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ATTACHMENT STYLES, EMOTIONAL AND BEHAVIORAL PROBLEMS IN SHANTYTOWN AND MAINSTREAM SCHOOL GOING ADOLESCENTS

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# ABSTRACT OBJECTIVE



To investigate the relationship of attachment

styles and emotional and behavioral problems (EBP) in children living in shanty towns and mainstream.

# STUDY DESIGN

Cross sectional research design.

# PLACE AND DURATION OF STUDY

The study was conducted in different schools of shantytownandgeneral society.

# SUBJECTS AND METHODS

408 participants were selected (half of the sample from shanty town and half from main stream).Twogroups were selected with theage range of 12-18 years (M, 14.62, SD. 1.59). Attachment patterns Attachment Question­ naire for Children and the School Children's ProblemsScale were used to assess attachment stylesand emotional andbehavioral problems.

# RESULTS

The results indicate that shanty town adolescents had more ambivalent attachment with parents, further they scored significantly higher on Anxiousness, Academic Problems, Aggression and overall mental health problems than mainstream counterparts. Whereas, mainstream adolescents scored higher on Withdrawn and Somatic problems. Adolescents with Ambivalent attachment style tend to score significantly higher on Anxiousness, Rejection, Somatic andOverall SCPS.

# CONCLUSION

It can be concluded that shanty town adolescents had ambivalent attachment that mayleadto moreEBP.

# KEYWORDS

Shanty town, Mainstream School Children, Mental Health,Attachment Styles

# INTRODUCTION

The recent upsurge interest in study mental health functioning in children and adolescents has led to new discoveries in terms of identifying etiologies, risk factors, assessment modalities and preventative measures. Adolescence is an age and stage of many challenges that bring new demands for adjustment in all aspects of growth and development'·'. Changing roles and responsibilities, increasing social expectations and increasing demands may make an adolescent more vulnerable to develop emotional and behavioral problems'·'. A plethora of research evidence suggested that a large proportion of children and adolescents living in poor socioeconomic conditions suffer from serious mental health concerns that lead to serious negative outcomes in their academic, personal, emotional and social functioning'·'.

Literature has identified that there are two broad categories of mental health concerns in children and adolescents namely internalizing and externalizing problems. Emotional or internalizing problems that are due to over control of emotions, not observable and are difficult to detect early, include anxiety, sleep problems, sadness, and withdrawn behavior'·'. The other set is behavioral or Externalizing problems that result from under-control of emotions, thesecan be seen and observed such as aggression, disruptive behavior in the classroom, abusive language,stealing and hyperactivity''°.

Keeping in view of the increased prevalence, research is now focused on identifying the risk and protective factors that may lead or prevent adolescents from EBP. Attachment styleshave attained a great interest and become one of the promoting or preventing factors in such behaviors. Attachment theory postulates that secure parent-child relationship provides an internal working model that eventually becomes a template for future relationships with others". According to an attachment theory" the quality of attachment with the primary care attachment figure lays the foundation of how thechild buildsa view about oneself and others and tends to influence the growthand development of anindividual.

There are three attachment styles namely Secure Attachment, Avoidant attachment and Ambivalent attachment patterns. Children with secure attachment styles are more supportive, have healthy relationship with others and positive self-esteem", they show more empathetic behaviors, less aggressive and hostile behaviors". On the other hand, children with insecure attachment are more anxious, avoidant and ambivalent, they are likely to perceive their bond with their caregivers as inconsistent, less caring and rejecting". As a result, children with this attachment tend to have low self-esteem, low self-concept, feel worthless, and are unable to develop close and intimate relationship with others"·"·". Another type of insecure attachment is known as avoidant or dismissive attachment, where a child tends to perceive his care giver as indifferent". As a result, these children restrain their social

interaction, remain withdrawn and cultivate a fear to develop and maintain social relationships". To sum up the above literature, one can say that early parent-child



bondhas a long lasting influence on the emotionaland socialgrowth of an individual. Among the attachment styles, secure attachment style is related to more positive outcome and may play a role of a buffer against mental health problems of children and adolescents. Insecure attachment bond,on the other hand mayplay a role of a risk factor fordeveloping emotional and behavioral problemsin children. Another risk factor for developing emotional and behavioral problems is the living condition of an individual. Besides increased modernization, increased facilities and infrastructure, still a large proportion of world population is living in slum areas", where they develop their own living standard. Shanty town or slum areascan be defined as a large variety of people having low income, unemployment, and poor livings". There is a dearth of systematic studies that have looked upon the mental health functioning of children living in slums.Therefore, thecurrent research is anattempt to investigatesthe parent-child attachment style andemotional and behavioral problems in adolescents living in extreme slums and those living in mainstream conditions.

**Demographic Variables**

**Gender** Boys **Girls**

**Grade** 5th 6th 7th

8th

**Mainstream Shantytown**

*f (%in the group) f ('/oin the group)*

**Total**

*/(%)*

106(51)

101(49)

101(49)

100(51)

207(51)

201(49)

0(0)

42(21)

40(19)

47(22)

41(21)

16(8)

39(19)

27(14)

41(10)

58(14)

79(19)

74(18)

9th 10th

**Father's Education**

**Illiterate**

**Primary**

**Metric**

**College and above**

**Mother's Education Illiterate**

43(21)

35(17)

29(14)

49(24)

72(18)

84(21)

31(15)

21(10)

46(22)

109(53)

I07(53) 61(3 I)

23(11)

10(5)

138(34)

82(20)

69(17)

119(29)

34(16)

157(78)

191(47)

**Primary**

**Metric**

**College and above**

27(14)

52(25)

94(45)

34(17)

6( 3)

4( 2)

61(15)

58(14)

98(24)

## SUBJECTS AND METHODS

#### Participants

408 participants were selected with half of the sample from shantytown and half from mainstream with theage range of 12 to 18 years (M, 13.76 SD 1.51). Purposive sampling technique was used to select participants of both groups. Sample consisted of equal proportionof both boysand girls.

#### Instruments

A demographic Performa was developed for basic information of the participants including demographic variables like age, gender, school typeand parentaleducation.

### *School Children's Problems Scale (SCPS)'0*

The emotional and behavioral problems of adolescents were measured through School Children's Problems Scale (SCPS) comprising 6 subscales namely Anxiousness, Academic Problems, Aggression Withdrawal, Rejection andSomatic Problems.SCPShasa 4 point rating scaleand response optionsinclude"Never, sometimes, rarely and often".SCPS isfound to have high internal consistency,test retest reliability andconcurrent validity".

### *Attachment Questionnaire for Children (AQC)"*

The AQC is a 1-item self-report questionnaire to measure three attachment styles in children and adolescents. The measure classified adolescents according to one of three attachment styles: Secure Avoidant, or Ambivalent. The age range was 9-18 for this questionnaire.

#### Procedure

After the approval from ethical committee, official permission was sought from school authorities and from the parents of participants. Total five schools of shanty towns and 3 mainstream schools were visited for the purpose of data collection. All participantswere tested in a group of 15. All participants were assured about the confidentiality and anonymity of research data and they were given

the right to withdraw from testing. Research participants were provided research protocol comprising Demographic Form, SCPS and AQC. It took about 10 minutes to complete the protocol. A debriefing session was carried out at the end of the testing for any quarries andfeedback.

## RESULTS

Table 1 indicatesthe demographic characteristicsof the participants of the mainstream and shantytown children. Majority of the parents were illiterate.

**Table I**

Frequencies, and Percentages of Demographic Characteristic of the

**Participants**

**Table 2**

Frequencies, and Percentages of three Allachment Panems Across School Type (n=408)

|  |  |  |  |
| --- | --- | --- | --- |
| **Attachment Patterns**  **Secure** | **Mainstream**  *f ('/o in the group)*  **(55)113** | **Shantytown**  *f (% in t/,e group)*  **(40)8o** | **Total**  */(%)*  **(47)193** |
| **Avoidant** | **(22)46** | **(25)51** | **(24)97** |
| **Ambivalent** | (23)48 | **(35)70** | **(29)118** |

The table indicated that participantsof mainstream school had more secure attachment (55%) than the shantytown schools(40%).On the other hand, adolescents of shantytown had more Ambivalent attachment pattern (35%) than mainstream counterparts.

Resultsindicated that the participantsof shantytown schoolsscored significantly higher on Anxiousness, Academic Problems, Aggression

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and overall mental health problems than mainstream counterparts. individual tend to experience a great deal of upheaval in the growth Whereas, mainstream adolescents scored higher on Withdrawn and and development. The changes that experienced by adolescents' Somatic problemsfactor thanshantytown children(see table3). ranges from biological, psychological, emotional and social. It is a Results indicated that adolescents with Ambivalent attachment style crucial age for the teenagers in which they face many challenges as tend to score significantly higher on Anxiousness, Rejection, Somatic they have to adjust in their family, society and as well as in personal and Overall SCPS score than those who are secure or avoidant life. It is evident from the literature that many changes occur in the attachment with parents (see table4). personality characteristics of a teenager'.The changing demands are the natural processes of growth and development and many

**Table** 3 individual pass through this stage successfully but failure to adjust Means, Standard Deviations and p values of Mainstream (n= 207) and with the changing roles and responsibilities may lead to emotional Shantytowns (n= 201) on 6 Factors and Total Scores of School Children and behavioral problems".

Problem Scale

Attachment styles and residential area of an adolescent was a major focus of this research. Literature has revealed that insecure attachment styles and living in socially disadvantage place may play arole of risk factor in the development of mental health problems"". Findingsof the current research revealed that a significant difference was found between mainstream and shantytown adolescents on mental health functioning.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Factors** | **Groups** | **M** | **SD** | I | **p** |
| Anxiousness | Mainstream | 12.14 | 7.40 | 3.22 | .001... |
| Shantytown | 15.24 | 16.58 |
| Academic Problem | Mainstream | 7.70 | 4.62 | 3.91 | .001\*\*\* |
| Shantytown | 11.65 | 4.20 |
| Aggression | Mainstream | 6.00 | 5.70 | 2.51 | .01\*\* |
| Shantytown | 7.25 | 4.21 |
| Withdrawal | Mainstream | 9.62 | 4.41 | 2.39 | .01\*\* |
| Shantytown | 7.78 | 3.85 |
| Rejection | Mainstream | 3.94 | 3.63 | .52 | .59 |
| Shantytown | 4.12 | 3.30 |
| Somatic | Mainstream | 7.31 | 2.70 | 3.19 | .001\*\*\* |
| Shantytown | 4.31 | 2.63 |
| SCPS Total | Mainstream | 42.66 | 21.83 | 3.56 | .001••• |
| Shantytown | 46.14 | 30.32 |
|  | | | | |  |

As discussed earlier, that attachment styles also become a risk or protective factor against mental healthconcerns.Consistent with the literature", adolescents with insecure attachment pattern tend to show more emotional and behavioral problems than those with secure attachment. It is interesting to note that ambivalence in parent-child relationship is significantly related to mental health concerns. This is perhaps inconsistency and lack of affection from caregiver put an individual in a state of confusion and conflict that might result into poor adjustment with ever changing demands of the adolescence ageand stage.

*df=406,\*\*p<0.01,\*\*\*p<0.001*

**Table 4**

One way Analysis of variance of three patterns of attachment (Secure, Avoidant and Ambivalent) and SCPS Score (n=408)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Secure**  (n=i93) | | **Avoidaul**  (n=97) | | **Ambivaleul**  (n=I18) | |  | |
| **Factors** | **M** | **SD** | **M** | **SD** | **M** | **SD** | **r** | **p** |
| Anxiousness | 11.53 | 6.93 | 13.42 | 6.75 | 15.65 | 7.33 | 3.97 | \*\*\*001. |
| Academic | 7.49 | 4.51 | 8.30 | 4.72 | 7.49 | 3.94 | 1.26 | .28 (ns) |
| Aggression | 6.83 | 540 | 6.45 | 4.56 | 6.44 | 4.88 | 29 | .74(ns) |
| Withdrawal | 7A7 | 4.02 | 7.82 | ,.,,, | 10.99 | 4.39 | 62 | .53(ns) |
| Rejection | 3.51 | 3-36 | 4.25 | 3.55 | '"' | 34" | '·"' | \*\*\*001. |
| Somatic | 3-92 | '"' | 400 | *2.48* | .... | *2.13* | 307 | \*04. |
| SCPS Total | 40.78 | 20.33 | 44.26 | 20.32 | 47.94 | }7.02 | ,.o& | 0•001. |
|  |  |  |  |  |  |  |  |  |

*between Group df=2, Witl,in Group df=405, Total Group df=407 \*p<0.05,*

*\*\*\*p<0.01,*

As discussed above that the adolescents of shantytown had more avoidant andambivalent attachment with their parents as compared with mainstream counterparts. The reason of the ambivalent attachment style could be that the parents were struggling to earn, they lacked basic facilities, lacked proper family set up, they did not spend a quality of time with their kids due to extreme poverty and low socio-economic status.They did not have the time to spend with each other that might be the cause of their unhealthy attachment with their parents that was leading the adolescents towards the mental healthproblems.

## CONCLUSION

The living area as the shantytown itself is a risk factor for emotional and behavioral problems. The insecure attachment and the unhealthy relationship with their parents is also a risk factor for mental health problems, Overall, the study can help increasing awareness and social change in the acceptance of adolescents who belongs to shantytown. Moreover, counseling strategies and community awareness planscan be devised to increase acceptance inthegeneral community.

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