A Case Study

# Behaviour Problems In Children

Mental disorders are a great problem in all countries of the world. In India this subject is gaining increased attention and is being included in public health programmes. It is generally accepted that behaviour problems are reactions to a negative environment.

These problems are present both in adults and children. Any undesirable conduct or behaviour of a child which cannot be controlled by parents for a long period should be considered as behaviour problems, and the child should be guided for future life and helped to overcome these problems to lead a normal healthy life.

According to the 1961 census (Government of India, 1961), 42% of our populalion comprises of children. It is quantitatively a large group, but qualitatively poor because of high mobility and mortality. An all-India statistics on behaviour disorders is not available. According to the Mental Health Clinic Report of the Urban Health Centre, 4% of the children attending the Maternal and Child Health Clinic and 2% of the children examined in the School Health Clinic showed signs of mental health problems. In India, 2% of children suffer from mental deficiency and the percentage in the world is 1—3 (WHO Report 1968).

We made an attempt to study two cases of children with behaviour problems with emphasis on the following aspects :

(a) Nature of complaints and the category it falls in the group of behaviour problems.
(b) Social background.
(c) Different services required for helping in rehabilitation.
(d) Other relevant information which would be of importance in understanding and handling of such problems.

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**Method of Study**

(1) The families were introduced and a date and time convenient to the mother was fixed for interviewing ; (2) The mothers were interviewed and the parental and sibling relationships were observed in the home and the clinic ; (3) Supplementary information was obtained from the family health folders maintained at the Urban Health Centre and special records of the Mental Health Clinic and the School Health Clinic ; (4) A schedule was drawn up to study the problems.

**Nature of Complaints** : A male child, aged nine years, studying in class one, has been found to be getting angry very often, for the last four years. When angry, he throws out all articles, which he can lay hands on. He quarrels very often with the members of the family and with his playmates, uses abusive and indecent language and often beats them. He is obstinate and unable to attend to his personal needs. For the last three years, his scholastic achievements have been very poor. In spite of continuous coaching by a private tutor, he could not obtain even pass marks in the examinations. He does not like to read and gets angry if he is compelled to read by his tutor.

From the nature of complaints the child could be grouped either in the aggressive type of personality disorder or an educational problem of the broad behaviour problem group. To confirm whether it falls under the educational problem an I.Q. test was performed in the Mental Health Clinic. The report revealed that his mental age is only four years ten months and his I.Q. is 60 only. So it was concluded that it was a case of mental deficiency.

**Background : Development History (Personal Data)** : This child was normally born and was the only son (second and last) of his parents. His milestones were delayed and so also the development. To cite some : teething at one year, walked at two years and spoke at three years. Toilet habits were formed at the age of three years. Thumb-sucking was present till one year, which was discontinued by parents' forced efforts. He was a quiet child up to five years.

**Health History** : His height was 50'' and weight 54 lbs, cranial circumference 19½'' and chest circumference 22½''. There has been no history of serious illness or head injury. He had typhoid when he was 7 years.

**Social Data** : Belongs to a middle class Hindu family from the state of West Bengal with moderate living comforts.

**Family Composition** : Consists of father, mother, sister and a stubborn old grandmother. The father passed matriculation examination from Deaf and Dumb School and is working as a packer in a firm and earns Rs. 450/- p.m. The mother is literate and the sister is studying in class nine.

**Living Conditions** : The house is semi-pucca structure, poorly ventilated, and has two bed-rooms. There is no electricity and is situated near a slum. The refuse disposal is not satisfactory and they have a connected privy type of latrine.

**Family History** : There has been mental illness within the last three generations. The grandfather was short-tempered. History of over-protection, being the only son and the youngest in the family, is evident, as the child is not allowed to do things for himself even those which he can without help. Father being deaf and dumb expresses his affection but does not inculcate any discipline as he cannot express his views. Over-punishment by the tutor has been reported also. Mother is not in a position to answer all questions nor guide, as she is upset, because she is blamed by the relatives and the mother-in-law for the behaviour of the child. There is confusion and difference of opinion regarding

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the upbringing of this child. Thus, there is no ideal before the child whom he can copy or follow.

**Services** : To handle a problem like this, various services are necessary which are enumerated below :

(a) Thorough medical examination including nutritional assessment and pathological examinations.

(1) For mental deficiency the child must be referred to the child guidance clinic. The psychiatrist. the psychologist, the psychiatric social worker and the public health nurse will evaluate the case. Brown (1940) states that psychological tests to assess I.Q. are very necessary and so also a thorough neurological examination by the psychiatrist. The social worker will study the social background with parental attitudes and influence of environmental factors. Based on the findings, a plan of work for treatment by the mental health team is planned which includes :—

(a) Counselling of parents including attitude therapy ;

(b) Play therapy if the child has personality problems ;

(c) Admission to a special school for mentally retarded children and

(d) Environmental modifications—help for any socio-economic problems like negative attitudes of neighbours, other family members or poverty.

The services that a public health nurse can render in specific ways in the programme are at various levels :

(a) **Primary Prevention** means preventing the occurence of the problem. According to the W.H.O. report on Mental Retardation (1968), injury to the foetus during the first three months of gestation or in the prenatal period is an important cause of mental retardation. It is noted that nutritional deficiency may also contribute towards mental retardation. Thus, a public health nurse can play an important role in primary prevention by seeing that proper pre-natal care and post-natal care including health supervision of the infant is given at various stages of pregnancy and the growth of the infant.

(*b*) **Secondary Prevention** means preventing further deterioration. For this, early identification is very important because cases of mentally retarded children are misunderstood by family and community. Either no treatment or wrong treatment is given resulting in anti-social behaviour. The public health nurse can further strengthen the mental health programme for mentally retarded children by guiding parents about attitudes and feelings, encouraging to follow the psychiatric guidance and acceptance of long range plan of treatment because of her close and continuous relationships with the family. She can help the mother in training the retarded children to attend to their personal needs, making him independent as far as possible. She can continue to give supervision of these cases by keeping close contact with the mental health team.

**Tertiary Prevention** includes such type of special education and training by which the child is rehabilitated. The public health nurse in the course of her periodical visits reports her observations to the mental health team members, co-ordinates the health services and strengthens the process of rehabilitation.

**BIBLIOGRAPHY**


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2. Government of India (1961) : Census of India.
3. W.H.O. (1969) : Mental Retardation, Geneva, World Health Organisation.


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This helps the flow of blood from the lower limbs to the heart. You will feel the blood running down through the thighs relieving your pain and discomfort. While retiring to bed at night, apply a little grease to the legs and give a soft massage towards the thighs from the feet. Also try to do a little exercise every morning.

When you are above 30, make sure that you give rest to the lower limbs more often by keeping your foot raised up to increase blood circulation. Try to keep your legs separated while sitting and avoid keeping one leg over the other. Avoid tight garters also. If possible use elastic stockings or loose garters. If any abnormality is noted, consult a doctor immediately.

Take enough rest during pregnancy and form the habit of regular exercise. Eat plenty of fresh vegetables and fruits to keep regular supply of vitamins and minerals to the body. These precautions can help save your body from abnormal wear and tear. □