

Screening for Psychosocial Problems Among School Children in Ilorin, Nigeria, Using Parents Self Report

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The use of parents self-report in the assessment of children's psychosocial or emotional problems is still very minimal in Nigeria. A controlled evaluation of the psychosocial problems using the parent's version questionnaire of the childrens depression scale (CDS) Lang and Tisher (1983) was carried out on 52 parents of school children with mean age of 15.3 years, (range 12-16 years) mean years of education of (10.01) in a local community of Ilorin Nigeria. Subjects were screened as satisfied by inclusion criteria into experimental and control groups.

Results indicated a partial but inversely discriminating relationship between the two levels of parents assessed. Also a substantial discriminating relationship existed when one compares the self-report of the experimental parents with their children.

Findings were discussed in the light of caution and restraint in the use of the children depression scale as an instrument for identifying maladjusted behaviour among children in Nigeria.

(Egypt.J. Psychiat.,1994, 17:146-154).

Introduction

The use of behavioural rating scales, apart from clinician's interview in the assessment of emotionally and socially disturbed children has been fostered primarily in research settings. (Rutter, Tizard and Whitmore (1970). Kovacs and Beck, (1977) and Cantwell, (1983).

The reason for this is that it proves to be helpful in the objective screening as well as in diagnostic process of the disturbed child.

The collaborative use of parents and

significant others in these assessments (Achenbach; (1980), Lang and Tisher; (1983)) has also proved useful. This is also due to the belief that such data which is generally completed by these parents and probably the teachers and in other instances completed by mental health workers leads to the empirically derived validity of reported behaviours of these children (Cantwell, 1983).

Also in the face of limited cognitive and language skills often required by these children to respond to such self-reported questionnaires, collaborative parents report will go a long way to support the validity of the childrens' responses.

However, with the development of child and adolescent psychiatry services in Africa in the past two decades (Kanner's 1964) and despite numerous

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and diverse studies of psychiatric morbidity of the African child, (Asuni, (1970) Cederblad, (1968) German, (1972) Oka-sha, et al. (1972), Rahim (1972) Ibrahim, (1973) Minde, (1974, 1975, 1977), Olatawura and Odejide, (1976), Akenzua, (1990) and Gureje, (1993). Little or no studies particularly in Nigeria has attempted in incorporating parents report in the assessment of these behavioural and emotional Problems.

And the few studies, (Akenzua; 1990 and Gureje. 1993) who attempted using parents in their screening for emotional problems in Pediatric subjects have been limited in the use of interview, without a collaborative comparison of the child's self-reported perceptual feelings and attitudes.

This study as part of a major work done in a local community of Ilorin among school children (Olley, Awobusuyi, Olaleye and Aderibigbe; 1993) has attempted to document the perceived psychosocial problems in two grouped controlled evaluation of children as reported by their parents.

This effort will in no doubt further highlight the importance of using parents report in the assessment of emotional, social and behavioural problems in children.

Subjects and Method

The subjects comprises fifty two (52) parents of randomly assigned, behaviourally disturbed (experimental) and behaviourally stable (control) school children with a mean age of 15.3 years (range 12-16 years) and a mean years of education of 10.01 in a local community of Ilorin Nigeria.

The behaviourally disturbed/stable children are so selected from the available school children in two secondary schools in the local community and as satisfied by inclusion criteria.

To be eligible in the experimental group, a student must be within the age range of 9-16 years (Lang and Tisher 1983) and must have had at least 3 years Post Primary Education. The last criterion was to provide for a minimum cognitive and language skills required for understanding and completion of the instruments used. Apart from the above inclusion criteria, the child, from the school record must be under achieved, must have had a total accumulated school absenteeism of 3 weeks in a total school year, must be a recognized truant, deviant and must have persistently been in trouble with the school authority. In addition, there should be no school record of a diagnosed organic or physical illness as the reason for the above deviant act (commonly recognized psychosomatic symptoms such as headaches were not regarded as excluding criteria.

The control group consisted of students that were regular school attenders who had not missed more than ten school days in a total school year, must be an achiever, and with no school record of deviant act and who were matched with the experiment group children for age range (12-16 years), of education, school and class.

Instruments:

The children depression scale (CDS) Lang and Tisher, is developed from a summary of an empirical definition of childhood depression which were reported in the literature (Rie, 1966) as consistent with signs of depression in children.

It is an index to measure various attributes that has been observed to be synonymous with symptoms of childhood depression. It contains 66 items, scored as two major scales, depression 48 items) and positive. (18 items), and with 6 sub-scales (Affective Response Social Problems, Self esteem, Preoccupation with own sickness and death, guilt, absence of pleasure).

Parent's questionnaire is variable for use with parents, permitting comparison of the child's self-reports about his or her depression with parents' reports about the child's depression.

The items of the CDS parents version were exactly the same in structure with the children's version. They were only rephrased; for example from 'often I feel I'm not worth much' to 'often he feels he is not worth much' (for boys) and 'often she feels she is not worth much' (for girls). Each of the items is marked on a Likert format of 1-5, 1 very wrong, 2 wrong, 3 Don't know/Not sure; 4 right and 5 very right.

Since the publication of the research editions of the CDS, research evaluating its properties has been carried out in the USA, Canada, and Australia, as well as in non-English Speaking Countries, Japan, India, Italy, Holland and Spain. This study is the first experience of the CDS in any African setting.

Procedure:

The procedure involved in this study, was in stages starting with the necessary permission and consent from the local school education board.

A list of eighteen (18) Secondary Schools under the local authority were screened and followed up. After careful assessment of the available facilities as regards record keeping in both academic and conduct performances of students, a subjective assessment was made and two schools (from the 18). Incidentally a single sex educational Institution that satisfied the criteria of an effective and systematic record keeping, was selected for study.

The Next Stage was to Identify Students in the chosen schools that could constitute the experimental group based on satisfying at least four of the operationally defined criteria. This was done by the investigators with the help of the

school counsellors and the personnel of a specially constituted disciplinary squared that is in place in the chosen schools.

After careful checking of the school records, a total of fifty-eight (58) students from both schools combined, were made available. Forty-four (44) students actually got their results analyzed with fourteen (14) dropping out due to non-cooperation, bad responses and absenteeism.

The control group were screened from all the students in the actual class the experimental group were drawn from, and who in addition satisfied the inclusion criteria for control subjects.

By a single random selection (balloting) of the available, one hundred and seventy two (172) students, a total of sixty-four (64) arbitrary numbers, marched for sex, class and age were selected to participate in the study.

All the participating students were made to fill the Instrument in groups with the purpose of the study highlighted, and confidentiality assured. The control group were however not told they were been used as controls.

The researches had been introduced to the participating students by the school authority as a medical personnel from the Social Welfare

Department to help Identify some of their adjustment problems as regards their school conducts. Their parents were also informed through the school authority especially when they will have to fill the parents version or children (CDS) questionnaire. The method of administration for the children's CDS is also the same for the parent's CDS.

A total of fifty two (52 = 18 experimental, 34 control) parents of the total available 108 children got their results analyzed. The questionnaire of the other parents' CDS could not be analyzed due to bad responses, suspect deception and

absenteism. The scale was scored as reported in the manual. (Lang and Tisher, 1983).

Data Analyses:

Analyses involved finding the mean, standard deviation with the P value estimated across each of the CDS scales. And in relation to the groups of parents on one hand, and the parents / children of each of the group on the other hand, analyses were performed using the SPSS-PC (version 2.0) software.

Results

Table 1, describes the demographic characteristics of subjects. The pattern

suggests most of the children living with their parents and of a monogamous home structure. Also, is the socially skewness that the the parents are of the high socio-economic class as most of either the fathers and the mothers belongs to the social class I or social class II. Table 2, 3 AND 4 respectively presented the parents (CDS) results and the comparison with their children.

- In table 2, differences were observed between the two parents of experimental and control groups on all the (CDS) scales and sub-scales scores. The tendency was for parents of control group to obtain higher scores, except on the pleasure scores where the experimental

Table 1
Subjects Demographic Characteristics (N= 108)

Demographic Variables	EXP Group (N= 44)	CTC Group (N= 64)	Total (N= 108)
Gender			
Male	32 (72.7%)	32 (50.%)	64 (59.3%)
Female	12 (27.3%)	32 (50%)	44 (40.7%)
Family Type			
Monogamy	18 (49%)	39 (68.%)	57 (52.7%)
Polygamy	26 (51.%)	25 (31.6%)	51 (47.3%)
Family Status			
Living with both parent	27 (35.1%)	50 (64.9%)	77 (71.3%)
Living with one parent	08 (61.5%)	05 (38.5%)	13 (12.%)
Living with guardian	05 (45.5%)	06 (54.5%)	11 (10.2%)
Parents Divorced	04 (57.%)	03 (42.9%)	07 (6.48%)
Socio- Economic Status of Fathers			
Social Class I	10 (19.6%)	41 (80.4%)	51 (47.%)
Social Class II	14 (45.2%)	17 (54.8%)	31 (28.7%)
Social Class III	10 (71.%)	04 (28.6%)	14 (12.96%)
Social Class IV	08 (80.%)	02 (20.%)	10 (9.3%)
Social Class V	00 (.0%)	02 (100%)	02 (1.0%)
Socio- Economic Status of Mother			
Social Class I	03 (12.5%)	21 (87.5%)	24 (22.2%)
Social Class II	09 (31.%)	20 (68.9%)	29 (26.9%)
Social Class III	13 (43.3%)	17 (56.7%)	30 (27.8%)
Social Class IV	11 (64.3%)	06 (35.7%)	17 (15.7%)
Social Class V	04 (50.%)	04 (50.%)	08 (7.41%)
Birth Order			
First	10 (31.3%)	13 (56.5%)	23 (21.3%)
Middle	27 (35.1%)	50 (64.9%)	77 (64.9%)
Last	04 (50.%)	04 (50.%)	08 (7.41%)

The Hollingshead and Redlish Social Class Criteria was used for the assessment of the Socio-Economic Status of both mothers/ fathers.

Table 2
Groups, Parents Mean and SD, CDS-Parents Questionnaire Scores of Parents
of Experimental and Control Children and Level of Significance of Differences

	Depression Scale					P		
		AR	SP	SE	SD	GL	Scale	PE
Experimental Scale								
(N= 18)								
Mean	109.2	14.2	16.1	18.2	15.6	19.9	62.5	31.3
SD	29.35	6.34	4.33	6.12	5.11	6.21	7.89	3.61
Control Mean:								
(N= 34)								
SD	112.0	17.8	18.1	18.5	15.9	19.2	63.4	30.2
	19.74	8.63	3.76	4.50	3.93	4.42	9.38	4.13
T Value:	0.41	1.29	1.80	0.20	0.30	0.30	0.34	1.14
P	.NS	.05	.05	NS	NS	NS	NS	.05

Table 3
Parents and Children - Control (N=34) Combined Fathers/Mothers

	Depression Scale					P		
		AR	SP	SE	SD	GL	Scale	PE
Parent Mean								
	112.0	17.8	18.5	18.5	15.6	19.2	63.4	30.2
SD	19.74	8.63	3.76	4.50	3.93	4.42	9.38	4.13
Children Mean								
	108.7	16.4	18.0	18.5	15.4	18.3	63.3	31.5
SD	24.36	5.10	6.10	5.67	5.24	5.74	6.97	4.06
T Value:	0.61	0.80	0.11	0.00	0.44	0.68	0.01	0.85
P	NS	NS	NS	NS	NS	NS	NS	NS

Table 4
Parents and Children - Experimentl (N=18) Combined Fathers/Mothers

	Depression Scale					P		
	AR	SP	SE	SD	GL	Scale	PE	
Parent Mean	109.2	14.8	16.1	18.2	15.6	19.9	62.5	31.5
SD	29.35	6.34	4.33	6.12	5.11	6.12	7.89	3.61
Children Mean	121.5	18.7	18.9	20.1	16.8	21.1	59.5	28.9
SD	29.97	5.78	6.29	7.06	3.99	5.28	8.32	4.79
T Value:	1.23	1.92	1.57	0.88	0.79	0.61	1.10	1.82
	.05	.05	.05	NS	NS	NS	.05	.05

group parents obtain more scores. Statistically significant differences at $p < .05$, were observed at the affective response, social problems and pleasure sub scales respectively between the two parents.

Table 3 represents a combined fathers/mothers i.e parents and the children of the control group.

None of all the scales and subscales between parents and children's scores are statistically significant. The tendency is however for parents to obtain higher scores. This is however not consistent with reports in the manual, where children obtained higher scores than did their parents.

Table 4: Presents results of the combined Fathers/Mothers i.e parents and children of the experimental group. While parents of the control group have higher scores but statistically insignificant than their children in all the scales scores, the experimental group parents results are in the contrary, statistically significant differences existed in almost all sub scales of the CDS between parents and children. The tendency is for children to obtain higher scores.

Discussion & Conclusion

The problem addressed in this study

was to examine the importance of using parents self-report in the assessment of social and Behavioural problems in a sample of school children from a local community.

Results indicated a partial but inversely discriminating relationship of the children Depression Scale between the two levels of parents assessed.

Also, a substantial discriminating relationship existed when one compares the self - report of two levels of parents with their children.

In table 2, apart from the Affective response, social problems and pleasure subscales, no other scale especially the two ma-or scales (Depression and Positive Scales) discriminated at $P < .05$ level of significance between the two levels of parents. There is a tendency for the parents of the control group to see their children more depressed and socially disturbed compared to the experimental group parents. This, however is surprising, one would expect the experimental group (which are acclaimed socially disturbed) parents to show more tendency of high scores when compared to the control group parents.

This pattern may be due to the fact

that perhaps parents of the experimental group perceives their children depressive and dysocial tendencies to be obvious hence decided not to report them for fear of stigmatization or as a defence. This contention is further supported especially when in table 4, results indicated the children to obtain higher scores and of statistically difference than their parents.

When one also consider the highly socio-economic skewness of both parents, one would not exaggerate to point out the inability of the experimental group parents to take blame for their child's inadequacy because of such effect on their self image. Probably, parents of the low socio-economic status would have readily admit their children inadequacies as little or no self esteem is affected. This is however, a pointer for future investigation.

In table 3, while the control group parents scored higher in all subscales but the pleasure subscale than their children, the experimental group parents in table 4 scored lower in all the subscales, compared to their children. What these mean is that while the control group parents perceives their children to be socially disturbed relative to their children perceived self-reports, the experimental group parents perceives their own children to be socially stable relative to the children self-reports.

The explanation for these might probably be due to the already mentioned facts, i.e the high socio-economic skewness of the parents involved and the tendency for these parents to fake good their responses. However when one considers what obtained in the literature, one sees a rather similar profile to the one obtained in this study. Moretti, et al. (1985) found a moderate correlation between child and parents CDS reports $r(43) = 0.35, P < 0.05$.

Kazdin (1987) found no significant

correlation between child and parents CDS reports. Reynolds, et al. (1985) reported that on the basis of their data they are unable to recommend use of the parent report measure for assessing depression in children. However, Kazdin, et al. (1986) reporting on 185 American psychiatric in-patients aged 7-13 years found that both child and parent ratings differentiated depressed and non-depressed children. Furthermore, his results indicated that parent reports permitted finer diagnostic discrimination and revealed age and gender difference not evident from the children's scores.

In the face of the above facts, one is disturbed and cautious in recommending the use of the CDS in the screening for psychosocial problems among children in Nigeria, however such conclusion is premature as the limitations of this study could have contributed to the profile it obtained. Limitations includes, selectiveness of subjects, and a low rate of returning of questionnaires among the parents, which invariably makes for a small sample size, therefore making generalization difficult.

Future investigation should involve a situation where parents can be made to fill the questionnaire under supervision. And also involve clinically and diagnosed disturbed children so that the proper and adequate discriminating value of the CDS parents version could be assessed. By and large, the initial use of the CDS parents version among Nigerian subjects have been motivating.

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Écran des problèmes psychosociaux parmi les élèves des écoles à Ylorin, au Niger en utilisant les reports des parents eux-mêmes

L'utilisation des reports des parents eux mêmes dans l'assement psychosocial des enfants ou des problèmes émotionnel demeurent très peu au Niger. l'évaluation corollée des problèmes psychosociaux en utilisant le questionnaire version des parents sur le scale de la dépression des enfants (CDS). L'étude de lang et Tisher (1983) a été faite sur 52 parents d'enfants d'école à l'âge moyen de 15.3 ans (entre 12-16 ans) le moyen des années d'éducation est (10.01) dans une communauté locale à Ylorin au Niger. Les sujets ont été mise à l'écran comme satisfaisants en inserrant le criteria dans des groupes expérimentaux et controles. Les résultats ont indiqué une relation discriminative partiale entre les deux niveaux des parents assésés. Ainsi qu'une relation discriminative substancielle fut existée en comparer le report des parents mis en expérience avec leurs enfants. Les découverts ont été discutés à la lumière du causon et de la defeute dans l'utilisation du scale de la dépression des enfants comme étant un instrument d'identification de la conduite maladaptée parmi les enfauts au Niger.

تقييم المشاكل النفسية الاجتماعية للأطفال في إيلورين -

نيجيريا باستخدام التقرير الذاتي للوالدين

قام الباحثان بتقييم مشاكل الأطفال النفسية الاجتماعية والعاطفية باستخدام نسخة الوالدين من مقياس الاكتئاب لدى الأطفال والمراهقين، واشتمل البحث كذلك على دراسة استجابات إثنين وخمسين من الأمهات والآباء للأطفال والمراهقين في سن المدرسة بمتوسط عمرى ١٥,٣٠ سنة (من ١٢ - ١٦ سنة) في بلدة إيلورين في نيجيريا، وقد تم تقسيم الأمهات والآباء إلى مجموعتين حسب السمات التفريقية إلى مجموعة ضابطة ومجموعة تجريبية. وتدل النتائج على وجود علاقة جزئية طردية بين مستويات استجابات الوالدين، وكذلك ظهرت فروق عند مقارنة تقرير الأطفال من أنفسهم باستجابات الوالدين، وقام الباحثان بمناقشة النتائج لدى الأطفال في تقييم مشاكل اضطراب التأقلم في الأطفال.