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Content Analysis on Psychosocial Developmental Factors of Children Based on Developmental Perspectives

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Abstract: ***Developmental psychopathology is a discipline with in developmental, with special emphasis on psychology. From the developmental perspectives one can unravel the multiple aetiological contributors, and effective intervention strategies can be planned in terms of remedial work, family therapy or various terms of psychological therapies. In India the study of child psychopathology from a developmental context should ideally take into account the specific Indian context for age and gender differences, developmental history and temperament along with psycho-social correlates such as family interaction, stressors, and social supports. Selected the factors such Developmental History and developmental problems of the child, Psychopatholgy, Psychosocial factors which includes family history and interpersonal relationships and temperamental dimensions for the content analysis which influencing the developmental perspectives of child.***

Keywords: Psychosocial Factors, Child Development, Developmental Risk Factors, Temperament, Developmental History

1. Introduction

Developmental psychopathology is an emerging discipline. Developmental psychopathology is described by Sroufe and Rutter (1984:18) as 'the study of origins and course of individual patterns of behavioural maladaptation, whatever the age of onset, whatever the cause, whatever the transformations in behavioural manifestations, and however comples the course of developmental pattern may be'. The challenging task for developmental psychopathology is to incorporate a classificatory system into the fluid concept of developmental progress. A recent classificatory system of Greenspan, Lourine, and Nover (1979) postulates early developmental stages that focus on level of processing, organizing and differentiating experiences.

India is undergoing rapid socio- cultural transformation. There are factors which are culturally determined and may influence development. These could be aspects of temperament, child-rearing practices, nature of development and other stressors which are culture- specific, as well as symptoms which might be considered pathological in a particular family, sub-culture or society as whole. Longitudinal studies in the area of developmental psychopathology fulfil the needs of the developmentalist in terms of scientific curiosity, of policy-makers in terms of data base, and of health-care providers in terms of intervention programmes based on sound empirical data. The outcome may contribute immensely to improve the quality of life of children.

2. Content Analysis

Content analysis is a method of studying and analysing communications in a systematic, objective, and qualitative manner to measure variables. It is a method of social research that aims at the analysis of the qualitative or quantitative content of documents, books, newspaper, magazines, and other forms of written materials. According to Eckhart & Ermann (1977), as a qualitative technique, content analysis is directed towards more subjective information such as motives, attitudes and values; while as qualitative technique, it is employed when determining the time frequency or duration of the event.

In content analysis, the content may be manifest or latent. It involves counting frequencies of appearance of research unit. Content analysis can be applied to available materials and to materials especially produced for particular research problems. The research through content analysis involves four methods :1) Specifying the problem, 2) Sampling, 3) Choosing units for analysis and 4) Category construction.

For the study purpose, the following factors have been covered:

1) Developmental History: This consists of pre, peri and post- natal problems, possible brain injury, sensori motor handicaps and delay in motor, language, cognitive, emotional, and social development.
2) Developmental Problems: This section elicits responses on developmental problems such as clumsiness, breath-holding spells, habits, speech and language problems, feeding, elimination, sleeping, and sexual problems.
3) Psychopathology: This section assesses externalizing problems of hyperactivity and conduct disturbances, scholastic problems and internalizing problems of emotion, somatic, neurotic kinds and psychoses.
4) Psycho-Social Factors: In this section, the family history of illnesses, interaction with in the family, child-rearing practices, child's relationship with parents and siblings, and relationships in the school setting are explored.
5) Temperamental Dimensions: The dimensions measured are: manageability, trust, dependence, sleep, appetite, activity level, emotionality, sociability and aggression.

Aim

To study the psychopathology of a child from a developmental perspective

3. Method

Sample

Items were selected based on the research findings of Daniel(1989), Uma(1988) and Reddy(1991) that led to the inclusion of hyperkinesis, emotion and conduct adjust mental problems, hysteria, learning disorders, autism and psychoses respectively.(Malavika, K. (2011), Counselling children with Psychological problems, New Delhi, Dorling Kindersley (India) Pvt.Ltd.)

Procedure

Items were selected based on the research findings of Daniel (1989), Uma (1988) and Reddy (1991) that led to the inclusion of hyperkinesis, emotion and conduct adjustmental problems, hysteria, learning disorders, autism and psychoses respectively. Stated coding patters based on some variables such as Developmental history, Developmental problems, Psychopathology, Psycho-social factors and Temperamental dimensions. Each item in the section analysed carefully. After going through each cluster, the total and percentage of each category also calculated.

Table 1: Coding Based on Cluster Developmntal History

Category	Total	Percentage
Post natal problems of the child	4	4.5%
Poor vision	5	5.6%
Gross motor	9	10.1%
Speech/language	6	6.7%
Emotional/Social	10	11.23%
Self help	5	5.6%

Table 2: Coding Based on cluster Developmental Problems

Category	Total	Percentage
Clumsiness	1	5.5%
Breath Holding	1	5.5%
Stuttering/Stammering	4	5.6%
Feeding problems	2	3..11%
Sleeping	1	5.56%
Sexual problems	1	5.56%

Table 3: Coding based on Cluster Psychopatholgy

Category	Total	Percentage
Poor attention	2	2.2%
Stubborn	3	3.4%
Aggressive	5	5.6%
Temper tantrums	5	5.6%
School refusal	2	2.6%
Withdrawn	3	3.4%
Anxious	9	10.1%
Fearful	6	6.7%
Stomach aches	3	3.4%
Poor appetite	2	2.6%

Table 4: Coding based on cluster Psychosocial factors

Category	Total	Percentage
Learning problems	3	3.4%
Over expectation	4	4.5%
Single parent	2	2.6%
Problem with peers	3	3.4%
Sibling rivalry	2	2.6%

Table 5: Coding based on cluster Temperamental dimensions

Category	Total	Percentage
Trtsting	4	4.5%
Moral	3	3.4%
Emotionality	2	2.6%
Persistence	2	2.6%
Management	1	1.1%
Sleep Pattern	2	2.6%

4. Results

The results of the analysis were given in the tables 1 to 5, based on coding patters. Table 1 shows the result coding based on cluster developmental history. Table2 shows the result coding based on developmental problems. Table 3 shows the result coding based on psychopathology. Table 4 shows the result coding based on psycho social factors. Table 5 shows the result based on temperamental dimensions.

5. Discussion

The aim of study was to analyse the psychopathology of a child from a developmental perspective. Items were selected based on the previous research findings. All the available items were selected from the previous research works and analysed. Given coding name based on specific cluster pattern. The clusters named as Developmental history, Developmental problems, Psychopathology, psycho-social factors and Temperamental dimensions respectively.

Table 1 shows the analysis of the cluster developmental history of the child. The categories such as Post natal problems of the child, Poor vision, Gross motor, Speech/language, Emotional/Social, Self help were calculated. From the table it is clear that the emotional/social (11.23%) category of the cluster has calculated high percentage score.

Table 2 shows the analysis of the cluster developmental problems of the child and the categories such as sexual problems, stuttering/stammering, clumsiness, breath holding and feeding problems were calculated. From the table it is clear that the all the categories were having relatively less percentage score.

Table 3 shows the analysis of the cluster psychopathology. The categories includes the items as being present only when they occur often or most of the time but not when they occur occasionally. From the category analysis which is clear that the anxious (10.1%) has got high percentage score. The rest of the categories were having relatively low score.

Table 4 shows the analysis of the cluster psycho-social factors. From the table it is clear that the over expectation (4.5%) of the parents has increasing child's adjustmental problems. The remaining categories have got relatively low percentage score which has shown in the table.

Table 5 shows the analysis of the cluster temperamental dimension. Is this cluster the categories were analysed some

aspects of child's nature or temperament. The table shows the scores are in a varying percentage level.

6. Conclusion

Psychosocial development refers to a child's development in the social realm and how he fits into his world. This type of development occurs in eight stages that begin with birth and continue through adult hood. One stage must be complete before a child moves to the next one. Children are at risk of developing psychosocial problems for no fault of their own. Often, adverse factors in the environment are to be blame. In such cases children do need help through counselling and protection from an uncongenial environment.

Encouraging the parents to praise the child for good behaviour and to enhance his self esteem essential. Parents should exercise their minds to highlight positive points instead of being preoccupied with the negative attributes of child. Mismanagement by the families lead to long-lasting consequences while appropriate care may facilitate normal development. To understand the dynamics and aetiology of the problem, the child and the family have to be explored as a single unit.

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