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A study to assess the child dissociative behavior among school going children at selected schools, Puducherry

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Abstract

Introduction: Dissociative disorders arise as the result of trauma and stressful situations. Those people with dissociative disorder may have experienced physical, sexual or emotional abuse during childhood. The children subjected to long-term physical, sexual or emotional abuse or, less often, a home environment that's frightening or highly unpredictable. Psychotherapy is the primary treatment for dissociative disorders. This form of therapy, also known as talk therapy, counselling or psychosocial therapy, involves talking about your disorder and related issues with a mental health professional.

Objectives of the study: The main objective of the study to assess the child dissociative behavior among school-going children and associate the child dissociative behavior among school going children with their selected demographic variables.

Methodology: The research approach used for this study was quantitative research approach. A descriptive research design was adopted for this present study. By using convenient sampling technique, 50 school going children were selected for the present study.

Results: the present study reveals that, majority 36 (72%) had low level of dissociate behaviour, 13 (26%) had moderate level of dissociate behaviour and 1 (2%) had high level of dissociate behaviour. The data shows that there was a significant association between socioeconomic status and child dissociative behaviour among school going children.

Conclusion: The study findings concluded that majority of school going children having low level of dissociate behaviour and some school going children having moderate level of dissociate behaviour. There was a significant association between socioeconomic status and child dissociative behaviour among school going children.

Keywords: Dissociative disorder, child dissociative behaviour, assess, School going children

Introduction

Dissociation, derived from the French word "désagrégation," is an altered state of consciousness that disrupts the integration of psychological functions and deteriorates memory, cognition, and emotion. It is a psychoneurotic disorder where anxiety is either directly felt or unconsciously controlled by various defense mechanisms. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), dissociative disorders are mental disorders where a person experiences a disconnection and lack of continuity between thoughts, memories, surroundings, actions, and identity. These disorders can cause problems with everyday life and can be associated with previous trauma.

Dissociative disorders can arise from childhood trauma, such as physical, sexual, or emotional abuse, or from war or natural disasters. People with dissociative disorders are at increased risk of complications and associated disorders, such as self-harm, suicidal thoughts and behavior, sexual dysfunction, alcoholism, depression, anxiety disorders, posttraumatic stress disorder, personality disorders, sleep disorders, nightmares, insomnia, eating disorders, and physical symptoms.

Diagnosis of dissociative disorders involves assessment of symptoms and ruling out any medical conditions that could cause symptoms. Treatment for dissociative disorders may vary based on the type of the disorder, but medications like antidepressants can help manage moderate-to-severe depression. Some people with anxiety may experience side effects of these drugs, such as nausea, constipation, diarrhea, low blood sugar, and weight loss.

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Psychotherapy is the primary treatment for dissociative disorders, which involves talking therapy, counseling, psychosocial therapy, cognitive-behavioral therapy, hypnosis, antidepressants, and anti-anxiety medications. Seeking help from trusted individuals, resources, and therapists can help manage and treat dissociative disorders.

Need for the study

Dissociative disorder affects 1.5% of overall population of the world. This dissociative disorder usually develops as a result of childhood trauma and stressful life experience during childhood. Most of the dissociative disorders were diagnosed in later stage or misdiagnosed as other disorder. So the treatment for dissociative disorders is an life long process, when it diagnosed in later stage. This study will help to assess the child dissociative behavior among school going children which results in early diagnosis and good prognosis.

The global prevalence of dissociative disorder is estimated at 2.4% of general population. Approximately 1% of men and women have dissociative amnesia. Dissociative identity disorder has a prevalence of 1.3% in the general population. Approximately 2% of the general population goes on to develop a depersonalization - derealization disorder. Dissociative fugue has a prevalence of 0.2% in the general population.

The proportion of patient diagnosed with dissociative disorder ranged between 1.5 and 15.0 per 1000 for outpatients and between 1.5 and 11.6 per 1000 for inpatients. The majority of patients were diagnosed with dissociative motor disorder (43.3% outpatients, 37.7% inpatients), followed by dissociative convulsions (23% outpatients and 27.8% inpatients). The prevalence rate of dissociative disorder is about 22.6% in general population.

Statement of the problem

A study to assess the child dissociative behavior among school going children at selected schools, Puducherry.

Objectives of the study

1. To assess the child dissociative behavior among school-going children
2. To associate the child dissociative behavior among school going children with their selected demographic variables.

Research methodology

A quantitative research approach and descriptive design was selected for the present study. The study was conducted in Bharatha Devi English High School, Madagadipet, Puducherry. The study population comprised of all school-going children. The sample of the study consists school-going children aged 12 to 16 years at selected schools in Puducherry who meet the inclusion criteria. The sample size consists of 50 school-going children at selected schools. Using a convenient sampling technique the samples were selected for the present study. The tool consists of demographic data and Standard Adolescent Dissociative Experiences Scale-II (A-DES) which was used to assess the child dissociative behaviour among school-going children.

The outcome of the study was evaluated by using descriptive and inferential statistics.

Major finding

Regarding the age, the majority 36 (72%) were in the age of 12 to 14 years. In the aspect of gender, majority 26 (52%) were male and 24 (48%) were female. Regarding education, majority 49 (98%) were completed high school and 1 (2%) were completed middle school. In the aspect of residence, result shows that 44 (88%) were living in rural area and 6 (12%) were living in urban area. Regarding religion, data shows that majority 46 (92%) of the school children were Hindu and 4 (8%) were Muslim. Regarding family income, data shows that majority 23 (46%) were had income in the range of Rs.5000 to 10000 per month, 22 (44%) were had income more than Rs.10000 per month and 5 (10%) were below Rs. 5000 per month. In the aspect of occupation of father, data shows that majority 28 (56%) were working in private sector, 18 (36%) were come under in others, 2 (4%) were working in government sectors.

In the aspect of occupation of mother, data shows that majority 35 (70%) were home maker, 7 (14%) were works in private sector, 3(6%) were working in government sectors and 5(10%) were daily wage. Regarding socioeconomic status, majority 44 (88%) were middle class. In the aspect of family history of psychiatric illness, majority 45 (90%) had no family history. In the aspects of type of family, 35 (70%) were in nuclear family and 15 (30%) were in joint family

Results and Discussion

The study was conducted study to assess the child dissociative behavior among school going children at selected schools, Puducherry. The present study reveals that majority 36 (72%) had low level of dissociate behaviour, 13 (26%) had moderate level of dissociate behaviour and 1 (2%) had high level of dissociate behaviour.

The data shows that there was a significant association between socioeconomic status and child dissociative behaviour among school going children where $p < 0.05$.

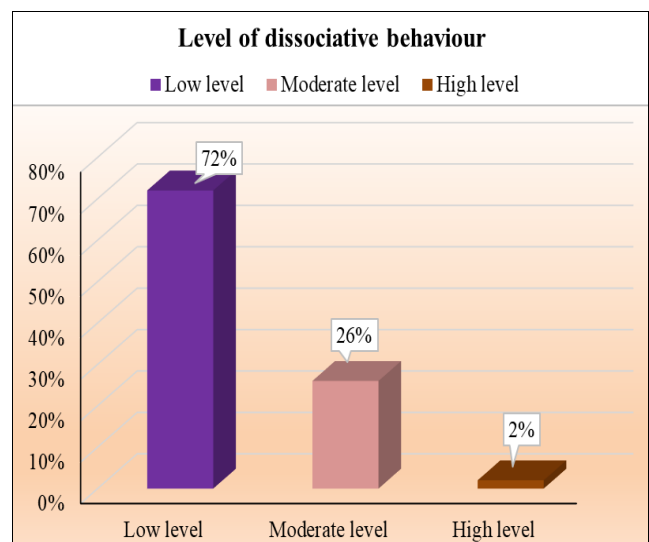


Fig 1: Bar diagram shows level of dissociative behaviour among school children

Table 1: Frequency and Percentage-Wise Distribution of demographic variables of school going children

S.no	Demographic variables	Frequency	Percentage
		N	%
1.	Age		
	a) 10 to 12 years	14	28%
	b) 12 to 14 years	36	72%
	c) 14 to 16 years	0	0%
2	Gender		
	a) Male	26	52%
	b) Female	24	48%
	c) Transgender	0	0%
3	Education		
	a) Middle school	1	2%
	b) High school	49	98%
	c) Higher secondary school	0	0%
	d) Other	0	0%
4.	Residence		
	a) Rural	44	88%
	b) Urban	6	12%
5.	Religion		
	a) Hindu	46	92%
	b) Muslim	4	8%
	c) Christian	0	0%
	d) Other	0	0%
6.	Family's Monthly Income		
	a) Below ₹5000 per month	5	10%
	b) ₹5000 to ₹10,000 per month	23	46%
	c) More than ₹10,000 per month	22	44%
7.	Occupation of Father		
	a) Daily wage	2	4%
	b) Private sector	18	36%
	c) Government sector	2	4%
	d) Others	28	56%
8.	Occupation of Mother		
	a) Daily wage	5	10%
	b) Private sector	7	14%
	c) Government sector	3	6%
	d) Home maker	35	70%
9.	Socio economic Status		
	a) Low	2	4%
	b) Middle	44	88%
	c) High	4	8%
10.	Family History of psychiatric illness		
	a) Yes	5	10%
	b) No	45	90%
11.	Type of Family		
	a) Joint family	15	30%
	b) Nuclear family	35	70%
	c) Single parent family	0	0%
12.	Number of siblings		
	a) One	37	74%
	b) Two	9	18%
	c) Three	1	2%
	d) None	3	6%
13.	Any substance abuse		
	a) alcohol	0	0
	b) smoking	0	0
	c) others	0	0
	d) None	50	100%
14	History of trauma		
	a) 0 times	29	58%
	b) 1 to 2 times	17	34%
	c) More than 2 times	4	8%
15.	Source of Health Information		
	a) Mass media	45	90%
	b) Health personnel	5	10%
	c) Relatives	0	0%
	d) Others	0	0%

Table 2: Frequency and Percentage-Wise Distribution level of child dissociative behaviour among school going children N = 50

S. No	Level of knowledge	Frequency (n)	Percentage %
1.	Low level	36	72%
2.	Moderate level	13	26%
3.	High level	1	2%

Conflict of Interest

Not available

Financial Support

Not available

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