

## A Comparative Study of Behaviour Problems in Tribal and Nontribal Children Residing In Urban Areas

Dr. Rishika Agarwal<sup>1</sup>, Dr. Kuldeep Singh Yadav<sup>2</sup>, Dr. Amit Nijhawan<sup>3</sup>,  
Dr. Madhu Nijhawan<sup>4</sup>, Dr. Preetkamal<sup>5</sup>

1. Postgraduate student, Department of Psychiatry, Mahatma Gandhi Medical College & Hospital, Jaipur

2. Senior Resident, Department of Psychiatry, S.M.S. Medical College & Hospital

3. Ex-Assistant Professor, Department of Psychiatry, Mahatma Gandhi Medical College & Hospital, Jaipur

4. Professor, Department of Psychiatry, Mahatma Gandhi Medical College & Hospital, Jaipur

5. Ex-Clinical Psychologist, Department of Psychiatry, Mahatma Gandhi Medical College & Hospital, Jaipur

Corresponding Author: Dr. Rishika Agarwal

Date of Submission: 03-02-2018

Date of acceptance: 17-02-2018

### I. Introduction

Tribals in India have to struggle hard for survival and development.<sup>1</sup> They constitute a large number of population so their development is essential for integrated development of the country as a whole. They are deprived of normal opportunities which may result in intellectual weakness.<sup>1</sup>

The tribes- India is a country with a variety of ethnic groups.<sup>2</sup> Tribes are the original autonomous inhabitants of the country.<sup>3</sup> Various attempts have been made by the anthropologists and administrators to provide a definition for the term tribe. The term tribe is derived from the word 'tribus'.<sup>4</sup> The dictionary of anthropology defines tribe as a social group, usually with a definite area, dialect, cultural homogeneity and unifying social organizations.<sup>5</sup> Kattakayam described tribe as a social group possessing a distinctive culture which marks it out from other groups having different cultures<sup>6</sup> while according to Money the tribes are called 'Adivasi's' indicating that they are the ancient or original inhabitants.<sup>7</sup> In Rajasthan Banswara, Dungarpur and some areas of Udaipur, Pratapgarh, and Sirohi districts are scheduled tribal areas.<sup>8</sup>

In India, the total number of children in the age group 0-6 years as per the population totals of Census, 2011, is 158.8 million, which is 13.12% of the total population.<sup>9</sup> The percentage of population in 0-14 year age group consists 30.9% of total population of the country.<sup>10</sup> In India, the adolescent population constitutes a quarter of the country's population which is approximately 243 million which in turn constituted 20% of the world's 1.2 billion adolescents.<sup>11</sup> Children and adolescents in low and middle income countries (LAMIC) constitute 35-50% of the population.<sup>12</sup> About half of all lifetime mental disorders begin before the age of 14 years.<sup>13,14</sup> As per a review by Sharan & Sagar,<sup>15</sup> worldwide prevalence rates for child and adolescent mental disorders are around 10% -20%.<sup>16</sup> There have been gap between needs and services for mental health in low and middle income countries. Most care is institutionally based with poor attention to community mental health.<sup>17</sup>

The temperament or behavioural profile highlights the characteristics of a person's behaviour or personalities. Temperament is the raw material from which originates the individual's behaviour. It reveals the intensity of reaction and the reaction pattern of a child. Individual differences are noticed in these two areas. From this stems out his future personality characteristics.

Each society has its own model or basic personality say Heltema and Mc David et al.<sup>18</sup> Crow and Crow have hold the view that an individual acquires a kind of personality which is rooted in the way in which he develops physically, mentally, emotionally and socially during his early childhood years.<sup>19</sup> Though similar behaviour patterns are expected from members within the larger society, the lower class and middle class in our society differ in their basic values say Mc David et al.<sup>20</sup> Studies have denoted that socially deprived children have low adaptive behaviour,<sup>21</sup> feel rejected, neglected, covertly agitated, shy and isolated.<sup>22</sup> But some enquires have reported that low deprived group have low degree of anxiety,<sup>23</sup> socially deprived group have the self-concept as positive as that of the non-deprived group<sup>24</sup> and difficult pre-school children from low income families engage in more disciplinary interactions involving criticisms than easy and slow to warm up children.<sup>25</sup> One tribal and non-tribal comparative study Narayan and Ganeshan has revealed that tribals have greater freedom from anxiety than the non-tribal children.<sup>26</sup> The available literature in the matter is scanty and there are only handful of studies. More over these studies have used different methodologies, criterion of selection of population, tools of investigations and analysis of data.

The present work is an attempt to study the behaviour problems in tribal children living in urban areas in an ashram in comparison with that of their non-tribe peers studying in the same school and living with their families.

## II. Aims & Objectives:

To find out differences, if any, in behaviour problems in tribal and urban children.

A) Sample of study: The sample will include two groups

1. Experimental group- Tribal children living in urban area. 50 children living in the hostel of Arshavidyatirtha, (situated in the campus of Mahatma Gandhi medical college and hospital Jaipur). ArshaVidya institutes are voluntary organizations, which are being run for the service and education of those children who are living in adivasi villages or belong to backward classes. The basic aim of these institutes is to bring these children in the main stream. The whole movement was started by respected swami DayanandSaraswati and he is the patron of the programme. This programme is being run in 12 states of the country.

2. Control group- same number of children who are studying in the same school, same class and are living with their parents from Adarshvidyamandir, Mansarover, Jaipur.

B) Tools-

i) A Specially Designed Proforma, containing personal and sociodemographic details.

ii) Problem behaviour checklist(PBCL) [276], (Annexure-7) in which different behavioural problems of school going children are enlisted, was developed by Veeraghavan& Dogra.

C) Procedure: -Informed consent for experimental group was taken from Swami ji in charge of Arshavidyatirtha situated in the campus of MGMC and hospital and for the control group it was taken from the principal of the Adarshvidyamandir, Mansarover, Jaipur.

Both the groups were subjected to all the above mentioned tools. The data thus obtained was analyzed by using appropriate statistics (percentage, chi-square, t-ratio) and results are discussed in the light of previous studies.

## III. Results

**Table 1:** Distribution of sample of children according to class in which they study

Class	Tribal (n=50)	Non-tribal (n=50)	total(n=100)
2 <sup>nd</sup>	9(18%)	9(18%)	18(18%)
3 <sup>rd</sup>	4(8%)	3(6%)	7(7%)
4 <sup>th</sup>	13(26%)	15(30%)	28(28%)
5 <sup>th</sup>	4(8%)	4(8%)	8(8%)
6 <sup>th</sup>	2(4%)	3(6%)	5(5%)
8 <sup>th</sup>	3(6%)	4(8%)	7(7%)
9 <sup>th</sup>	8(16%)	7(14%)	15(15%)
10 <sup>th</sup>	7(14%)	5(10%)	12(12%)
<b>Total</b>	<b>50(100%)</b>	<b>50(100%)</b>	<b>100(100%)</b>

$\chi^2 = 0.300$ , df=7, p= 0.999 (>0.05) NS

Table 1 indicates distribution of samples according to classes in which they study. The distribution of children in different classes was almost same in both the tribal and non-tribal groups.

**Table 2:** Distribution of sample according to age of children

Age in years	Tribal (n=50)	Non-tribal (n=50)	Total(n=100)
4-10 years	24(48%)	25(50%)	49(49%)
11-15 years	13(26%)	22(44%)	35(35%)
> 15 years	13(26%)	3(6%)	16(16%)
<b>total</b>	<b>50(100%)</b>	<b>50(100%)</b>	<b>100(100%)</b>

$\chi^2 = 8.58$ , df=2, p= 0.0137(<0.05) (S)

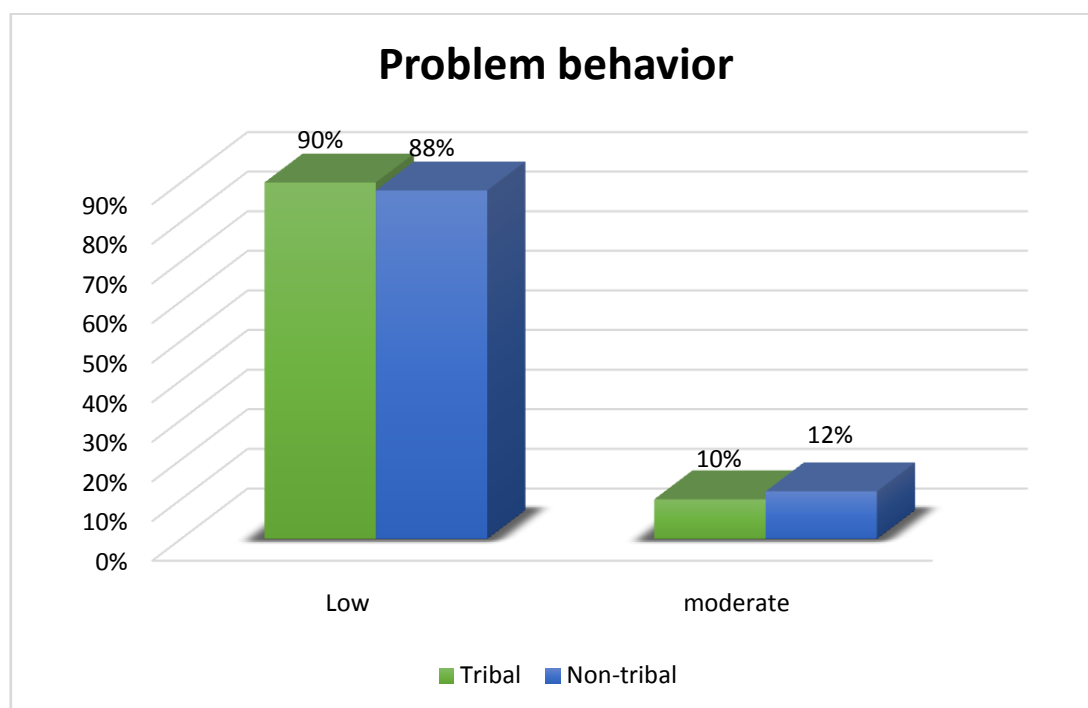
Table 2 indicates distribution of sample according to age of children. In the age group of 11-15 years there were 13(26%), 22(44%) children in tribal & non-tribal groups respectively whereas there were 13(26%) & 3(6%) children in the age group >15 years. Number of children in 4- 10 years of age was almost equal. The difference was found to be significant statistically.

**Table 3:** Distribution of sample according to the grades of behaviour problem(PBCL).

Problem behaviour	Tribal(n=50)	Nontribal (n=50)	total(n=100)
Low	45(90%)	44(88%)	89(89%)
moderate	5(10%)	6(12%)	11(11%)
total	50(100%)	50(100%)	100(100%)

$\chi^2 = 0.102$ , df=1, p= 0.749(>0.05) NS

Table 3 shows samples categorized on the basis of severity of problem behaviours. Low problem behaviour was shown by 45 tribal and 44 non tribal children while moderate problem behaviour by 5 tribal and 6 non tribal children. This is not statistically significant. High grade of Problem behaviour is not included in the table because not even a single candidate qualified for that.



**Table 4:** Distribution of sample according to the frequency of different behaviour problems.

Behaviour problems	Tribal (n=50)	Non-tribal(n=50)	$\chi^2$	P
Sibling rivalry	37(74%)	37(74%)	0	1
Scholastic problems	35(70%)	33(66%)	0.058	0.809
Inattention	34(68%)	34(68%)	0	1
Babyish behaviour	33(66%)	29(58%)	0.258	0.611
Speech problems	28(56%)	17(34%)	2.68	0.101
Lack of concentration	27(54%)	31(62%)	0.27	0.603
Hostility	27(54%)	14(28%)	4.12	0.042 <b>S</b>
Violation of rules	27(54%)	14(28%)	4.12	0.042 <b>S</b>
Disobeying	26(52%)	21(42%)	0.53	0.466
Truancy	26(52%)	12(24%)	5.15	0.023 <b>S</b>
Resistance to authority	26(52%)	12(24%)	5.15	0.023 <b>S</b>
Fear of others	26(52%)	11(22%)	6.08	0.013 <b>S</b>
Stammering	26(52%)	8(16%)	9.52	0.002 <b>HS</b>
Temper tantrum	25(50%)	34(68%)	1.37	0.241
Annoying tendency	25(50%)	20(40%)	0.55	0.458
Sleep problems	25(50%)	17(34%)	1.52	0.217
Unrealistic fears	25(50%)	14(28%)	3.10	0.078
Recurrent distress	25(50%)	13(26%)	3.78	0.051
Isolation	25(50%)	9(18%)	7.52	0.006 <b>HS</b>
Lying	24(48%)	18(36%)	0.95	0.329
Social withdrawal	24(48%)	13(26%)	3.27	0.070
Defiant behaviour	24(48%)	10(20%)	5.76	0.016 <b>S</b>
Irritability	22(44%)	22(44%)	0	1
Aggression	22(44%)	8(16%)	6.53	0.010 <b>S</b>
Fear of being alone	21(42%)	7(14%)	7	0.008 <b>HS</b>
Blaming tendency	20(40%)	18(36%)	0.105	0.745
Food fads	19(38%)	22(44%)	0.60	0.438
Anxiety	19(38%)	20(40%)	0.025	0.874
School problems	19(38%)	10(20%)	2.79	0.094
Fear of animals	17(34%)	36(72%)	6.81	0.009 <b>HS</b>
Exam phobia	15(30%)	29(58%)	4.45	0.034 <b>S</b>
Depression	15(30%)	15(30%)	0	1
Stealing	14(28%)	1(2%)	11.26	0.000 <b>HS</b>

Behaviour problems	Tribal (n=50)	Non-tribal(n=50)	$\chi^2$	P
Bullying	13(26%)	14(28%)	0.037	0.847
Thumb sucking	13(26%)	2(4%)	8.066	0.004 <b>HS</b>
Destructive behaviour	12(24%)	7(14%)	1.31	0.252
Fire setting	12(24%)	6(12%)	2	0.157
Self-injuries behaviour	12(24%)	3(6%)	5.4	0.020 <b>S</b>
Night mares	11(22%)	7(14%)	0.88	0.348
Cruelty	10(20%)	2(4%)	5.33	0.020 <b>S</b>
Bed wetting	9(18%)	9(18%)	0	1
Soiling clothes	9(18%)	2(4%)	4.45	0.034 <b>S</b>

df=1

Table 4 shows behaviour problems in all age categories of tribal and non-tribal children. Hostility, violation of rules, Truancy, resistance to authority, fear of others, stammering, isolation, defiant behaviour, aggression, fear of being alone, stealing, thumb sucking, self-injuries behaviour, cruelty and soiling clothes were more common in tribal children while fear of animals and exam phobia were more common in non-tribal children. The difference was found to be statistically significant.

**Table 5:** Distribution of sample according to the frequency of different behaviour problems in age category of 4-10yrs.

Behaviour problems in age group of 4-10 yrs.	Tribal (n=24)	Non-tribal (n=25)
Scholastic problems	17(70.8%)	14(56.0%)
Babyish behaviour	16(66.7%)	16(64.0%)
Sibling rivalry	16(66.7%)	16(64.0%)
Temper tantrum	15(62.5%)	20(80.0%)
Speech problems	15(62.5%)	7(28.0%)
Lack of concentration	13(54.2%)	14(56.0%)
Inattention	13(54.2%)	12(48.0%)
Irritability	13(54.2%)	11(44.0%)
Annoying tendency	12(50.0%)	9(36.0%)
Fear of being alone	12(50.0%)	7(28.0%)
Defiant behaviour	12(50.0%)	5(20.0%)
Fear of animals	11(45.8%)	16(64.0%)
Anxiety	11(45.8%)	9(36.0%)
Violation of rules	11(45.8%)	9(36.0%)
Resistance to authority	11(45.8%)	5(20.0%)
Social withdrawal	11(45.8%)	4(16.0%)
Stammering	11(45.8%)	4(16.0%)
Lying	11(45.8%)	4(16.0%)
Recurrent distress	11(45.8%)	4(16.0%)
Sleep problems	10(41.7%)	7(28.0%)
Fear of others	10(41.7%)	4(16.0%)
Food fads	9(37.5%)	9(36.0%)
Disobeying	9(37.5%)	9(36.0%)
Blaming tendency	9(37.5%)	9(36.0%)
Truancy	9(37.5%)	7(28.0%)
School problems	9(37.5%)	5(20.0%)
Hostility	9(37.5%)	5(20.0%)
Aggression	9(37.5%)	4(16.0%)
Isolation	9(37.5%)	2(8.0%)
Unrealistic fears	8(33.3%)	5(20.0%)
Nail biting	8(33.3%)	4(16.0%)
Exam phobia	7(29.2%)	7(28.0%)
Depression	7(29.2%)	4(16.0%)
Thumb sucking	7(29.2%)	2(8.0%)
Soiling clothes	7(29.2%)	2(8.0%)
Bullying	6(25.0%)	5(20.0%)
Bed wetting	5(20.8%)	4(16.0%)
Stealing	5(20.8%)	1(4.0%)
Cruelty	5(20.8%)	0(0.0%)
Night mares	4(16.7%)	4(16.0%)
Destructive behaviour	4(16.7%)	2(8.0%)
Fire setting	4(16.7%)	2(8.0%)
Self-injuries behaviour	4(16.7%)	0(0.0%)

Table 5 shows behaviour problems in age category of 4 to 10 years of tribal and non-tribal children. The most common behaviour problems in both groups were scholastic problems, babyish behaviour, sibling rivalry, temper tantrum while night mares, destructive behaviour, fire setting, self-injuries behaviour were

among least common behaviour problems. The noticeable difference between distribution of different behaviour problems was present in following behaviour problems, fear of being alone, defiant behaviour, resistance to authority, social withdrawal, stammering, lying recurrent distress, fear of others, hostility, aggression, isolation, nail biting, depression, thumb sucking, soiling clothes, stealing, cruelty, destructive behaviour, fire setting, self-injuries behaviour.

**Table 6:** Distribution of sample according to the frequency of different behaviour problems in age category of 11-15yrs.

Behaviour problems in age group of 11-15 yrs.	Tribal (n=13)	Non-tribal (n=22)
Sibling rivalry	13(100.0%)	20(90.9%)
Hostility	13(100.0%)	9(40.9%)
Inattention	11(84.6%)	20(90.9%)
Scholastic problems	11(84.6%)	18(81.8%)
Truancy	11(84.6%)	5(22.7%)
Babyish behaviour	10(76.9%)	12(54.5%)
Sleep problems	10(76.9%)	9(40.9%)
Unrealistic fears	10(76.9%)	8(36.4%)
Isolation	10(76.9%)	7(31.8%)
Resistance to authority	10(76.9%)	7(31.8%)
Violation of rules	10(76.9%)	5(22.7%)
Lying	9(69.2%)	14(63.6%)
Recurrent distress	9(69.2%)	7(31.8%)
Defiant behaviour	9(69.2%)	5(22.7%)
Aggression	9(69.2%)	4(18.2%)
Disobeying	8(61.5%)	12(54.5%)
Annoying tendency	8(61.5%)	11(50.0%)
Speech problems	8(61.5%)	10(45.5%)
Blaming tendency	8(61.5%)	9(40.9%)
Social withdrawal	8(61.5%)	7(31.8%)
Stammering	8(61.5%)	4(18.2%)
Food fads	7(53.8%)	12(54.5%)
Fear of others	7(53.8%)	7(31.8%)
Fire setting	7(53.8%)	4(18.2%)
Lack of concentration	6(46.2%)	16(72.7%)
Depression	6(46.2%)	11(50.0%)
School problems	6(46.2%)	4(18.2%)
Stealing	6(46.2%)	0(0.0%)
Temper tantrum	5(38.5%)	13(59.1%)
Bullying	5(38.5%)	9(40.9%)
Destructive behaviour	5(38.5%)	5(22.7%)
Cruelty	5(38.5%)	2(9.1%)
Night mares	5(38.5%)	2(9.1%)
Thumb sucking	5(38.5%)	0(0.0%)
Fear of animals	4(30.8%)	20(90.9%)
Exam phobia	4(30.8%)	20(90.9%)
Irritability	4(30.8%)	9(40.9%)
Anxiety	4(30.8%)	9(40.9%)
Self-injuries behaviour	4(30.8%)	3(13.6%)
Fear of being alone	4(30.8%)	0(0.0%)
Bed wetting	3(23.1%)	5(22.7%)
Nail biting	3(23.1%)	4(18.2%)
Soiling clothes	2(15.4%)	0(0.0%)

Table 6 shows behaviour problems in age category of 11 to 15 years of tribal and non-tribal children. The most common behaviour problems in both groups were sibling rivalry, hostility, inattention, scholastic problems, truancy, babyish behaviour, lying, disobeying, annoying tendency. while bed wetting, nail biting, soiling clothes were among the least common. the noticeable difference between distribution of different behaviour problems was present in following behaviour problems, hostility, truancy, sleep problems, unrealistic fears, isolation, resistance to authority, violation of rules, recurrent distress, defiant behaviour, aggression, social withdrawal, stammering, fire setting, stealing, cruelty, night mares, thumb sucking, fear of animals, exam phobia, self-injuries behaviour, fear of being alone, soiling clothes.

**Table 7:** Distribution of sample according to the frequency of different behaviour problems in age category of >15yrs.

Behaviour problems in age group of >15 yrs.	Tribal (n=13)	Non-tribal (n=3)
Inattention	10(76.9%)	2(66.7%)
Fear of others	9(69.2%)	0(0.0%)
Lack of concentration	8(61.5%)	1(33.3%)
Sibling rivalry	8(61.5%)	1(33.3%)
Babyish behaviour	7(53.8%)	1(33.3%)
Scholastic problems	7(53.8%)	1(33.3%)
Unrealistic fears	7(53.8%)	1(33.3%)
Stammering	7(53.8%)	0(0.0%)
Truancy	6(46.2%)	0(0.0%)
Isolation	6(46.2%)	0(0.0%)
Violation of rules	6(46.2%)	0(0.0%)
Social withdrawal	5(38.5%)	2(66.7%)
Irritability	5(38.5%)	2(66.7%)
Recurrent distress	5(38.5%)	2(66.7%)
Temper tantrum	5(38.5%)	1(33.3%)
Sleep problems	5(38.5%)	1(33.3%)
Speech problems	5(38.5%)	0(0.0%)
Hostility	5(38.5%)	0(0.0%)
Resistance to authority	5(38.5%)	0(0.0%)
Annoying tendency	5(38.5%)	0(0.0%)
Fear of being alone	5(38.5%)	0(0.0%)
Anxiety	4(30.8%)	2(66.7%)
Exam phobia	4(30.8%)	2(66.7%)
School problems	4(30.8%)	1(33.3%)
Self-injuries behaviour	4(30.8%)	0(0.0%)
Aggression	4(30.8%)	0(0.0%)
Lying	4(30.8%)	0(0.0%)
Food fads	3(23.1%)	1(33.3%)
Defiant behaviour	3(23.1%)	0(0.0%)
Destructive behaviour	3(23.1%)	0(0.0%)
Stealing	3(23.1%)	0(0.0%)
Blaming tendency	3(23.1%)	0(0.0%)
Night mares	2(15.4%)	1(33.3%)
Bullying	2(15.4%)	0(0.0%)
Disobeying	2(15.4%)	0(0.0%)
Depression	2(15.4%)	0(0.0%)
Fear of animals	1(7.7%)	0(0.0%)
Thumb sucking	1(7.7%)	0(0.0%)
Bed wetting	1(7.7%)	0(0.0%)
Fire setting	1(7.7%)	0(0.0%)
Nail biting	0(0.0%)	0(0.0%)
Soiling clothes	0(0.0%)	0(0.0%)
Cruelty	0(0.0%)	0(0.0%)

Table 7 shows gross difference in most behaviour problems between the groups. Number of samples in non-tribal group is very less in this category. Only few behaviour problems which were present in both groups but with difference in frequency were inattention, lack of concentration, sibling rivalry, babyish behaviour, scholastic problems, unrealistic fears, social withdrawal, irritability, recurrent distress, temper tantrum, sleep problems, anxiety, exam phobia, school problems, food fads, night mares. Fear of animals, thumb sucking, bed wetting, fire setting, nail biting, soiling clothes, cruelty are behaviour problems which were either absent or present only in single case.

#### IV. Discussion

On analysing grades of behaviour problems in tribal and non-tribal groups (table 3) Low problem behaviour was shown by 90% tribal and 88% non-tribal children while moderate problem behaviour by 10% tribal and 12% non-tribal children. Therefore, it evident that grades of behaviour problems were evenly distributed across groups and no significant difference was found between them. This shows that severity of behaviour problems between the groups is equal.

Various behaviour problems in all age categories of tribal and non-tribal children and their distribution are represented in table 4. Most common behaviour problem were sibling rivalry followed by Scholastic problems, Inattention, Babyish behaviour, Lack of concentration, Temper tantrum by being present in more than 50% children. While Destructive behaviour, Fire setting, Self-injuries behaviour, Night mares, Cruelty, Bed

wetting, Soiling clothes were present in less than 25% children. There was a significant difference in presence of some of the behaviour problems in both the groups for e.g. hostility, violation of rules, truancy, resistance to authority, fear of others, stammering, isolation, defiant behaviour, aggression, fear of being alone, fear of animals, stealing, thumb sucking, self-injuries behaviour, cruelty & soiling clothes. Out of these all the problem behaviours were more prevalent in tribal children except fear of animals and exam problem which were reported more by non-tribal children this may be due to the fact that non-tribal children are not too close to nature and more stress is given to competition. Urban inhabitants have distinct way of life with their attitude and perception of the world around.<sup>27</sup> Moreover the strict discipline in ashram may be responsible for some of the behaviour problems such as destructive behaviour, fire setting etc. These findings have the support of the findings of the study done by Deater-Deckard et al. who have reported association of harsh discipline in kindergarten with teacher reported externalizing behaviour.<sup>28</sup>

Analysis of distribution of behaviour problems in age category of 4 to 10 years, as shown in table 21, shows that the most common behaviour problems in both groups were scholastic problems, babyish behaviour, sibling rivalry, temper tantrum while night mares, destructive behaviour, fire setting, self-injuries behaviour were among least reported behaviour problems. The marked difference between distribution of different behaviour problems was present in following behaviour problems, fear of being alone, defiant behaviour, resistance to authority, social withdrawal, stammering, lying recurrent distress, fear of others, hostility, aggression, isolation, nail biting, depression, thumb sucking, soiling clothes, stealing, cruelty, destructive behaviour, fire setting, self-injuries behaviour. When data for tribal group was analysed, it was found that scholastic problem, speech problem, annoying tendencies were reported more in the children which may be due to fact that the tribes live in isolation with minimal contact with outsiders.<sup>29-31</sup> So, it is probably difficult for them to adapt to urban culture.

In the light of results obtained from table 22, which give the idea of distribution of different behaviour problem in age category of 11-15 years, it can be said that the most common behaviour problems in both groups were sibling rivalry, hostility, inattention, scholastic problems, truancy, babyish behaviour, lying, disobeying, annoying tendency while bed wetting, nail biting, soiling clothes were among the least common. The noticeable difference was evident in following behaviour problems namely, hostility, truancy, sleep problems, unrealistic fears, isolation, resistance to authority, violation of rules, recurrent distress, defiant behaviour, aggression, social withdrawal, stammering, fire setting, stealing, cruelty, night mares, thumb sucking, fear of animals, exam phobia, self-injuries behaviour, fear of being alone, soiling clothes. In the tribal group truancy, hostility, sleep problem, unrealistic fear, isolation, resistance to authority, violation of rules, distress, defiant behaviour, aggression, social withdrawal, stammering, fear of others, fire setting, school problems, cruelty were reported more frequently.

The possible reason for presence of these behaviour problems may be their democratic nature<sup>32</sup> incompatibility between tribal student and non-tribal teachers<sup>33</sup>, lack of communication and ignorance<sup>34</sup> in non-tribal group lack of concentration, fear of animals and school phobia were reported more precisely because of artificial ambition<sup>35</sup>, individualistic behaviour<sup>36</sup> and authoritarian parents.<sup>37</sup>

On observing distribution of children sample of both groups according to the frequency of different behaviour problems in age category of >15yrs (table 23) it is evident that only few behaviour problems that are present in both groups but with difference in frequency are inattention, lack of concentration, sibling rivalry, babyish behaviour, scholastic problems, unrealistic fears, social withdrawal, irritability, recurrent distress, temper tantrum, sleep problems, anxiety, exam phobia, school problems, food fads, night mares. The possible reason for these problems may be their adolescence which is characterized by special type of egocentrism like imaginary audience and personal fable along with a different set of norm that are different from societal norms. Fear of animals, thumb sucking, bed wetting, fire setting, nail biting, soiling clothes and cruelty are behaviour problems which are either absent or present only in single case.

## **V. Conclusion**

The study concludes that, the grades of behavior problems were evenly distributed across and no apparent difference was found. Most common behaviour problems were sibling rivalry, scholastic problems, inattention, babyish behaviour, lack of concentration & temper tantrums by being present in more than 50% in both the groups. There was a significant difference in presence of behaviour problems like hostility, violation of rules, truancy, resistance to authority, fear of others, stammering, isolation, defiant behaviour, aggression, fear of being alone, fear of animals, stealing, thumb sucking, self-injuries behaviour, cruelty & soiling clothes. Out of these all the problem behaviors were more prevalent in tribal children except fear of animals & exam problems which were more prevalent in non-tribal children. Thus, the results present a differential picture behaviour dimensions in tribal and non-tribal children. The sociocultural environment has deeper influence in shaping the behaviour of a child. The findings of the present

research may be helpful even for making policies to create awareness & generate equal sharing of fruits of development in the country.

#### **LIMITATIONS OF THE STUDY**

- 1) The size of sample in the study was small so the findings can't be generalized.
- 2) There was lack of comparable group of tribal children living in tribal region.

#### **SUGGESTIONS FOR FUTURE RESEARCH**

- 1) Data should be collected from different ashrams
- 2) Study should be planned with three groups, one group of urban children, second of tribal children living in urban area and third group should be of tribal children living in tribal area.

#### **References**

- [1]. Charlotte Regena John, Prof. Singh, B.G. (2014). A study of Achievement in English of Tribal students: Comparison of determinants, IOSR Journal Of Humanities And Social Science (IOSR-JHSS) 19(10);01-10.
- [2]. Shah, B. (1990). Researches on tribal education: An overview. European Journal of Child and Adolescent Psychiatry, 6 (3), 177-192.
- [3]. Kurian, A. (1991). Tribal Development: A study with special reference to Cholonaikans. Unpublished masters' dissertation, Mahatma Gandhi University, Kottayam.
- [4]. Biswal, G.C (1985). Tribal development and education: some issues. Vanayjati, 32(1) 14.
- [5]. Tylor, E B (1988) Dictionary of Anthropology. New Delhi. Goyl Saab Publishers
- [6]. Kattakayam. J. J. (1983). Social Structure and changes among the tribals. Delhi. D. K. Publications.
- [7]. Money, V. V. (1984). Motivating a tribal community (Iruilas) for better family living Unpublished masters' dissertation, Bharathiar University, Coimbatore.
- [8]. <http://tribal.nic.in/Content/ScheduledAreasinRajasthanSSAreas.aspx>
- [9]. Size, growth rate and distribution of child population. available at [http://www.censusindia.gov.in/2011-prov-results/data\\_files/india/Final\\_PPT\\_2011\\_chapter4.pdf](http://www.censusindia.gov.in/2011-prov-results/data_files/india/Final_PPT_2011_chapter4.pdf), last accessed on 27/7/2014.
- [10]. Figures at a glance, India 2010. available at [http://www.censusindia.gov.in/vital\\_statistics/srs/At\\_a\\_glance\\_\\_2010.xls](http://www.censusindia.gov.in/vital_statistics/srs/At_a_glance__2010.xls), last accessed on 11/11/2012.
- [11]. Adolescence – an Age of opportunity. available at [http://www.unicef.org/india/media\\_6785.htm](http://www.unicef.org/india/media_6785.htm), last accessed on 11/11/2012.
- [12]. Patel V, Flisher AJ, Nikapota A, Malhotra S. Promoting child and adolescent mental health in low and middle income countries. J Child Psychol Psychiatry. 2008;49:313–334.
- [13]. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence distributions of DSM-IV disorders in the National Comorbidity Study Replication. Arch Gen Psychiatry. 2005;62:593–602.
- [14]. Patel V, Flisher AJ, Hetrick S, McGorry P. Mental health of young people: a global public-health challenge. Lancet. 2007;369:1302–1313.
- [15]. Singh S, Kamal P. Drug abuse among school and college students in Punjab. Child Psychiatry Q. 1981;14:5–11.
- [16]. Sharan P, Sagar R. Mental health policy for children and adolescents in developing countries. J Indian Assoc Child AdolescMent Health. 2007;3:1–4.
- [17]. Saxena S, Thornicroft G, Knapp M, Whiteford H. Resources for mental health: scarcity, inequity, and inefficiency. Lancet. 2007;370:878–889.
- [18]. Heltema, P. J. (1979). Personality and Adaptation. Amsterdam. North Holland Publishing Company.
- [19]. Crow, L. D. and Crow, A. (1956). Human Development and learning New York American Book Company.
- [20]. Mc David and Harari, H. J. W. (1974). Psychology and Social Behaviour. New York: Harper and Row Publishers.
- [21]. Guntchy, R K (1981) Socio-cultural deprivation and adaptive behaviour (7-13 years) Child Psychiatry Quarterly, 14 (4), 14-15
- [22]. Kumar, P. and Mehta, M. (1983). Socio-economic deprivation and differential personality development. Asian Journal of Psychology and Education, 11 (4), 21-27.
- [23]. Misra, G. and Tripathi, L. B. (1978) Prolonged deprivation and motivation. Journal of psychological Researches,22 (3), 171-179.
- [24]. Dhapola, T. S. (1979). Personality make-up of the scheduled caste. ICSSR Research Abstracts Quarterly 8 (2), 18.
- [25]. Hennessy, J. J. (1983). The relationship between student temperament and student teacher interaction. Dissertation Abstracts International,43 (12), 3847 A.
- [26]. Narayan, S, and Ganeshan, V. (1978). The concept of self among the Iruilas of palamalai Journal of Psychological Researches, 22 (2). 127-130.
- [27]. Sabnis, R. S. (1990), Slum and social change: A case study of a metropolitan slums. ICSSR Research Abstracts Quarterly, 9, 16-25.
- [28]. O'Leary, S. G., Slep, A. M. S., & Reid, M. J. (1999). A longitudinal study of mothers' over reactive discipline and toddlers' externalizing behaviour. Journal of Abnormal Child Psychology, 27(5), 331-341.
- [29]. Anandalakshmi, S. (1991). Development during pre-school years. New Delhi: Indira Gandhi Open University, 1-21
- [30]. Pamecha, R (1985) Elite in a society. Jaipur. Print well Publishers.
- [31]. Roat, H. C. (1987). Tribal settlement and development strategy. Udaipur, New Delhi: Himanshu Publications.
- [32]. Kulkarni, S, and Dikshit, L. (1989). Jawaharlal Nehru and Adivasis. Tribal Research Bulletin, 11(1), 5-6.
- [33]. Hasnain, N. (1983). Tribal India Today. New Delhi: Harnam Publications.
- [34]. Banerji, B. G. (1987). In the social context of Education and Tribal development. Tribal Research Bulletin, 10 (1), 16-23.
- [35]. Whiting, B. B. (1973). Rapid Social Change. UNICEF: Public information division.
- [36]. Kalra, S. K. (1972). The zones of Anxiety. Social Welfare, 19 (9), 8-10.
- [37]. Baruah, J. (1991). Disciplining the child: Rural-urban variations. Social Welfare, 37 (11-12), 36-39.

Dr.Rishika Agarwal "A Comparative Study of Behaviour Problems in Tribal and Nontribal Children Residing In Urban Areas" IOSR Journal of Dental and Medical Sciences (IOSR-JDMS) , vol. 17, no. 2, 2018, pp. 22-29.