International Journal of Nursing Research (IJNR)
International Peer Reviewed Journal

Research Article

A Descriptive Study to Assess the Measures Adopted by Mothers to Reduce Behavioral Problems in Children Aged 6–12 Years in Selected Urban Areas of District Shimla, Himachal Pradesh

Shashi Kiran Dautoo[1], B. Rekha[2]

[1]Department of Pediatric Nursing, Sister Nivedita Government Nursing College, Indira Gandhi Medical College, Shimla, Himachal Pradesh, India, [2]Department of Pediatric Nursing, Dhanvantri College of Nursing, Namakkal, Tamil Nadu, India

ABSTRACT

Aim: This study aims to assess the measures adopted by mothers to reduce behavioral problems among children in selected urban areas. **Methodology:** Quantitative research approach and descriptive research design were applied. The research was conducted in the urban areas of Sanjauli, Shimla District, Himachal Pradesh. Sample size was 200 mothers and purposive sampling technique was used. **Results:** The results of the present study reveal that majority of mothers adopted the measures to reduce behavioral problems in children for temper tantrum was 11.5% avoided situation likely to stimulate the child, for nail biting 11.5% kept hands busy and cut the nails of child, for thumb-sucking 10.5% those praised for behavior change and kept hands busy, for enuresis (bed wetting) 12.0% made the child void before bedtime and reward for dry nights, for stammering 3.0% avoided stress and practiced speech training, for school phobia 8.5% of mothers adopted measures like praise for regular attendance at school, for anorexia nervosa 2.0% of mothers supervised meals and snacks and monitored the weight, for bulimia nervosa 1.5% avoided over feeding the child and monitor the weight, for breath-holding spells 1.0% used distractive methods, stay calm, provide safe environment, and provide proper ventilation, for aggressiveness 27.0% tried anger management, for pica 13.0% gave positive reinforcement and kept the child away from mud, clay, chalks, etc., for somnambulism (waking in sleep) 6.5% kept close supervision, avoided bunk bed, and stayed most of the time with the child, for somniloquy (talking in sleep) 9.5% made sleep schedule and avoided emotional stress, for bedtime fears and nightmares 9.0% avoided scary television shows, and for lying 26.5% of mothers shared their values, whereas for shyness 19.0% of mothers stay with child in social situations. **Conclusions:** The study results show that measures adopted followed by mothers to deal with behavioral problems of their children that 197 (98.5%) mothers, the measures adopted level followed by mothers were "poor" and 3 (1.5%) mothers were followed average measures.

Keywords: Behavioral problems, Children, Measures adopted, Mothers

Address for Correspondence: Shashi Kiran Dautoo, Flat no. 6, Goel Appartment Opposite Hawaghar, Dhingu Mandir Road Sanjauli Shimla, Himachal Pradesh - 171006, India. Email: dautoosk@gmail.com

Access this article online

Website:www.innovationalpublishers.com/journal/ijnr	e-ISSN: 2456-1320
DOI: https://doi.org/10.31690/ijnr/75	

How to cite this article: Dautoo SK, Rekha B. A Descriptive Study to Assess the Measures Adopted by Mothers to Reduce Behavioral Problems in Children Aged 6–12 Years in Selected Urban Areas of District Shimla, Himachal Pradesh. Int J Nur Res. 2019; 5(2): 19-25.

Introduction

Infancy and childhood are of paramount importance in determining and patterning the future behavior and character of the children. Childhood is the period of dependency. Gradually, the children learn to adjust in the environment. However, when there is any complexity around them, they cannot adjust with those circumstances. Then, they become unable to behave in the socially acceptable way and behavioral problems develop with them. Common behavioral problems of childhood are temper tantrum, breath-holding spell, thumb-sucking, nail

biting, enuresis, pica, speech problems, sleep disorders, school phobia, shyness, etc.[1]

As per the WHO report (2000), the prevalence of mental disorders among children has been reported to be 14–20% in various studies.[2] Mental and behavioral disorders account for about 12% of the global burden of diseases. In India, the burden of mental and behavioral disorders ranged from 9.5 to 10.2/1000 population.[3] A comparative study was conducted by Kumari *et al*. to assess the knowledge regarding behavioral problems under-five children among employed and unemployed mothers in Nellore, Andhra Pradesh. The sample size consisted of 60 mothers in among 60, 30 are employed mothers and 30 are unemployed mothers. In India, the past 15 years, the prevalence rate of behavior problems among children varied from 5 to 51%.[4]

As an investigator during my clinical experience, I have observed and given care to many children with some behavioral problems and I found that there is lack of parent-child relationship. Hence, I felt a need for study to be conducted from a group of mothers to find out their parent-child relationship and measures adopted by them to reduce behavioral problems for their children.

Statement of the problem

A descriptive study to assess the measures adopted by mothers to reduce behavioral problems among children aged 6–12 years in selected urban areas of district Shimla, Himachal Pradesh.

Objectives

The objectives of this study were as follows:

1. To assess the measures adopted by mothers to reduce behavioral problems among children in selected urban areas.
2. To associate measures adopted by mothers with selected demographic variables.

Methodology

- Research approach: In this study, quantitative research approach has been applied.
- Research design: In this study, descriptive research design has been applied.
- Variables: Study variables are measures adopted by mothers.
- Research setting: The research was conducted in the selected urban areas of Sanjauli (Chalonthi) for pilot study and main study area was the upper cemetery and lower cemetery of Shimla District, Himachal Pradesh.
- Population: Mothers residing in selected urban areas of Shimla District.
- Sample: Mothers having children between 6 and 12 years residing in selected urban areas of Shimla District, Himachal Pradesh.
- Sampling technique: Purposive sampling technique was used to select the sample for the study.
- having children between 6 and 12 years residing in selected urban areas of Shimla District who fulfill the inclusion criteria.
- Development and description of tool: The tool was constructed after extensive review of literature and discussion with the experts and with the investigator's personal and professional experience. The tool consists of two sections: Age of mother, type of family, family income per month, single parent, education of mother, education of father, working status of mother, working status of father, religion, number of children, age of the child, gender of the child, and education of the child.

1. Section A: It consists of demographic variables which include
2. Section B: It consists of checklist regarding behavioral problems.

Scoring key

One score was given for yes response and 0 score for no response.

- Reliability: Reliability of tool was checked by split-half method and formula used to calculate was Karl Pearson's correlation coefficient. The tool was reliable as the score was $r = 70$ which indicates an acceptable level of reliability of a tool.
- Procedure of the data collection: A formal permission was obtained from the Principal – Akal College of Nursing, Councilor of selected urban areas of Chalonthi and Sanjauli District, Shimla, Himachal Pradesh and a written consent was also obtained from the study participant. Then, the investigator explained the purpose of the study to the study participants. It took 20–30 min for each mother. The period of data collection for main research study was the month of November 1–November 30, 2015.

Data analysis and interpretation

The data have been analyzed using both the descriptive and inferential statistics. In descriptive statistics, (1) frequency and percentage distribution were used to analyze the demographic profile subject and (2) frequency and percentage distribution of measures adopted by the mothers to reduce behavioral problems among children. In inferential statistics, (1) ANOVA test was used for association between measures adopted by mothers with selected social variables.

Section A: Frequency and percentage distribution of demographic variable

Table 1 depicts that the mothers came from a family, diverse age distribution, i.e., 25.5% with <30 years, 26.0% with ages between 31 and 35 years, 26.5% with ages ranging

Table 1: Frequency and percentage distribution of demographic variable *n*=200

Variables	Category	F (%)
Age of mother (years)	<30	51 (25.5)
	31–35	52 (26.0)
	36–40	53 (26.5)
	>41	44 (22.0)
Mean±SD=34.8650±4.96184		
Type of family	Nuclear family	103 (51.5)
	Joint family	97 (48.5)
Family income per month	<Rs. 5000	34 (17.0)
	Rs. 5001–10,000	13 (6.5)
	Rs. 10,001–15,000	24 (12.0)
	>Rs. 15,000	129 (64.5)
Family history of behavioral problems	No	200 (100.0)
	Yes	0 (0)
Single parent	No	200 (100.0)
	Yes	0 (0)
Education of mother	Illiterate	12 (6.0)
	Primary–middle	23 (11.5)
	Secondary–higher secondary	63 (31.5)
	Graduate–postgraduate	102 (51.0)
Education of father	Illiterate	5 (2.5)
	Primary – middle	21 (10.5)
	Secondary–higher secondary	63 (31.5)
	Graduate–postgraduate	111 (55.5)
Working status of mother	Employed	98 (49.0)
	Unemployed	102 (51.0)
Working status of father	Employed	132 (66.0)
	Unemployed	68 (34.0)
Religion	Hindu	179 (89.5)
	Sikh	12 (6.0)
	Buddhist	9 (4.5)
	Muslim	0 (0)
	Others	0 (0)
Number of children	One	169 (84.5)
	Two	31 (15.5)
	> Two	0 (0)
Age of the child in years	6–8	87 (43.5)
	8–10	54 (27.0)
	10–12	59 (29.5)
Mean±SD=8.6650±1.95239		
Gender of the child	Male	91 (45.5)
	Female	109 (54.5)
	Others	0 (0)
Education of the child	1–3	117 (58.5)
	4–6	83 (41.5)

SD: Standard deviation

between 36 and 40 years, and 22.0% with age more than 41 years. The type of the family was also in the range that 51.5%. Mothers came from nuclear families, whereas 48.5% came from joint families. An overwhelming majority of respondents belonged to monthly income group in excess of Rs.15,000. As to education, 51% of the mothers and 55.5% of the fathers were graduate – postgraduates. The working status of mothers was in the category of unemployed for 51.0% and the remaining 49.0% were employed. 66.0% of the fathers were employed. Of all the respondents, 89.5% preferred Hindu religion and 84.5% of the families were "one child" families. The sample had a total of 200 children, of which 43.5% were 6–8 years of age, 27.0% were of 8–10 years of age, and 29.5% were of 10–12 years of age. For gender, 45.5% were male, whereas 54.5% were female. For education of the child, 58.5% came under 1–3 and 41.5% came under 4–6 standards.

Section B: Assessment of measures adopted by mothers to reduce behavioral problems among children

Table 2 depicts that majority of mothers adopted measures to reduce behavioral problems for their children for temper tantrum, for 23 mothers (11.5%) avoided situation likely to stimulate the child, for nail biting 23 (11.5%) kept hands busy and cut the nails of child, for thumb-sucking 21 (10.5%) those praised for behavior change and kept hands busy, for enuresis (bed wetting) 24 (12.0%) made the child void before bedtime and reward for dry nights, for stammering 6 (3.0%) avoided stress and practiced speech training, for school phobia 17 (8.5%) mothers adopted measures like praise for regular attendance at school, for anorexia nervosa 4 (2.0%) mothers supervised meals and snacks and monitored the weight, for bulimia nervosa 3 (1.5%) avoided over feeding the child and monitor the weight, for breath-holding spells 2 (1.0%) used distractive methods, stay calm, provide safe environment, and provide proper ventilation, for aggressiveness 54 (27.0%) tried anger management, for pica 26 (13.0%) gave positive reinforcement and kept the child away from mud, clay, chalks, etc., for somnambulism (waking in sleep) 13 (6.5%) kept close supervision, avoided bunk bed, and stayed most of the time with the child, for somniloquy (talking in sleep) 19 (9.5%) made sleep schedule and avoided emotional stress, for bedtime fears and nightmares 18 (9.0%) avoided scary television shows, and for lying 53 (26.5%) mothers shared their values, whereas for shyness 38 (19.0%) mothers stay with child in social situations.

The level of measures adopted followed by mothers to deal with behavioral problems of their children. It shows that in 98.5% of the sample subjects, the measures adopted level followed by mothers were "poor."

Table 3 depicts the level of measures adopted followed by mothers to deal with behavioral problems of their children. It shows that in 98.5% of the sample subjects, the measures adopted level followed by mothers were "poor."

Section C: Association between measures adopted by mothers with selected demographic variables

Table 4 indicates significant association between measures adopted by mothers for temper tantrum and selected

Table 2: Frequency and percentage distribution of measures adopted by mothers to reduce behavioral problems among children *n*=200

Behavioral problems	Measures adopted by mothers	F (%)	f (%)
Temper tantrum	Encourage your child to speak out	22 (11.0)	178 (89.0)
	Praise for good behavior	21 (10.5)	179 (89.5)
	Avoid situation likely to stimulate the child	23 (11.5)	177 (88.5)
	Distract the child when demanding	22 (11.0)	178 (89.0)
Nail biting	Keep hands busy	23 (11.5)	177 (88.5)
	Avoid punishment	22 (11.0)	178 (89.0)
	Cut the nails	23 (11.5)	177 (88.5)
	Praise for change the habit	20 (10.0)	180 (90.0)
Thumb-sucking	Praise for behavior change	21 (10.5)	179 (89.5)
	Avoid scolding	20 (10.0)	180 (90.0)
	Keep hands busy	21 (10.5)	179 (89.5)
	Use of any appliances during sleep	11 (5.5)	189 (94.5)
Enuresis/bed wetting	Restrict the fluid after dinner	23 (11.5)	177 (88.5)
	Void before bedtime	24 (12.0)	176 (88.0)
	Reward for dry nights	24 (12.0)	176 (88.0)
	Toilet practice	22 (11.0)	178 (89.0)
Stammering	Avoid stress	6 (3.0)	194 (97.0)
	Avoid trigger	5 (2.5)	195 (97.5)
	Practice speech	6 (3.0)	194 (97.0)
	Use tongue twisters	3 (1.5)	197 (98.5)
School phobia	Praise for regular attendance	17 (8.5)	183 (91.5)
	Talk to the teacher	15 (7.5)	185 (92.5)
	Talk to friends/classmates	11 (5.5)	189 (94.5)
	Guide the child	16 (8.0)	184 (92.0)
Anorexia nervosa	Supervise meals and snacks	4 (2.0)	196 (98.0)
	Monitor the weight	4 (2.0)	196 (98.0)
	Use of natural instructions	3 (1.5)	197 (98.5)
	Provide emotional support	3 (1.5)	197 (98.5)
Bulimia Nervosa	Avoid overfeeding	3 (1.5)	197 (98.5)
	Encourage for exercises	2 (1.0)	198 (99.0)
	Monitor the weight	3 (1.5)	197 (98.5)
	Avoid emotional stress	2 (1.0)	198 (99.0)
Breath-holding spells	Use distractive methods	2 (1.0)	198 (99.0)
	Stay calm	2 (1.0)	198 (99.0)
	Provide safe environment	2 (1.0)	198 (99.0)
	Provide proper ventilation	2 (1.0)	198 (99.0)
Aggressiveness	Anger management	54 (27.0)	146 (73.0)
	Eliminate underlying stress and anxieties	52 (26.0)	148 (74.0)
	Avoid punishment	46 (23.0)	154 (77.0)
	Reward appropriate, non-aggressive behavior	52 (26.0)	148 (74.0)
Pica	Provide balance diet	2 (1.0)	172 (86.0)
	Plan the diet	21 (10.5)	179 (89.5)
	Positive reinforcement	26 (13.0)	174 (87.0)
	Keep away from mud, clay, chalks, etc.	26 (13.0)	174 (87.0)
Somnambulism/walking in sleep	Make close supervision	13 (6.5)	187 (93.5)
	Avoid bunk bed	13 (6.5)	187 (93.5)
	Use night light	5 (2.5)	195 (97.5)
	Stay always with the child	13 (6.5)	187 (93.5)
Somniloquy/talking in sleep	Encourage for exercises	6 (3.0)	194 (97.0)
	Make sleep schedule	19 (9.5)	181 (90.5)
	Maintain a sleep diary	5 (2.5)	195 (97.5)
	Avoid emotional stress	19 (9.5)	181 (90.5)
Bedtime fears and nightmares	Listen and understand the child	17 (8.5)	183 (91.5)
	Avoid scary television shows	18 (9.0)	182 (91.0)
	Use fairy tales	16 (8.0)	184 (92.0)

(Contd...)

Table 2: *(Conituned)*

Behavioral problems	Measures adopted by mothers	F (%)	f (%)
Lying	Share your values	53 (26.5)	147 (73.5)
	Help to find the problem	52 (26.0)	148 (74.0)
	Punish the child	44 (22.0)	156 (78.0)
	Praise for change	50 (25.0)	150 (75.0)
Shyness	Encourage to do some extracurricular activities	37 (18.5)	163 (81.5)
	Stay with child in social situations	38 (19.0)	162 (81.0)
	Praise brave behavior like responding to others	37 (18.5)	163 (81.5)
	Avoid negative comparisons with more confident siblings and friends	32 (16.0)	168 (84.0)

Table 3: Distribution of measures adopted level followed by mothers to reduce behavioral problems among children *n*=200

Measures adopted by mothers	F (%)
Excellent measures	0 (0)
Good measures	0 (0)
Average measures	3 (1.5)
Poor measures	197 (98.5)

demographic variable with "type of family" and "education of the child." There was a highly significant association with "age of the child," for nail biting with "education of the child" is significance, for thumb-sucking with "age of the mother in years," "religion," and with "education of the child," for enuresis (bed wetting) with "religion" and with "education of the child" is significantly associated, for aggressiveness with "type of family" is significant, for pica the significant association was with "religion," "age of the child in years," and with "gender of the child," for somnambulism (walking in sleep) the association was highly significant with "family income per month" and significant association with "education of the mother," "education of the father," and with "working status of the father," for lying significant association with "religion" and with "gender of the child," and for shyness the significant association with "education of the child."

Results

Frequency and percentage distribution of demographic variables, it was observed that age distribution, i.e., 25.5% mothers were <30 years, 26.0% mothers were age between 31 and 35 years, 26.5% mothers were age ranging between 36 and 40 years and 22.0% mothers were age >41 years. The type of the nuclear family was in the range of 51.5% and mothers came from joint family were 48.5%. Majority of respondents belonged to monthly income group in excess of Rs.15,000. As per education, 51% of mothers and 55.5% of fathers were graduate-post graduate. In working status of mothers, 51.0% were unemployed and remaining 49% were employed, where as in working status of fathers 66.0% were employed and remaining 34.0% were unemployed. Of all the respondents, 89.5% belongs to Hindu religion, 6% Sikh, and 4.5% Buddhist. In number of children 84.5% having one child and 15.5% having two children. The sample had a total of 200 children out of which 43.5% were 6–8 years of age, 27.0%, were of 8–10 years age and 29.5% were of 10–12 years. For gender 45.5% were males whereas 54.5% were females. For education of the child 58.5% came under 1-3 and 41.5% came under 4–6 standards.

Frequency and percentage distribution of measures adopted by mothers to reduce behavioral problems among children using a checklist, the present study shows that majority of mothers adopted measures to reduce behavioral problems for their children in case of Temper Tantrum, 23 (11.5%) mothers avoided situation likely to stimulate the child, For nail biting 23 (11.5%) mothers kept hands busy and cut the nails of child. For Thumb-Sucking 21 (10.5%) mothers those praised for behavior change and kept hands busy. For Enuresis (bed Wetting) 24 (12.0%) mothers made the child void before bedtime and reward for dry nights. For Stammering 6 (3.0%) mothers avoided stress and practiced speech training. For school Phobia 17 (8.5%) mothers adopted measures like praise for regular attendance at school. For Anorexia Nervosa 4 (2.0%) mothers supervised meals and snacks and monitored the weight. For Bulimia Nervosa 3 (1.5%) mothers avoided over feeding the child and monitor the weight. For Breath-Holding Spells 2 (1.0%) mothers used distractive methods, stay calm, provide safe environment and provide proper ventilation. For Aggressiveness 54 (27.0%) mothers tried anger management. For Pica 26 (13.0%) mothers gave positive reinforcement and kept the child away from mud, clay, chalks etc. For Somnambulism (waking in sleep) 13 (6.5%) mothers kept close supervision, avoided bunk bed and stayed most of the time with the child, for Somniloquy (talking in sleep) 19 (9.5%) mothers made sleep schedule and avoided emotional stress. For Bed time fears and nightmares 18 (9.0%) mothers avoided scary television shows and for lying 53 (26.5%) mothers shared their values, whereas for Shyness 38 (19.0%) mothers stay with child in social situations.

The study results show that measures adopted followed by mothers to deal with behavioral problems of their children

Table 4: Association between measures adopted by mothers with selected demographic variables *n*=200

Association between measures adopted by mothers for	Demographic variables	F ratio	Table value	*P* level
Temper tantrum	Type of family	3.823	2.99	0.024
	Age of the child in years	8.070	2.99	0.000***
	Education of the child	3.739	2.99	0.025
Nail biting	Education of the child	3.158	2.99	0.045
Thumb-sucking	Age of mother in years	4.743	2.99	0.010
	Religion	5.811	2.99	0.004
	Age of the child in years	4.287	2.99	0.015
	Education of the child	4.690	2.99	0.010
Enuresis (bed wetting)	Religion	6.665	2.99	0.002
	Education of the child	3.742	2.99	0.025
Aggressiveness	Type of family	4.790	2.99	0.009
Pica	Religion	5.261	2.60	0.002
	Age of the child in years	2.690	2.60	0.048
	Gender of the child	3.595	2.60	0.015
Somnambulism (walking in sleep)	Family income per month	8.767	2.99	000***
	Education of the mother	5.808	2.99	0.004
	Education of the father	6.496	2.99	0.002
	Working status of the father	4.441	2.99	0.013
Lying	Religion	3.023	2.99	0.051
	Gender of the child	5.345	2.99	0.005
Shyness	Education of the child	3.788	2.60	0.011

*P<0.05 Significant and ***P<0.001 highly significant

that is 197 (98.5%) mothers were followed "poor measures" and 3 (1.5%) mothers were followed average measures.

In the present study, ANOVA test was used to calculate the association between measures adopted by mothers with selected demographic variables. Results of the present study reveal that there was a significant association between measures adopted by mothers for temper tantrum and selected demographic variable with "type of family" where the calculated F value was 3.823 as against the table value of 2.99 at 2 and 197 df and $P < 0.05$ level of significance, there was a highly significance association with "age of the child" where the calculated F value was 8.070 and significance association with "education of the child" where the calculated F value was 3.739 as against the table value of 2.99 at 2 and 197 df and $P < 0.05$ level of significance, for nail biting with "education of the child" where the calculated F value was 3.158 as against the table value of 2.99 at 2 and 197 df and $P < 0.05$ level of significance, for thumb-sucking with "age of the mother in years" where the calculated F value was 4.743 as against the table value of 2.99 at 2 and 197 df and $P < 0.05$ level of significance, with "religion" where the calculated F value was 5.811, with "age of the child in years" where the calculated F value was 4.287, and with "education of the child" where the calculated F value was 4.690 as against the table value of 2.99 at 2 and 197 df and $P < 0.05$ level of significance, for enuresis (bed wetting) with "religion" where the calculated F value was 6.665 and with "education of the child" where the calculated F value was 3.742 as against the table value of 2.99 at 2 and 197 df and $P < 0.05$ level of significance, for aggressiveness with "type of family" where the calculated F value was 4.790 as against the table value of 2.99 at 2 and 197 df and $P < 0.05$ level of significance, for pica the significant association was with "religion" where the calculated F value was 5.261, with "age of the child in years" where the calculated F value was 2.690, and with "gender of the child" where the calculated F value was 3.595 as against the table value of 2.60 at 3 and 196 df and $P < 0.05$ level of significance, for somnambulism (walking in sleep) the association was highly significant with "family income per month" where the calculated F value was 8.767, association was significant with "education of the mother" where the calculated F value was 5.808, with "education of the father" where the calculated F value was 6.496, and with "working status of the father" where the calculated F value was 4.441 as against the table value of 2.99 at 2 and 197 df and $P < 0.05$ level of significance, for lying significant association with "religion" where the calculated F value was 3.023 and with "gender of the child" where the calculated F value was 5.345 as against the table value of 2.99 at 2 and 197 df and $P < 0.05$ level of significance, and for shyness the significant association with "education of the child" where the calculated F value was 3.788 as against the table value of 2.60 at 3 and 196 df and $P < 0.05$ level of significance.

Discussion

The discussion deals with the findings of the study. The findings of each objective are as follows:

- To assess the measures adopted by mothers to reduce behavioral problems among children using a checklist
- The present study shows that only 3 (1.5%) mothers followed average measures and remaining mothers that are 197 (98.5%) not adopted measures to reduce behavioral problems for their children.

A similar study was conducted by Pushpalatha and Sudharshana (2015) on behavioral problems of identified school children in Shimoga District, overall 75 children between the age range of 8 and 12 considered problematic

were identified by the different school teachers. Findings of the study show that children, in general, the intensity of the problem was low in 68 children, average in 5 children and was high in two children. Considering the problem behavior in the checklist individually, it is seen that 39 children of 75, constituting around 52% had exhibited problem behaviors. In that, aggressive (24%), temper tantrums (18%), excessive level of fighting (17%), and fear of animals (16%) are with the behavior deliberate attempts to harm, others (16%) are with highest frequency. Accordingly, problems such as anxiety (14%), involuntary wetting of the bed, examination phobia, poor memory, lack of attention, and concentration are seen frequently in around 8% of the sample.[5]

To associate measures adopted by mothers with selected demographic variables.

Results of the present study show that there was a significant association between measures adopted by mothers for "temper tantrum" with selected demographic variables with type of family, age of the child in years, and education of the child, for "nail biting" with education of the child, for "thumb-sucking" with age of mother in years, religion, age of the child in years, and education of the child, for "enuresis" (bed wetting) with religion and education of the child, for "aggressiveness" with type of family, for "pica" with religion, age of the child in years, and gender of the child, for "somnambulism" (walking in sleep) with family income per month, education of the mother, education of the father, and working status of the father, for "lying" with religion and with gender of the child, and for "shyness" with education of the child which was significantly associated. Hence, the H_{01} was rejected and H_1 was accepted.

The study was conducted by Ganesha and Venkatesan on "Comparative Profiles of Problem Behaviors in Children from Single Versus Dual Parent Families." That study used a cross-comparative two group random survey design on a sample of 300 children in the age group of 6–18 years. The results reveal a trend toward higher extensity and intensity of problem behaviors in children from single-parent households, especially those headed by single fathers (N: 61; Mean: 119.0; Standard deviation [SD]: 9.1) followed by those led by single mothers (N: 89; Mean: 117.0; SD: 8.3) and least in children from dual-parent homes (N: 150; Mean: 77.3; SD: 13.3). These differences are statistically significant (F: 489.617; *P*: 0.001). This trend is replicated for single- and dual-parent families from both rural (F: 280.004; *P*: 0.001) and urban (F: 234.721; *P*: 0.001) family background. In addition, in relation to gender, girls from single-parent families headed by fathers (N: 32; Mean: 120.0; SD: 7.8) appear to have the greatest incidence of problem behaviors followed by boys from single-parent families headed by fathers (N: 29; Mean: 118.0; SD: 10.3), boys from single-parent families headed by mothers (N: 38; Mean: 117.0; SD: 8.4) and lowest in girls.[6]

Conclusion

A result of the present study indicates that mothers must adopt good measures and to have good parent-child relationship to prevent and to reduce the behavioral problems among children because the present study findings show that among 200 samples of mothers, only 3 (1.5%) mothers followed average measures and remaining mothers that are 197 (98.5%) not adopted measures to reduce behavioral problems for their children.

References

1. Dutta P. Behavioral Disorders in Children. Pediatric Nursing. 2nd ed. India: Japee Brothers Publishers; 2009.
2. Malhotra S, Kohli A, Kapoor M, Pradhan B. Incidence of childhood psychiatric disorders in India. Indian J Psychiatry 2009;51:101-7.
3. Reedy B, Gupta A, Lohia A, Kharya P. Mental health issues and challenges. Int J Sci Res 2013;3:1.
4. Kumari BV, Katari K, Hemalatha N. Knowledge regarding behavioural problems of under five children among employed and unemployed mothers. Int J Sci Res Sci 2015;6:4183-7.
5. Pushpalatha A, Sudharshana HM. Behaviour problem of identified school children. Pezzottaite J SJIF 2015;4:1732-4.
6. Ganeshal, Venkatesan S. Comparative profiles of problem behaviors in children from single versus dual parent families. J Psychol 2012;3:89-98.