SUMMARY AND CONCLUSIONS
CHAPTER VI

The objective of the present study was to understand the Emotional / Behavioural disorders of Preschool children from Urban and Rural settings. The focus of the study was to assess the prevalence of these problems, and to explore the different child and family related factors in Emotional / Behavioural disorders. The study also aimed at evaluating a group play based social skills training programme for minimizing the behavioural problems of preschoolers.

The different hypotheses formulated for verification include: (a) the prevalence of Emotional / Behavioural problems will be more among Rural preschoolers as compared with Urban preschoolers. (b) The manifestations of these problems the child's temperament, social competence, cognitive styles, and intelligence differ for disturbed and normal children from Urban and Rural settings. (c) The disturbed and normal children from Urban and Rural settings differ with regard to the general health of mother, parental attitude and family interaction (d) The children in the experimental group treated with social skills training will show significant reduction in their problematic behaviour and show more of prosocial behaviour after intervention.
A multi-phase design was adopted and the study was carried out in three phases. The size of the sample varied in each phase.

In the first phase, which was the screening phase, the study was carried out at three nursery schools from the urban area of Bangalore City and five Anganwadi centres from the rural area of Bangalore South Taluk in the five villages viz. Somanahalli, Kerechoodarahalli, Thataguppe, Uthari and Thalgatpura.

A sample of 440 urban preschool children and 195 rural preschoolers in the age group of 3-6 years were screened using preschool behaviour check list (McGuire and Richman 1986) on the basis of teacher rating. Children scoring 12 and above were grouped as emotionally disturbed and children scoring 11 and less were considered normal using the cut-off point given by the authors of the scale.

In the second phase of the study, a 2 x 2 Factorial Design was adopted to represent the Urban-Rural and Emotionally disturbed /Normal condition. The sample consisted of 200 children who were divided into four groups viz Urban disturbed, Urban Normal, Rural disturbed and Rural Normals, with 50 children in each group. This was the main phase of the study wherein the focus was to identify the factors related to Emotional Disorders. The child related factors considered for study were the manifestation of
emotional problems, child's temperament, social competence and cognitive factors. The family related factors included for study were the general psychological health of the mother, maternal attitude and the family interaction types. The information was collected using questionnaires, rating scales, psychological tests and family observation based on home visits of every child.

Information was collected on the following measures:

1. Preschool Emotional/Behaviour Problem Inventory rated by the mother.
2. Temperament Measurement Schedule rated by the mother.
3. Social Competence Scale rated by the Nursery teacher.
4. Binet-Kamat test of Intelligence administered to the child by the Researcher.
5. Embedded Figure Test administered by the Researcher.
6. General Health Questionnaire rated by the mother.
7. Parental Attitude Research Inventory—mother version rated by the mother.
8. Family Interaction Scales—Observation based ratings by two psychologists.

In the third phase, a quasi experimental design was adopted. A group of 20 emotionally disturbed children from one of the urban schools was selected. About 10 of them were randomly assigned to skill training group and the remaining 10 Emotionally Disturbed children were allocated to control
The children belonging to the experimental group received 30 sessions of social skills training through group play. These 20 children were assessed before and after the intervention. The pre and post assessment measures included:

1. Emotional / Behaviour Problem Inventory—mothers' ratings obtained.
2. Social Competence Scale—teachers' ratings were obtained.
3. Social Behaviour Checklist—teacher ratings were obtained.

The data obtained were statistically analyzed using percentages, chi squares, 't' ratio, ANOVA and discriminant analysis. The finding are as given below:

The overall prevalence of emotional/behavioural disorder in the present sample was 21.88 percent. The prevalence was found to be higher among rural preschoolers (25.64%) than among urban preschoolers (20.22%). The prevalence was higher among boys (29.48%) than among girls (13.72%). The typical problems noticed among the urban preschoolers as rated by teacher on PBCL were poor concentration, high activity level, quarrelling, fighting and interfering with others. Temper tantrums and reluctance to speak were more frequent among rural children. These problems were common in both the
settings. The low probability symptoms were soiling, wetting and other symptoms such as shy, withdrawn, miserable etc.

The findings of phase II indicate that family history of mental illness and type of family were not contributing to ED. However, the premature birth was contributing towards Emotional Disorders in rural disturbed children. The medical history indicated that Urban disturbed children suffer from wheezing and Bronchitis while rural disturbed children suffer from diarrhea with infection, anaemia and malnutrition.

The present study indicated that Emotionally/behaviourally disturbed preschool children significantly differ from normals. A constellation of symptoms such as mild to moderate degree of fears, social fears, aggression, sibling rivalry, mood fluctuations, attention seeking, hyperactivity and eating problem characterizes ED children. The normal preschoolers on the other hand, show absence of these symptom and to a very mild degree when present.

The child related variables that differentiated the normal and emotionally disturbed children were temperamental inflexibility less adaptability, negative mood, arrhythmicity in daily routine, withdrawal, and low persistence which were noticed more often among the disturbed. The social competence of the two groups revealed that Emotionally Disturbed expressed apathy-withdrawal, and anger-defiance. The intelligence of these children was found to be average.
but lesser and the disturbed were more field dependent in cognitive style.

The family related variables of these disturbed children showed higher psychiatric morbidity in the mothers with more of anxiety, somatic symptoms and depression. The parental attitude revealed ascendance and authoritarianism. Mothers were strict and they did not encourage verbalization. The family interaction pattern was inadequate, disturbed and the mother-child-interaction was not smooth. The present exploratory study confirms the earlier reports that family dimensions contribute significantly towards emotional disturbance.

The normal children on the other hand, showed an absence of or a very mild degree of behaviour problems. This group significantly differed from the emotionally disturbed group. Temperamentally they were found to be normal in their activity level, rhythmic and were adaptable to social situations. Cognitively, these children performed better on test of intelligence than the disturbed children. Field independent cognitive styles were the characteristic feature of these children. They showed more of interest participation as well as cooperation-compliance.

The family variables of these children reveal that the mothers psychological health was normal and comradeship, sharing and equalitarianism are the attitudes prevalent among
the mothers. Adequate family interactions and mother-child interactions were seen in the families of normal children. There is no significant difference between the groups regarding urban-rural status and disturbed/normal status regarding the manifestation of emotional disorders. Similarly, many of the child-related variables were not affected by group differences.

However, the family-related variables contributed to the group differences. Marital conflict among parents was more in rural disturbed groups as compared to urban disturbed, even though in both the groups this was a contributing factor. Pathological anxiety appeared to be the psychological condition of the mothers of rural disturbed children. The parental attitude revealed ascendance and authoritarian attitudes with strictness of the mothers of urban disturbed children, while avoidance of communication, irritability, suppression of aggression and sexuality in children were the characteristic parental attitudes of the mothers of rural disturbed children. When the interaction effect is considered, the four groups differed only on two variables viz., family investment and material wealth as well as child-parent interaction. In families of rural disturbed children, the investment was less and the child-parent interaction was minimal. The latter was true of urban disturbed children also. The urban families were characterized by better quality of group interaction, mutual satisfaction and warmth.
among family members and a better warm relationship was noticed among the partners. The mother-child interaction was better. In general, a better quality of interaction was seen among urban families.

The rural families were characterized by a minimum of interaction and mutual warmth was less. The parent-child interaction was inadequate and inappropriate control and demands on children were noticed.

Discriminant functions analysis differentiated urban normal children and rural disturbed children. The rural disturbed children showed social fears, fears mood fluctuations, temper tantrums and aggression. Social competence reveals apathy-withdrawal and anger-defiance.

Urban normal children showed greater interest-participation. They were field-independent and showed mood consistency. The family interaction of urban normals were adequate and parents participated more in child activities.

Urban disturbed preschoolers on the other hand, show more of attention seeking, hyperactivity and eating problems as well as separation anxiety. Mothers show more of equalitarianism, comradeship and sharing.

The study also indicated that children coming from middle social class were more prone to emotional /behavioural
problems. The family variables such as depression in the mother, child rearing attitude of fostering dependency, strict towards child and inadequate family interaction pattern were present in the lower strata.

With regard to the ordinal position of the child the last born and the only child were more prone to emotional/behavioural problems. Certain manifestations of emotional/behavioural problems such as attention seeking, and eating problems were found more with the only child.

Subtle age related changes were also noticed among preschoolers. Children in the younger preschool age i.e. 3-4 years experienced separation anxiety and fears. Temperamentally, these youngesters were found to be highly distractible, withdrawal were greater and they were less adaptable. A difficult parent-child interaction was evident. Children in the latter part of the preschool age i.e. between 5-6 years showed greater prevalence of problem behaviour such as social fears, sibling rivalry and apathy. Social competence of these children revealed apathy-withdrawal. It is interesting to note that many of the family related variables such as fostering dependency by the mother, irritability and insistence on suppression of aggression and sexuality in children influencing problem behaviours among older preschoolers. The family patterns in terms of mutual support and satisfaction, and family alignment were low and inadequate in this group.
The social skills training, a treatment strategy that was attempted in the present study revealed positive results. There was significant change in the behaviour of emotionally disturbed children after the social skills training. Therefore, the present study advocates the usefulness of social skills training for controlling behaviour problems and for enhancing prosocial behaviours.

In conclusion, the study was a modest attempt in understanding the emotional/behavioural disorders of preschool children. The findings have been impressive with several implications.

There is a further need to continue research in the area of adequate diagnostic classifications of these young children. Longitudinal studies will help researchers to find out the developmental changes and to see if these problems are stable in nature. The study also highlights the need for early intervention.
IMPLICATIONS

1. Theoretical Implication:

The present research clearly indicates that certain specific aspects of parenting such as warmth, proper care, adequate positive family interaction and mother-child interactions, psychological health of the mother and so on resulting in the development of more socially competent behaviours in young children. The study also suggests that absence of these qualities of parenting and family interactions coupled with depression, and anxiety in the mother and economic adversity may result in behaviour problems in children. The different child related factors such as difficult temperament with social incompetence interact with the salient aspects of care-giving environment to produce a normal behaviour or Emotional/behavioural disorders at a most vulnerable developmental stage i.e. the preschool period. Furthermore, it is true that young children cannot grow themselves. They are much more dependent on their parents for direction, socialization and nurturance than are the older children. Thus reciprocal and transactional models must be used to account for the nature and quality of parent-child relationships. But, the younger the child, greater is the power and influence of the parents in establishing the direction of relationship. The parents are the ones who determine when the child be appropriately
cared and protected. The nature and extent of parent-child exchanges are important aspect of the development of the preschool children, having profound effects on their emotional development.

The present study, therefore, supports the Attachment theory which has taken a centre stage in the conceptualization of parent-child relation and the impact of parental behaviour on children's development in infancy (Ainsworth et al., 1978). The recent work by Greenberg et al. (1990) has focussed on attachment in preschool years wherein children are the more active participants in the dyadic relationship. The present study reflects the theoretical perspectives of Bowlby (1968) and Bretherton (1985) that children's experiences with warm, sensitive care at a time of their life when they are especially vulnerable and dependent, translate into a sense of self-efficacy and trust in the availability and supportiveness of significant others. These youngsters who feel cared for and valued are more compliant and cooperative in interaction with caregiver (Ainsworth, 1971). The study also confirms the Social Ecological theory of Brofenbrenner in understanding children from an ecological perspective.

2. Diagnostic Implications:

The present study brings out certain salient features of problem children. It confirms that Emotionally/Behaviourally
disturbed preschoolers are different from normals. The disturbed children do manifest a constellation of symptoms eventhough at a mild to moderate degree. These symptoms interfere with the children's day to day living and hampers their social interaction. A need for refinement and clarity of the existing classificatory systems (ICD-10 and DSM-III, R) for preschoolers may be implied from this study with regard to definitions of symptoms and criteria, as differentiated from the one applicable to older children. Such refinements could take into consideration due weightages for the developmental aspect of young children.

3. Psychometric Implications:

Researchers working in the field of child mental health often face a problem of effectively measuring the various aspects of child behavior. The present investigation suggests that information about a given child should be obtained from multiple sources. This helps in a better understanding of the young child since behaviour elicited in different settings such as nursery school, home environment, and peer group vary. The present findings highlight that reliable, valid measures if used helps in understanding effectively the child's behaviour, temperament, social competence, cognitive aspects, parental and other family aspects in totality so that effective interventions could be planned at various settings. The need for normative data on different tools is indicated from this study.
4. Implications for treatment / Intervention:

The present study offers a comprehensive understanding of the Emotional / Behavioural disorders of preschool children. The study has explored various child and family related factors as correlates of Emotional disorders. Such an understanding is of immense value in order to generate treatment strategies for these disorders.

The present investigation offers empirical data on the usefulness of social skills training to control behaviour problem and to improve prosocial behaviours. The study offers simple and varied skills training which can be effectively used by the Nursery teacher in any preschool settings. The study also highlights the need for early intervention for prevention of later problem.

5. Counselling for parent hood:

The present investigation has highlighted the inadequate knowledge and awareness among parents regarding the emotional behaviour disorders in preschool children both in urban and rural settings. Most parents were unaware of how to control their little tyrant for example. The question that arises is whether parents with the strong believes of their own will be influenced by what the experts say. Nevertheless, it is important to educate the parents on proper child-rearing practices, effective disciplinary methods in child care, positive adequate family interactions with warm and
affectionate responses to child so that the child grows up into a normal being.

The present study reveals that urban mothers are sufficiently well informed, for example, about their child's motor development. Yet they are not clear regarding the management of problematic behaviours. The rural mothers need an overall counselling on all aspects of child development as well as child-rearing practices. The rural mothers lack awareness regarding the emotional needs of their children. Parental education for managing problematic behavior of children should be included as an important component of health care programmes. There is a need to train the health visitors and other para medical staff by professionals so that the former can in turn educate the parents.

5. Service Implications:

The study has clearly highlighted that the nursery teachers and the Anganwadi supervisors can identify Emotional/behavioural problems of preschoolers. Therefore, training programmes for nursery teachers may be held to indicate the importance of early identification of Emotional problems as well as its management in class room settings. However, in cases, where the teacher is unable to control, the importance of referring the child to a professional should be made clear.
It is also important that the paediatricians, family doctors, health visitors, and the day care nurses who are constantly in touch with preschoolers should be trained to identify these problems so that they can make proper referrals at the appropriate periods.

Recommendations for future Research:

1. The stability of behavioural problems and its interference with the child's social and academic spheres may be investigated through longitudinal studies.

2. The social skills training programme which was found to be effective needs further research for refinement of specific skills of problem children.

3. Focussing on the family interaction types, the impact of these types on child behaviour problems may be analyzed.

4. The impact of changing family patterns like absence of father, divorce, single parent family and the like may be studied by comparing intact and disrupted families.

5. Parental attitude studies followed by parental counselling and training for parenthood may be taken up to see its impact on behavioural problems of children.

6. Evaluative studies on community mental health projects may be designed with a view to educate rural mothers and train them for dealing with the behavioural problems of young children.