



An evaluation of factors associated with Behavioral-internalized and Behavioral-Externalized disorders among street children in the capital city of Iran in 1394

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ABSTRACT

Introduction: The problem of street children is one of the social problems as it has attracted the attention of many experts in social issues. This research examines the factors associated with street children's Behavioral-internalized and Behavioral-Externalized disorders in the capital city of Iran in 1394. Methods: The present study is descriptive and analytical and it is a cross-sectional study in 1394 in terms of time. The study population included all street children under 18 years in region 1,4,13 and 22 in Tehran. The research sample included 200 street children selected by convenience sampling and the data were collected through questionnaires and Achenbach's Child Behavior Checklist (CBCL) version parents and standardized questionnaire and each quantitative variable was analyzed by Fisher's exact test pattern while descriptive data. Results: The results showed that the ratio of internalized disorders in children who lived with his mother and the ratio of externalized disorders in children who lived with the families of more than four people, they are more than children with families significantly less populated ($0.05 > p$). Also, general behavioral disorders in children lived only with their mother, it is significantly more than other children ($0.05 > p$) but in other cases, there was no significant relationship between general behavioral disorders and individual characteristics in children sample ($0.05 < p$). Conclusion: The results showed that there is a significant relationship between behavioral-internalized and behavioral-externalized disorders among street children and general behavioral disorders among street children.

Keywords: street children, behavior disorders

INTRODUCTION

Of course, in previous years, the minds of experts engaged by the idea of studying social problems of street children. Poor children having or no having family who live in the streets, railway stations and other commercial centers, they are part of the human community to review the issue as to avoid beginning social damages. The importance of children position and childhood is a modern and contemporary phenomenon. The contemporary, childhood is different between children and adults through the role and social responsibility for one of them and no need to take responsibility for another. Children have a special position in modern urban environments. As a specific age group has a social and cultural status. The group, role and social responsibility are not intended for them, they are under the care and strict monitoring of family and community on the ground that are overcrowded during the "fateful" their education and socialization process must be done thoroughly and with best quality.

In the meantime, the continuous presence of a group of children on the streets has led to irritation and concern among citizens and officials they are working in street due to homelessness and exposure to the economic crisis [1]. The concept of "street children" has meanings and different dimensions at different times according to the use of the different groups. In broad strokes, "street child", a child who is associated with the streets, parks and public places as a large part of the time he lives and activities and generally seen alone and working in this space [2]. Although the exact definition of street children is disputed but many experts and policy makers to use the concept in the United Nations Children's Fund that street children are including boys and girls under 18 years so that street is as a home or source of livelihood for them and children who do not have a care or adequate supervision [3]. In the field of national, regional and international policies, street children are often pushed to the margins or they are considered in a social isolation.

In the 1980s and 1990s, Children international organizations have been direct programs for marginalized children titled "Children in difficult situations" or "children with special needs support" but in recent years were re-conceptualized the subjects that were subset of these categories and they were under the shadow of other terms; for example, UNICEF and organizations such as "Save the Children" and also "all children", they deal with concepts like "Children on the move" (rather than the more restrictive terms as child trafficking), children without parental care (orphans over) and children affected by war (instead of child soldiers). Street children are also under the shadow of some of the terms, for example, children who migrate in search of work as unsafe (children on the move), finally may be directed to work on the streets [4].

Disorder and adolescence in childhood can be divided into two main categories including internalized and externalized disorders. "Externalized disorders" is include two groups of shattering and aggressive behavior and it includes attention deficit hyperactivity disorder, conduct disorder and oppositional defiant disorder. On the other hand, internalized disorders is including disorders that affect on the individual symptoms such as depression, anxiety and somatization [5].

On the other hand, after decades of research on the psychology of morbid and contrary to initial belief, it was shown that kids are also at high risk of developing psychological problems in total, between 14 and 22 percent of children and adolescents are involved in a variety of behavioral and emotional disorders [6]. Many studies have examined the situation of street children in the world, their jobs, and factors leading to street children and street consequences on children. These studies show that street children are at risk of adverse health consequences of physical, psychological, sexual and social risks because of working conditions and living on the street [7].

Almost 85 years ago, the term "behavioral disorder" has entered the cultural psychology without definition. Since then, teachers, doctors, psychologists and other people associated with emotional and behavioral problems in children, they have used the term to express themselves. But so far, there is a widely accepted single definition [8]. The research results show that street children are at high risk. Based on the study of street children exposed to HIV, street youth in Ukraine are mostly runaway children with a history of physical and sexual abuse placed in highly vulnerable to sexual exploitation. They are used by intermediaries active and are forced to work in the sex trade. Many of them are also involved in begging, drug trafficking, robbery, sexual relationship for the care and survival (recommended sex-for-food, shelter, medicine) [9].

In a longitudinal analysis conducted by Vestenis, Grattan and Komla (1998) about street children in the city of London has shown that delayed development of motor skills, personality and social defects and learning disabilities, is prevalent in these children. Also see that the higher prevalence of behavioral disorders such as sleep problems, anger, shyness, emotional problems such as anxiety, depression, low self-esteem and self harm in children (Thuderic-Ghemo, 2005). Rapid identification and early behavioral problems in children, prepare them the possibility of faster treatment [10].

Capital and major cities in many developing countries, there are children live and work. Work and activities of the children in the street pattern is a function of family background, socio-economic and cultural so that brings children into the street. The context is different in different countries and even in different cities of the country. Among the different reasons listed for street children in studies of different societies. While some studies suggest that family poverty is the main cause of street children (Abdelgalil *et al.*, 2004; Bromley & Mackie, 2009; Hang & Ohno, 2005; Lalor, 1999; Young, 2004).

Other studies also report that troubles within the family, particularly violence against children as the main operating out of the house for street children (Ribeiro & Ciampone, 2001 in Brazil; Aptekar, 1994 in India, Colombia and Hong Kong). According to the research results are presented and discussed in the context of the problems of street children, the present study attempts to answer the question that:

What is the severity of the risk factors associated with behavioral-externalized and behavioral-internalized disorders among street children in Tehran?

MATERIALS AND METHODS

The present study is descriptive and analytical and it is a cross-sectional study in 1394 in terms of time. The study population included all street children under 18 years in region 1,4,13 and 22 in Tehran. Held in correctional centers to 11,200 the number of street children (areas have been chosen randomly). West and Central regions were considered together as one region compared to other regions due to the lower number of street children centers. The sample of 200 street children in the target areas in total, 186 children completed the questionnaires. The samples were selected by convenience sampling. Criteria for inclusion include: age under 18 years, level of education (elementary, middle and high), filling the informed consent form, lack of mental and physical diseases, satisfaction and interest for research and willingness to provide information and experience. Exclusion criteria were that each questionnaire that is filled by a guardian, but the child refuses to fill it is filled guardian or by the child but refuses to fill it comes out questionnaires of the study.

Tools

In this study, we used tools include questionnaire, Achenbach's Child Behavior Checklist (CBCL) version parents (guardians) and questionnaire (factors associated with behavioral problems).

Questionnaire (CBCL): These questionnaire measures emotional and behavioral problems as well as academic and social abilities and competencies in children 18-6 years from the views of parents or guardians and it is completed generally in 20 to 25 minutes. This questionnaire must be completed by parents or the person who is responsible for the guardianship of the child and care for him or anyone who has to deal with children in family-like environments and knows him completely. Child Behavior Checklist include Achenbach System of Empirically Based Assessment (ASEBA) and it assesses the problems of children and adolescents in eight of anxiety (6 questions) / depression (14 questions), isolation / depression (8 items), physical complaints (12 questions), social problems (11 questions), thinking problems (16 questions), attention problems (10 questions), ignoring the rules (17 questions) and aggressive behavior (19 questions). Two factors "Ignore the rules" and "aggression" are second order factor in externalizing problems. Overall the validity coefficients Achenbach's CBCL has been reported using Cronbach's alpha using test-retest reliability 0.97 and 0.94.

The content validity (logical choice and use of a class analysis of the question), criterion validity (using the interview psychiatry with child as well as the correlation between this measure -4CSI) and the construct validity (internal relations and differentiation scale group) is reported to be favorable in the form of [11]. The tool has been translated and validated for the first time in Iran by Tehrani and colleagues (2002).

In research Minaee (2006), the range of internal consistency coefficients measures have been reported using Cronbach's alpha coefficient of 0.63 to 0.95. The time stability of scales have been investigated using test-retest method with an interval of 8-5 weeks so that time stability coefficients range obtained between 0.32 to 0.67. Also it was checked agreement among respondents with coefficients range between 0.09 and 0.67.

Made questionnaire: it contains 27 Likert-type questions. Questions were formulated in three parts including demographic characteristics (4 questions), familial and other related factors (14 questions) and factors related to society (9 items) so that a questionnaire be filled by the children. Deadline for replies to the questionnaire was 15 minutes and answer questions related to these two areas were scored based on the Likert in order to scoring and sorting features and family relationships and social factors in children. At least points possible in family relationships is 9 and the maximum possible score of 43 points were considered as weak as 20-9, as average 31-21 points level and 43-32 points level as well.

In the social factors may have a minimum rating of 9 and a maximum possible score is 37, points were considered as weak as 18-9, as average 27-19 points level and 37-28 points level as well in order to ensure the validity of the instrument, first used content validity. After compilation, the questionnaire was available to scholars and professors and changes were necessary, according to the professors.

To evaluate the validity, it was asked to provide 20 children at the care center for street children in District 12 and it was confirmed and reliability of the questionnaire was reported using Cronbach's alpha higher than 0.80. Data analysis was performed using the software 20spss according to research purposes. Upon arrival, the raw data were analyzed by statistical test for independent groups in each quantitative variable the pattern of descriptive data such as frequency, mean and standard deviation.

RESULTS

Table 1. Frequency distribution the research units on the internalized and externalized behavioral problems

Variable	Normal - Nonclinical		Border-Clinical		Clinical		Total	
	Number	%	Number	%	Number	%	Number	%
Internalized Problems	171	91.9	4	2.2	11	5.9	186	100.0
Externalized Problems	157	84.4	8	4.3	21	11.3	186	100.0
Behavioral Problems	156	83.9	15	8.1	15	8.1	186	100.0

According to the majority of children present in the sample had been in normal (non-clinical) regarding the status of externalized behavior problems (91.9 percent) and internalized behavior problems within the building (84.4 percent). Accordingly, externalized behavioral disorder was more common among children in the sample rather than internalized behavioral disorders. In general, in terms of state of behavioral problems, the majority of children (83.9 percent) are in normal (non-clinical), 8.1% in border-clinical and 8.1% in the clinical stage among street children in the sample.

Table 2. Average rating of subjects by the behavioral problems questionnaire

Dimension	Number	Least amount	Maximum amount	Average	Standard deviation
Internalized Problems	186	18.30	120.40	50.07	10.10
Externalized Problems	186	25.00	75.00	50.02	10.00
Behavioral Problems	186	22.50	84.10	49.99	9.95

Based on the results obtained, scores calculated T, children scores in part of internalized problems, it is in the range of 18.30 to 120.4 with an average of 50.07+-10.10, and the part of externalized problems, it is in the range of 25 to 75 with an average of 50.02+-10.00. In general behavioral problems, scores of street children was in the range of 22.5 to 84.10 with an average of 49.99+-9.95.

Table 3. Comparison of internalized behavioral disorders based on personal characteristics

Variable	Category	No disorder		With disorder		Total		Sig.
		Number	%	Number	%	Number	%	
Gender	Girl	17	85.0	3	15.0	20	100.0	.377
	Boy	154	92.8	12	7.2	166	100.0	
Grade	Primary	104	90.4	11	9.6	115	100.0	.290
	Guidance	43	97.7	1	2.3	44	100.0	
	Secondary	24	88.9	3	11.1	27	100.0	
Birth order	First	55	98.2	1	1.8	56	100.0	.224
	Second	48	88.9	6	11.1	54	100.0	
	Third	52	89.7	6	10.3	58	100.0	
	Fourth and higher	16	88.9	2	11.1	18	100.0	
number of family members	Four or less	97	89.8	11	10.2	108	100.0	.279
	More than four	74	94.9	4	5.1	78	100.0	
Who do you live with?	Parents	41	97.6	1	2.4	42	100.0	.049
	Mother	40	83.3	8	16.7	48	100.0	
	Father	47	95.9	2	4.1	49	100.0	
	Grandmother / grandfather / other relatives	43	91.5	4	8.5	47	100.0	
If you do not live with parents, what is the reason?	Death of a parent	24	92.3	2	7.7	26	100.0	.816
	Parental separation	92	90.2	10	9.8	102	100.0	
	Emigration	14	87.5	2	12.5	16	100.0	

According to Fisher's exact test, there is a significant relationship between internalized behavioral disorders in children and their guardians so that the rate of internalized disorders in children who were living with their mother,

it is more meaningful than others ($0.05 > p$). In other cases, there is no significant relationship between internalized behavioral disorders and demographic characteristics of children in the sample ($0.05 < p$).

Table 4. Comparison of externalized behavioral disorders based on personal characteristics

Variable	Category	No disorder		With disorder		Total		Sig.
		Number	%	Number	%	Number	%	
Gender	Girl	19	95.0	1	5.0	20	100.0	.210
	Boy	138	83.1	28	16.9	166	100.0	
Grade	Primary	96	83.5	19	16.5	115	100.0	.084
	Guidance	41	93.2	3	6.8	44	100.0	
	Secondary	20	74.1	7	25.9	27	100.0	
Birth order	First	47	83.9	9	16.1	56	100.0	.923
	Second	47	87.0	7	13.0	54	100.0	
	Third	48	82.8	10	17.2	58	100.0	
	Fourth and higher	15	83.3	3	16.7	18	100.0	
number of family members	Four or less	96	88.9	12	11.1	108	100.0	.038
	More than four	61	78.2	17	21.8	78	100.0	
Who do you live with?	Parents	35	83.3	7	16.7	42	100.0	.165
	Mother	37	77.1	11	22.9	48	100.0	
	Father	41	83.7	8	16.3	49	100.0	
	Grandmother / grandfather / other relatives	44	93.6	3	6.4	47	100.0	
If you do not live with parents, what is the reason?	Death of a parent	22	84.6	4	15.4	26	100.0	.197
	Parental separation	84	82.4	18	17.6	102	100.0	
	Emigration	16	100.0	0	0.0	16	100.0	

Based on Fisher's exact test, externalized behavioral disorders in children with families of more than four people it is more than children with smaller families, more significantly ($0.05 > p$) but in other cases, there is not significant relationship between externalized behavioral disorders and the individual characteristics of children in the sample ($0.05 < p$).

Table 5. Comparison of general behavioral disorders based on personal characteristics

Variable	Category	No disorder		With disorder		Total		Sig.
		Number	%	Number	%	Number	%	
Gender	Girl	16	80.0	4	20.0	20	100.0	.537
	Boy	140	84.3	26	15.7	166	100.0	
Grade	Primary	95	82.6	20	17.4	115	100.0	.882
	Guidance	38	86.4	6	13.6	44	100.0	
	Secondary	23	85.2	4	14.8	27	100.0	
Birth order	First	51	91.1	5	8.9	56	100.0	.330
	Second	43	79.6	11	20.4	54	100.0	
	Third	47	81.0	11	19.0	58	100.0	
	Fourth and higher	15	83.3	3	16.7	18	100.0	
number of family members	Four or less	89	82.4	19	17.6	108	100.0	.552
	More than four	67	85.9	11	14.1	78	100.0	
Who do you live with?	Parents	39	92.9	3	7.1	42	100.0	.037
	Mother	34	70.8	14	29.2	48	100.0	
	Father	43	87.8	6	12.2	49	100.0	
	Grandmother / grandfather / other relatives	40	85.1	7	14.9	47	100.0	
If you do not live with parents, what is the reason?	Death of a parent	21	80.8	5	19.2	26	100.0	.435
	Parental separation	81	79.4	21	20.6	102	100.0	
	Emigration	15	93.8	1	6.3	16	100.0	

Based on Fisher's exact test, general behavioral disorders in children who were living with their mother only, it is significantly more than other children ($0.05 > p$) but in other cases, there was no significant relationship between behavioral disorders and individual characteristics of children in the sample ($0.05 < p$).

DISCUSSION AND CONCLUSION

The results showed that the rate of internalized disorders in children who were living with their mother, it is more meaningful than others ($0.05 > p$). In other cases, there was no significant relationship between internalized behavioral disorders and the individual characteristics of children in the sample ($0.05 < p$). Based on these results, the general behavioral disorders in children who were living with their mother alone, it is significantly more than other children ($0.05 > p$) but in other cases, there was no significant relationship between general behavioral disorders and individual characteristics of children in the sample ($0.05 < p$). However, there was no significant difference in any of the three categories of psychiatric disorders among girls and boys.

As a result, there was no significant relationship between education and occupation of parents with internalized behavioral disorders in children ($0.05 < p$). As results of the study showed internalized disorders had a higher prevalence in girls compared with boys and externalized disorders in boys was more visible. These results are in line with research by Gardner and colleagues [12]. They in their research using the version of 17 items PSC showed that boys are more trouble than girls in sub-systems of attention and aggression but on the other hand, this study is antithetic to the desired results, in this case that the sub-systems of depression, both sexes are equally at risk although several studies confirms the finding that girls are more prone to anxiety disorders and depression [13].

In this study, since the sample was selected by convenience sampling, the generalizability of the results was affected. Future research in this regard can verify the results of this study using representative cases. On the other hand, since the parents (guardian) responded about their child's problematic behaviors, there is the possibility of bias in their judgment because they judge the behavior of children with mental criteria not based on specialized criteria [14, 15].

Extroverted behavioral disorders with aggressive characteristics and introspective behavior are characterized by excessive anxiety, isolation characteristics. The children had serious problems in social relationships and emotional friendly with peers. Introverted categories do not communicate with others and extrovert category disrespect akin to the cause of resentment, anger and aggression and they are deprived of healthy social relations [16]. In addition, some of these children do not have the necessary skills to control and limit their behavior and in adolescence, failure leads to serious conflicts in the control of behavior. Some of them have trouble with social rules and a possible increase in their infringement and they provide a way for illegal activities [17].

Today, there is a common view that believes child labor is deeply rooted in poverty, but, it seems, causes of child labor are complex and not simple. Several causes for child labor is associated with different cultures and backgrounds who live in its children for this reason, the universality of child labor could be wrong reasons. ILO examines the reasons why children work in the field of supply and demand angle and it believes that, although the underlying factors such as poverty leads to the admission of children into the labor market but we should not forget the role of job applicants baby as families, including their children. Among the factors related to supply, poverty is the most important factor that leads children to work because the income from child labor is essential to her life and her family. Although poverty has a fundamental role in the emergence of child labor but it is not the only factor. Local common beliefs and traditions play an important role. Beliefs such as "hard work" is tightly children and it is necessary for his growth, or children need to be replaced or parents in vocational training and he must learn the profession from an early age. There is a strong belief that epidemic girls need less to education than boys, it causes the families to prevent girls in school at an early age and forced to work at home.

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