Conduct Disorder in School Children

Mahima Surabhi
Research Scholar, Department of Psychology, Patna University, Patna, Bihar

ABSTRACT
The objective of present investigation was to study conduct disorder in school children and also to make a comparative analysis of conduct disorder between male-female and urban-rural school children. For this 200 male and 200 female school children were taken as a sample from four schools situated in Patna and Siwan district. The age range of samples was from 7 to 14 years. The psychopathology measurement schedule developed by Malhotra Savita was administered. Two hypothesis were formulated for verification : (i) Urban school children will differ significantly from rural school children on the measure of conduct disorder. (ii) Male and Female school children will differ significantly on the measure of conduct disorder .The obtained data were statistically analyzed with suitable parametric and nonparametric statistical techniques. The obtained results showed that (i) Urban and rural school children differed significantly with each other on the measure of conduct disorder. (ii) There is significant difference between male and female school children on the measure of conduct disorder. Both hypothesis were accepted and null hypothesis was rejected. The researcher has suggested certain management techniques for school children.

INTRODUCTION
Conduct disorder (CD) is a behavioral and emotional disorder of childhood and adolescence, children with conduct disorder act inappropriately infringe on the right of others, and violate the behavioral expectations of other (Medical dictionary). It is a mental disorder diagnosed in childhood or adolescence that presents itself through a repetitive and persistent pattern of behavior in which the basic right of others or major age- appropriate norms are violated. These behaviors are often referred to as “antisocial behavior”. It is often seen as the precursor to antisocial personality disorder, which is not diagnosed until the individuals is 18 years old (wikipedia).

The origin of conduct disorder can be traced to the research around delinquency at the end of the 19th century. It is a repetitive and persistent pattern of behavior in children in which the rights of others or basic social rules are violated. The child usually exhibits these behavior patterns in a variety of settings- at home, at school, and in social situations and they cause significant impairment in his or her, social, academic and family functioning.

Rogge and Zieve (2015) defined it as a set of ongoing emotional and behavioral problems that occurs in children and teens problem may include defiant or impulsive behaviors, drug use or criminal activity.

Mosby (2009) explained it as an enduring set of behaviors that evolve overtime, characterized by aggression and violation of the right of others. The conduct disorder, a repetitive and persistent pattern of behavior occurs in which the basic right of others or major age appropriate societal norms or rules violated. (DSM, Fifth edition).

The present research is on study of conduct disorder in school children. Now a days it is widespread. It is one of the most difficult and interactable mental health problems in children (Bernstein, Bettina & Pataki 2016). Children with conduct disorder have four main types of chronic and persistent behaviors, aggressive conduct, property damage or theft, lying and serious violation of rules. It is more common in boys. The rate among boys in the general population ranges from 6% to 16% while the rate among girls range from 2% to 9% children who display early onset conduct disorder are at greater risk for persistent difficulties, however and they are also more likely to have troubled per relationships and academic problems (American Academy of child and adolescent psychiatry, 1997).

Common causes are poor parent child relationship,
dysfunctional families, drug abuse, physical abuse, poor relationships with other children, cognitive problems leading to school failures, brain damage and sometimes biological defects. (Encyclopedia of Medicine, 2008).

Children are the asset of the world. They are precious, their childhood should be healthy. So early diagnosis and treatment is important because it interfere with learning, school adjustment and sometimes with the child’s relationships (Hastings et al., 2000). Without intervention it can lead to school failure, injuries, teenage pregnancy, mental health issues and conflict with the law. As a result many children are unable to adapt to the demands of adulthood these days.

PURPOSE:

The purpose of the present study was:

- To study conduct disorder among urban and rural school children.
- Male and Female school children will differ significantly on the measure of conduct disorder.

METHOD OF THE STUDY:

A total of 200 sample, 100 urban (male-50, female-50) and 100 rural (male-50, female-50) were selected as sample by incidental cum purposive sampling method from two schools of Patna and two of Siwan District.

PROCEDURE OF DATA COLLECTION:

The researcher went to two schools in Patna and two in Siwan district personally and met the Principal of the schools and explained the purpose of visit. It was requested to arrange family meeting for the sample based school children, because the scale is for parent specially the mother regarding the child’s behavior during past 1 year.

After getting permission and arrangement of meeting the parent were explained the purpose of visit and they were given the instruction for filling up the questionnaire. After the questionnaire was filled, they were collected for scoring.

RESULT AND INTERPRETATION:

The analysis of data was done on the basis of mean, SD and t-ratio. The interpretation of result was done hypothesis wise.

HYPOTHESIS NO. I

Urban school children will differ significantly from rural school children on the measure of conduct disorders.

Table No. –I

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>t-ratio</th>
<th>df</th>
<th>Level of significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban Children</td>
<td>100</td>
<td>2.07</td>
<td>2.40</td>
<td>5.8</td>
<td>198</td>
<td><em>P</em>&lt;0.01</td>
</tr>
<tr>
<td>Rural Children</td>
<td>100</td>
<td>4.63</td>
<td>3.83</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

0.01 level = 2.576, 0.05 level = 1.960

The first hypothesis was that “Urban school children will differ significantly from rural school children on the measure of conduct disorder”. The hypothesis was framed with an objective that the rural school children undergoes conduct disorder due to the factors like low family income and low parental education faulty rearing practices etc. Mean of urban school children is 2.07 and of rural school children is 4.63. The higher mean of rural children indicates that they suffer more with conduct disorder. The cause may be explained that rural children can be considered as deprived or disadvantage children on various parameters like lack of parental awareness about their child’s problem, lack of treatment facilities, low family income and low parental education, where as parents of urban children are educated enough to understand their child’s problem. Besides, many of them are well employed with good income and as a result they afford to provide their children treatment facilities on right time.

The standard deviation (SD) of urban school children is 2.40 and rural children is 3.83 which are not very less to their means which proves less internal consistency in respondents response.

To find out whether mean difference was significant or not, t-ratio was calculated. The obtained t-value is 5.8, df= 198. *P*-value at 0.05 level is 1.960 and at 0.01 level is 2.576 thus the obtained t-value is
greater than the table value at both levels of significance. It indicates that the difference between the mean value of urban and rural children on the measure of conduct disorder is significant. The hypothesis that “Urban school children will differ from rural school children on the measure of conduct disorder is getting support from the present finding.

The researcher did not find any previous relevant study on this topic.

**HYPOTHESIS NO. II**

Male and Female school children will differ significantly on the measure of conduct disorders.

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>t-ratio</th>
<th>df</th>
<th>Level of significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male Children</td>
<td>100</td>
<td>3.85</td>
<td>2.63</td>
<td>2.210</td>
<td>198</td>
<td>P&lt;0.05</td>
</tr>
<tr>
<td>Female Children</td>
<td>100</td>
<td>3.01</td>
<td>2.75</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The second hypothesis “Male and Female school children will differ significantly on the measure of conduct disorder” was framed with an objective that the male children undergoes conduct disorder due to the factors like more freedom of expression than females, lack of parental awareness etc.

On the basis of total obtained score, mean, SD, t-ratio were calculated. Mean of male children is 3.85 and female children is 3.01, which is lower than the mean of male children. The higher mean of male children indicates that they suffer more with conduct disorder. The cause may be explained that male children have more freedom to express their thoughts and to react as per their decision assertively than the females. Parents do not take it seriously and think male children have right to live in an assertive manner. But for females they are strict and think female children should have controlled precise image. Parent of male children do not set limit to their unacceptable behavior. As a result conduct disorder is found less in female children and more in male children. The standard deviation of male children is 2.63 and of female school children it is 2.75. The SD values are not very less to their means which proves less internal consistency in respondents response.

The obtained t-value is, 2.210 is greater than the table value at 0.05 level of significance, which indicates that the difference between the mean of male and female school children on the measure of conduct disorder is significant. Significant difference between the two means indicate the rejection of null hypothesis and actual difference on the measure of conduct disorder of male and female school children. This means difference has not accrued due to chance factor. Thus t-value further authenticates the second hypothesis “Male and female school children will differ significantly on the measure of conduct disorder” is getting support from the present finding.

Gaur, Vohra, Subhash and Khurana (2003) on the basis of their study found that conduct disorder was the most common disorder in male children (18.37%) in comparison to female children (14.44%). Thus previous finding supports the present finding on hypothesis no. II and it does confirm the hypothesis “Male and female school children will differ significantly on the measure of conduct disorder.

**CONCLUSION**

On the basis of the results obtained from present study it can be concluded that:

i) Hypothesis no I that Urban school children will differ significantly from rural school children on the measure of conduct disorder has been proved.

ii) There is significant difference between male and female school children on the measure of conduct disorder. Hence hypothesis no. II has been proved.

iii) Some parent whose parenting style is on the basis of Gender discrimination in their male children, there is more chances to suffer with conduct disorder.

iv) Deprivation and lack of the fulfillment of appropriate need of children leads them to conduct disorder.

v) This new approach can help existing school counselors recognize risk factors associated with
conduct disorder and help the student before these problems evolve into more severe conditions.

Parents need to be attentive and take proper care of their children. Mental health awareness programs need to be organized to enable parents, school teacher and other to understand the symptoms of children in order to prevent them from conduct disorder. Government should prepare law regarding mandatory appointment of school counselors or psychologist in every school.

REFERENCES