CHAPTER - II

METHODOLOGY

Introduction:

It would be difficult to comprehend the nature and content of the research without an appreciation of the method used by the researcher. This chapter describes the methodological aspects of the present study which include the statement of the problem, the need and importance of the study, aims and objectives and other various components of the research design.

Statement of the Problem:

Childhood is a long period of life. The process of growth and development is relatively active and rapid in many areas in childhood. In this process, certain areas are more visible and concrete whereas a few areas remain invisible and subtle. The mental health, education and socialisation of children have been the joint concerns of many professionals – psychiatrists, psychologists, social workers and counselors, among others (Goldstein, 1978). Almost all children occasionally exhibit some behavioural/emotional problems either in the school or in the home environment. The
presence of such transitory behavioural/emotional problems need not be deemed as psychiatric illness. Children who manifest behavioural/emotional problems at any degree or level are likely to have disturbances in learning and interpersonal relationship. They may also develop unhealthy reactions which lead to proneness to develop psychiatric illness in the long run (Bower, 1982). Hence, we have to identify the symptoms of behavioural/emotional problems of children with a view to take steps to prevent psychiatric illness.

Epidemiology of behavioural/emotional problems among children in India is not adequately investigated. Investigators who have attempted to study the problems in children have more often confined themselves to the study of individual psychiatric disorders. The assessment of behavioural/emotional problems in general population of children has not been attempted widely.

The attempt of the present exploratory study is based on the assumption that a disease-model would not be absolutely useful to identify behavioural/emotional problems among children. An empirical approach to the assessment of behavioural/emotional problems forms the basis of the present
study. The level of focus of assessment is on individual symptoms (problems) and symptom - profiles. Earlier studies reveal the prevalence of individual psychiatric disorders like anxiety, neurosis, attention deficit disorder, depression and other problems among children (Verghese et al, 1973; Nagaraja, 1978; John, 1980; Parvatha Vardhini, 1983; Deivasigamani, 1988 and Malhotra, and Chaturvedi, 1993). But the present exploratory attempt has been made to assess the extent of association among behavioural / emotional problems, socio-demographic variables, family typology and family interaction.

**Need and Importance of the Study:**

Children are an important asset to the nation. They need to grow intellectually and emotionally in a healthy manner since the future of the society depends on the children who form almost half of the population of the Indian subcontinent. Though the government has been taking adequate measures to promote the physical health of the children through various programmes, the mental health needs of children have not been given due attention.

The present day Indian school education system, influenced tremendously by the western system, is highly
achievement oriented and competitive. In this system, the individual needs and problems of the children are not recognised. The teachers, school authorities and educationists do not have active consideration and concern for the problems of children in general. Unfortunately families seem to be helpless and hence indifferent. Above all, even the mental health professionals have not shown adequate interest in this area. Hence, there is a felt-need to sensitize all sections of the population, to provide services both for the clinic population of children suffering from psychiatric disorders and also the general population of children.

Children who manifest behavioural/emotional problems need not necessarily suffer from any psychiatric disorder. However, such problems may definitely affect the healthy growth and development of this vulnerable section of the population. Hence, it could be said that the present study is extremely important, since it deals with the felt-need to assess the extent and pattern of behavioural/emotional problems among school children and understand them adequately for various purposes.
Aims and objectives:

The following are the aims and objectives of the present exploratory study:

1. To identify the behavioural/emotional problems and their severity among the high school children.
2. To assess the competence level among the high school children.
3. To study the association between competence level and behavioural/emotional problems among the children.
4. To study the association between behavioural/emotional problems and the extent of pro-social behaviour among the children.
5. To study the degree of family interaction among the children having behavioural/emotional problems and
6. To assess the degree of family pathology among the children having behavioural/emotional problems.

Pilot Study:

In order to design the present research study in a most suitable manner, the researcher conducted a pilot study to understand the practical aspects which would affect the study. The researcher visited a few schools in Tiruchirapalli urban area and held informal discussions with school authorities, teachers, mental health professionals and a few
school children who were manifesting severe behavioural / emotional problems. As a part of the pilot study, the researcher also contacted the office of the District Education Officer to obtain factual information regarding the number of schools and the number of children studying. The pilot study enabled the researcher to design the research study with due consideration of feasibility and efficacy.

**Research Design:**

The present study is exploratory in nature. In the past, in India, very few attempts have been made to study behavioural / emotional problems among children on the basis of an empirical approach. The earlier studies were mostly confined to individual psychiatric disorders like anxiety neurosis, attention deficit disorder, depression and other problems. Moreover, so far, no attempt has been made to assess family interaction and family pathology among children having different degrees of behavioural/emotional problems. The attempt of the present study to find out the association between behavioural/emotional problems and pro-social behaviour is also relatively new as far as the population of children in India is concerned.
Universe and Sampling:

The universe of the present study includes all the 28 high schools (schools having standards from VI to X) in the Tiruchirapalli urban area. The sampling frame consisted of the Government High Schools and the Private Aided High Schools. In the Tamil Nadu State, like most of the other states in India in each revenue district, there are a few educational districts classified by the education department exclusively for the purpose of educational administration. The present study covered only the high schools in the 'Tiruchirapalli urban area' as per the classification of the education department. From this sampling frame, the investigator selected one school using a random sampling procedure namely lottery method. All the 465 children (353 males and 112 females) studying in this school were screened for behavioural/emotional problems by administering the two forms of the Child Behaviour Checklist (Youth Self Report and Teacher's Report Form). These forms were developed and standardised by Achenbach (1991). Though all the 465 children studying in the selected school were screened for behavioural/emotional problems initially, the final sample taken up for analysis consisted of only 410 children (315 males and 95 females) since 55 children (38 males and 17
females) had to be excluded from the original sample mainly due to inadequate and defective forms and some had to be excluded because of their prolonged absence from school after the initial screening with the Youth Self Report. Through the complete screening, 223 children (169 males and 54 females) were found to be manifesting behavioural/emotional problems in the 'clinical range', 75 children (57 males and 18 females) were in the 'borderline clinical range and 112 children (89 males and 23 females) did not have any behavioural/emotional problems (categorised as Normal Range).

In the second stage, using stratified random procedure (stratified on the basis of sex) 30 children (15 males and 15 females) were drawn from each of the 'clinical', 'borderline clinical' and 'normal' categories by using lottery method. Family Typology, Family Interaction and Pro-Social behaviour were assessed for these three groups of children using relevant tools.

Sources of Data:

The main source of data was primary. The required data were collected directly from the respondents using rating-scales mentioned in the later part of this chapter. However, certain details regarding respondents like their
academic test scores were obtained from the secondary source of school records.

Tools of Data Collection:

The details of tools of data collection which were used for the purpose of collecting the relevant data pertaining to the respondents are as follows:

1) Socio-Demographic Proforma:

This proforma, prepared by the researcher for the purpose of the present study covered relevant personal data pertaining to the respondent. Specific data relating to the Socio-economic status and familial aspects were included in this proforma.

2) Child Behaviour Checklist:

i) Youth Self Report (Achenbach, 1991), YSR:

The YSR is a four-page form designed to obtain self-reports of social competence and behavioural/emotional problems from 11 to 18 year olds. The YSR has two competence scales with 6 items each. The problem scales of the YSR consists of 9 narrow-band scales namely withdrawn, somatic complaints, anxious-depressed, social problems, thought problems, attention problems, delinquent behaviour, aggressive behaviour and self-destructive/identity problems. The
first 8 narrow-band scales are applicable to both boys and girls whereas the narrow band scale of self-destructive / identity problems is applicable only to boys. Apart from these narrow-band scales, there are 20 items on the problem scales which do not constitute a separate narrow-band scale but are considered to be other problems. The YSR problem scales consist of a total number of 112 items which are rated on a three point response mode. The first three narrow-band scales (withdrawn, somatic complaints and anxious depressed) are combined to form the internalising scale of YSR. The last two narrow-band scales (delinquent behaviour and aggressive behaviour) constitute the externalising scale.

The responses to the items of YSR are scored on the scales of the YSR profile, which includes competence and problem scales standardised by Achenbach (1991) separately for each sex. Cut-off scores for distinguishing among the 'normal', 'borderline clinical' and 'clinical ranges' for the problem scales are found on the 1991 YSR profile for boys and girls-problem scales. A copy of the youth self report form and the YSR profile have been given in appendix.

Satisfactory evidence of reliability is available for the YSR. The author of the scale as reported findings on
reproducibility, stability and inter-rater reliability (Achenbach, and Edelbrock, 1981, Achenbach and Edelbrock, 1986 and Achenbach, 1991). Achenbach showed that the YSR was able to discriminate large representative samples of clinic children from the general population.

ii) Teacher's Report Form (TRF):

The TRF is a four page form designed to obtain teachers' reports of children's school performance, adaptive functioning and behavioural/emotional problems. In the adaptive functioning portion of the TRF, school performance is rated on a 5-point scale ranging from 1 (far below grade level) to 5 (far above grade level) for each academic subject. For adaptive functioning, teachers rate children on 7-point scales in four areas: how hard the child is working; how much he/she is learning; and how happy he/she is. Teachers then rate the child on 118 specific problem items plus 2 open ended items, using a 0-1-2 scale for how true the items is of the child, now or within the past two months. The teachers responses are scored on the TRF profile which consists of scales for school performance and adaptive functioning as well as empirically-derived problem scales. Like YSR, the TRF scales(profiles) are also standardised by
Achenbach (1991) for boys and girls separately and they have also been standardised for two different age groups (5-11 years and 12-18 years). The 1991 TRF profiles for boys and girls have the 8 narrow-band scales which are found in YSR. Different cut off scores have been given for distinguishing among 'normal', 'borderline clinical' and 'clinical' ranges of problem behaviours. The internalising and externalising dimensions are also same as that of YSR. The TRF also has 19 items which are considered to be other problems. The Teacher's Report Form (TRF) and Profile have been given in the appendix.

Achenbach (1991) assessed the reliability and validity of the TRF. He reported a test-retest reliability (Pearson Correlation) coefficient of 0.90 over a one week period and a medium test-retest correlation of 0.84 over a 15-day period. The author assessed the content validity of the TRF and reported satisfactory estimates. In the year 1991 Correlations between the TRF and corresponding scales of the Revised Teacher Rating Scales (Construct Validity) were found to range from 0.62 to 0.90 Evidence for criterion-related validity in terms of significant differences between referred and nonreferred pupils on all TRF scales for all sex/age groups has been established.
3) Family Typology Scale (Bhatti and Channabasavanna, 1982)

To find out the different types of family-self among the families of the respondents, the researcher made use of Family Typology Scale constructed and standardized by Bhatti and Channabasavanna (1982). The scale consists of 28 items and it describes 4 types of family-self as described below:

(i) Normal Cohesive Type:

These families adhere to the institutional means to achieve the culturally prescribed goals. Such families would always follow the set patterns of behaviour based on the normative standards of the contemporary social system. Here the members are held together by mutual attraction, belongingness and work for the common objectives of the family.

(ii) Egoistic Type:

Here the families adhere to the standards of the family. They do not mind sacrificing anything, to maintain the 'family image' and 'social prestige' of the family. They are so bound by the traditions of the family that they are oversensitive to any sort of threat to the 'family image' and attach prime importance to the 'social prestige' of the family. In this type of families, the family as a social
system becomes excessively independent of and impervious to influences from the society. Cordiality at the interpersonal level is maintained largely for the maintenance of the family image.

iii) Altruistic Type:
These families are characterised by extreme cohesiveness and too much of 'we' feeling. The members have high mutual trust and firm interpersonal commitment. The atmosphere is saturated with regard and emotional warmth. The members of such families would not mind sacrificing anything and everything for the welfare of each other, conversely, the members are also prone to immaturity and dependency with the result that self-reliance, self-help and self-sufficiency are poorly developed. Solidarity and mutual help dominate the transactions in these families to such an extent that they lead to pathological dependency in some members.

iv) Anomic Type:
In these families, the individual members have their own way of life, style of interaction and personal convictions which are often idiosyncratic. They are highly individualistic and do not bother about the other members and
are rarely influenced by them. There is hardly any discussion and no common way adopted to achieve the family goals.

In brief, the normal cohesive type is one where the family as such strives for the real self by virtue of its acceptance of the normative system of the society in totality. In egoistic type, the family as a whole works for family-self without any consideration to the actual normative patterns of the society. In altruistic type of family, the entire family works for the social-self forgetting the real and family-self. In anomic type of family, individual self is given the highest importance by the family as such.

The scale has been subjected to discriminant analysis and it has been found that the items in the scale discriminate between the other two types. However, the inability of the scale to discriminate the other two types of families, namely normal and altruistic confirms that even the highly dysfunctional families do possess the fundamental ingredient elements of normality and altruism at least of an average magnitude. The scale has been found to have a high degree of inter-rater reliability and has adequate amount of consistency within the groups by authors. The details are given in the appendix along with the scoring-key.
4) Family Interaction Scale (Channabasavanna and Bhatti, 1982):

The Family Interaction Scale consists of 106 items which are rated on a 4-point response mode namely, 'always' 'sometimes' 'rarely' and 'never'. These items cover six important dimensions of family interaction namely, reinforcement, social support, role, communication, cohesiveness and leadership. The total score on the scale can vary from 106-424, as discussed by the authors. The following are the details pertaining to the six dimensions of the scale:

i) Reinforcement

This dimension has first 10 items, pertaining to existence of reinforcement, non-existence of reinforcement, balanced reinforcement and faulty reinforcement.

ii) Social Support:

This dimension has eleven items (from 11 to 21) measuring existence and non-existence of primary support, existence of both primary and secondary support, non-existence of primary but existence of secondary support system, non-existence of secondary support but existence of tertiary support and no support at all.
iii) Role

This dimension has twenty-six items (from 22 to 47) measuring role allocation, role prescription, role description, multiplicity of roles, complementarity of role, role strain, role accountability and rigidity-fluidity of role.

iv) Communication:

This dimension has twenty-six items (from 48 to 73) measuring clarity, quantum, restricted, hierarchical, spontaneity, paradoxical, topic shift, switchboard phenomena, critical, communication of feelings, and existence of pathways.

v) Cohesiveness;

This dimension has sixteen items (from 74 to 89) pertaining to emotional, cognitive and social components of cohesiveness.

vi) Leadership:

This dimension has seventeen items (from 90 to 106) pertaining to the components of existence, recognition and acceptance of leader, types of leadership, processes of leadership and leaderlessness (Bhatti et al., 1986).
The Family Interaction Scale has been subjected to assessment of its reliability and validity by the authors. The scale has been found to have a high degree of inter-rater and split-half reliability. The authors have used discriminant analysis to determine the validity of the scale. The scale items have been found to have a high degree of discriminant power. The scoring key and the reliability and validity details are given in the appendix.

5) Pro-Social Behaviour Questionnaire (Weir et al, 1980):

Pro-social behaviour is one important aspect of interpersonal behaviour and social development. Pro-social behaviour is an 'umbrella term' for a number of interpersonal behaviours (eg. helping, sharing, giving, cooperating, responding to distress) whose common theme is a concern for others. Obviously, such behaviour may have complex and not necessarily altruistic motivation. The pro-social behaviour questionnaire (PBQ) contains 20 items which are rated on a 3-point scale; 'doesn't apply', 'applies somewhat' and 'certainly applies', and scored 0, 1 and 2 respectively. A total score on the PBQ is derived by the addition of item scores. The total score ranges from 0-40. A high score on the questionnaire indicates a high degree of pro-social behaviour. The authors of the scale achieved its validation
by comparing questionnaire scores with independent peer judgement of pro-social behaviour. Test-Retest reliability was satisfactory ($r = +0.81$). In a preliminary study of 132 eight year old children, those children rated as showing behaviour deviance of the conduct disorder type had significantly lower pro-social scores than children rated as neurotic or undisturbed (Weir et al, 1980). Further validation and development was carried out by the authors in 1981 and they reported that the PBQ is a useful research instrument since it has a satisfactory level of internal and external reliability and validity (Weir and Duveen, 1981).

**Operational Definitions of Terms**

1. **Children:**
   
   The term 'children' in the present study refers to the children (male and female), studying in standards VI to X in the private aided high school selected in the present study.

2. **Teachers:**
   
   The class teachers of standards VI to X in the high school selected in the present study and it excludes physical education, drawing, tailoring and craft teachers of the school.
3. Tiruchirapalli Urban Area:

This term refers to the geographic area specified by the education department as 'Tiruchirapalli Urban Area' for the purpose of educational administration and it does not refer to the classification for revenue administration.

4. Behavioural/Emotional Problems:

The term 'behavioural / emotional problems' in the present study refers to the various behavioural/emotional problems which are measured under the eight categories in the Child Behaviour Checklist (CBCL) and its different forms such as the Youth Self Report (YSR) and Teacher's Report Form (TRF) developed and standardized by Achenbach(1991),used in the present study.

5. Competence :

This term refers to the aspects of behaviour measured under the category of 'competence scales ' which include the activities and social sub-scales of the YSR.

6. Adaptive Functioning:

This term refers to the aspects of behaviour measured under the category of 'adaptive functioning' which include school performance , working hard , behaving appropriately learning and happy in the TRF.
7. Family Pathology:

This term refers to the extent of 'family pathology' as measured by the Family Typology Scale (Bhatti and Channabasavanna, 1985). The total score on the Family Typology Scale indicates the degree of family pathology.

8. Normal-Cohesive Type:

The family as such strives for the real self by virtue of its acceptance of the normative system of the society in totality. This dimension is measured by seven items (Item Nos 1, 5, 9, 13, 17, 21 & 25) specified in the Family Typology Scale.

9. Egoistic Type:

The family as a whole works for family-self without any consideration to the actual normative patterns of the society. This dimension is measured by seven items (Item Nos 2, 6, 10, 14, 18, 22 & 26) of the Family Typology Scale.

10. Altruistic Type:

The entire family works for the social-self forgetting the real and family-self. This dimension is measured by seven items (Item Nos 3, 7, 11, 15, 19, 23 & 27) of the Family Typology Scale.
11. Anomic Type:

In anomic type of family, individual self is given the highest importance by the family as such. This dimension is measured by the seven items (Item Nos 4, 8, 12, 16, 20, 24 & 28) of the Family Typology Scale.

12. Family Interaction:

The term 'family interaction' in the present study refers to the various interactional patterns found in families as measured by the Family Interaction Scale (Channabasavanna and Bhatti, 1982). The total score on this scale indicates the extent of family interaction.

13. Reinforcement:

This term refers to existence and non existence of reinforcement, balanced reinforcement and faulty reinforcement as measured by the first ten items of the Family Interaction Scale.

14. Social Support:

This term refers to existence and non existence of primary support, existence of both primary and secondary support, non existence of primary but existence of secondary support system, non existence of secondary support but existence of tertiary support and no support at all. This
dimension is measured by item nos 11 to 21 of the Family Interaction Scale.

15. Role:

This dimension includes role allocation, role prescription, multiplicity of role, complementarity of role, role strain, role accountability and rigidity-fluidity of role, measured by item nos 22 to 47 of the Family Interaction Scale.

16. Communication:

This term includes clarity, quantum, restricted, hierarchical, spontaneity, paradoxical, topic shift, switchboard phenomena, critical, communication of feelings and existence of pathways, as measured by item nos 48 to 73 of the Family Interaction Scale.

17. Cohesiveness:

This term refers to aspects pertaining to emotional, cognitive and social components of cohesiveness as measured by item nos 74 to 89 of the Family Interaction Scale.

18. Leadership:

This term refers to aspects pertaining to existence, recognition and acceptance of leader, types of leadership,
processes of leadership and leaderlessness as measured by item nos 90 to 106 of the Family Interaction Scale.

19. Pro-Social Behaviour:

This term covers the number of similar, but not necessarily related, social actions such as helpfulness, generosity and cooperation as measured by the Pro-Social Behaviour Questionnaire (Weir and Duveen, 1981). The total score on this scale indicates the extent of pro-social behaviour.

20. Normal Group:

This term refers to the children who had total scores up to 53 on the Problem Scales of the YSR, the score range which has been classified as 'normal range' (NR) by the author (Achenbach, 1991).

21. Borderline Clinical Group:

This term refers to the children who had total scores in the range of 54 to 64 on the Problem Scales of the YSR, the score range which has been classified as 'borderline clinical range' (BCR) by the author (Achenbach, 1991).

22. Clinical Group:

This term refers to the children who had total scores
in the range of 65 to 202 on the Problem Scales of the YSR, the score range which has been classified as 'clinical range' (CR) by the author (Achenbach, 1991).

23. Withdrawn Behaviour:

The seven behavioural/emotional problems categorised as 'withdrawn', one of the sub-scales of the YSR.

24. Somatic Complaints:

The nine behavioural/emotional problems categorised as 'somatic complaints', one of the sub-scales of the YSR.

25. Anxious/Depressed:

The sixteen behavioural/emotional problems categorised as 'anxious/depressed', one of the sub-scales of the YSR.

26. Social Problems:

The eight behavioural/emotional problems categorised as 'social problems', one of the sub-scales of the YSR.

27. Thought Problems:

The seven behavioural/emotional problems categorised as 'thought problems', one of the sub-scales of the YSR.

28. Attention Problems:

The nine behavioural/emotional problems categorised as
29. Delinquent Behaviour:

The eleven behavioural/emotional problems categorised as 'delinquent behaviour', one of the sub-scales of the YSR.

30. Aggressive Behaviour:

The nineteen behavioural/emotional problems categorised as 'aggressive behaviour', one of the sub-scales of the YSR.

31. Self-Destructive/Identity Problems:

The twelve behavioural/emotional problems covered by item nos 5,12,13,18,20,27,33,35,57,79, 91 and 110 which are categorised as 'self-destructive/identity problems' one of the sub-scales of the YSR.

32. Internalising Problems:

The internalising problems cover the three sub-scales of the YSR namely withdrawn, somatic complaints and anxious/depressed behaviours. The total of the three sub-scale scores indicate the extent of internalising problems.

33. Externalising Problems:

The externalising problems cover the two sub-scales of YSR namely delinquent behaviour and aggressive behaviours.
The total of the two sub-scale scores indicate the extent of externalising problems.

34. Domicile:

This term refers to the place of residence of the children classified as rural, semi-urban and urban.

35. Family Size:

The term 'family size' in the present study refers to the total number of family members of the child.

36. Birth Order:

This term refers to the position (order of birth) of the child among the children in the family.

37. Family Type:

This term refers to the sociological classification of family types namely nuclear, joint and extended families. It does not refer to the types of family as specified in the Family Typology Scale.

38. Single Parent Family:

This term refers to the family where only one of the parents is living with the family at the time of the study.
39. Parental Separation:

This term refers to the family where the parents of the child have not been living together on account of separation which may be legal (judicial separation or divorce) or due to reasons such as job or quarrels.

Pre-Testing of Tools:

In order to check on the utility and efficacy of the tools of data collection, the researcher conducted a pretest with 15 male and 15 female children selected randomly from the universe of the present study. These 30 children were later included in the sample of 465 children selected for the study. During the pre-test, some items on the socio demographic proforma were found to be lacking clarity and specificity. Hence they were modified. A few items had to be incorporated, to make the proforma more comprehensive and specific to the purpose.

Though the selected tools used by the researcher were standardised scales whose reliability and validity had already been established by the authors, the researcher made an attempt to assess their reliability and validity with reference to the population of children covered by the present study. The split-half reliability estimates were
made for the Youth Self Report (YSR) and Teacher's Report Form (TRF) of the Child Behaviour Check List (CBCL), the Family Typology Scale, the Family- Interaction Scale and the Pro-Social Behaviour Questionnaire (PBQ). The split-half reliability coefficients are presented in the relevant Appendix. Item analysis was carried out for all the five rating scales selected for the present study. The mean item scores, item standard deviations and item total correlations for the different samples of children are given in appendix. The results of item analysis indicated a high degree of internal consistency and homogeneity for all the selected scales in the present study.

Field Work and Data Collection:

With the active cooperation of the school authorities, teachers, children and their parents, the researcher was able to complete the field work and data collection work within the stipulated duration. The socio-Demographic proforma and the Youth Self Report (YSR) were administered to children in small groups after briefing by the researcher. Throughout each session, the researcher clarified the children in filling out the proformas, whenever required with a view to get the valid and reliable responses. The Teacher's Report Form (TRF) for each respondent was filled out by the
respective class teachers. The Family Typology scale and
Family Interaction scale were administered to 30 children
each from the 'clinical', 'borderline clinical' and 'normal'
categories by the researcher himself on an individual one-to-
one basis. For these three groups, the Pro-social behaviour
questionnaires were filled out by the respective class
teachers.

**Hypotheses:**

The researcher formulated the following hypotheses for
the present study.

1. Children reporting a higher degree of behavioural/emotional problems tend to have a lower level of competence.

2. The extent of behavioural/emotional problems is greater among the boys than girls.


4. More number of children from nuclear families manifest behavioural/emotional problems than children from joint and extended families.

5. More children from single parent families manifest behavioural/emotional problems than children having both the parents.
6. There is a significant association between birth-order of children and the extent of behavioural/emotional problems.

7. Children who have experienced parental death manifest high level of behavioural/emotional problems than the children whose parents are alive.

8. There is a significant association between family history of mental illness, and the level of behavioural/emotional problems among children.

9. There is a significant association between family history of alcoholism and the level of behavioural/emotional problems among children.

10. There is a significant association between family history of suicide and the level of behavioural/emotional problems among children.

11. There is a significant association between family history of mental retardation and the level of behavioural/emotional problems among children.

12. There is a significant association between family history of epilepsy and the extent of behavioural/emotional problems among children.

13. Female children manifest relatively high degree of internalising problems than male children. Male children
manifest relatively high degree of externalising problems than female children.

14. The extent of family pathology among children having behavioural/emotional problems in the 'clinical range' is greater than children in 'borderline clinical' and 'normal' categories.

15. The extent of family interaction among children having behavioural/emotional problems in the 'clinical range' is lower than children in 'borderline clinical' and 'normal' categories.

Statistical Analysis of Data:

The data collected from the respondents were subjected to editing and coding procedures in order to prepare them for analysis. As part of initial analysis, data were represented in the form of simple univariate tables with frequencies and percentages. Measures of central tendency such as mean and median and standard deviation, a measure of dispersion were calculated for the numeric variables. In the next stage, bivariate and trivariate tables were prepared in order to verify the hypotheses of this study. Initially, a comparison was made between male and female children with regard to the socio-demographic, economic and familial aspects. z - scores (critical ratios) were calculated to examine the difference...
with reference to numeric variables and Chi-Square Tests were employed for determining the difference with reference to nominal and ordinal variables.

As far as the assessment of behavioural/emotional problems is concerned, the Youth Self Reports (YSR) and the Teacher's Report Forms (TRF) were scored as per the scoring instructions prescribed by the authors. Total problem scores and scores on the competence scales and the narrow band behavioural/emotional problem scales were calculated for both the scales. Based on the total score range, the respondents were grouped under 'clinical', 'borderline clinical' and 'normal' categories. The score ranges on the narrow-band scales were represented in the form of bivariate tables for males and females. $z$-test was used to find out the significance of difference between the two groups. Inter-correlation Analysis was done among the various competence and problem scales of YSR and TRF.

In the next stage, the data pertaining to family typology, family interaction and pro-social behaviour were analysed. The three groups of 30 children (15 males and 15 females) each from 'clinical', 'borderline clinical' and 'normal' categories, were compared with reference to the
various socio-demographic, economic and familial aspects. These three sub-samples were compared on the basis of family typology, family interaction and pro-social behaviour scores. Comparison between males and females was also done within each sample using one way analysis of variance (ANOVA). Inter-Correlation analysis was done among the family typological, family interactional and pro-social behaviour variables.

As a part of the pre-test, the researcher used Karl Pearson's correlation coefficients to determine the split-half reliability of the scales. To assess the internal reliability of the scales, the researcher performed item analysis and calculated mean item scores, item standard deviations; and item total correlations for different samples of respondents.

Limitations:

In the present study, the behavioural/emotional problems of children have been assessed on the basis of self reports by children and teacher's reports. Hence the focus is mainly on the responses of children and the teacher's view of the classroom behaviours of children. An important dimension of the child's behaviour in the home environment has not been studied. Parents' reports would have been another extremely important source of information.
In the present study, the behavioural / emotional problems are studied only from a cross-sectional perspective. Most of the children's problems being transitory in nature, a longitudinal approach to the study of problems would have been more useful. However, considering the practical limitations, like time factor the researcher was able to make only a cross-sectional analysis. The present exploratory study would certainly throw open many areas for future research.

Chapterisation:

The research report has been organised in the following manner:

Chapter I: Introduction

This chapter deals with the manifestations and etiological aspects of behavioural / emotional problems of children. An attempt has been made to give a brief account of the relevant studies in the same area.

Chapter II: Methodology

The methodological aspects of the study like sampling, data collection and statistical analysis are discussed in this chapter.
Chapter III: Analysis and Interpretation of Data:

In this chapter, the data are presented in tables and the results of statistical tests and their implications are discussed at length.

Chapter IV: Findings and Conclusion:

This chapter includes a discussion of the findings, suggestions and conclusion.