

**BEHAVIOURAL PROBLEMS AMONG THE SCHOOL
GOING CHILDREN: A STUDY ON URBAN AREA OF
HOOGHLY DISTRICT**

*A Dissertation Submitted in Partial Fulfilment of the Requirements
for the Degree of Master of Philosophy in Education*

Submitted by

MOUSUMI BISWAS

EXAM ROLL NO: MPED194011

REGISTRATION NO: 133416 of 2015-2016

Supervised by

PROF. SUBARNA KUMAR DAS

DEPARTMENT OF EDUCATION

JADAVPUR UNIVERSITY

KOLKATA

2019

Dedicated to
*My Mother **Tripti Biswas***
And
*Aunt **Dipti Kar***

Approved to register in next F.Arts. Meeting
SP 12/4/19.

10

To all hands
SP 12/4/19

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Mousumi Biswal

(Name of the M.Phil Student with Roll number and Registration number)

ROLLNO - 001701503011

Reg. NO - 133416 of 2015-16

On the basis of academic merit and satisfying all the criteria as declared above, the dissertation work of Mousumi Biswal entitled Behavioural Problems among the school going children is now ready for submission towards the partial fulfilment of the Degree of Master of Philosophy (Arts) in Education of Jadavpur University.

Branda
30.4.19

Head
Department of

(DR. BISHNUPADA NANDA)
PROFESSOR & HEAD
DEPARTMENT OF EDUCATION
JADAVPUR UNIVERSITY

Subarna Das
30/4/19

Supervisor & Convener of RAC

Jayanti Das
30.04.19

Member of RAC

যাদবপুর বিশ্ববিদ্যালয়
কলকাতা-৭০০০৩২, ভারত



*JADAVPUR UNIVERSITY
KOLKATA-700032, INDIA

DEPARTMENT OF EDUCATION

CERTIFICATE FROM THE HEAR OF THE DEPARTMENT

Certified that Mousumi Biswas has completed her research work on the topic entitled, "Behavioural Problems Among The School Going Children: A Study On Urban Area Of Hooghly District"; under the supervision of Dr. Subarna Kumar Das; Professor and H.O.D, Department of Library & Information Science, Jadavpur University. She has also fulfilled the necessary requirements of the relevant regulations relating to the Master of Philosophy programme of Jadavpur University. I would now recommend submission of her above thesis for necessarily follow up actions for the said degree.

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Place: Kolkata

Brannda 22.5.19
(Dr. Bishnu Pada Nanda)

Date: 22.5.19

Professor and H.O.D, Department of Education

Jadavpur University

Kolkata - 700032

*Established on and from 24th December, 1955 vide Notification No. 10986/TU-42/55 dated 6th December, 1955 under Jadavpur University Act, 1955 (West Bengal Act XXXIII of 1955) followed by Jadavpur University Act, 1981 (West Bengal Act XXIV of 1981)

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মুসবার্জা: (১১) - ০০০ - ২৪১৪-৬০০৮

Website : www.jadavpur.edu
E-mail : education.JU@gmail.com
hod@education.jdvu.ac.in

Phone : (91)-033-2457-2882
Fax : (91)-033-2414-6008



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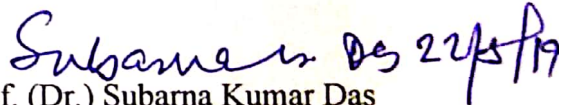
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This is to certify that the dissertation entitled as, “**Behavioural Problems among the School Going Children: A Study on Urban Area of Hooghly District**”; submitted by **MOUSUMI BISWAS** under my supervision and guidance. The candidate has fulfilled all the necessary requirements for submitting the dissertation for the partial fulfilment the degree of **M.Phil. in Education** under the Department of Education, Jadavpur University, Kolkata, West Bengal.

I further certify that, any part of this dissertation has not been submitted for any other degree of any other University or Institution.

He is duly permitted to submit his work to the University.

Place: Kolkata


Prof. (Dr.) Subarna Kumar Das

Date:

Supervisor

Dept. of Library & Information Science

Jadavpur University

Kolkata - 700032

DR. SUBARNA KUMAR DAS
PROFESSOR

DEPARTMENT OF LIBRARY & INFORMATION SCIENCE
JADAVPUR UNIVERSITY

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ফ্যাক্স: (৯১)-০৩৩-২৪১৪-৬০০৮

Website : www.jadavpur.edu
E-mail : educationJU@gmail.com
hod@education.jdvu.ac.in

Phone : (91)-033-2457-2882
Fax : (91)-033-2414-6008

CERTIFICATE

Certified that the thesis entitled "*Behavioural Problems Among The School Going Children: A Study On Urban Area Of Hooghly District*" submitted by me for award of the degree of Master of Philosophy in Education in Jadavpur University is based upon my work carried out under the supervision of Subarna Kumar Das, Professor, Department of Library & Information Science, Jadavpur University.

And neither this thesis nor any part of it has been submitted before for any degree or diploma anywhere / elsewhere.

Mousumi Biswas
(Mousumi Biswas)

Dated: 21.5.19

Countersigned

Subarna K. Das

Prof. Subarna Kumar Das

(Supervisor)

DR. SUBARNA KUMAR DAS
PROFESSOR
DEPARTMENT OF LIBRARY & INFORMATION SCIENCE
JADAVPUR UNIVERSITY

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Place: Kolkata

Mousumi Biswas

Dated: 15.05.19

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CHAPTER- I: THE CONTEXT OF THE STUDY

1.1 INTRODUCTION

In the present scenario of extreme technological advancement, urbanisation and globalisation where every next day we are stepping towards to face the scientific inventions and development, which increases pressure in our children's to achieve more beyond their capacity, making them more ambitious and pushing them into unhealthy competition with their peers as well as with themselves. This rapidly rise in behavioural problems among the school going children's making their behaviour more disruptive and irritable in nature. In recent years many researchers and educationalist from different discipline be it psychology, social sciences, education and other inter discipline subjects showed keen interests towards the issues of related to the behavioural problem among both the early and later childhood children's. These problems among the children may range from minor day to day life problems to severe mental disorders affecting the quality of children's life and well- being leading to the mental health problems. Various educational and social problems like inattentiveness in class, bunking classes and dropouts, violence in class, sibling rivalry, teenage pregnancies, and commenting suicide are few problems related with behavioural problems (Kimomis & Frick, 2010). If these problems are left untreated it has the tendency to continue till the age of adulthood and can progress into long term psychiatric problems.

Therefore, it is imperative for the parents and teachers to detect this life threatening problems through proper screening and observing their children's behavioural pattern in their daily life and school activities. Parent's low involvement with their children, separation of parents, nuclear family pattern, less guidance and supervision on the part of the parents are some of the common reasons that can cause behavioural problems in children. It is also teacher's job to connect with their students emotionally for effective teaching and learning and for proper student's psychological development. So, it is very important to detect these problems at early stage in order to obstruct the path for future serious problems. In a study by Fergusson et.al (2009) clearly found in their study that behavioural problem like conduct problem highly increased the

risk of criminal behaviour, inappropriate relationship problem with their parents, delinquency, substance abuse and mental health related problems.

1.2 Mental Health Problems is a unique source of Behavioural Problems

1.2.1 Mental Health

“There is no health without mental health.”- **Sinha, M.P. (2015) Metal Health of School Going Children (Beng. Ed.)** Mental Health means- not only absents of disease, but also Healthy Body, Healthy Mind, Productive work Ability, Communication and Making Good Relationship.

According to WHO (2001) Mental Health “A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”

Figure 1.1: Mental Health Care Model



<https://legacyplacesociety.com/wp-content/uploads/2018/06/self-care-wheel-1.jpg>

A Mentally Healthy Person's Behaviour Patterns -

- A sense of Responsibility
- A sense of Adjustment
- A sense of Self-realization
- A sense of his/her personal life Goal
- A sense of good Communication
- A sense of Personal Values
- A sense of Individuality

1.2.2 Mental Health Problems

Mental Health Problems can affect human being's mind and negatively changed thinking pattern, feelings, behaviour. Common mental health problems depression and anxiety. Mental Health Problems cannot see, but it can feel worse, or bad, as any other physical illness many human being suffering this problem.

WHO has defined Mental Disorders as, "A broad range of problems, with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others. Examples are schizophrenia, depression, intellectual disabilities and disorders due to drug abuse. Most of these disorders can be successfully treated."

Classification of Mental Health Problems

- I. Behavioural Problems
- II. Psychiatric Problems
- III. Other Problems

1.2.3 Behavioural Problems

Now-a-days Behavioural problems are one of challenging problems of student life as they prematurely see and experience too much in this consumer-oriented, information-based and advertising-driven culture. So many students suffer in this problem every day, everywhere and every moment.

Definition of Behavioural Disorder,“Behavioural disorders, also known as disruptive behavioural disorders, are the most common reasons that parents are told to take their kids for mental health assessments and treatment. Behavioural disorders are also common in adults. If left untreated in childhood, these disorders can negatively affect a person’s ability to hold a job and maintain relationships.”

A condition exhibiting one or more of the characteristics like- Inability to something learn and explain another person, inability to build or maintain satisfactory relationship with another person, many times mood of unhappy or depressed, not adjustable normal any situation, physical symptoms fear associated over a long time and to a marked affected daily life this is called Behavioural Problem.

Types of Behavioural Problems-

- i. ADHD (Attention Deficit Hyperactivity Disorder)
- ii. ODD (Oppositional Defiant Disorder)
- iii. ASD (Autism Spectrum Disorder)
- iv. Anxiety Disorder
- v. Depression
- vi. Bipolar Disorder
- vii. Learning Disorder
- viii. Conduct Disorder

Major Dimension of Behavioural Problem-

- Emotional Problem (EP)
- Conduct Problem (CP)
- Hyperactivity Problem (HP)
- Peer Problem (PP)
- Pro-social Problem (PSP)

1.3 Behavioural Problems among the School Going Children in India

In India, total population's 30% belonging to school going children and adolescents. Children's school age is a dynamic time of physical growth and development, so on so another emotional, social, spiritual development. Therefore, Indian school going children suffering from psychiatric disorders especially behavioural problems.

Behavioural Problems has become a global concern as it affects the developmental process of not only the individual, but also the development of society or the nation. People are less aware about behavioural problems in India.

Indian Psychiatry Journal (2017) in their study in Kanpur, Uttar Pradesh, found the rate of behavioural problems to be 22.7%. Indian J Pediatr. (2001) in their study in Ludhiana found the rate of behavioural problems to be 36.5%. Indian Journal of Psychological Medicine (2018) in their study in Visakhapatnam city found the rate of behavioural problems 16.78%.

1.4 Behavioural Problems among the Urban Area's School Going Children

In 2012, a study stated that the Urban Environmental stress and Behavioural Adaptation in Bhopal City of India found by 2.98% stress and behavioural problems. The final sample consisted of 224 (male: 146; female: 78).

So many male and female children suffering from behavioural problems. Many children's parents having jobbed and they are spending little time with their child – this is very important cause urban area's school children's behavioural problems.

1.5 Rationale of the Study

In present time urban area's school going children addicted from technological world about video-game, mobile phone and YouTube channel. So, children's unconsciously create a big distance in this society. Therefore, broken down communicative skill and adjustment power. They were loosed their fillings shearing from any other person's, after many time over they surviving depression, anxiety and stress. High level of depression, anxiety, stress and any other problems is called behavioural problems. Urban area's school going children's to overcome behavioural problems, to identify there common behavioural problems and to solve their problems many people help them.

In present time urban area's school going children are seemed to be addicted to technological world be it video-game, mobile phone and YouTube channel. So, children unconsciously are separating themselves from their social world which is vulnerable to their communicative skill and adjustment power and gradually this will leads to numerous life threatening problems like depression, anxiety and stress. These problems can be termed as Behavioural problems. And in this 21st century behavioural problems are commonly found in school going children's especially the children's from urban areas. These problems if face for prolonged time can affect children's mental health and their ability to adjust in school as well as in social life. Therefore, it is families and schools which is always regarded as the strongest institutions in the child's life, and parents and teachers plays a significant role who can diminish and deaden these psycho-social problems frequently encountered by these urban children for better enhancement of their mental health.

Furthermore, it requires creating a general awareness about the behavioural problems through using various technological advanced mass media as the children of today's generation are totally involved in it. In due course this will enhance a better understanding and perception of these problems and timely help can be seeked from the professional and will help the school children's to lead a better quality life.

Reference

Fergusson, D.M et. al. (2009). Situationaand Generalised Conduct Problems and Later Life Outcomes: Evidence from a New Zealand Birth Cohort. *Journal of Child Psychology and Psychiatry*, 50(9), 1084-1092. Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/19298467>.

Kimonis, E.V. & Frick P.J. (2010). Oppositional Defiant disorder and Conduct Problem. *Journal of Developmental & Behavioural Paediatrics*, 31(3), 244-254. Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/20410703>.

Hongwei, H.U. et. al. (2018). A Comparative Study of Behavior Problems among Left-Behind Children, Migrant Children and Local Children. *International Journal of Environmental Research and Public Health*, 15, 655, 1-15. Retrieved from:

WHO (Aug, 2014): “Mental Health: a state of well-being”. https://www.who.int/features/factfiles/mental_health/en/.

WHO define: “A broad range of problems, with different symptoms?”

https://www.who.int/mental_health/management/en/.

Definition of Behavioural Disorder- “Behavioural disorders, also known as disruptive behavioural disorders”.

<https://www.psychguides.com/behavioral-disorders/>

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CHAPTER – II: THE PROBLEM OF THE STUDY

2.1 Review of Related Literature

The review of related literature has its own value and is always regarded as the most important and useful part in the research work as it provides the areas in which concern is needed to identify the research problem. With the help of review of related literature is it possible to analyse critically the emerged research problem and it also gives a visionary outlook to the researcher to investigate research problem constructively. It facilitates to frame objectives, hypotheses and in selecting specific methodologies for the study and also necessary justifiable answer to the findings. For this purpose contemporary studies related to behavioural problem among the students of class 5 to 8 who lives in urban areas of India and other countries, which includes sources like books, journal, articles, dissertations, and publications theses were reviewed for better and insightful understanding of the present problem.

Prakash Jyoti, Mitra A.K, Prabhu H.R.A (2008) conducted a study entitled as **“Child and Behaviour: A School Based Study.”** The purpose of the study is to assess the prevalence of behavioural problems among school going children in the Indian context. This study was conducted on randomly selected 50 students of age 6-14 years from a government school using parent’s version of child behaviour checklist (CBCL) developed by Achenbach. In this study researcher analysed the data by using chi-square test. The result shows that 21 children were found above cut-off score. Mean score of CBCL was 43.3(SD 27.17). The research revealed that there was no significant difference in the prevalence of behaviour problems between age group 6-11 years and 12-14 years. Behaviour problems also did not differ significantly on income wise distribution of the parents. Most common behaviour problems shown by 62% of the subjects were “cannot sit still, restless, hyperactive.” Female children had shown behavioural problem like “too concerned with neatness or cleanliness”, “self-conscious or easily embarrassed” and “feels she has to be perfect” whereas male children had behaviour problems like. “Does not feel guilty after misbehaving”, “cannot concentrate” and “restless”

Gupta Anindya Kumar, Mongia Monica, Garg Ajay Kumar (2017) conducted a study on “**A Descriptive Study of Behavioural Problems in School Going Children**”. In this study researcher want to know the current status and type of behavioural problems among children and adolescents, in Indian cultural context. Researcher randomly selected 500 students aged 6-18 years from a government school in Kanpur, Uttar Pradesh. In this study researcher used paediatric symptom checklist (PSC; 4-10 years) and the youth self-report (Y-PSC; 11+ years) to assess cognitive, emotional, and behavioural problems. In this study research carried out detailed assessments on significant score using standardized tools (child behaviour checklist, Wechsler intelligence scale for children, Conner’s rating scale-revised). In this study researcher analysed the data by using One-Way ANOVA test. The result shows that 22.7% of children showed cognitive, emotional or behavioural problem.

Gupta I, Verma M, Singh T, Gupta V (2009) conducted a study on “**Prevalence of Behavioural Problems in School Going Children**”. The researcher was conducted on 957 school children using Rutter B scale which was to be completed by the class teachers at Ludhiana in India. 141 children scored more than 9 points and were included in the second part of the study. An equal number of sex matched children scoring less than 9 points served as controls. Both these groups were called for an interview with a child psychiatrist along with their parents. Only 117 and 124 children turned up and were included in the analysis. 45.6% of the children were behavioural problems, 36.5% had significant problems. Scholastic under –achievement was found to be associated with maximum problems. Close cooperation between school teachers, parents, and health care providers is essential to ensure healthy development of children.

Adhikari Remesh P, Upadhaya Nawaraj, Gurung Dristy, Luitel Nagendra P, Burkey Matthew D, Kohrt Brandon A and Jordans Mark J.D (2015) conducted a study with the title of “**Peceived Behavioural Problems of School Aged Children in Rural Nepal : A Qualitative Study**”. In this study researchers aimed to assess parents’, family members’ and teachers’ perceptions of children’s behavioural problems, and their ideas to address the identified problems. The study was conducted on two fifths children from total population of Jutpani (15,118) and Megghauli village development committees (16,252) of chitwan district in Nepal. In this study researcher uses two qualitative (72 free list interviews and key

informant interviews) methods for data collection. Duration of the study was August to September 2013. The result reported that addictive behaviour, not paying attention to studies, getting angry over small issues, fighting back, disobedience and stealing were the most commonly behaviour related problems of children.

Reddy Bheemreddy Raghu Nandan, Pawar J M, Anudhakar C D, Mishra Lekha, Goyal Pankaj (2016) made a thesis paper entitled as “**Study of Behavioural Problem in Preschool Children**”. The study adopted descriptive cross sectional design to evaluate behavioural problems among preschool children. The study conducted on randomly collected 350 preschool children aged 3 to 6 years from 6 anganwadi schools, 6 English medium nursery schools and 5 Marathi medium nursery schools. Result shows that 24% children had behaviour problems. Children who belonging to class II & class III socio economic status (54.7%) had higher prevalence of behavioural problems. Higher prevalence was shown in 3-4 years (47.14%) of age group children. The prevalence of behaviour problem was higher in children belonging to a nuclear family (69.04%).

Jogdand Sandip S, Nail JD (2014) conducted a study titled as “**Study of Family Factors in Association with Behavioural Problems Amongst Children of 6-18 years age group**”. The study adopted cross sectional design with the purpose to investigate the family factors associated with behaviour problems amongst children of 6-18 years’ age group. In this study 600 children in the age group of 6-18 years residing in urban area and their parents were interviewed with the predesigned, pretested proforma. Data was analysed with the chi square test. Result shows that significant association between prevalence of behaviour problems with absence of either or both real parents and alcoholism in the parent or care taker.

Pathak Rambha, Sharma Ravi C, Parvan U C , Gupta B P, Ojha Rishi, Goel NK (2011) studied on “**Behavioural and Emotional Problem in School Going Adolescents**”. In this study researcher conducted a school based cross sectional design between January and July 2008. Researcher selected 1150 adolescents in 12 to 18-year age group in grades 7 to 12 in 10 co-educational schools (government run and private) with the stratified random sampling

technique. Behavioural and emotional problems were assessed using youth Self-Report (2001) questionnaire. Family stressors were assessed using a pre-tested 23 item questionnaire. In this research univariate, multivariate analysis and multiple logistic regressions were used as a statistical test. Result shows that in adolescent's prevalence of behavioural and emotional problems was found to be 30%, girls' shows higher prevalence than boys in all age group. Internalizing syndrome was the most common (28.6%) psychiatric problem. Type of school, type of family, socioeconomic status, relationship with father, mother & employment and educational status were not found to be significant associated.

A Mohsenzadeh, S Ahmadipour, A Farhadi, K Shahkarami (2017) conducted a study titled as **“Study of Behavioural Disorders in Children with Primary Enuresis”**. The purpose of the research is to study the behavioural disorders in children possessing primary enuresis. For the purpose of the study researcher adopted cross sectional design using census method on 100 children. A short screening questionnaire was used to assess failure, anxiety, behavioural disorders, sleep, and psychological disorders. Data was analysed with the descriptive statistics also chi-square and fisher test as an inferential test. Result shows that percentage of male and female participant was 66% & 34% respectively. 90% of subject was between the age range of 1-9 years, and 10% were over 10 years old. 43% children suffered from anxiety disorders and 34% had sleep disorders, 4% also suffered from academic failure. Behavioural disorder, hyperactive and restlessness were found significantly higher among 1-9 years old children. Headache, obsessive, and sleep disorders were found more common in children above 10. Significant correlation was found between eating disorders, headache, sleep disorder, and strange movements in males, while feeling of sadness were more common in females.

K Sayal, E Washbrook, C Propper (2015) studied on **“Childhood Behaviour Problems and Academic Outcomes in Adolescence: Longitudinal Population-based Study”**. In this study researcher want to investigate the impact of increasing levels of inattention hyperactivity/impulsivity, and oppositional/ defiant behaviours at age 7 years on academic achievement at age of 16 years. Population-based sample of 7years old children in England (N=11,640). Result shows that ADHD was associated with a 27 to 32-point reduction in GCSE scores and, in boys a more than 2 fold increased likelihood of not achieving 5 good

GCSEs. In boys oppositional/ defiant behaviours were a 19 [point reduction in GCSE scores and a 1.83-increased likelihood of not achieving 5 good GCSEs.

Banner Cookie (2011) conducted research work entitled as **“Crying Babies and Later Behavioural Problems”**. In this study researcher aimed to looking at possible association between such as excessive crying, problems feeding and sleeping problems in infants in the first year of life and the late development of childhood behavioural disorder such as ADHD and aggression. This was a meta-analysis based on 22 previous cohort studies. With the statistical analysis researcher found that children with previous regulatory problems had more behavioural problems than controls. The strongest association was between regulatory problems and ADHD and “externalising”. Strongest association was found between persisting crying problems and behavioural problems later. Children with regulatory problems who also had family “risk factors” showed more behavioural problems than those with a small number of risk factors.

Masare Monika s, Bansode-Gokhe Seema s, Shinde R R (2017) studied on **“A Cross Sectional Study of Behavioural Problems of Secondary School Children and Related Socio-Demographic Factors”**. In this study researcher focused on to study the behavioural problems of secondary school children and its relation to the various socio-demographic and socio-economic factors. For this research researcher uses cross sectional design and data was collected from 304 secondary school children studying in 8th and 9th standard regarding socio demographic profile using SDQ questionnaire. Data was analysed using Microsoft Excel and SPSS software. Result shows that the prevalence of abnormal behaviour according to self- rated SDQ was found to be 1.6% while prevalence of borderline abnormal behaviour was 11.2% and majority 87.2% of study subjects were normal having no behavioural problem. The combined borderline and abnormal behaviour problems were more prevalent in the age group of 12-13 year (64.1%) and 13-14 years (30.8%), also more prevalent among girls (69.2%) compared to boys (30.8%). The prevalence of behaviour problem was higher among students studying in 9th in standard and studying in Hindi medium (61.5%).

Kaur Ravneet, Vinnakota Archana, Panigrahi Sanjibani, Manasa RV (2018) conducted a study with the title of **“A Descriptive Study on Behavioural and Emotional Problems in Orphans and other Vulnerable Children Staying in Institutional Homes”**. In this study researcher adopted a cross sectional descriptive design to explore the behavioural and emotional problems in these institutionalized children. Socio demographic Data was collected using strength and difficulties questionnaire from 292 orphans and OVCA in institutional homes of Visakhapatnam city. Results show that 49 out of 292 children and adolescents were found to be having behavioural and emotional problems. Factors such as age, sex, reason for being in the institute, age of admission and year of stay in the home were all seen to be significantly associate with ($p < 0.05$) emotional and behavioural problem. Conduct problems (39.90%) were found to be most prevalent followed by peer problems (15.80%), emotional problems (14.70%), hyperactivity (8.60%), and low prosocial behaviour (3.40%).

A relevant study entitled as **“Common Behaviour Problems Amongst Primary School Children in Slum Dwelling Area of Kathmandu Valley”** has been conducted by Kafle PP, Vaidya L, Panta PP, Chhetri MR and Mehrotra SK (2010). The aim of the study was to find out morbidity in habit disorders in age group of 6-10 years. So that early reflection will be helpful to connect them to prevent it from further personality maladjustment. A cross-sectional observation technique has been used in this study which included 454 students from the primary school of slum dwelling area of Kathmandu Valley. SPSS and excel software have been used to analyse the data. It has been found that from the perspective of gender wise habit disorders there was no statistical difference. And the mobility was there because of the multiple factors of psycho-social environment. However severely of disease was not more there in the concerned area.

Manivannan D, Gopalan Srinivasa, Moses Francis (2017) conducted a study titled as **“A Study to Assess the Knowledge Regarding Behavioural Problems of School Children among Mothers”**. The aim of the study was to assess the knowledge regarding behavioural problems of school children among mothers at Patteswaram rural community in Thanjavur District. The study has been conducted using cross-sectional descriptive design and purposive sampling technique for 100 mothers. A questionnaire on behavioural problems has been given to the participants, which was administered for 10 minutes. The findings revealed that

61%, 37% and 2% of mothers had inadequate, moderate and adequate knowledge respectively on behavioural problems. It was conceded that mothers are having very poor knowledge regarding behavioural problems. However, in this study it has also been recommended for the need to educate parents on behavioural aspects of children.

Vijayaprakash Sushma Basava, Venkatasan Srinivasan, Begum Khyrunnisa (2013) entitled as **“Prevalence of Behaviour Problems among School Children and Their Demographic Correlates”**. The aim of the study was to estimate the nature, content, type, frequency, intensity and extensity of students’ behavioural problems in relation to socio-economic variables. A cross-sectional exploratory random survey of 1125 middle-high school urban children has been conducted here. A 30 item self-reporting instrument ACASRQ, 2010 (Abases child and adolescent self-reporting Questionnaire) has been used involving 3 point response format. It has been found that majority of the student fall under mild, moderate, levels of behavioural problems. These trends were shared across certain child characteristics ($p>0.05\%$). In this study dichotomized main item analysis was used and it has been found that there was greater internalizing than externalizing problem behaviours among the subjects. It has been concluded that the results have implication for school.

Benvegna Luis Antonio, Fassa Anaclaudia Gastal, Facchini Luiz Augusto, Wegman David H, Agnol Mor Dall (2005) published a research paper well-known as **“ Work and Behavioural Problems in Children and Adolescents”**. This was a cross-sectional study 3139 children and adolescents from poor areas of Pelotas, Southern Brazil. In order to estimate behavioural problems among the subjects, child behaviour checklist has been employed. A multivariable analysis using poisson’s regression for co-founder control has been performed there in this study. In the result section it has been found that the proportion of workers was 13.8% (7.3% among children and 2.7% among adolescents) from the perspective of prevalence of behavioural problems and among them 21.4% children (PR-1.3, CI-0.9 to 1.9) , 9.5% adolescents (PR-0.6, CI 0.4 to 1.0). Therefore the risk of Behavioural Problems was 2.7% among children when compared with adolescents. It has also been found that the children who work in domestic services and the adolescents who begin to work at the early age were associated with Behavioural Problems.

Khoshali Afsaneh Khoshali (2013) conducted a study titled as **“The Study on Behaviour Problems in Children with Mental Disabilities”**. To identify problem behaviours of mentally retarded children with attempts to show the difference of time spent for play activities in a typical 24 hour activity log and nature of play peers and time environment of mental retarded children without behavioural problems. The researcher used cross-sectional observation design and interview technique to collected data in a group of 140 children with behavioural he problems. The sample included males and females and their chronological ages ranges between 3 to 14 years. 3 schedules were used there in the study- ‘Demography data sheet’ with a ‘Daily Activity Log schedule’ and Behavioural Assessment Scales for Indian children with Mental Retardation (BASIC-MR) part –B was administered to identify problems behaviour. The result showed hyperactive behaviours are more prevalent followed by violent and destructive. Children with problem behaviours are found to differ significantly in the amount of time they spend on watching TV, attending therapy classes as compared to their peers without any reported problem behaviours. The present and absence of problem behaviours in children with mental retardation emerges as a statistically significant variable in influencing the type and duration of time spent by significant others during play (χ^2 ; 5.161, $p>0.023$; s).

Mir Hina, Riaz Muhammad Akram, Bilal Muhammad Sami, Batool (2015) studied on **“Psychological Correlates of Behavioural Problems in Children with ADHD in Special School in Pakistan”**. Current diagnostic term attention deficit hyperactivity disorder (ADHD), modulating activity level and regulating impulses across a number of social contexts such as the family, school and peer group. ADHD qualify for co-morbid diagnoses of either oppositional defiant disorder or conduct disorder. Children’s attention, activity, impulsivity regulate biological vulnerabilities learn. Sample size was 300 (including male and female children). Sampling technique was purposive sampling. Children’s age group was 12-16 years, studying in class 5-10. Using for 3 types psychometric instruments - Multidimensional scale of perceived social support, which’s quality of life scale, Strengths and difficulties questionnaire. Sample was randomly selected from Pakistan cities privet and public schools. Data analysis using for Statistical Package for Social Science (SPSS). Evaluate the hypothesis applied Correlation, t- statistics and alpha reliability. Results indicated that male were significantly higher on hyperactivity and anxiety whereas female were high on social quality of life.

Kamarulzaman Wirawani Binti (2015) studied on **“Children’s Problem Behaviour and Techniques to Classroom Management: A Case Study of a Preschool Classroom in Klang Valley”**. Effective classroom management requires teachers to be skilful in his or her managing abilities. Classroom management is a skill for every preschool to university teacher, this is not a term. In this study sample was 4 and 5 years old students, who has newly enrolled in Kindergarten school at Klang Valley. There were 14 students in the classroom, 1 Indian child, 12 Chinese children and 1 Malay child. Data collected from classroom observation, observed for 30 minutes, during English lesson from 10.00 to 10.30 am, and observed from 15 minute of meal time. The results were there are few behavioural problems occurred in the classroom. Misbehaviours occurs in the classroom, namely walking around and refusing to submit worksheet, making noise, and pushing and hitting one another. This study recognized a few of children’s misbehaviours and available technique to be used to overcome these misbehaviours.

Goumans. C, Veerkamp. J.S.J, Aartman. I.H.A (2004) conducted a research titled as **“Dental Anxiety and Behavioural Problems: what is their Influence on the Treatment Plan”**. The researcher examined that Dutch population 6% have high anxiety, 8% risk of becoming fearful. Dental anxiety can complicate the treatment of the child. Swedish child population only 27% treatment of behavioural problems were dental anxious. This study sample size 304, children age 4 to 11 years. Sample was selected randomly. 265 (boys 121 and girls 144) children’s record were uses for analysis. Analysis for 2 subscales - internalising scale, externalising scale. The list of 15 item about medical and dental situations. The scale per items ranges from 1 to 5. The mean score CBCL was 31.4 and CFSS-DS was 48.0. Results were 16 sessions at SBT, mean 7.1 sessions, mean amount of 9.0 surfaces. It was found that children with a higher level of behavioural and emotional problems were treated more often with RA sedation than with IVA or with behavioural management techniques. Dentally anxious children with behavioural problems have a similar treatment plan.

Garaigordobil Maite, Dura Ainhoa, Perez Jose Ignacio (2005) conducted a research report as **“Psychopathological symptoms, behavioural problems, and self-concept/self-esteem: A study of adolescents aged 14 to 17 years old”**. Where the purpose was 3 folded- 1. To evaluate the existence of gender differences in self- concept/ self- esteem. 2. To study the

concomitant relationship between psychopathological symptoms, behavioural problems and self-esteem/ self- concept, and 3. To identify the predictive variables of high self-concept and self-esteem. The correlational methodology was used to analyse the data collected from 322 adolescents aged 14 to 17 years (53.4% boys and 45.3% girls) using SCL-90-R, the EPC Behavioural Problems scale, the AF-5 self –concept scale and the Rosenberg self-esteem scale. Inferential statistics like ANOVA showed higher score of self-esteem in boys, through there were no gender differences in global self-concept. Pearson coefficients suggested that adolescents with high self-concept and high self-esteem had a low level of psychopathological symptoms and behavioural problems. Multi regression analysis allowed identifying the variables as predictive of self-concept/self –esteem; few depression symptoms, few problems at school and few symptoms of interpersonal sensitivity. The role played by intervention programs promoting self-concept and self-esteem in the prevention of psychopathological and behavioural problems was also distressed.

M Nandini, Jayan Dr. M (2016) conducted a research paper “**Behavioural problems of street adolescents**”. The study also brought out the relation of demographic data to the behavioural problems. The study was descriptive in nature, conducted in the Don Bosco Anbu Illam, and 30 sample chosen randomly using semi structured interview schedule. The tool was consisting of 105 problems, which was modified from behavioural checklist and classified under physical and psychological problems. It was also validated by various experts. Findings of the study highlighted the common behavioural problems, like easily getting tired (70%), frequently losing temper (62.33%), liability in emotional expression (56.6%) and feeling of irritability (46.66%).

Meybodi Fateme Aghaie, Mohammadkhani Parvaneh, Pourshahbaz Abbas, Dolatshahi Behrooz, Havighurst Sophie (2017) carried out a study on "**Reducing Children Behaviour Problems: A Pilot Study of Tuning in to kids in Iran**". In this study sample was 3to 6 aged 54 preschool children in Iran, practice emotional socialization. The children selected from randomized into waitlist control or intervention condition. Six sessions of Tuning into kids program two monthly intervals in two booster sessions. Mothers, Eyberg Child Behaviour Inventory completed the parent Emotional Style Questionnaire. Data were analysed using ANOVA in SPSS22. Result was group reported significantly less emotion dismissing also

child behaviour problems than controls at 3 month follow up ($P < 0.01$), there were no significant differences for emotion coaching and maternal mental health in another condition ($P > 0.05$).

H Hu, J Gao, H Jiang, S Guo, K Chen, K Jin, Y Qi (2018) conducted a study on “**A Comparative study of Behaviour Problems among Left-Behind children, Migrant Children and Local Children**”. Compared China’s three types of children behavioural problems. In this study sample size was 4479 children and their age group 6 to 16 years old. The data collected from China in 2017, using for survey method. Correlation analysis, Descriptive analysis, Logistic regression were conducted. Result was 18.80% prevalence of behavioural problems, left behind children and migrant children 13.59%, both higher than local children. Environmental factors and individual were associated with children behaviour problems. Left-behind and migrant children were more vulnerable than local children to behavioural problems.

2.2 Statement of the Problem

School age is the most crucial and dynamic segment in children’s life where proper mental, physical, moral, social growth and development is in its peak. At this age the school going children encounters with various kinds of psychiatry disorders among them the behaviour problems is very common. Therefore it is highly a matter of concern for teachers and parents as the consequences of these behavioural problems has the potential to affect and impair the ability and capacity to hinder in the production of useful citizens of the society. World Health Organization estimated that behavioural problems account for about 12% of the global burden of diseases. In India the burden of behavioural problems ranged from 9.5 to 102 per 1000 population (Venkatashiva Reddy B et al. 2013). After reviewing numerous studies related to the problem it clearly indicates that in India and also in the state of West Bengal there were many research works pertaining to the behaviour problem but no work was found on the behaviour problems among the school going children particularly the children studying in class 5 to 8 residing in the urban areas. Therefore, a prominent Knowledge gap was noticed.

So, the present study was aimed to find out the prevalence rate of behavioural problems among the school going children's residing in urban areas of West Bengal. The present research will endeavour to locate the research problems with the following specific research questions –

1. What is the prevalence rate of behavioural problem among urban area's school-going children in West Bengal?
2. What is the prevalence rate of behavioural problems among urban area's school going children with respect their Gender, Caste, Types of Family and Siblings?
3. What are the common different types of behavioural problems these children suffer from?

To find out the answer to the above research questions, the problem of the study is specified and stated as, **“Behavioural Problem among the School Going Children: A Study on Urban Area of Hooghly District.”**

2.3 Delimitation of the Study

The present study was delimited to the following:

- i. The study sample consisted of the students belongs to the age group of 11 to 15 years of age.
- ii. Only Hooghly district was selected for the study.
- iii. The present study delimited to 466 samples from urban areas of Hooghly district.
- iv. The sample group of students were studying between classes V to VIII.
- v. The variables of the study were delimited to independent variable, e.g. Gender, Caste, Types of Family and Siblings of the urban area's children.
- vi. The study sample was collected from 11 urban area's Bengali medium schools only.
- vii. The tool used for the study was Bengali version of strength and difficulties questionnaire (SDQ).

2.4 Objective of the study

In view of the basic research questions and delimitation of the study, the following objectives identified:

- i. To find out the status of behavioural problems among the urban area's school going children of age group of 11 to 15 years.
- ii. To assess the rate of prevalence of Behavioural Problem of Urban areas school going children regard to their Gender, Caste, Types of Family and Siblings.
- iii. To find out the rate of prevalence of the dimensions of Behavioural Problems viz. Emotional problems (EP), Conduct problems (CP), Hyperactivity problems (HP), Peer problems (PP), Pro social problems (PRP) on the basis of their Gender, Caste and Types of Family.
- iv. To find out the relationship between the various dimensions of Behavioural problems like – Emotional problems (EP), Conduct problems (CP), Hyperactivity problems (HP), Peer problems (PP), Pro social problems (PRP).
- v. To find out the major influencing and affected factor of Behaviour Problems or Total Difficulty among the urban area of school going children.

2.5 Hypothesis of the Study

In view of the basic research questions and objectives of the study following the null hypothesis were formulated:

- H₀1: There is no significant difference in the rate of prevalence of Behavioural Problems among the urban area's school going children with respect to their Gender.
- H₀2: There is no significant difference in the rate of prevalence of Behavioural Problems among the urban area's school going children with respect to their Caste.
- H₀3: There is no significant difference in the rate of prevalence of Behavioural Problems among the urban area's school going children with respect to their Types of Family.
- H₀4: There is no significant difference in the rate of prevalence of Behavioural Problems among the urban area's school going children with respect to their Siblings.

- H₀5: There is no significant difference in the rate of prevalence of Emotional Problems among the urban area's school going children with respect to their Gender.
- H₀6: There is no significant difference in the rate of prevalence of Emotional problems among the urban area's school going children with respect to their Caste.
- H₀7: There is no significant difference in the rate of prevalence of Emotional problems among the urban area's school going children with respect to their Types of Family.
- H₀8: There is no significant difference in the rate of prevalence of Emotional problems among the urban area's school going children with respect to their Siblings.
- H₀9: There is no significant difference in the rate of prevalence of Conduct Problems among the urban area's school going children with respect to their Gender.
- H₀10: There is no significant difference in the rate of prevalence of Conduct Problems among the urban area's school going children with respect to their Caste.
- H₀11: There is no significant difference in the rate of prevalence of Conduct Problems among the urban area's school going children with respect to their Types of Family.
- H₀12: There is no significant difference in the rate of prevalence of Conduct Problems among the urban area's school going children with respect to their Siblings.
- H₀13: There is no significant difference in the rate of prevalence of Hyperactivity problems among the urban area's school going children with respect to their Gender.
- H₀14: There is no significant difference in the rate of prevalence of Hyperactivity problems among the urban area's school going children with respect to their Caste.
- H₀15: There is no significant difference in the rate of prevalence of Hyperactivity problems among the urban area's school going children with respect to their Types of Family.
- H₀16: There is no significant difference in the rate of prevalence of Hyperactivity problems among the urban area's school going children with respect to their Siblings.
- H₀17: There is no significant difference in the rate of prevalence of Peer problems among the urban area's school going children with respect to their Gender.

- H₀18: There is no significant difference in the rate of prevalence of Peer problems among the urban area's school going children with respect to their Caste.
- H₀19: There is no significant difference in the rate of prevalence of Peer problems among the urban area's school going children with respect to their Types of Family.
- H₀20: There is no significant difference in the rate of prevalence of Hyperactivity problems among the urban area's school going children with respect to their Siblings.
- H₀21: There is no significant difference in the rate of the prevalence of Pro- social problems among the urban area's school going children with respect to their Gender.
- H₀22: There is no significant difference in the rate of the prevalence of Pro- social problems among the urban area's school going children with respect to their Caste.
- H₀23: There is no significant difference in the rate of the prevalence of Pro- social problems among the urban area's school going children with respect to their Types of Family.
- H₀24: There is no significant difference in the rate of the prevalence of Pro- social problems among the urban area's school going children with respect to their Siblings.
- H₀25: There is no significant relationship between different dimensions like – Emotional problems (EP), Conduct problems (CP), Hyperactivity problems (HP), Peer problems (PP), Pro social problems (PRP) among the Urban area's school going children.

References

- Prakash Jyoti, Mitra A.K, Prabhu H.R.A (2008) conducted a study entitled as “Child and Behaviour: A School Based Study.” Delhi Psychiatry Journal vol. 11 no. 1.
- Gupta Anindya Kumar, Mongia Monica, Garg Ajay Kumar (2017) conducted a study on “A Descriptive Study of Behavioural Problems in School Going Children”. Indian Psychiatry Journal, 2017 jan-jun; 26(1): 91-94.
- Gupta I, Verma M, Singh T, Gupta V (2009) conducted a study on “Prevalence of Behavioural Problems in School Going Children”. Indian J pediatr. 2001 April; 68(4):323-6.
- Adhikari Remesh P, Upadhaya Nawaraj, Gurung Dristy, Luitel Nagendra P, Burkey Matthew D, Kohrt Brandon A and Jordans Mark J.D (2015) conducted a study with the title of “Perceived Behavioural Problems of School Aged Children in Rural Nepal : A Qualitative Study”. Child & Adolescent Psychiatry & Mental.
- Reddy Bheemreddy Raghu Nandan, Pawar J M, Anudhakar C D, Mishra Lekha, Goyal Pankaj (2016) made a thesis paper entitled as “Study of Behavioural Problem in Preschool Children”. Journal of Medical science and clinical Research, Volume-4: Issue-12 December 2016.
- Jogdand Sandip S, Nail JD (2014) conducted a study titled as “Study of Family Factors in Association with Behavioural Problems Amongst Children of 6-18 years age group”. International Journal of Applied & Basic Medical Research, 2014 jul-dec; 4(2): 86-89.
- Pathak Rambha, Sharma Ravi C, Parvan U C , Gupta B P, Ojha Rishi, Goel NK (2011) studied on “ Behavioural and Emotional Problem in School Going Adolescents”. Australasian Medical Journal, 2011; 4(1): 15-21.
- A Mohsenzadeh, S Ahmadipour, A Farhadi, K Shahkarami (2017) conducted a study titled as “Study of Behavioural Disorders in Children with Primary Enuresis”. Nord. J Psychiatry, 2017 April; 71(3): 238-244.

- K Sayal, E Washbrook, C Propper (2015) studied on “Childhood Behaviour Problems and Academic Outcomes in Adolescence: Longitudinal Population-based Study”. *J Am Acad Child Adolescent Psychiatry*, 2015 may; 54 (5): 360-8.e2.
- Banner Cookie (2011) conducted research work entitled as “Crying Babies and Later Behavioural Problems”. 2011, 21 April: Thursday.
- Masare Monika s, Bansode-Gokhe Seema s, Shinde R R (2017) studied on “A Cross Sectional Study of Behavioural Problems of Secondary School Children and Related Socio-Demographic Factors”. *International Journal of Research in Medical Sciences*, vol-5, no-6(2017).
- Kaur Ravneet, Vinnakota Archana, Panigrahi Sanjibani, Manasa RV (2018) conducted a study with the title of “A Descriptive Study on Behavioural and Emotional Problems in Orphans and other Vulnerable Children Staying in Institutional Homes”. *Indian Journal of Psychological Medicine*, Volume-40, Issue-2, Page: 161-168.
- “Common Behaviour Problems Amongst Primary School Children in Slum Dwelling Area of Kathmandu Valley” has been conducted by Kafle PP, Vaidya L, Panta PP, Chhetri MR and Mehrotra SK (2010). *Nepal Med Coll J* 2010; 12(3): 187-189.
- Manivannan D, Gopalan Srinivasa, Moses Francis (2017) conducted a study titled as “A Study to Assess the Knowledge Regarding Behavioural Problems of School Children among Mothers”. *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, ISSN: 2320-1940 Volume 6 Ver, IV, (nov-dec.2017), pp. 13-16.
- Vijayaprakash Sushma Basava, Venkatasan Srinivasan, Begum Khyrunnisa (2013) entitled as “Prevalence of Behaviour Problems among School Children and Their Demographic Correlates”. *Guru Journal of Behavioural and Social Sciences*, Volume-1, Issue-4 (oct-Dec, 2013) ISSN: 2320-9038.
- Benvegnu Luis Antonio, Fassa Anaclaudia Gastal, Facchini Luiz Augusto, Wegman David H, Agnol Mor Dall (2005) published a research paper well-known as “ Work and Behavioural Problems in Children and Adolescents”. *International Journal of Epidemiology*, 2005.

- Khoshali Afsaneh Khoshali (2013) conducted a study titled as “The Study on Behaviour Problems in Children with Mental Disabilities”. *European Journal of Experimental Biology*, 2013, 3(3):542-547; ISSN: 2246-9215.
- Mir Hina, Riaz Muhammad Akram, Bilal Muhammad Sami, Batool (2015) studied on “Psychological Correlates of Behavioural Problems in Children with ADHD in Special School in Pakistan”. *The Journal of Neurobehavioral Sciences*, year-2016, volume-3, issue number-3.
- Kamarulzaman Wirawani Binti (2015) studied on “Children’s Problem Behaviour and Techniques to Classroom Management: A Case Study of a Preschool Classroom in Klang Valley”. May 18th, 2015.
- Goumans. C, Veerkamp. J.S.J, Aartman. I.H.A (2004) conducted a research titled as “Dental Anxiety and Behavioural Problems: what is their Influence on the Treatment Plan”. *European Journal of Paediatric Dentistry*.
- Garaigordobil Maite, Dura Ainhoa, Perez Jose Ignacio (2005) conducted a research report as “Psychopathological symptoms, behavioural problems, and self-concept/self-esteem: A study of adolescents aged 14 to 17 years old”. *January of Clinical and Health Psychology*, I (2005). 53-63.
- M Nandini, Jayan Dr. M (2016) conducted a research paper “Behavioural problems of street adolescents”. *International Journal of Applied Research* 2016; 2(3): 223-228.
- Meybodi Fateme Aghaie, Mohammadkhani Parvaneh, Pourshahbaz Abbas, Dolatshahi Behrooz, Havighurst Sophie (2017) carried out a study on "Reducing Children Behaviour Problems: A Pilot Study of Tuning in to kids in Iran". *Iranian Rehabilitation Journal*. 2017; 15(3): 269-276.
- H Hu, J Gao, H Jiang, S Guo, K Chen, K Jin, Y Qi (2018) conducted a study on “A Comparative study of Behaviour Problems among Left-Behind children, Migrant Children and Local Children”. *Int J Environ Res Public Health*, 2018 April 1; 15(4).

CHAPTER – III: METHOD AND PROCEDURE OF THE STUDY

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CHAPTER – III: METHOD AND PROCEDURE OF THE STUDY

Methodology is the systematic, theoretical analysis of the methods applied to a field of study. It comprises the theoretical analysis of the body of method and principles associated with a branch of knowledge. The present chapter based on many subheadings like- method, study design, sample, variables, tools, procedure, collection of data, tabulation of data. The present study is focusing on a survey based research design.

3.1 Method

The main concentration of this present study was directed to find out the rate of prevalence of behavioural problem of the urban area's students studying in Bengali medium school in Hooghly district. To fulfil this object and incentive survey was conducted in 11 Schools Randomly drawn from Hooghly district in the state of West Bengal, the study was to find out the rate of prevalence of behavioural problems of the Urban area's school going children. Sample was taken to ensure that the structure comprise of Male and Female school going children from urban areas of Hooghly district in West Bengal. The main focus of these study to find out the rate of prevalence of Behavioural problems among the urban area's school going children on the basis different categorical variable, viz. – caste, gender, family structure and Siblings.

3.1.1 Study Design

The framework of present study was directed based on cross-sectional survey research. Clearly describe phenomena, objectives and problem survey was very important in this study. Hence a survey research design was used because it is felt that it is an appropriate technique for collecting information in the form of qualitative data about the Behavioural problems among the school going children and practice from a large population involving respondents of different background within this frame-work. The present study design made effort to research answer to the following research questions:

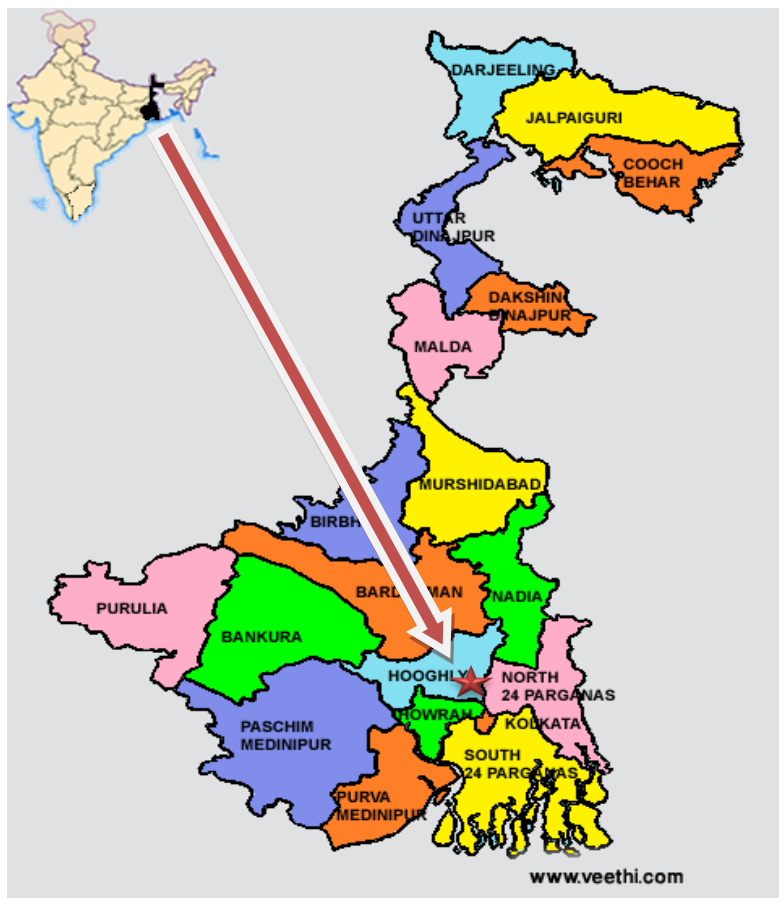
Within this framework, the present study design made an effort to research answer to the following questions:

- i. What is the prevalence rate of Behavioural problems among the urban area's school going children?
- ii. What are the impacts of some variables like Gender, Caste, Types of Family and Siblings on the Behavioural problems of the urban area's school going student?

3.1.2: Population and Sample of the Study

Population: All the class V to VIII students studding in Bengali Medium School affiliated to the West Bengal Board of Secondary Education (WBBSE) and their age 11 to 15 years who lives in Urban Area of the state in West Bengal were considering as population of the study. Figure 3.1 shows the map of the population drowns for the study.

Figure 3.1: Map showing the location of population area.



★ Source: <https://www.pinterest.com/pin/358739926540641816/>

Sample: Since a good number samples representing the population is require to collect information from the target group, schools were chosen randomly from Hooghly District and its surroundings urban areas to represent the target group. The study was conducted on a total participant of 466 students (N=466) of the age group of 11 to 15 years studying in class (V to VIII) attending Bengali medium schools affiliated to West Bengal Board of Secondary Education (WBBSE). The location spot and distribution of the primary sample are given in figure 3.2:

Figure 3.2: Map showing the location of sample area.



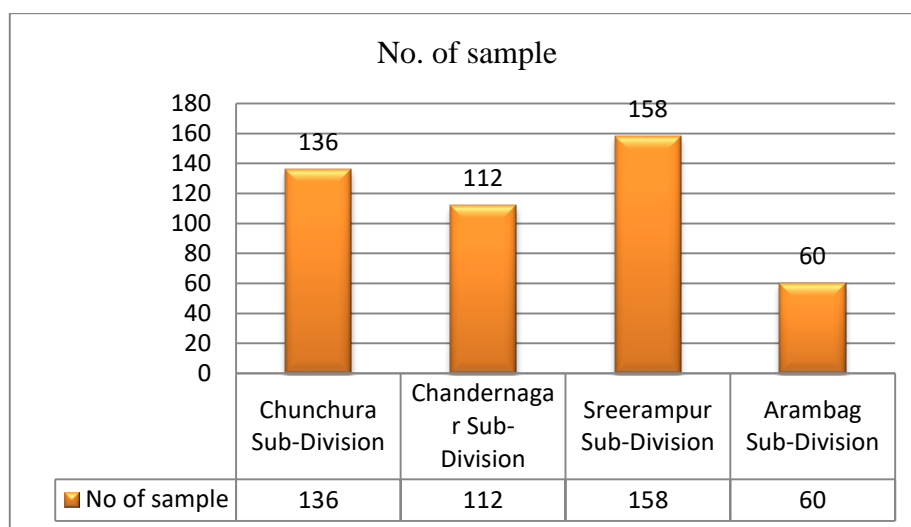
 The Sampling location area

In this study, the sample was drawn from 4 Sub-division of Hooghly districts; i.e. **Chunchura, Chandernagore, Sreerampur, and Arambag**. Table 3.1 & figure 3.3 shows that the Sub-division wise detail of the sample of the study:

Table 3.1: Sub-Division wise Sample Distribution

SL.NO	Different sub-division	No.Of Sample
1	Chunchura Sub-Division	136
2	Chandernagore Sub-Division	112
3	Sreerampur Sub-Division	158
4	Arambag Sub-Division	60

Figure 3.3: Sub-Division wise Sample Distribution

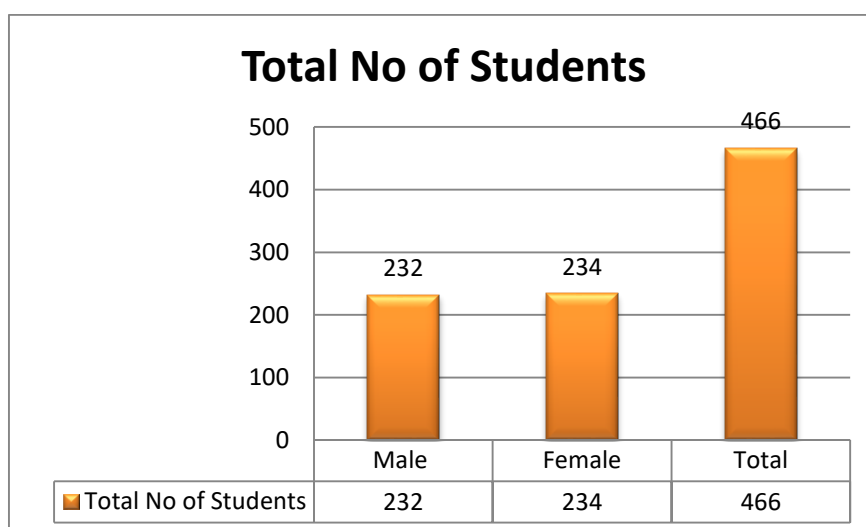


Out of the total 466 students included in the study, 232 were male and 234 were female students. The gender wise distribution is shown in table 3.2 & figure 3.4 below:

Table 3.2: Gender wise Sample Distribution

Gender	Total No. Of Students
Male	232
Female	234
Total	466

Figure 3.4: Gender wise Sample Distribution

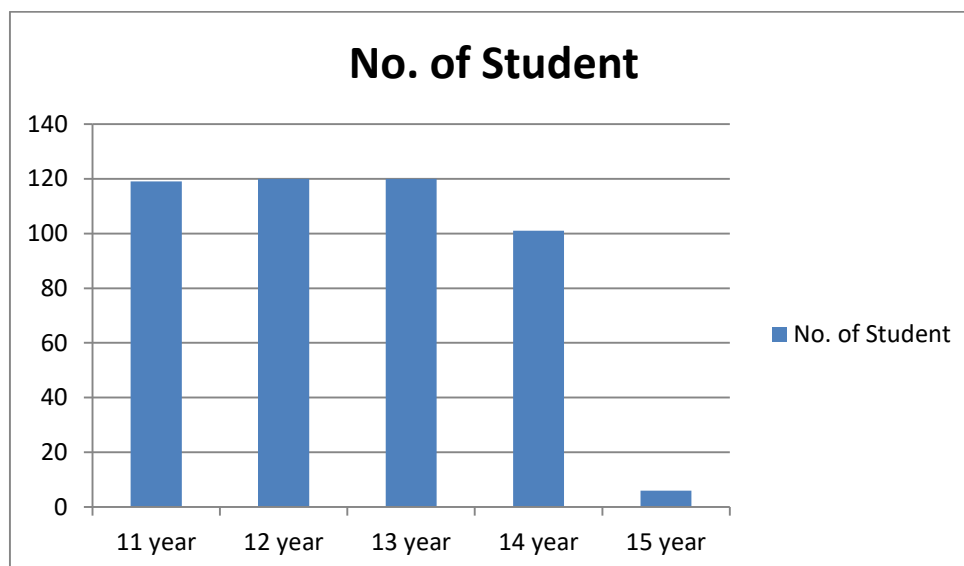


Out of the total 466 students included in the study, 11 aged no. of student 199, 12 aged no. of student 120, 13 aged no. of student 120, 14 aged no. of student 101 and 15 aged no. of student 6. The age wise distribution is shown in table 3.3 & figure 3.5 below:

Table 3.3: Age wise Sample Distribution

Age	No. of Student
11	119
12	120
13	120
14	101
15	6
Total	466

Figure 3.5: Age wise Sample Distribution

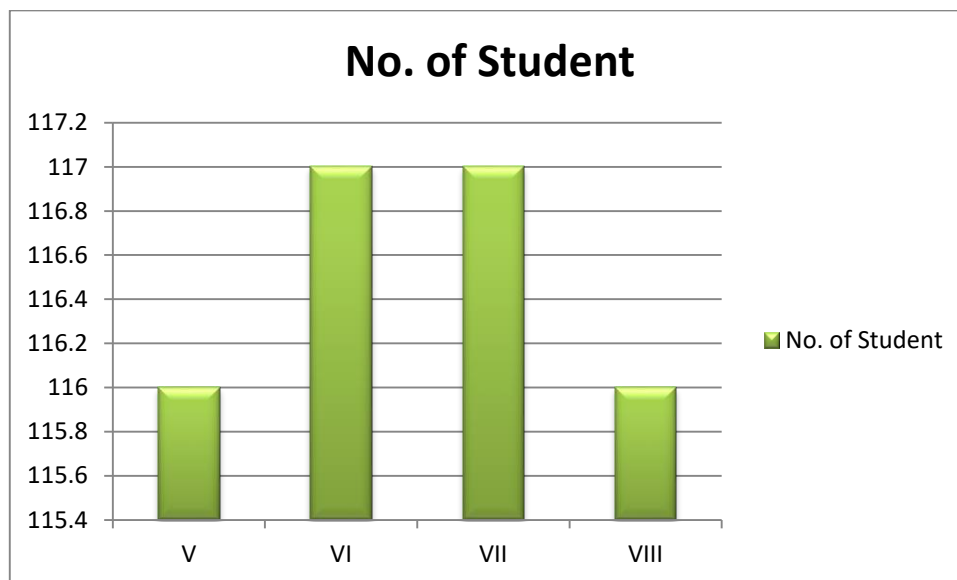


Out of the total 466 students included in the study, 116 students studying in class 5, 117 students studying in class 6, 117 students studying in class 7 and 116 students studying in class 8. The class wise distribution is shown in table 3.4 & figure 3.6 below:

Table 3.4: Class wise Sample Distribution

Class	No. of Student
5	116
6	117
7	117
8	116
Total	466

Figure 3.6: Class wise Sample Distribution



The schools were chosen taking into consideration of their accessibility to the researcher period and the financial cost that the researcher had to meet. The study sample was drawn from 11 schools from different Sub-division located in Hooghly district. Thus, 466 school students of urban areas at Hooghly district in West Bengal were the sample of the study.

Table 3.5: Distribution of Sample According to School

Sl.No	School Name	Medium	No. of Students
1	Tribeni Thermal Dr. Bidhan Chandra Roy Vidyalaya (H.S), Tribeni, Hooghly.	BENG	48
2	Bansberia Girls' High School (H.S), Bansberia, Hooghly.	BENG	40
3	Dharampur Adarsha Vidyalaya, Chinsurah, Hooghly.	BENG	48
4	Arambagh High School (H.S), Arambagh, Hooghly.	BENG	60
5	Tarakeswas Girls' High School (H.S), Arambagh, Hooghly	BENG	44
6	Bhadreswar Dharmatala Girls' High School (H.S), Bhadreswar, Hooghly	BENG	36
7	Sri Aurobindo Vidyamandir, Chandannagar, Hooghly.	BENG	32
8	Sheoraphuli Surendra Nath Vidyaniketan, Sheoraphuli, Hooghly.	BENG	36
9	Parameswari Balika Vidyalaya, Serampore, Hooghly.	BENG	42
10	Nabagram Vidyapith, Konnagar, Hooghly.	BENG	32
11	Patha Bhavan School (H.S), Dankuni, Hooghly.	BENG	48

3.1.3 Variable

A characteristic, number or quality that increases or decreases over time, or takes different values in different situation. So variable is a measurable characteristic or logical set of behavioural problem of the subjects (participants) of the research that can vary much. The following variables are identified for the present study:

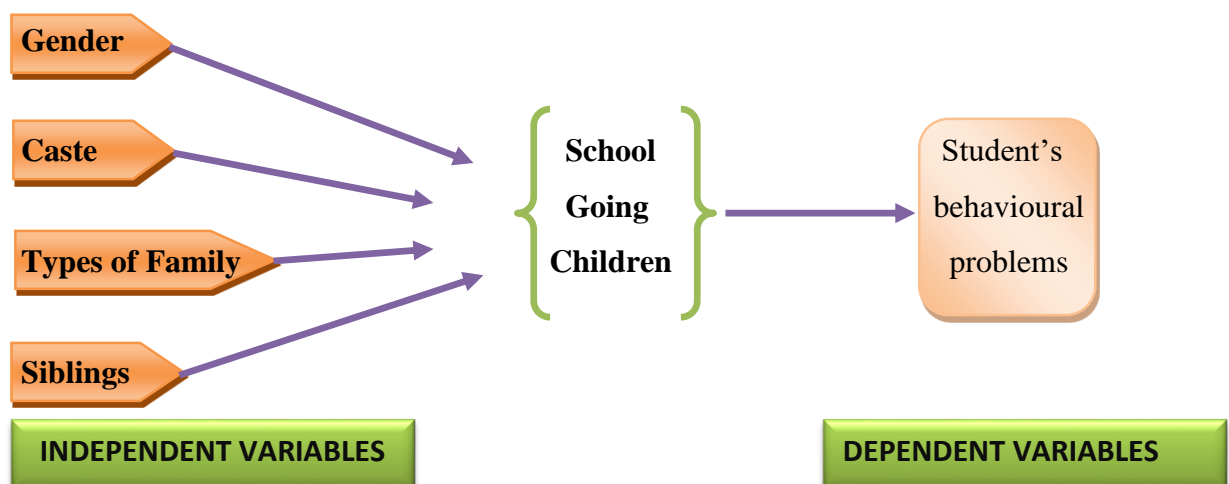
1. Independent Variables :

Independent Variable is the influencing variable which may have some impacts on the dependent variable.

- A. **Gender:** Gender was one of the main classificatory independent variables of the study. The two dimensions that are Male and Female were considered as gender variables.
- B. **Caste:** Caste was very important independent variable in this study. Students caste classify into four categories that are General (G), Scheduled Caste (SC), Scheduled Tribes (ST), Other Backward Classes (OBC).
- C. **Types of Family:** Types of Family was most important independent variable in this study. Student's types of family classify into two categories that are Joint Family and Nuclear Family.
- D. **Siblings:** Siblings was very much important independent variable in this study. Students Siblings classify into four categories that are No Siblings and Have Siblings.

- 2. **Dependent Variable:** In the present study behavioural problems of class V to VIII School going children as outcome was the dependent variable. The dependent variable behavioural problem or total difficulty (TD) includes its various dimensions or sub variables - Emotional Problems (EP), Conduct Problems (CP), Hyperactivity problems (HP), Peer Problems (PP) and Pro-social Problems (PSP).

Figure 3.7: Showing the Schematic Diagram of the Influencing Variables under the Study.



The researcher assumed that there might be some other intervening variables which could influence the dependent variable. Hence, to control the intervening variables the random sampling technique has been used for sample section. This statistical design may neutralize the effect of intervening variables with equal probability

3.1.4 Tools

Tools are used to collect information and data according to study design in the present study, the tools were used to assess both qualitative and quantitative measure of variables. It is important for a study gather to test the hypothesis or answer the research question. Tools are distinctively use to collect information and data to describe and quantify the data according to the study design in the present study the self-respect version of the Strength and Difficulties Questionnaire (SDQ) was used to collect data as it is consider to be sample and friendly questionnaire. So, the use of the SDQ as a genuinely dimensional measure of child behavioural problem. It is widely used for research purposes in the USA and other high, middle and low-income countries and there has also been recent interest in using it to monitor the effectiveness of routine clinical services or as a measure of child well-being in community setting such as schools (See Appendix - II).

Strength and Difficulties Questionnaire (SDQ): The strength and difficulty questionnaire is developed by Robert Goodman (1997) which is a multi informant screening to tool for identifying both emotional and behavioural problems in children. The issue of selection of a culturally appropriate and age stage specific tools is a essential mind field. There is a big instrument which can be used to collect information about the symptoms of both internalizing and externalizing child behavioural problems over a wide range (4-17) years. It is useful in measuring 25 attributes some positive and some negative (Good man1997). The 25 attributes are further divided include 5 subs-scale consisting 5 attributes each. The detail distribution is given below:

- **Emotional Problems (EP)**-5 items (question no – 3, 8, 13, 16, 24)
- **Conduct Problems (CP)**-5 items (question no -5, 7, 12, 18, 22)
- **Hyperactivity Problems (HP)**-5 items (question no-2, 10, 15, 21, 25)
- **Peep Problems (PP)**-5 items (question no-6, 11, 14, 19, 23)
- **Pro-social problems (PSP)**-5 items (question no-1, 4, 9, 17, 20)

Adding the scores emotional problem, Conduct problems, Hyperactivity problem, Peer problems and Pro-social problem the total difficulty score of the behavioural problems status is generated. The score of the pro-social is not taken into account for the purpose. Show the table value of the score:

Table 3.6: Value of SDQ Scoring

Sub scale	Close to Average	Slightly/ Raised/ (Low*)	High/ (Low*)	Very High/ (Very Low*)
TD score**	0-13	14-16	17-19	20-40
EP score	0-3	4	5-6	7-10
CP score	0-2	3,4	5	6-10
HP score	0-5	6,7	8	9,10
PP score	0-2	3	4	5-10
PSP score	8-10	7	6	0-5

*Only for Pro-social score.

**Total difficulty (TD) refers to overall Behavioural problems.

Note:- Value (meaning) of rating considered:-

- Close to average – **Normal**
- Slightly raised – Minor or no problem means **normal**
- High – **Borderline**, may have problems in future , if not taken care of
- Very high – **Abnormal**, severe or definite problem, requires interventions.

The Strength and Difficulties Questionnaire (SDQ) is a measure of behavioural problems in children aged 4-17 which can be administered to parents, teachers and to children aged 11 or over 12. The 20 items relating to emotional symptoms, conduct problems, hyperactivity and peer problems are summed to create a ‘total difficulty score’ ranging from 0-40.

Evaluation of SDQ (Goodman, 2009): The SDQ has shown to be of acceptable reliability and validity, performing at least as well as Rutter Questionnaire and Child Behaviour Checklist. Goodman, Ford, Simmons, Gatward and Meltzer reported the scale’s internal reliability to be acceptable with a Cronbach alpha coefficient of 0.735, 10 as quoted by Reddy et al. (2011). In a study Koskelainen et al. (2000) found that the internal consistency and

validity of SDQ was 0.71. A pilot study was conducted by this researcher and the split half correlation was found to be very high as 0.76.

Information Sheet: Along with the questionnaire, an information sheet was provided to each of the student participating in the study to collect information about their Gender, Caste, Types of Family and Siblings (See Appendix – I & II).

3.2 Procedure

This phase includes the description of different steps followed in collecting all qualitative and quantitative data from the primary sample under study and the process of analysing it. Data was collected from school going children (class V to VIII) who live in urban areas, during 7th January 2019 to 25th February 2019.

3.2.1 Data collection

Data for the present research study were collected to study the behavioural problems among the school going children and 11 schools were randomly selected from Hooghly district. These schools were used to provide instruction in Bengali and located in urban area. The researcher personally approached the administrative head of the schools explaining the purpose and sought permission to conduct the study. A total number of 11 schools finally allowed the researcher to collect data from the students. With the consent of the school authority a schedule was prepared for data collection. The schedule is shown in the table 3.5 below:

Table 3.7: Scheduled of Data Collection

SL.NO	NAME OF THE SCHOOL & ADDRESS	Date
1	Tribeni Thermal Dr. Bidhan Chandra Roy Vidyalaya (H.S), Tribeni, Hooghly.	07/01/2019
2	Bansberia Girls' High School (H.S), Bansberia, Hooghly.	10/01/2019
3	Dharampur Adarsha Vidyalaya, Chinsurah, Hooghly.	16/01/2019
4	Arambagh High School (H.S), Arambagh, Hooghly.	21/01/2019
5	Tarakeswas Girls' High School (H.S), Arambagh, Hooghly	29/01/2019
6	Bhadreswar Dharmatala Girls' High School (H.S), Bhadreswar, Hooghly	06/02/2019
7	Sri Aurobindo Vidyamandir, Chandannagar, Hooghly.	08/02/2019
8	Sheoraphuli Surendra Nath Vidyaniketan, Sheoraphuli, Hooghly.	12/02/2019
9	Parameswari Balika Vidyalaya, Serampore, Hooghly.	18/02/2019
10	Nabagram Vidyapith, Konnagar, Hooghly.	21/02/2019
11	Patha Bhavan School (H.S), Dankuni, Hooghly.	25/02/2019

On the schedule date, during the regular class, the questionnaire was administered by the researcher herself following the observation method to all students present on that day in the class. The researcher was also present in the classroom to observe the students and the sample were randomly chosen from the class. Then the researcher distributed the questionnaire into the students for collection of data. She collected the inventory from them after 10-12 minutes.

3.2.2 Data quality

Both the researcher and supervisor were watchful to ensure the data and several steps were taken to maintain it. The comparison of enumerated and post enumerated data was found to be good and most off the indicators match in about more than 99% of cases which ensure the quality of the data.

3.2.3 Tabulation data

Each of the 25 responses of individual questionnaire was marked with scoring values. The scores of the sub scale were added and finally the scores of sub-scales were added to find out the score of total difficulties. A summary was prepared as the bottom of individual sit. This data so found were edited and tallied to obtained numerical data. The whole data set show acquired was systematically and squinty tabulation for further analysis and to draw interpretation (See Appendix - III).

3.2.4 Statistical analysis

Raw data of 466 students gathered were individually tabulated in excel sheet. Data was analysed using statistical package for social science (SPSS package); version 20.0 because it accommodates a large number of variables at the same time and reduces detailed laborious calculation by hand and there by minimized the chance of error.

References

- Best, W.J. & Kahn, W.J. (2008): Research in Education, Delhi: Pearson, PHI Learning Pvt. Ltd.
- Garrett, H E (1979): *Statistic in psychology and Education*, 6th Edition: International Book Bureau, Hyderabad, pp. 42-48.
- Koul, L (1997): *methodology of Educational Research*, 3rd Edition: Vikas publishing house pvt. Pp. 33-35
- Goodman R. (1997) The Strengths and Difficulties Questionnaire: a research note. J Child Psychol Psychiatry; 38(5):581-6.
- Goodman, A., & Goodman, R. (2009), the strengths and difficulties questionnaire (SDQ) as a dimensional measure of child mental health. Journal of the American Academy of Child and Adolescent Psychiatry, 48(4): 400-03

CHAPTER – IV: ANALYSIS AND INTERPRETATION OF DATA

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CHAPTER-IV: ANALYSIS AND INTERPRETATION OF DATA

The present chapter has been divided into two parts. The first part presents the statistics with analysis and interpretation by means of descriptive statistics with graphical representation and percentage analysis. The second part deals with non-parametric inferential statistics, viz. Chi-square test predicting the Range of Behavioural Problems among the school going children under different variables. Hence without this portion the research works are always incomplete.

4.1 Analysis of Behavioural Problems on the basis of Different Variables Using Descriptive Statistics.

4.1.1 Assessment of Behavioural Problems (Total Difficulties) in urban area’s School Going Children (Gender basis).

The following table 4.1 shows the status of Total Difficulties of Urban area’s school going children on the basis of Gender variable.

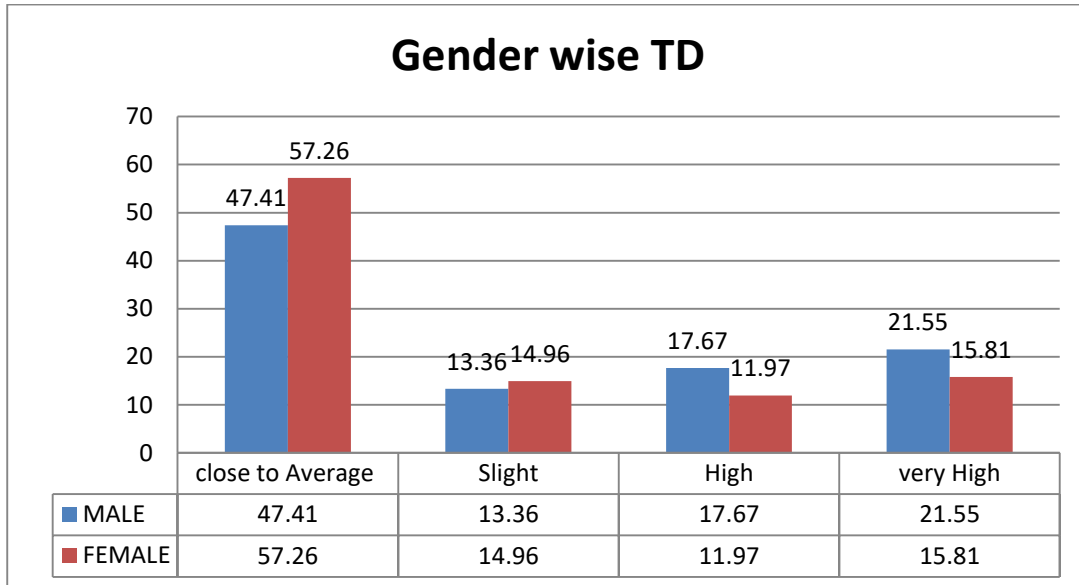
Table 4.1 Percentage distribution of Total Difficulties (TD) of Urban Area’s School Going Children on the basis of Gender

TOTAL DIFFICULTIES			Gender		Total
			MALE	FEMALE	
TD	CLOSE TO AVERAGE	Count	110	134	244
		% Within	47.41%	57.26%	52.36
	SLIGHT	Count	31	35	66
		% Within	13.36%	14.96%	14.16
	HIGH	Count	41	28	69
		% Within	17.67%	11.97%	14.81
	VERY HIGH	Count	50	37	87
		% Within	21.55%	15.81%	18.67
	Total	Count	232	234	466
			49.79%	50.21%	100

On the basis of table 4.1, the prevalence of Total Difficulties was showed with respect to the Social or Independent variables

According to Gender variable, total difficulties was found more in Male student then the Female student. Out of 232 Male students, 50 (21.55%) had very or abnormal score and 41(17.67%) Male students had high or borderline score; whereas out of 234 Female students, 37(15.81%) had very high score and 28(11.97%) female students with high SDQ score.

Figure 4.1 Gender wise distributions of Total Difficulties of Urban area’s students.



4.1.2 Assessment of Total Difficulties or Behavioural Problems (Caste basis) in urban area’s School Going Children.

The following table 4.2 shows the stats of Total Difficulties of Urban Area’s School Going Children on the basis of Caste Variable.

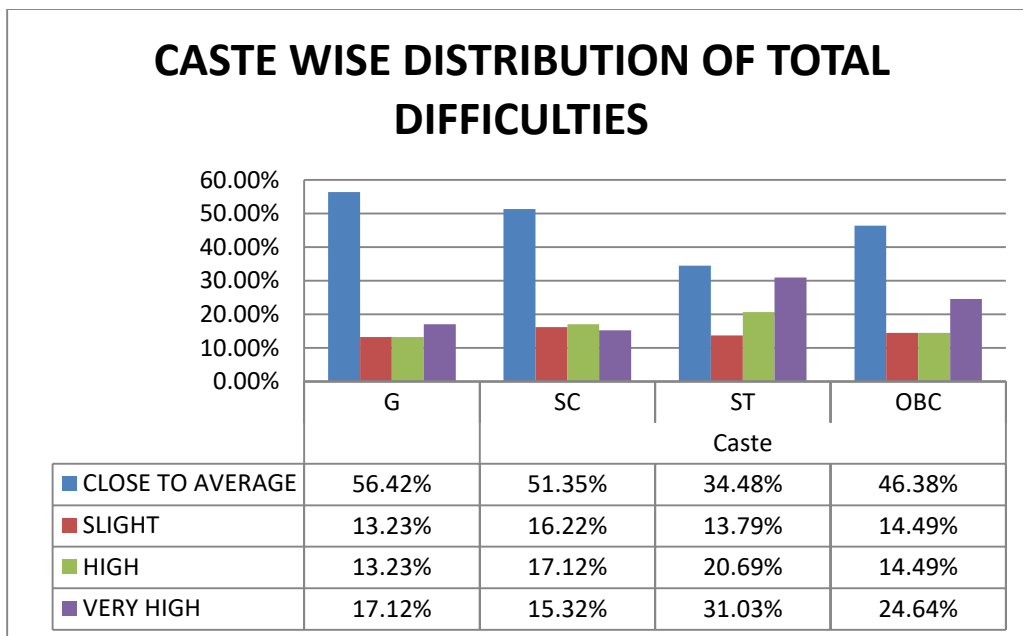
Table 4.2 Percentage distribution of Total Difficulties of Urban Area’s School Going Children on the basis of Caste

TOTAL DIFFICULTIES			Caste				Total
			G	SC	ST	OBC	
TD	CLOSE TO AVERAGE	Count	145	57	10	32	244
		%Within	56.42%	51.35%	34.48%	46.38%	52.36%
	SLIGHT	Count	34	18	4	10	66
		%Within	13.22%	16.22%	13.79%	14.49%	14.16%
	HIGH	Count	34	19	6	10	69
		%Within	13.44%	17.12%	20.69%	14.49%	14.81%
	VERY HIGH	Count	44	17	9	17	87
		%Within	17.12%	15.32%	31.03%	24.64%	18.67%
Total		Count	257	111	29	69	466
			55.15%	23.82%	6.22%	14.81%	100%

On the basis of table 4.2, the prevalence of Total Difficulties was showed with respect to the Social or Independent variables.

According to Caste variable, Total Difficulties was found more in ST, then OBC, after that General, and last SC student. Out of 29 ST students, 9(31.03%) had very high or abnormal score with another 6(20.69%) ST students with high or borderline score; then Out of 69 OBC students, 17(24.64%) had very high score with another 10(14.49%) OBC students with high score; after that Out of 257 General students, 44 (17.12%) had very high score with another 34(13.44%) General students high score; at last Out of 111 SC students, 17(15.32%) had very score with another 19(17.12%) students high SDQ score.

Figure 4.2 CASTE wise distributions of Total Difficulties of Urban area’s students.



4.1.3 Assessment of Total Difficulties or Behavioural Problems (Types of Family basis) in urban area’s School Going Children.

The following table 4.3 shows the stats of Total Difficulties of Urban Area’s School Going Children on the basis of Types of Family Variable.

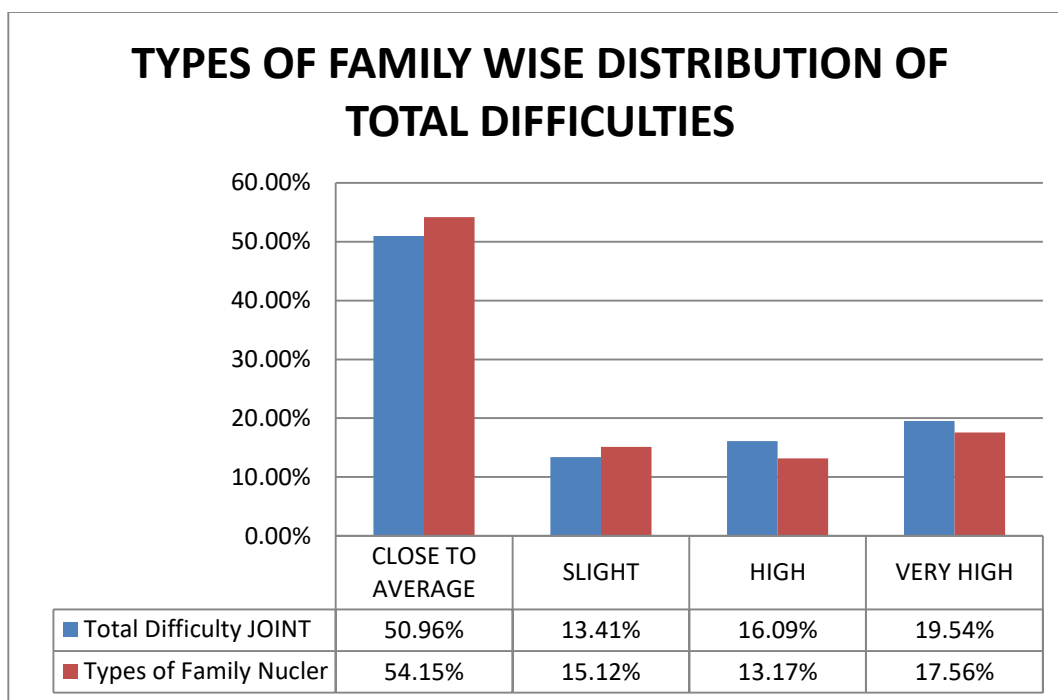
Table 4.3 Percentage distribution of Total Difficulties of Urban Area’s School Going Children on the basis of Types of Family

TOTAL DIFFICULTIES			Types of family		Total
			JOINT	NUCLER	
TD	CLOSE TO AVERAGE	Count	133	111	244
		%Within	50.96%	54.15%	52.36%
	SLIGHT	Count	35	31	66
		%Within	13.41%	15.21%	14.16%
	HIGH	Count	42	27	69
		%Within	16.09%	13.17%	14.81%
	VERY HIGH	Count	51	36	87
		%Within	19.54%	17.56%	18.66%
Total		Count	261	205	466
			56.01%	43.99%	100%

On the basis of table 4.3, the prevalence of Total Difficulties was showed with respect to the Social or Independent variables.

According to the Types of Family variable, Total Difficulties was found more in the students belonging to Joint Family then the students belonging to Nuclear Family. Out of 261 school student belong to Joint Family, 51(19.54%) had very high or abnormal score with another 42(16.09%) students with high or borderline score; whereas out of 205 school student belonging to Nuclear Family, 36(17.56%) showed very high score with another 27(13.17%) as high SDQ score.

Figure 4.3Types of family wise distribution of Total Difficulty of Urban area’s students.



4.1.4 Assessment of Total Difficulties or Behavioural Problems (Siblings basis) in urban area’s School Going Children.

The following table 4.4 shows the status of Total Difficulties of Urban area’s school going children on the basis of Siblings variable.

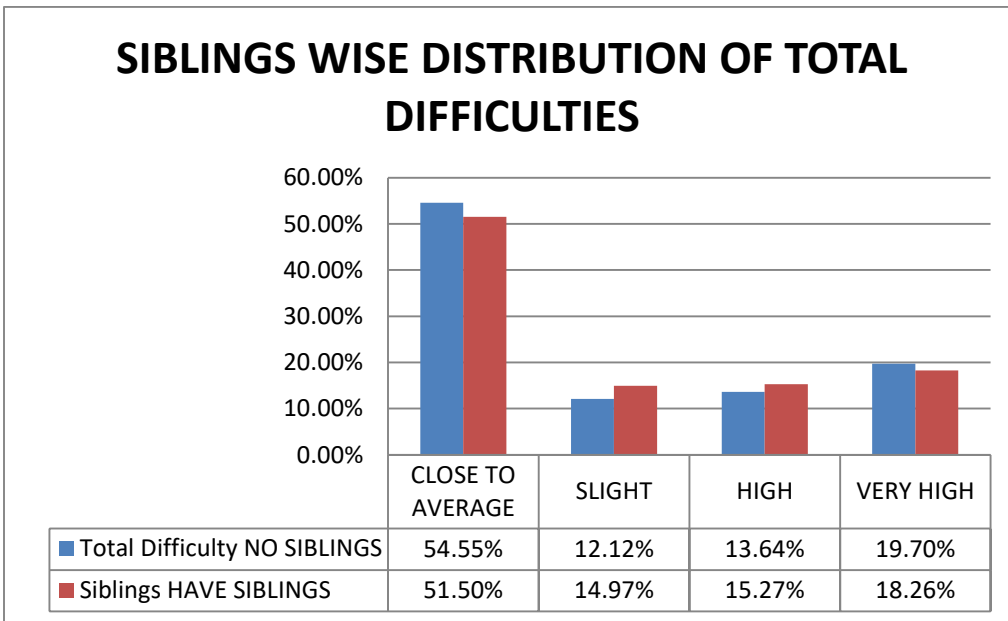
Table 4.4 Percentage distribution of Total difficulties of Urban Area’s School Going Children on the basis of Siblings.

TOTAL DIFFICULTIES			Siblings		Total	
			No Siblings	Have Siblings		
TD	CLOSE TO AVERAGE	Count	72	172	244	
		%Within	54.55%	51.49%	52.36%	
	SLIGHT	Count	16	50	66	
		%Within	12.12%	14.97%	14.16%	
	HIGH	Count	18	51	69	
		%Within	13.64%	15.27%	14.81%	
	VERY HIGH	Count	26	61	87	
		%Within	19.70%	18.26%	18.67%	
	Total		Count	132	334	466
				28.33%	71.67%	100%

On the basis of table 4.4, the prevalence of Total Difficulties was showed with respect to the Social or Independent variables.

According to Siblings variable, Total Difficulties was found more in No Sibling student then the Have Sibling student. Out of 132 No Sibling students, 26(19.70%) had very or abnormal score and 18(13.64%) No Sibling students had high or borderline score; whereas out of 334 Have Sibling students, 61(18.62%) had very high score and 51(15.27%) Have Sibling students with high SDQ score.

Figure 4.4 SIBLINGS wise distribution of Total Difficulties of Urban area’s students.



4.1.5 Assessment of Emotional Problems (Gender basis) in urban area’s School Going Children.

The following table 4.1 shows the status of Emotional Problem of Urban area’s school going children on the basis of Gender variable.

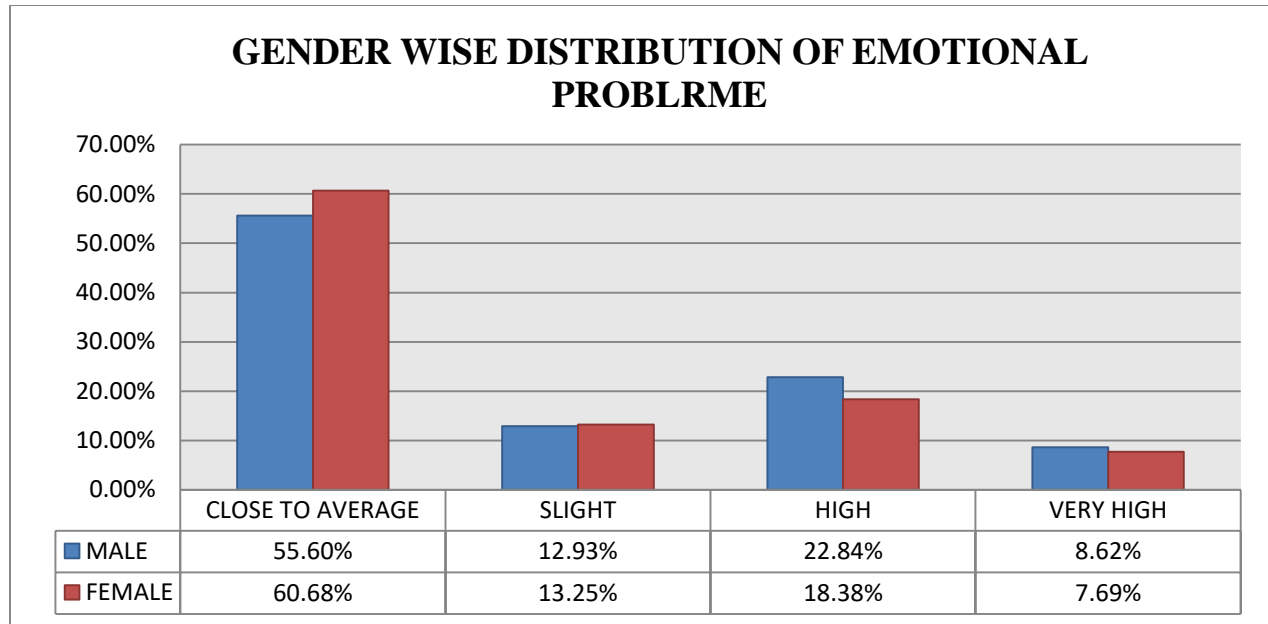
Table 4.5 Percentage Distribution of EMOTIONALPROBLEMS of Urban Area’s School Going Children on the basis of GENDER.

EMOTIONAL PROBLEMS			GENDER		Total	
			MALE	FEMALE		
EP	CLOSE TO AVERAGE	Count	129	142	271	
		% Within	55.60%	60.68%	58.15%	
	SLIGHTLY RAISED	Count	30	31	61	
		% Within	12.93%	13.25%	13.09%	
	HIGH	Count	53	43	96	
		%Within	22.84%	18.38%	20.60%	
	VERY HIGH	Count	20	18	38	
		%Within	8.62%	7.69%	8.15%	
	Total		Count	232	234	466
			% of Total	49.79%	50.21%	100%

On the basis of table 4.5, the prevalence of Emotional problem was showed with respect to the Social or Independent variables.

According to Gender variable, Emotional Problem was found more in Male student then the Female student. Out of 232 male students, 8.62% (20) had very high or abnormal score and 22.84% (53) male students had high or borderline score; whereas out of 234 female students, 7.69% (18) had very high score and 18.38% (43) female students with high SDQ score. 12.93% (30) males and 13.25% (61) female’s student scored Slightly Raised. 55.60% (129) male and 60.68% (142) female students scored Closed to Average.

Figure 4.5 Gender wise distributions of Emotional Problem of Urban area’s students.



4.1.6 Assessment of Emotional Problem (Caste basis) in urban area’s School Going Children.

The following table 4.6 shows the stats of Emotional Problem of Urban Area’s School Going Children on the basis of Caste Variable.

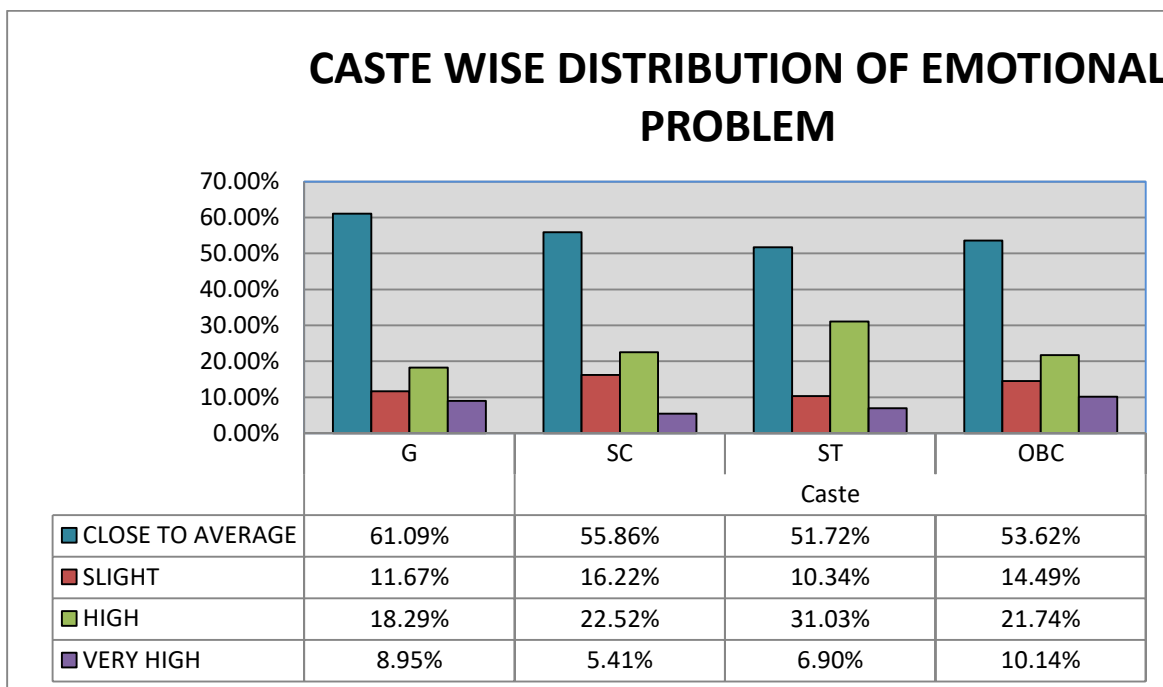
Table 4.6 Percentage Distribution of EMOTIONAL PROBLEMS of Urban Area’s School Going Children on the basis of CASTE.

EMOTIONAL PROBLEMS			CASTE				Total
			G	SC	ST	OBC	
EP	CLOSE TO AVERAGE	Count	157	62	15	37	271
		%Within	61.09%	55.86%	51.72%	53.62%	58.15%
	SLIGHTLY RAISED	Count	30	18	3	10	61
		%Within	11.67%	16.22%	10.34%	14.49%	13.09%
	HIGH	Count	47	25	9	15	96
		%Within	18.29%	22.52%	31.03%	21.74%	20.60%
	VERY HIGH	Count	23	6	2	7	38
		%Within	8.95%	5.41%	6.90%	10.14%	8.15%
Total	Count	257	111	29	69	466	
	%of Total	55.15%	23.82%	6.22%	14.80%	100%	

On the basis of table 4.6, the prevalence of Emotional problem was showed with respect to the Social or Independent variables.

According to Caste variable, Emotional Problem was found more in OBC, then General, after that ST, and last SC student. Out of 69 OBC students, 10.14% (7) had very high or abnormal score with another 21.74% (15) OBC students with high or borderline score; then Out of 257 General students, 8.95% (23) had very high score with another 18.29% (47) General students with high score; after that Out of 29 ST students, 6.90% (2) had very high score with another 9(31.03%) ST students high score; at last Out of 111 SC students, 5.41% (6) had very high score with another 22.52% (25) students high SDQ score. 14.49% (10) OBC, 11.67% (30) General, 10.34% (3) ST and 16.22% (18) SC students Score Slightly Raised. 53.62% (37) OBC, 61.09% (157) General, 51.72% (15) ST and 55.86% (62) SC students Scored Close to Average.

Figure 4.6 Caste wise distributions of Emotional Problem of Urban area’s students.



4.1.7 Assessment of Emotional Problem (Types of Family basis) in urban area's School Going Children.

The following table 4.7 shows the stats of Emotional Problem of Urban Area's School Going Children on the basis of Types of Family Variable.

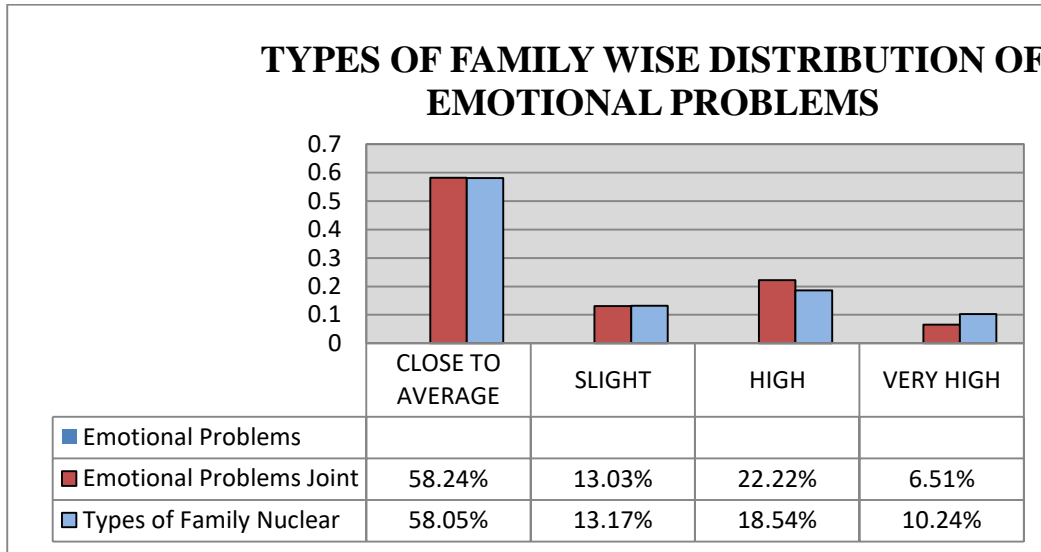
Table 4.7 Percentage Distribution of EMOTIONAL PROBLEMS of Urban Area's School Going Children on the basis of TYPES OF FAMILY.

EMOTIONAL PROBLEMS			TYPES OF FAMILY		Total
			JOINT	NUCLEAR	
EP	CLOSE TO AVERAGE	Count	152	119	271
		%Within	58.23	58.05	58.15
	SLIGHTLY RAISED	Count	34	27	61
		%Within	13.03	13.17	13.09
	HIGH	Count	58	38	96
		%Within	22.22	18.54	20.60
	VERY HIGH	Count	17	21	38
		%Within	6.51	10.24	8.15
Total		Count	261	205	466
		%of Total	56.01	43.99	100

On the basis of table 4.7, the prevalence of Emotional problem was showed with respect to the Social or Independent variables.

According to the Types of Family variable, Emotional Problem was found more in the students belonging to Nuclear Family than the students belonging to Joint Family. Out of 205 school student belong to Nuclear Family, (21) 10.24% had very high or abnormal score with another (38) 18.54% students with high or borderline score; whereas out of 261 school student belonging to Joint Family, (17) 6.51% showed very high score with another (58) 22.22% as high SDQ score. 13.17% (27) Nuclear Family and 13.07% (34) Joint Family student belonging, they slightly Raised Score. 58.05% (119) Nuclear Family and 58.24% (152) Joint Family student belonging, they Close and Average.

Figure 4.7 Types of Family wise distributions of Emotional Problem of Urban area’s students.



4.1.8 Assessment of Emotional Problems (Siblings basis) in urban area’s School Going Children.

The following table 4.8 shows the status of Emotional Problem of Urban area’s school going children on the basis of Siblings variable.

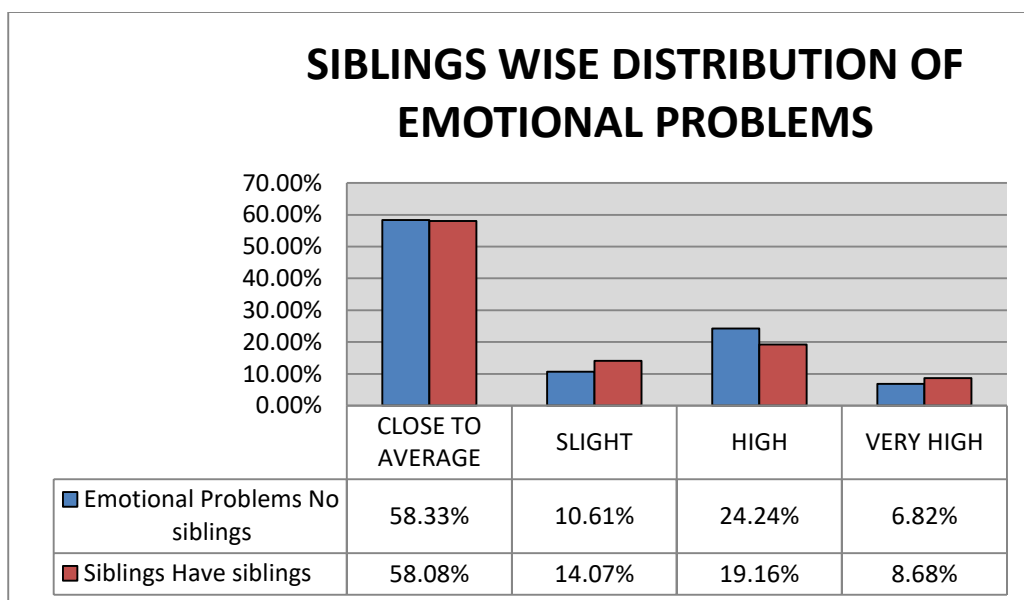
Table 4.8 Percentage Distribution of Emotional Problems of Urban Area’s School Going Children on the basis of Siblings.

EMOTIONAL PROBLEMS			SIBLINGS		Total
			No Siblings	Have Siblings	
EP	CLOSE TO AVERAGE	Count	77	194	271
		%Within	58.33	58.08	58.15
	SLIGHTLY RAISED	Count	14	47	61
		%Within	10.61	14.07	13.09
	HIGH	Count	32	64	96
		%Within	24.24	19.16	20.60
	VERY HIGH	Count	9	29	38
		%Within	6.82	8.68	8.15
Total		Count	132	334	466
		%of Total	28.33	71.67	100

On the basis of table 4.8, the prevalence of Emotional problem was showed with respect to the Social or Independent variables.

According to Siblings variable, Emotional Problem was found more in Have Sibling student than the No Sibling student. Out of 334 Have Sibling students, (29) 8.68% had very high or abnormal score and (64)19.16% Have Sibling students had high or borderline score; whereas out of 132 No Sibling students, (9) 6.82% had very high score and (32) 24.24% No Sibling students with high SDQ score.14.07 % (47) Have Siblings and 10.61% (14) No siblings students score Slightly Raised. 58.08% (194) have Siblings and 58.33% (77) No Siblings students score Close to Average.

Figure 4.8 Siblings wise distributions of Emotional Problem of Urban area’s students.



4.1.9 Assessment of Conduct Problems (Gender basis) in urban area’s School Going Children.

The following table 4.9 shows the status of Conduct Problem of Urban area’s school going children on the basis of Gender variable.

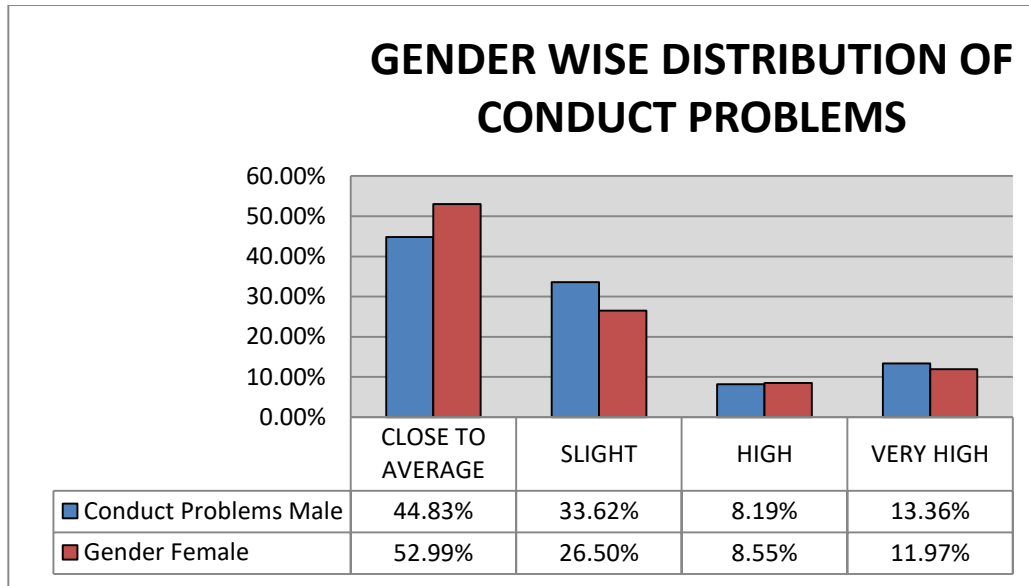
Table 4.9 Percentage Distribution of CONDUCT PROBLEMS of Urban Area’s School Going Children on the basis of GENDER.

CONDUCT PROBLEMS			GENDER		Total
			MALE	FEMALE	
CP	CLOSE TO AVERAGE	Count	104	124	228
		%Within	44.83%	52.99%	48.93%
	SLIGHT	Count	78	62	140
		%Within	33.62%	26.50%	30.04%
	HIGH	Count	19	20	39
		%Within	8.19%	8.55%	8.37%
	VERY HIGH	Count	31	28	59
		%Within	13.36%	11.97%	12.66%
Total		Count	232	234	466
		%of Total	49.79%	50.21%	100%

On the basis of table 4.9 the prevalence of Conduct problem were showed with respect to the Social or Independent variables.

According to Gender variable, Conduct Problem was found more in Male student then the Female student. Out of 232 male students, 31(13.36%) had very or abnormal score and 19(8.19%) male students had high or borderline score; whereas out of 234 female students, 28(11.97%) had very high score and 20(8.55%) female students with high SDQ score.

Figure 4.9 Gender wise distributions of Conduct Problem of Urban area’s students.



4.1.10 Assessment of Conduct Problem (Caste basis) in urban area’s School Going Children.

The following table 4.10 shows the stats of Conduct Problem of Urban Area’s School Going Children on the basis of Caste Variable.

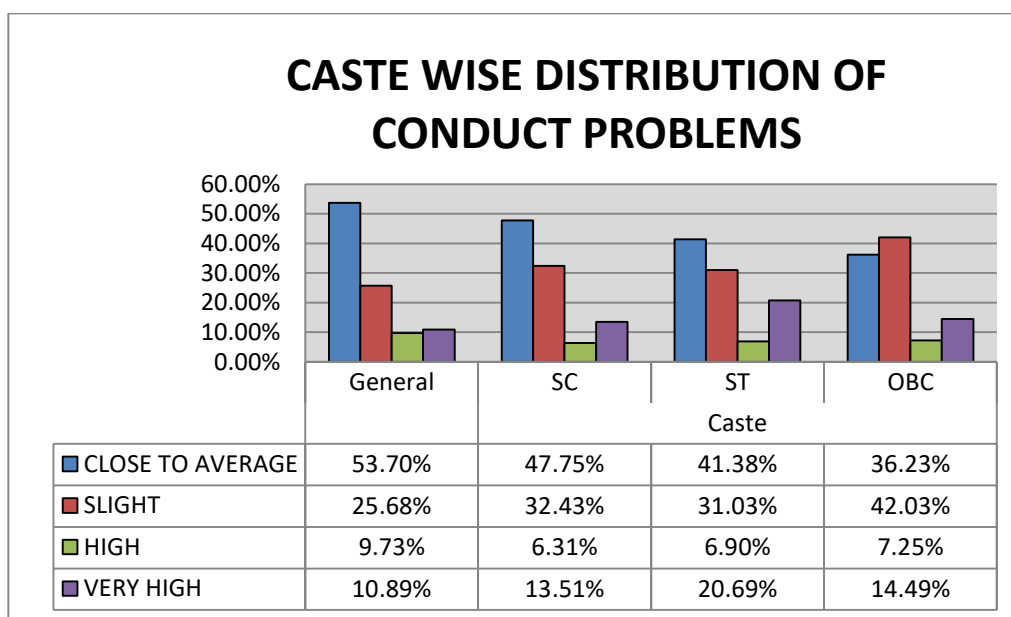
Table 4.10 Percentage distribution of Conduct Problem of Urban Area’s School Going Children on the basis of Caste

CONDUCT PROBLEMS			CASTE				Total
			G	SC	ST	OBC	
CP	CLOSE TO AVERAGE	Count	138	53	12	25	228
		%Within	53.70%	47.75%	41.38%	36.23%	61.80%
	SLIGHT	Count	66	36	9	29	140
		%Within	25.68%	32.43%	31.03%	42.03%	30.04%
	HIGH	Count	25	7	2	5	39
		%Within	9.73%	6.31%	6.90%	7.25%	8.37%
	VERY HIGH	Count	28	15	6	10	59
		%Within	10.89%	13.51%	20.69%	14.49%	12.66%
Total		Count	257	111	29	69	466
			55.15%	23.82%	6.22%	14.81%	100%

On the basis of table 4.10, the prevalence of Conduct problem was showed with respect to the Social or Independent variables.

According to Caste variable, Conduct Problem was found more in ST, then OBC, after that SC, and last General student. Out of 29 ST students, 6(20.69%) had very high or abnormal score with another 2(6.90%) ST students with high or borderline score; then Out of 69 OBC students, 10(14.49%) had very high score with another 5(7.25%) General students with high score; after that Out of 111 SC students, 15 (13.51%) had very high score with another 7(6.31%) ST students high score; at last Out of 257 General students, 28(10.89%) had very score with another 25(9.73%) students high SDQ score.

Figure 4.10 CASTE wise distributions of Conduct Problem of Urban area’s students.



4.1.11 Assessment of Conduct Problem (Types of Family basis) in urban area’s School Going Children.

The following table 4.11 shows the stats of Conduct Problem of Urban Area’s School Going Children on the basis of Types of Family Variable.

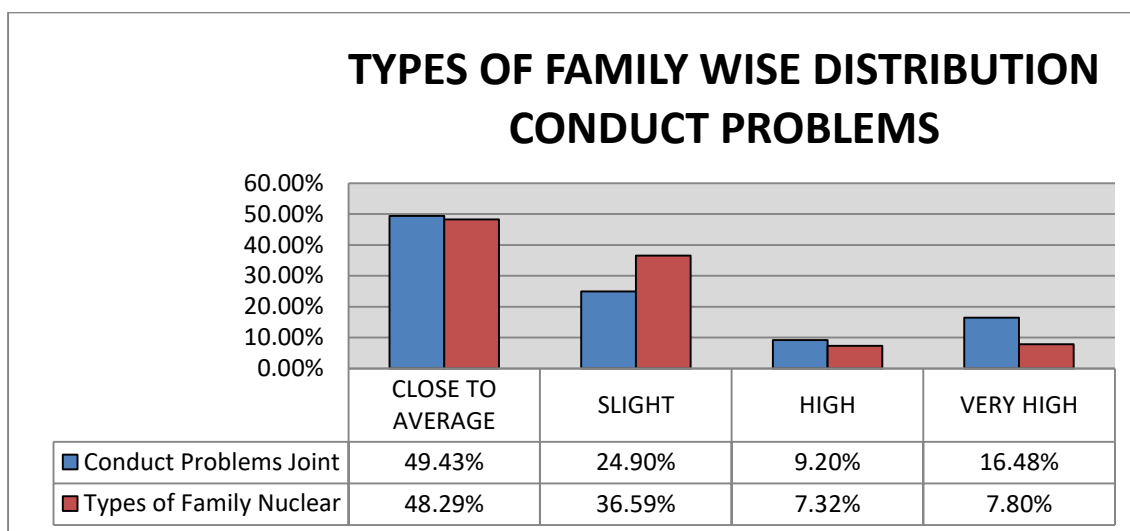
Table 4.11 Percentage distribution of conduct Problem of Urban Area’s School Going Children on the basis of Types of Family

CONDUCT PROBLEMS			Types of family		Total
			JOINT	NUCLER	
CP	CLOSE TO AVERAGE	Count	129	99	228
		%Within	49.43%	48.29%	48.93%
	SLIGHT	Count	65	75	140
		%Within	24.90%	36.59%	30.04%
	HIGH	Count	24	15	39
		%Within	9.20%	7.32%	8.37%
	VERY HIGH	Count	43	16	59
		%Within	16.48%	7.80%	12.66%
Total		Count	261	205	466
			56.01%	43.99%	100%

On the basis of table 4.11, the prevalence of Conduct problem was showed with respect to the Social or Independent variables.

According to the Types of Family variable, Conduct Problem was found more in the students belonging to Joint Family then the students belonging to Nuclear Family. Out of 261 school student belong to Joint Family, 43(16.48%) had very high or abnormal score with another 24(9.20%) students with high or borderline score; whereas out of 205 school student belonging to Nuclear Family, 16(7.80%) showed very high score with another 15(7.32%) as high SDQ score.

Figure 4.11 Types of Family wise distribution of Conduct Problem of Urban area’s students.



4.1.12 Assessment of Conduct Problems (Siblings basis) in urban area’s School Going Children.

The following table 4.12 shows the status of Conduct Problem of Urban area’s school going children on the basis of Siblings variable.

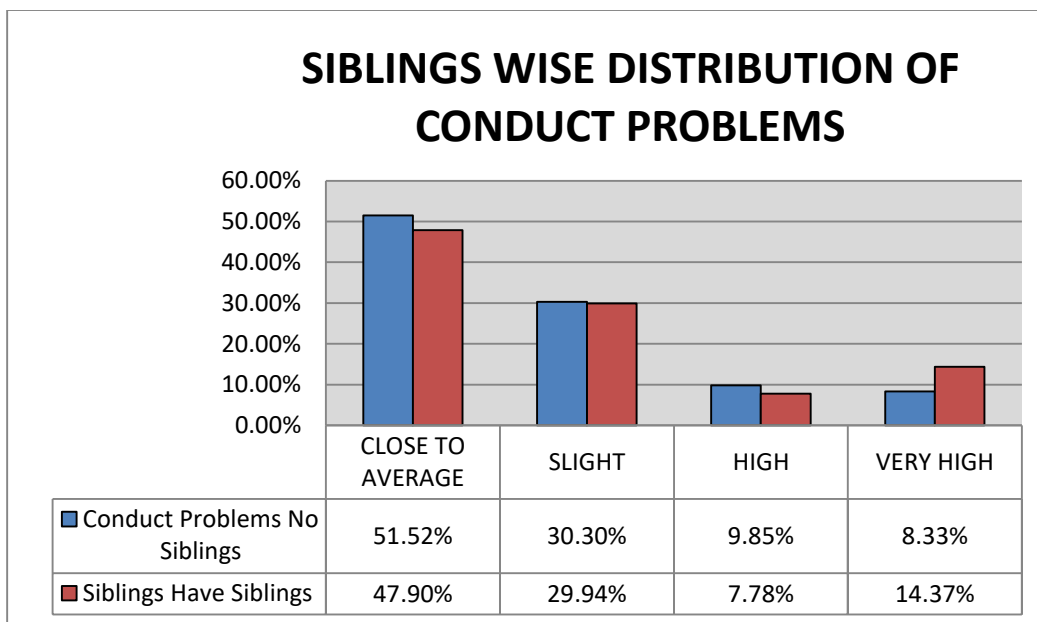
Table 4.12 Percentage distribution of Conduct Problem of Urban Area’s School Going Children on the basis of Siblings.

CONDUCT PROBLEMS			Siblings		Total
			No Siblings	Have Siblings	
CP	CLOSE TO AVERAGE	Count	68	160	228
		%Within	51.52	47.90	48.92
	SLIGHT	Count	40	100	140
		%Within	30.30	29.94	30.04
	HIGH	Count	13	26	39
		%Within	9.85	7.78	8.37
	VERY HIGH	Count	11	48	59
		%Within	8.33	14.37	12.66
Total		Count	132	334	466
			28.33	71.67	100

On the basis of table 4.12, the prevalence of Conduct problem was showed with respect to the Social or Independent variables.

According to Siblings variable, Conduct Problem was found more in Have Sibling student than the No Sibling student. Out of 334 Have Sibling students, 48(14.37%) had very or abnormal score and 26(7.78%), Have Sibling students had high or borderline score; whereas out of 132 No Sibling students, 11(8.33%) had very high score and 13(9.85%) No Sibling students with high SDQ score.

Figure 4.12 SIBLINGS wise distribution of Conduct Problem of Urban area’s students.



4.1.13 Assessment of Hyperactivity Problems (Gender basis) in Urban area’s School Going Children.

The following table 4.13 shows the status of Hyperactivity Problem of Urban area’s school going children on the basis of Gender variable.

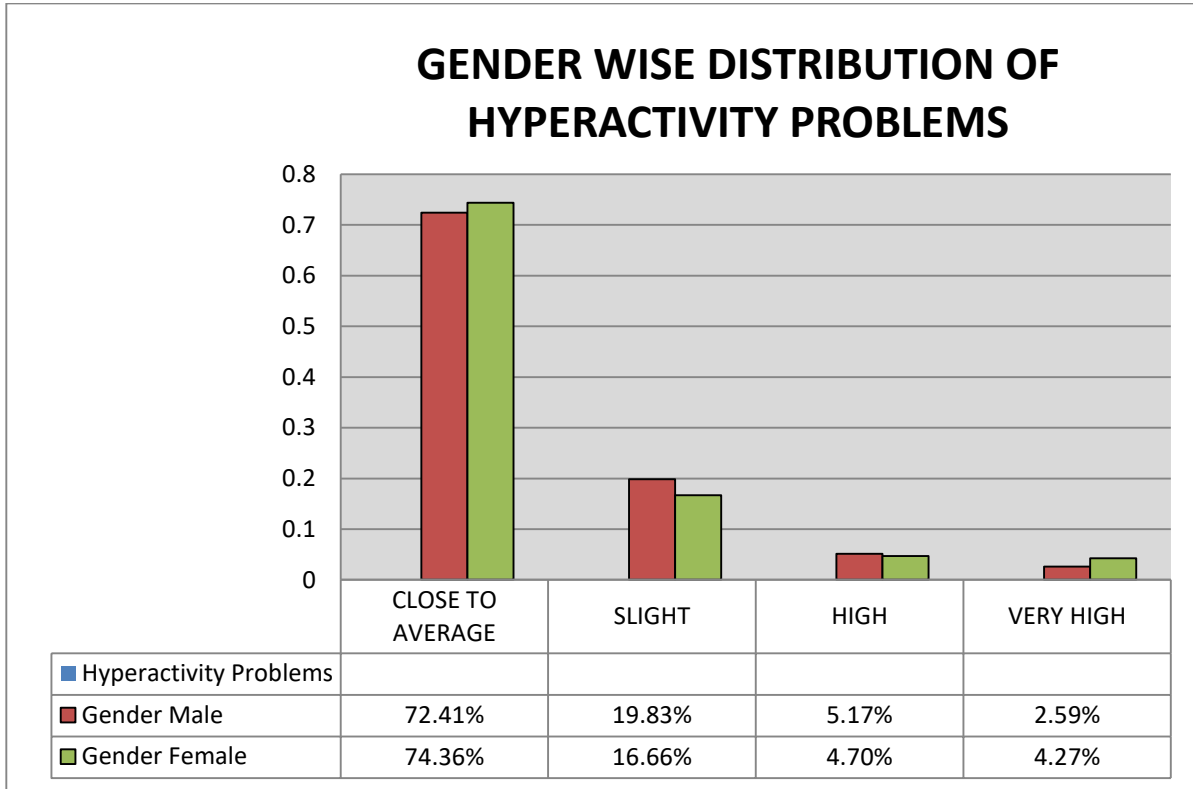
Table 4.13 Percentage distribution of Hyperactivity Problem of Urban Area’s School Going Children on the basis of Gender.

HYPERACTIVITY PROBLEMS			Gender		Total
			MALE	FEMALE	
HP	CLOSE TO AVERAGE	Count	168	174	342
		%Within	72.41%	74.36%	73.39%
	SLIGHT	Count	46	39	85
		%Within	19.83%	16.67%	18.24%
	HIGH	Count	12	11	23
		%Within	5.17%	4.70%	4.94%
	VERY HIGH	Count	6	10	16
		%Within	2.59%	4.27%	3.43%
Total		Count	232	234	466
			49.76%	50.21%	100%

On the basis of table 4.13, the prevalence of Hyperactivity problem was showed with respect to the Social or Independent variables.

According to Gender variable, Hyperactivity Problem was found more in Female student then the Male student. Out of 234 Female students, 10(4.27%) had very or abnormal score and 11(4.70%) Female students had high or borderline score; whereas out of 232 Male students, 6(2.59%) had very high score and 12(5.17%) Male students with high SDQ score.

Figure 4.13 GENDER wise distribution of Hyperactivity Problem of Urban area’s students.



4.1.14 Assessment of Hyperactivity Problem (Caste basis) in urban area’s School Going Children.

The following table 4.14 shows the stats of Hyperactivity Problem of Urban Area’s School Going Children on the basis of Caste Variable.

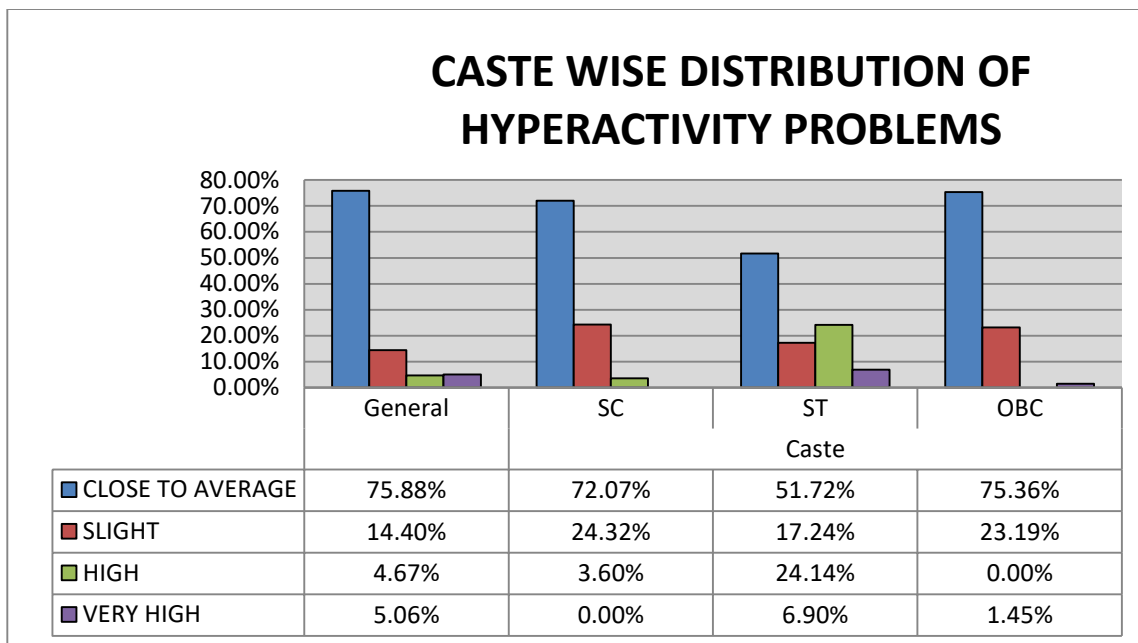
**Table 4.14 Percentage distribution of Hyperactivity Problem of Urban Area's School
Going Children on the basis of Caste**

HYPERACTIVITY PROBLEMS		Caste				Total	
		G	SC	ST	OBC		
HP	CLOSE TO AVERAGE	Count	195	80	15	52	342
		%Within	75.88%	72.07%	51.72%	75.36%	73.39%
	SLIGHT	Count	37	27	5	16	85
		%Within	14.40%	24.32%	17.24%	23.19%	18.24%
	HIGH	Count	12	4	7	0	23
		%Within	4.67%	3.60%	24.14%	0%	4.94%
	VERY HIGH	Count	13	0	2	1	16
		%Within	5.06%	0%	6.90%	1.45%	3.43%
Total		Count	257	111	29	69	466
			55.15%	23.82%	6.22%	14.81%	100%

On the basis of table 4.14, the prevalence of Hyperactivity problem was showed with respect to the Social or Independent variables.

According to Caste variable, Hyperactivity problem was found more in ST, then General, after that OBC, and last SC student. Out of 29 ST students, 2(6.90%) had very high or abnormal score with another 7(24.14%) General students with high or borderline score; then Out of 257 General students, 13(5.06%) had very high score with another 12(4.67%) ST students with high score; after that Out of 69 OBC students, 1(1.45%) had very high score with another 0(0%) ST students high score; at last Out of 111 SC students, 0(0%) had very score with another 4(3.60%) students high SDQ score.

Figure 4.14 CASTE wise distributions of Hyperactivity Problem of Urban area’s students.



4.1.15 Assessment of Hyperactivity Problem (Types of Family basis) in urban area’s School Going Children.

The following table 4.15 shows the stats of Hyperactivity Problem of Urban Area’s School Going Children on the basis of Types of Family Variable.

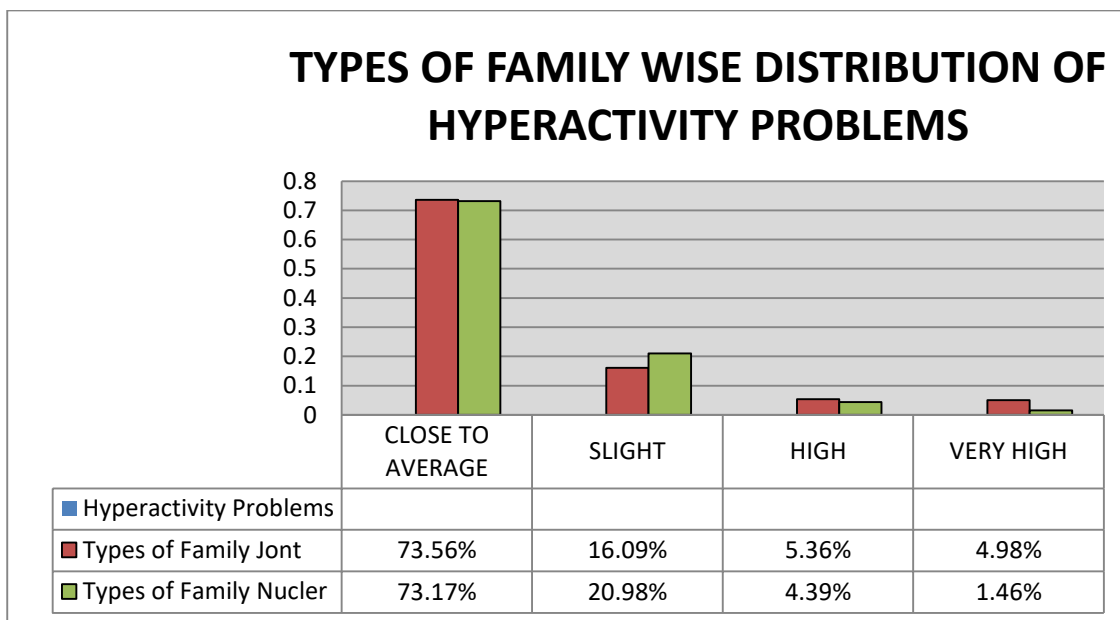
Table 4.15 Percentage distribution of Hyperactivity Problem of Urban Area’s School Going Children on the basis of Types of Family

HYPERACTIVITY PROBLEMS		Types of family		Total	
		JOINT	NUCLER		
HP	CLOSE TO AVERAGE	Count	192	150	342
		%Within	73.56%	73.17%	73.39%
	SLIGHT	Count	42	43	85
		%Within	16.09%	20.98%	18.24%
	HIGH	Count	14	9	23
		%Within	5.36%	4.39%	4.94%
	VERY HIGH	Count	13	3	16
		%Within	4.98%	1.46%	3.43%
Total		Count	261	205	466
			56.01%	43.99%	100%

On the basis of table 4.15, the prevalence of Hyperactivity problem was showed with respect to the Social or Independent variables.

According to the Types of Family variable, Hyperactivity Problem was found more in the students belonging to Joint Family then the students belonging to Nuclear Family. Out of 261 school student belong to Joint Family, 13(4.98%) had very high or abnormal score with another 14(5.36%) students with high or borderline score; whereas out of 205 school student belonging to Nuclear Family, 3(1.46%) showed very high score with another 9(4.39%) as high SDQ score.

Figure 4.15 TYPES OF FAMILY wise distribution of Hyperactivity Problem of Urban area’s students.



4.1.16 Assessment of Hyperactivity Problems (Siblings basis) in urban area’s School Going Children.

The following table 4.16 shows the status of Hyperactivity Problem of Urban area’s school going children on the basis of Siblings variable.

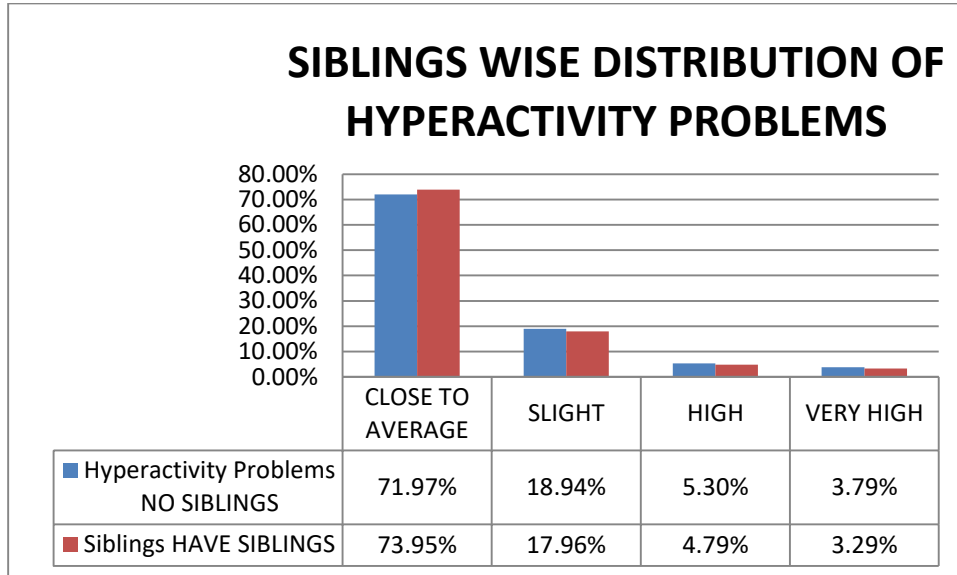
Table 4.16 Percentage distribution of Hyperactivity Problem of Urban Area’s School Going Children on the basis of Siblings

HYPERACTIVITY PROBLEMS			Siblings		Total	
			0	1		
HP	CLOSE TO AVERAGE	Count	95	247	342	
		%Within	71.96%	73.95%	73.39%	
	SLIGHT	Count	25	60	85	
		%Within	18.94%	17.96%	18.24%	
	HIGH	Count	7	16	23	
		%Within	5.30%	4.79%	4.94%	
	VERY HIGH	Count	5	11	16	
		%Within	3.79%	3.29%	3.43%	
	Total		Count	132	334	466
				28.33%	71.67%	100%

On the basis of table 4.16, the prevalence of Hyperactivity problem was showed with respect to the Social or Independent variables.

According to Siblings variable, Emotional Problem was found more in No Sibling student than the Have Sibling student. Out of 132 No Sibling students, 5(3.79%) had very or abnormal score and 7(5.30%) No Sibling students had high or borderline score; whereas out of 334 Have Sibling students, 11(3.29%) had very high score and 16(4.79%) No Sibling students with high SDQ score.

Figure 4.16 SIBLINGS wise distribution of Hyperactivity Problem of Urban area’s students.



4.1.17 Assessment of Peer Problems (Gender basis) in urban area’s School Going Children.

The following table 4.17 shows the status of Peer Problem of Urban area’s school going children on the basis of Gender variable.

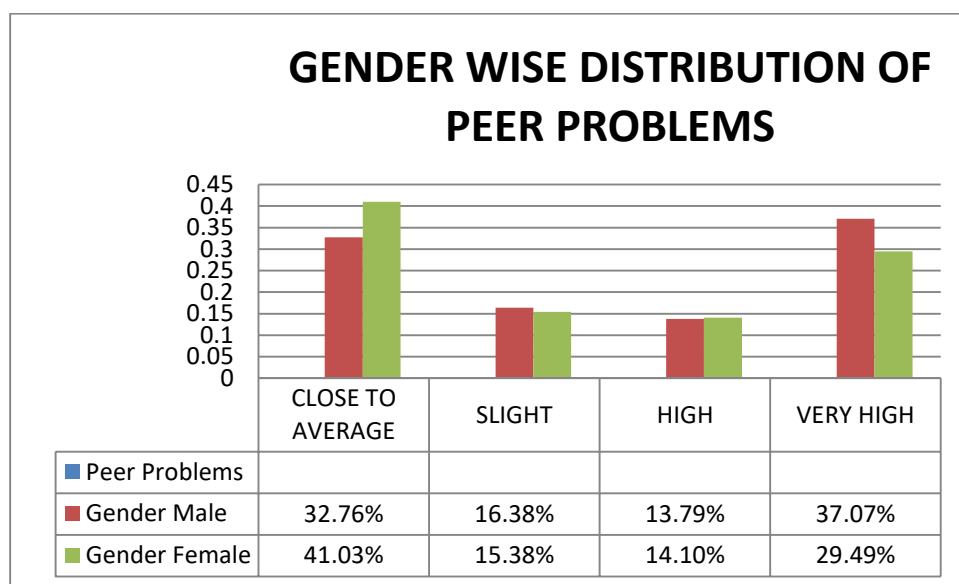
Table 4.17 Percentage distribution of peer Problem of Urban Area’s School Going Children on the basis of Gender

PEER PROBLEMS			Gender		Total
			MALE	FEMALE	
PP	CLOSE TO AVERAGE	Count	76	96	172
		%Within	32.76%	41.03%	36.91%
	SLIGHT	Count	38	36	74
		%Within	16.38%	15.38%	15.88%
	HIGH	Count	32	33	65
		%Within	13.79%	14.10%	13.95%
	VERY HIGH	Count	86	69	155
		%Within	37.07%	29.49%	33.26%
Total		Count	232	234	466
			49.79%	50.21%	100%

On the basis of table 4.17, the prevalence of Peer problem was showed with respect to the Social or Independent variables.

According to Gender variable, Peer Problem was found more in Male student then the Female student. Out of 232 Male students, 86(37.07%) had very or abnormal score and 32(13.79%) Male students had high or borderline score; whereas out of 234 Female students, 69(29.49%) had very high score and 33(14.10%) female students with high SDQ score.

Figure 4.17 GENDER wise distribution of Peer Problem of Urban area’s students.



4.1.18 Assessment of Peer Problem (Caste basis) in Urban area’s School Going Children.

The following table 4.18 shows the stats of Peer Problem of Urban Area’s School Going Children on the basis of Caste Variable.

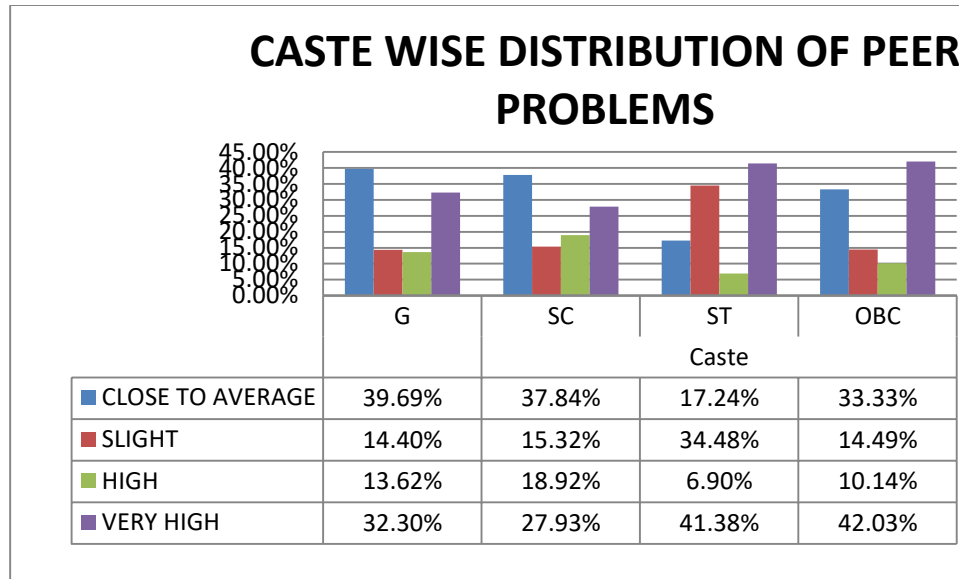
Table 4.18 Percentage distribution of Peer Problem of Urban Area’s School Going Children on the basis of Caste.

PEER PROBLEMS			Caste				Total
			G	SC	ST	OBC	
PP	CLOSE TO AVERAGE	Count	102	42	5	23	172
		%Within	39.69%	37.84%	17.24%	33.33%	36.91%
	SLIGHT	Count	37	17	10	10	74
		%Within	14.40%	15.32%	34.48%	14.49%	15.88%
	HIGH	Count	35	21	2	7	65
		%Within	13.62%	18.92%	6.90%	10.14%	13.95%
	VERY HIGH	Count	83	31	12	29	155
		%Within	32.30%	27.93%	41.38%	42.02%	33.26%
Total		Count	257	111	29	69	466
			55.15%	23.82%	6.22%	14.81%	100%

On the basis of table 4.18, the prevalence of Peer problem was showed with respect to the Social or Independent variables.

According to Caste variable, Peer problem was found more in OBC, then ST, after that General, and last SC student. Out of 69 OBC students, 29(42.02%) had very high or abnormal score with another 7(10.14%) OBC students with high or borderline score; then Out of 29 ST students, 12(41.38%) had very high score with another 2(6.90%) ST students with high score; after that Out of 257 General students, 83 (32.30%) had very high score with another 35(13.62%) General students high score; at last Out of 111 SC students, 31(27.93%) had very score with another 21(18.92%) students high SDQ score.

Figure 4.18 CASTE wise distributions of Peer Problem of Urban area’s students.



4.1.19 Assessment of Peer Problem (Types of Family basis) in urban area’s School Going Children.

The following table 4.19 shows the stats of Peer Problem of Urban Area’s School Going Children on the basis of Types of Family Variable.

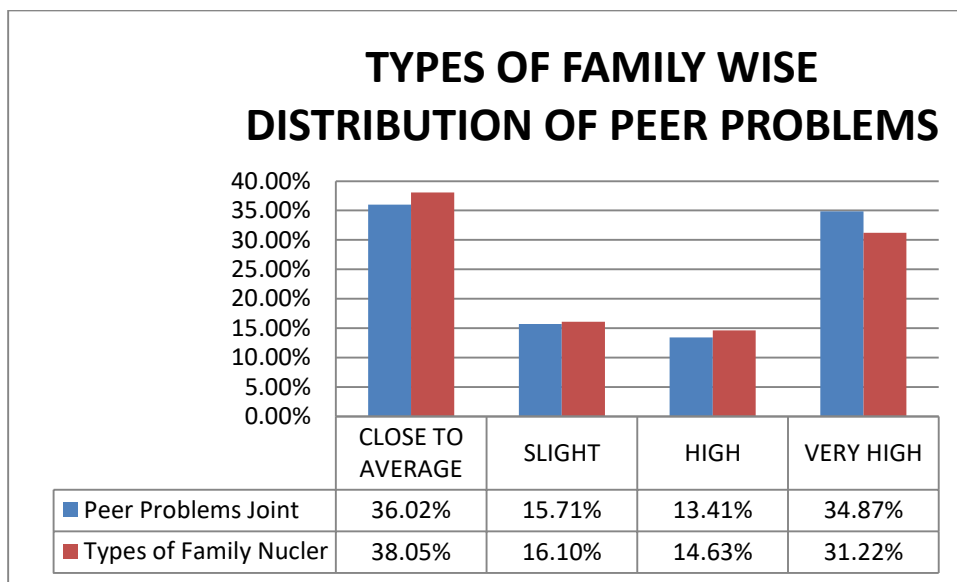
Table 4.19 Percentage distribution of Peer Problem of Urban Area’s School Going Children on the basis of Types of Family

PEER PROBLEMS			Types of family		Total
			JOINT	NUCLER	
PP	CLOSE TO AVERAGE	Count	94	78	172
		%Within	36.02%	38.05%	36.91%
	SLIGHT	Count	41	33	74
		%Within	15.71%	16.10%	15.88%
	HIGH	Count	35	30	65
		%Within	13.41%	14.63%	13.95%
	VERY HIGH	Count	91	64	155
		%Within	34.87%	31.22%	33.26%
Total		Count	261	205	466
			56.01%	43.99%	100%

On the basis of table 4.19, the prevalence of Peer problem was showed with respect to the Social or Independent variables.

According to the Types of Family variable, Peer Problem was found more in the students belonging to Joint Family then the students belonging to Nuclear Family. Out of 261 school student belong to Joint Family, 91(34.87%) had very high or abnormal score with another 35(13.41%) students with high or borderline score ; whereas out of 205 school student belonging to Nuclear Family, 64(31.22%) showed very high score with another 30(14.63%) as high SDQ score.

Figure 4.19 TYPES OF FAMILY wise distribution of Peer Problem of Urban area’s students.



4.1.20 Assessment of Peer Problems (Siblings basis) in urban area’s School Going Children.

The following table 4.20 shows the status of Peer Problem of Urban area’s school going children on the basis of Siblings variable.

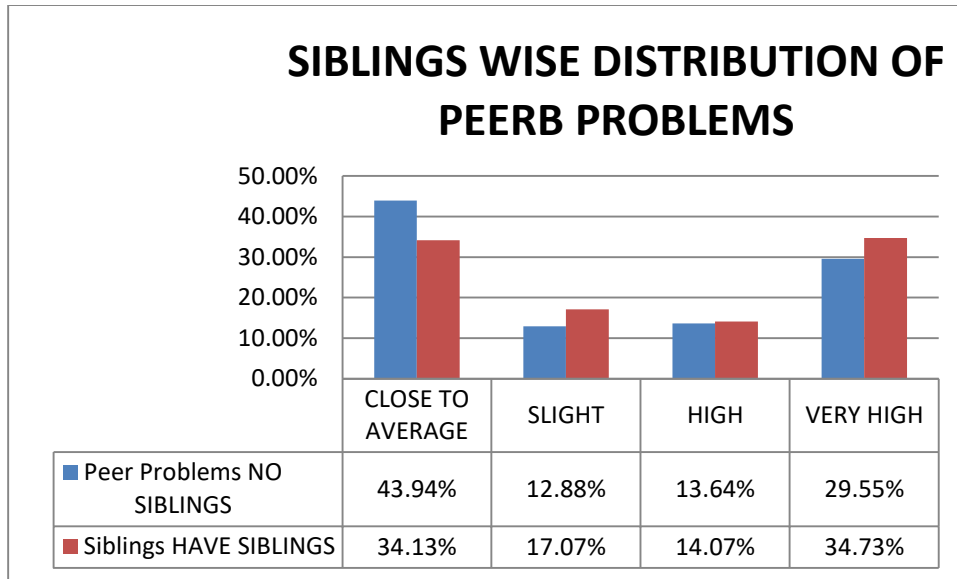
Table 4.20 Percentage distribution of Peer Problem of Urban Area’s School Going Children on the basis of Siblings.

PEER PROBLEMS			Siblings		Total
			0	1	
PP	CLOSE TO AVERAGE	Count	58	114	172
		%Within	43.94%	34.13%	36.91%
	SLIGHT	Count	17	57	74
		%Within	12.88%	17.07%	15.88%
	HIGH	Count	18	47	65
		%Within	13.64%	14.07%	13.95%
	VERY HIGH	Count	39	116	155
		%Within	29.55%	34.73%	33.26%
Total		Count	132	334	466
			28.33%	71.67%	100%

On the basis of table 4.20, the prevalence of Peer problem was showed with respect to the Social or Independent variables.

According to Siblings variable, Peer Problem was found more in Have Sibling student then the No Sibling student. Out of 334 Have Sibling students, 116(34.73%) had very or abnormal score and 47(14.07%) Have Sibling students had high or borderline score; whereas out of 132 No Sibling students, 39(29.55%) had very high score and 18 (13.64%) No Sibling students with high SDQ score.

Figure 4.20 SIBLINGS wise distribution of Peer Problem of Urban area’s students



4.1.21 Assessment of Pro-social Problems (Gender basis) in urban area’s School Going Children.

The following table 4.21 shows the status of Pro-social Problem of Urban area’s school going children on the basis of Gender variable.

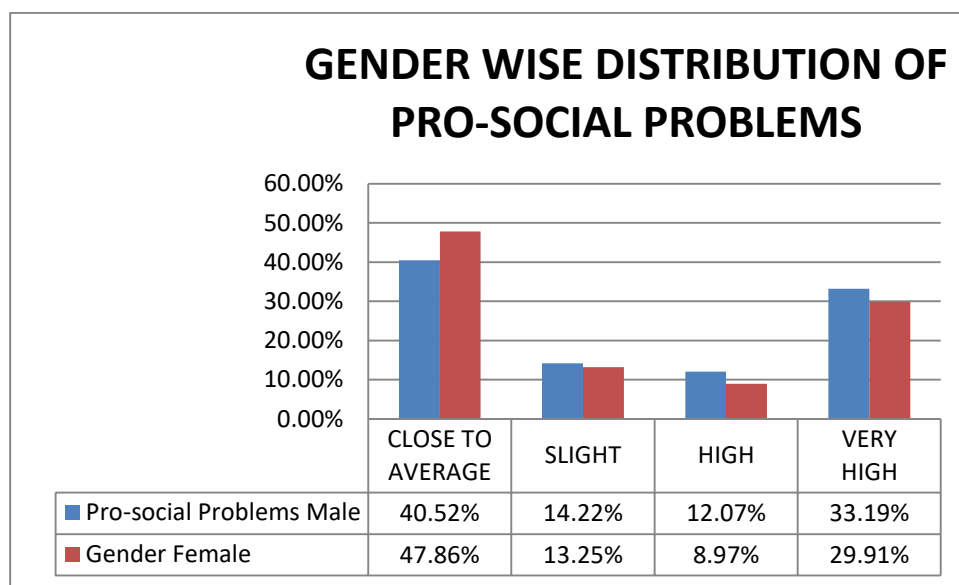
Table 4.21 Percentage distribution of Pro-social Problem of Urban Area’s School Going Children on the basis of Gender.

PRO-SOCIAL PROBLEMS			Gender		Total
			MALE	FEMALE	
PSP	CLOSE TO AVERAGE	Count	94	112	206
		%Within	40.52%	47.86%	44.21%
	LOWERED	Count	33	31	64
		%Within	14.22%	13.25%	13.73%
	LOW	Count	28	21	49
		%Within	12.07%	8.97%	10.52%
	VERY LOW	Count	77	70	147
		%Within	33.19%	29.91%	31.55%
Total		Count	232	234	466
			49.79%	50.21%	100%

On the basis of table 4.21, the prevalence of Pro-social problem was showed with respect to the Social or Independent variables.

According to Gender variable, Pro-social Problem was found more in Male student then the Female student. Out of 232 Male students, 77(33.19%) had very or abnormal score and 28(12.07%) Male students had high or borderline score; whereas out of 234 Female students, 70(29.91%) had very high score and 21(8.97%) female students with high SDQ score.

Figure 4.21 GENDER wise distribution of Pro-social Problem of Urban area’s students.



4.1.22 Assessment of Pro-social Problem (Caste basis) in urban area’s School Going Children.

The following table 4.22 shows the stats of Pro-social Problem of Urban Area’s School Going Children on the basis of Caste Variable.

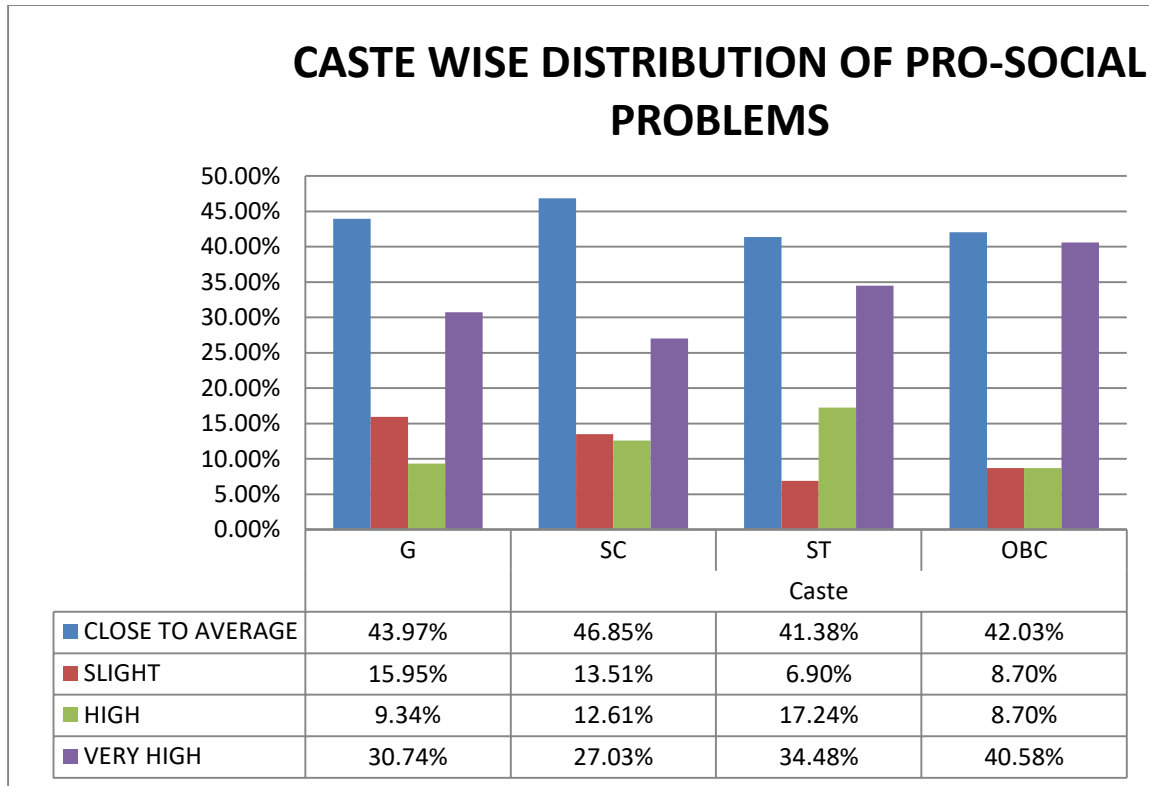
Table 4.22 Percentage distribution of Pro-social Problem of Urban Area’s School Going Children on the basis of Caste

PRO-SOCIAL PROBLEMS			Caste				Total	
			G	SC	ST	OBC		
PRP	CLOSE TO AVERAGE	Count	113	52	12	29	206	
		%Within	43.97%	46.86%	41.38%	42.02%	44.21%	
	LOWERED	Count	41	15	2	6	64	
		%Within	15.95%	13.51%	6.89%	8.70%	13.73%	
	LOW	Count	24	14	5	6	49	
		%Within	9.33%	12.61%	17.24%	8.70%	10.52%	
	VERY LOW	Count	79	30	10	28	147	
		%Within	30.74%	27.03%	34.48%	40.58%	31.55%	
	Total		Count	257	111	29	69	466
				55.15%	23.82%	6.22%	14.81%	100%

On the basis of table 4.22, the prevalence of Pro-social problem was showed with respect to the Social or Independent variables.

According to Caste variable, Pro-social problem was found more in OBC, then ST, after that General, and last SC student. Out of 69 OBC students, 28(40.58%) had very high or abnormal score with another 6(8.70%) OBC students with high or borderline score; then Out of 29 ST students, 10(34.48%) had very high score with another 5(17.24%) ST students with high score; after that Out of 257 General students, 79 (30.74%) had very high score with another 24(9.33%) General students high score; at last Out of 111 SC students, 30(27.03%) had very score with another 14(12.61%) students high SDQ score.

Figure 4.22 CASTE wise distributions of Pro-social Problem of Urban area’s students.



4.1.23 Assessment of Pro-social Problem (Types of Family basis) in urban area’s School Going Children.

The following table 4.23 shows the stats of Pro-social Problem of Urban Area’s School Going Children on the basis of Types of Family Variable.

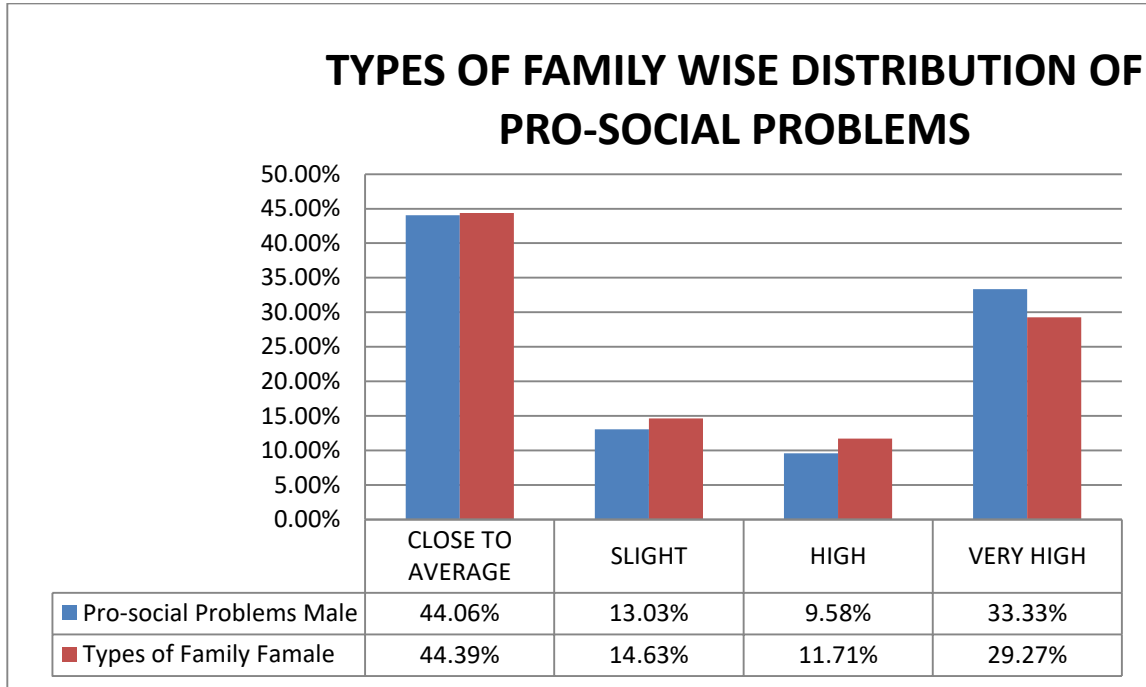
Table 4.23 Percentage distribution of Pro-social Problem of Urban Area’s School Going Children on the basis of Types of Family

PRO-SOCIAL PROBLEMS			Types of family		Total	
			JOINT	NUCLER		
PRP	CLOSE TO AVERAGE	Count	115	91	206	
		%Within	44.06%	44.39%	44.21%	
	LOWERED	Count	34	30	64	
		%Within	13.03%	14.63%	13.73%	
	LOW	Count	25	24	49	
		%Within	9.58%	11.71%	10.52%	
	VERY LOW	Count	87	60	147	
		%Within	33.33%	29.27%	31.55%	
	Total		Count	261	205	466
				56.01%	43.99%	100%

On the basis of table 4.23, the prevalence of Pro-social problem was showed with respect to the Social or Independent variables.

According to the Types of Family variable, Pro-social Problem was found more in the students belonging to Joint Family then the students belonging to Nuclear Family. Out of 261 school student belong to Joint Family, 87(33.33%) had very high or abnormal score with another 25(9.58%) students with high or borderline score; whereas out of 205 school student belonging to Nuclear Family, 60(29.27%) showed very high score with another 24(11.71%) as high SDQ score.

Figure 4.23 TYPES OF FAMILY wise distribution of Pro-social Problem of Urban area’s student.



4.1.24 Assessment of Pro-social Problems (Siblings basis) in urban area’s School Going Children.

The following table 4.24 shows the status of Pro-social Problem of Urban area’s school going children on the basis of Siblings variable.

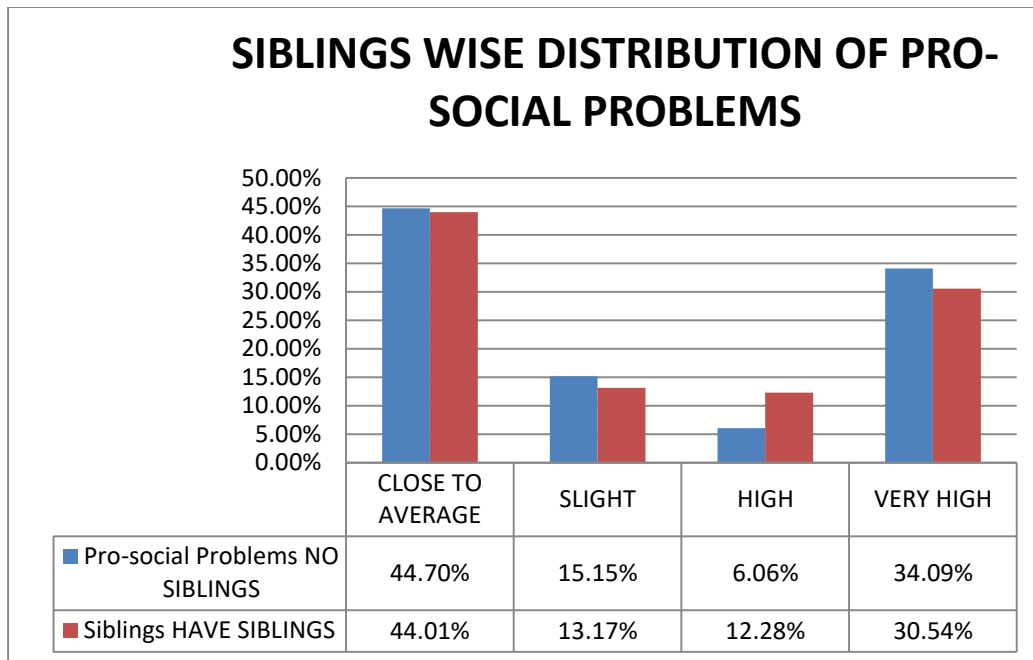
Table 4.24 Percentage distribution of Pro-social Problem of Urban Area’s School Going Children on the basis of Siblings.

PRO-SOCIAL PROBLEMS			Siblings		Total
			0	1	
PRP	CLOSE TO AVERAGE	Count	59	147	206
		%Within	44.70%	44.01%	44.21%
	LOWERED	Count	20	44	64
		%Within	15.15%	13.17%	13.73%
	LOW	Count	8	41	49
		%Within	6.06%	12.28%	10.52%
	VERY LOW	Count	45	102	147
		%Within	34.09%	30.54%	31.55%
Total		Count	132	334	466
			28.33%	71.67%	100%

On the basis of table 4.24, the prevalence of Pro-social problem was showed with respect to the Social or Independent variables.

According to Siblings variable, Pro-social Problem was found more in No Sibling student then the Have Sibling student. Out of 132 No Sibling students, 45(34.09%) had very or abnormal score and 8(6.06%) No Sibling students had high or borderline score; whereas out of 334 Have Sibling students, 102(30.54%) had very high score and 41(12.28%) No Sibling students with high SDQ score.

Figure 4.24 SIBLINGS wise distribution of Pro-social Problem of Urban area’s students.



4.2 Inferential Statistics

This part of the chapter deals with inferential statistics to the formulated hypothesis using correlation and chi-square test. In the present study, the nature of the population from which samples have been drawn is not to be normal. The variables are in nominal forms which is classified in category and represented by frequency counts. So, it is decided to test the collected data by distribution free non-parametric test. As the chi-square is used with the decided data in the form of frequency, it is decided to use chi-square test as a test as a test of independence and to estimate the like hood that some factor other than accounts for the observed relation (Koul, 1999).

In the present analysis as the overall score are considered for inferential statistics, a correlation for size of sample is made (Garrett, 1999).

4.2.1 Hypothesis Testing

H₀1: There is no significant difference in the rate of prevalence of Behavioural Problems (Total Difficulty) among the urban area's school children with respect to their Gender.

Table 4.25 Chi-square test showing Gender wise differences in Behavioural Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Gender	Male	232	3	6.986 ^a	0.072	NS*
	Female	234				(<i>P</i> >0.05)

The analysis in the above table revealed that the value of $\chi^2 = 6.986$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with 3df = 7.815 and 11.345 respectively. It has been observed that calculated value of χ^2 is quite lower than the critical values of χ^2 at both the levels. So the null hypothesis can be accepted as $P > 0.05$. Hence it can be safely concluded that the found difference in Behavioural Problems (Total Difficulty) between male and female urban area's school going children is not significant and it cannot be attributed to any chance factors.

H02: There is no significant difference in the rate of prevalence of Behavioural Problems (Total difficulty) among the urban area's school children with respect to their Caste.

Table 4.26 Chi-square test showing Caste wise differences in Behavioural Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Caste	G	257	9	9.774 ^a	.369	NS* ($P>0.05$)
	SC	111				
	ST	29				
	OBC	69				

The analysis in the above table revealed that the value of $\chi^2=9.774$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with 9df = 16.919 and 21.666 respectively. It has been observed that calculated value of χ^2 is quite lower than the critical values of at χ^2 the 5% level of significance. So the null hypothesis cannot be accepted as $P<0.01$. Hence it can be safely concluded that the found difference in Behavioural Problems General, SC, ST and OBC caste's urban area's school going children is not significant and it cannot be attributed to any chance factors.

H03: There is no significant difference in the rate of prevalence of Behavioural Problems among the urban area's school children with respect to their Types of Family.

Table 4.27 Chi-square test showing Types of Family wise differences in Behavioural Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Types of Family	Joint	261	3	1.363	0.714	NS* ($P>0.05$)
	Nuclear	205				

The analysis in the above table revealed that the value of $\chi^2 = 1.363$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with 3df = 7.815 and 11.345 respectively. It has been observed that calculated value of χ^2 is quite lower than the critical values of χ^2 at both the levels. So the null hypothesis can be accepted as $P > 0.05$. Hence it can be safely concluded that the found difference in Behavioural Problems between Joint and Nuclear Family Urban area's school going children is not significant and it cannot be attributed to any chance factors.

H₀4: There is no significant difference in the rate of prevalence of Behavioural Problems (Total Difficulty) among the urban area's school children with respect to their Siblings.

Table 4.28 Chi-square test showing Siblings wise differences in Behavioural Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Siblings	No Siblings	132	3	0.985	0.805	NS* ($P > 0.05$)
	Having Siblings	334				

The analysis in the above table revealed that the value of $\chi^2 = .985$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with 3df = 7.815 and 11.345 respectively. It has been observed that calculated value of χ^2 is quite lower than the critical values of χ^2 at the 5% level of significance. So the null hypothesis cannot be accepted as $P > 0.05$. Hence it can be safely concluded that the found difference in Behavioural Problems between No siblings and Have siblings Urban area's school going children is not significant and it cannot be attributed to any chance factors.

H₀5: There is no significant difference in the rate of prevalence of Emotional Problems among the urban area's school children with respect to their Gender.

Table 4.29 Chi-square test showing Gender wise differences in Emotional Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Gender	Male	232	3	1.778 ^a	.620	NS* ($P>0.05$)
	Female	234				

The analysis in the above table revealed that the value of $\chi^2 = 1.778$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with 3df = 7.815 and 11.345 respectively. It has been observed that calculated value of χ^2 quite lower than the critical values of χ^2 at both the levels. So the null hypothesis can be accepted as $P>0.05$. Hence it can be safely concluded that the found difference in Emotional Problems between male and female urban area's school going children is not significant and it cannot be attributed to any chance factors.

H₀6: There is no significant difference in the rate of prevalence of Emotional Problems among the urban area's school children with respect to their Caste.

Table 4.30 Chi-square test showing Caste wise differences in Emotional Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Caste	G	257	9	6.486 ^a	.690	NS* ($P>0.05$)
	SC	111				
	ST	29				
	OBC	69				

The analysis in the above table revealed that the value of $\chi^2 = 6.486$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with 9df = 16.919 and 21.666 respectively. It has been observed that calculated value of χ^2 is quite lower than the critical values of χ^2 at both the

levels. So the null hypothesis can be accepted as $P > 0.05$. Hence it can be safely concluded that the found difference in Emotional Problems General, SC, ST and OBC caste's urban area's school going children is not significant and it cannot be attributed to any chance factors.

H₀₇: There is no significant difference in the rate of prevalence of Emotional Problems among the urban area's school children with respect to their Types of Family.

Table 4.31 Chi-square test showing Types of Family wise differences in Emotional Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Types of Family	Joint	261	3	2.719a	.437	NS* ($P > 0.05$)
	Nuclear	205				

The analysis in the above table revealed that the value of $\chi^2 = 2.719$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with $3df = 7.815$ and 11.345 respectively. It has been observed that calculated value of χ^2 is quite lower than the critical values of χ^2 at both the levels. So the null hypothesis can be accepted as $P > 0.05$. Hence it can be safely concluded that the found difference in Emotional Problems between Joint and Nuclear Family Urban area's school going children is not significant and it cannot be attributed to any chance factors.

H₀₈: There is no significant difference in the rate of prevalence of Emotional Problems among the urban area's school children with respect to their Siblings.

Table 4.32 Chi-square test showing Siblings wise differences in Emotional Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Siblings	No Siblings	132	3	2.458a	0.805	NS* ($P > 0.05$)
	Having Siblings	334				

The analysis in the above table revealed that the value of $\chi^2 = 2.458$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with $3df = 7.815$ and 11.345 respectively. It has been observed that calculated value of χ^2 is quite lower than the critical values of χ^2 at both the levels. So the null hypothesis can be accepted as $P > 0.05$. Hence it can be safely concluded that the found difference in Emotional Problems between No siblings and Have siblings Urban area's school going children is not significant and it cannot be attributed to any chance factors.

H₀9: There is no significant difference in the rate of prevalence of Conduct Problems among the urban area's school children with respect to their Gender.

Table 4.33 Chi-square test showing Gender wise differences in Conduct Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Gender	Male	232	3	3.753 ^a	.289	NS* ($P > 0.05$)
	Female	234				

The analysis in the above table revealed that the value of $\chi^2 = 3.753$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with $3df = 7.815$ and 11.345 respectively. It has been observed that calculated value of χ^2 is quite lower than the critical values of χ^2 at both the levels. So the null hypothesis can be accepted as $P > 0.05$. Hence it can be safely concluded that the found difference in Conduct Problems between male and female urban area's school going children is not significant and it cannot be attributed to any chance factors.

H₀10: There is no significant difference in the rate of prevalence of Conduct Problems among the urban area's school children with respect to their Caste.

Table 4.34 Chi-square test showing Caste wise differences in Conduct Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Caste	G	257	9	12.651 ^a	.179	NS* ($P>0.05$)
	SC	111				
	ST	29				
	OBC	69				

The analysis in the above table revealed that the value of $\chi^2 = 12.651$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with 9df = 16.919 and 21.666 respectively. It has been observed that calculated value of χ^2 is quite lower than the critical values of χ^2 at both the levels. So the null hypothesis can be accepted as $P>0.05$. Hence it can be safely concluded that the found difference in Conduct Problems General, SC, ST and OBC caste's urban area's school going children is not significant and it cannot be attributed to any chance factors.

H₀11: There is no significant difference in the rate of prevalence of Conduct Problems among the urban area's school children with respect to their Types of Family.

Table 4.35 Chi-square test showing Types of Family wise differences in Conduct Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Types of Family	Joint	261	3	2.719 ^a	.437	S* ($P>0.01$)
	Nuclear	205				

The analysis in the above table revealed that the value of $\chi^2 = 2.719$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with 3df = 7.815 and 11.345 respectively. It has been observed that calculated value of χ^2 is quite lower than the critical values of χ^2 at both the

levels. So the null hypothesis cannot be accepted as $P < 0.01$. Hence it can be safely concluded that the found difference in Conduct Problems between Joint and Nuclear Family Urban area's school going children is significant and it cannot be attributed to any chance factors.

H₀12: There is no significant difference in the rate of prevalence of Conduct Problems among the urban area's school children with respect to their Siblings.

Table 4.36 Chi-square test showing Siblings wise differences in Conduct Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Siblings	No Siblings	132	3	3.462 ^a	.326	NS* ($P > 0.05$)
	Having Siblings	334				

The analysis in the above table revealed that the value of $\chi^2 = 3.462$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with 3df = 7.815 and 11.345 respectively. It has been observed that calculated value of χ^2 is quite lower than the critical values of χ^2 at the 5% level of significance. So the null hypothesis cannot be accepted as $P > 0.05$. Hence it can be safely concluded that the found difference in Conduct Problems between No siblings and Have siblings Urban area's school going children is not significant and it cannot be attributed to any chance factors.

H₀13: There is no significant difference in the rate of prevalence of Hyperactivity Problems among the urban area's school children with respect to their Gender.

Table 4.37 Chi-square test showing Gender wise differences in Hyperactivity Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Gender	Male	232	3	1.717 ^a	.633	NS*
	Female	234				(P>0.05)

The analysis in the above table revealed that the value of $\chi^2 = 1.717$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with 3df = 7.815 and 11.345 respectively. It has been observed that calculated value of χ^2 is quite lower than the critical values of χ^2 at both the levels. So the null hypothesis can be accepted as P>0.05. Hence it can be safely concluded that the found difference in Hyperactivity Problems between male and female urban area's school going children is not significant and it cannot be attributed to any chance factors.

H₀14: There is no significant difference in the rate of prevalence of Hyperactivity Problems among the urban area's school children with respect to their Caste.

Table 4.38 Chi-square test showing Caste wise differences in Hyperactivity Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Caste	G	257	9	40.508 ^a	.000	S*
	SC	111				(P>0.01)
	ST	29				
	OBC	69				

The analysis in the above table revealed that the value of $\chi^2 = 40.508$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with 9df = 16.919 and 21.666 respectively. It has been observed that calculated value of χ^2 is quite higher than the critical values of χ^2 at both the levels. So the null hypothesis can be accepted as $P < 0.01$. Hence it can be safely concluded that the found difference in Hyperactivity Problems General, SC, ST and OBC caste's urban area's school going children is significant and it cannot be attributed to any chance factors.

H₀15: There is no significant difference in the rate of prevalence of Hyperactivity Problems among the Urban area's school children with respect to their Types of Family.

Table 4.39 Chi-square test showing Types of Family wise differences in Hyperactivity

Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Types of Family	Joint	261	3	5.862 ^a	.119	NS* ($P > 0.05$)
	Nuclear	205				

The analysis in the above table revealed that the value of $\chi^2 = 5.862$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with 3df = 7.815 and 11.345 respectively. It has been observed that calculated value of χ^2 is quite higher than the critical values of χ^2 at both the levels. So the null hypothesis cannot be accepted as $P > 0.05$. Hence it can be safely concluded that the found difference in Hyperactivity Problems between Joint and Nuclear Family Urban area's school going children is not significant and it cannot be attributed to any chance factors.

H₀16: There is no significant difference in the rate of prevalence of Hyperactivity Problems among the urban area’s school children with respect to their Siblings.

Table 4.40 Chi-square test showing Siblings wise differences in Hyperactivity Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Siblings	No Siblings	132	3	.218 ^a	.975	NS* ($P>0.05$)
	Having Siblings	334				

The analysis in the above table revealed that the value of $\chi^2 = .218$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with 3df = 7.815 and 11.345 respectively. It has been observed that calculated value of χ^2 is quite lower than the critical values of χ^2 at the 5% level of significance. So the null hypothesis cannot be accepted as $P>0.05$. Hence it can be safely concluded that the found difference in Hyperactivity Problems between No siblings and Have siblings Urban area’s school going children is not significant and it cannot be attributed to any chance factors.

H₀17: There is no significant difference in the rate of prevalence of Peer Problems among the urban area’s school children with respect to their Gender.

Table 4.41 Chi-square test showing Gender wise differences in Peer Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Gender	Male	232	3	4.251 ^a	.236	NS* ($P>0.05$)
	Female	234				

The analysis in the above table revealed that the value of $\chi^2 = 4.251$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with 3df = 7.815 and 11.345 respectively. It has been observed that calculated value of χ^2 is quite lower than the critical values of χ^2 at both the levels. So the null hypothesis can be accepted as $P > 0.05$. Hence it can be safely concluded that the found difference in Peer Problems between male and female urban area's school going children is not significant and it cannot be attributed to any chance factors.

H₀18: There is no significant difference in the rate of prevalence of Peer Problems among the Urban area's school children with respect to their Caste.

Table 4.42 Chi-square test showing Caste wise differences in Peer Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Caste	G	257	9	17.550 ^a	.041	S* ($P > 0.05$)
	SC	111				
	ST	29				
	OBC	69				

The analysis in the above table revealed that the value of $\chi^2 = 17.550$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with 9df = 16.919 and 21.666 respectively. It has been observed that calculated value of χ^2 is quite lower than the critical value of χ^2 at the 5% level of significance. It has been observed that calculated value of χ^2 is quite higher than the critical values of χ^2 at the 1% level of significance. So the null hypothesis can be accepted as $P < 0.05$. Hence it can be safely concluded that the found difference in Peer Problems General, SC, ST and OBC caste's urban area's school going children is significant and it cannot be attributed to any chance factors.

H₀19: There is no significant difference in the rate of prevalence of Peer Problems among the urban area's school children with respect to their Types of Family.

Table 4.43 Chi-square test showing Types of Family wise differences in Peer Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Types of Family	Joint	261	3	.722 ^a	.868	NS* ($P > 0.05$)
	Nuclear	205				

The analysis in the above table revealed that the value of $\chi^2 = .722$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with 3df = 7.815 and 11.345 respectively. It has been observed that calculated value of χ^2 is quite lower than the critical values of χ^2 at both the levels. So the null hypothesis can be accepted as $P > 0.05$. Hence it can be safely concluded that the found difference in Peer Problems between Joint and Nuclear Family Urban area's school going children is not significant and it cannot be attributed to any chance factors.

H₀20: There is no significant difference in the rate of prevalence of Peer Problems among the urban area's school children with respect to their Siblings.

Table 4.44 Chi-square test showing Siblings wise differences in Peer Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Siblings	No Siblings	132	3	4.288 ^a	.232	NS* ($P > 0.05$)
	Having Siblings	334				

The analysis in the above table revealed that the value of $\chi^2 = 4.288$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with 3df = 7.815 and 11.345 respectively. It has been

observed that calculated value of χ^2 is quite lower than the critical values of χ^2 at the 5% level of significance. So the null hypothesis cannot be accepted as $P < 0.01$. Hence it can be safely concluded that the found difference in Peer Problems between No siblings and Have siblings Urban area's school going children is not significant and it cannot be attributed to any chance factors.

H₀21: There is no significant difference in the rate of prevalence of Pro-social Problems among the urban area's school children with respect to their Gender.

Table 4.45 Chi-square test showing Gender wise differences in Pro-social Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Gender	Male	232	3	2.960 ^a	.398	NS*
	Female	234				($P > 0.05$)

The analysis in the above table revealed that the value of $\chi^2 = 2.960$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with 3df = 7.815 and 11.345 respectively. It has been observed that calculated value of χ^2 is quite lower than the critical values of χ^2 at both the levels. So the null hypothesis can be accepted as $P > 0.05$. Hence it can be safely concluded that the found difference in Pro-social Problems between male and female urban area's school going children is not significant and it cannot be attributed to any chance factors.

H₀22: There is no significant difference in the rate of prevalence of Pro-social Problems among the urban area's school children with respect to their Caste.

Table 4.46 Chi-square test showing Caste wise differences in Pro-social

Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Caste	G	257	9	8.397 ^a	.495	NS* ($P > 0.05$)
	SC	111				
	ST	29				
	OBC	69				

The analysis in the above table revealed that the value of $\chi^2 = 8.397$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with 9df = 16.919 and 21.666 respectively. It has been observed that calculated value of χ^2 is quite lower than the critical values of χ^2 at the 5% level of significance. So the null hypothesis cannot be accepted as $P > 0.05$. Hence it can be safely concluded that the found difference in Pro-social Problems General, SC, ST and OBC caste's urban area's school going children is not significant and it cannot be attributed to any chance factors.

H₀23: There is no significant difference in the rate of prevalence of Pro-social Problems among the urban area's school children with respect to their Types of Family.

Table 4.47 Chi-square test showing Types of Family wise differences in Pro-social

Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Types of Family	Joint	261	3	1.315 ^a	.726	NS* ($P > 0.05$)
	Nuclear	205				

The analysis in the above table revealed that the value of $\chi^2 = 1.315$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with 3df = 7.815 and 11.345 respectively. It has been observed that calculated value of χ^2 is quite lower than the critical values of χ^2 at both the levels. So the null hypothesis can be accepted as $P > 0.05$. Hence it can be safely concluded that the found difference in Pro-social Problems between Joint and Nuclear Family Urban area's school going children is not significant and it cannot be attributed to any chance factors.

H₀24: There is no significant difference in the rate of prevalence of Pro-social Problems among the urban area's school children with respect to their Siblings.

Table 4.48 Chi-square test showing Siblings wise differences in Pro-social Problems

Variable	Category	N	Df	χ^2	Asymp. Sig. (2 sided)	Remarks
Siblings	No Siblings	132	3	4.133 ^a	.247	NS* (P>0.05)
	Having Siblings	334				

The analysis in the above table revealed that the value of $\chi^2 = 4.133$. The critical values of χ^2 at 0.05 and 0.01 levels of significance with 3df = 7.815 and 11.345 respectively. It has been observed that calculated value of χ^2 is quite lower than the critical values of χ^2 at the 5% level of significance. So the null hypothesis can be accepted as $P < 0.05$. Hence it can be safely concluded that the found difference in Pro-social Problems between No siblings and Have siblings Urban area's school going children is not significant and it cannot be attributed to any chance factors.

H₀25 : There is no significant relationship between different dimensions like – Emotional problems (EP), Conduct problems (CP), Hyperactivity problems (HP), Peer problems (PP), Pro social problems (PRP) among the Urban area’s school going children.

Table 4.49. Co-efficient of Co-relation showing relation between different dimensions of Mental Health Problems.

		Correlations				
		EP	CP	HP	PP	PRP
EP	Pearson Correlation	1	.667**	.170**	.168**	.143**
	Sig. (2-tailed)		.000	.000	.000	.002
	N	466	466	466	466	466
CP	Pearson Correlation	.667**	1	.088	.068	.178**
	Sig. (2-tailed)	.000		.057	.143	.000
	N	466	466	466	466	466
HP	Pearson Correlation	.170**	.088	1	.749**	-.351**
	Sig. (2-tailed)	.000	.057		.000	.000
	N	466	466	466	466	466
PP	Pearson Correlation	.168**	.068	.749**	1	-.297**
	Sig. (2-tailed)	.000	.143	.000		.000
	N	466	466	466	466	466
PRP	Pearson Correlation	.143**	.178**	-.351**	-.297**	1
	Sig. (2-tailed)	.002	.000	.000	.000	
	N	466	466	466	466	466

** . Correlation is significant at the 0.01 level (2-tailed).

- From the above analysis it has been revealed that the Emotional and Conduct Problem of the students are moderate correlated as the co-efficient correlation is 0.667 i.e. positive moderate correlation under the study and the relationship is statistically to be significant; Other hand the relationship between hyperactivity and peer problem of the students is high positive correlation i.e. highly correlated and the relationship between two problems is statistically significant.

- Significant relationship between these dimensions:
 - I. Emotional Problem vs Hyperactivity Problem : $r = 0.170$, Sig. level = 0.000
 - II. Emotional Problem vs Peer Problem : $r = 0.168$, Sig. level = 0.000
 - III. Emotional Problem vs Pro-social Problem : $r = 0.143$, Sig. level = 0.002
 - IV. Conduct Problem vs Pro-social Problem : $r = 0.178$, Sig. level = 0.000
 - V. Pro-social Problem vs Hyperactivity Problem : $r = -0.351$, Sig. level = 0.000
 - VI. Peer Problem vs Pro-Social Problem : $r = -0.291$, Sig. level = 0.000

On the basis of above relationship is statistically significant at the both level (5% & 1% level of Significance).

References

- Best, J. W., & Kahn, J.V. (2008). Research in Education. Delhi: Pearson
- Kour, L. (1999): Methodology of Education Research (4th Edition), Vikas Publishing house Pvt. Ltd
- Garrett, HE (1979): Statistics in Psychology and Education, 6th Edition: International Book Bureau, Hyderabad, pp-42-48.
- S. K. Mangal (2014): Statistics in Psychology and Education, 2nd Edition: Phi learning Private Limited, ISBN-978-81-203-2088-8

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CHAPTER- V: CONCLUSION AND DISCUSSION

The study was conducted primarily with the objective of investigating the rate of prevalence of Behavioural Problems among the urban area's school going children age group 11 to 15 years, studying in the school located in the district of Hooghly in the state of West Bengal. The study sample comprises of both Male and Female students; belonging to rural area's school going children and comprises the Behavioural Problems with respect to Gender, Caste, Types of Family and Siblings of the students. The study also wanted to find out-

- i. The rate of prevalence of Behavioural Problems among the Urban area's school going students.
- ii. The rate of prevalence of different dimension of Behavioural Problems i.e. Emotional Problems, Conduct Problems, Hyperactivity Problems, Peer Problems and Pro-Social Problems among the Urban area's school going children.
- iii. Further tried to find out the predictor of overall Behavioural Problems.
- iv. The present chapter discusses the major findings of the study, comparison of findings with other studies is significant and implication for further research.

5.1 Findings of the study

The study was conducted on a total number of 466 urban area's School Going children. The major findings of the study in respect to the analysis and interpretation of data are given below:

Gender wise Behavioural Problems (Total Difficulty): It has been revealed from the study that, -

- 21.55% Urban Area's Male school going children having Very High level of Behavioural Problems and 15.81% Female school going children having very High or abnormal SDQ score, which suggest that these children have definite problems in coping with the difficulties of daily life.

- 17.67% Urban Area's Male school going children having High level of Behavioural Problems and 11.97% Female school going children having High level of Behavioural Problems.
- 13.36% Urban Area's Male school going children scored slightly Raised and 14.96% Urban Area's Female school going children scored Slightly Raised.
- 47.41% Urban Area's Male school going children scored Close to Average and 57.26% Urban Area's Female school going children Scored Close to Average.

Caste wise Behavioural Problems (Total Difficulty): It has been revealed from the study that, -

- 17.12% General Caste students having Very High level of Behavioural Problems, 15.32% Scheduled caste students having Very High level of Behavioural Problems, 31.03% Scheduled Tribe students having Very High level of Behavioural Problems and 24.64% Other Backwater Class students having Very High or abnormal SDQ score.
- 13.23% General Caste students having High level of Behavioural Problems, 17.12% Scheduled Caste students having High level of Behavioural Problems, 20.69% Scheduled Tribe students having High level of Behavioural Problems and 14.49% Other Backwater Class students having high level of Behavioural Problems
- 13.23% General Caste students having Slightly Raised Behavioural Problems, 16.22% Scheduled Caste students having Slightly Raised Behavioural Problems, 13.79% Scheduled Tribe students having Slightly Raised Behavioural Problems and 14.49% Other Backwater Class students having Slightly Raised Peer Problems.
- 56.42% General Caste students having Close to Average Behavioural Problems, 51.35% Scheduled Caste students having Close to Average Behavioural Problems, 34.48% Scheduled Tribe students having Close to Average Behavioural Problems and 46.38% Other Backwater Class students having Close to Average Behavioural Problems.

Types of Family wise Behavioural Problems (Total Difficulty): It has been revealed from the study that, -

- 19.54% students who belonging to Joint Family having Very High Behavioural Problems and 17.56% students who belonging to Nuclear Family having Very High Behavioural Problems.
- 16.09% students who belonging to Joint Family having High Behavioural Problems and 13.17% students who belonging to Nuclear Family having High Behavioural Problems.
- 13.41% students who belonging to Joint Family having Slightly Raised Behavioural Problems and 15.12% students who belonging to Nuclear Family having Slightly Raised Behavioural Problems.
- 50.96% students who belonging to Joint Family having Close to Average Behavioural Problems and 54.15% students who belonging to Nuclear Family having Close to Average Behavioural Problems.

Siblings wise Behavioural Problems (Total Difficulty): It has been revealed from the study that, -

- 19.70% students who had no Siblings having Very High Behavioural Problems and 18.26% students who had a Siblings having Very High Behavioural Problems.
- 13.64% students who had no Siblings having High Behavioural Problems and 15.27% students who had a Sibling having High Behavioural Problems.
- 12.12% students who had no Siblings having Slightly Raised Behavioural Problems and 14.97% students who had a Siblings having Slightly Raised Behavioural Problems.
- 54.55% students who had no Siblings having Close to Average Behavioural Problems and 51.50% students who had a Siblings having Close to Average Behavioural Problems.

Gender wise Emotional Problems: It has been revealed from the study that, -

- 8.62% Urban Area's Male school going children having Very High level of Emotional Problems and 7.69% Female school going children having very High or abnormal SDQ score, which suggest that these children have definite problems in coping with the difficulties of daily life.

- 22.84% Urban Area's Male school going children having High level of Emotional Problems and 18.38% Female school going children having High level of Emotional Problems.
- 12.93% Urban Area's Male school going children scored slightly Raised and 13.25% Urban Area's Female school going children scored Slightly Raised.
- 55.60% Urban Area's Male school going children scored Close to Average and 60.68% Urban Area's Female school going children Scored Close to Average.

Caste wise Emotional Problems: It has been revealed from the study that, -

- 8.95% General Caste students having Very High level of Emotional Problems, 5.41% Scheduled caste students having Very High level of Emotional Problems, 6.90% Scheduled Tribe students having Very High level of Emotional Problems and 10.14% Other Backwater Class students having Very High or abnormal SDQ score.

- 18.29% General Caste students having High level of Emotional Problems, 22.52% Scheduled Caste students having High level of Emotional Problems, 31.03% Scheduled Tribe students having High level of Emotional Problems and 21.74% Other Backwater Class students having high level of Emotional Problems

- 11.67% General Caste students having Slightly Raised Emotional Problems, 16.22% Scheduled Caste students having Slightly Raised Emotional Problems, 10.34% Scheduled Tribe students having Slightly Raised Emotional Problems and 14.49% Other Backwater Class students having Slightly Raised Emotional Problems.

- 61.09% General Caste students having Close to Average Emotional Problems, 55.86% Scheduled Caste students having Close to Average Emotional Problems, 51.72%

Scheduled Tribe students having Close to Average Emotional Problems and 53.62% Other Backwater Class students having Close to Average Emotional Problems.

Types of Family wise Emotional Problems: It has been revealed from the study that, -

- 6.51% students who belonging to Joint Family having Very High Emotional Problems and 10.24% students who belonging to Nuclear Family having Very High Emotional Problems.
- 22.22% students who belonging to Joint Family having High Emotional Problems and 18.54% students who belonging to Nuclear Family having High Emotional Problems.
- 13.03% students who belonging to Joint Family having Slightly Raised Emotional Problems and 13.17% students who belonging to Nuclear Family having Slightly Raised Emotional Problems.
- 58.24% students who belonging to Joint Family having Close to Average Emotional Problems and 58.05% students who belonging to Nuclear Family having Close to Average Emotional Problems.

Siblings wise Emotional Problems: It has been revealed from the study that, -

- 6.82% students who had no Siblings having Very High Emotional Problems and 8.68% students who had a Siblings having Very High Emotional Problems.
- 24.24% students who had no Siblings having High Emotional Problems and 19.16% students who had a Siblings having High Emotional Problems.
- 10.61% students who had no Siblings having Slightly Raised Emotional Problems and 14.07% students who had a Siblings having Slightly Raised Emotional Problems.
- 58.33% students who had no Siblings having Close to Average Emotional Problems and 58.08% students who had a Siblings having Close to Average Emotional Problems.

Gender wise Conduct Problems: It has been revealed from the study that, -

- 13.36% Urban Area's Male school going children having Very High level of Conduct Problems and 11.97% Female school going children having very High or abnormal SDQ score, which suggest that these children have definite problems in coping with the difficulties of daily life.
- 8.19% Urban Area's Male school going children having High level of Emotional Problems and 8.55% Female school going children having High level of Conduct Problems.
- 33.62% Urban Area's Male school going children scored slightly Raised and 26.50% Urban Area's Female school going children scored Slightly Raised.
- 44.83% Urban Area's Male school going children scored Close to Average and 52.99% Urban Area's Female school going children Scored Close to Average.

Caste wise Conduct Problems: It has been revealed from the study that, -

- 10.89% General Caste students having Very High level of Emotional Problems, 13.51% Scheduled caste students having Very High level of Conduct Problems, 20.69% Scheduled Tribe students having Very High level of Conduct Problems and 14.49% Other Backwater Class students having Very High or abnormal SDQ score.
- 9.73% General Caste students having High level of Emotional Problems, 6.31% Scheduled Caste students having High level of Conduct Problems, 6.90% Scheduled Tribe students having High level of Conduct Problems and 7.25% Other Backwater Class students having high level of Conduct Problems
- 25.68% General Caste students having Slightly Raised Conduct Problems, 32.43% Scheduled Caste students having Slightly Raised Conduct Problems, 31.03% Scheduled Tribe students having Slightly Raised Conduct Problems and 42.03% Other Backwater Class students having Slightly Raised Conduct Problems.
- 53.70% General Caste students having Close to Average Conduct Problems, 47.75% Scheduled Caste students having Close to Average Conduct Problems, 41.38% Scheduled Tribe students having Close to Average Conduct Problems and 36.23% Other Backwater Class students having Close to Average Conduct Problems.

Types of Family wise Conduct Problems: It has been revealed from the study that, -

- 16.48% students who belonging to Joint Family having Very High Conduct Problems and 7.80% students who belonging to Nuclear Family having Very High Conduct Problems.
- 9.20% students who belonging to Joint Family having High Conduct Problems and 7.32% students who belonging to Nuclear Family having High Conduct Problems.
- 24.90% students who belonging to Joint Family having Slightly Raised Conduct Problems and 36.59% students who belonging to Nuclear Family having Slightly Raised Conduct Problems.
- 49.43% students who belonging to Joint Family having Close to Average Conduct Problems and 48.29% students who belonging to Nuclear Family having Close to Average Conduct Problems.

Siblings wise Conduct Problems: It has been revealed from the study that, -

- 8.33% students who had no Siblings having Very High Conduct Problems and 14.37% students who had a Siblings having Very High Conduct Problems.
- 9.85% students who had no Siblings having High Conduct Problems and 7.78% students who had a Siblings having High Conduct Problems.
- 30.30% students who had no Siblings having Slightly Raised Conduct Problems and 29.94% students who had a Siblings having Slightly Raised Conduct Problems.
- 51.52% students who had no Siblings having Close to Average Conduct Problems and 47.90% students who had a Siblings having Close to Average Conduct Problems.

Gender wise Hyperactivity Problems: It has been revealed from the study that, -

- 2.59% Urban Area's Male school going children having Very High level of Hyperactivity Problems and 4.27% Female school going children having very High or abnormal SDQ score, which suggest that these children have definite problems in coping with the difficulties of daily life.
- 5.17% Urban Area's Male school going children having High level of Hyperactivity Problems and 4.70% Female school going children having High level of Hyperactivity Problems.

- 19.83% Urban Area's Male school going children scored slightly Raised and 16.66% Urban Area's Female school going children scored Slightly Raised.
- 72.41% Urban Area's Male school going children scored Close to Average and 74.36% Urban Area's Female school going children Scored Close to Average.

Caste wise Hyperactivity Problems: It has been revealed from the study that, -

- 5.06% General Caste students having Very High level of Hyperactivity Problems, 0.00% Scheduled caste students having Very High level of Hyperactivity Problems, 6.90% Scheduled Tribe students having Very High level of Hyperactivity Problems and 1.45% Other Backwater Class students having Very High or abnormal SDQ score.
- 4.67% General Caste students having High level of Hyperactivity Problems, 3.60% Scheduled Caste students having High level of Hyperactivity Problems, 24.14% Scheduled Tribe students having High level of Hyperactivity Problems and 0.00% Other Backwater Class students having high level of Hyperactivity Problems
- 14.40% General Caste students having Slightly Raised Hyperactivity Problems, 24.32% Scheduled Caste students having Slightly Raised Hyperactivity Problems, 17.24% Scheduled Tribe students having Slightly Raised Hyperactivity Problems and 23.19% Other Backwater Class students having Slightly Raised Hyperactivity Problems.
- 75.88% General Caste students having Close to Average Hyperactivity Problems, 72.07% Scheduled Caste students having Close to Average Hyperactivity Problems, 51.72% Scheduled Tribe students having Close to Average Hyperactivity Problems and 75.36% Other Backwater Class students having Close to Average Hyperactivity Problems.

Types of Family wise Hyperactivity Problems: It has been revealed from the study that, -

- 4.98% students who belonging to Joint Family having Very High Hyperactivity Problems and 1.46% students who belonging to Nuclear Family having Very High Hyperactivity Problems.
- 5.36% students who belonging to Joint Family having High Hyperactivity Problems and 4.39% students who belonging to Nuclear Family having High Hyperactivity Problems.

- 16.09% students who belonging to Joint Family having Slightly Raised Hyperactivity Problems and 20.98% students who belonging to Nuclear Family having Slightly Raised Hyperactivity Problems.
- 73.56% students who belonging to Joint Family having Close to Average Hyperactivity Problems and 73.17% students who belonging to Nuclear Family having Close to Average Hyperactivity Problems.

Siblings wise Hyperactivity Problems: It has been reveled from the study that, -

- 3.79% students who had no Siblings having Very High Hyperactivity Problems and 3.29% students who had a Siblings having Very High Hyperactivity Problems.
- 5.30% students who had no Siblings having High Hyperactivity Problems and 4.79% students who had a Siblings having High Hyperactivity Problems.
- 18.94% students who had no Siblings having Slightly Raised Hyperactivity Problems and 17.96% students who had a Siblings having Slightly Raised Hyperactivity Problems.
- 71.97% students who had no Siblings having Close to Average Hyperactivity Problems and 73.95% students who had a Siblings having Close to Average Hyperactivity Problems.

Gender wise Peer Problems: It has been reveled from the study that, -

- 37.07% Urban Area's Male school going children having Very High level of Peer Problems and 29.49% Female school going children having very High or abnormal SDQ score, which suggest that these children have definite problems in coping with the difficulties of daily life.
- 13.79% Urban Area's Male school going children having High level of Peer Problems and 14.10% Female school going children having High level of Peer Problems.
- 16.38% Urban Area's Male school going children scored slightly Raised and 15.38% Urban Area's Female school going children scored Slightly Raised.
- 32.76% Urban Area's Male school going children scored Close to Average and 41.03% Urban Area's Female school going children Scored Close to Average.

Caste wise Peer Problems: It has been revealed from the study that, -

- 32.30% General Caste students having Very High level of Peer Problems, 27.93% Scheduled caste students having Very High level of Peer Problems, 41.38% Scheduled Tribe students having Very High level of Peer Problems and 42.03% Other Backwater Class students having Very High or abnormal SDQ score.
- 13.62% General Caste students having High level of Peer Problems, 18.92% Scheduled Caste students having High level of Peer Problems, 6.90% Scheduled Tribe students having High level of Peer Problems and 10.14% Other Backwater Class students having high level of Peer Problems
- 14.40% General Caste students having Slightly Raised Peer Problems, 15.32% Scheduled Caste students having Slightly Raised Peer Problems, 34.48% Scheduled Tribe students having Slightly Raised Peer Problems and 14.49% Other Backwater Class students having Slightly Raised Peer Problems.
- 39.69% General Caste students having Close to Average Peer Problems, 37.84% Scheduled Caste students having Close to Average Peer Problems, 17.24% Scheduled Tribe students having Close to Average Peer Problems and 33.33% Other Backwater Class students having Close to Average Peer Problems.

Types of Family wise Peer Problems: It has been revealed from the study that, -

- 34.87% students who belonging to Joint Family having Very High Peer Problems and 31.22% students who belonging to Nuclear Family having Very High Peer Problems.
- 13.41% students who belonging to Joint Family having High Peer Problems and 14.63% students who belonging to Nuclear Family having High Peer Problems.
- 15.71% students who belonging to Joint Family having Slightly Raised Peer Problems and 16.10% students who belonging to Nuclear Family having Slightly Raised Peer Problems.
- 36.02% students who belonging to Joint Family having Close to Average Peer Problems and 38.05% students who belonging to Nuclear Family having Close to Average Peer Problems.

Siblings wise Peer Problems: It has been revealed from the study that, -

- 29.55% students who had no Siblings having Very High Peer Problems and 34.73% students who had a Siblings having Very High Peer Problems.
- 13.64% students who had no Siblings having High Peer Problems and 14.07% students who had a Siblings having High Peer Problems.
- 12.88% students who had no Siblings having Slightly Raised Peer Problems and 17.07% students who had a Siblings having Slightly Raised Peer Problems.
- 43.94% students who had no Siblings having Close to Average Peer Problems and 34.13% students who had a Siblings having Close to Average Peer Problems.

Gender wise Pro-social Problems: It has been revealed from the study that, -

- 33.19% Urban Area's Male school going children having Very Low level of Pro-social Problems and 29.9% Female school going children having Very Low or abnormal SDQ score, which suggest that these children have definite problems in coping with the difficulties of daily life.
- 12.07% Urban Area's Male school going children having Low level of Pro-social Problems and 8.97% Female school going children having Low level of Pro-social Problems.
- 14.22% Urban Area's Male school going children scored Lowered and 13.25% Urban Area's Female school going children scored Lowered.
- 40.52% Urban Area's Male school going children scored Close to Average and 47.86% Urban Area's Female school going children Scored Close to Average.

Caste wise Pro-social Problems: It has been revealed from the study that, -

- 30.74% General Caste students having Very Low level of Pro-social Problems, 27.03% Scheduled caste students having Very Low level of Pro-social Problems, 34.48% Scheduled Tribe students having Very Low level of Pro-social Problems and 40.58% Other Backwater Class students having Very Low or abnormal SDQ score.
- 9.34% General Caste students having Low level of Pro-social Problems, 12.61% Scheduled Caste students having Low level of Pro-social Problems, 17.24% Scheduled Tribe

students having Low level of Pro-social Problems and 8.70% Other Backwater Class students having Low level of Pro-social Problems

- 15.95% General Caste students having Lowered Pro-social Problems, 13.51% Scheduled Caste students having Lowered Pro-social Problems, 6.90% Scheduled Tribe students having Lowered Pro-social Problems and 8.70% Other Backwater Class students having Lowered Pro-social Problems.

- 43.97% General Caste students having Close to Average Pro-social Problems, 46.85% Scheduled Caste students having Close to Average Pro-social Problems, 41.38% Scheduled Tribe students having Close to Average Pro-social Problems and 42.03% Other Backwater Class students having Close to Average Pro-social Problems.

Types of Family wise Pro-social Problems: It has been revealed from the study that, -

- 33.33% students who belonging to Joint Family having Very Low Pro-social Problems and 29.27% students who belonging to Nuclear Family having Very Low Pro-social Problems.

- 9.58% students who belonging to Joint Family having Low Pro-social Problems and 11.71% students who belonging to Nuclear Family having Low Pro-social Problems.

- 13.03% students who belonging to Joint Family having Lowered Pro-social Problems and 14.63% students who belonging to Nuclear Family having Lowered Pro-social Problems.

- 44.06% students who belonging to Joint Family having Close to Average Pro-social Problems and 44.39% students who belonging to Nuclear Family having Close to Average Pro-social Problems.

Siblings wise Pro-social Problems: It has been revealed from the study that, -

- 34.09% students who had no Siblings having Very High Pro-social Problems and 30.54% students who had a Siblings having Very High Pro-social Problems.

- 6.06% students who had no Siblings having High Pro-social Problems and 12.28% students who had a Sibling having High Pro-social Problems.

- 15.15% students who had no Siblings having Slightly Raised Pro-social Problems and 13.17% students who had a Siblings having Slightly Raised Pro-social Problems.

- 44.70% students who had no Siblings having Close to Average Pro-social Problems and 44.01% students who had a Siblings having Close to Average Pro-social Problems.

5.2 Discussion

The study investigated that urban area's school going children's suffering from Behavioural Problems with respect to different variables like- Gender, Caste, Types of Family and Siblings. Children study in class 5 to 8 and age group of 11 to 15 years in the district of Nadia. In this study estimated the prevalence rate of Behavioural Problem's different dimensions like- Emotional Problems, Conduct Problems, Hyperactivity Problems, Peer Problems, Pro-social Problems and Total Difficulty among the school going children with same respect and same demographic variables.

The main objective of the study was to provide a generalize assessment of Behavioural Problems status between Male, Female and General, SC, ST, OBC and Joint Family, Nuclear Family and No Siblings, Have Siblings of Urban Area's School Going Children aged 11 to 15 years studying Bengali Medium school in class 5 to 8.

The present study showed that- 21.55% Male and 15.81% Female Urban Area's school going children suffering from very high or abnormal Behavioural Problems.

The present study showed that- 17.12% General, 15.32% SC, 31.03%ST and 24.64% OBC Urban Area's school going children suffering from very high or abnormal Behavioural Problems.

The present study showed that- 19.54% Joint Family and 17.56% Nuclear Family's Urban Area's school going children suffering from very high or abnormal Behavioural Problems.

The present study showed that-19.70% No Siblings and 18.26% Have Siblings Urban Area's school going children suffering from very high or abnormal Behavioural Problems.

This rate is higher than- while prevalence of borderline abnormal behaviour was 11.2% (Masare Monika s, Bansode-Gokhe Seema s, Shinde R R 2017), this rate is lower than- while prevalence of borderline abnormal behaviour was 45.6% (Gupta I, Verma M, Singh T, and Gupta V 2009), The prevalence of behaviour problem was higher in children belonging to a

nuclear family 69.04% (Reddy Bheemreddy Raghu Nandan, Pawar J M, Anudhakar C D, Mishra Lekha, Goyal Pankaj 2016).

In this study findings can concluded that the rate of prevalence Conduct Problems was more in the student belonging to Joint Family- 16.48% then the student belonging to Nuclear Family-7.80%, and the difference was statistically significant ($p < 0.01$). This rate is higher and Conduct problems found -39.90% (Kaur Ravneet, Vinnakota Archana, Panigrahi Sanjibani, Manasa RV, 2018).

In this study findings can concluded that the rate of prevalence Hyperactivity Problems was more in ST students 6.90% then General students 5.06% after that OBC students 1.45% At last SC students 0.00%, and the difference was statistically significant ($p < 0.01$). This rate is higher and hyperactivity found -8.60% (Kaur Ravneet, Vinnakota Archana, Panigrahi Sanjibani, Manasa RV, 2018).

In this study findings can concluded that the rate of prevalence Peer Problems was more in OBC students-42.03% then ST students 41.38% after that General students 32.30% at last SC students 27.93%, and the difference was statistically significant ($p < 0.05$). This rate is lower- peer problems 15.80 % (Kaur Ravneet, Vinnakota Archana, Panigrahi Sanjibani, Manasa RV 2018).

5.3 Conclusion

The researcher conclude that-

□ 21.55% Urban Area's Male school going children having Very High level of Behavioural Problems and 15.81% Female school going children having very High level of Behavioural Problems. Urban Area's Male school going children more suffers from Behavioural Problems then the Female children.

□ 7.12% General Caste students having Very High level of Behavioural Problems, 15.32% Scheduled caste students having Very High level of Behavioural Problems, 31.03% Scheduled Tribe students having Very High level of Behavioural Problems and 24.64% Other Backwater Class students having Very High level of Behavioural Problems. Urban Area's Scheduled Tribe School going children more suffering from Behavioural Problems then the OBC, SC and General Children.

□ 19.54% students who belonging to Joint Family having Very High Behavioural Problems and 17.56% students who belonging to Nuclear Family having Very High Behavioural Problems. Urban Area's Joint Family's school going children more suffering from Behavioural Problems then the Nuclear Family's Children.

□ 19.70% students who had no Siblings having Very High Behavioural Problems and 18.26% students who had a Siblings having Very High Behavioural Problems. Urban Area's No Siblings school going children more suffering from Behavioural Problems then the Have Siblings Children.

5.4 Scope of Further Study

In this present study Behavioural Problems among the Urban Area's school going children selected from 11 schools of 4 sub-division at Hooghly District in West Bengal is not an end in itself; it is an on-going journey to reveal various researchable knowledge gap of Behavioural Problems among the Urban Area's school going children's. The researcher wish to the future researchers to cover up present time knowledge gap to their research, introduce various dimension and created more new knowledge gap regarding this area. Future researcher developed and introduce more applicable tools to measure the rate of prevalence The present researcher think that- Behavioural Problems and using multi variety component of statistical analysis.

Reference

Masare Monika s, Bansode-Gokhe Seema s, Shinde R R (2017) studied on “A Cross Sectional Study of Behavioural Problems of Secondary School Children and Related Socio-Demographic Factors”. International Journal of Research in Medical Sciences, vol-5, no-6(2017).

Gupta I, Verma M, Singh T, Gupta V (2009) conducted a study on “Prevalence of Behavioural Problems in School Going Children”. Indian J pediatr. 2001 April; 68(4):323-6.

Reddy Bheemreddy Raghu Nandan, Pawar J M, Anudhakar C D, Mishra Lekha, Goyal Pankaj (2016) made a thesis paper entitled as “Study of Behavioural Problem in Preschool Children”. Journal of Medical science and clinical Research, Volume-4: Issue-12 December 2016.

Kaur Ravneet, Vinnakota Archana, Panigrahi Sanjibani, Manasa RV (2018) conducted a study with the title of “A Descriptive Study on Behavioural and Emotional Problems in Orphans and other Vulnerable Children Staying in Institutional Homes”. Indian Journal of Psychological Medicine, Volume-40, Issue-2, Page: 161-168.

Bibliography

Bibliography

A Mohsenzadeh, S Ahmadipour, A Farhadi, K Shahkarami (2017) conducted a study titled as “Study of Behavioural Disorders in Children with Primary Enuresis”. Nord. J Psychiatry, 2017 April; 71(3): 238-244.

Adhikari Remesh P, Upadhaya Nawaraj, Gurung Dristy, Luitel Nagendra P, Burkey Matthew D, Kohrt Brandon A and Jordans Mark J.D (2015) conducted a study with the title of “Perceived Behavioural Problems of School Aged Children in Rural Nepal : A Qualitative Study”. Child & Adolescent Psychiatry & Mental.

Banner Cookie (2011) conducted research work entitled as “Crying Babies and Later Behavioural Problems”. 2011, 21 April: Thursday.

Benvegna Luis Antonio, Fassa Anaclaudia Gastal, Facchini Luiz Augusto, Wegman David H, Agnol Mor Dall (2005) published a research paper well-known as “ Work and Behavioural Problems in Children and Adolescents”. International Journal of Epidemiology, 2005.

Best, J. W., & Kahn, J.V. (2008). Research in Education. Delhi: Pearson

Best, W.J. & Kahn, W.J. (2008): Research in Education, Delhi: Pearson, PHI Learning Pvt. Ltd.

“Common Behaviour Problems Amongst Primary School Children in Slum Dwelling Area of Kathmandu Valley” has been conducted by Kafle PP, Vaidya L, Panta PP, Chhetri MR and Mehrotra SK (2010). Nepal Med Coll J 2010; 12(3): 187-189.

Definition of Behavioural Disorder- “Behavioural disorders, also known as disruptive behavioural disorders”.

Fergusson, D.M et. al. (2009). Situationaand Generalised Conduct Problems and Later Life Outcomes: Evidence from a New Zealand Birth Cohort. Journal of Child Psychology and Psychiatry, 50(9), 1084-1092. Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/19298467>.

Garaigordobil Maite, Dura Ainhoa, Perez Jose Ignacio (2005) conducted a research report as “Psychopathological symptoms, behavioural problems, and self-concept/self-esteem: A study of adolescents aged 14 to 17 years old”. *Journal of Clinical and Health Psychology*, 1 (2005). 53-63.

Garrett, H E (1979): *Statistic in psychology and Education*, 6th Edition: International Book Bureau, Hyderabad, pp. 42-48.

Garrett, HE (1979): *Statistics in Psychology and Education*, 6th Edition: International Book Bureau, Hyderabad, pp-42-48.

Goodman R. (1997) *The Strengths and Difficulties Questionnaire: a research note*. *J Child Psychol Psychiatry*; 38(5):581-6.

Goodman, A., & Goodman, R. (2009), the strengths and difficulties questionnaire (SDQ) as a dimensional measure of child mental health. *Journal of the American Academy of Child and Adolescent Psychiatry*, 48(4): 400-03

Goumans. C, Veerkamp. J.S.J, Aartman. I.H.A (2004) conducted a research titled as “Dental Anxiety and Behavioural Problems: what is their Influence on the Treatment Plan”. *European Journal of Paediatric Dentistry*.

Gupta Anindya Kumar, Mongia Monica, Garg Ajay Kumar (2017) conducted a study on “A Descriptive Study of Behavioural Problems in School Going Children”. *Indian Psychiatry Journal*, 2017 jan-jun; 26(1): 91-94.

Gupta I, Verma M, Singh T, Gupta V (2009) conducted a study on “Prevalence of Behavioural Problems in School Going Children”. *Indian J pediatr*. 2001 April; 68(4):323-6.

Gupta I, Verma M, Singh T, Gupta V (2009) conducted a study on “Prevalence of Behavioural Problems in School Going Children”. *Indian J pediatr*. 2001 April; 68(4):323-6.

H Hu, J Gao, H Jiang, S Guo, K Chen, K Jin, Y Qi (2018) conducted a study on “A Comparative study of Behaviour Problems among Left-Behind children, Migrant Children and Local Children”. *Int J Environ Res Public Health*, 2018 April 1; 15(4).

Hongwei, H.U. et. al. (2018). A Comparative Study of Behaviour Problems among

<https://www.psychguides.com/behavioral-disorders/>

https://www.who.int/mental_health/management/en/.

Jogdand Sandip S, Nail JD (2014) conducted a study titled as “Study of Family Factors in Association with Behavioural Problems Amongst Children of 6-18 years age group”. International Journal of Applied & Basic Medical Research, 2014 jul-dec; 4(2): 86-89.

K Sayal, E Washbrook, C Propper (2015) studied on “Childhood Behaviour Problems and Academic Outcomes in Adolescence: Longitudinal Population-based Study”. J Am Acad Child Adolescent Psychiatry, 2015 may; 54 (5): 360-8.e2.

Kamarulzaman Wirawani Binti (2015) studied on “Children’s Problem Behaviour and Techniques to Classroom Management: A Case Study of a Preschool Classroom in Klang Valley”. May 18th, 2015.

Kaur Ravneet, Vinnakota Archana, Panigrahi Sanjibani, Manasa RV (2018) conducted a study with the title of “A Descriptive Study on Behavioural and Emotional Problems in Orphans and other Vulnerable Children Staying in Institutional Homes”. Indian Journal of Psychological Medicine, Volume-40, Issue-2, Page: 161-168.

Kaur Ravneet, Vinnakota Archana, Panigrahi Sanjibani, Manasa RV (2018) conducted a study with the title of “A Descriptive Study on Behavioural and Emotional Problems in Orphans and other Vulnerable Children Staying in Institutional Homes”. Indian Journal of Psychological Medicine, Volume-40, Issue-2, Page: 161-168.

Khoshali Afsaneh Khoshali (2013) conducted a study titled as “The Study on Behaviour Problems in Children with Mental Disabilities”. European Journal of Experimental Biology, 2013, 3(3):542-547; ISSN: 2246-9215.

Kimonis, E.V. & Frick P.J. (2010). Oppositional Defiant disorder and Conduct Problem. Journal of Developmental & Behavioural Paediatrics, 31(3), 244-254. Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/20410703>.

Koul, L (1997): methodology of Educational Research, 3rd Edition: Vikas publishing house pvt. Pp. 33-35

Kour, L. (1999): Methodology of Education Research (4th Edition), Vikas Publishing house Pvt. Ltd

Left-Behind Children, Migrant Children and Local Children. *International Journal of Environmental Research and Public Health*, 15, 655, 1-15. Retrieved from:

M Nandini, Jayan Dr. M (2016) conducted a research paper “Behavioural problems of street adolescents”. *International Journal of Applied Research* 2016; 2(3): 223-228.

Manivannan D, Gopalan Srinivasa, Moses Francis (2017) conducted a study titled as “A Study to Assess the Knowledge Regarding Behavioural Problems of School Children among Mothers”. *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, ISSN: 2320-1940 Volume 6 Ver, IV, (nov-dec.2017), pp. 13-16.

Masare Monika s, Bansode-Gokhe Seema s, Shinde R R (2017) studied on “A Cross Sectional Study of Behavioural Problems of Secondary School Children and Related Socio-Demographic Factors”. *International Journal of Research in Medical Sciences*, vol-5, no-6(2017).

Masare Monika s, Bansode-Gokhe Seema s, Shinde R R (2017) studied on “A Cross Sectional Study of Behavioural Problems of Secondary School Children and Related Socio-Demographic Factors”. *International Journal of Research in Medical Sciences*, vol-5, no-6(2017).

Meybodi Fateme Aghaie, Mohammadkhani Parvaneh, Pourshahbaz Abbas, Dolatshahi Behrooz, Havighurst Sophie (2017) carried out a study on "Reducing Children Behaviour Problems: A Pilot Study of Tuning in to kids in Iran". *Iranian Rehabilitation Journal*. 2017; 15(3): 269-276.

Mir Hina, Riaz Muhammad Akram, Bilal Muhammad Sami, Batool (2015) studied on “Psychological Correlates of Behavioural Problems in Children with ADHD in Special School in Pakistan”. *The Journal of Neurobehavioral Sciences*, year-2016, volume-3, issue number-3.

Pathak Rambha, Sharma Ravi C, Parvan U C , Gupta B P, Ojha Rishi, Goel NK (2011) studied on “ Behavioural and Emotional Problem in School Going Adolescents”. *Australasian Medical Journal*, 2011; 4(1): 15-21.

Prakash Jyoti, Mitra A.K, Prabhu H.R.A (2008) conducted a study entitled as “Child and Behaviour: A School Based Study.” *Delhi Psychiatry Journal* vol. 11 no. 1.

Reddy Bheemreddy Raghu Nandan, Pawar J M, Anudhakar C D, Mishra Lekha, Goyal Pankaj (2016) made a thesis paper entitled as “Study of Behavioural Problem in Preschool Children”. Journal of Medical science and clinical Research, Volume-4: Issue-12 December 2016.

Reddy Bheemreddy Raghu Nandan, Pawar J M, Anudhakar C D, Mishra Lekha, Goyal Pankaj (2016) made a thesis paper entitled as “Study of Behavioural Problem in Preschool Children”. Journal of Medical science and clinical Research, Volume-4: Issue-12 December 2016.

S. K. Mangal (2014): Statistics in Psychology and Education, 2nd Edition: Phi learning Private Limited, ISBN-978-81-203-2088-8

Vijayaprakash Sushma Basava, Venkatasan Srinivasan, Begum Khyrunnisa (2013) entitled as “Prevalence of Behaviour Problems among School Children and Their Demographic Correlates”. Guru Journal of Behavioural and Social Sciences, Volume-1, Issue-4 (oct-Dec, 2013) ISSN: 2320-9038.

WHO (Aug, 2014): “Mental Health: a state of well-being”.https://www.who.int/features/factfiles/mental_health/en/.

WHO define: “A broad range of problems, with different symptoms?”

Appendixes

Information Sheet

তোমার নাম (Yours Name):.....

জন্ম তারিখ (Date of Birth):.....

ছেলে (Boy)/ মেয়ে (Girl)

জাতি (Caste): সাধারণ (General)/ তপশিলী-জাতি (SC)/ তপশিলী-উপজাতি (ST)/

অন্যান্য পিছিয়ে পড়া শ্রেণী (OBC)

পরিবারের ধরন (Types of family): যৌথ পরিবার (Joint Family)/ ভগ্ন পরিবার (Nuclear Family)

ভাই-বোন সংখ্যা (Number of Siblings):.....

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months.

Your Name

Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others (food, games, pens etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

Please turn over - there are a few more questions on the other side

Overall, do you think that you have difficulties in one or more of the following areas:
emotions, concentration, behaviour or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties upset or distress you?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with your everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Signature

Today's Date

Thank you very much for your help

সবলতা বা অসুবিধা নির্ণয়ক প্রশ্নমালা
(১১-১৭ বছরের ছেলেমেয়েদের জন্য)

S 11-17

প্রত্যেকটি প্রশ্নের জন্য সত্য নয়, কিছুটা সত্য বা নিশ্চিতভাবে সত্য ঘরে টিক চিহ্ন দাও। সবকটি প্রশ্নের উত্তর দিলে আমাদের যাচাই করতে সুবিধে হবে। গত ছয় মাসে অথবা স্কুলের এই বছরে প্রশ্নগুলো তোমার ওপর যেভাবে খাটে সেই ভিত্তিতে উত্তর দাও।

তোমার নাম.....

ছেলে/মেয়ে

জন্মতারিখ.....

	সত্য নয়	কিছুটা সত্য	নিশ্চিতভাবে সত্য
আমি অন্যদের অনুভূতিকে মূল্য দিই	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
আমি অস্থির বোধ করি, বেশিক্ষণ চুপ করে থাকতে পারি না	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
আমার প্রায়ই মাথাধরা, পেটব্যথা বা বমি বমি ভাব হয়	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
সাধারণতঃ অন্য ছেলেমেয়েদের সাথে খাবার, খেলনা, পেন্সিল ইত্যাদি সহজেই ভাগাভাগি করে নিই	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
আমি খুব রাগ হয়ে যাই, প্রায়ই মেজাজ খারাপ করি	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
আমি বেশ একা, সাধারণতঃ একা একা খেলি বা নিজের মধ্যে থাকি	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
বড়রা আমাকে যা করতে বলে, সাধারণতঃ তা করি	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
আমি অনেক দুশ্চিন্তা করি	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
কেউ ব্যথা পেলে, মন খারাপ করলে বা অসুস্থবোধ করলে সাহায্য করি	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
আমি সারাক্ষণ উসখুস করি বা গা-হাত মোড়ামুড়ি করি	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
আমার অন্ততঃ একজন ভালো বন্ধু আছে	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
আমি খুব মারামারি করি। আমি যা চাই অন্যদেরকে দিয়ে তা করিয়ে নিতে পারি	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
আমি প্রায়ই বিষণ্ণ, মনমরা ও কাঁদো কাঁদো থাকি	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
আমার বয়সী ছেলেমেয়েরা সাধারণতঃ আমাকে পছন্দ করে	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
আমি সহজেই অন্যমনস্ক হয়ে পড়ি, মনোযোগ ধরে রাখতে আমার কষ্ট হয়	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
অচেনা পরিবেশে আমি ঘাবড়ে যাই, সহজেই সাহস হারাই	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ছোটদের প্রতি আমার মায়ী মমতা আছে	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
আমি প্রায়ই মিথ্যে বলা বা ধাপ্পা দেবার দায়ে অভিযুক্ত হই	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
অন্য ছেলেমেয়েরা আমার পেছনে লাগে ও আমার ওপর গায়ের জোর দেখায়	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
আমি অপরকে সাহায্য করতে প্রায়ই এগিয়ে যাই (বাবা-মা, শিক্ষক, অন্য ছেলেমেয়েদের)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
আমি ভেবে চিন্তে কাজ করি	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
বাড়ি, স্কুল বা অন্য জায়গা থেকে আমি না বলে অন্যের জিনিস নিয়ে থাকি	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
আমার বয়সী ছেলেমেয়েদের চাইতে বড়দের সাথে ভালো মিশতে পারি	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
আমি অনেক ভয় পাই, একটুতেই চমকে যাই	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
আমি কোন কাজ ধরলে শেষ করি, আমার মনোযোগ ভালো	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

তোমার অন্য কোন মন্তব্য বা বলার বিষয় আছে কি?

দয়া করে পাতা উল্টাও, অপর পিঠে আরো কিছু প্রশ্ন আছে

সব মিলিয়ে তুমি কি মনে কর যে, নিচের এক বা একাধিক ক্ষেত্রে তোমার অসুবিধে আছেঃ আবেগ, মনোযোগ, আচরণ বা অন্যদের সাথে মেলামেশায়?

না	হ্যাঁ, সামান্য অসুবিধে আছে	হ্যাঁ, বেশ অসুবিধে আছে	হ্যাঁ, গুরুতর অসুবিধে আছে
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

যদি তোমার উত্তর “হ্যাঁ” হয়, তাহলে এসব অসুবিধে সম্পর্কে নিচের প্রশ্নগুলোর উত্তর দাওঃ

• কত দিন থেকে এসব অসুবিধে আছে?

এক মাসের কম	১-৫ মাস	৫-১২ মাস	এক বছরের বেশি
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• এসব অসুবিধে কি তোমাকে এলোমেলো করে ফেলে বা কষ্ট দেয়?

মোটাই নয়	খুব সামান্য	বেশ অনেকটা	বড় রকমের
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• এসব অসুবিধে কি তোমার দৈনন্দিন জীবনের নিচের দেয় ক্ষেত্রগুলোতে ব্যাঘাত ঘটায়?

	মোটাই নয়	খুব সামান্য	বেশ অনেকটা	বড় রকমের
ঘরোয়া জীবনে	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
বন্ধুত্ব স্থাপন করতে	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ক্লাসের লেখাপড়ায়	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
অবসর বিনোদনে	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• এসব অসুবিধে কি তোমার চারপাশের সবার (পরিবারের লোকজন, বন্ধু, শিক্ষক বা আর কারোর) কষ্টের বা বিরক্তির কারণ?

মোটাই নয়	খুব সামান্য	বেশ অনেকটা	বড় রকমের
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

তোমার স্বাক্ষর

আজকের তারিখ

APPENDIX – III
TABULATION OF DATA

	EP	CP	HP	PP	PRP	TD
	Frequency	Frequency	Frequency	Frequency	Frequency	Frequency
CLOSE TO AVERAGE	271	228	342	172	206	244
SLIGHT	61	140	85	74	64	66
HIGH	96	39	23	65	49	69
VERY HIGH	38	59	16	155	147	87
Total	466	466	466	466	466	466