

To Associate Between Social Adaptive Behavior and Socio Demographic Variables among Children with Chronic Illness

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ABSTRACT

Back Ground: Chronic Illness is disorders or diseases that compromise well-being, either temporarily or chronically. These conditions are risk factors for Social behavior problem. Analyzing the prevalence of Social behavior problems of children with chronic illness and identifying related risk factors is of theoretical and practical relevance. It helps to understand psychosocial consequences of chronic diseases and provides valuable information for clinicians regarding who should be screened for what kind of problems. There are various factors that influence the social adaptive behavior of the child with chronic illness. Identification of association of demographic variable shall provide the underlying associated causes for such behavioral problem. **Aim and Objective:** This study analyses the association of socio-demographic factors and social adaptive behavior problems of pediatrics with chronic illness. **Samples and Methods:** The study was carried out in 90 pediatric patients in MMM hospital between age group 1 to 6 years. The samples were selected through convenient sampling technique. The Tool used for data collection and assessment of social maturity level is Semi structured questionnaire which include. **Section A:** Socio demographic profile and **Section B:** The Child Behavior Checklist (CBCL) A parent-report questionnaire. **Result:** The association between the social adaptive behavior problems and demographic variables using chi square test reveals that socio demographic variables such as economic factors and medical condition have significant association with the behavior of the child. **Conclusion:** The preliminary study concludes the association between the socio demographic factors and behavior. This particularly emphasizes on multidimensional assessment and treatment.

Keywords: *Chronic illness, Behavior, Pediatrics, Neuropsychological rehabilitation*

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Chronic Illness is disorders or diseases that compromise physical well-being, either temporarily or chronically. The category of physical illness usually includes all disorders that arise from the body rather than the mind, except in certain mental condition. Epidemiological studies have shown that about 15% of children and adolescents, on average, have a chronic physical health condition (van der Lee, Mokkink, Grootenhuis, Heymans, & Offringa, 2007). These conditions are risk factors for Social behavior problems (e.g., Barlow & Ellard, 2006).

Types of Problem

- a. Externalizing problems
- b. Internalizing problems

Multivariate approaches often distinguish between externalizing and internalizing problems and disorders (Achenbach, 1991). Externalizing problems include delinquent and aggressive behaviors, and internalizing problems include somatic complaints, anxiety, depression, and social withdrawal. Elevated levels of internalizing as well as externalizing problems may be observed in children with chronic physical illness (Barlow & Ellard, 2006; Lavigne & Faier Routman, 1992). Sources of elevated internalizing problems in children with a chronic illness may be the perceived lack of control over the illness and its symptoms or progression (e.g., non communicable and genetic disorder), frightening symptoms (e.g., in the case of chronic signs and symptoms), restrictions in positive activities (e.g., due to hospitalization), peer rejection (e.g., in the case of visible abnormalities, such as cleft lip and palate), as well as side effects of therapy (e.g., in the case of radiation and chemotherapy of cancer patients). In addition, symptoms of the physical illness, such as pain, may lead to elevated scores of somatic complaints that are part of internalizing problem clusters (Achenbach, 1991).

Externalizing problems may be elevated when the physical illness affects brain function and the associated Social behavioral regulation .In addition, externalizing problems may be a response to illness-related frustrations, such as being teased by peers (Reijntjes et al., 2010). However, some sources of internalizing problems (restrictions of positive activities, low control over symptoms or the course of the disease, overlap with somatic symptoms of the disease) are probably more widespread than the sources of externalizing problems, possibly leading to greater effects of chronic illness on internalizing problems

Effects of Chronic Illness on the Child

For the child and the family, the diagnosis of chronic disease in childhood can cause mental shock, stress, sentiments of anger, sorrow, and increased intensity in their interpersonal relationships. Particularly distressing, however, is the diagnosis of disease for a child who was previously healthy. Chronic illness is a very difficult challenge for a child, who may often be afraid of both the illness and the laborious processes of treatment. A child with a chronic disease

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cannot always follow the treatment easily, so more help and support is needed for the family. The socio economic factors and basic demographic factors influence the adaptive behavior of the child especially the financial support and the type of chronic illness the child is suffering from plays a major contributors to behavioral change.

Need For Social Behavior

The adaptive skills exhibited by children with chronic illness are critical factors in determining the support he/she requires for success in school, work, community, and home environments. Children tend to have substantial deficits in adaptive behavior. These limitations can take many forms and tend to occur across domains of functioning. Limiting self-care skills and social relationships.

Adaptive behavior:

According to the Diagnostic and Statistical Manual of Mental Disorders, Adaptive behavior refers to “how effectively individuals cope with common life demands and how well they meet the standards of personal independence expected of someone in their particular age group, socio cultural background, and community setting.”

Aim:

This study analyses the association of socio-demographic factors and social adaptive behavior problems of pediatrics with chronic illness

Objectivity of the Study:

1. To study the association of socio-demographic factors and social adaptive behavior problems of pediatrics with chronic illness
2. To identify significant or non significant demographic factors influencing the adaptive behavior of the chronic illness patient.

Procedure:

Children and parents were educated about the nature and procedure of the study. The children were enrolled in the study after obtaining parental consent. The study was conducted at MMM hospital among 90 chronic illness pediatric patient of age group 1- 6 years under treatment . The chronic illness conditions included cardiac , neurological and genetic condition. The tool used for data collection was segregated into two sections **Section A:** Socio demographic profile (age, gender, , place of residence, ordinal position of child in the family, number of siblings, religion, education of parents, occupation, type of family, family monthly income) and **Section B:** The Child Behavior Checklist (CBCL) A parent-report questionnaire. The data was tabulated and interrupted using research analysis.

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RESEARCH METHODOLOGY

The Population, Sample And Sampling

The population of this research is children with Chronic illness (Cardiac, Neurology, Genetic) of age group 1 and 6 in MMM hospital Chennai. For sampling the sample size was selected by convenient sampling.

Research Tools

The questionnaire used in this study are **Section A:** Socio demographic profile (age, gender, , place of residence, ordinal position of child in the family, number of siblings, religion, education of parents, occupation, type of family, family monthly income) and **Section B:** The Child Behavior Checklist (CBCL) A parent-report questionnaire.

Analysis:

The data thus collected following the above design and procedure was interrupted Chi square

The Analysis Of Data

The data thus collected following the above design and procedure was interrupted using chi-square test.

RESEARCH FINDINGS

Table 1: Social Adaptive Behavior Level of The Respondents

Social Adaptive Behavior Problems	Mean	Std. Deviation
Externalizing Problems	25.01	9.782
Internalizing Problems	19.32	7.002
Other Problems	72.96	28.008
Total Problems	23.73	11.506

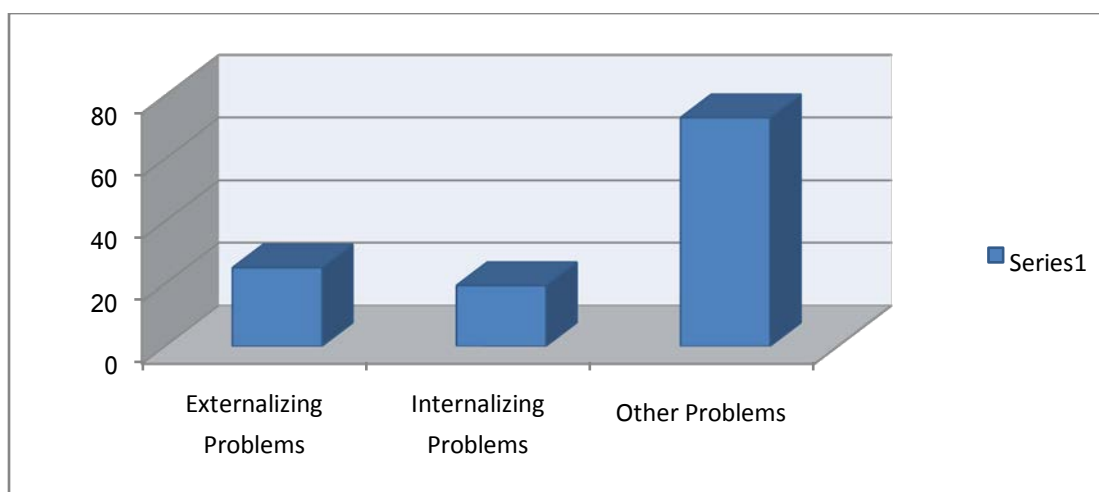


Table 1: states the level of social adaptive behavior problems of the respondents.

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The Social Adaptive problem called - Other problems was very high with a mean value of (72.96%). Similarly the level of externalizing problem (25.01%) and internalizing problems (19.32%) were elevated in children with chronic illness

Chart 1: Total Distribution Of Social Adaptive Behavior

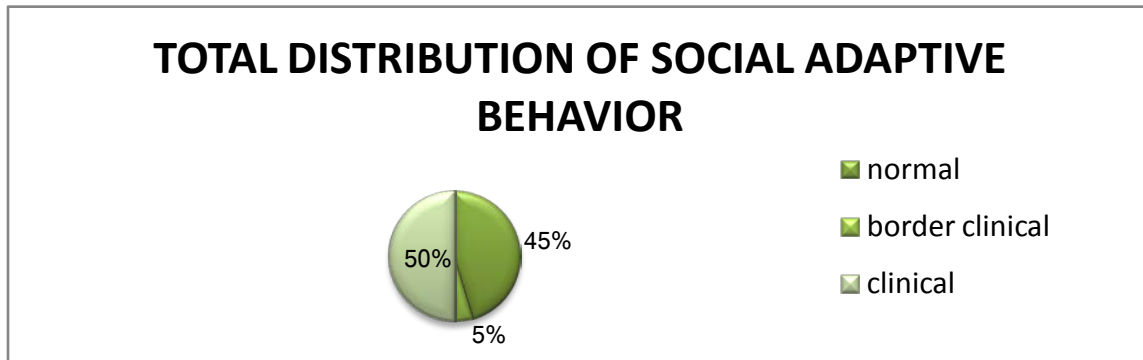


Chart 1 illustrates that 45% falls under normal, 5 % at border clinical and 50% in Clinical level this states that 50% of the sample shows social adaptive problem at marked level.

Table 2: Association between Social Adaptive Behavior and Demographic Variables

SOCIO DEMOGRAPHIC VARIABLES	SOCIAL ADAPTIVE BEHAVIOUR			P VALUE
	Normal	Border Clinical Range	Clinical Range	
GENDER BACKGROUND				
Male	21(51.2%)	0(0%)	4(80.0%)	$\chi^2=5.82$ df = 2 P=0.158
Female	20(48.8%)	4(100.0%)	1(20.0%)	
ECONOMIC STATUS				
Poor	15(38.5%)	2(50.0%)	28(62.2%)	$\chi^2=4.723^a$ df=2 0.008*
Middle	24(61.5%)	2(50.0%)	17(37.8%)	
CONDITION				
Cardiac	21(51.2%)	2(50.0%)	38(84.4%)	$\chi^2=15.449^a$ df =4 P=0.000*
Neuro	3(7.3%)	1(25.0%)	0(0%)	
Genetic	17(41.5%)	1(25.0)	7(15.6%)	

P<0.05 ; Statistically Significant*

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Table 2 shows the Association between Social Adaptive Behavior and Demographic Variables in 90 subjects. It is observed Medical condition and Economic status level was significant

DISCUSSION

Social Adaptive behavior is a type of behavior that is used to adjust to another type of behavior or situation. This is often characterized as a kind of behavior that allows an individual to change a no constructive or disruptive behavior to something more constructive. These behaviors are most often social or personal behaviors. The prevalence of Social behavior problems of children with chronic illness and identifying related risk factors is of theoretical and practical relevance, helping us to understand psychosocial consequences of chronic physical illness providing important information about the need for preventing these problems as part of an integrated treatment. Since many chronic diseases cannot be cured, a main goal is to reduce the consequences of the diseases on the lives of children and adolescents.

Identifying the associated variables influencing the adaptive behavior among children as early as possible can help to turn down the consequences into positive aspect through multi variation dimensional approach .Among the 90 samples the demographic profile of the respondents were Majority (70%) of the respondents were found in age group between 3-4 years. More than half of the respondents (52.22%) were male and followed by (47.78%) female. Fifty percent of the respondents economic condition belongs to poor class and followed by 47.78% were found middle class. Nearly half of the patients belong to middle class and from poor economic background.

LIMITATION

This study was conducted on a smaller group of children with few mentioned chronic conditions.

CONCLUSION

The preliminary study about social adaptive behavior concludes that other problems were found to be high pediatrics. This particularly emphasizes on multidimensional assessment and treatment. Irrespective of marked difference between different types of chronic illness associated with type of adaptive behavior problems, they require the same pattern of continuing care to decrease the consequences of social adaptive behavior problems o among pediatrics.

PRACTICAL SUGGESTIONS

It helps to understand psychosocial consequences of chronic diseases by providing valuable information for clinicians regarding who should be screened for what kind of problems and the need for preventing these problems as part of an integrated treatment.

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Conflict of Interests

The author declared no conflict of interests.

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