The Prevalence of Behavioral Problems Among Children of an Urban Area in Thrissur District

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ARTICLE DETAILS	ABSTRACT
Research Paper	This study aimed to assess the prevalence of behavioral problems among children aged 6–12 years in an urban area of Thrissur district. Behavioral problems in children can be indicative of underlying psychological or social issues, and early detection is critical for timely intervention. A cross-sectional study was conducted in the urban area of Nadathara, Thrissur, using the Strengths and Difficulties Questionnaire (SDQ) to screen 75 children. The findings revealed that approximately 33.3% of the children exhibited behavioral problems, with hyperactivity, conduct issues, and emotional symptoms being the most common. A significant association was observed between behavioral problems and factors such as caste, family income, and the educational qualification of mothers. The study highlights the need for early screening and intervention to address behavioral issues and improve mental health outcomes for children[1,2,3,4].
Keywords: *behavioral problems, children, urban area, Thrissur, prevalence, SDQ*	
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Introduction

The behavior of a child at home, school, and other environments is influenced by various factors, including physical and intellectual development, temperament, and the child's relationships with family and peers. While all children exhibit occasional challenging behavior, some develop persistent problems that interfere with their emotional and social development. Behavioral problems often result from stressors or dysfunctional family dynamics, such as poor parenting, domestic violence, or economic

hardship. Identifying and addressing these issues early can prevent long-term consequences, including academic difficulties and social exclusion. In India, behavioral problems in children are a significant concern, but studies focusing on their prevalence are limited. The aim of this study is to determine the prevalence of behavioral problems among children aged 6–12 years in an urban area of Thrissur and identify contributing factors[1],[5].

Materials and Methods

Study Design: Cross-sectional study

Study Setting: Nadathara, an urban area in Thrissur district

Study Population: Children aged 6–12 years in the selected urban area

Sample Size: 75 children

Inclusion Criteria: Boys and girls aged 6–12 years

Exclusion Criteria: Non-cooperative individuals

Sampling Technique: Two wards (16th and 17th) in Nadathara were randomly selected. Data were collected from consecutive houses with children in the required age group.

Study Tool: The Strengths and Difficulties Questionnaire (SDQ) was used to assess behavioral problems. The SDQ is a screening tool that covers emotional symptoms, hyperactivity, conduct problems, peer problems, and prosocial behaviors[2].

Data Collection Procedure: Data were collected through interviews with parents (82.7% mothers and 17.3% fathers) using a pre-designed questionnaire. The data were compiled, analyzed, and contributing factors identified. Data analysis was done using SPSS-20.

Results

The socio-demographic profile of the study participants is summarized in the tables below:

Age Distribution: 56% of the children were aged 6–9 years, and 44% were aged 10–12 years.

Gender Distribution: 60% of the children were male, and 40% were female.

Religion and Caste: 56% of children were Hindu, 41.3% were Christian, and 2.7% were Muslim. A variety of caste groups were represented, with the majority being from the RC (41.3%) and Pelen (20%) communities.

The socio-economic status, family structure, and educational background of the parents revealed that 68% of the children came from families with an income of less than ₹25,000. Additionally, 76% of children lived in nuclear families.

Discussion

In this study, the prevalence of behavioral problems among children in an urban area of Thrissur was found to be 33.3%. This rate is slightly higher than other studies conducted in India but is consistent with some Western studies. The study also highlighted that boys were more likely to exhibit behavioral issues compared to girls, in line with previous findings. Furthermore, caste-based differences in the prevalence of emotional symptoms were observed, with children from the Kumbaran caste community showing higher rates of abnormal scores.

The analysis showed a significant association between behavioral problems and the educational qualification of the mother, with better-educated mothers tending to have children with fewer behavioral issues. This finding is consistent with studies suggesting that maternal education plays a crucial role in child development. Additionally, children from families with lower socio-economic status were more likely to exhibit behavioral problems, indicating the impact of poverty on child mental health.

Our study also found a significant association between hyperactivity and emotional symptoms, highlighting the overlap between different behavioral problems. Conduct problems were significantly associated with hyperactivity, indicating the need for a comprehensive approach to treatment that addresses multiple symptoms simultaneously.

Conclusion

This study found that 33.3% of children aged 6–12 years in an urban area of Thrissur exhibited behavioral problems, with hyperactivity, conduct problems, and emotional symptoms being the most common. The study emphasizes the importance of early screening and intervention to address these

issues and prevent long-term developmental and social consequences. Further research is needed to explore the underlying causes and to develop targeted interventions for children at risk. Efforts should also focus on improving parenting skills and supporting low-income families to reduce the prevalence of behavioral problems in children.

Acknowledgements

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Annexure

[Include the full Strengths & Difficulties Questionnaire used in the study.]

Tables

Table 1. Sociodemographic characteristics

SOCIODEMOGRAPHIC CHARACTERISTICS	FREQUENCY N=75	PERCENTAGE (%)
Gender		
Male	40	60
Female	35	40
Religion		
Christian	31	41.3
Hindu	42	56
Muslim	2	2.7
Respondent		
Father	13	17.3
Mother	62	82.7
Occupation of mother		
Working	36	48
Housewife	39	52
Educational qualification of mother		
Degree/diploma	21	28
Higher secondary	53	70.7
Illiterate	1	1.3
Family income		
<25,000	51	68
>25,000	24	32
Family type		
Nuclear	57	76
Joint	18	24

Total no. of children		
upto 2	54	72
above 2	21	28

Table 2 : Association between family income and total difficulty score

FAMILY INCOME	TOTAL DIFFICULTY SCORE				Chi square value	p value
	NORMAL		ABNORMAL			
	n	%	n	%		
<25,000 (51)	31	60.8	20	39.2	18.482	0.024
>25000 (24)	19	79.2	5	20.8		

Table 3 : Association between gender and total difficulty score

GENDER	TOAL DIFFICULTY SCORE				Chi Square Value	P Value
	NORMAL		ABNORMAL		10.842	0.02
	n	%	n	%		

FEMALE (30)	23	76.7	7	23.3		
MALE (45)	27	60	18	40		

Table 3 : Association between different behavioral problems

Hyperactivity score	NORMAL		ABNORMAL		Chi square value	P value
	n	%	n	%		
Conduct problems score					18. 735	0.001
NORMAL	38	67.9	18	32.1		
ABNORMAL	2	10.5	17	10.5		
Emotional symptoms score	**Conduct problems score**				9.774	0.002
NORMAL	37	62.7	22	37.3		
ABNORMAL	3	18.8	13	81.2		
Emotional symptoms score	**Hyperactivity score**				10. 278	0.003
NORMAL	49	83.1	10	16.9		
ABNORMAL	7	43 8	9	56.2		

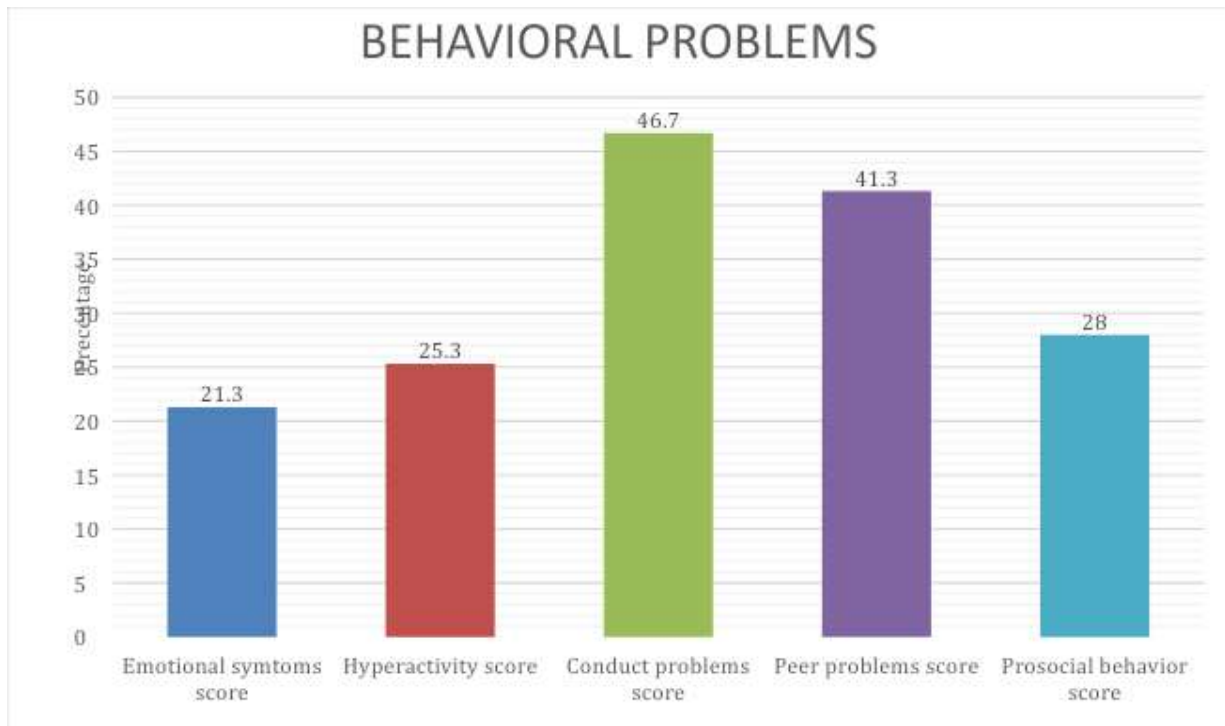Figure A : Prevalence of different behavioural problems among study subjects

Figure B : Prevalence of children with behavioral problems