
- ✓ Nurse educator can encourage the students to conduct mass health education on effects of behavioral problems.
- ✓ Provide counseling services for children and their parents to solve the problems through tender loving care for children.

Nursing administration:

- ✓ The nurse administrator should plan to organize in-service education programme for nursing personnel regarding preschool behavioral problems.
- ✓ It's help to making them aware about the causes of behavioral problems to the mother.
- ✓ Nurse administrator should motivate nursing personnel to conduct counseling program, and conduct school camp for early detection and treatment of behavioral problems of children.

Nursing research:

- ✓ The result of the present study shows that the behavioral problems among children of employed mothers are more than unemployed mothers.
- ✓ Researchers should focus on behavior modification of children after giving guidance to mothers.
- ✓ This study can be helpful for conduct the future study.

LIMITATIONS

The target population was limited to preschooler in selected Balwadies.

RECOMMENDATIONS:

- ❖ A comparative study can be conducted between educated and uneducated mothers of preschool children.
- ❖ A study need to be conducted in different settings with large samples.
- ❖ A comparative study can be conducted to find the prevalence of preschool children behavioral problem among urban and rural villages.
- ❖ A study can be conducted to find out the effectiveness of counseling programme to modify the behavioral and emotional problems among children of employed mothers.

ABSTRACT

The present study entitled, “A comparative study to assess the behavioral problems among preschool children of employed and unemployed mothers in selected communities, at Coimbatore.” was undertaken during the year 2011- 2012 in partial fulfillment of the requirement for the degree of Master of Science in Nursing at KMCH college of Nursing, Coimbatore which is affiliated to THE TAMILNADU Dr. M.G.R MEDICAL UNIVERSITY, Chennai.

Objective: Identify the behavioral problems among preschool children of employed and unemployed mother, compare the behavioral problems among preschool children of employed and unemployed mothers, and associate the selected demographic variables with behavioral problems among preschool children of employed and unemployed mothers. **Setting:** Selected Balwadies. (Kalapatti, and Veeriyampalayam) at Coimbatore. **Sample:** 100 preschool children. It includes 50 preschool children of employed mothers, 50 preschool children of unemployed mothers. **Sampling technique:** Purposive sampling technique **Conceptual framework:** Kathryn E. Barnard “Child Health Assessment and Intervention Model”. **Outcome measures:** demographic variable collected through structured interview questionnaires, behavioral problem assessed through observation of Lenore Behar Preschool Behavioral questionnaires. **Results:** Among 50 respondents preschool children of employed mother, 13 respondents (26 per cent) behavioral problem mean score was up to 13, 15 respondents (30 per cent) behavioral problem mean score was between 14 to 17, and 22 respondents (44 per cent) behavioral problem mean score was 18 and above. Among 50 respondents preschool children of unemployed mothers, 16 respondents (32 per cent) behavioral problem mean score was up to 2, 22 respondents (44 per cent) behavioral problem mean score was between 3 to 6, and 12 respondents (24 per cent) behavioral problem mean score was 7 and above. The preschool children of employed mother mean score of the respondents was about 15.68 and the preschool children of unemployed mother mean score of the respondents was about 5.46. ‘t’ value

9.12 significant at 0.05 level. There is association between age in year, family monthly income and behavioral problem among preschooler unemployed mother. There is no association between other demographic variables and behavioral problem among preschool children of unemployed mother and employed mother. **Conclusion:** The study revealed that the behavioral problems were more among preschool children of employed mother than unemployed mother's children.

REFERENCES

BOOKS

1. Basvanthappa B.T. (2007). Nursing Research. (2nd edition). New Delhi: Jaypee brothers medical publishers (pvt) ltd.
2. Behrman, kliegman, Jenson, (2006). Nelson text book of pediatrics. (17th edition). New Company Ltd.
3. Bimala Kapoor. (2001). Text Book of Psychiatric Nusing. (1st edition). New Delhi: Kumar Publsing House.
4. Dorothy, R.M & Barbara,S.R (1998). Textbook of Pediatric Nursing. (6th edition). Philadelphia: W.B Saunders Company.
5. Elizebeth Varcarolis, M. (2002). Foundation of Psychiatric Mental Health Nursing. (4th edition). Pehnsylvania: Sanders Publication.
6. Forfar & Arneil's(2008). Textbook of Pediatrics. (7th edition). London: Churchill Livingstone.
7. Ghai,O.P. (2004). Essential Pediatrics. (10th edition). New Delhi: Jaypee Publishers.
8. Gail Stuart, W., Micjele Laraia, T. (2005). Principles and Practice of Psychiatric Nursing (8thEdition). Missouri: Mosby Publication.
9. Gupta, S.P. (1991). Statistical Methods. (3rd edition). New Delhi:Sultan Chand And Sons Publishers.
10. Haber, Kratnovich Miller, Leacj Mc Mahon, Prince & Hoskins. (1997). Comprehensive Psychiatric Nursing. (5th edition). Missouri: Mosby Publication.
11. Jafer Mahmud. (2005). Development Psychology. New Delhi: S.B. Nangia Publication.

12. Jafer Mahmud. (2004). Child Psychology. New Delhi: S. B. Nangia Publication.
13. Kaplan & Sadock's. (2009). Concise Text Book Of Clinical Psychiatry. (3rd edition). Philadelphia: Lippincott Publication.
14. Lalith, K. (2010). Mental Health and Psychiatric Nursing. Bangalore: N.M.G Book House.
15. Linda Mucuaid, Sally Husband, Esther Parker, M.(1996). Children Nursing. (1st edition). NewYork: Churchill Livingstone.
16. Marilyn, J. Hockenberry., & David Wilson. (2009). Wong's Essential Pediatric Nursing. Company Ltd.
17. Mary Townsend, C. (1993). Psychiatric Mental Health Nursing Concept Of Care. Philadelphia: F.A. Davis Company.
18. Nelson, (1996). Text Book of Pediatrics. (15th edition). bangalore: Prism Book Pvt Ltd.
19. Parthasarathy,A. (2006). IAP Text Book of pediatrics. (3rd edition). New Delhi: Scand Company Ltd.
20. Patricia A. Edwards. Dalice L. Hertzberg.& Susanne R. Hays .(1999). Pediatric Rehabilitation Nursing. Philadelphia: Saunders Company.
21. Poilt, D.F & Hunler,B. (1999. Nursing Research Principles And Methods. (7th edition) Publication.
22. Stuart & Sundeen. (1999). Mental Health Nursing Principles and Practice. London: Nicolaltorton Publication.
23. Suraj Gupta (2009). The Short Textbook Of Pediatrics. (11th edition). New Delhi: Jaypee Publishers.

24. Tom Lissauer. & Graham Clayden. (2007). Illustrated Textbook Of Paediatrics. (3rd edition). Philadelphia: Mosby Publication.
25. Wilson,H.S. (2004). Introduction to Nursing Research. (2nd edition). California: Addison Wesley Nursing Publishers.
26. Wong,D.L., (2001). Wong's Essentials of Pediatric Nursing. (6thedition). Baltimore: Mosby Publication.

JOURNALS:

27. Ahmad Ghanizadeh (2007). Association of Nail Biting and Psychiatric Disorders in Children And Their Parents. Journal of Abnormal Child Psychology, 9(10), 23-42.
28. Anitha, J., Jayasudha, A., & Kalaiselvi. (2010). Behaviour Problem among Preschool Children. Nightingale Nursing Times, 6(4), 33-35.
29. Anselmi (2008). Continuity of Behavioural and Emotional Problems from Preschool Years to Preadolescence in A Developing Country. Journal of Child Psychology and Psychiatry, 49(5), 499-507.
30. Beard (2004). An Early Intervention For Elementary Children At Risk For Antisocial Behaviour. Journal of the Indian Academy of Pediatrics, 41(3), 219-225.
31. Bierman, & Karen. (2009). Behaviour and Cognitive Readiness for School, Journal of Social Development, 81(2), 305-323.
32. Cathy Huaqing, Q.I., Ann Kaiser, P. (2203). Behaviour Problem of Preschool Children from Low Income Families. Journal Of Hammill Institute On Disabilities, 23 (4), 188-216.
33. Ravikiran, S.R., Jagadeesh, P.M., & Kslath. (2010). Conducted Study on Sleep Problem in Preschool & School Aged. Indian Paediatrics, 48 (3), 221-223.

34. Scher A, (2008). Maternal separation anxiety as a regulator of children sleep. *Journal of child psychiatry*. 49(6), 618-625.
35. Walker L. S. (2009). The role of maternal employment and depression in the psychological adjustment of children. *Journal of pediatric psychology*. 12 (3), 357-370.

ONLINE:

36. Anna Gasman (2011) Low Income Mother's Nighttime And Weekend Work Association With Child Behaviour, Mother Child Interaction. *Family Relation Interdisciplinary Journal Of Applied Family Studies* 60(1), 15-29. Retrieved from <http://onlinelibrary.wiley.com>.
37. Ann p. (2003) behaviour problem of preschool children from low income families. *A journal of the hammil institute of disabilities* 23(4), 188-216. Retrieved from <http://tec.sagepub.com>.
38. Axelrad (2008). Implementation Of Effective Treatment Of Preschool Behaviour Problem In A Clinical Setting. *Journal Of Clinical Psychology Medical Setting*, 15(2), 120-126. Retrieved from <http://www.ncbi.nlm.nih.gov>.
39. Chandra k. sing (2007). Possibilities of remedies for behaviour problems among children. *14 (3)*, 257-259. Retrieved from <http://www.krepublishers.com>
40. Chrissive Verduyn. (2003). Maternal Depression and Child Behaviour Problem. *The British Journal of Psychiatry*, 183(1), 342-348. <Http://bjp.rcpsych.org>.
41. Clarita et al. (2009). Sucking behavior with speech disorder in preschoolers. *Journal of BMC pediatrics*.66(9). Retrieved from <http://www.biomedcentral.com>.
42. Cybele Raver (2008). Reducing behaviour problems. *Journal of consulting and cilical psychology*. Retrieved from <http://steinhardt.nyu.edu>.
43. David E. Bard, jane,f., annick st. amand. (2008). Metaanalysis of treatment for children sexual behaviour problems. *Child maltreatment*, 13(2). 145-166. Retrived from <http://cmx.sage.pub.com>.

44. Hoffman & Lois, W. (1974). Effect of maternal employment on the child. *Developmental Psychology*, 10(2), 204-228. <http://psycnet.apa.org>.
45. Jane Walsfogel (2002). The Effects of Early Maternal Employment On Child Cognitive Development. *Demography*, 39(2), 369-392. Retrieved from <http://springerlink.com>.
46. Joanne (2001). Effects of maternal employment and prematurity on child outcome. *Nursing Research* 50(6), 346-355. Retrieved from <http://www.ncbi.nlm.nih.gov>.
47. John et al. (1993). Behavioural and Emotional Problems among Preschool Children. *Official Journal of The American Academy Of Pediatrics*. 92(1), 649-655. Retrieved from <http://pediatrics.aappublications.org>.
48. Keily (2010). Maternal Employment And Child Socio Emotional Behavior. *Journal Of Epidemiology And Community Health*.64(1),32-33. Retrieved from <http://jech.bmj.com>.
49. Maartje A. Raaijmakers et al.(2011) Cross-Sectional Study into the Costs and Impact on Family Functioning of 4-Year-Old Children with Aggressive Behavior. *pubmed journal*, 12(2)192–200. Retrieved from <http://www.ncbi.nlm.nih.gov>
50. Maria (2010). Parental employment and time with children. *Review of economic of the household*, 8(3), 371-391. Retrieved from <http://springerlink.com>.
51. Pavuluri (1996) Pattern Of Preschool Behaviour Problem. *Journal of Paediatrics and Child Health* 32(2), 132-137. Retrieved From <Http://www.google.co.in>
52. Reginald (2002) treatment of behaviour problem in preschoolers. *Clinical psychology review* 22(4), 525-546. Retrieved from <http://www.science.direct.com>.
53. Sanalde (1989). Effects of maternal employment on the intellectual ability. *Demography* 26(4), 545-561. Retrieved from <http://springerlink.com>.

54. Silovsky (2007). Treatment for Preschool Children with Interpersonal Sexual Behaviour Problems. *Journal of Clinical Child and Adolescent Psychology* 36(3), 378-371. Retrieved from <http://www.eric.dg.gov>.
55. Stephanie (2009). Non standard maternal work schedules during infancy for children early behaviour problem. *Pubmed journal* 32(2),195-207. Retrieved from <http://www.ncbi.nlm.nih.gov>.
56. Susan (1995) behaviour problem in preschool children. *Journal of child psychology and psychiatry* 36(1), 113-149. <http://library.wiley.com>.
57. Theodore (1993). Maternal employment child behaviour. *Journal Of Family Issues*. 14(3),323-354 . Retrieved from <http://jfi.sagepub>.
58. Ulrike Willinger (2011). Preshool Children Behaviour Problems And Parenting Stress. *Psychological Test And Assessment Modeling*. 53(2), 228-240. Retrieved from <http://www.google.co.in>.
59. Younqblut, j.m., singer, l.t., Madigan, e.a., swequart, l.a. (1998). Maternal employed and parent child relationship in single parent families of low birth weight preschoolers. *Pubmed journal*, 47(2), 114-121. Retrieved from <http://www.ncbi.nlm.nih.gov>.

APPENDIX - A

Section-I

Demographic Data

Mother Demographic data

1. Sample Number : _____
2. Age in Years : _____
3. Religion : a) Hindu
b) Christian
c) Muslim
4. Education : _____
5. Occupation : a) Employed
b) Unemployed
6. Monthly Income : _____
7. Types of Family : a) Nuclear
b) Joint Family
8. Number of Children : a) One
b) Two
c) Three

Child Demographic Data

- 1) Age in Years : a) Three
b) Four
c) Five
- 2) Sex : a) Male
b) Female
- 3) Birth Order : a) First Child
b) Second Child

Anthropometric Measurement

- 1) Weight :
- 2) Height :
- 3) Degree of malnutrition :

Section – II
Lenore Behar Preschool Behaviour Questionnaire

S. No	Statement	Doesnot apply (0)	Applies sometime (1)	Certainly apply (2)
1	Restless. Runs about or jumps up and down. Doesn't still			
2	Squirmy, fidgety child			
3	Destroys own or others belongings			
4	Fights with others children			
5	Not much liked by others children			
6	Is worried. Worries about many things			
7	Tends to do things on his own rather solitary			
8	Irritable, quick to "fly off the handle"			
9	Appears miserable, unhappy, tearful or distressed.			
10	Has twitches, mannerisms, or tics of face and body			
11	Bites nails or fingers			
12	Is Disobedient			

13	Has Poor Concentration or Short attention span			
14	Tends to be fearful or afraid of new things or new situation			
15	Fussy or over – particular child			
16	Tells Lies			
17	Has wet or soiled self			
18	Has Stutter or Stammer			
19	Has other speech difficulty			
20	Bullies other Children			
21	Inattentive			
22	Does not share toys			
23	Cries easily			
24	Blames Others			
25	Gives up easily			
26	Inconsiderate of Others			
27	Unusual sexual behaviour			

28	Kicks, bites or hits other children			
29	Stares in to space			
30	Do I consider this child to have behaviour problems?			

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«ōĀ; "Āô ĀüĒçĀ «ÊôĀ"¼ ĀçĀĀī, ũ

Ā;¼ç; ç ±ñ : _____

1. ĀĀĐ : _____

2. Ā¼õ : pód

, çĒçŠ¼Āõ

ÓŠĀçõ

3. ĀÊôð : ĀÊî , ;¼Ā+, ũ

-ĀõĀî , øĀç

-Ā+ çç"Āî , øĀç

šĀø çç"Āî , øĀç & «¼üî šĀø

4. |¼;Ēçø : šĀ"Āîî |°øĀĀ+, ũ

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5. îîõĀ Ā;¼ ĀŌĀ;Ēõ : _____

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 pÃñ¼;ÅĐ İÆó"¼
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ÀÏ¼ç - -

ÓÿÉç "ÄöÀûççö ÀÕÀÏ ÌÆó"¼, Ççÿ ÀÆÏ, ÅÆÏ, í, "Ç, ñ¼ÈçÔö
 ÅçÉ; Åç"¼, û (ÅÆÉ; ÷ ÅÆ, ; ÷)

Å. ±ñ	Åççì, ×"Ä	ççí°ÄÄ; pø"Ä (0)	±ö Ä; Ø¼; ÅÐ (1)	ççí°ÄÄ; -ñî' (2)
1	µöÅçÿÈç pÖð¼ø. µÈì , ; ñîö «øÄÐ §ÄÖö, εøö Ì¼çðÄÐ/°ö p¼ð¼çø çç"ÄÄ; , pÖðÄÐ pø"Ä			
2	§¼"ÄÄüÈ -¼ø «"°×/«íîö píîö çççðö , ; ñî pÖð¼ø			
3	¼ÿÛ"¼Ä «øÄÐ ÀçÈö"¼Ä Ä; Öð, "Ç -"¼ð¼ø			
4	ÄüÈ ÌÆó¼, Û¼ÿ °ñ"¼ pî¼ø			
5	ÄüÈ ÌÆó¼, Ç; ø ÅçÖöÄðÄ¼; Åø pÖð¼ø			
6	, Å"Ä , ; ûÛ¼ø. ÄÄ °ÄÄí, Ççø, Å"Ä , ; ûÛ¼ø			
7	±; ççí°ø , ; ûÛ¼ø/§Ä, Ä; ì Ä; Öð, "Ç ±Èç¼ø			
8	¼ÿÉççí"°Ä; , ¼; ÿ ÅçÖöÄçÄÈÈ °ÄøÄÏ¼ø			
9	Ðì, Ä; , /, Å"ÄÄ; , /, ñ½ÉÖ¼ÿ «øÄÐ ÅÖð¼Ä; , pÖð¼ø			
10	çîì, ö/¼ÉçðÄÆì, ö/ÅçÄ; ε¼Ä; É Ä; Å"É, "Ç Ó, í, Ççø/-¼ø «"°Åçø ÅççðÄÏð¼ø			
11	ç, í, "Ç/ÅçÄø, "Ç, ÈðÄÐ			
12	, fúÄÈÄ; Åø pÖð¼ø			
13	, ÅÉìì"È×/Óø ©îÄ; Èÿ"Á			

14	<p> ÆÏ ð , i ùÛ¼ø/ð¼çÏ Ýú ç " Æ, " Ç/ð¼çÏ þ¼ð "¼ð Æ ï ðð « î ° ð , i ùÛ¼ø </p>			
15	<p> Áç ", ð Æ Ï ð¼ç ï ÛÛ¼ø/Ï Æ ç ð Æ ç ð¼ Æ Æ ó "¼, Ç ç¼ð ° i ø Ò¼ø </p>			

APPENDIX -C

Å. ±ñ	ÅçÇî, x"Ã	ççî°ÃÃ; pø"Ã (0)	±ô Ã;ø%;ÃÐ (1)	ççî°ÃÃ; -ñî' (2)
16	Ã;ö §ÃÍ%ø			
17	-"%,"Ç ç"ÉðÐ/Íð%ÁçøÄ;Áø pÕð%ø			
18	%ðîð %îÁ;Èç/%çì, çô §ÃÍ%ø			
19	%ÇçÅ; , §ÃÍÁ%çø °çÃÃõ , ;ûÛ%ø			
20	ÄüÈì ìÆó"%,"Ç ÆÃÓÚðÐ%ø			
21	, ÅÉÁçøÄ;Áø pÕð%ø			
22	Åç"ÇÃ;ðîð Ã;Õð,"Ç Æ, ç÷óÐ , ;ûÇ;Áø pÕð%ø			
23	±%ùì , îð%;Öõ «øÅÐ			
24	ÀçÈ"Ã ìüÈõ ÍÁðÐ%ø			
25	ÓýÃÃ;Áø pÕð%ø			
26	ÀçÈ"Ãô ÄüÈç «ì,"È pøÄ;Áø pÕð%ø			
27	«°;%;Ã%Á;É Æ;ÄçÉ °Ãø, û			
28	ÄüÈ ìÆó"%,"Ç «ÊøÀÐ/ , ÊøÀÐ/ -"%øÀÐ §Ã;ýÉ °Ãø, Ççø ®ÎÃÎ%ø			
29	ÄüÈç%ð"% ÅÈçðÐ Æ;÷øÀÐ			
30	ìÆó"%îì ÆÆì, ÅÆì, Ó"È, Ççø ì"ÈÄ;î -ûÇ%;			

REQUISITION FOR CONTENT VALIDITY OF THE TOOL

From

Ms.A. Victoriya,
M.sc(N) II year,
KMCH College of Nursing
Coimbatore-641014

To

Through Principal,
Respected Sir/ Madam,

Sub: requisition for expert opinion and suggestion for content validity of the tool.

I wish to undertake, **A COMPARATIVE STUDY TO ASSESS THE BEHAVIOUR PROBLEMS AMONG PRESCHOL CHILDREN OF EMPLOYED AND UNEMPLOYED MOTHERS IN SELECTED COMMUNITIES, AT COIMBATORE**". It will be of immense help to me if you would peruse the proposal and research tool. Here with I am enclosing the copy to the same. Kindly do the needful.

Thanking you,

Yours faithfully,

Place: Coimbatore.

Date :

(Mrs.A. Victoriya)

APPENDIX – E

LIST OF EXPERTS

- 1) **Mrs. Vijayalakshmi, M.Sc, (N).**,
Associate Professor,
K.M.C.H. College of Nursing,
Coimbatore.
- 2) **Mrs. Malarkodi, M.sc(N).**,
Lecturer,
K.M.C.H.College of Nursing,
Coimbatore.
- 3) **Dr. Geetha , M.B.B.S.**,
Incharge Medical Officer,
Primary Health Center,
Sarkarsamakulam,
Coimbatore.
- 4) **Prof. Sarammal Samual, M.Sc, (N).**,
Principal,
R.V.S College Of Nursing,
Sulur,
Coimbatore.