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Nandini M
Phd scholar in Rehabilitation
Nursing, School of Behavioural
Science, M G University,
Kottayam, Kerala, India.

Dr. C Jayan
Professor,
Dept of Psychology,
University Of Calicut,
Calicut, Kerala, India.

Behavioural problems of street adolescents

Nandini M, Dr. C Jayan

Abstract

Today street children are an inevitable sight in almost all metro Politian cities of India. Their number grows on every day and it is very much considered as a serious problem. They are often labeled as anti-social element and in the eyes of law enforces they are often labeled as criminals. Since they are the master of their own world, they are more prone to get the behavioural problems.

This study reveals the behavioural problems of street adolescents. It also bring out the relation of demographic data to the behavioural problems. The study was conducted on street adolescents in the Don Bosco Anbu Illam. The study was descriptive in nature, and was administrated to 30 samples using semi structured interview schedule. The 30 samples were selected randomly using lottery method from the screened sample of 40, who scored highest in GPI well-being measure. The tool was consist of 105 problems, which was modified from behavioural checklist, and classified under physical and psychological problems. It was also validated by various experts in the field of psychiatric nursing and clinical psychology. The reliability was checked by inter rater method. The review of literature focuses on the causes for being on the street, behavioural problems, and demography of the street adolescents. The chapter also high lights on various physical and psychological problems of street children.

Keywords: Street Adolescents, Behavioural Problems.

Introduction

Man is essentially a thinking and feeling organism and any change in this can affect the mental health of a person. Mental health and the physical health are inter related and inter dependence. As the saying goes "A sound mind in a sound body". Mental health and physical health are the two sides of a coin. Since it is a part of physical health any health service package should give adequate emphasis to mental health and well-being beside prevention and management. Mental health is viewed as the child's harmonious relationship with internal as well as external environment. There must be a balance between this internal and external environment for the person to enjoy optimum mental health, which enable him to cope and adjust with the crisis or stressful situation with or without maximum assistance.

From the dawn of civilization most of the society recognized a succession of the life stages. The successful completion of the developmental stages reflect in the behavior of an individual. Each stage is a novel experience for the child and adolescent stage is one of the most crucial period with heightened emotion filled with "storm and stress". A healthy support during this stage will make the difference in life. Adolescent is a period of transition characterized by impulsiveness, impatience, acting out and diverse, opposite and extreme feeling. They are anxious to create the impression that they are near to adults. They begin to concentrate on behavior that is associated with adult like smoking, drinking, engaging in sex, using drugs etc.

Such behaviours are not less among the street adolescent who imitate and learn from the people around. "The poor have been abandoned, and the poorest of the poor children have been cast into the street". This is the word described by Tacon (1989). In fact street children are a symptom of a deep and disturbing trends in society (Nicolson 1992). These children enter the street due to various reasons. They are mostly run away who leave their home. Pal and Balbal (1990) quotes that the children leave home due to alcoholic parents, separated parent, lack of affection, love and care at home.

The children in the street are a day in day out sight. They have become such a common sights in the street, railway station, bus stands. None stop to wonder, if they the street children have ambitious likes, and dislikes, dreams, wishes, dignity and self-respect and above all their individuality unfortunately as all of us know today children are tomorrow's

Correspondence

Nandini M
Phd scholar in Rehabilitation
Nursing, School of Behavioural
Science, M G University,
Kottayam, Kerala, India.

citizen and so the pillars of the future. Don't they also to be cuddled by their loved ones? A means to enjoy good health and to turn away from behavioural problems. Do they have a choice either ways?

The phenomenon of street children are not new but its conception as a social problem is very recent and internationally street children have become the target group. A new and rapidly increasing group of vulnerable deprived and exploited children in our cities are the street children.

Street adolescent who live on the street due to various reasons detach from the family and live in temporary shelters, and move among friends, allowing them to be the master of their own destiny. More over the peer group interaction can influence the street adolescents. One study has shown that adolescent spends more time taking with peers (Larson *et al* - 1977). Peer group can provide a refuge and source of support for youngster in conflict and it can also be a harmful source leading into the danger of extreme behavioural problems. Street children constantly face with the struggle for daily survival. They have no one to look after their needs. They are neglected and isolated from the society, deprived from services and in many cases harassed by law enforcers. Due to the various reasons they land upon the streets of big metro Politian cities. They are forced to picking, begging, shoe polishing and to add jobs in small way side hotels to earn their livelihood.

Today street adolescent are an inevitable sight of almost all metro Politian cites of India. Their number keeps on growing everyday and it is very much considered as a serious problems. Those who lack social expectance in the prestigious crowd of their school those who experience many problems which they have not been able to cope satisfactory, so in this situation there is a strong desire to be independent resulting in behavioural problems. These young children are exposed to numerous psychological and physiological risks, including prostitution and other sexually transmitted diseases and drug and alcohol abuse.

The most important cause for becoming street children is the socio-psychological atmosphere in the family (Rajan Shah and Goyal 1996). Walker Deboranoklin (1992) estimated that every year around 1 million children under the age of 18 run away from home. His attempts to understand the basic reason for running away formed out that distributed parent child relationship, abuse, alcoholism etc as the main factors.

A study conducted at Bombay shows that family break up is the most important reason for children to leave their home. The study shown that 90% of the parents of these children belong to low and very low income group. In another study by Patricia Milsons found that run away and non run away group did refer dramatically from each other in the amount and extended of non-child abuse and suicidal behaviours. 65% of the run-away children were known to have been neglected and or abused compared to 33% of non-run away group. In addition to this migration, urbanization, poverty, loss of parents are the other important reasons which results children to leave their homes.

A recent epidemiological survey of street children was conducted by Rutter *et al* (1970) in the Isle of Wright, which showed a prevalence rate of 2.5% with antisocial behavior. The various investigator have use terms like Behavioural problems, emotional problems, emotional disturbances Robins and Belson have shown in their longitudinal studies that the prognosis is quiet poor for the child with repeated delinquent behavior.

A study which was conducted by R. Srinivasa Murthy, A Ghose, V K Varma (1973) to assess the behavior disorder of child hood and adolescence. The main objective of the study was to ascertain the incidence of child hood behavior disorder and to evaluate the socio psychological cultural correlates of the disorder and follow up of the cases for evaluation of the current status. Out of 950 children who attended the child guidance clinic of the Nehru Hospital between 1967 January to August 1972. 32 cases were found to be suffering from behavior disorder of child hood and adolescent. The study throws light on the prevalence of the behavioural disorder among adolescent children.

Another study was conducted by Jayanthi Narayan, Thippal Madhavan and Sourav Muko-Padyaya (1987-1990) assess the children with poor school performance. The main objective was to compare the complains and expectation of parents of such children to study the schooling pattern of these children to recommend the program. A total of 2028 cases were selected where the children between the age group of 5-8 were majority in numbers (45.2%) and those in age group between 17-20 are least (7.3%) speech problem (47.1%) and behavioural problem (45.1%) the highest. Stubborn (16%) hyperactivity (9.7%) and lethargy (9.7%) rank high among behavioural problems. Other includes irritability, short temper, suspiciousness being abuse, nail biting, throwing things and telling lies. Here the investigator has correlated that behavioural problems with poor scholastic performance.

Vaidya Prerna (1990) conducted a study to assess the mental health and behavioural problems in secondary school children at Bombay. The main objectives of the study were to assess the mental health status of the selected school children, to identify the behavioural problems among these children, to find relationship between mental health status and behavioural problems. A sample of 401 children were studied for assessment of mental health status. On the basis of high and low mental health scores 116 children were drawn, using random selection and enumerated sampling technique. Major findings of the study are children in high mental health status group had higher mean than low mental health status group children. Mental health status score and behavioural problems status score and behavioural problems status score though negatively correlated with significant physical health status was found to be significantly associated with high MHS (53)=266 $p<05$ and with behavioural problems group $r(73)=262 p<05$.

A study of attempted suicide in Srilankha was conducted in University of Perlinia by Dr. Abeya Singha; CI Bulumulla, shows that srilankha has the second highest rate of suicide in the world, and the highest rate in Asia. The age group between 15-24 years constituted 44.5% of the sample; the result of the study shows that stress and undetected depression was the common cause of suicide.

It indicates the level of behavioural problems among the street adolescent who imitate and brings changes in their behavior due to various reason in their family and around. And more over the behavioural problems during this stage should be seriously attended and brought to the notice of health services in order to take necessary steps. Here the responsibility of health care provider to assess the behavioural problems of street adolescents to give proper attention towards the prevention of factors which influence the behavior for better future.

The investigator strongly sense a felt need to assess the common behavioural problem among street adolescent as a means to promote better mental health. So let us dream for better tomorrow and hope and wait for a beautiful dawn and wait for the light for tomorrow is theirs.

Methods

The investigator has planned to adopt descriptive method for the project methodology. The descriptive research is defined as it describes what exist, determine the frequency with which something happen and catogarize information. Population under study consists of street adolescent boys in the age group of 12-18 years residing at Don Bosco Anbu Illam a shelter home situated in Ukkadam Coimbatore city which accommodates 60 adolescents boys and provides shelter, food, clothing, medical and recreational facilities, vocational training and counseling. Sample consist of the 30 street adolescents who fulfill the set of criteria mentioned below.

Inclusion Criteria

- Adolescents between age group of 12 and 18
- Adolescents who are willing to participate
- Adolescents who are residing at DON BOSCO ANBU ILLAM UKKADAM, COIMBATORE.
- Adolescents who can understand only Tamil.

Exclusion Criteria

- Adolescents who are not willing to participate.
- Adolescents who are day scholars.

A sample of 40 street adolescent boys are to be screened for general well-being by using PGI general health questionnaire through convenience sampling until a sample of 40 is reached. Sample of 30 who scored highest from this general well-being assessment will be randomly selected through lottery method, to assess the behavioural problems. Data has collected by semi-structured interview schedule with the tool. Tool consist of PGI general well-being measure by S.K Varma and Amita Varma which contains 20 questions and the Behaviour Disorder Checklist which contains questions and checklist of various behavioural problems which consist of 105 questions which was translated in to Tamil from English and the tool was finalized after checking the validity and reliability.

Section I: PGI general well-being measure (20 questions)
 Section II: Behavioural disorder checklist (105 problems)

Result

The data was analysed in terms of frequency and percentage under the following section.

- Section-I: Behavioural problems
- Section-II: Most common behavioural problems
- Section-III: Behavioural problems among selected demographic data.

Table 1: Behavioural problems

S. No.	Behavioural Problems	Frequency	Percentage
1	Easily feels tired(Mentally)	21	70%
2	Frequently losing temper	19	63.33%
3	Inability in emotional expression	17	56.66%
4	Stealing	15	50%
5	Expansive ideas	15	50%
6	Feeling sad	15	50%
7	Unable to put in efforts	15	50%
8	Feeling irritable	14	46.66%
9	Delinquency/crime	14	46.66%
10	Night mires/terrors	13	43.33%
11	Head ache or migraine	12	40%
12	Keeping oneself aloof in a room	11	36.6%
13	Feeling inferiority	11	36.6%
14	Feeling of pain in head	10	33.33%
15	Fullness of stomach	10	33.33%
16	Peculiarities over food	10	33.33%
17	Poor memory	10	33.33%
18	Fear of closed space	10	33.33%
19	Masturbation	10	33.33%
20	High imaginative and introspect	10	33.33%
21	Brutal and ferocious	10	33.33%
22	Delusion	10	33.33%
23	Suspicious and distract	10	33.33%
24	Indifference to serious life situation	10	33.33%
25	Rumination in insignificant religious	10	33.33%
26	Fabricating stories	9	30%
27	Too much anxiety	9	30%
28	Hostile	8	26.66%
29	Easily feels tired	8	26.66%
30	Feeling of general malaise	8	26.66%
31	Inability to concentrate	8	26.66%
32	Nervous	8	26.66%

33	Suicidal tendency	7	23.33%
34	Obscenity/talks/gestures	7	23.33%
35	Busy in unproductive work	7	23.33%
36	Feeling that things are not real	6	20%
37	Unable to wake up in the morning	6	20%
38	Tremor	6	20%
39	Unable to take initiative	6	20%
40	Trembles at situation involving risk	6	20%
41	Restless	6	20%
42	Fear of open space	6	20%
43	Shallow feeling	6	20%
44	Apathetic	6	20%
45	Grandiosity	6	20%
46	Temporary lack of interest in work	5	16.66%
47	Not interest in work	5	16.66%
48	Blurring of vision	5	16.66%
49	Loss of appetite	5	16.66%
50	Feeling of pain in back	5	16.66%
51	Addictions	5	16.66%
52	Pain in various region of body	4	13.33%
53	Disturbed on complete loss of sleep	4	13.33%
54	Profuse and continues sweating	4	13.33%
55	Unable to handle responsibility	4	13.33%
56	Fear of height	4	13.33%
57	Poor comprehension of new ideas	4	13.33%
58	Mannerism	4	13.33%
59	Compulsion to dangerous immoral	4	13.33%
60	Having dyspepsia	3	10%
61	Pain in chest	3	10%
62	Numbness of extrimities	3	10%
63	Suffocated	3	10%
64	Fear of madness	3	10%
65	Fear of disease	3	10%
66	Poverty of ideas	3	10%
67	Sluggish	3	10%
68	Expression of abstinacy	3	10%
69	Feeling like micturating	2	6.66%
70	Nausea	2	6.66%
71	Unable to stand in bright light	2	6.66%
72	Fear of large gathering	2	6.66%
73	Fear of various irrational objects	2	6.66%
74	Nocturnal emission	2	6.66%
75	Nocturnal enuresis	2	6.66%
76	Impulsive	2	6.66%
77	Selfishness	2	6.66%
78	Childish behavior	2	6.66%
79	Increased heart beat	2	6.66%
80	Feeling of hands and legs heavy	1	3.33%
81	Diarrhoea	1	3.33%
82	Dryness of mouth	1	3.33%
83	Breathlessness	1	3.33%
84	Spasm wheezing while breathing	1	3.33%
85	Twitching of muscles	1	3.33%
86	Somnambulism	1	3.33%
87	Sleep talking	1	3.33%
88	Seminal emission in micturation	1	3.33%
89	Fuges	1	3.33%
90	Inability to speak	1	3.33%
91	Attention getting behavior	1	3.33%
92	Craving for sympathy and affection	1	3.33%

Table 2: Sample Distribution of Common Behavioural Problems

S. No.	Common Behavioural Problems	Frequency	Percentage
1	Easily feels tired (mentally)	21	70
2	Frequently losing temper	19	63.33
3	Labiality in emotional expression	17	58.66
4	Stealing	15	50
5	Expansive ideas	15	50
6	Feeling sad	15	50
7	Unable to put in efforts	15	50
8	Feeling irritable	14	46.66
9	Delinquency or crime	14	46.66
10	Nightmares or terrors	13	43.33

Table 3: Age and the common behavioural problems

No. of early adolescents	No. of common behavioural problems	Mean	No of late adolescents	No of common behavioural problems	Mean
11	56	4.9	19	96	5.05

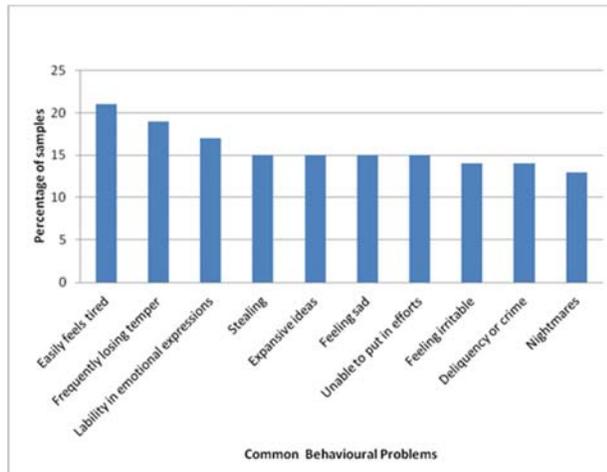


Fig 1: Diagram showing the percentage of the common behavioural problems

Discussion

Findings of this study highlights the common behavioural problems and the majority of the sample (70%) had the problem of easily getting tired mentally and the next in rank is frequently losing temper (62.33%) About (56.6%) of them had labiality in emotional expression and (46.66%) of them had feeling of irritability (50%) of them expressed feeling sad and inability to put in efforts and the other extreme of (50%) revealed expansive ideas, stealing and delinquency/crime behavior of about 46.66%. Though the behavioural problems influenced by the environmental factors are more common among the adolescent children, this study with the street adolescent shows no difference between the early adolescents and late adolescents (2:2).

In the educational status primary level showed, frequently losing temper (100%) and night mares/terrors (100%) where the most common problems. Where as in the upper primary group easily feels tried (88.23%) and labiality in the emotional expression (70.58%). Among the high school children frequently losing temper (75%) and delinquency crime (75%) were common. Albeit, 8 sample participated from high school level, the serious behavioural problems such as delinquency/crime (75%) is very much obvious.

The period of stay and behavioural problems was compared and it revealed a clear difference as easily feeling mentally tired among the children whose duration of stay Is 0-6 month, was comparatively more (50%) than the children who stayed for more than 7 month up to a 5 years (21.46%) also

feeling sad (80%), feeling irritable (80%) were also prominently found among children of lesser duration stage when compared with the long duration of stay. This discloses the duration of stay at Don Bosco Anbu Illam has got direct effect on the behavioural problem manifest.

The order of birth, majority (77.7%) showed easily feeling mentally tried the major behavioural problems among the children with first and second order of birth. Whereas 75% of the children born at third and above order of the birth showed frequently losing temper and delinquency/crime as the major problems. This indicate the impact of order of birth on the behavioural problems.

Conclusion

1. Majority of the responders had behavioural problems.
2. Both early and late adolescents had the behavioural problems equally.
3. Behavioural problems were closely associated with the demographic datas.
4. Among the eight samples who participated from high school level the behavioural problems such as delinquency/crime (75%) is very much obvious.
5. The study disclosed the duration of stay at Don Bosco Anbu Illam has got direct effect on the behavioural problems manifested.
6. In the educational status primary level showed highest percentage of the behavioural problems.
7. In the order of birth first and second order of children showed highest percentage of behavioural problems.
8. Easily feeling mentally tried ranked the highest behavioural problems among the first 10 common behavioural problems.

On the basis of the present study and also keeping in mind the limitation of the study following suggestion was proposed for further research. A similar study can be conducted on a larger sample to make generalization. A comparative study can be conducted between the street adolescent boys and girls to get awareness in to the differences in behavioural problems. A study can be conducted to assess the factors influencing the behavioural problems. The findings of the study can be utilized to generate hypothesis for further in depth research studies on specific behavioural problems of street adolescents. Quasi-experimental study can be conducted in order to assess the knowledge of the teachers at Anbu Illam about the behavioural problems among street adolescent with a view to prepare learning module.

The major findings of the study have several implications in nursing services, nursing education and nursing research.

Nursing Service

1. Health education is one of the main function of nursing personnel who are accountable for effective teaching on prevention of behavioural problems among street adolescent. Hence community mental health nurse need to be aware of the common behavioural among the street adolescents.
2. By assessing the behavioural problems the mental health nurse along with the mental health team can deliver a holistic care.
3. As the community health stresses on role of prevention proper education to parents, school teachers, regarding early identification of behavioural problems and healthy life style will inturn create a positive impact on the behavioural problems of children.
4. There is a need for conducting health camps for street adolescents focusing mainly on mental health.

Nursing Education

Students should be made aware about the common behavioural problems of street adolescents.

Nursing Research

1. There is a wide scope for studying the behavioural problems on large sample.
2. There is a need to assess the various factors influencing the behavioural problems.

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