

Psychosocial Strength and Difficulties Among Normal Conceived Children: A Study in a Tertiary Care Hospital in Bangladesh

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Abstract

Background: Children conceived naturally, without assisted reproductive technologies, are considered normal. Psychosocial strength in children includes emotional resilience, coping skills, interpersonal abilities, and overall mental health. Difficulties refer to challenges and obstacles that may impact psychosocial development in individuals. This study aimed to assess the psychosocial strength and difficulties among normally conceived children. Material & Methods: This retrospective observational study was conducted in the Combined Military Hospital, Dhaka, Bangladesh from September 2017 to September 2022. In this study, 50 parents and their naturally conceived children were enrolled using purposive sampling. MS Office tools were employed for data analysis. Results: In this study, 58% of subjects scored close to the average difficulty level, with a mean of 13.38 ±5.89. Additionally, 12% of subjects showed raised or lowered difficulty scores, 6% exhibited high or low scores, and 24% had very high or low scores. Concerning the emotional problems, conduct problems, hyperactivity, peer problems, and pro-social category, the mean $\pm SD$ scores were 2.20 ± 2.13 , 4.48 ± 1.69 , 3.76 ±1.95, 2.94 ±1.41 and 5.86 ±1.93 respectively. Conclusions: In Bangladesh, normally conceived children generally demonstrate psychosocial functioning scores close to the average difficulty. Further research is essential to identify factors influencing these challenges and to formulate specific interventions for supporting the psychosocial well-being of these children.

Keywords:- Psychosocial strength, Difficulty, Normal conceived children, Pro-social category, Closer to average, Emotional problems.

INTRODUCTION

Emotional, behavioral, and psychiatric issues in children are a significant public health concern, particularly in developing countries. [1] Childhood psychosocial dysfunction, including aggressive behavior and anxiety, is common

and can restrict daily functioning. [2] Population-based studies indicate that 20% of children experience psychosocial problems. These issues incur societal costs and are a major reason for seeking healthcare. [1] Early intervention is crucial, as childhood behavioral problems may worsen and persist into adulthood. [3] Childhood



psychosocial dysfunction, a prevalent chronic health condition, significantly impacts academic achievement and social development.[4] **Factors** like inconsistent parenting, family issues, abuse, chronic illness, and separation can contribute to these disorders. [5] Reciprocal emotional bonding with caregivers is crucial for healthy development during childhood. 6 Studies report prevalence estimates ranging from 19.0% to 34.7%, varying age, methods, and samples.[7.8] The significant gap between prevalence rates and treated childhood psychosocial dysfunctions may be attributed to mental health care stigma.^[9] These dysfunctions are often multifactorial, influenced by factors like developmental stage, temperament, family coping abilities, and stress nature.[10,11] Chronic stressors pose greater challenges than isolated events. Community pediatric services, as seen in the USA and the Netherlands, play a crucial role in detecting psychosocial problems among children.[11] The Preventive Child Healthcare (PCH) in the Netherlands explicitly focuses on early detection. The health examination, covering both physical and mental health, leads to referrals for necessary care. [9] Primary Health Care (PHC) reaches 95% of children, but without reliable questionnaires, many with mental health issues may be overlooked.8 Unfortunately, only 13% of children with behavioral or emotional problems are referred to mental health care. [12] Utilizing reliable questionnaires can enhance early detection, leading to improved prognoses through effective treatment.[13]

MATERIAL AND METHODS

This was a retrospective observational study that was conducted in the Combined Military

Hospital, Dhaka, Bangladesh from September 2017 to September 2022. In this study, 50 parents and their naturally conceived children took part filling out a socio-demographic by questionnaire and the Strength and Difficulties Questionnaire. Neurodevelopmental disorders, diagnosed according to DSM-IV criteria, were evaluated. Caregivers were provided with a clear explanation of the study's objectives and procedures, and informed consent was obtained. Participants had the choice to decline participation. The questionnaire, encompassing socio-demographic variables, administered, and the collected data were analyzed using MS Office tools.

RESULTS

In the current study, concerning the emotional problems category of participants, the majority of cases (60%) were observed to fall into the close-to-average category. Additionally, 8%, 16%, and another 16% were identified in the slightly raised or lowered, very high/low, and high/low categories, respectively. Regarding the conduct problems category of participants, it was noted that nearly one-third of the cases (32%) were situated in the close-to-average category. Additionally, 26%, 18%, and 26% of cases were identified in the slightly raised or lowered, very high/low, and high/low categories, respectively. In the hyperactivity category of participants, it was observed that the majority of cases (78%) were situated in the close-to-average category. Additionally, 6%, 14%, and 2% of cases were identified in the slightly raised or lowered, very high/low, and high/low categories, respectively. In the analysis of the peer problems category, approximately 44% of cases were in the close-toaverage category, followed by 28% in the



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slightly lowered raised or category. Additionally, 8% were in the very high/low category, and 20% were in the high/low category. In peer problems analysis, 44% were close to average, 28% slightly raised/lowered, 8% very high/low, and 20% high/low. In the evaluation of the pro-social category, 36% of participants were high/low, 34% were close to average, while 8% and 22% were in the slightly raised/lowered and very high/low categories, respectively. The findings of this study indicate that 58% of subjects scored close to the average difficulty level, with a mean total difficulty score of 13.38 and a standard deviation of 5.89. Additionally, 12% of subjects showed raised or lowered difficulty scores, 6% exhibited high or low scores, and 24% had very high or low scores.

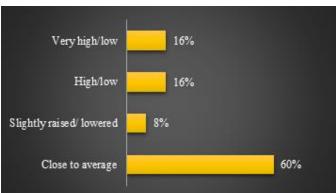
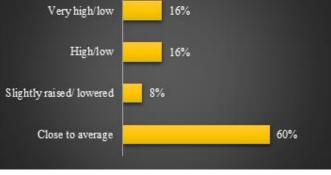


Figure 1: SDQ scoring: Emotional problems



Very high/low 24% High/low 18% Slightly raised/lowered 26% 32% Close to average

Figure 2: SDQ scoring: Conduct problems

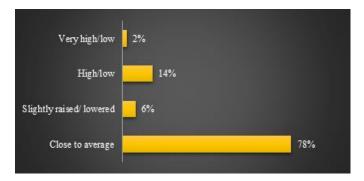


Figure 3: SDQ scoring: Hyperactivity

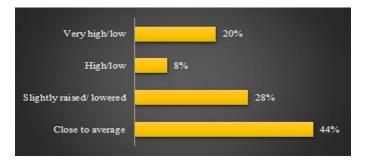


Figure 4: SDQ scoring: Peer problems

Table 1: Total difficulty score (SDO)

|) (~) | | | | |
|-------------------------------|----|-----|------------|--|
| Total difficulty score | n | % | Mean+ SD | |
| Close to average | 29 | 58 | 13.38+5.89 | |
| Raised/lowered | 6 | 12 | | |
| High/low | 3 | 6 | | |
| Very high/low | 12 | 24 | | |
| Total | 50 | 100 | | |



Table 2: SDQ scoring: Pro-social

| Total difficulty score | % |
|-------------------------|-----|
| Very High and Low | 22 |
| High/low | 36 |
| Slightly raised/lowered | 8 |
| Close to average | 34 |
| Total | 100 |

DISCUSSION

In the current investigation, an examination of the emotional problems category revealed that the majority of cases (60%) fell within the closerto-average category. Additionally, 8%, 16%, and another 16% were classified as slightly raised or lowered, very high/low, and high/low, respectively. The prevalence of emotional problems in the study population was determined to be 22.7%, while a similar study 20% incidence of conduct reported problems.[14] In the analysis of the conduct problems category, it was noted that nearly onethird of cases (32%) were in the closer-toaverage range. Furthermore, 26%, 18%, and 26% of cases were categorized as slightly raised or lowered, very high/low, and high/low, respectively. Consistent with findings from another study, a robust negative correlation was identified between child behavior and both conduct and hyperactivity scores.[15] In the context of the current study's assessment of hyperactivity problems, it was noted that the majority of cases (78%) were classified as closer to average. Additionally, 6%, 14%, and 2% of cases were categorized as slightly raised or lowered, very high/low, and high/low, respectively. Another study reported that 9.5% of the study population exhibited peer and hyperactivity problems.[16] When examining the peer problems category, approximately half of

the cases (44%) were identified as closer to average, followed by slightly raised or lowered (28%), very high/low (8%), and high/low (20%) categories. In terms of the pro-social category, it was noted that more than one-third of participants fell into the high/low (36%) and close to average (34%) categories. Additionally, 8% and 22% of cases were categorized as slightly raised or lowered and very high/low, respectively. Only 2.4% exhibited social problems, which contradicts findings from a previous study.[16] Regarding the total difficulty score of subjects in the current study, the majority of cases (58%) scored close to average, while very high/low scores were observed in 24%. In another study, the total difficulty score indicated a majority near average (40.4%) and very high/low (23.4%) with a mean value of 2.1702.[17]

Limitation of the Study

The study faced various limitations, notably a small sample size and a relatively confined age range of participants. These limitations hinder the generalizability of the findings and prevent the exploration of potential developmental variations in psychosocial functioning across diverse age groups. Moreover, the retrospective design of the study introduces the possibility of recall bias and other methodological constraints.



CONCLUSIONS

Normally conceived children in Bangladesh generally exhibit psychosocial functioning scores close to the average difficulty underscores the need for a comprehensive understanding of the factors influencing child development in this context. While this finding suggests a certain level of normative psychosocial functioning, it is essential to explore the specific cultural, environmental, and societal factors that contribute to these

outcomes. Further research in this area can provide valuable insights into the nuanced dynamics of child development in Bangladesh, informing the design of targeted interventions and support systems to optimize the psychosocial well-being of children in the country. By tailoring strategies to the unique context, healthcare professionals and policymakers can work towards fostering positive psychosocial outcomes for the children of Bangladesh.

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