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Incidence rates of emotional and behavioural problems in Malaysian children as measured by parent ratings of the Strengths and Difficulties Questionnaire



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ABSTRACT

Background: The aim of this study was to ascertain the rates of emotional and behavioural problems (emotional problems, conduct problems, hyperactivity, peer problems, and low prosocial behaviour) of Malaysian children.

Methods: In all 1407 Malaysian parents completed ratings of their children using the Strengths and Difficulties Ouestionnaire.

Results: The findings indicating that for these emotional and behavioural problems, about 5% are at the abnormal level and that another 10% are at the borderline abnormal level. This study also provided normative cut-off scores to ascertain borderline and abnormal bands for these problems. *Discussion:* The clinical and cultural implications of the findings are discussed.

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1. Introduction

It is generally recognized that incidence and prevalence data of mental problems can contribute to the development of mental health services. To date, only one study has examined the rates of mental disorders in Malaysian children (Kasmini et al., 1993). The sample comprised 507 children (mostly Malays), between 1 and 15 years, from a rural fishing village. The overall rate (that included mental retardation) was 6.1%. In terms of specific sets of problems, the rates for neurosis/emotional disturbance, special symptoms (enuresis, stammering, and sleep problems), disturbance of conduct, and hyperkinetic syndrome were 1.8%, 1.4%, 0.2%, and 0.2%, respectively. Although these findings are useful, they are limited. First the findings were reported 20 years ago. Second, the sample was not representative of the Malaysian population. Third, the specific sets of problems that were reported do not align with current nosological models of children's problems, such as that available in the Strengths and Difficulties Questionnaire (SDQ, Goodman, 1997).

The SDQ, which is available free of charge in more than 60 languages (www.sdqinfo.com), is a rating scale for screening the

emotional and behavioural problems of children, aged 4–16 years (Goodman, 1997). The selection of the SDQ items and their organization into the appropriate scales concur with current nosological models. The SDQ has scales for emotional problems, conduct problems, hyperactivity, peer problems, and prosocial behaviour (Goodman, 1997). The prosocial behaviour scale reflects strengths. The SDQ also provides a total difficulties score that is the total for the other four (problem) scales.

The SDQ has demonstrated sound psychometric properties in different cultures, including Asian countries (Achenbach et al., 2008; Woerner et al., 2004). A recent review concluded satisfactory support for various forms of reliability (internal consistency, and test–retest) and validity (construct, predictive, and concurrent) for the SDQ (Stone et al., 2010). Worldwide, the SDQ is one of the most often used measure for screening children's emotional and behavioural problems (Meltzer et al., 2000).

In the initial validation study of the SDQ, conducted in the United Kingdom, Goodman (1997) categorized children into three bands, so that approximately 80% of the children were in the normal range band, the next 10% were in the borderline band and the top 10% were in the abnormal band. For each scale, the total score above the target percentile was selected as the cut-off score for that band. Goodman has pointed out that as the cut-off scores may vary by culture, different cut-off scores need to be computed for different cultures. Also, these cut-off scores can be used to establish borderline abnormal and abnormal rates for the different emotional and behavioural problems.

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The primary aim of this study was to ascertain the rates of emotional and behavioural problems of Malaysian children, using parent ratings of the SDQ. Rates were obtained for total difficulties, emotional symptoms, peer problems, conduct problems, hyperactivity, and prosocial behaviour. To achieve this goal, we first derive the corresponding normative cut-off scores for borderline and abnormal levels using the procedure used by Goodman (1997). As ratings can be influenced by a child's age, sex, socioeconomic status (SES) and ethnicity, we first examined the effects of these on the SDQ scores.

2. Method

2.1. Participants

The participants were 1407 caregivers (primarily parents, and henceforth referred to as parents) of primary school children from twelve schools in Klang Valley of the State of Selangor in Malaysia. These respondents provided ratings for 616 (43.8%) boys and 791 (56.2%) girls, aged between 5 and 13 years. The mean age (SD) for boys was 9.80 years (1.79), and it was 9.83 years (1.81) for girls. There was no significant difference for age between boys and girls, t (1405) = 1.28, ns. In terms of ethnicity, 736 were Malays, 381 were Chinese, 226 were Indians, 17 belonged to the others category, and 47 participants did not provide this information. The percentages of Malays, Chinese, Indians, and others of those who provided this information were 54.3%, 28.0%, 16.1%, and 1.3%, respectively. For Malaysia as a whole, the figures are 61.5% Malays. 26.4% Chinese, 10.5% Indian, and 1.6 others (Department of Statistics, Malaysia, 2010). The ethnic distribution of the study sample did not differ significantly from the Malaysian population, $\chi^2(3) = 1.70$, ns. In terms of educational attainment, most parents completed primary and secondary education, and the majority of fathers were in skilled/semi-skilled (e.g., technicians and associated technicians, 25%) and service-related (e.g., service workers in shops and markets; 40%) occupations. Professionals (e.g., teachers, nurses, doctors, etc.) constituted around 10%.

2.2. Measure

The parent version of the SDQ (Goodman, 1997), described in the introduction, was used. Parents were provided both English and Malay versions (downloaded from the SDQ website; www.sdqinfo.com) of the SDQ, with instructions to select any one version. There were 25 items, and these items were rated as either "not true" (scored 0) or "somewhat true" (scored 1) or "certainly true" (scored 2). Five items are reverse-scored. For the current study, the Cronbach's alpha for the full measure was 0.58. They were 0.66, 0.55, 0.58, 0.48, and 0.18 for prosocial behaviour, hyperactivity/inattention, emotional symptoms, conduct problems, and peer problems, respectively.

2.3. Procedure

Prior to data collection, ethical approval for the study was obtained from the University of Tasmania Social Sciences Human Research Ethics Committee. Following this, approvals were sought from the relevant authorities for distributing the relevant documents, including the dissemination of SDQ to parents through schools. Initially, approval were obtained from the Research Promotion and Coordination Committee, Economic Planning Unit (EPU), Prime Minister's Department, Malaysia, to conduct the research through the primary schools in Klang Valley in the State of Selangor in Malaysia. Following this approval, additional approvals were obtained from State Department of Education for both Federal Territory of Kuala Lumpur and Selangor.

According to the Department of Statistics Malaysia (2010), the 2010 midyear population census showed the Klang Valley population was 26% of the total Malaysian population of 28.5 million. School in this region were selected for participations using the multi-stage random sampling technique (Calmorin & Calmorin, 2007). Accordingly, the schools were divided into a hierarchy of units and random sampling, with probability proportional to size, applied to select schools. Briefly, the districts and zones located in the Klang Valley region were divided into two first stage units: the State of Selangor, and the Federal Territory of Kuala Lumpur. Two out of the four Selangor districts and one of the four Federal Territory zones were randomly chosen to be included in the study. The units were the Petaling districts, Hulu Langat districts and Bangsar zone. There were a total of 269 schools in these units (50% from Petaling district; 32% from Hulu Langat district; 18% from Bangsar Zone). Based on the list of the school postcodes, nine schools from Petaling district, six schools from Hulu Langat district and three schools from Bangsar zone were selected using a random number generator. Eighteen primary schools in the Klang Valley region made up the ultimate units. Principals of the selected schools were contacted to further determine their interest in participating in the study. Out of the 18 schools contacted, fourteen agreed to receive information regarding the study. Finally, 12 schools agreed to participate.

Following approvals from the school principals of the 12 schools, classroom teachers were issued with the appropriate number of large sealed envelopes to be forwarded to parents, through their students. Each envelope contained a plain language statement providing the background of the study, and a set of questionnaires, including the SDO. To minimize bias in ratings, the letter to parents indicated that the study was examining aspects of childhood behaviour. Parents were requested to participate in the study by completing the questionnaires. They were also asked to provide the child's age, gender and ethnic/racial background. Parents were requested to return the completed questionnaires to the teachers through their children. The researcher then collected the completed envelopes from the schools. About 2500 parents of primary school children were invited to take part in the study. In all, 1407 parents completed the SDQ, giving a response rate of 56.3%.

3. Results and discussion

3.1. Effects of SDQ versions on SDQ scores

Initially, we used *t*-test to examine if the different difference language versions (Malay and English) impacted on the scores of the SDQ. Parent completed 830 Malay versions, and 577 English versions. Although details are not show here because of space limitation, the results indicated difference in mean scores for only emotional symptoms, t (1405) = 2.29, p < 0.05, with the score being higher for the Malay version (mean = 2.33, SD = 1.84) than the English version (mean = 2.10, SD = 1.80). The effect size of this difference was however negligible (Cohen's d = 0.13), thereby suggesting that this difference was of little importance.

3.2. Effects of age and gender on SDQ scores

The effects of gender and age were examined using 3 (age: 5–7, 8–10, 11–13 years) \times 2 (gender: male, female) ANOVAs, separately, for each SDQ score. While the mean and standard deviation scores and the results of the ANOVAs are not provided in this paper (due to space limitation), they are available from the authors. The results for the ANOVAs showed no significant main effects for age and sex, and no age \times sex interaction effects for all scores, except prosocial behaviour. For prosocial, there was no significant main

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