

Title – “A Study of Psychological Disturbances in Children and Adolescents Involved In Rag-Picking: An Exploratory Study”

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Abstract: - *The purpose of the study is to know the psychological disturbances in children and adolescents involved in rag-picking. The sample consisted 250 children and adolescents which is selected from the community of rag-pickers in East Delhi, Near- Seemapuri. Developmental Psychopathology check list has been used to assess the state of mind of children in different areas and to know the emotional and behavioral problems of children. Highest scores of mean 8.05 which indicate that most of the children are suffering from developmental problems and stressful life also find the correlation between emotional and behavioral problems and self-esteem of children. Most of the variables are found high self -esteem of children in general self with developmental psychopathology.*

Introduction

The term psychosocial refer to the interplay between biological, physiological, emotional cognitive, social environment and maturation factors. Each of these factors must be considered when evaluating the problems and needs of children & adolescents, psychological changes continue along with rapid changes during puberty.

Rag-picking children are vulnerable to psychosocial dysfunction when they suffer physical injuries, psychological or major changes in the environments especially in the absence of strong support system. Psychosocial and mental health problems and quite prevalent among rag-picking children throughout the country. Risk factors and related to family, individual and societal. These are also many factors such as support systems. Family, Parental positive attitude and their rearing style protect rag-picking children from engaging in health risk behavior that may result to some psychosocial and mental health problems. According to Erickson (1968) in Complex Societies. Most of the rag-picking children and adolescents are likely to use and abuse drugs often at the heart of their apathy is a sense of happiness about future (Archer & Waterman, 1990) susceptibility to negative peer influences and such physically or socially unhealthy behavior as drug abuse or premature sexual activity (Steinberg, 1987)

Many psychologists feel that birth of each child changes the family environment. Thus to some extent birth order also affects the behavior and psychosocial development of the children.

Kremen and Kock (1998) also invoke self-control to offer an explanation for gender differences in the prevalence of psychosocial problems in children engaged in rag-picking. In this perspective, rather than, preventing their children from becoming depressed or delinquent, adaptive, parenting behavior would provide children with the capacities to help themselves and to prevent them from developing psychosocial problems (Feldman & Weinberger, 1994).

Psycho-Social Aspects and Mental Health

Health is a valuable asset for every individual. According to an Arabian proverb. “A man who is healthy, has no optimistic view and who has Optimistic view, has every-thing: in evaluating, Judging and assessing the quality of a person’s adjustment generally we use a number of term. “Good adjustment” and “Bad adjustment” and sometimes maladjustment. Good adjustment and mental health are almost Synonyms these days. An individual who has achieved a good adjustment will be called mentally healthy. Mental health is more

often conceptualized as a personal quality. Even through a person is having a great difficulty in adjusting to a particular situation. Health is related to medicine and analogy is made between physical and mental health. Physical health is incomplete Without mental health. Mental health is related to mind's happiness satisfaction and peace. In recent year adjustment problems have been increasingly considering problems of interpersonal relationship. In modern age everybody is under stress and tension. Under such circumstances the individual cannot adjust himself to his environment. If a person's mental health remains in a good state, his coordination between himself and the environment also remains good. In the present situation one must understand the tremendous role played by home and family in shopping the individual's personality and consequently. Home is the matrix of an individual's personal traits. How his parents treated him as a child by his parents treated him as a child by brothers, sisters, other relatives and grandparents many some to account for his present shyness, boldness, nervousness, depression acid ill health and poor psycho-social development. That is why family background is important as it shapes beliefs, attitudes and ideas of a growing child.

Coping Strategies of Children and Adolescents

The term “Coping” has been used to denote the way of dealing with stress. The goals of coping include the desire to maintain a sense of personal integrity and to achieve greater personal control over the environment in each situation. The person uses physical, cognitive social and emotional resources to understand what is needed. (Hussain and Yaqub. 2006) Coping strategies can be of several types as coping strategies, Social copying strategies, behavioral coping strategies, and avoidance coping strategies, religious and spiritual strategies.

Prayers and religious activities are also important for relief in an adverse situation'. Prayer is central to the spiritual lives of most people. If serves as marker for many stressful and non-stressful events in over spiritual lives. So many people use prayer to help them cope with life's problems (Bearon & Koenig 1990).

A mentally healthy child develops into a balance and responsible citizen with positive attitude and behavior, children with mental health problems find it difficult to adjust with people and environment. It has been found that 4% to 8% of children suffer from mental health problems and children living in difficult situation are more prone to have emotional and behavioral problems.

Timely and proper intervention including behavior modification and therapy play therapy, individual psychotherapy, anger management and social skills training, cognitive stimulation will be required to training; cognitive stimulation will be required to help the disturbed children. The proper guidance and support at this stage bring them back to their normal life. The psycho-social care provides a new dimension to shape the life of children as well as parents.

Objective

To study the emotional and behavioral problems of children and adolescents involved in Rag-picking.

Hypothesis

- a) A significant number of children and adolescents involved in rag-picking will be showing behavioral and emotional problems.
- b) They will have significant amount of stress.
- c) Emotionally disturbed children and adolescents will have lowered self- esteem as compared to non-disturbed children and adolescents.

Methods

Primary data has been obtained by applied the following methods.

- a) Direct personal interviews
- b) Indirect oral interviews
- c) Questionnaire surveys methods
- d) Observation
- e) Documents and Records

Aim

To ensure greater level of depth of understanding and qualitative data collection methods includes interviews Questionnaire with open-ended

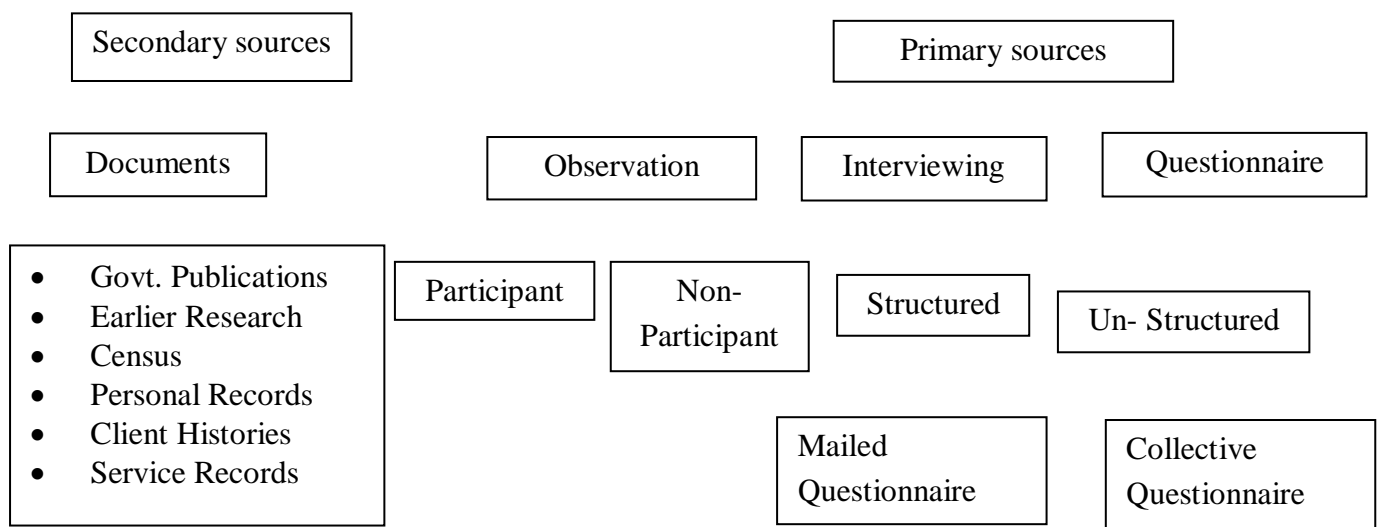
questions, focus groups observation game or role-playing, care and studies etc.

Methods of Data Collections

There are two major approaches to gathering information about a situation, person, problems or phenomenon, sometimes information required is available and need only be extracted. However, there are times when the information must be collected based upon these broad approaches to information gathering data are categorized as

Secondary Data

Methods of Data Collections



Sample

The process of selecting a few (a sample) from a bigger group (The sampling) population to become the basis for estimating or predicting the prevalence of an unknown price of information situation or outcomes regarding the bigger group. A sample is a sub group of the population.

250 children & adolescents involved in rag-picking have been selected from the community of rag-pickers in East Delhi and West Ghaziabad used random sampling technique. Sample selection is based on the following inclusion and exclusion criteria.

A. Inclusion Criteria

- i.** Age range of 8 to 16 years of both genders.
- ii.** Involvement in rag- picking activity for at least one year duration.
- iii.** Willingness to participate in the study.

Primary Data

The collection of data from sources such articles, journals, magazines, books and periodicals to obtain historical and on types of information On the other hand finding out first-hand the attitudes of community evaluating a social progress determining the job satisfaction of the employees of an organization and ascertaining the quality of services provided by workers are examples of information collected from primary sources. In summary, primary sources provide first-hand information and secondary sources provide second-hand data.

B. Exclusion

- i.** Disability of any kind (physical and Mental)
- ii.** Serve medical illness.

Tools

- a)** Mental Health Screening Questionnaire by Sinha & Kapur 2007.
- b)** Self Esteem Inventory
- c)** Development psychopathology check list (DPCL) by Kapur, 2002.
- d)** Quality of community life Questionnaire.

Procedure of Data Collection

Subjects were selected as per inclusion and exclusion criteria. The nature and purpose of the study has been thoroughly explained to the rag-picking children. Objective of the study have been explained. After getting willingness of subjects. They were told that they have the right to seek clarification and information about the aspect of

research work. They have the freedom to refuse answer to particular questions and can withdraw the test at any point of time. Mental Health screening questionnaire has been used to identify the psychosocial difficulties of the children after that Developmental psychopathology check list has been used to know the state of mind of the children. Then quality of community life questionnaire has been used to know the quality of life of children and available facilities for them in the community and last one is self- esteem Inventory has been administered to know the self- esteem of the subjects is different level. During the administration of the tests only investigator and the subjects were present.

Above mentioned tests have been administered following the instruction specified in the respective test manual. The general testing conditions have been satisfactory and the uniform of the procedure has been maintained. All the procedure of collection of data has been done keeping the ethical issues in mind. Tests have been administered individually. During data collection and the sessions of the testing has been divided into 2 for one hour each with the gap of 10 minutes. All the tests were scored as per the standard scoring procedure which is described in respective test manual.

Main Findings

Table No 1 Emotional & Behavior problems (DPCL Scores) N=250

Scales of DPCL	Mean Scored	Standard Deviation
Developmental History	4.1	1.05
Developmental Problem	8.05	2.775
Attention Deficit	1.9	0.5006
Conduct	3.8	0.9
Learning Disability	2.75	0.737
Emotion	4.3	1.22
Somatic	3.644	1.461
Psychoses	4.58	2.72
Psycho-Social Factor	3.14	0.71
Temperamental Dimension	7.7	2.06146
Helpful Factors	3.104	0.4787

Statistical Analysis

The obtained data has been scored by using standard scoring procedure. The statistical formulae like mean and standard deviation have been computed. Mean has been used to see the essential features of a series of data enabling to compare the data and standard deviation has been computed to measure of

dispersion of a series. Developmental Psychopathology check list has been used to assess the state of mind of children in different areas and to know the emotional and behavior problem of the children. Highest scores of mean is found 8.05 which indicates that most of the children are suffering from developmental problems and stressful life.

Table No 2 Emotional & Behavior problems (Number of subjects scoring high on DPCL)

Scales of DPCL	Number of Subjects with significant scores (%)	Percentage (%)
Dev. History	(3) 163/250	65%
Dev. Problem	(5) 233/250 =	93.2%
Attention Deficit	(2) 16/250 =	6.4%
Conduct	(4) 59/250 = 59	23.6%
Learning Disability	(3) 35/250 =	14%

Emotional	(3) 176/250 =	70.4%
Somatic	(3) 127/250 =	50.8%
Psychoses	(3) 133/250 =	53.2%
Psycho-social factors	7/250	2.8%
Stress	248/250	99.2%
Temperamental Dimension	218/250	87.2%
Helpful factors	44/250	17.6%

Analysis

Table No 2 indicates that 163 children of developmental History out of 250 scored more that cut off scores (3) on DPCL which indicating that 65% of the subjects have dev. History problems and

233 children of developmental problem out of 250 scores more that cut off score (5) on DPCL which indicates that 93.2% of the children have developmental problems and 248 children of stress out of 250 scored more which indicates that 99.2% of the subjects have stressful life.

Table No 3 Self- esteem (scores of self- esteem inventory) N = 250

Dimension	Mean scored	Standard Deviation
General Self (GS)	11.76	2.499
Social Self Peers (SSP)	3.816	1.458
Home parents (HP)	3.51	1.375
Lie scale (LS)	4.04	1.406
Social Academic (S.A)	4.084	2.403

Table No 3

Self- esteem inventory has been used to know the self- esteem of the subject different areas. Mean has been used to see the essential features of a series of data enabling to compare the data and standard deviation has been computed to measure of dispersion of a series. Highest scores of mean are found 11.76 which indicate that most of the children have high self- esteem is general self. This test was developed by coppersmith (1987). It is described in

the book Antecedents of self -esteems santfrancisco Freeman. There are five subscales which cycle in sequence the length of the self- esteem inventory. The full SEI consisting of 58 items. Total number correct of all scales excluding lie 19. The lie scale is found 8 if the lie scale is high (5-8) the child may be presenting a rosier picture than the reality being experienced. The total SEI score is multiplied by two so that maximum score is 100 exam SEI is $27 \times 2 = 54$

Table No 4 Mental Health (N=250)

Mean scored	Standard Deviation	No. of subject with significant scored with% (More than 4)
8.008	1.456	154/250 = 61.6%

Table 4 indicates that 154 children out of 250 scored more that cut off score (4) on M.J. scoring question

indicating 61.6% of the subjects Possible mental health problem.

Table No 5 Quality of Community Life Questionnaire

Quality of com. Questionnaire	Mean Scored	Standard Deviation
Colleagues	6.18	1.375
Community efforts	6.44	1.003
Relatives	6.13	1.26
Family	6.14	1.1
Neighbors	5.89	1.354

Friends	6.1	1.34
Medical of other facilities	6.032	1.155
Social contact	5.964	0.914
Law 4 order	5.92	1.246
Cast and Religion	5.492	1.481

Social Discrimination 6.4 1.419

Quality of community life questionnaire has been used to assess perception of people and support facilities available to them. The individual's perception of life around him can be utilized to improve health and productivity. All people perceive life differently. Mean has been used to see the essential features of a series of data enabling to compare the data and standard deviation has been computed to measure of dispersion of a series.

Range of score for each factor 3-9 and range of score for all the factors. Quality of community life questionnaire has eleven (II) subscales 33-99 in different level. Table 5 indicates that colleagues, community efforts relative family, friends and medical & other facilities are available in the community in view of the above said that most of the children have quality of life in the community.

Table No 6 Relation between emotional & behavior problems & self- esteem of scoring

DPCL	General Self	Social self-peers	Home Parents	Lie scales	Social Academic
Dev. History	-0.184812 (.01)	-0.038222	-0.006387	-0.03827	-0.014458
Dev. Problems	-0.179424 (.01)	0.023929	-0.042038	0.025079	-0.037198
Attention Deficit	-0.073281 (.05)	-0.071637	0.010253	-0.020158	-0.012545
Conduct	-0.190962 (.01)	-0.023555	-0.000245	0.023098	-0.048955
Learning Disability	-0.096047(.05)	-0.039523	-0.059381	-0.05891	-0.062744
Emotion	-0.198517(.01)	-0.018478	-0.002151	-0.003037	-0.00041
Somatic	-0.229412(.01)	-0.060809	-0.072138	-0.029372	-0.025673
Psychoses	-0.239972(.01)	-0.032072	-0.052059	-0.009839	-0.003313
Psycho-social Factor	-0.126648(.05)	-0.08714	-0.039676	-0.054244	-0.007068
Stress	-0.191074(.01)	-0.009589	-0.058202	-0.019744	-0.052637
Temperamental Dimension	-0.115524(.01)	-0.005163	-0.077008	-0.013907	-0.003941
Helpful factors	-0.046001	-0.075731	-0.062042	-0.03056	-0.02718

Table 6 find the correlation between emotional & behavior problems and self- esteems of children. There are five subscales of self -esteem. The first scale of self -esteem is general self which is correlated with twelve types of developmental psychopathology which indicates that three variables (Attention deficit, Learning disorder and psycho-social factor) are significant on .05 level of confidence and rest variables are significant on .01 level of confidence which indicates that the self-esteem of children in general self is found low self-

esteem in the above mentioned areas and in the rest variables is found high self- esteem of children in general self.

Analysis of Data and Discussion of Results

The Major findings of the present study with the rag-picking children. Table no. 1 indicates that developmental psychopathology check list has been used to assess the state of mind of children and adolescents in different areas and to know the emotional and behavioral problems of the children. Highest Scores of mean is found 8.05 which

indicates that most of the children are suffering from developmental problems and stressful life.

Table No. 2 shows that 233 children of developmental problems out of 250 scores more than cut off score (5) on DPCL which indicates that 93.2% of the subjects have developmental problems and 248 children of stress out of 250 scores on DPC which indicates that 99.2% of the subjects have stressful life.

Table no. 3 shows that self-esteem inventory has been used to know the self-esteem of the subject in different areas. This inventory was developed by coopersmith (1987). It is described in the book antecedents of self-esteem san francisco freeman. There are five subscales which cycle in sequence the length of the self-esteem inventory. The full SEI consisting of 58 items. Total number of correct of all scales excluding lie 19. The lie scale is found 8 if the lie scale is high (5-8). The child may be presenting a rosier picture than the reality brings experiencing. The total SEI score is multiplied by two (2). So that maximum score is 100. Example-SEI is $27 \times 2 = 54$. Mean has been used to see the essential features of series of data enabling to compare the data and standard deviation has been computed to measure of dispersion of a series. Highest scores of mean is from 11.76. Which indicates that the most of the children have high self-esteem in general self.

Table 4 Indicate that 154 children out of 250 scored more than cut off score (4) on Mental health screening questionnaire indicating 61.6% of subjects possible mental health problems.

Table 5 Shows that quality of community life questionnaire has been used to assess perception of people and support facilities available to them. The individual's perception of life around him can be utilized to improve health and productivity. All people perceive life differently. Mean has been used to see the essential features of a series of data enabling to compare. The data and standard deviation has been computed to measure of dispersion of a series. Range of score for each factors : 3 - 9 and range of score for all the factors. Quality of community life questionnaire has eleven

(11) sub scores 33-99 in different level. Table indicates that colleague, community efforts, relative, family, friends and medical & other facilities are available in the community.

In view of above said data, the most of the children have quality of life in the community.

Table No. 6 Find the correlation between emotional & behavioral problems and self-esteem of children, there are five subscales of self-esteem. The first scale of self-esteem in general self which is correlated with Twelve (12) types of developmental psychopathology which indicates that three(3) variable of DPCL (Attention deficits, learning disorders and psycho-social factors) are significant on .05 level of significance and rest variables are significant on .01 level of significance which indicates that the self-esteem of children in general self is found low self-esteem in the above mentioned areas and in the rest variables in found high self-esteem of children in general self.

The results also indicate about the psychological disturbances in children and adolescents who are involved in rag-picking. Results suggest that parents, children and adolescents should understand the importance of the crucial stage of psycho-social development. During the phase of such problems, the children and adolescents prefer to workshop, Life skills, Counselling and they can also try their best to get relief from any kind of stress through prayer. Same trend was also studies by. Bearon and Koenig (1990) that prayer is central to most people's spiritual lives it serves as maker for many stressful and non-stressful events in people's spiritual lives. Another interesting fact was noticed that however rich or poor the students may be they are agree that they do not want others to known that there were some psychosocial problems in the family and confrontation between parents and adolescents.

Summary and Conclusion:

The Utilization of findings obtained from present study is highly important for better undertaking of psychosocial difficulties among rag-picking children at Seemapuri, N.D. This study has been initiated to explore the psycho social difficulties of children who are involved in rag-picking.

The present study concludes that most of the children are suffering from developmental problems and stressful life due to emotional and behavioral problems and stressful life. 99.2% of the subjects have stressful life and 61.6% of the subjects have possible mental health problems but when quality of community life questionnaire has been used to assess perception of people and it has been noticed that most of the support facilities are available to them in the community. According to correlation between emotional and behavioral problems and self-esteems, most of the subjects have low self-esteems.

In future research program may be planned to the parents also as well as consent to be taken from parents before collecting and analyzing the response of the subjects.

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Appendices:

1. Developmental psychology check list for children.
2. Self- esteem inventory: If should be used sensitively and research need to be caution about following it up with questions which might upset the child.
3. Quality of community life questionnaire This questionnaire contain some questions regarding perception of people and support facilities available to them. The knowledge about individual's perception of life around him can be utilized to improve health and productivity.
4. Children's mental health screening questionnaire-

Questions are given regarding the behavior and feelings of the child.