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ASSESSMENT OF BEHAVIORAL PROBLEM AMONG SCHOOL CHILDREN AND HEALTH SEEKING BEHAVIOR OF PARENT IN SELECTED URBAN COMMUNITY, WEST BENGAL

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ABSTRACT

Introduction: Behavioral problem are the reactions to emotional disturbance or environmental maladjustments. Behavioral problems in school aged children can cause significant difficulties in children's healthy development.

Aim: To find out the behavioral problem of school children and health seeking behavior of parents in urban community in Kolkata.

Methods: A descriptive study was conducted to detect the behavioral problem of school children, health seeking behavior of parents, relationship of behavioral problem of school children and health seeking behavior of parents, association behavioral problem and health seeking behavior with selected demographic variables. A total of 150 participants were selected through Cluster sampling technique. Data were collected through Semi-structured Interview Schedule, Strength and Difficulties Questionnaire by Robert Goodman and Structured Interview Schedule to assess socio- demographic information, behavioral problems and Health seeking behavior of participants respectively.

Result: Results revealed that 98 (65.33%) children belongs to normal category followed by abnormal category 30(20%) and borderline category 22(14.66%): area wise children's behavioral problems mean% score of pro-social scale was (83.47%) followed by hyperactivity scale (73.47%), emotional problem (45.33%), conduct problem (37.47%) and peer problem (34%). Most of the mothers 28 (93.33%) had perceived behavioral problem of their child, 15 (50%) had taken action to relief the problem, 15 (50%) had seek advice from government hospital, only 3(10%) received treatment from Ojha, Quack practitioner, 27 (90%) perceived wrong decision cause delay or no health seeking. There was a positive correlation (0.222) between behavioral problem among school children and health seeking behavior of their parents. Age of mother and No. of siblings were significantly associated with behavioral problems; education of mother has been associated with health seeking behavior of mother having children with behavioral problem.

Conclusion: Mental health of a child is of basic importance to gain the ability to live harmoniously in the changing environment. The community which neglects its children retards its future progresses. Children are dependent on their parents for their health and wellbeing. This study results focused that immediate need for regular assessment of children for early identification of behavioral problem.

Keywords: Behavioral Problem, Health Seeking Behavior, Urban Community

1. INTRODUCTION

Children are in continuous process of growth and development. In congenial and encouraging situation, the children may blow up and grow as a responsible citizen. If the needs are fulfilled, provide a safe and nurturing environment and then they can shine at their own best time. Bhasin et al. (2018).

UNICEF has given great attention to the concept of the whole child which means it is essential to promote their health, as they are vulnerable segment of the society Park & Park (2002). Being young they are vulnerable to develop different disorders. Young people can have mental, emotional, and behavioral problem that are real, painful and costly. This problem often can lead to development of disorders if neglected which are the source of stress for children and their families, school and communities WHO Child Mental Health and Psychological Development (1977).

Behavioral disturbance are notable child health problem, the importance of which is increasing recognized in most countries. Maj et al. (2006) A behavioral problem is nothing but a deviation from the accepted pattern of behavior on the part of the child when he is exposed to an inconsistent social and cultural environment. Banik (1979) As per APA-DSM: (1968) "Behavior Disorders of childhood of adolescence" is a category reserved for disorders occurring in age group that are more stable, internalized and resistant to treatment than transient situational disturbance, but less so than psychoses, neuroses, and personality disorders. Murthy et al. (1974) Only one out of these hundred children gets any kind of care or treatment. A large number of children suffer from the behavioral disorder during their development. Many of the problems remain unnoticed. At times however, the event of these problem and their overall effects on a child's development can be serious. India State-Level Disease Burden Initiative Mental Disorders Collaborators, (2020)

2. BACKGROUND OF THE STUDY

The world Health Organization (WHO) has reported a prevalence rate of 5 to 15% for Mental Health Problems among children aged 2 to 5 in developing countries. World Health Organization (1999)

In India, mental disorders among children are the most common of non-fatal morbidities. These disorders were present among 197·3 million people, comprising 14·3% of the total population of India in 2017 India State-Level Disease Burden Initiative Mental Disorders Collaborators, (2020).The prevalence rate of psychiatric disorders among children and adolescents in India were reported to be 6.46% (95% CI 6.08% - 6.88%) in the community and 23.33% (95% CI 22.25% - 24.45%) in the schools (Malhotra & Patra, 2014). Malhotra & Patra (2014) Study conducted by Barman N and Khanikor S M (2018) and study results revealed that 18% student had abnormal behavior and 12% had borderline behaviour. Highest number of students i.e., 26% had conduct problem. Barman & Khanikor (2018) Gupta K A, Mongia M, and Garg A k conducted a study in 2017 on behavioral problem in school children, the study reported 17.08% children suffered from behavioral problem. Gupta et al. (2017)

Children had 39% behavioral problem who were under parental care whereas 74% had behavioral problem among children without parental care Datta et al. (2018). Mounting pressure among children to achieve success, smaller families and rapidly changing sociocultural paradigm, have resulted in the rise of behavior problems (Prakash, Mitra & Prabhu, 2008). Behavioral problems create a chaotic environment in the classroom, which disturbs the learning process of all the students including that of the interferer (Joshi, Gokhale, & Acharya, 2012). Joshi et al. (2012)

3. NEED OF THE STUDY

In India children below 16 years of age constitutes over 40% of its population. Poornima & Malavika (2003) Community studies on emotional/behavioral disorders in children and adolescents conducted in India have yielded disparate point prevalence estimates (2.6% to 35.6%). Pratap & Sagar (2008) Children spent nearly 200 days per year in the school. So, the child spends a large portion of each day, week in school. So, it is the primary responsibility of the school, not only to build up their intellectual capacity and knowledge but also to develop their physical and mental health. Prasad (2005)

Surveys reveals that the parents are often more concerned about their children's behavior than about their physical wellbeing. Behavioral and emotional problem in school aged children can cause significant difficulties in children's healthy development. For many children they are also predictive of longer than antisocial behaviors and mental health problems. In addition to causing significant distress for children and families during their childhood, children with emotional and behavioral problem face an increased risk of low self-esteem, relationship problem with friends, family members, in school, society which leads to substance abuse and criminal behaviour. National Mental Health Survey of India, 2015-16 revealed that the prevalence of mental disorders in the age group of 13-17 years was 7.3% and nearly equal in both genders. National Mental Health Survey of India, (2015-2016)

Despite the high prevalence the condition often goes undiagnosed and untreated by primary care providers. Nurses play an important role to identify the child at risk and help the mother to identify the problems to get early treatment. To generate public awareness research on this area is of utmost importance to reduce morbidity including behavioral disorders of the children.

4. STATEMENT OF THE PROBLEM

Assessment of behavioral problem among school children and health seeking behavior of parent in selected urban community, West Bengal.

5. OBJECTIVES OF THE STUDY

1) To identify the behavioral problem among school children.
2) To assess the health seeking behavior of parents having school children.
3) To find out the relationship between behavioral problem among school children and health seeking behavior of their parents.
4) To find out association between behavioral problem of school children and selected socio-demographic variables.
5) To find out association between health seeking behavior of parents and selected socio-demographic variables.

6. METHODOLOGY

A descriptive survey conducted at Ward No. 9 and 11 of Rajpur-Sonarpur Municipality under Kolkata Municipal Corporation, Kolkata, West Bengal from 3.2.2022 to 5.3.2022. Cluster sampling technique was used to select 150 respondents (Mothers having school going children between 6 to 10 years of age).

The present study was carried out after getting all permission from the concerned authority. Informed consent was taken, and anonymity was maintained. This study was based on Andersen's Health Care Utilization Model. Content validity of three tools was established by 09 experts from the field of Community, Psychiatry and Pediatric. After validation and pretesting of tools, the reliability of Tool II was done by Cronbach alpha reliability test, it was 0.75 and Tool-III was calculated by Split half method and Spearman Brown Prophecy formula and 'r' was 0.9. Both the Tool-I1 and Tool-III are reliable. For administration, all tools were translated into Bengali language and linguistic validation was done by linguistic experts. Both descriptive and inferential statistics were used to analysis the data. Considering the objectives of the study, total three tools were used, and data were organized in five sections: Section I-demographic characteristics of the samples;17 items including- Mother's Profile- Age, Religion, Education, Employment status, Types of family, Family income, No. Of child between 6-10 years of age, History of Mental Illness in family and Child's Profile-Gender, Age, Education, Repetition of class, Birth Order, Birth defect, no. Of siblings, mode of delivery, Special education; Section II: SDQ scale (25 items) a standardized tool used to assess of behavioral problems among school children (6-10 years); Section III: Findings of Health Seeking Behavior of the mothers having school children (6-10 years) with abnormal behavior assessed by Structured Interview Schedule; Section IV: Correlation between behavioral problems among school children (6-10 years) and health seeking behavior of their mothers; Section V:Association between behavioral problems of school children (6-10 years) with selected socio-demographic variables; Section VI: Association between health seeking behavior of the mothers having school children (6-10 years) with abnormal behavior and selected socio- demographic variables.

7. RESULTS

7.1. SOCIO-DEMOGRAPHIC PROFILE OF THE RESPONDENTS

Data presented in Table 1 shows that 92 (61.33%) mothers belonged to the age group 25-35 years, 140 (93.33%) were Hindu, 103 (68.67%) belonged to nuclear family, 122(81.33%) had one child between 6-10 years of age and 147(98%) had no family history of mental illness. Data presented in Table 2 shows that 96(64%) mothers passed Madhyamik, 113(75.33%) were housewife and 75(50%) monthly income were Rs.10,001/- to Rs.15,000/-. Table 3 shows that 81(54%) children belonged to more than 8 -10 years age group, 82(54.66%) were boys, 100% children had no repetition in any class, 69(46%) had only one sibling. Table 4 denotes that regarding Birth order, 70 (46.66%) children were 2nd child of their parents, 123 (82%) children delivered by spontaneous vaginal delivery, 150(100%) had no birth defect and no children received any special education.

7.2. FINDINGS RELATED TO BEHAVIORAL PROBLEMS OF SCHOOL CHILDREN (6 TO 10 YEARS)

Data depicted in Table 5 shows that 98 (65.33%) children belonged to normal category followed by abnormal category 30 (20%) and borderline category 22 (14.67%). Table 6 depicts the various subscales of behavioral problem by SDQ; 111(79.33%) were normal and 16 (10.67%) were abnormal in emotional problems, in conduct problem 122(81.33%) were normal and 18 (12%) were abnormal, in hyperactivity 130 (86.67%) were normal and 9 (6%) were abnormal, in peer problem 121(80.67%) were normal and 13(8.67%) were abnormal and in pro-social 21(14%) were normal but 88(58.67%) were abnormal. Data presented in

Table 7 depicts mean% score of behavioral problems of school children; pro-social problem was 83.47 followed by hyperactivity (73.47), emotional problem (45.33), conduct problem (37.47) and peer problem (34).

7.3. FINDINGS RELATED TO HEALTH SEEKING BEHAVIOR OF MOTHER OF SCHOOL CHILDREN(6-10 YEARS) HAVING BEHAVIORAL PROBLEM

Table 8 shows that 28 (93.33%) mothers perceived behavioral problem of their children, among them 15 (50%) had taken action to relief, 15 (50%) had seek advice from Govt. Hospital and only 3 (10%) had seek advice from Ojha and Quack. 28 (93.33%) had satisfied with health facility, 24 (80%) had no problem with distance for health facility and 27 (90%) had perceived that wrong decision causes delay or no health seeking.

7.4. RELATIONSHIP BETWEEN ABNORMAL BEHAVIOR AMONG SCHOOL CHILDREN (6-10 YEARS) AND HEALTH SEEKING BEHAVIOR OF THEIR MOTHERS.

Table 9 showed that there was a positive correlation (0.222) between abnormal behavior among school children and health seeking behavior of their parents which is not statistically significant because calculated 't' value (1.204) was less than table value (2.05) at 0.05 level of significance. So, it can be concluded that behavioral problems and health seeking behavior depends on each other.

7.5. ASSOCIATION BETWEEN BEHAVIORAL PROBLEMS AND SELECTED SOCIO-DEMOGRAPHIC VARIABLES.

Data presented in Table 10 and Table 11 show that Age of the mothers and No. of siblings were associated category of behavioral problems at 0.05 level of significance.

7.6. ASSOCIATION BETWEEN HEALTH SEEKING BEHAVIOR AND SELECTED SOCIO-DEMOGRAPHIC VARIABLES.

Data presented in Table 12 shows that health seeking behavior and education of mother was associated with at 0.05 level of significance.

8. CONCLUSION

The study findings showed that 20% abnormal behaviour whereas 14.67% borderline problem and 65.33% normal, among them prosocial problem were more followed by hyperactivity, emotional, conduct and peer problem. Most of the mother 28 (93.33%) had perceived behavioural problem of their children but only 15 (50%) had taken action to relief the problem.

9. DISCUSSION

9.1. DISCUSSION RELATED TO DEMOGRAPHIC VARIABLES

The present study revealed that mothers' having up to Madhyamik level of education had more abnormal behavior of children than the mothers' having education above Madhyamik level. This study finding was likely supported by the

study conducted by Barman N. and Khanikor M.S (2018) Barman & Khanikor (2018). In present study girls have been suffering from abnormal behavior more than boys which was likely supported by a study conducted by Masare MS, Gokhe SSB, Shinde RR (2017) on a cross sectional study of behavioral problems of secondary school children Harikrishnan & Sailo (N. D.).

9.2. FINDINGS RELATED TO BEHAVIORAL PROBLEMS OF SCHOOL CHILDREN (6 TO 10 YEARS)

The findings of the present study showed that 20% abnormal behaviour, 14.67% borderline problem and 65.33% normal. Among behavioral problems, mean of Prosocial problem score was 4.17, Hyperactivity 3.67, Emotional 2.27, Conduct problem 1.87, Peer problems mean was 1.71.

The present study findings were likely to be supported by a study conducted by Harikrishnan U and sailo L. G in 2021 on Prevalence of emotional and behavioral problems among school-going adolescents, in India by SDQ tool. The results focused that 75.5% had normal behaviour, 14.2% had borderline behaviour and 10.3% had abnormal behavioral problem. Among the subscale of SDQ the mean score was 4.01 in hyperactivity followed by peer problem was 2.79, emotional problem was 2.61 and conduct problem was 2.47 Masare (2017)

The peresent study also supported by Goerge M et al in the year 2019 on assessment of child's mental health problems by using SDQ, in India. Sample size was 168 and purposive sampling technique was adopted, the results showed that 53% had no behavioral problem, 14% had borderline and 33% had abnormal behavior George (2019).

The present study finding was also supported by a study on Prevalence of behavioral problem among school children conducted by Barman N and Khanikor S. M. in the year 2018. The results showed that 70% had normal behavior, 12% had borderline and 18% had behavioral problems. Barman & Khanikor (2018).

9.3. FINDINGS ON HEALTH SEEKING BEHAVIOR OF MOTHERS OF SCHOOL CHILDREN (6-10 YEARS) HAVING BEHAVIORAL PROBLEM

The present study revealed that 93.33% mothers identified the behavioral problems among their children (6-10 years age), out of them 50% mothers had taken action, 50% of mother received treatment from Govt. Hospital. Only 6.67% mother consulted with councilor, 10% mothers received treatment from private hospital, 10% mothers received advice from Ojha, Quack or medicine shop and only 6.6% mother seek advice from schoolteacher. The present study finding was relatively consistent with previous investigation done by Luo J et al (2021); a Retrospective Cohort study on correlates of help-seeking behavior by parents for the socio-emotional development of their 3years old children. The study results found that 22.6% parents reported help-seeking behavior, among them 6.8% addressed from formal help sources and 17.5% from informal sources. Luo (2022)

Present study findings also supported by another study on Parent identification and help-seeking behavior around child mental health difficulties conducted by Game S (2019). The study result revealed that 78% of parents correctly identified their child had mental health problem, consistently around 50% of these parents asked for help. Game (2019).

This study result was more likely to be supported by a study conducted by Patil N R (2016); study on perception and help seeking behavior among parents for their children with Psychiatry disorder. The results showed that 47% parents perceived the problems in behavior of their children and only 10.5% sought treatment voluntarily. Major reasons given for not taking treatment were unawareness, no felt need, stigma attached to mental health. Patil (2016)

9.4. FINDINGS RELATED TO ASSOCIATION BETWEEN BEHAVIORAL PROBLEM OF CHILDREN WITH SELECTED SOCIO-DEMOGRAPHIC VARIABLES

The present study showed that No. of siblings associated with behavioral problem of the child. The present study finding also supported by another study on assessment of determinants of behavioral problems among Primary School children in Mangalore City of south India by Joseph et al. (2021).

9.5. FINDINGS RELATED TO ASSOCIATION BETWEEN HEALTH SEEKING BEHAVIOR AND SOCIO-DEMOGRAPHICAL VARIABLES

Present study represented that education of mother has been associated with health seeking behavior of mother having children with abnormal behavioural problem supported by the study conducted by Patil (2016) on perception and help seeking behavior among parents for their children with Psychiatry disorder. The study results showed that perception and health seeking behaviour were better among the parent with higher education.

10. LIMITATION

The study was conducted health seeking behavior of mother having child with abnormal behavior only, but borderline problem not included.

11. ANNEXTURE

Table 1

Table 1 Frequency and Percentage Distribution of Respondents' Characteristics n=150

Characteristics	Frequency	Percentage
PART – A: For mother		
Age (in yaers)		
Below 25	8	5.33
25-35	92	61.33
>35	50	33.34
Religion		
Hindu	140	93.33
Muslim	10	6.67
Type of family		
Nuclear	44	29.33
Joint	103	68.67
Extended	3	2
No of child (6-10 years)		
1	122	81.33

2	28	18.67
Family history of Mental illness		
No	147	98
Yes	3	2

Table 2

Table 2 Frequency and Percentage Distribution of the Respondent Characteristics n= 150

Characteristics	Frequency	Percentage
PART – A: For mother		
Education		
Primary	24	16
Madhyamik	96	64
H.S.	27	18
B.A and above	3	2
Occupation		
Homemaker	113	75.33
Daily Worker	22	14.67
Business	9	6
Service	6	4
Monthly family Income (Rs/-)		
5000 -10000	9	6
10001-15000	75	50
15001 -20000	51	34
>20000	15	10

Table 3

Table 3 Frequency and Percentage Distribution of Child's Profile n=150

Characteristics	Frequency	Percentage
Age of Child (in years)		
6 – 8	69	46
>8-10	81	54
Sex of Child		
Boy	82	54.66
Girl	68	45.34
Education		
Class-I	25	16.67
Class II	64	42.67
Class-III	50	33.33
Class -IV	11	7.33
Repetition in Class		
Yes	Nil	-
No	150	100
No. of Siblings		
No sibling	66	44
One sibling	69	46
Two siblings	15	10

Table 4

Table 4 Frequency and Percentage Distribution of Child's Profile n=150

Characteristics	Frequency	Percentage
Birth Order		
1st	64	42.67
2nd	70	46.66
3rd	16	10.67
Mode of delivery		
Spontaneous Vaginal	123	82
Caesarean Section	26	17.33
Forceps	1	0.67
Birth Defect		
Yes	Nil	-
No	150	100
Special education Received Yes		
	Nil	-
No	150	100

Table 5

Table 5 Frequency and Percentage Distribution of Behavioral Problem of School Children by SDQ n=150

Behavioral Problem (Score Range)	Frequency	Percentage
Normal (0-13)	98	65.33
Borderline (14-16)	22	14.67
Abnormal (17-40)	30	20

Table 6

Table 6 Frequency and Percentage of Various Subscales of Behavioral Problem by SDQ n=150

Children's behavioural problems	Frequency	Percentage
Emotional problem		
Normal	119	79.33
Borderline	15	10.00
Abnormal	16	10.67
Conduct problem		
Normal	122	81.33
Borderline	10	6.67
Abnormal	18	12.00
Hyperactivity scale		
Normal	130	86.67
Borderline	11	7.33
Abnormal	9	6
Peer problem		
Normal	121	80.67
Borderline	16	10.66
Abnormal	13	8.67
Pro-social scale		
Normal	21	14

Borderline	41	27.33
Abnormal	88	58.67

Table 7

Table 7 Area Wise Mean, Mean %, SD and Rank on Various Subscales of Behavioral Problem by SDQ n=150

Children's behavioral problems	Mean	Mean%	S.D	Rank
Emotional problem	2.27	45.33	1.41	3
Conduct problem	1.87	37.47	1.28	4
Hyperactivity scale	3.67	73.47	1.36	2
Peer problem	1.71	34	1.05	5
Pro-social scale	4.17	83.47	1.28	1

Table 8

Table 8 Frequency and Percentage Distribution of Health Seeking Behavior of Mothers of School Children Having Abnormal Behavior n1=30

Health seeking behavior of mothers	Yes	No
Child have any behavioral problem	28(93.33%)	2(6.67%)
Take any action to relief	15(50%)	15(50%)
Seek advice or treatment from Govt. Hospital	15(50%)	15(50%)
Consult any counselor	2(6.67%)	28(93.33%)
Seek advice or treatment from private doctor	3(10%)	27(90%)
Seek advice or treatment from Ojha, Quack	3(10%)	27(90%)
Seek advice from school teacher	2(6.67%)	28 (93.33%)
Perceive the severity of problem	6(20%)	24(80%)
Immediate action after perceiving the illness	5(16.67%)	25(83.33%)
Satisfied the health service	28(93.33%)	2(6.67%)
Distance of the health facility is a problem	6 (20%)	24 (80%)
Authority to take decision	9 (30%)	21 (70%)
Wrong decision causes delay or no health seeking	27(90%)	3(10%)
Early health seeking may better Prognosis	23(76.67%)	(23.33%)

Table 9

Table 9 Correlation Between Abnormal Behavior Among School Children and Health Seeking Behavior of Their Mother $n_1=30$

Variables	Spearman Correlation coefficient (r)	't' value
Behavior problems		
Health seeking behavior	0.222	1.204

't'(df=28=2.05), p>0.05

Table 10

Table 10 Association Between Category of Behavioral Problem of School Children and Socio- Demographical Variables n=150

Characteristics	Behavioral problem of school children			Value of χ^2
	Abnormal	Borderline	Normal	
Age in years				

Upto 35	26	17	61	**7.207***
>35	4	5	37	
Religion				
Hindu	29	21	90	1.048
Muslim	1	1	8	
Education				
Upto MP	23	18	79	0.277
Above MP	7	4	19	
Occupation Homemaker				
	24	18	71	1.288
Others	6	4	27	
Monthly Income				
Upto Rs.15000/ 20	20	13	55	1.055
>Rs.15000/ 10	10	9	43	

$x^2(df_2)$ 5.99, $p<0.05$, S* - Significant

Table 11

Table 11 Association Between Category of Behavioral Problem of School Children and Socio-Demographical Variables n=150

Characteristics	Behavioral problem of school children			Value of χ^2
	Abnormal	Border Line	Normal	
Age (in years)				
6 – 8	11	13	45	**25.70**
>8 – 10	19	9	53	
Sex				
Boy Girl	13	11	58	**2.555**
	17	11	40	
No. of siblings				
No sibling	23	13	30	22.63*
One sibling	5	7	57	
Two siblings	2	2	11	

$\chi^2(df_2)$ 5.99, χ^2 (df_4) 9.49 $p<0.05$, *Significant

Table 12

Table 12 Association Between Health Seeking Behavior and Socio-Demographical Variables n1=30

Characteristics	Health seeking behavior		Value of χ^2
	< median	> median	
Age in yrs.			
Upto 35	13	13	0.156
>35	1	3	
Education			
Upto MP	13	8	4.649*
Above MP	1	8	
Occupation			
Homemaker	12	12	0.075
Others	2	4	
Type of family			

Nuclear	6	5	0.781
Joint	8	11	
Monthly Income			
Upto Rs.15000/-	8	12	0.419
Above Rs.15000/-	6	4	

χ^2 (df1) 3.841, p< 0.05, * Significant

CONFLICT OF INTERESTS

None.

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REFERENCES

Banik, N. D. D. (1979). Physio-Social Behavioral Problems of Children During Adolescence. Indian J. Paediatrics, 46, 121-5. https://doi.org/10.1007/BF02896745

Barman, N., & Khanikor, S. N. (2018). Prevalence of Behavioral Problems Among School Children: A Pilot Study. International Journal of Health Sciences & Research 8(12).

Bhasin, V., Palanivelu, S., & Deaver, J. U. (2018). Effectiveness of Various Teaching Programs on Knowledge and Attitude Regarding Attention-Deficit Hyperactivity Disorder (ADHD) and Learning Disabilities (Ld) of Children Among Primary School. International Journal of Health Science & Research. 8(8), 320.

Datta, P., Ganguly, S., & Roy, N. B. (2018). The Prevalence of behavioral disorders among children under parental care and out of parental care: a comparative study in India. International journalof Pediatrics and Adolescent Medicine, 5(4), 145-151. https://doi.org/10.1016/j.ijpam.2018.12.001

Game, S. (2019). Parents Identification and Help Seeking Behaviours Around Child Mental Health Difficulties.

George, M. (2019). Assessment of Child's Mental Health Problems using Strength and Difficulties Questionnaire. Journal of Oral Research and Review 11, 7-11. https://doi.org/10.4103/jorr.jorr_2_19

Gupta, I. Varma, M., Singh, T., & Gupta, V. (2001). Prevalence of Behavioral Problems in School Going Children. Indian J. Paediatrics, 68(4), 323-6. https://doi.org/10.1007/BF02721837

Gupta, K. A., Mongia, M., & Garg, K. A. (2017). A descriptive study of behavioral problems in schoolgoing children. Ind Psychiatric J. 26(1), 91-94. https://doi.org/10.4103/ipj.ipj_39_17

Harikrishnan, U., & Sailo, L. G. (N. D.). Prevalence of Emotional and Behavioral Problems Among School-Going Adolescents: a Cross-Sectional Study.

India State-Level Disease Burden Initiative Mental Disorders Collaborators, (2020). The Burden of Mental Disorders Across the States of India: The Global Burden of Disease Study 1990-2017. The Lancet Psychiatry, 7, 148-161.

Joseph, N., & Sinha, U., & D'Souza, M. (2021). Assessment of Determinants of Behavioral Problems Among Primary School Children in Mangalore City of South Indiacurrent Psychology, 40, 6187-61989. https://doi.org/10.1007/s12144-020-01330-x

Joshi, D., Gokhale, A. V., & Acharya, A. (2012). Student's response and behavior in the classroom environment. International Journal for Cross-Disciplinary subjects in Education, 2, 926-934. https://doi.org/10.20533/ijcdse.2042.6364.2012.0132

Luo, J. (2022). Correlates of Help-Seeking by Parents for the Socioemotional Development of Their 3-Years-Old Children: a Longitudinal Study. BMJ Open. 11, 12(1). https://doi.org/10.1136/bmjopen-2021-052595

Maj, J., Prakash, Brig, S., Sudarsan, Col, P. K., Pardal, Col. S., & Chaudhary (2006). Study of Behavior Disorders in a Paediatric Outpatient Department. MJAFI, 62, 339-341 https://doi.org/10.1016/S0377-1237(06)80102-4

Malhotra, S., & Patra, B. N. (2014). Prevalence of Child and Adolescent Psychiatric Disorder in India: A Systematic Revie and Meta-Analysis. Child and Adolescent Psychiatry and Mental Health. 22(8), 22. https://doi.org/10.1186/1753-2000-8-22

Masare, Monika, S. (2017). A Cross Sectional Study of Behavioral Problems of Secondary School Children and Related Socio-Demographic Factors. International Journal of Research in Medical Science, [S.I], 5(6), 2760-2766. https://doi.org/10.18203/2320-6012.ijrms20172483

Murthy, S. R., Ghose, A., & Varma, V. K. (1974). Behavior Disorders of Childhood & Adolescence. Indian J. Psychiatry, 16, 229-237.

National Mental Health Survey of India, (2015-2016). Prevalence, Patterns and Outcomes, Supported by Ministry of Health and Welfare, Govt. of India, and Implemented by National Institute of Mental Health and Neurosciences (NIHANS) Bengaluru: In Collaboration with Partner Institution.

Park, K., & Park, J. E. (2002). Park's Textbook of Preventive & Social Medicine. !7th ed. New Delhi: Banarsidas Bhanot Publishers.

Patil, N. R. (2016). Study of Perception and Help Seeking Behavior Among Parents for Their Children with Psychiatric Disorder: A Community Based Cross-Sectional Study. 2(1), 2395-7565.

Poornima, B., & Malavika, K. (2003). Child and Adolescent Psychiatric Epidemiology in India. Indian Journal of Psychiatry, 45(4), 208-217.

Prasad, R. (2005). School Health. Indian J. of Community medicine, 30(4), 109.

Pratap, S., & Sagar, R. (2008). Need for National Data on Epidemiology of Child and Adolescent Mental Disorders. J.Indian Assoc.child Adoles Ment. Health, 4(2), 22-27. https://doi.org/10.1177/0973134220080201

WHO Child Mental Health and Psychological Development (1977). WHO Technical Report Series. Geneva, 613.

World Health Organization (1999). The ICD 10 Classification of Mental and Behavioral Disorder. Geneva : Switzerland Faits.