Prevalence of Behavior Problem among the Students of Government Primary School in Rural Area Assessed by the Teachers

K. Sowmya[1] and V.S. Yadav[2]

[1]Department of Human Development and Family studies, College of Rural Home Science, University of Agricultural Sciences, Dharwad-580 005, Karnataka, India
[1]E-mail : Soumya.hs_ka@yahoo.com

ABSTRACT The study was conducted to identify prevalence of behavior problem among the students of Government Primary School in rural area. This was an exploratory and differential research to identify behavior problem among the students of Government primary schools in rural region drawn from 1 to 4th standard through Behavior Rating Questionnaire. The data were subjected to percentage and chi-square analysis. The results revealed that the prevalence of anxious/depressed, hostile/aggressive, withdrawal/solitary, conduct, learning, hyperkinetic, emotional/impulsive problem was 60, 32, 30, 20, 16, 11 and 9 percent respectively as assessed by the teachers. The results / revealed that the percentage of girls was high on conduct problem compared to boys, but, boys percentage was high on learning problem compared to girls, whereas, the boys and girls were similar on hyperkinetic, emotional/impulsive, anxious/depressed, withdrawal/solitary and hostile/aggressive problem.

INTRODUCTION

Behavioral problems in children can be part of normal development. Such problems are often transient and may not even be noticed, and may be exhibited in certain settings and not in others (for example, at home and not at school). In developed countries parents tend to seek advice even for minor problems, such as persistent thumb sucking, while in developing countries major psychiatric disorders such as childhood schizophrenia may go not noticed. Some school children exhibit a range of deviant behavior that may be a burden not only for parents and families, but also for teachers, other pupils and even the community. It has been reported that about 10 – 26 percent of children in both developed and developing countries have behavioral problems, and a single child can have a range of problems. However, the prevalence varies widely depending on geographical location, culture, family characteristics and socio-economic setting. Standardized scales have been developed for the assessment of behavioral problems in children in developed countries. A number of epidemiological studies show some common patterns in the prevalence of emotional and behavioral problems. The rates tend to vary depending on the respondent (parent, child, or teacher) and type of criteria used (diagnostic system manual, or respondent checklist). Three behavior problem types, hyperactivity being the most frequent, reaching prevalence rates as high as 11.8 percent are more common in boys than girls in general. In hyperactivity, boys out number girls from 2:1 to 9:1 ratio (Boyle et al. 1987; Nolan et al. 2001; Wolraich et al. 1996). Anxiety on the other hand is slightly more prevalent in girls in some studies (Breton et al. 1999; Weine et al. 1995), or in boys (Wolraich et al. 1996), while others found no significant difference between the two genders (Boyle et al. 1987). Most of these studies are based on representative samples of children within an age range with a span of between 2 to 7 years (example, 3 to 5 years, or 4 to 11 years of age). For developmental reasons, the prevalence may vary across specific ages (example, aggression rates diminish with age, (Tremblay et al. 2004), and anxiety rates rise in adolescence (Bosquet and Egeland 2006). Pushpa's (2002) study results showed that prevalence of behavioral problems ranged from 12.31 to 17.64 percent with higher percentage of boys among all schools having externalizing problems compared to girls. Higher percentage of boys had learning problems. Older children had significantly more of impulsive problems compared to younger children. It was observed that the intervention impact was significant on children and on parents in reducing behavioral problem. Jyothi (1996) revealed that aggressiveness (65.93%), stubbornness (54.07%) and temper.

χ

*Part of MHSc (HDFS) thesis submitted by the first author to the university of Agricultural sciences, Dharwad-580005, India tantrums (5%) were the most prevalent common behavioral problems among pre-school children. 16 behavioral problems were reported by more than 5 percent of mothers. Most of the mothers were in need of parent education, mainly regarding handling behavioral problem in their child. Jyothi and Saroja (1996) revealed that it was found that aggressiveness (65.93 %), Stubbornness (54.07%), and temper tantrums (5.11%) were the most prevalent common behavior problems among pre-school children's. Gupta et al. (2001) revealed that prevalence of behavioral problems in school going children was 45.5 percent. The review of literature revealed that many studies on prevalence of behavior problem in Indian contexts covered urban school children. Very few studies focused on the sample of the students of rural areas therefore, the present study was undertaken to identify the prevalence of behavior problems among students of primary schools in rural areas.

Objectives

To identify the prevalence of behavior problems among students of primary schools in rural areas as assessed by the teachers.

MATERIAL AND METHODS

The population of the study consisted all students of rural Government Primary Schools from 1st standard to 4th standard in Dharwad Taluka. There were total 231 Government Primary schools. Among them 166 schools were in rural area, out of which 5 schools from rural area were selected randomly, 2 male and 2 female students from 1st to 4th standard from each school were selected randomly. The sample consisted of 40 female and 40 male students aged 5-10 years. Class teacher of each standard assessed 2 male and 2 female students of the class by answering

to Behavior Rating Questionnaire (Hart et al. 1995). The data were subjected to percentage and chi-square analysis.

RESULTS AND DISCUSSION

Hyperkinetic Problem

Table 1 revealed that majority of rural boys (95%) and rural girls (82.50%) were low in hyperkinetic problem, some of rural girls (15.50%) and very few of rural boys (2.50%) were medium in hyperkinetic problem but very few of rural boys (2.5%) and rural girls (2.5%) were high in hyperkinetic problem. These results revealed that around 89 percent, 9 percent and 2 percent of rural students had low, medium and high level of hyperkinetic problem respectively. The results also mean that rural boys and girls were similar in their levels of hyperkinetic problem. The prevalence of hyperkinetic problem among the rural students was around 11 percent. The chi-square value of gender and hyperkinetic problem assessed by the teachers was 3.924, which was not significant even at 0.05 degree of significance.

The Table 1a noted the association between age and hyperkinetic problem assessed by the teachers. The results revealed that 95.50 and 4.50 percent of students in the age group of 9.1 to 10 years were having low and medium level of hyperkinetic problem respectively. Similarly, 100 percent of the students in the age group of 8.1 to 9 years had low level of hyperkinetic problem. Correspondingly, 85.70, 4.80 and 2.90 percent of the students in the age group of 7.1 to 8 years were having low, medium and high level of hyperkinetic problem respectively. Then, 68.82 and 31.20 percent of students belonging to 7 or below 7 years of age were in low and medium level of hyperkinetic problem respectively. The chi-square value of age and hyperkinetic problem assessed by the teachers was 18.694, which was significant at 0.01 degree of significance. The

Table 1: Association between gender and hyperkinetic problem

S. No.	Particulars	Level of hyperkinetic problem			Modified χ^2 value
	Gender	Low	Medium	High	
1	Rural boys (n=40)	38 (95.00)	1 (2.50)	1 (2.50)	3.924[NS]
2	Rural girls (n=40)	33 (82.50)	6 (15.50)	1 (2.50)	
	Total	71 (88.80)	7 (8.80)	2 (2.50)	

Values in parenthesis indicate percentage. NS-not significant

Table 1a: Association between age and hyperkinetic problem

Age in years and months	Level of hyperkinetic problem			Total	Modified χ^2 value
	Low	Medium	High		
9.1 – 10	21 (95.50)	1 (4.50)	0	22 (100)	18.694**
8.1 – 9	21 (100.00)	0	0	21 (100)	
7.1 – 8	18 (85.70)	1 (4.80)	2 (9.50)	21 (100)	
<7	11 (68.80)	5 (31.20)	0	16 (100)	
Total	71 (88.80)	7 (8.80)	2 (2.50)	80 (100)	

Values in parenthesis indicate percentage. **Significant at 0.01

results revealed that the students of 8 and below years were having higher level of hyperkinetic problems compared to above 8 years of age.

This study revealed that the prevalence of hyperkinetic problem was 11 percent. The students' younger in age had expressed higher level of hyperkinetic problem. This may be due to the event that young children are leaving home environment and entering into school environment. To adjust with school environment the young children may be expressing higher level of hyperkinetic problems. This study's prevalence level of hyperkinetic was higher than the study done by Chawla et al. (1981) where 9 percent of children had hyperkinetic problem. This prevalence was lesser than the study of Mukhopadhyay et al. (2003), who reported 15.5 percent.

Conduct Problem

Table 2 shows that majority of rural boys (90%), rural girls (70%) were low in conduct problem, some of rural boys (5%) and many girls (30.00%) were medium in conduct problem. But very few rural boys (5%) were high in conduct problem. Around 20 percent of rural girls were distinctively greater in their conduct problem expression than rural boys. These results revealed that around 80 percent, 18 percent and 2 percent of rural students had low, medium and high level of conduct problem respectively. The prevalence of conduct problem among the students in rural area was around 20 percent.

Table 2a notified the association between age and conduct problem assessed by the teachers. The results revealed that 81.80, 9.10 and 9.10 percent of students in the age group of 9.1 to 10

Table 2: Association between gender and conduct problem

S. No.	Particulars	Level of hyperkinetic problem			Modified χ^2 value
	Gender	Low	Medium	High	
1	Rural boys (n=40)	36 (90.00)	2 (5.00)	2 (5.00)	
2	Rural girls (n=40)	28 (70.0)	12 (30.0)	0	
	Total	64 (80.00)	14 (17.05)	2 (2.50)	

Values in parenthesis indicate percentage. ** Significant at 0.01

Table 2a: Association between age and conduct problem

Age in years and months	Level of hyperkinetic problem			Total	Modified χ^2 value
	Low	Medium	High		
.1 – 10	18 (81.80)	2 (9.10)	2 (9.10)	22 (100)	6.735NS
8.1 – 9	16 (76.20)	5 (23.80)	0 (.00)	21 (100)	
7.1 – 8	17 (81.00)	4 (19.00)	0 (.00)	21 (100)	
<7	13 (81.20)	3 (18.80)	0 (.00)	16 (100)	
Total	64 (80.00)	14 (17.50)	2 (2.50)	80 (100)	

Values in parenthesis indicate percentage. NS-not significant

years were in low, medium and high level of conduct problem. Similarly, 76.20 and 23.80 percent of students in the age group of 8.1 to 9 years were in low and medium level of conduct problem. Correspondingly, 81 and 19 percent of students in the age group of 7.1 to 8 years were having low and medium level of conduct problem respectively. Then, 81.20, 17.50 and 2.50 percent of students belonging to 7 or below 7 years of age were in low, medium and high level of conduct problem respectively. The chi-square value of age and conduct problem assessed by the teachers was 6.735, which was not significant even at 0.05 degree of significance.

This study revealed that the prevalence of conduct problem was 14 percent and females students had expressed significantly higher level of conduct problem compared to male students. This may be due to the fact that the parents are imposing more restrictions on female children compared to male children. Therefore female children might have been rebellious towards the discriminating attitude of parents, this prevalence was lesser than the study done by John (1980) where it was 3.06 percent. This prevalence was higher than the study done by Deivasigamani (1990) who reported the prevalence of CD to be 11.13.

Hostile/Aggressive

Table 3 revealed that majority of rural boys (70%) and rural girls (65%) were low in hostile/ aggressive problem and many of rural boys (30%) and rural girls (35%) were medium in hostile/aggressive problem. These results revealed that around 68 percent and 32 percent of rural students had low and medium level of hostile/ aggressive problem. The prevalence of hostile/ aggressive problem in rural students was around 32 percent. The chi-square value of gender and hostile/aggressive problem assessed by the teachers was 0.228, which was not significant even at 0.05 degree of significance.

The Table 3a notified the association between age and hostile/aggressive problem assessed by the teachers. The results revealed that 72.70 and 27.30 percent of students in the age group of 9.1 to 10 years were having low and medium level of hostile/aggressive problem respectively. Similarly, 66.70 and 33.30 percent of students in the age group of 8.1 to 9 years were having low and medium level of hostile/aggressive problem respectively. Correspondingly, 71.40 and 28.60 percent of students in the age group of 7.1 to 8 years were having low and medium level of hostile/aggressive problem respectively. Then, 56.20 and 43.80 percent of students belonging to 7 or below 7 years of age were in low and medium level of hostile/aggressive problem respectively. The chi-square value of age and hostile/aggressive problem assessed by the teachers was 1.351, which was not significant even at 0.05 degree of significance.

Table 3: Association between gender and hostile/aggressive problem

S. No.	Particulars	Level of hyperkinetic problem			Modified χ^2 value
	Gender	Low	Medium	High	
1	Rural boys (n=40)	28 (70.00)	12 (30.00)	0	0.228[NS]
2	Rural girls (n=40)	26 (65.00)	14 (35.00)	0	
	Total	54 (67.50)	26 (32.50)	0	

Values in parenthesis indicate percentage. NS-not significant

Table 3a: Association between age and hostile/aggressive problem

Age in years and months	Level of hyperkinetic problem			Total	Modified χ^2 value
	Low	Medium	High		
9.1 – 10	16 (72.70)	6 (27.30)	0	22 (100)	1.351[NS]
8.1 – 9	14 (66.70)	7 (33.30)	0	21 (100)	
7.1 – 8	15 (71.40)	6 (28.60)	0	21 (100)	
<7	9 (56.20)	7 (43.80)	0	16 (100)	
Total	54 (67.50)	26 (32.50)	0	80 (100)	

Values in parenthesis indicate percentage. NS-not significant

This study revealed that irrespective of age and gender the prevalence of hostile/aggressive problem was 32 percent. This prevalence was lesser than the study conducted by Natesan (1995), which revealed 23 percent. This prevalence was higher than the study carried out by Nadagouda and Saroja (1996), they reported 66 percent of children had aggressive behavior problem.

Emotional/Impulsive

Table 4 revealed that majority of rural boys (87.50%), rural girls (95%) were low in emotional/impulsive problem, some of rural boys (12.50%) and few of rural girls (5%) were medium in emotional/impulsive problem. These results revealed that around 91 percent and 9 percent of rural students had low and medium level of emotional/impulsive problem respectively. The prevalence of emotional/impulsive problem among rural students was around 9 percent. The chi-square value of gender and emotional/impulsive problem assessed by the teachers was 1.409, which was not significant even at 0.05 degree of significance.

The Table 4a notified the association between age and emotional/impulsive problem assessed by the teachers. The results revealed that 95.50 and 4.50 percent of students in the age group of 9.1 to 10 years were having low and medium level of emotional/impulsive problem respectively. Similarly, 90.50 and 9.50 percent of students in the age group of 8.1 to 9 years were having low and medium level of emotional/impulsive problem respectively. Correspondingly, 90.50 and 9.50 per cent of students in the age group of 7.1 to 8 years were having low and medium level of emotional/impulsive problem respectively. Then, 87.50 and 12.50 percent of students belonged to 7 or below 7 years of age were having low and medium level of emotional/impulsive problem respectively. The chi-square value of age and emotional/impulsive problem assessed by the teachers was 0.800, which was not significant even at 0.05 degree of significance.

This study revealed that irrespective of age and gender the prevalence of emotional/impulsive problem was around 9 percent.

This study revealed that the prevalence of emotional/impulsive problem was 9 percent. The prevalence of emotional/impulsive problem of present study was higher than the results of Richman et al. (1975), they reported 7 percent and also lesser than the results of Earls (1980) reported 11 percent of children had emotional/impulsive problem.

Withdrawal/Solitary

Table 5 revealed that majority of rural boys (65%), rural girls (75%) were low in withdrawal/

Table 4: Association between gender and emotional/impulsive problem

S. No.	Particulars	Level of hyperkinetic problem			Modified χ^2 value
	Gender	Low	Medium	High	
1	Rural boys (n=40)	35 (87.50)	5 (12.50)	0	1.409 [NS]
2	Rural girls (n=40)	38 (95.00)	2 (5.00)	0	
	Total	73 (91.20)	7 (8.80)	0	

Values in parenthesis indicate percentage. NS-Not significant

Table 4a: Association between age and emotional/impulsive problem

Age in years and months	Level of hyperkinetic problem			Total	Modified χ^2 value
	Low	Medium	High		
9.1 – 10	21(95.50)	1(4.50)	0	22(100)	0.800[NS]
8.1 – 9	19(90.50)	2(9.50)	0	21(100)	
7.1 – 8	19(90.50)	2(9.50)	0	21(100)	
<7	14(87.50)	2(12.50)	0	16(100)	
Total	73(91.20)	7(8.80)	0	80(100)	

Values in parenthesis indicate percentage. NS-not significant

solitary problem, many of rural boys (30%) and rural girls (25%) were medium in withdrawal/solitary problem. But few of rural boys (5%) were high in withdrawal/solitary problem. These results revealed that around 70 percent, 28 percent and 2 percent of rural students had low, medium and high level of withdrawal/solitary problem. The prevalence of withdrawal/solitary problem among rural students was 30 percent. The chi-square value of gender and withdrawal/solitary problem assessed by the teachers was 2.468, which was not significant even at 0.05 degree of significance.

The Table 5a notified the association between age and withdrawal/solitary problem assessed by the teachers. The results revealed that 81.80 and 18.20 percent of students in the age group of 9.1 to 10 years were having low and medium level of withdrawal/solitary problem respectively. Similarly, 66.70 and 33.30 percent of students in the age group of 8.1 to 9 years were having low and medium level of withdrawal/solitary problem respectively. 66.70 and 33.30 percent of students in the age group of 7.1 to 8 years were having low and medium level of withdrawal/solitary problem respectively. Then, 62.50, 25.00 and 12.50 percent of students belonging to 7 or below 7 years of age were in low, medium and high level of withdrawal/solitary problem respectively. The Chi-square value of age and withdrawal/solitary problem assessed by the teachers was 9.885, which was not significant even at 0.05 degree of significance.

This study revealed that irrespective of age and gender, the prevalence of withdrawal/solitary problem was 27 percent. The prevalence of withdrawal/solitary problem of present study was lesser in comparison to the results reported by Pushpa et al. (2002). They found that prevalence of withdrawal/solitary ranged from 44.44 to 66.66 percent. The present study results are more than the results of Bullock (1992), in whose study the prevalence of withdrawal/solitary problem was approximately 16 percent.

Anxious/ Depressed

Table 6 revealed that many of rural boys (45%), rural girls (35%) were low in anxious/depressed problem, many of rural boys (45%) and majority of rural girls (65%) were medium in anxious/depressed problem and some of rural boys (10%) were high in anxious/depressed problem. These results revealed that around 40 percent, 55 percent and 5 percent of rural students had low, medium and high level of anxious/depressed problem. The prevalence of anxious/depressed problem among the students in rural area was 60 percent. The chi-square value of gender and anxious/depressed problem assessed by the teachers was 5.955, which was not significant even at 0.05 degree of significance.

Table 5: Association between gender and withdrawal/solitary problem

S. No.	Particulars	Level of hyperkinetic problem			Modified χ^2 value
	Gender	Low	Medium	High	
1	Rural boys (n=40)	26 (65.0)	12 (30.00)	2 (5.00)	2.468 NS
2	Rural girls (n=40)	30 (75.00)	10 (25.00)	0	
	Total	56 (70.00)	22 (27.50)	2 (2.50)	

Values in parenthesis indicate percentage. NS-not significant

Table 5a: Association between age and withdrawal/solitary problem

Age in years and months	Level of hyperkinetic problem			Total	Modified χ^2 value
	Low	Medium	High		
9.1 – 10	18 (81.80)	4 (18.20)	0	22 (100)	9.885NS
8.1 – 9	14 (66.70)	7 (33.30)	0	21 (100)	
7.1 – 8	14 (66.70)	7 (33.30)	0	21 (100)	
<7	10 (62.50)	4 (25.00)	2 (12.50)	16 (100)	
Total	56 (70.00)	22 (27.50)	2 (2.50)	80 (100)	

Values in parenthesis indicate percentage. NS-not significant

Table 6: Association between gender and anxious/depressed problem

S. No.	Particulars	Level of hyperkinetic problem			Modified χ^2 value
	Gender	Low	Medium	High	
1	Rural boys (n=40)	18 (45.00)	18 (45.00)	4 (10.00)	5.955 NS
2	Rural girls (n=40)	14 (35.00)	26 (65.00)	0	
	Total	32 (40.00)	44 (55.0)	4 (5.00)	

Values in parenthesis indicate percentage. NS-not significant

The Table 6a notified the association between age and anxious/depressed problem assessed by the teachers. The results revealed that 45.50, 45.50 and 9.10 percent of students in the age group of 9.1 to 10 years were having low, medium and high level of anxious/depressed problem respectively. Similarly, 42.90, 52.40 and 4.80 percent of students in the age group of 8.1 to 9 and 7.1 to 8 years were having low, medium and high level of anxious/depressed problem respectively. Then, 25 and 75 percent of students belonging to 7 or below 7 years of age were in low and medium level of anxious/depressed problem respectively. The chi-square value of age and anxious/depressed problem assessed by the teachers was 4.271, which was not significant even at 0.05 degree of significance.

This study revealed that irrespective of age and gender, the prevalence of anxious/depressed problem was 60 percent. This prevalence was lesser than the study reported by Xianwen et al. (2010), where the prevalence of depressive symptoms in children aged 7-12 years was 11.6 percent. Findings indicate that 15.9 percent to 61.9 percent of children identified as anxious or depressed have comorbid anxiety and depressive disorders (Brady and Kendall 1992).

Learning Problem

Table 7 revealed that majority of rural boys (75%) and rural girls (92.50%) were low in learning problem, some of rural boys (20%) and few of rural girls (2.50%) were medium in learning problem. But very few of rural boys (5%) and rural girls (5%) were high in learning problem. These results revealed that around 84 percent, 11 percent and 5 percent of rural students had low, medium and high level of learning problem. The prevalence of learning problem among rural

Table 6a: Association between age and anxious/depressed problem

Age in years and months	Level of hyperkinetic problem			Total	Modified χ^2 value
	Low	Medium	High		
9.1 – 10	10 (45.50)	10 (45.50)	2 (9.10)	22 (100)	4.271 NS
8.1 – 9	9 (42.90)	11 (52.40)	1 (4.80)	21 (100)	
7.1 – 8	9 (42.90)	11 (52.40)	1 (4.80)	21 (100)	
<7	4 (25.00)	12 (75.00)	0 (.00)	16 (100)	
Total	32 (40.00)	44 (55.00)	4 (5.00)	80 (100)	

Values in parenthesis indicate percentage. NS-not significant

Table 7: Association between gender and learning problem

S. No.	Particulars	Level of hyperkinetic problem			Modified χ^2 value
	Gender	Low	Medium	High	
1	Rural boys (n=40)	30 (75.00)	8 (20.00)	2 (5.00)	6.176*
2	Rural girls (n=40)	37 (92.50)	1 (2.50)	2 (5.00)	
	Total	67 (83.75)	9 (11.25)	4 (5.00)	

Values in parenthesis indicate percentage. *Significant at 0.05 level

Table 7a: Association between age and learning problem

Age in years and months	Level of hyperkinetic problem			Total	Modified χ^2 value
	Low	Medium	High		
9.1 – 10	18 (81.80)	1 (4.50)	3 (13.60)	22 (100)	12.706[*]
8.1 – 9	17 (81.00)	4 (19.00)	0 (.00)	21 (100)	
7.1 – 8	20 (95.20)	0 (.00)	1 (4.80)	21 (100)	
<7	12 (75.00)	4 (25.00)	0 (.00)	16 (100)	
Total	67 (83.80)	9 (11.20)	4 (5.00)	80 (100)	

Values in parenthesis indicate percentage. [*]Significant at 0.05

boys and rural girls was 25 percent and around 8 percent respectively. The chi-square value of gender and learning problem assessed by the teachers was 6.176, which was significant at 0.05 degree of significance.

The Table 7a notified the association between age and learning problem assessed by the teachers. The results revealed that 81.0, 4.50 and 13.60 percent of students in the age group of 9.1 to 10 years were having low, medium and high level of learning problem respectively. Similarly, 81.00 and 19.00 percent of students in the age group of 8.1 to 9 years were having low and medium level of learning problem respectively. Then, 95.20 and 4.80 percent of students in the age group of 7.1 to 8 years were having low and high level of learning problem respectively. Then, 75.00 and 25.00 percent of students belonging to 7 or below 7 years of age were in low and medium level of learning problem. The Chi-square value of age and learning problem assessed by the teachers was 12.706, which was significant at 0.05 degree of significance.

This study revealed irrespective of age, the prevalence of learning problem was 16 percent, but, male students were experiencing higher level of learning problems compared to female students. The reason may be that the parents are restricting female children to spend time unnecessarily and female children are involved in the studies compared to male students. The results of present study support the report of Jyoti (1996), who reported that the prevalence of learning problems in pre-school children as reported by their mothers was 13.33 percent.

CONCLUSION

Majority of the students expressed anxious/depressed, hostile/aggressive and withdrawal/solitary problem (60, 32, 30) then followed by withdrawal/solitary, conduct and learning problem (20, 16, 11 and 9) as assessed by the teachers.

RECOMMENDATIONS

1. Several approaches should be implemented to reduce the prevalence and incidence of behavior problem. These should be directed to the child, family, the primary health care services, the school, and the community throughout the developmental stages of the child and family's life.
2. Behavior problem prevention and control should be properly integrated within primary health care (family medicine) services with unified guidelines for screening, early detection and management.
3. Parent training programs should be developed to increase parenting skills. These should focus on increasing parents' skills in managing their child's behavior, facilitating social skills development, and encouraging parents' positive interaction with their child.
4. School teachers should be aware of the symptoms of behavior problem for early referral and diagnosis. In addition, they should be trained on classroom management of behavior problem children.

REFERENCES

Bosquet M, Egeland B 2006. The development and maintenance of anxiety symptoms from infancy through adolescence in a longitudinal sample. *Dev Psychopathol,* 18: 517-550.

Boyle M, Offord D, Hofmann H, Catlin G, Byles J, Cadman D, Crawford J, Links P, Rae-Grant N, Szatmari P 1987. Ontario child health study I and II. *Arch Gen Psychiatry,* 44(9): 826-836.

Brady EU, Kendall PC 1992. Comorbidity of anxiety and depression in children and adolescents. *Psychol Bull,* 111(2): 244-255.

Bullock JR 1992. *Children Without Friends. Who Are They And How Can Teachers Help?* Bureau of the

Census (US) Washington: Government Printing Office. 1992.

Census of Population: 1990, General Population Characteristics, United States. 1990-CP-1-1.

Chawla PL, Sahasi G, Sundaram KR, Mehta MA 1981. A study of prevalence and pattern of hyperactive syndrome in primary school children. *Indian Journal of Psychiatry,* 23: 313-322.

Deivasigamani TR 1990. Psychiatric morbidity in primary school children: An epidemiological study. *Indian J Psychiatry,* 32: 235–240.

Dupaul GJ, Mcgoey KE, Eckert T, van Brackle J 2001. Preschool children with attention-deficit/ hyperactivity disorder: Impairments in behavioural, social and school functioning. *J Am Acad Child Adolesc Psychiatry,* 40(5): 508-515.

Earls F 1980. Prevalence of behavior problems in 3-year-old children: A cross-national replication. *Arch Gen Psychiatry,* 37: 1153–1157.

Gupta I, Verma M, Singh T, Gupta V 2001. Prevalence of behavioral problems in school going children. *Indian J Pediatr,* 68(4): 323-326.

John R Weisz, Somsong Suwanlert 1980. Behavioral and emotional problems among Thai and American adolescents: Parent reports for ages 12-16. *J Abnormal Psychology,* 102(3): 395-403.

Jyothi CN, Saroja K 1996. Prevalence of behavioral problem among pre-school children: Parent educational needs of their mothers. *J Community Guidance and Research,* 13(1): 27-39.

Lavigne JV, Gibbons RD, Christoffel KK, Arend R, Rosenbaum D, Binns H, Dawson N, Sobel H, Isaacs C 1996. Prevalence rates and correlates of psychiatric disorders among preschool children. *J Am Acad Child Adolesc Psychiatry,* 35(2): 204-214.

Morita M, Suzuki H, Kamoshita S 1993. Psychiatric disorders in Japanese school children. *Child Psychology and Psychiatry*, 33: 317-332.

Mukhopadhyay M, Misra S, Mitra T 2003. Attention deficit hyperactivity disorder. *Indian J Pediatr,* 70(10): 789-792.

Natesan H 1995. Behavioral problems of primary school children and the methods of handling them by the teachers. *Research Highlights JADU,* 6: 135-138.

Nolan EE, Gadow KD, Sprafkin J 2001. Teacher reports of DSM-IV ADHD, ODD, and CD symptoms in school children. *J Am Acad Child Adolesc Psychiatry,* 40(2): 241-249.

Pushpa M, Pushpa K 2002. *Behavioral Problems among School Age Children: Prevalence and Intervention.* MHSc. Thesis. Dharwad: University of Agriculture Science.

Richman N, Stevenson JE, Graham PJ 1975. Prevalence of behavior problems in 3-year-old children: An epidemiological study in a London borough. *J Child Psychol Psychiatry,* 16: 277–287.

Wolraich ML, Hannah JN, Pinnock TY, Baumgaertel A, Brown J 1996. Comparison of diagnostic criteria for attention-deficit hyperactivity disorder in a county-wide sample. *J Am Acad Child Adolesc Psychiatry,* 35(3): 319-324.

Xianwen Shang, Dong Wang, Jianping Wang, Xiaoqi Hu, Songming Du, Yanking Li 2010. Prevalence and socio-economic status correlation of depressive symptoms among children living in urban Beijing. *N A J Med Sci,* 3(3): 153-159.