

EXPLORING THE FACTORS INFLUENCING CONDUCT PROBLEMS

Thesis submitted to the Department of Clinical Psychology, University of Dhaka, in partial fulfilment of the requirements for the degree of M. Phil. in Clinical Psychology.

Submitted by

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Dedicated to
My parents and My Son

Approval Sheet

This is to certify that I have read the thesis entitled “Exploring the Factors Influencing Conduct Problems” submitted by Rokshana Akhter in partial fulfilment of the requirements for the degree of M. Phil in Clinical Psychology, University of Dhaka and the research was carried out by her under my supervision and guidance.

Dated, Dhaka

March, 2018

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ABSTRACT

Background: Conduct problems have become one of the major concerns in the recent times. If untreated, these symptoms could form into intractable psychopathology like Personality Disorder (PD). A recent surge in the number of juvenile delinquency affirmed the presence of conduct problem amongst Bangladeshi adolescents. Previous findings indicated a range of factors had an association with conduct problems including parenting, substance abuse and crime rates in the neighbourhood. Nonetheless, very little is known in the context of Bangladesh.

Objective: To find out the association between different factors (Individual, parenting, family and environmental) and conduct problems.

Methods: 165 (Mean age 13.39, age range 8-16, 82% male) children with conduct problems were recruited alongside their parents from different institutes in Dhaka. We developed a checklist for assessing the conduct problems by following DSM and ICD diagnostic criteria. We administered semi-structured questionnaires with Alabama Parenting Questionnaire (APQ) and The Brief Family Relationship Scales (BFRS) to ascertain the level and presence of different factors. We assessed 19 factors altogether. By following the previous studies and theoretical structures, we clustered these factors into four domains by following previous theoretical framework.

Results: We conducted a series of Multiple Regression Analysis (MRA) to obtain the association. The last of the analyses was a stepwise MRA; the model statistics revealed child and parents reported history of substance abuse, parents and child reported high crime neighbourhood, recent changes in society, and family conflict explained the most variance

($R^2=0.38$, $F= 4.85$, $p=0.03$). All of these factors obtained significant associations with conduct problems, amongst them, parents and child reported history of substance abuse obtained the highest association ($\beta=0.51$, $t=7.39$, $p=0.00$).

Conclusion: Our findings corroborated with previous findings from western societies. It suggested these factors could be utilised as the potential target for conduct problems prevention in Bangladesh.

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Rokshana Akhter

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EXPLORING THE FACTORS INFLUENCING CONDUCT PROBLEMS**Chapter 1****Introduction**

Conduct disorder is considered as the oldest diagnosis in the field of Child Psychiatry. Parents were concerned about their child's uncontrollable behavior way before initiations of child psychiatry and psychology (Costello & Angold, 2001). An array of descriptions and labels has been attributed to conduct problems, as for examples; "acting out" (Levitt, 1971), "Uncontrollable" (Andronico & Guerny, 1967), "aggressive" (Patterson, Cobb & Ray, 1973) "Oppositional"(Wahler, 1969), "noncompliant" (Forehand & King, 1974) "active behavior problems" (Thomas, Chess & Birch, 1968), and "antisocial" (Robins, 1966). Furthermore, different kinds of description have been proposed to define conduct problems. Regardless of the description, labels, or definition, the construct remains surprisingly same. It has been observed by different authors (Robinson, Eyberg, & Ross, 1980) that the symptoms that have been elicited or ascertained through these studies are similar and homogeneous. Additionally, these symptoms of conduct problem are relatively stable across the different population, clinical and non-clinical. Perhaps, the term conduct problem first coined by (Ackerson, 1931) then it was elaborated by Peterson (1961) and Ross (1974). Other related terms often presented in the literature such as, behavioural problems, and behavioural and emotional disorder. These terms are often used as a broad term or umbrella term. Conduct problem or conduct disorder remains a term under these umbrella terms. Now a day the term conduct problems and conduct disorder often used interchangeably, however, these definitions are often misunderstood and misinterpreted. In reality conduct problems/ disorder refers to the same constellation of behaviour, these behaviours often refer to any excessive behaviour those are deviated from the social norm with a frequency

or an intensity that child environment considers too high. According to the American Psychiatric Association (2000), conduct disorder refers to a form of childhood psychopathology involving a repetitive and persistent pattern of behaviour in which the basic rights of others (e.g., aggression to people and animals, destruction of property, theft) or major age-appropriate societal norms or rules are violated (e.g., running away from home, truant from school). Peterson (1961) demonstrated that conduct disorder was a cluster (or constellation) of problems characterized by non-compliance, restlessness, irresponsibility, boisterousness, and aggression (Herbert Martin, 1978). Therefore, we can draw a conclusion that conduct disorder and conduct problems refer to the same organizing category of problems. These problems fall under the domain of behavioural disorders.

1.1 Definition

According to Evans (2003) conduct disorder is a steady pattern of harming others or their property, lying, stealing, or breaking societal rules of behaviour. Remote instances of acute behaviour, running away, or vandalism is not enough to merit a diagnosis of conduct disorder. Most children exhibit instances of poor judgment and bad behaviour at least one time in their childhood. The distinction is children with conduct disorder break the rules over and over again, exhibit aggressive behaviour, and show no regard for others (As cited by Busari, 2016).

1:2 Diagnostic Criteria for conduct disorder

Conduct disorder is diagnostic category within medicine. There are two diagnostic manuals used by the mental health services: The World Health Organization (WHO) that publish “The International Classification of Diseases (ICD)” and the American Psychiatric Association (APA) that publish the “Diagnostic and Statistical Manual for Mental Disorder (DSM)”. The first clinical diagnosis of conduct problems appeared in 1968 in DSM-II and in 1969 in ICD-8 under

the name “Behaviour disorders of childhood”. In 1980, the disorder separated in DSM-III into two different diagnoses, Oppositional Defiant Disorder and Conduct Disorder to distinguish between two different clusters of symptoms.

1:2.1 DSM

According to DSM-5 a repetitive and persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of three or more of the following criteria in the past 12 months with at least one criterion present in the past 6 months. The DSM-5 lists four main groupings of behaviour pattern for the diagnosis of conduct disorder (American Psychiatric Association, 2013).

The criteria are:

Aggression to people and animals: included bullying, threatens, physical fights, physical harm to others, physical cruel to people and animal, stealing while confronting a victim and forcing someone into sexual activity.

Destruction of property: This is evidenced by behaviours such as fire setting with the intention of causing serious damage and deliberate destruction of other’s property (Other than by fire setting).

Deceitfulness or theft: Breaking into someone else’s house or car, lying to obtain favours, shoplifting and forgery.

Serious violation of rules: Staying out at night despite parental prohibitions, run away from home, truanting from school before age 13 years.

DSM-5 included specific diagnosis ‘limited pro-social emotions.’

For this specific diagnosis, at least two of the following characteristics should be displayed during 12 months. These characteristics are not situational and reflect on the individual and emotional functioning. Multiple resources are important to verify these characteristics.

The characteristics are:

Lack of remorse or guilt: Individual with conduct disorder does not have guilty feelings for their negative actions and consequences.

Callous-lack of empathy: They do not show empathy towards others' feelings. They are uncaring and unconcerned about the effects of their actions.

Unconcerned about performance: Individual shows unconcerned about their poor performance and they usually try to blame others for their poor performance.

Shallow or deficient affect: They do not express their emotions to others and show when they try to manipulate or intimidate others.

1:2.2 ICD-10

Conduct disorder is characterized by a repetitive and persistent pattern of dissocial, aggressive or defiant conduct. Such behaviour, when at its most extreme for the individual, should amount to major violation of age-appropriate social expectations, and is therefore more severe than ordinary childish mischief or adolescent rebelliousness. Examples of the behaviours on which the diagnosis is based include the following: excessive levels of fighting or bullying; cruelty to animals or other people; severe destructiveness to property; fire setting; stealing; repeated lying; truancy from school and running away from home; unusually frequent and severe tantrums; defiant, provocative behaviour, and persistent and severe disobedience. Anyone of

these categories, if marked, is sufficient for the diagnosis, but isolated dissocial acts are not. The diagnosis is not made unless the duration of the behaviour is six months or longer.

1:2.3 Child Behaviour checklist system. Child Behaviour Checklist (CBCL) The child behaviour checklist is a widely-used instrument to identify behavioural problem in children. This assessment tool was developed by Thomas M. Achenbach. This scale identified by a respondent who knows the child well, usually parents or another caregiver. Alternative measures are available for teachers. There are 2 versions of the checklist:

The preschool checklist (CBCL: 1.5years -5years) and

The school-age version (CBCL: 6years-18years) (Achenbach, 1991)

Now we have to think about the operational definition of conduct problem. Our main target is to explore associative factor but we should look first at the definition. In the above discussion of conduct disorder, it is an uncontrollable behaviour. We are defining conduct problem as aggressive behaviour, the absence of morality, less concern to others' emotions, selfishness, cruel to others, destruction of property, disobedient to family and social rules. Many researchers (Psalich, Dadds, Hawes, & Brennan, 2011; Malhotravimal Aga & Gupta, 1999) used term 'Conduct Problems' to express conduct disorder. Research findings show that conduct disorder is more common among the children of adults who exhibited conduct problems when they were young. In this study, we shall focus on people who are struggling with conduct problems. These people may not have all the symptoms to be diagnosed with 'conduct disorder'. If they exhibit one or two symptoms, we will include them into the study. As our target is to ascertain risk factors those are associated with the development of conduct problems, we would recruit participants who are below the threshold level. Another concern is socially unaccepted

behaviour. Some behaviour may be felt appropriate to some society but it may be aggressive in our society. So, we should focus on our social acceptance. As we are searching for associative factors we will focus on conduct problems, the full form of conduct disorder is not necessary. Presence of one or two symptoms also can provide associated factors. We will select our participants based on following symptoms: aggression, noncompliance, restlessness, irresponsibility, boisterousness, bullying, threatens, physical fighting, physical harms to others, stealing, forced sexual activity, fire setting, destruction of other's property, run away from home, staying out at night, repeated lying, truancy from school and disobedience.

1:3 Epidemiology of conduct disorders

Researchers often consider conduct disorder as one of the most common child and adolescents disorder (e.g., Joana Matthews, 2011). This disorder is characterized by multiple risk factors, multifactorial aetiologies, and diverse behavioural problems. The combination of these constituents made conduct problems as one of the most intractable disorder to treat. It is associated with the personal loss for children, families, and society. A meta-analysis conducted in North America and Europe estimated that the worldwide prevalence of CD among children and adolescents aged 6–18 years is 3.2% (Canino, Polanczyk, Bauermeister, Rohde, & Frick, 2010). Conduct disorder starts below the age of 7 (Scott, 2007). Recent epidemiological research review on age of onset (AOO) of mental disorders found 9–14 as the age of onset for conduct disorder (Kessler et al., 2007). The prevalence rate of conduct disorder is 5% (Scott, 2007). Worldwide 4.58 % of boys and 4.5% of girls were diagnosed with conduct disorder (Sarkhel, Sinha, Arora, & De Sarkar, 2006).

They also found 73% childhood conduct disorder, 27% adolescent conduct disorder; 36% mild and 64% moderate conduct disorder. In another research, the CD was significantly more

common in boys than girls and increased in prevalence with age (Maughan, Rowe, Messer, Goodman, & Meltzer, 2004). 40% children with conduct disorder will grow up to adults with the antisocial personality disorder (Searight, 2001). If we consider a specific population, 2.1% of US population was diagnosed with conduct problems (Kessler et al., 2005). The global burden of conduct problems is insurmountable. It is often considered as a significant contributor to global Years Lived with Disability (YLD) (Erskine et al., 2014). In Australian population, the researcher found the prevalence of conduct problems was 9.6 percent (Abu-Rayya & Yang, 2012).

1.4 Significance of conduct problems

Scientists pointed out the cost of conduct problems. The economic implications of conduct disorder (CD) among adolescents in four poor communities in the United States were examined. A range of expenditures related to this disorder across multiple public sectors, including mental health, general health, school, and juvenile justice was enormous. Seven years (years 7 through 13), expenditures for the CD youths were nearly \$70000 larger than those for the children in the No Disorder group (Pinderhughes, Dodge, & Greenberg, 2005). In a recent research finding researchers mentioned Children with life-course persistent conduct problems used services significantly as adults than those with low levels of childhood conduct problems. And this group accounted for 53.3% of all convictions (Rivenbark et al., 2017). Adolescents with externalising behaviour problem experience multiple social and health impairments that adversely affect them, their families, and society throughout adult life. In a 40 years follow-up study researcher found that adolescents with severe externalising behaviour were more likely to leave school without any qualifications (65.2%; adjusted odds ratio 4.0, 95% confidence interval 2.9 to 5.5), as were those with mild externalising behaviour (52.2%; 2.3, 1.9 to 2.8), compared

with those with no externalizing behaviour (30.8%). On a composite measure of global adversity throughout adulthood that included mental health, family life and relationships, and educational and economic problems, those with severe externalizing behaviour scored significantly higher (40.1% in top quarter), as did those with mild externalising behavior (28.3%), compared with those with no externalizing behaviour (17.0%) (Colman et al., 2009).

The researcher found that childhood conduct problems and hyperactivity were similarly associated with crime and violence in two large population-based longitudinal studies in Brazil and Britain. Risk factors in the perinatal period are significant precursors of conduct problems which can develop into violence (Murray et al., 2015). Mental disorders and crime were strongly associated with males with a history of childhood conduct problems. Kratzer and Hodgins found 76% percent of the males and 30% of females with childhood conduct problems had either a criminal record, a mental disorder, or both by age 30 (Kratzer & Hodgins, 1997).

1.5 What is influencing factors?

Risk/influencing factors are anything that increases the probability of sufferings harm from internal and external factors such as pathology, family conflict and living in high crime neighbourhoods (Office of the Surgeon General, US; 2001). Various risk analysis factors revealed that youth who exposed to multiple risks were more likely than others to engage in later violence (Herrenkohl et al., 2000).

1:6 Conduct problems and other associated disorders

Conduct problem is associated with Oppositional Defiant Disorder and Delinquency. Fundamental learning of conduct problems is possible by the similarities and differences

between Conduct problems, Oppositional Defiant Disorder and Delinquency. So, it is essential to define these key terms.

1:6.1 Oppositional Defiant Disorder. A child or teenager who loses temper, fights against authority figures, such as parents and teachers, characterizes oppositional Defiant Disorder (ODD). Kids with ODD often argue, resist rules and discipline, refuse to comply with directions and often blame others for his or her mistakes or misbehaviour, spiteful and vindictive. The defining characteristic is a fight against being controlled. But conduct disorder is used to describe an older child or adolescent. There is one marked difference with conduct problem is, children with ODD do not show physical aggression (Searight, Rottnek, & Abby, 2001). Aside they are less likely to get in trouble with the law. However, Oppositional behavior in childhood is a probabilistic risk factor for the subsequent development of more serious conduct problems characteristic of conduct disorder. Socio-emotional competence moderates the developmental relationship between mid-childhood oppositionality and more serious conduct problems in later childhood (Mandy, Skuse, Steer, St Pourcain, & Oliver, 2013).

1:6.2 Delinquency. Juvenile Delinquency is a term used by the Criminal Justice System. This is a legal terminology varies from country to country. In general juvenile delinquency is a set of behavior restricted by the juvenile court.

1:6.3 Differences between Conduct disorder and Delinquency. Delinquency overlaps conduct disorder for three reasons. Firstly, not all juvenile crime symptoms are the symptoms of conduct disorder, such as selling drugs. Secondly, some conduct disorder symptoms do not violate laws that are the main concern of delinquency. Thirdly, the time duration is a significant factor. Because we can say delinquent by a single act, but in conduct disorder, a child should be

engaged in a variety of antisocial behaviours in a relatively short-term period (Yoshikawa, 1995).

1.6.4 Callous-unemotional trait and conduct problem. In the DSM-5, an additional specifier for callous and unemotional (CU) traits in Conduct Disorder has been added. CU trait is very much important because there is a unique causal factor underlying the conduct problems found in children with CU traits, such as low temperamental fear and CU traits may be used to identify children who are at risk for persistent and severe antisocial behaviour. An asymmetrical relationship was found between CU traits and persistent conduct problems. Children with high levels of CU traits were also likely to display high levels of conduct problems, but children with high levels of conduct problems did not necessarily exhibit high levels of CU traits. The researcher identified four trajectories of CU trait: stable high, increasing, decreasing, and stable low. Highest heritability was observed for boys on a stable-high CU trajectory and for girls, a stable-high CU trajectory appeared to be almost entirely driven by shared environmental influences (Fontaine, Rijdsdijk, Mc Crory, & Viding, 2017). Dr. Rachael Bedford, a Sir Henry Wellcome Postdoctoral Fellow at the Biostatistics Department, Institute of Psychiatry, Psychology and Neuroscience, King's College London, says: "Callous and unemotional behaviours in children are known to be associated with an increased emotional burden on families as well as later criminality and antisocial behaviour". The researcher investigated on a group of children with conduct problems who show an especially severe and chronic pattern of conduct problems and delinquency and found that children with conduct problems who also showed CU traits exhibited the highest rates of conduct problems (Frick, Stickle, Dandreaux, Farrell, & Kimonis, 2005). On another issue, researcher investigated the influence of the parenting on the development of antisocial behavior in children with callous-unemotional (CU)

traits. Coercive parenting was more strongly positively associated with conduct problems in boys with lower levels of CU traits, whereas parental warmth was more strongly negatively associated with conduct problems in boys with higher levels of CU traits (Pasalich, Dadds, Hawes, & Brennan, 2011). DeFries–Fulker investigation on 7 years old twin pairs indicated that exhibiting high levels of Callous-Unemotional trait is under the strong genetic influence. In this study, children rated by teachers as showing significant conduct problems were divided into those with ($n = 234$) and without ($n = 210$) significant levels of Callous-Unemotional traits. The genetic and environmental effects on variations in conduct problems were very different for the two groups. The heritability estimate for the group high on conduct problems and CU traits (0.81) was more than twice that for the group low on CU traits (0.30) (Essi Viding, Blair, Moffitt, & Plomin, 2005). Researchers examined the relationship of parent-child attachment and levels of Callous-Unemotional traits in conduct-problem children. High levels of CU traits were associated with attachment that is more insecure; specifically, disorganised attachment representations. So, conduct-problem children with high CU traits appear to be at increased risk of experiencing disruptions in parent-child attachment relationships (Pasalich, Dadds, Hawes, & Brennan, 2012). Contextual risk factors (such as parenting, delinquent peer and neighbourhood) may influence to conduct problems if callous-unemotional trait is low. So, the relationship between conduct problems and contextual factors mediated by the CU features (Kroneman, Loeber, Hipwell, & Koot, 2009).

1.6.5 Relationship with adult psychopathology. Conduct problems are the root of antisocial behaviour in adulthood. At first, Lee N. Robins gave us the first large-scale study on adults who displayed deviant behaviour as children. She concluded that almost all adults with chronic antisocial behaviour have shown conduct disorder symptoms as children, but only about

one-third of children with conduct disorder go on to have antisocial personality disorder as adults. In a review article, Kjelsberg E, reviewed longitudinal studies that have reported on the link between adolescent conduct disorder and later adult personality disorders. He reviewed 5 clinical studies and 2 community studies. Research indicates a high prevalence of personality disorder in adults who had conduct disorder or disruptive behaviour disorder as children. Conduct disorder also predicts 4 areas of potential adult dysfunction (crime, marriage, social, and work) (Kjelsberg, 2006). Animal cruelty is a significant symptom of conduct problems. In a recent research, researcher investigated the link between childhood animal cruelty and adult interpersonal violence. With regression analyses researcher found that animal cruelty was the only statistically significant variable for predicting later adult interpersonal violence (Ketrone, J. B. 2017). In a birth cohort study on New Zealand researcher found associations between parental and teacher reports of conduct problems at age 8 and a range of psychosocial outcomes at age 18 (e.g., educational achievement, juvenile offending, substance abuse/dependence, mental health problems). Young people who showed conduct problems at age 8 had elevated rates of educational underachievement, juvenile offending, substance abuse/dependence, and mental health problems at age 18 (Fergusson & Lynskey, 1998).

Childhood disruptive behaviour has powerful long-term effects on adult antisocial outcomes, which continue into middle adulthood. In 10-25 years' follow-up study total, 225 twins were interviewed. With Bivariate analyses, the researcher found that both childhood hyperactivity and conduct disorder are as strongly related to later adult antisocial personality disorder. The multivariate findings further support the role of childhood behaviour problems in demonstrating the independent associations of conduct disorder and hyperactivity on antisocial personality disorder in the early adult period (Simonoff et al., 2014). In another study, the

researcher investigated the continuities between emotional and disruptive behaviour disorders in adolescence and personality disorders in adulthood. Adolescents with disruptive behaviour disorders were significantly more likely to have cluster B personality disorders at follow-up than adolescents with emotional disorders. Emotional disorders were significant and independent predictors of cluster C personality disorders in women but not in men. Disruptive behaviour disorders were a significant and independent predictor of antisocial personality disorders in men (Helgeland, Kjelsberg, & Torgersen, 2005).

The researcher also found that person who had disruptive disorder during adolescence showed the high rate of all types of personality disorders (40% had a personality disorder at follow up), but the adolescent with the emotional disorder had a lower rate of personality disorder (12%) (Rey, Stewart, & Sc, 1995). Stephanie Kasen and others examine the associations between childhood psychopathology and adult personality disorder in a random sample of 551 youths, who were 9 to 16 years old at first assessment. The progression of childhood conduct disorder to antisocial disorder suggested that personality disorders may, indeed, have their origins in earlier developmental stages (Kasen, Cohen, Skodol, Johnson, & Brook, 1999). On another research, the researcher found that approximately one-quarter of male juvenile detainees with CD at baseline later developed Antisocial Personality Disorder. Having five or more symptoms of CD was significantly associated with developing *modified* APD (M-APD; APD without the CD requirement) (Washburn et al., 2010). Conduct problem highly associated with adult multiple social difficulties (Zoccolillo, Pickles, Quinton, & Rutter, 1992).

1:7 The historical backgrounds of conduct problems

It was mentioned before that conduct disorders, and different researchers have defined conduct problems differently. Therefore, we looked at history to analyse how the concept of

conduct problems has been evolving. There are three different periods found in the history of conduct disorder. The first period started in 1880 when the focus was delinquency, especially the social and legal problem of delinquency. The second period begins in 1910 where the causes of inappropriate behaviour were the focus. The third period started by the first official categorisation of conduct disorder in 1968. The biological determinism influenced the initial research about conduct problems. The psychoanalytic explanation challenged the biological explanation in the 20th century. In 1960, the psychoanalytic approach was replaced by the learning theory to explain conduct problems. In recent years, developmental psychopathology helps to integrate biological cognitive and environmental factors. Historical perspectives of conduct problems are not only the study of conduct problems but also the direction of treatment principle (Norberg, 2010). We shall now focus on the theoretical background of conduct problems.

1:8 Theoretical backgrounds

Different theorists define theories to explain the cause of conduct problems. Alan Carr (2006) explained aetiology under five broader theoretical aspects.

1.8.1 Biological theories. Biological theory is the combination of genetic theory, hormonal theory, arousal theory and neuropsychological deficit theory. According to genetic theory, conduct problem is inherited. They find the causal link between XYY syndromes and conduct problems. Hormonal theory found the causal relationship between conduct problems and elevated testosterone levels. Arousal theory view that low arousal levels make children less responsive to positive and negative reinforcement than normal children. So, that they fail to learn prosocial behaviour and avoid the antisocial behaviour. According to neuropsychological deficit theory, neuropsychological-based deficits in verbal reasoning and executive functioning

contribute to conduct problems. Because these deficits may lead to under-achievement that influence frustration and this frustration may influence aggressive behaviour.

1.8.2 Psychodynamic theories. Classical Psychodynamic theories focus on ‘superego deficits’, that means conduct problems occur because of overindulgent or negligent parenting. Object relation theorist focuses on attachment theory. Children who are isolated from their primary caregiver during early stage may fail to develop the internal working model to moral interaction.

1.8.3 Cognitive Theories. Social information processing and social skill deficits are the focus of cognitive theorist. Children with conduct problems have the hostile intention to other and react aggressively. Peers reactions also contribute to the hostile attributional bias. They have a deficit to solve a social problem. So, they react aggressively in the problematic social situations.

1.8.4 Social learning theories.

1.8.4.1 Modelling. According to modelling theory, aggression is learned from the parents or siblings through modelling or imitation.

1.8.4.2 Coercive family process. The Coercive family interaction contributes to learning antisocial behaviour. The coercive family interaction may come from the social and economic stressors.

1.8.5 System theories. There are three focuses in system theory. They are:

1.8.5.1 Structural family system theory. Conduct problems occur in disorganised family with some limitations:

- Communication and problem-solving skills
- Clear rules, roles and routines.
- Clear boundaries and hierarchies.
- Flexibility for managing life-cycle transitions.

1.8.5.2 Sociological theory. According to various sociological theories, antisocial behaviour occurs in a social system. So, there is a causal relationship of social system to conduct problems.

1.8.5.3 Multi-systemic ecological theory. This theory focuses on multi-system including individual, family, school and the community. Conduct problems maintained in these multiple ecological nested systems (Carr, 2006).

1.8.6 Other Theories. Norberg. J (2010) mentioned 8 different theoretical aspects to explain the cause of conduct problems. They are:

1.8.6.1 Psychoanalytic theories. The Id, Ego and Superego have to be in balance for well functioning. In psychoanalytic theory, delinquency is often explained as Id dominant behaviour. That means the individuals are concerned with biological need and doesn't think about the consequences of their actions. A psychoanalyst often traces problem behaviour later in life from unresolved conflicts in the childhood. In 1970, the dominance of psychoanalytic approaches in classroom management became critiqued. The insufficient training and time of teachers made them less concerned with the unconscious life of their students which psychoanalytic approach demanded. On the other hand, another direct and effective behaviour management approach

became increasingly favoured. Social learning theory had much empirical support and effective intervention (Norberg, 2010).

1.8.6.2 Social learning theories. Social Learning Theory explains conduct disorder as the imitation of behaviour. Albert Bandura was the founder of social learning theory. He investigated a series experiment of imitation learning on children (1960). He emphasized the important role of rewards in shaping human antisocial behaviour. In the later period, Patterson and colleagues look at how the social learning processes applied to the family setting and how this help to explain anti-social behaviour. They also developed the ‘performance theory’ of the coercive family process (Patterson, 1982). This theory explains a number of parental factors that lead an unfavourable outcome. Especially they gave emphasis on ‘Coercive Cycle” and they also outline a developmental progression for antisocial behaviour.

1.8.6.3 Eysenck’s biosocial theory. Hans Eysenck explained antisocial behaviour with classical learning theory in combination with biology. He explains human as a selfish being. He also mentioned that genetic factor affects central nervous system that in turn has consequences for their personality and behaviour. Her biological theory is based on the principles that behaviours are learned by the reinforcement.

1.8.6.4 Cognitive theories. Children suffering from conduct disorders have problems with all the stages in the social-information processing. This leads them to interpret others’ behaviour as hostile and make more aggressive behaviour responses. As a consequence, a lot of interventions have focused on helping these individuals with identifying feeling and to be conscious about planning and evaluating their response to behaviours from other people.

1.8.6.5 Personality theories. The focus of personality theory is individual and its immediate environment and the theorist explain individual and environment as a cause of conduct disorder. Robins (1966) found strong correlation between the child behaviour problem and Antisocial Personality Disorder. Personality theory also found Callous-Unemotional trait as a main factor of conduct disorder as well as Antisocial Personality Disorder. The characteristics of Callous-Unemotional traits are very much important to draw causal mechanism of aggressive behaviour (Frick & White, 2008).

1.8.6.6 Ecological system theories. Delinquent behaviours develop by the reciprocal interaction between individual and environment. They also explained micro, meso, exo and macro system.

Micro: interaction between individual and environment.

Meso: interaction between different microsystems.

Exo: Indirect system.

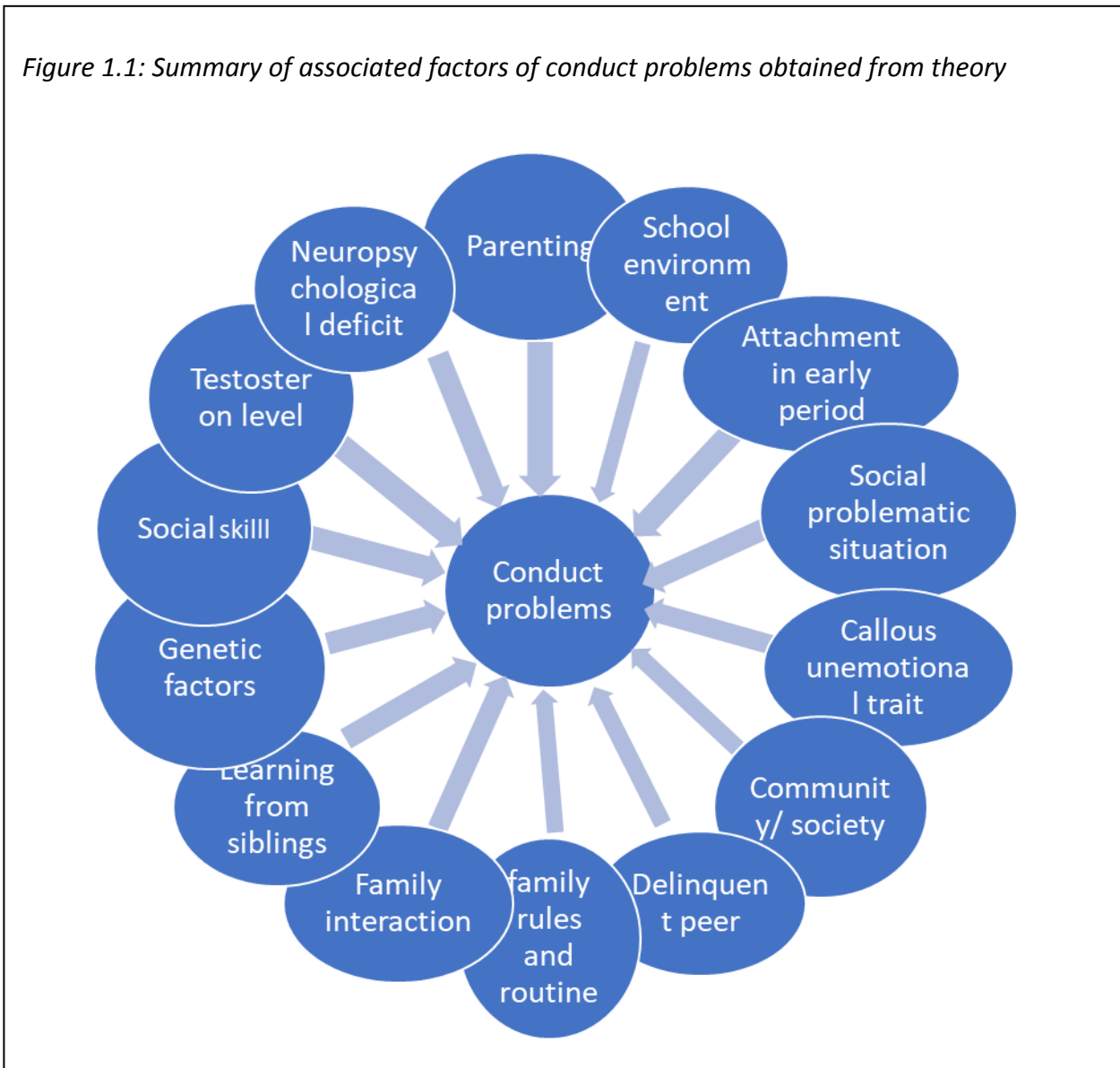
Macro: a Specific school system on the whole.

1.8.6.7 Developmental psychopathology. Developmental psychopathology mentioned risk factors and protective factors and they explained the behavioural problem as a dynamic process of genes and environment.

1.8.6.8 Moffitt's dual taxonomy (Moffitt, 1993). In 1993, Terrie Moffitt proposed a new dual taxonomy for conduct disorder. It was based on the time of onset (Moffitt 1993). The first group was "early-onset life-persistent", this smaller group suggesting that they develop Conduct Disorder before adolescence and continue their offending into adulthood. The second group was "adolescence-limited", they develop conduct problems during adolescence, but the problems

diminish in their adulthood. According to Moffitt (1993), the early-onset children offend through their lifespan, but the large adolescence-limited group is doing the majority of offending in adolescence. This taxonomy would explain the longstanding finding that the number of criminal offences in correlation to age peaks to the tenfold in late adolescence before it drops in early adulthood. Moffitt developed two theories to explain the difference between two age onset groups. The early-onset group is dominant by biological inherited predispositions. The callous-unemotional trait subgroup could also fit in here. On the other hand, the adolescent-limited group commits delinquent acts because of a “maturity gap”. This refers to the period after physical maturation, but before adult. They commit offences by the influence of peers and role model to establish their own independents. When the limited adolescence group reaches adulthood, they do not need to commit offences anymore, and their antisocial behaviour ceases (Moffitt 1993). This taxonomy can also explain the finding that adult crime appears to be more heritable than juvenile delinquency since the early onset group that has a stronger biological base (Moffitt, 1993) would most likely commit adult crime.

The dual taxonomy became a part of DSM-IV in 1994 (APA, 1994) and it is now widely accepted. It provides a plausible explanation for many earlier findings in the research on antisocial behaviour. However, many scientists feel that this is not enough and that further subdividing is necessary to provide more accurate categories to help research and interventions.

1:9 Model based on theory

In above discussion of theoretical explanation of conduct disorder, most theories do no longer try to explain conduct disorder as consequence of single one cause or one factor. It is a combination of biological and environmental factors. In addition, these factors increase the risk of pathological outcome. It is quite evident that many theories are available to explain conduct problems. According to our standpoints, these theories are complementary rather than

contradictory. But Ecological Systems Theory is nicely poised to describe the development of conduct problems among children. Ecological Systems theory of Human Development was proposed by Bronfenbrenner (1974, 1976, 1977, and 1979) to describe the human development. This model has two basic proposition; proposition 1 postulated that any human developments occur through a complex interplay between the person and the environment. There are multiple aspects of this person (e.g., biological, psychological) interacted with multiple aspects of the environment (e.g., person, institutes) interplay with each other behind the development. As this is a process, the interplay must occur frequently. This process is generally labelled as “Proximal process”. These proximal processes are often indicative of developmental outcome for the child, both positive and negative. As for example, good mother-child interaction indicated the lower behaviour problems amongst four years old children (Drillien, 1963). The second proposition identifies the direction, form, power, and content of the process. With a consideration of earlier example, good mother-child interaction interacted with another aspect of the environment, in that case, social class to create the developmental outcome. A certain number of the traits are interacted with the certain numbers of aspects of the environment to create the conduct problem. This proximal process can both act as a protective factor for the development of conduct problems or risk factor for developing conduct problems. Such as, a secure attachment between mother and child may prevent the development of conduct problem even though the child shows early sign of behaviour problems. In contrary, an insecure attachment may act as an initiator of the conduct problems. Moreover, certain aspects of the environment have influence over the outcome. Again, a secure attachment and stable family environment may help the children to become more stable and mature. On the other hand, a chaotic environment may create difficulties amongst the children even the attachment is secured. It highlights the importance of the dynamic

interplay between environment and person behind the development of any conduct issues. However, the theory also proposed that the advantage of any favourable proximal process mostly occur under a stable and advantageous environment. As for example, the good mother-child interaction will result to a positive outcome if the environment is favourable. So, we can search associative factors of conduct problems in Bangladesh under the shed of system theory (Bronfenbrenner, 1994).

1.10 Previous research on conduct problems

In a review article Murray and Farrington (2010) mentioned most important risk factors for conduct disorder include impulsiveness, low IQ and low school achievement, poor parental supervision, punitive or erratic parental discipline, cold parental attitude, child physical abuse, parental conflict, disrupted families, antisocial parents, large family size, low family income, antisocial peers, high delinquency rate schools and high crime neighbourhoods. They categorized risk factors in three broader aspects; they are individual, family and social factors (Murray & Farrington, 2010). Moffitt (1993) postulated birth complication as a potential contributing factor to neurological deficits, which has an association with conduct disorder. Birth complications are associated with young maternal age, poor antenatal care, poor socioeconomic conditions, alcohol and drug use in pregnancy and maternal smoking (Fraser et al., 1995; Seamark & Gray, 1998). The harsh punishment may lead to increased externalizing behaviour especially when relationship within the family is cold. Shaw & Shelleby (2014) mentioned poverty as one of the strongest predictors of Conduct problems (Shaw & Shelleby, 2014). Researcher also suggest that Socio-Economic Status is the most common factor for conduct problems (Miech et al., 1999). Family history of problem behaviour is also a significant influencing factor (Hawkins, J. David;

Herrenkohl, Todd I.; Farrington, David P.; Brewer, Devon; Catalano, Richard F.; Harachi, Tracy W.; Cothorn, 2000). Lee N. Robins (1980) Mentioned Gender, Early Behavior, Low IQ, family characteristics, biological factor, Place and time as main risk factors (Robins, 1991). Researcher found ethnic differences in conduct disorder (Rutter et al., 1974). Therefore, it is also an influencing factor. Parental discord, erratic and severe discipline (Mc Cord, 1990), and large families (West and Farrington, 1977) have also been found to be risk factors (As cited Robins, 1991). Schonfeld, Shaffer, O'Connor and Protnoy (1988) found that the average IQ of conduct disordered child is slightly low (Schonfeld, Shaffer, Connor, & Portnoy, 1988). Smith et al., (2014) found relationship between children's behavioural characteristics and coercive interaction with caregivers during early childhood (Smith et al., 2014). E. Moffitt, (2005) found both genes and environmental factors are responsible for conduct problems (E. Moffitt, 2005). In Australian population researcher found conduct problems followed by peer problems (8.6 percent) (Abu-Rayya & Yang, 2012). Holmes and others found early recognition of risk factors can resist the effect of conduct problems and antisocial personality disorder (Holmes, Slaughter, & Kashani, 2001). They mentioned few risk factors such as intrinsic individual differences, psychosocial/environmental factors, genetic and neurochemical factors. L. Bassarath mentioned some risk factors in a review paper. Firstly, factors that strongly predict conduct problems: past offenses, antisocial peers, impoverished social ties, early substance use, male sex, and antisocial parents. Secondly factors that moderately predict: early aggression, low socioeconomic status (SES), psychological variables such as risk-taking and impulsivity, poor parent-child relationships, poor academic performance, early medical insult, and neuropsychological variables such as poor verbal IQ. Thirdly, mild predictive factors: other family characteristics such as large family size, family stress, discord, broken home, and abusive parenting, particularly

neglect. Fourthly, Protective factors include individual factors such as skill competence (in social and other areas), adult relationships, prosocial and pro-educational values, and strong social programs and supports (Bassarath, 2001). With multiple regression analysis researcher found that adverse adoptive home environment (defined as adoptive parents who had marital problems, were divorced, were separated, or had anxiety conditions, depression, substance abuse and/or dependence, or legal problems) interacted with biologic background significantly increased aggressiveness and conduct disorder in adoptees in the presence of but not in the absence of a biologic background of antisocial personality disorder (RJ, WR, Ed, Woodworth, & MA, 1995). Conduct problems are influenced by the childhood malnutrition and in later period neurobehavioral effects of the malnutrition on cognitive function and by adverse conditions in the early home environment influence the conduct problems (Galler et al., 2012). Researcher investigated the relationship between religiosity and conduct problems in a racially diverse sample of high school aged adolescents (ages 13–19) and found that the self-directed and deferring religious coping place adolescents at risk for conduct problems but there was no relationship between Collaborative religious coping and conduct problems (Molock & Barksdale, 2013)

Research on Palestinian children affected by war on Gaza revealed that 38.1% parents reported conduct disorder and 39.3% children reported conduct disorder with 4.6 % comorbidity of post-traumatic stress disorder (Thabet et al., 2013). A Meta-analysis of 95 studies was examined to investigate the psychophysiology of aggression and conduct disorder and researcher found that Low Resting Heart Rate and high Heart Rate reactivity were associated with aggression and conduct problems (Lorber, 2004). Another review paper focused on the reciprocal interplay between environmental and biological factors. Authors mentioned brain

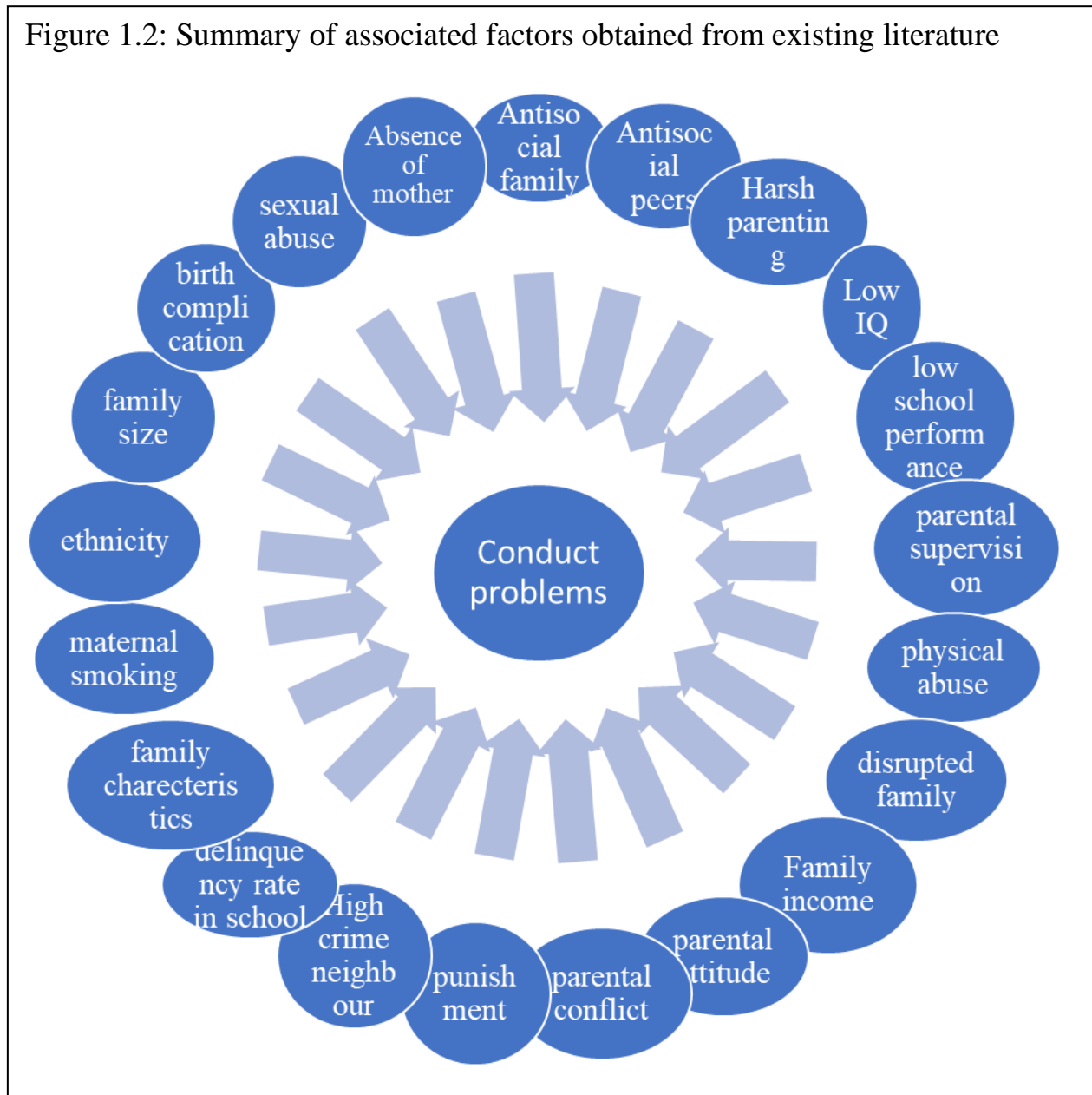
injury and structural abnormalities, neurotransmitter regulation, neural processing, and genetic factors as possible environmental factors and environmental factors are familial discord and low socioeconomic status (Maciow & Barry, 2010).

Children with reported conduct problems compared with no conduct problems were significantly more likely to have mothers who smoked during pregnancy. They were less likely to be living with both parents and more likely to be in poor general health, to have difficulty being understood, to have a parent who agrees that smacking is sometimes necessary and to be taken to visit other people with children rarely (Wilson Dr. et al., 2013).

1:11 Model based on existing literature

We form a conceptual framework figure (1.2) of conduct problem after analysing relevant findings. We found many factors of conduct problem from previous research. They are low IQ, poor parental supervision, disrupted family, parental-conflict, birth complication, sexual abuse, parenting, family-size, family income, antisocial peer. Some of the factors are overlapping in theory and previous research, but there are some new factors appear on previous research.

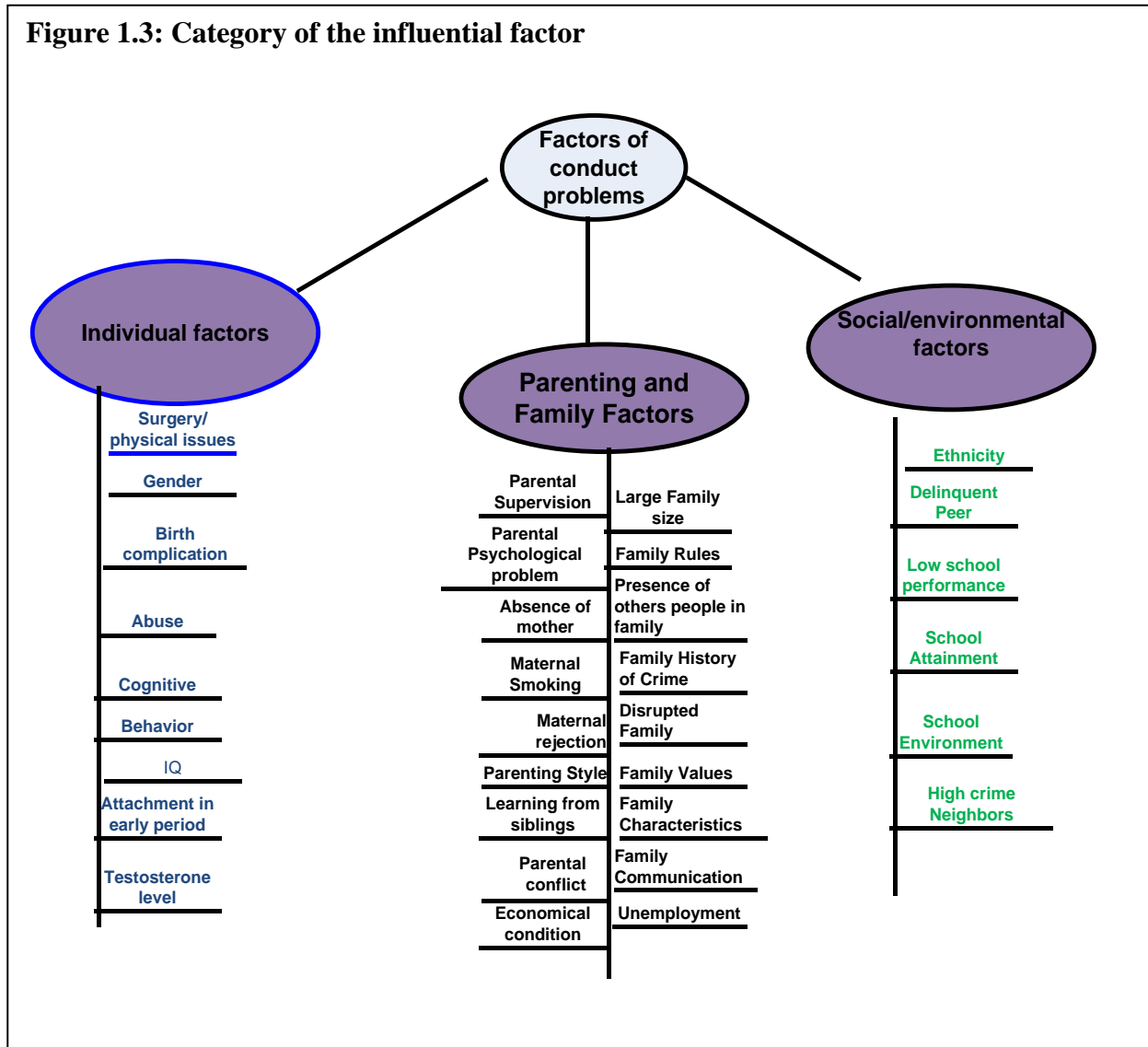
Figure 1.2: Summary of associated factors obtained from existing literature



1:12 Category of the factors

Through the study of theories of conduct problems and previous research, we can categorize influential/risk factors in 4 ways. They are individual, parental issues, family and social/ environmental factors.

Figure 1.3: Category of the influential factor



1.13 Relevant research in Bangladesh

We summarised a table consisting of studies that have been conducted in Bangladesh. The following table described the title, authors and major findings derived from these studies.

| Title | Authors | Findings |
|---|---|--|
| Prevalence of behavioural problems in children of developing countries | Roquia Begum | Behaviour problems: Boys-11.8%, Girls-10.7%, Total sample: 566, Age: 10 years. |
| A comparative study of perceived parental characteristics of delinquents and non-delinquents. | Roquia Begum and Aqifa Bassett | Findings: Delinquents’ reports less parental care and more parental over-protection than the non-delinquents do. |
| Prevalence of Behavioral and Emotional Disorders among the Orphans and Factors Associated with these Disorders (Rahman et al., 2012). | Wasima Rahman ; MSI Mullick ; Mohammad Asraful Siddike Pathan; Nafia Farzana Chowdhury; Mohammad Shahidullah; Helaluddin Ahmed; Surajit Roy; AtiqulHaq Mazumder; & Farzana Rahman . | Findings: Behavioural disorder-26.9%. Conduct disorder: SOS-Male- 3.9%, Female: 8.5% ShishuParibar: Male: 2.1%, Female: 5.1%. Factors: High length of stay in an orphanage; Low level of education of the foster mother. Total Sample: 342. Age range: 6-18. Tools: The Development and Well-being Assessment. |

| | | |
|---|---|--|
| Behaviour disorders in urban primary school children in Dhaka, Bangladesh (1999). | Rabbani MG & Hossain MM | <p>Findings: High prevalence rate of behavioral disorder, Conduct- 8.9 %, Male: Female ratio- 3:1.</p> <p>Study duration: 1994(February to April).</p> <p>Total sample: 1288.</p> <p>AGE- Grade 1 to grade 5</p> <p>Tool: Rutter B2 scale</p> |
| The prevalence of psychiatric disorders among 5-10-year-olds in rural, urban and slum areas in Bangladesh (Mullick & Goodman, 2005) | <p>Mohammad Sayadul Islam Mullick</p> <p>Robert Goodman</p> | <p>Findings: Conduct: Rural-0.7%, Urban-0.4% Slum-6.8%,</p> <p>Total sample: 922,</p> <p>Age range: 5to 10</p> <p>Tools: The Development and Well-being Assessment.</p> |

Table 1.1: Research in Bangladesh on conduct problem

From the available research table (1.1) in Bangladesh, we can get an idea about the prevalence of conduct problems as well as behavioural problems. The prevalence rate of conduct disorder was found 8.9. We also found two related factors with conduct disorder. They are less parental care and parental overprotection.

Besides these, we can get an idea about children's situation by the newspaper:

1.13.1 Adolescents' crime in Bangladesh

Recent news published in one of the leading newspaper suggested that there are at least 35 gangs operated in Bangladesh. A majority of them (12) based in Dhaka, the capital of Bangladesh. The members of the gangs are ranged from 12-17. They are involved in some criminal activities including, mugging, drugs, drugs trafficking, stalking, "eve-teasing" (a form of sexual harassment), and honking to scare others. Unofficial and uncredited sources of police suggested there are many factors acted behind the development of these gangs in this report. They suggested, lack of sports and recreational activities, lack of parental supervision, the influence of drugs, uncontrolled usage of internet, desire to establish oneself as the centre of attention, and influence of political parties are salient factors that helped the formation of these gangs. They have predicted without any psychosocial measures; the number will rise exponentially (Ahmmed & Hossain, 2017).

In 2017, "Manusher Jonno" foundation published an article entitled "Bangladesh Shishu Poristhiti", which accumulated child related news on six national daily newspapers. According to this article in 2016, there was 27 news published on the newspaper about childhood crimes were

259 children were suspected of the crime. Most of the child's age ranges were 12-18 years. Their crime included stealing, murder, mugging, kidnapping, rape, cheating on exams. Most of the child involved in drug dealing. Among these, 50% child was convicted in Dhaka city. In 2015 total child crime news was 51 and 115 child was offender (Mamun, 2017).

1:14 Limitation of the previous research

Every research question starts with the gap of the previous research. In Bangladeshi context, exploring the factors of conduct problems is a new concept. The available research focused on the behavioural problem, but conduct problem was overlooked in previous research. In Bangladeshi context, we may find indigenous factors. Our social, environmental, economic, religious, family patterns are different from any other context. This different context may contribute differently. Therefore, we should focus on this. It is very difficult to explore all influential factors in one research. Therefore, our research will focus on most influential factors. Mostly Influential factors can be identified by the frequent presence on previous research.

1.15 Research question

The general research question is:

What are the factors that are associated with conduct problems?

The specific research questions are:

1. Are individual factors associated with conduct problems?
2. Is parenting associated with conduct problems?

3. Are family factors associated with conduct problems?

4. Are environmental/social factors associated with conduct problems?

1.16 Objective of the study

The present study was aimed at exploring the factors those are associated with conduct problems in following domains:

1. To explore the association with individual factors and conduct problems

(Individual factors: Birth complication, Abuse, Impulsiveness, Addiction)

2. To explore the association with conduct problems and parenting factors

(Parenting: parenting involvement, positive parenting, poor monitoring, and supervision, inconsistent discipline, and other parenting issues.

Others parental issues: Absence of parent and Attachment problem, Parental marital conflict, family and Parental psychopathology, antisocial parent and substance abuse.)

3. To explore associated family factors.

(Family Factors: Family size, Economic issues, antisocial siblings, Lack of awareness about the problems. **Family environment:** Family Cohesion, Family Expressiveness, Family Conflict)

4. To explore associated environmental/social factors.

(Environmental/ Social factors: School environment, Delinquent peer, High crime neighbour, Media exposure, recent changing society.)

1.17 Definition of the independent variables

We followed the following operational definitions for the aforesaid factors:

1.17.1 Individual factors.

Birth complications and physical issues in the early period. Any abnormality in pre-natal, birth process, anti-natal period and any physical issues in early childhood considered as this factor.

Abuse. This factor includes three types of abuse- physical abuse, emotional abuse and sexual abuse.

Physical abuse refers to any intentional attack on a child. It may occur alone or in conjunction with sexual or emotional abuse.

Emotional abuse- There is a lot of controversy in this definition. In our research, we focused mainly any deprivation or attachment problems of the child.

Sexual abuse refers to the use of a child for sexual gratification or sexual interest.

Impulsiveness: It is acting or tending to act suddenly and without careful thought.

Addiction: Addiction means any substance use that creates a dependency to the child and this dependency leads to the behavioural, cognitive, emotional impairment. Too much dependency on mobile, video games and internet a part of addiction.

1.17.2 Parenting. Parenting is a child-rearing process by which child get support for physical, emotional, social and intellectual development. Bring discipline and proper monitoring also a proper part of monitoring.

1.17.3 Others parental issues

The absence of parent and early attachment: This factor includes the absence of a parent in the present and early childhood due to separation, job, migration and death. Early attachment includes separation from parents that may deprive a child of appropriate parenting, love and affection.

Parental marital conflict: Marital conflict includes repeated conflict arises between the two courting members of a marriage on a range of issues which can indicate sexual disagreement, child minding differences, temperamental differences and even religious conflict of interests.

Family and Parental psychological problems: This factor includes any psychological problem of the parent and another family member, Such as depression, anxiety, the excessive anger of the parent and another family member.

Antisocial parent and substance abuse: This factor includes any antisocial activity of the parent and excessive use of any substance.

1.17.4 Family Factors

Family size: How many people live together in this family, there is an additional person at home, which causes problems? Does the child get less time from the elder because he is in a single family? In general, whether family type shows a role on the child, it is the main issue of this factor.

Economic issues. This factor includes exploration of poverty/ scarcity of money in the family and economical management.

Antisocial siblings. Siblings with antisocial behaviours such as disruptive acts, intentional aggression toward others, repeated violations of social rules, defiance of authority and the rights of others, deceitfulness, theft, and reckless disregard for self and others.

Lack of awareness about the problems. This factor indicates a failure to early identification of the problems. Lack of knowledge about conduct problems that it is a behavioural problem.

1.17.5 Environmental/ Social factors-

School environment and low school performance. School environment indicates rules regulation of the school, teaching process, teachers' communication pattern with child, opportunity to involve outdoor games, results and friends involvement of the child.

Delinquent peer: Any peer and friends of the child who involves with disruptive acts, aggression towards others, repeated violation of social rules, deceitfulness, theft, defiance of the authority.

High crime neighbour: This factor includes if there are many antisocial activities around the child, the neighbour does many crimes and most of the persons in the society break the rules.

Media exposure: Child Media Exposure is to learn from media (TV, Internet). That means the child sees any TV show that influences to learn aggression or some others rules breaking activity. Any crime related news on a newspaper that affected the child.

A recent change in society: Is the child's behaviour changing for some recent social changes? For example, for the industrialisation, both parents are working, less time giving to the child,

everyone is dependent on technology, so, limited social time is spent, less chance of playing, so child much more involved in this kind of negative activity.

1:18 Rationale of the study

Conduct problem (CP) is the costliest problems for childhood and adolescence. Not only it has caused stupendous amongst family members, but also it cost the community and nation. The cost came in the form of damaged properties and goods, investment in detention centres and investigation resulting due to the crimes. Educational attainment of CP is also poor that led to poor productivity. It is well established in the science that poor productivity related to poor economic growth. Bangladesh who is striving for a middle-income country by 2021, the impact of stymied economic growth due to conduct problems could be huge. Aside, if untreated, CP can develop into personality disorders. Suffice to point out that personality disorder is one of the most difficult disorders to treat and detect. The detectability of this disorder often creates disdain among the family members. Therefore, if a CP can be treated in an early stage, it can avoid enormous human sufferings. The various research focused on the early intervention of conduct problems (Offord & Bennett, 1994;Yoshikawa, 1995; Reid, 1993). The prevention and early intervention program target the associated factors that can be ascertained from this study. Henceforth, this study could be the first grand step towards prevention and research in conduct problems in Bangladesh. Gauging the rate of person struggling with conduct problems is hard. With hindsight, we can assume that the number of conduct problems has been increasing. This trend can be witnessed from the crime reports. Youth and adolescents are committing many

heinous crimes. Therefore, research on this topic is a crying need. This study can shed light on different factors that are present amongst the adolescents struggling with conduct problems.

Chapter: 2**Methodology**

In this chapter, the research method will be discussed. This consist how the sample was selected, how the tools were used and how data collection procedure and data analysis was done.

2.1 Participants

We collected data from 165 children (Mean age= 13.38) with their parents. 82% of the children were male. Participants were recruited from Dhaka (capital of Bangladesh) and surrounding areas. Participants were recruited from different treatment centre, correction centre and outpatient department of hospitals. Ten different institutes situated in Dhaka and surrounding areas participated in this project.

Table 2:1: Source of participants

| Sources of participants | Number | Number of Males |
|--|------------------|------------------------|
| 1. Dhaka Shishu Hospital | 27 | 17 |
| 2. National Institute of Mental Health and Hospital | 28 | 24 |
| 3. Bangabandhu Sheikh Mujib Medical University (BSMMU) | 2 | 2 |
| 4. Nasirullah Psychotherapy Unit (NPU) | 3 | 0 |
| 5. Shishu Polli Plus | 4 | 3 |
| 6. Shishu Unnoyon Kendra (Balika) | 11 | 0 |
| 7. Nobojibon Rehab Center | 7 | 7 |
| 8. Community sample (Nandipara) | 2 | 2 |
| 9. Community sample (Narsingdi) | 2 | 2 |
| 10. Shishu Unnoyon Kendra (Balok) | 79 | 79 |
| | Total-165 | Total-136 |

2.1.1 Inclusion and exclusion criteria

We did several inclusion and exclusion criteria to obtain accurate information.

2.1.1.1 Inclusion criteria.

1. Any child with the listed symptoms of conduct problems.
2. Person of late childhood and adolescence (Age range 8-16)
3. Either father or mother was present.
4. Willing to participate in the study

2.1.1.2 Exclusion criteria.

1. Disable (physical, mental, intellectual)
2. Autistic children.
3. Presence of major biological, neurological and psychiatric disorders.

2.2 Sampling Technique

We adopted purposive and convenient sampling techniques for our study. We targeted children attending different hospitals, clinics and psychotherapy services centres for conduct problems/ antisocial behaviour problems. We also approached detention centres and correction centres where we could get participants with antisocial/violent history. Amongst the centres we approached, 8 of them agreed to participate in this study. Two of them were detention centres, one psychiatric hospital, one psychotherapy centre, and two public hospitals.

2.2.1 Sample size. As it is a quantitative study, sample size was determined by the formula. The general rule of thumb is no less than 50 participants for correlation and regression

with the number increasing with large number of independent variables. We calculated the sample by using G*Power statistical software. We wanted to detect the difference at the 0.05 alpha with 0.95 1-beta error probability. The suggested sample size was 107. We have considered issues like attrition rate, and discrepancies in responses. Therefore, we include another 60 participants in our sample. According to Green (1991), $N > 50 + 8m$ (Where **m** is the number of independent variables). In this research, “factors” are the independent variables. My factor number is 19, my standard sample size is $N > 50 + 8 \times 19 = N > 202$.

2.2.2 Target group. Child with the conduct problems, age ranged from 8 to 16 and their parents were the target group of this study.

2.2.3 Maximum variation. During sample selection, maximum variation was ensured through different institution, education, socioeconomic status, duration of the problem.

2:3 Instruments

The following instruments were used in the present research.

2.3.1 Conduct disorder symptom checklist. We have thoroughly analysed the diagnostic criteria for conduct disorder from DSM and ICD. After analysing, we have developed a checklist containing conduct problems symptoms. After the initial item creation, we asked 11 judges to evaluate the suitability of the items. They were also asked to comment on the appeared validity and reliability of the scale. There were 15 items in the original version. After the evaluation, the team of the researchers analysed the comments and made further changes into the items. The final version of the checklist contained 22 items. There were four response options. They are ‘never’, ‘sometimes’, ‘recently’ and ‘a lot’ and their scoring range was 0 to 3. Possible

maximum score was 66. In this research, we considered this symptoms score as conduct problems.

2.3.2 Factors assessment questionnaire. We analysed recent studies that reported factors related to conduct problems. We have developed a checklist based on the findings accumulated over the years. After the development, we asked 11 judges from the discipline of clinical psychology to evaluate this checklist. We adopted the approach of developing a checklist to obtain a comprehensive picture of the factors. Furthermore, we have not picked any questionnaire developed in Bangladesh context that assess the risk factors. Thus, we undertook this step as the first stepping-stone towards development of an assessment tools. The checklist had 107 items, 69 items for parents and 38 items for child. Response options are yes and no. 1 score for yes and zero for no. However, 15 items has reversed scoring. (See appendix)

We assessed following factors through checklist:

Table 2.2 Item description of the factors

| Factor | Total item | Response option | Maximum score | Any negative score |
|--------------------|-------------------|------------------------|----------------------|---------------------------|
| Birth complication | 4 | Yes/ No | 4 | No |
| Abuse | 6 | Yes/no | 6 | No |
| Impulsiveness | 1 | Yes/no | 1 | No |
| Addiction | 9 | Yes/no | 9 | no |

| | | | | |
|---|----|-------------------------------------|----|----|
| Absence of parent | 6 | Yes/no | 6 | no |
| Parental marital conflict | 8 | Good/bad and Yes/no | 8 | 2 |
| Family size | 4 | Yes/no | 4 | 1 |
| Family and Parental psychopathology | 3 | Yes/no | 3 | no |
| Antisocial parent and substance abuse | 2 | Yes/no | 2 | no |
| Economic issues | 12 | Yes/no, Good/bad Always/never | 12 | 3 |
| Antisocial siblings | 10 | Yes/no | 10 | 1 |
| Lack of awareness about the problems | 1 | Yes/no | 1 | 1 |
| School environment and low school performance | 15 | Yes/no, Good/bad | 15 | 5 |

| | | | | |
|------------------------------|---|---------------------|---|----|
| Delinquent peer | 7 | Yes/no | 7 | no |
| High crime neighbour | 7 | Yes/no, Good/bad | 7 | 2 |
| Media exposure | 2 | Yes/no | 2 | no |
| Recent changes in society | 1 | Yes/no | 1 | no |

2.3.3 The Alabama parenting questionnaire (APQ) (Frick, 1991). The APQ measures five dimensions of parenting styles: (1) positive involvement with children, (2) supervision and monitoring, (3) use of positive discipline techniques, (4) consistency in the use of such discipline and (5) use of corporal punishment. These dimensions have been reported as the determinants of childhood externalising disorder.

There is both a parent form and a child form. Each form has 42 items, and their scoring process is same. Internal consistency (level of coefficient alpha) for overall scale reported as 0.68 (Frick, 1991). This scale gathers response on a five-point Likert scale, where 1= never, and 5= always.

Scoring process: The items are categorised into five subscales as follows:

Involvement: 1, 4, 7, 9, 11, 14, 15, 20, 23, 26

Positive Parenting: 2, 5, 13, 16, 18, 27

Poor Monitoring/Supervision: 6, 10, 17, 19, 21, 24, 28, 29, 30, 32

Inconsistent Discipline: 3, 8, 12, 22, 25, 31

Corporal Punishment: 33, 35, 39

Rest of the item provides information on an item by item basis. Numbers for these items are: 34, 36, 37, 39, 40, 41, and 42. No reverse coding is necessary. Sum all items in the scale to obtain a total scale score. (See appendix)

2.3.4 The Brief Family Relationship Scale (BFRS) (Fok, Allen, Henry, & Team, 2014).

The BFRS measures three dimensions of family relationship: Cohesion, Expressiveness, and Conflict. It measures response in a three-point Likert scale where two stands for “not at all” and four stands for “A lot”. Internal consistency of this scale reported as 0.88 for the whole scale.

Scoring Cohesion- item number 1, 3, 6,7,11, 13, and 14.

Expressiveness -item number, 4, 8 and 15.

Conflict-item number, 2, 5, 9, 10, 12, 16.

Reverse scoring: 2 5 9 10 12 16. (See appendix)

2.3.5 Demographic questionnaire. Participant’s demographic information such as name, age, educational qualification, occupation, father’s name, father’s educational qualification, occupation of father, mother’s name, mother’s educational qualification, occupation of mother, number of siblings, birth order, monthly family income and socioeconomic status was collected in this sheet.

2.3.6 Tools distribution according to research objectives

Table 2:3: Tools distribution according to research objectives

| Objective | Factor Assessment Questionnaire | The Alabama parenting questionnaire (APQ) | The Brief Family Relationship Scale (BFRS) |
|-----------------------|--|--|---|
| Individual Factors | 1. Birth complication. 2. Abuse 3. Impulsiveness. 4. Addiction. | | |
| Parenting | 1. Absence of parent and Attachment issues. 2. Parental marital conflict. 3 Family and Parental psychopathology 4. Antisocial behaviour of parents. | 1. Involvement 2. Positive Parenting. 3.Poor Monitoring/ 4. Supervision. 5. Inconsistent Discipline. 6. Corporal Punishment. | |

| | | |
|----------------------|--|---|
| Family factors | <ol style="list-style-type: none"> 1. Family size 2. Economic issues 3. Antisocial siblings 4. Lack of awareness about the problems. | <ol style="list-style-type: none"> 1. Cohesion. 2. Expressiveness 3. Conflict. |
| Environmental Factor | <ol style="list-style-type: none"> 1. School environment. 2. Delinquent peer 3. High crime neighbour 4. Media exposure 5. Recent changes in society | |

2.4 Procedure

At first, we obtained permission from different hospitals to recruit participants. We went through the administrative procedure that is required by hospital authority to conduct the data collection. Afterwards, we informed the practising psychiatrists/ psychologist about our study. We requested them to refer a child with conduct problems to us. Once the child came to us with parents, we educated them about the necessary details of this research. This includes, but not limited to, type of study, number of times they need to come, confidentiality, data protection, and any compensation plan. Then we answered any of the questions participants asked. Upon the confirmation of the presence, we continued with our data collection procedure. All participants gave written consent to participate in this study. After consent, researcher or research assistant interviewed with the checklist and questionnaires. We took interview both parents and child to obtain authentic data. Researcher provided the option to fill the questionnaires by the parents or researcher asked the questions. Many of the participants choose to answer the questions by themselves. Participants did not receive any monetary incentive for participation. All of these procedures were approved by the Ethics Approval Committee (EAC) of Department of Clinical Psychology, University of Dhaka. Participants were not provided with any monetary incentives for participation. Participation was completely voluntary; all of the participants had the right to withdraw from the study at any point of the time. They could also ask to withdraw any responses that have been collected. None of the participants asked for withdrawal from the study. The researchers strictly followed confidentiality protocol. All of the data were sorted and stored confidentially. Furthermore, all of the participants (both children and parents) signed informed consent separately.

CHAPTER -3**RESULTS**

According to research objectives, we ran the different analysis with our datasets. We collected some demographic information thorough demographic questionnaire. Although it was not our objectives, we analysed them and found significant findings. At first, we calculated descriptive statistics of the variables, because descriptive statistics gives an idea about the frequencies of demographic variables. Then we checked the reliability of the administered scales. After that, we conducted a series of multiple regression analysis. We use multiple regression analysis because we wanted to examine how different factors are related to conduct problems. In the final stage, we conducted correlation analysis with different factors. We also use chi-square to find out the significance of factors.

3.1 Descriptive statistics

In the following, the descriptive statistics of all the assessed variables are reported.

Table 3.1 Descriptive statistics of Demographic variables

| Variables | Levels | Frequency | Percentage (%) |
|------------------|------------------|------------------|-----------------------|
| Age | 8 | 11 | 6.7 |
| | 9 | 5 | 3.0 |
| | 10 | 10 | 6.1 |
| | 11 | 14 | 8.5 |
| | 12 | 12 | 7.3 |
| | 13 | 15 | 9.1 |
| | 14 | 32 | 19.4 |
| | 15 | 25 | 15.2 |
| | 16 | 41 | 24.8 |
| Sex | Male | 136 | 82.4 |
| | Female | 29 | 17.6 |
| Education | 0 (no schooling) | 3 | 1.8 |
| | Sign only | 8 | 4.8 |
| | 1-2 | 24 | 14.5 |
| | 3-5 | 62 | 37.6 |
| | 6-10 | 62 | 37.6 |
| | SSC | 6 | 3.6 |

| | | | |
|-----------------------------|------------|-----|------|
| Profession | Student | 106 | 64.2 |
| | Working | 33 | 20.0 |
| | Dropout | 26 | 15.8 |
| Education of father | Illiterate | 35 | 21.2 |
| | Sign only | 5 | 3.0 |
| | 1-5 | 26 | 15.8 |
| | 6-10 | 26 | 15.8 |
| | SSC | 10 | 6.1 |
| | Above SSC | 63 | 38.2 |
| Profession of Father | Unemployed | 3 | 1.8 |
| | Service | 40 | 24.2 |
| | Business | 48 | 29.1 |
| | Others | 74 | 44.8 |
| Education of Mother | Illiterate | 47 | 28.5 |
| | Sign only | 2 | 1.2 |
| | 1-5 | 25 | 15.2 |
| | 6-10 | 27 | 16.4 |
| | SSC | 13 | 7.9 |

| | | | |
|-----------------------------|-----------|-----|------|
| | Above SSC | 49 | 29.7 |
| Profession of mother | Housewife | 109 | 66.1 |
| | Service | 25 | 15.2 |
| | Business | 20 | 12.1 |
| | others | 11 | 6.7 |
| Number of Siblings | 0 | 3 | 1.8 |
| | 1 | 16 | 9.7 |
| | 2 | 51 | 30.9 |
| | 3 | 43 | 26.1 |
| | 4 | 34 | 20.6 |
| | 5 | 10 | 6.1 |
| | 6 | 5 | 3.0 |
| | 7 | 1 | .6 |
| | 8 | 1 | .6 |
| | 9 | 1 | .6 |
| Birth order | 1 | 59 | 35.8 |

| | | | |
|------------------------------|--------|----|------|
| | 2 | 54 | 32.7 |
| | 3 | 30 | 18.2 |
| | 4 | 14 | 8.5 |
| | 5 | 6 | 3.6 |
| | 6 | 1 | .6 |
| | 7 | 1 | .6 |
| Socio Economic status | High | 8 | 4.8 |
| | Medium | 67 | 40.6 |
| | Low | 90 | 54.5 |

3.2 Reliability analysis

We have conducted the reliability analysis of the administered scales. We calculated the reliability by following Alpha¹ and Guttman² methods. The results are below:

Foot note:

¹Alpha and ²Guttman: Model of reliability analysis/ measures of internal consistency of the scale.

Table 3.2: Reliability analysis of Alabama Parenting Questionnaire, Brief Family

| Scales | α | λ_3 |
|-------------------------------------|----------|-------------|
| Alabama Parenting Questionnaire | 0.65 | 0.65 |
| Brief Family Rating Scale (BFRS) | 0.68 | 0.68 |
| Conduct Problems Symptoms Checklist | 0.72 | 0.72 |

Relationship Scale (BFRS), and Conduct Problems Symptoms Checklist

The level of alpha suggested the level of internal consistency between items (Cronbach, 1951). It has been commonly utilised as a way to gauge the reliability of any scale. Any alpha item over 0.50 considered as acceptable (i.e., the scale can reliably measure what it claims to measure). All of the scales are in the accepted range of alpha.

We conducted a series of Multiple Regression Analysis (MRA) to delineate association between conduct problems and different risk factors.

3.3 Demographic variables

As our first objective was to explore the association of demographic variables and conduct problems, we selected demographic variables as the predictors of conduct problems in this Multiple Regression Analysis model. Our demographic variables were age, sex, education and profession of parents, number of siblings, birth order, socioeconomic status, and family income.

Table 3.3: Model statistics of demographic variables to predict conduct problems

| Model | R | R ² | Adjusted R ² | ΔR ² | F |
|---|------|----------------|----------------------------|-----------------|----------|
| 1 (age of the child) | 0.30 | 0.09 | 0.08 | 0.09 | 16.05*** |
| 2 (Sex and model 1) | 0.36 | 0.13 | 0.12 | 0.04 | 6.71** |
| 3(Mother's profession and educational qualification, profession and educational qualification of father and model 2) | 0.42 | 0.17 | 0.14 | 0.05 | 2.19 |
| 4 (number of siblings and model 3) | 0.44 | 0.19 | 0.15 | 0.02 | 3.58 |
| 5 (Birth order of the child and model 4) | 0.47 | 0.20 | 0.16 | 0.006 | 1.17 |
| 6 (Family income and model 5) | 0.45 | 0.20 | 0.16 | 0.004 | 0.70 |
| 7 (Socio economic status and model 6) | 0.46 | 0.21 | 0.16 | 0.008 | 1.60 |

Note-***P <0.01, ** P<0.05

Table 3.3 showed the model statistics derived from Multiple Regression Analysis where we selected conduct problems as predicted variables and demographic variables as predictors. To explain this table we have to introduce some basic components of this table:

- R is a measure of the multiple correlations between the predictors and the outcome.
- R^2 indicates the variance in the outcomes for which the predictors account.

$$R^2 = \frac{SS_M}{SS_T} \quad \text{or} \quad \frac{\text{Total sum of square} - \text{residual sum of square}}{\text{Total sum of square}}$$

- The adjusted value tells us how much variance would be accounted for if the model had been derived from the population from which the sample was taken.

$$\text{Adjusted } R^2 = 1 - (1 - R^2) \frac{n - 1}{n - m - 1} =$$

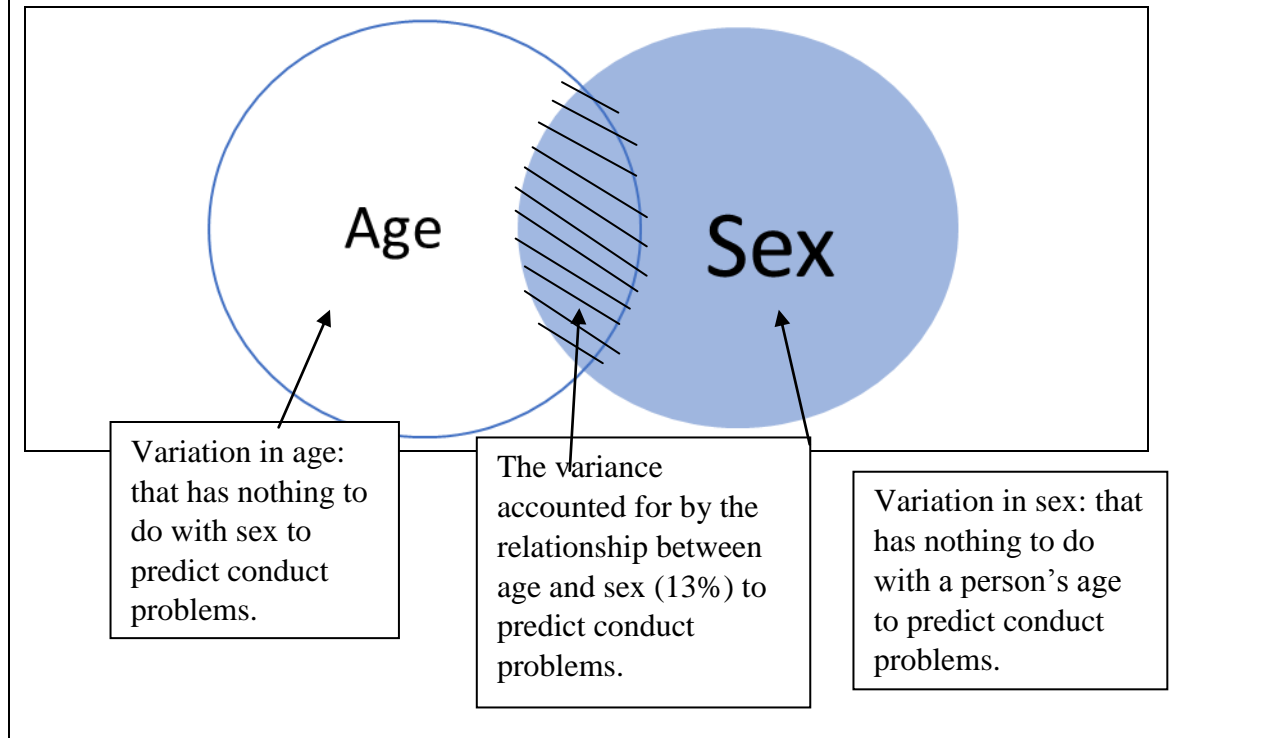
- ΔR^2 is resulting from the inclusion of a new predictor (or block of predictors). This measure is a useful way to assess the contribution of new predictors (or blocks) to explain variance in the outcome.
- F ratio tells us whether the change in R^2 is significant. The F -ratio is calculated by dividing the average improvement in prediction by the model (MS_M) by the average difference between the model and the observed data (MS_R).

Formula, $F = \frac{MS_M}{MS_R}$

(Field, 2009).

The model with Age as predictor explained 9% variance, the model was significant ($F=16.05$, $df=1, 161$, $p<.000$). That means independently child's age can explain 9% variance of conduct problems. A combined model of age and sex explained 13% variance, the model was significant ($F=6.71$, $df=1, 160$, $p<0.05$).

Figure 3.1: Relationship between two independent (Age and sex) variables to predict conduct problems



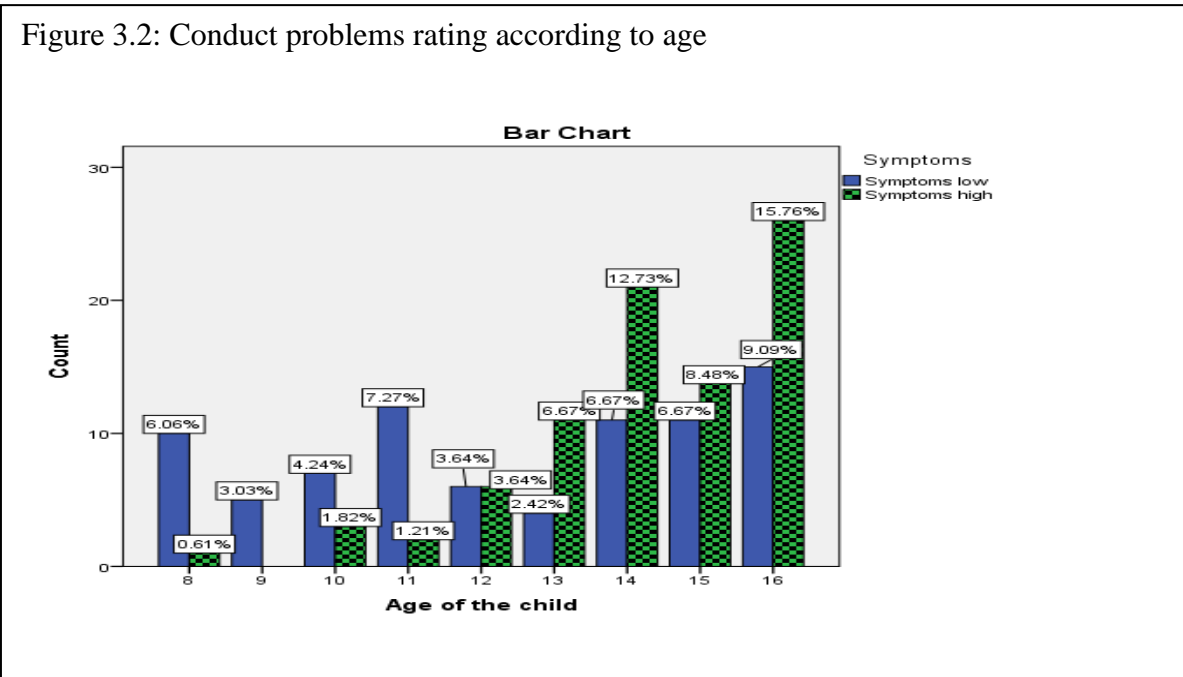
By the figure 3.1, we can assume how two independent variables are related to a dependent variable. Age and sex combinedly explain 13% variance of conduct problems.

Table 3.4: Association between demographic variables and conduct problems

| Predictor | B | β | t |
|-------------------------------------|-------|---------|---------|
| Age of the child | 1.22 | 0.31 | 5.93*** |
| Sex of the child | -5.14 | -1.94 | 3.60*** |
| Educational qualification of father | -0.75 | -0.07 | -0.88 |
| Profession of father | 0.35 | 0.03 | 0.38 |
| Educational qualification of mother | -0.91 | -0.18 | -1.84 |
| Profession of mother | -0.32 | -0.31 | -0.41 |
| Number of Siblings | 1.09 | 0.16 | 1.89 |
| Birth order of child | 0.93 | 0.11 | 1.08 |
| Family income | -2.14 | -0.07 | -0.83 |
| Socio Economic Status of Family | -2.70 | -0.16 | -1.26 |

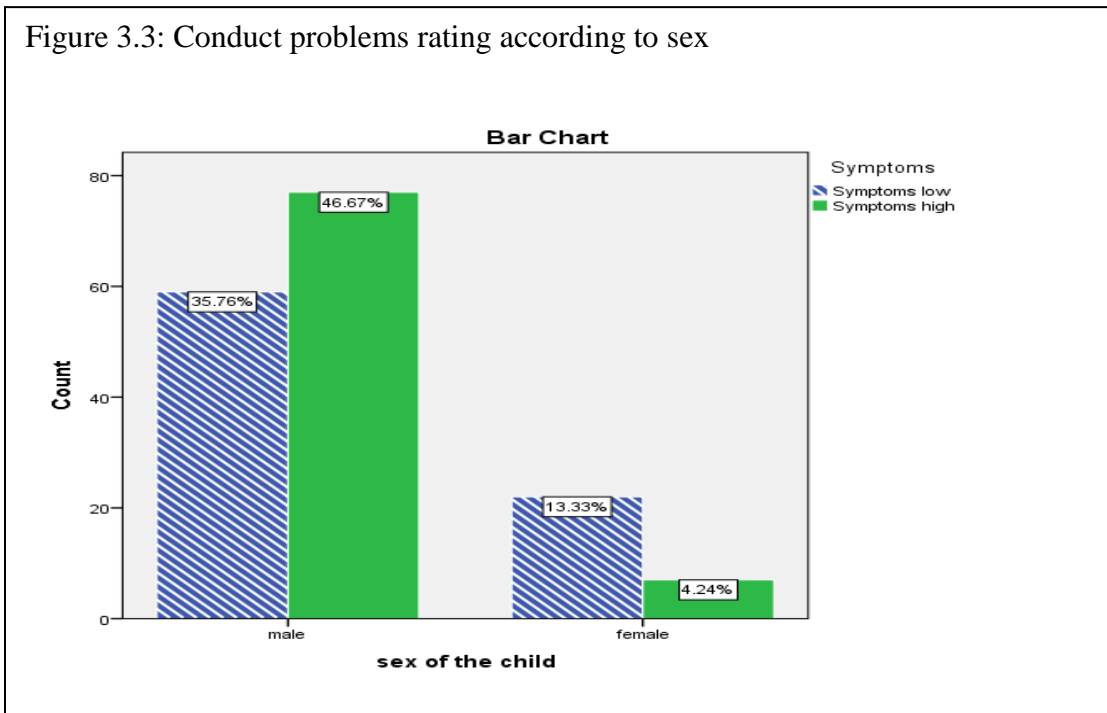
Note-***P <0.01, **P <0.05

The table 3.4 showed an association between several demographic variables and conduct problems. Age and sex of the child were significantly associated with conduct problems. The association was stronger with sex ($t=3.60$, $p<0.05$). The β value suggested how strongly the predictor is associated with dependable variables. As an example, if the age changes by 1 unit, the conduct symptoms will change 0.31 units.



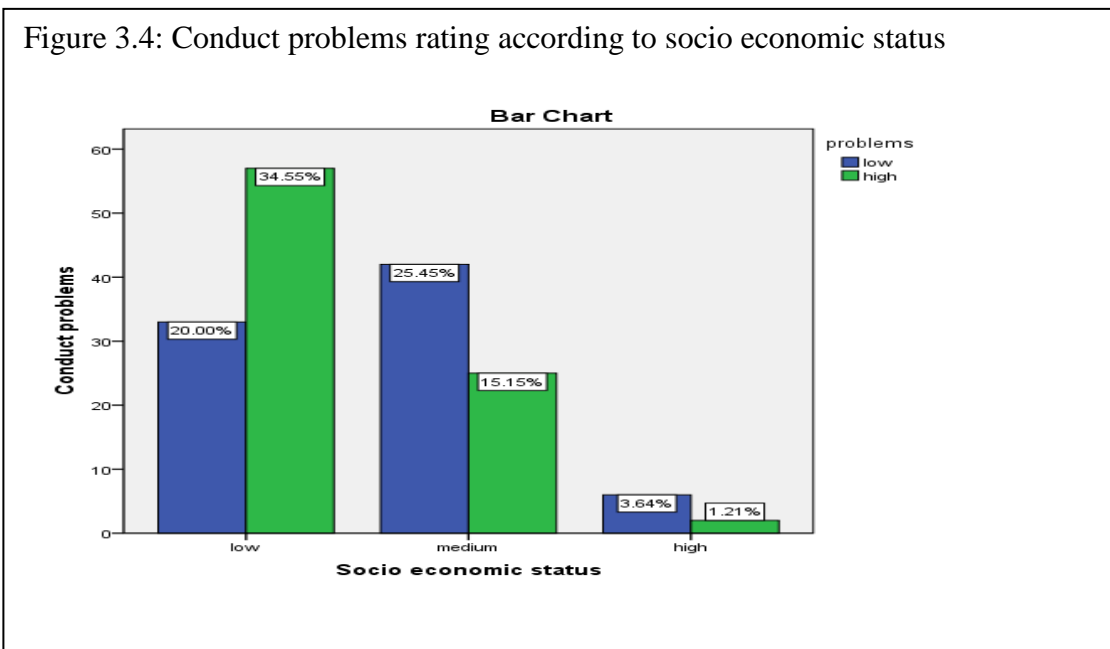
If we look into the individual responses (figure- 3.2), then our findings showed that child’s symptoms ratings became high (greater than the mean value of symptoms) according to child age. In the level of 8 years, 0.61% had high symptoms of conduct problems, but 6.06% had low symptoms of conduct problems. But at the age of 16 percentage of low symptoms was small (9.09%) than high symptoms (15.76).

Figure 3.3: Conduct problems rating according to sex



From the above (figure-3.3) bar chart we get a clear picture how child’s sex influences on child’s symptoms. Male children had more high rating symptoms than female children. Although we have poor female respondent but we can get the idea from this sample.

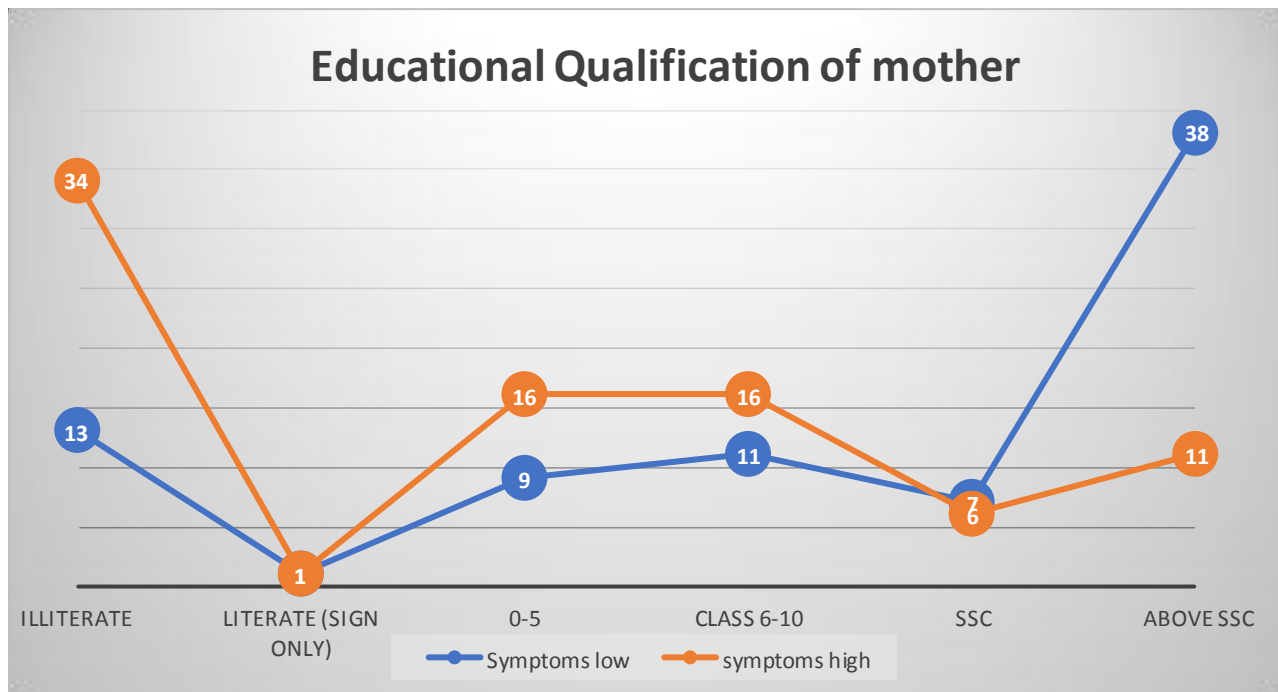
The table 3.5 showed correlations between the individual factors and conduct problems. Age (0.30), father’s profession (0.20), number of siblings (0.26), birth order of the child (0.22) and socioeconomic status (0.22) obtained a statistically significant positive correlation with the conduct problems. Sex (0.24), Educational qualification of the mother (-0.30) and family income obtained a significant negative correlation with conduct problems. The Pearson correlation (r) value ranged from 0.22 to 0.30. Child age obtained significant positive correlation with educational qualification of the father (0.28), number of siblings (0.26), birth order (0.11), socioeconomic status (0.22) and negative correlation with sex (-0.16), educational qualification of the mother (-0.38). Educational qualification of father obtained a significant positive correlation with educational qualification of the mother (0.30) and family income (0.17) and negative correlation with socioeconomic status (-0.22). Educational qualification of mother obtained a significant negative correlation with number of siblings (-0.43), birth order (-0.23). Family income had a significant positive correlation with socioeconomic status (0.52).

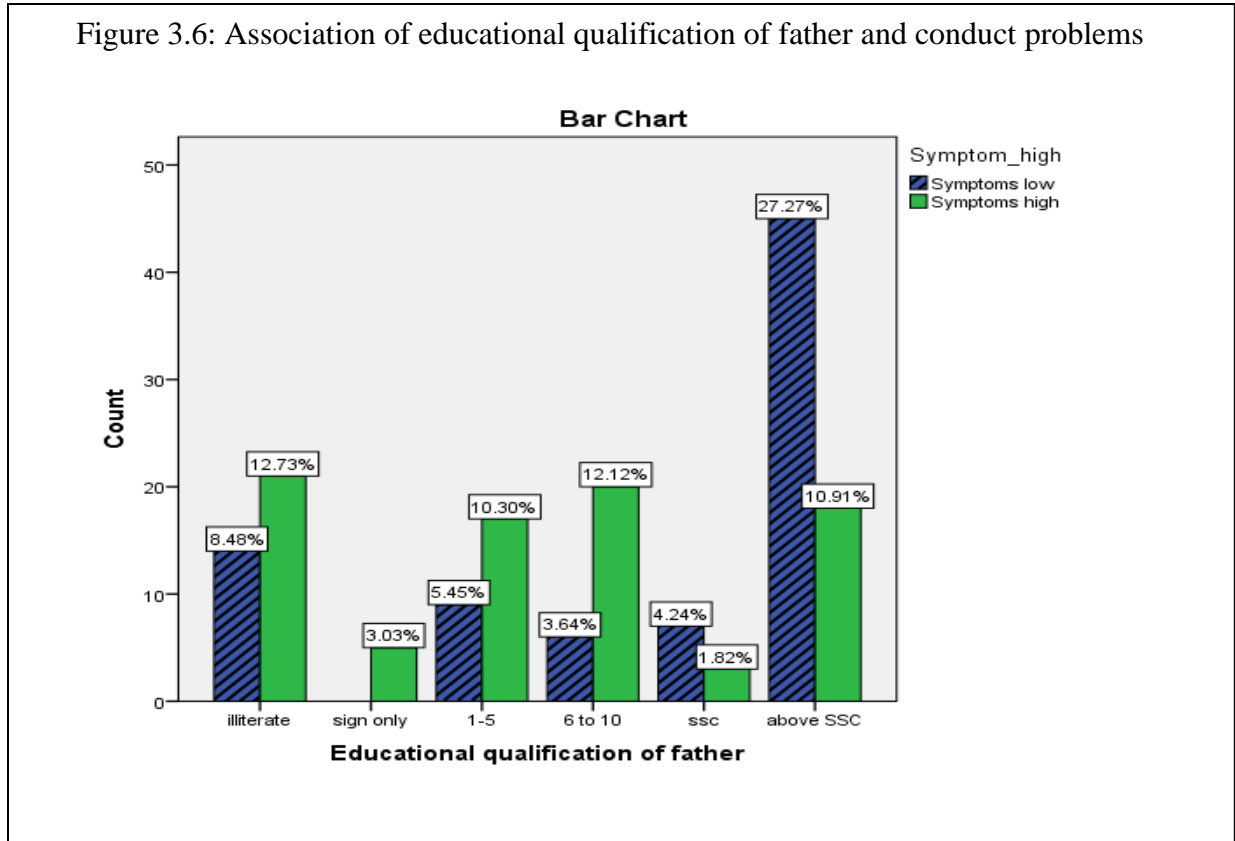


We found (figure 3.4) conduct problems ratings became high when socioeconomic status was low. This difference according to socioeconomic status was significant (The value of chi-square statistic is 12.663, the critical values are 5.99 ($p = .05$) and 9.21 ($p = .01$) and so because the observed chi-square is bigger than these values it is significant at $p < .01$).

We also found mother’s educational qualification as significantly associated. If we focused on individual frequencies, we found that when mothers’ educational qualification was low, child’s problems were high (34) and when mother’s educational qualification was above SSC, child’s problem rating was low (11).

Figure 3.5: Association of educational qualification of mother and conduct problems





Like as mothers’ education, when fathers educational qualification was illiterate conduct problems score was high (12.73%) compared with low symptoms (8.48%). But when fathers educational qualification was above SSC frequency of low symptoms was high (27.27%).

3.4 Individual factors (objective 1)

This table (3.6) showed model statistics derived from MRA where we put individual factor as the predictors of conduct problems. The only significant model was parents and child reported abuse ($F=16.55$, $df=1, 163$, $p<0.05$). This model explained 9% of the variance of

conduct problems (as we explain the variance in the previous model). In the second stage when we add impulsiveness, the model was not significant. But in the third stage, when the history of addiction was added, this model explained 29% variance of the conduct problems. So, the model was significant. And the F ratio also indicated the significant value (44.38^{***}).

Table 3.6: Model statistics of individual variables to predict conduct problems

| Model | R | R ² | Adjusted R ² | ΔR^2 | F |
|--|------|----------------|-------------------------|--------------|----------------------|
| 1. (Parents and child reported abuse) | 0.30 | 0.09 | 0.08 | 0.09 | 16.55 ^{***} |
| 2. (Impulsiveness, and model 1) | 0.31 | 0.09 | 0.08 | 0.002 | 0.402 |
| 3. (History of addiction and model 2) | 0.54 | 0.29 | 0.28 | 0.20 | 44.38 ^{***} |
| 4. (History of birth complication and model 3) | 0.54 | 0.30 | 0.28 | 0.006 | 1.40 |

***P < 0.01, ** P < 0.05

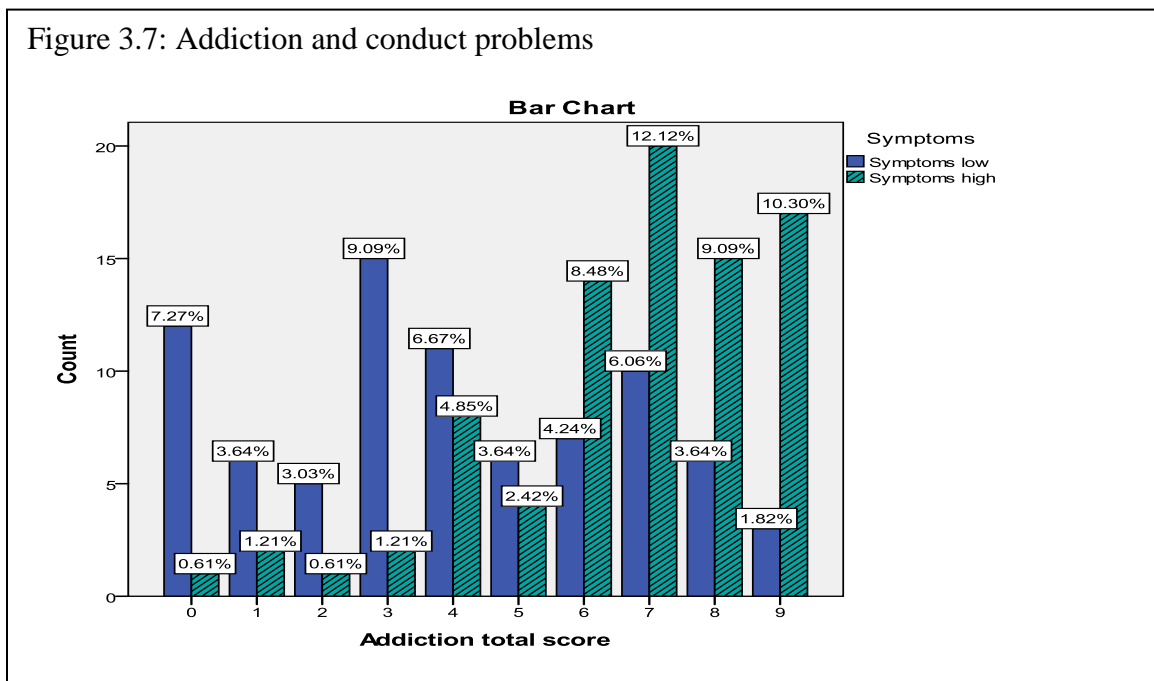
The table 3.7 showed associations between conduct symptoms and individual factors. Abuse and addiction had positive associations with conduct symptoms.

Table 3.7: Association between conduct problems and individual factors

| Predictor | B | β | t |
|----------------------------------|------|---------|---------|
| Parents and child reported abuse | 1.77 | 0.31 | 4.07*** |
| Impulsiveness | 1.27 | 0.05 | 0.64 |
| History of addiction | 1.73 | 0.47 | 6.22*** |
| History of birth Complication | 0.96 | 0.08 | 1.18 |

*** P<0.01, ** P<0.05

This table (3.7) showed associations between several factors and conduct problems. History of abuse and addiction obtained statistically significant associations with conduct problems. Addiction had stronger associations with conduct problems. If the addiction changed by one unit, the conduct symptoms will change by 0.47 times.



We also found similar pictures in the bar chart (figure 3.7). When total addiction score was high (9) child's high score frequency was also high (10.30%) compared with low symptoms (1.82%).

Table 3.8: Correlation between conduct problems and individual factors

| | 1 | 2 | 3 | 4 | 5 |
|--|---|---------------------|------|---------------------|--------------------|
| 1. Conduct problems | 1 | 0.31 ^{***} | 0.05 | 0.50 ^{***} | 0.15 ^{**} |
| 2. Parents and child reported abuse | | 1 | 0.02 | 0.30 ^{***} | 0.12 |
| 3. Impulsiveness | | | 1 | -0.13 | 0.10 |
| 4. History of addiction | | | | 1 | 0.09 |
| 5. History of birth complication | | | | | 1 |

***P <0.01, ** P<0.05

This table (3.8) showed associations between factor clustered under individual factor and conduct problems. Parents and child reported a history of abuse (0.31), history of addiction (0.50) and history of birth complication (0.15) obtained statistically significant correlations with conduct problems. The Pearson correlation (r) value ranged from 0.15 to 0.50. Parents and child reported abuse had significant positive correlations with history of addiction (0.30).

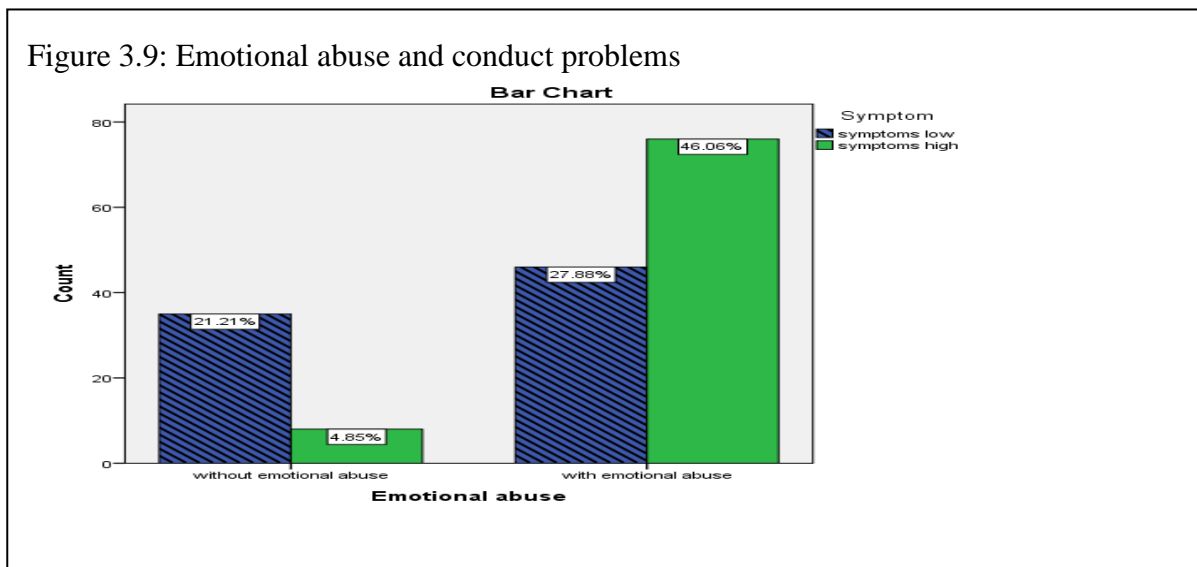
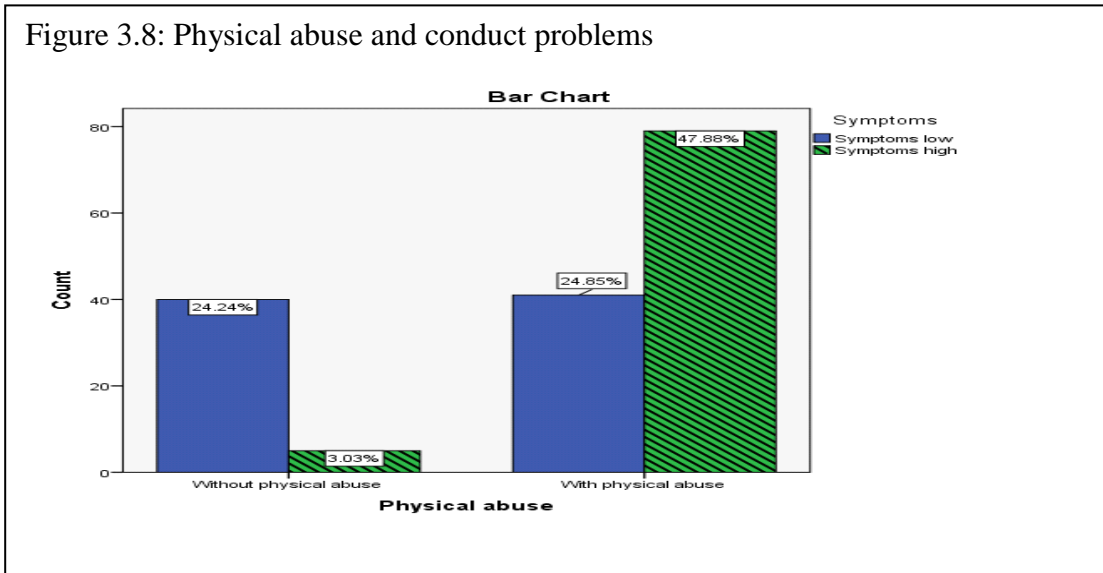
We found abuse as a significantly associated factor. If we look into the separate frequencies (Table-3.9), then we will get a clear scenario how this factor correlated with conduct problems.

Table 3.9: Frequencies of different abuse

| | Parent and child reported | Parent or child reported | Total | % |
|--------------------|--------------------------------------|-------------------------------------|--------------|----------|
| Physical abuse | 98 | 22 | 120 | 72.72% |
| Emotional abuse | 94 | 28 | 122 | 73.93% |
| Sexual abuse | 6 | 8 | 14 | 8.48% |

Table (3.9) shows that 120 children experienced physical abuse by others. Emotional abuse found in 122 children. We took information through survey questionnaire; it was difficult to explore sensitive issues like sexual abuse. Although these, we found 14 children having sexual abuse.

The bar chart of physical abuse shows that 47.88% had high conduct problems symptoms that experienced physical abuse, but only 24.85% had low symptoms of conduct problems.



Lkesise, physical abuse 46.06% child had high conduct problems that had emotional abuse (figure 3.9) This score was greater than the child without abuse (4.85%). So, emotional abuse plays an important role in conduct problems.

3.5 Parenting (objective 2)

We conducted Multiple Regression Analysis (MRA) by following the method “Enter” for finding associations between parenting issues and conduct symptoms.

Table 3.10: Model summary of parenting and conduct problems

| Model | R | R ² | Adjusted R ² | ΔR ² | F |
|---|-----|----------------|-------------------------|-----------------|---------|
| Parenting scores as predictor of conduct problems | .61 | .37 | .32 | .37 | 6.72*** |

*** <0.01, ** <0.05

This model (Table 3.10) suggested parenting issues (reported by children and parents) explained 32% variances of conduct symptoms. The model was significant (F, 6.72. df,13, p<.001). Parenting independently explains 32% variance of conduct problems.

Parenting score had 12 subscores. They are; parenting involvement (parent and child reported), positive parenting (parent and child reported), poor monitoring and supervision (parent and child reported), corporal punishment (parent and child reported), Inconsistent discipline (parent and child reported), other parenting issues (parent and child reported). Association between specific parenting issues and conduct problems are described below.

Table 3.11: Associations between parenting and conduct problems

| Predictor | B | | SE | | B | | T | |
|---------------------|-----------------------------|-----------------------|-------------------------|-------------------|---------------------|-------------------|-------------------------|-------------------|
| | Parent s report ed | Child repor ted | Parents reporte d | Child reported | Parents reported | Child reported | Parents reporte d | Child reported |
| Parenting | -.50 | -8.1 | .18 | 2.14 | -.39 | -4.1 | -2.90** | - |
| Involvement | | | | | | | | 3.80*** |
| Positive | .59 | -8.1 | .18 | 2.14 | .34 | -9.74 | 3.36** | - |
| Parenting | | | | | | | | 3.79*** |
| Poor | .32 | -8.10 | .11 | 2.12 | .28 | -5.51 | 3.01** | - |
| Monitoring | | | | | | | | 3.82*** |
| and | | | | | | | | |
| Supervision | | | | | | | | |
| Inconsistent | .31 | -8.11 | .18 | 2.14 | .12 | -2.30 | .19 | - |
| discipline | | | | | | | | 3.79*** |
| Corporal | .69 | -8.66 | .28 | 2.16 | .23 | -2.60 | 2.5** | - |
| Punishment | | | | | | | | 4.01*** |
| Other | .15 | -8.10 | .18 | 2.13 | .09 | -4.40 | .81 | - |
| parenting | | | | | | | | 3.78*** |
| issues | | | | | | | | |

** p<.05, ***p<.01

This table (3.11) suggested that parents reported parenting involvement had negative associations with conduct problems. That means when parenting involvement was good, conduct problems was low. Parents reported positive parenting, poor monitoring and supervision, inconsistent discipline, corporal punishment and other parenting issues had positive associations with conduct problems. So, when poor monitoring and supervision, corporal punishment and inconsistent discipline score was high, conduct problems score was also high. The beta value suggested the parenting involvement had the strongest association. Parenting involvement had the strongest association with conduct problems. So, we can say that the presence of parental involvement in parenting reduced conduct problems.

The above table (3.12 and 3.13) showed correlations between conduct problems and parenting styles. Parents reported involvement (0.41) had statistically significant negative correlations with conduct problems whereas poor monitoring and supervision (0.37), corporal punishment (0.34), and other parenting issues (0.26) had statistically significant positive correlations. The Pearson correlation (r) value ranged from 0.26 to 0.41. Parents reported involvement had significant positive correlations with positive parenting (0.66), poor monitoring and supervision (0.45) and significant negative correlation with corporal punishment (-0.49) and other parenting issues (-0.32). Parents reported positive parenting obtained significant negative correlations with poor monitoring and supervision (-0.54), corporal punishment and other parenting issues (-0.21). Poor monitoring and supervision had significant negative correlations with inconsistent discipline (-0.45) and significant positive correlation with other parenting issues (0.26). Parent-reported inconsistent discipline had significant negative correlations (-0.25) with other parenting issues. Corporal punishment obtained significant positive correlations with other parenting issues (0.42).

Table 3.13 shows child reported involvement (-0.35) and positive parenting (-0.19) obtained statistically significant negative correlations with conduct problems. On the other hand, poor monitoring and supervision (0.29), corporal punishment, and other parenting issues (0.19) obtained statistically significant positive correlation with conduct problems. The Pearson correlation value (r) ranged from 0.19 to 0.35. Children reported involvement had significant positive correlations with positive parenting (0.70) and negative correlation with poor monitoring and supervision (-0.48), corporal punishment (-0.48) and other parenting issues (-0.33). Children reported positive parenting obtained significant negative correlations with poor monitoring and supervision (-0.37), corporal punishment (-0.37) and other parenting issues (-0.25). Children

reported poor monitoring and supervision had significant positive correlations with corporal punishment (0.18). Inconsistent discipline (0.18) and corporal punishment (0.50) had significant positive correlations with other parenting issues.

3.6 Others parental issues (Objective 2)

The following (3.14) table shows associations between conduct problems and other parenting issues. The model with attachment issues and parental marital discord was the only significant model ($F=7.69$, $df = 1,162$, $p < .05$). This model explained 4% of the variance.

Table 3.14: Model statistics parenting issues to predict conduct problems

| Model | R | R ² | Adjusted R ² | ΔR^2 | F |
|--|------|----------------|-------------------------|--------------|--------|
| 1 (Attachment issues) | 0.04 | 0.002 | -.004 | 0.002 | 0.29 |
| 2 (Parental marital discord and model 1) | 0.21 | 0.04 | 0.03 | 0.04 | 7.69** |
| 3 (Family and Parental psychopathology and model 2) | 0.24 | 0.06 | 0.04 | 0.01 | 2.24 |
| 4 (Antisocial parents and model 3) | 0.24 | 0.06 | 0.03 | 0.002 | 0.29 |

***P < 0.01, ** P < 0.05

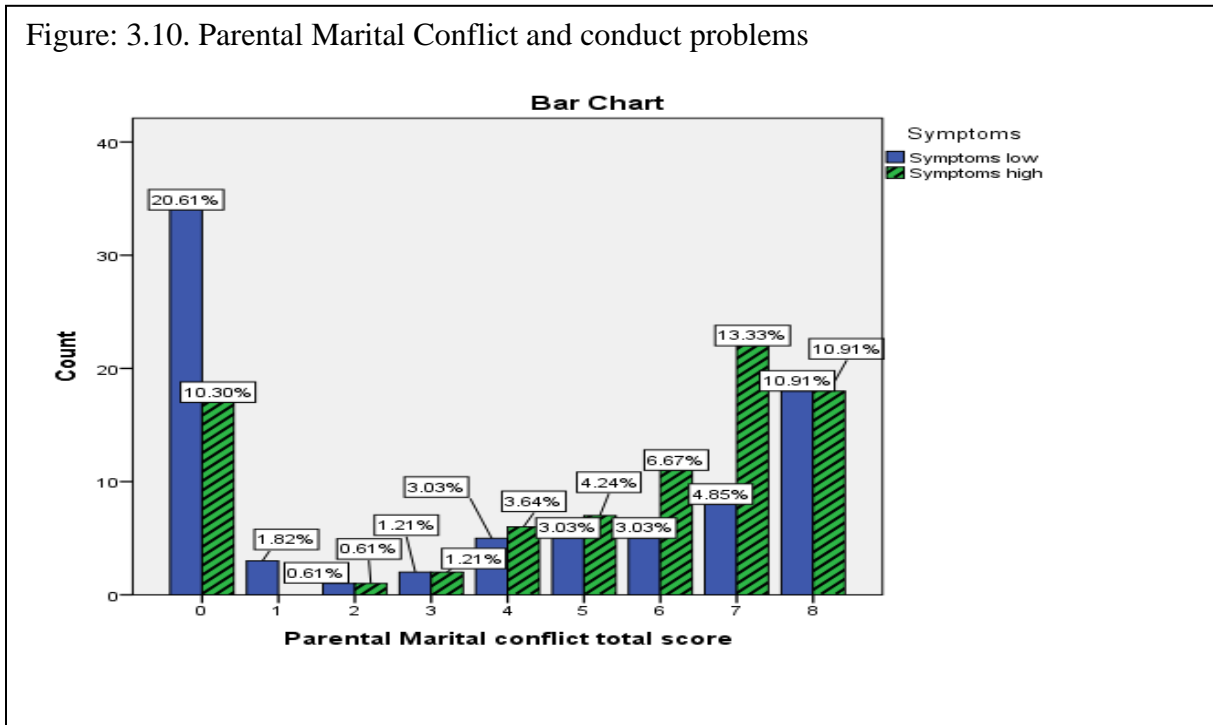
Table 3.15: Association between parenting issues and conduct problems

| Predictor | B | β | t |
|---|----------|---------------------------|----------|
| Attachment issues | 0.208 | 0.04 | 0.54 |
| Parental marital discord | 0.66 | 0.21 | 2.77*** |
| Family and Parental psychopathology | 1.30 | 0.11 | 1.49 |
| Antisocial parents and substance use | 0.58 | 0.04 | 0.53 |

***P <0.01, ** P<0.05

The table (3.15) showed associations between conduct symptoms and several parenting issues. Parental marital discord was the only factor that had significant positive associations with conduct symptoms ($\beta = 0.21$, $t = 2.77$, $p < .05$).

When conduct problems were high, we found child had a significant score on parental marital conflict. We can get a clear picture from following figure (3.10), how this factor is significant. If we look into the bar chart, when the child had 0 scores in parental marital conflict, low score (less than mean score) in conduct problems was high. In the seven score of parental marital conflict 13.33% had high symptoms of conduct problems, but 4.85% had a low score in conduct problems. So, we can say parental marital conflict high score increased conduct problems scores. So the score of parental marital conflict contributed to child's conduct problems.



The following (3.16) table showed correlations between conduct problems and factors clustered under other parenting issues. Parental marital discords and parental psychopathology obtained statistically significant positive correlations with conduct problems. The Pearson correlation value (r) value ranged from 0.16 to 0.22. Attachment issues had significant positive correlations with antisocial parents (0.18). Parental marital discord had significant positive correlations with family and parental psychopathology (0.22) and antisocial parents (0.28).

Table 3.16: Correlation between other parenting issues and conduct problems

| | Conduct problems | Attachment issues | Parental marital discords | Parental psychopathology | Antisocial Parents |
|---|-----------------------------|------------------------------|--|-------------------------------------|-------------------------------|
| Conduct problems | 1 | 0.04 | 0.22 ^{***} | 0.16 ^{**} | 0.12 |
| Attachment issues | | 1 | 0.14 | 0.14 | 0.18 ^{**} |
| Parental marital discords | | | 1 | 0.22 ^{***} | 0.28 ^{***} |
| Family and Parental psychopathology | | | | 1 | 0.006 |
| Antisocial parents and substance use | | | | | 1 |

*** $P < 0.01$, ** $P < 0.05$

3.7 Family factors (objective 3)

Table 3.17: Model statistics family issues to predict conduct problems

| Model | R | R ² | Adjusted R ² | ΔR ² | F |
|-------------------------------------|------|----------------|-------------------------|-----------------|----------|
| 1 (Family size) | 0.06 | 0.004 | -.002 | 0.004 | 0.61 |
| 2 (Antisocial siblings and model 1) | 0.21 | 0.04 | 0.03 | 0.04 | 6.52** |
| 3 (Economic issues and model 2) | 0.33 | 0.11 | 0.09 | 0.07 | 11.96*** |
| 4 (Lack of awareness and model 3) | 0.33 | 0.11 | 0.09 | 0.001 | 0.17 |

Note: ***P <0.01, ** P<0.05

Table 3.17 showed the model statistics derived from MRA where Family factors as the predictors of conduct problems. The model with family size and antisocial siblings explained 3% variance, this model was significant (F=6.52, df=1, 163, p<0.05). The combined model with all the variables (family size, antisocial siblings, and economic issues) explained 9% of variances, the model was significant (F=11.96, df= 1,161, p<0.05).

The below (3.18) table showed the association between different factors clustered under as family factors. Economic issues are the only variable that had statistically significant associations with conduct problems (t=3.46, p<0.01). So, conduct problem had a strong association with economic issues of the child.

Table 3.18: Association between family issues and conduct problems

| Predictor | B | β | t |
|---------------------|-------|---------|---------|
| Family size | 0.40 | 0.06 | 0.78 |
| Antisocial siblings | 0.48 | 0.07 | 0.95 |
| Economic issues | 1.06 | 0.27 | 3.46*** |
| Lack of awareness | -1.41 | -0.03 | -0.37 |

Note: ***P <0.01, ** P<0.05

The following table (3.19) showed correlations between conduct symptoms and factors clustered under family factors. Antisocial siblings (0.19) and economic issues (0.28) obtained statistically significant positive correlations with conduct problems. The Pearson correlation (r) value ranged from 0.19 to 0.28. Family size had significant correlations with economic issues (0.25).

Table 3.19: Correlation between family issues and conduct problems

| | 1 | 2 | 3 | 4 | 5 |
|------------------------|---|------|--------|---------|-------|
| 1. Conduct problems | 1 | 0.06 | 0.19** | 0.28*** | -0.06 |
| 2. Family size | | 1 | -0.06 | 0.25*** | 0.06 |
| 3. Antisocial siblings | | | 1 | 0.08 | 0.05 |
| 4. Economic issues | | | | 1 | 0.03 |
| 5. Lack of awareness | | | | | 1 |

Note: *** <0.01, ** <0.05

In this domain, we found ‘economic issues’ as significantly associated with conduct problems. In this factor, we explored the financial management of the family, unemployment issues. The child, who had a high score on symptoms, also had a high score on economic issues.

3.7.1 Family environment (objective 3). We selected family environment variables derived from the Brief Family Environment Scale (BFRS) as predictors of conduct symptoms in this MRA.

Table 3.20: Model statistics of family environment variables (BFRS) to predict conduct problems

| Model | R | R² | Adjusted R² | ΔR² | F |
|---------------------------------------|----------|----------------------|-------------------------------|-----------------------|---------------------|
| 1 (Family Cohesion) | 0.22 | 0.51 | 0.04 | 0.5 | 8.71 ^{***} |
| 2 (Expressiveness and model 1) | 0.26 | 0.07 | 0.06 | 0.02 | 3.22 |
| 3 (Conflict and model 2) | 0.32 | 0.10 | 0.09 | 0.03 | 6.02 ^{**} |

Note: *** <0.01, ** <0.05

The table 3.20 showed the model statistics where we selected family environmental variables to predict conduct symptoms. The model with family cohesion explained 4% variance, this model was significant (F=8.71, df=1, 163, p<0.05). The combined model with all the variables (family cohesion, expressiveness, and conflict) explained 9% of variances, the model was significant (F=6.02, df= 1,161, p<0.05). Family cohesion and family conflict had significant influence on conduct symptoms.

Table 3.21: Association between family environment variables and conduct problems

| Predictors | B | β | T |
|-----------------------|-------|---------|---------|
| Family Cohesion | -0.65 | -0.23 | -2.95** |
| Family expressiveness | 1.13 | 0.18 | 1.80 |
| Family conflict | -0.62 | -0.21 | -2.45** |

Note: *** <0.01, ** <0.05

Table 3.21 showed association between family environment variables and conduct problems. The association were statistically significant for family cohesion ($t=-2.95$, $p<0.05$) and family conflict ($t=-2.45$, $p<0.05$).

The following table (3.22) showed correlations between conduct problems and factors clustered under family factors. Family cohesion and family conflict obtained statistically significant negative correlations with conduct problems. The Pearson correlation (r) value ranged from -0.04 to -0.26. Family cohesion had significant correlations with family expressiveness (0.66) and family conflict (0.46). Family expressiveness had significant positive correlations with family conflict (0.36)

Table 3.22: Correlation between family environmental issues and conduct problems

| | 1 | 2 | 3 | 4 |
|---------------------------------|---|---------|---------|----------|
| 1. Conduct problems | 1 | -0.23** | -0.04 | -0.26*** |
| 2. Family Cohesion | | 1 | 0.66*** | 0.46*** |
| 3. Family expressiveness | | | 1 | 0.36*** |
| 4. Family conflict | | | | 1 |

Note: ***P <0.01, ** P<0.05

3.8 Environmental factors (Objective 4)

This Multiple Regression Analysis considered environmental issues as the predictors of conduct problems. The table 3.23 showed the model statistics where environmental issues were the predictor, and conduct problems were the predicted variable. All of the models were significant in this analysis. School environment, delinquent peer, high crime neighbour, recent changes in society combinedly explained 27% variances of conduct problems. Environmental issues significantly influenced conduct problems.

Table 3.23: Model statistics of conduct problems and environmental factors

| Model | R | R ² | Adjusted R ² | ΔR ² | F |
|---|------|----------------|-------------------------|-----------------|----------------------|
| Model 1 (School environment) | 0.25 | 0.06 | 0.06 | 0.06 | 11.08 ^{***} |
| Model 2 (Delinquent peer and model 1) | 0.44 | 0.19 | 0.18 | 0.13 | 26.28 ^{***} |
| Model 3 (High crime neighbourhood and model 2) | 0.49 | 0.24 | 0.23 | 0.05 | 10.54 ^{***} |
| Model 4 (Media exposure and model 3) | 0.52 | 0.27 | 0.25 | 0.02 | 5.39 ^{**} |
| Model 5 (Recent change in society and model 4) | 0.54 | 0.29 | 0.27 | 0.02 | 4.88 ^{**} |

** p<.05, ***p<.01

The table (3.24) showed the association between environmental issues and conduct symptoms. All of the environmental issues obtained significant associations with conduct symptoms. Based on the beta value delinquent peer obtained the highest value.

Table 3.24: Associations between environmental factors and conduct problems

| Predictor | B | β | t |
|---------------------------------|------|------|---------------------|
| School environment | 0.76 | 0.25 | 3.33 ^{***} |
| Delinquent peer | 1.44 | 0.36 | 5.13 ^{***} |
| High crime neighbourhood | 1.20 | 0.32 | 3.25 ^{***} |

| | | | |
|---------------------------------|------|------|--------|
| Media exposure | 2.06 | 0.16 | 2.32** |
| Recent change in society | 7.98 | 0.17 | 2.20** |

** p<.05, ***p<.01

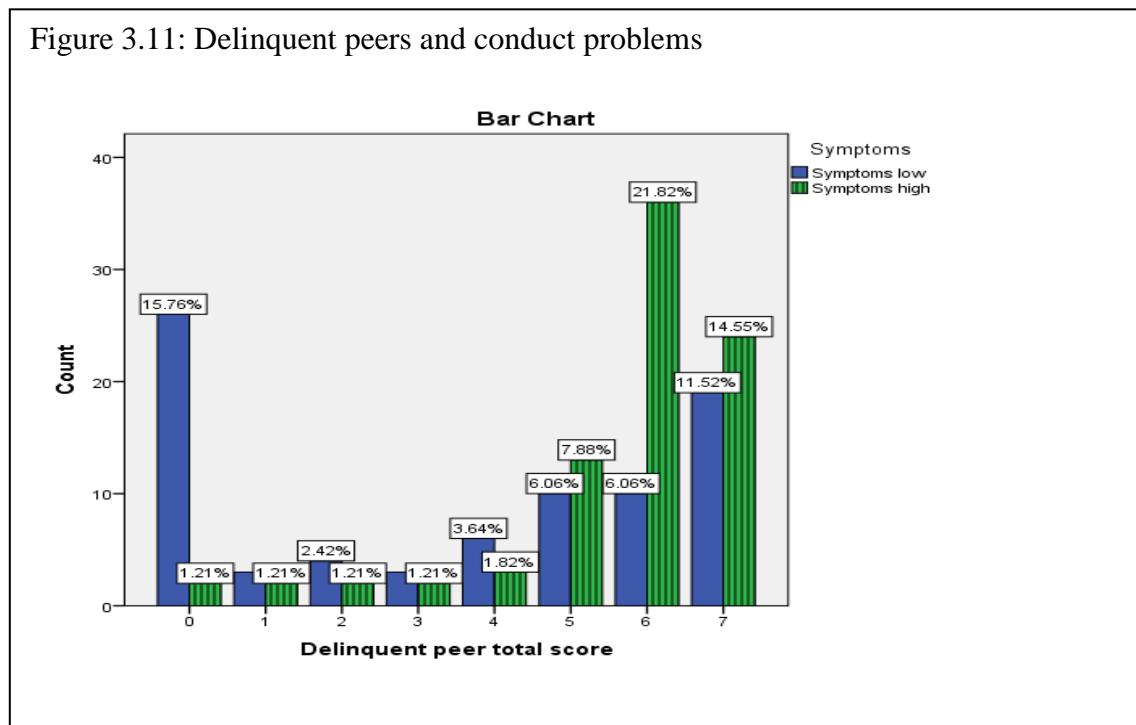
The following table (3.25) showed correlations between factors clustered under environmental issues and conduct problems. All of the factors (school environment, delinquent peer, high crime neighbourhood, media exposure and recent changes in society) obtained statistically significant positive correlations with conduct problems. The Pearson correlation (r) value ranged from 0.19 to 0.46. School environment had significant correlations with high crime neighbourhood (0.28) and recent change in society (0.24). Delinquent peer had significant correlations with high crime neighbour (0.66). Media exposure obtained a significant correlation with recent changing society.

Table 3.25: Correlation between environmental issues and conduct symptoms

| | 1 | 2 | 3 | 4 | 5 | 6 |
|------------------------------------|---|---------|---------|---------|--------|---------|
| 1) Conduct symptoms | 1 | 0.25*** | 0.37*** | 0.46*** | 0.19** | 0.27*** |
| 2) School environment | | 1 | 0.04 | 0.28*** | 0.14 | 0.24*** |
| 3) Delinquent peer | | | 1 | 0.66*** | 0.08 | 0.009 |
| 4) High crime neighbourhood | | | | 1 | 0.02 | 0.13 |
| 5) Media exposure | | | | | 1 | 0.45*** |
| 6) Recent change in society | | | | | | 1 |

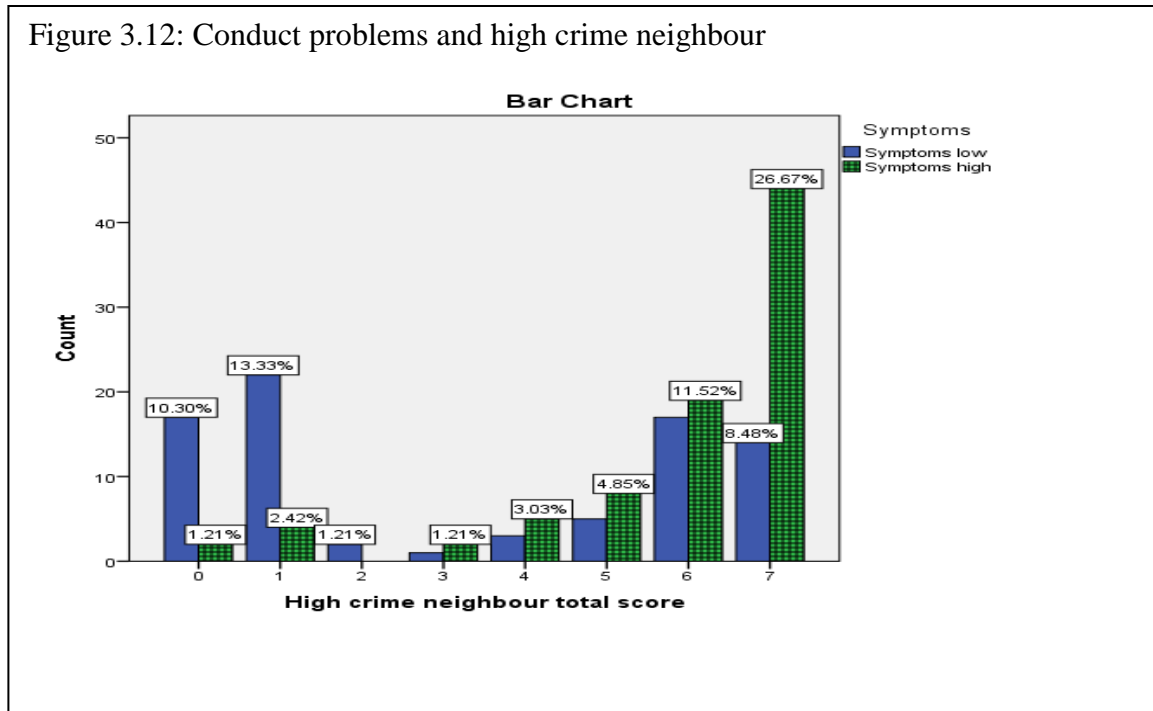
** p<.05, ***p<.01

We found delinquent peer as a significant factor. Significant means when conduct problems total score was high child also obtained a high score on the delinquent peer. We also get a clear picture from the following chart (figure 3.11). In the six score of the delinquent peer, the frequency of high symptoms was 21.82%, where low symptoms score was 6.06%.

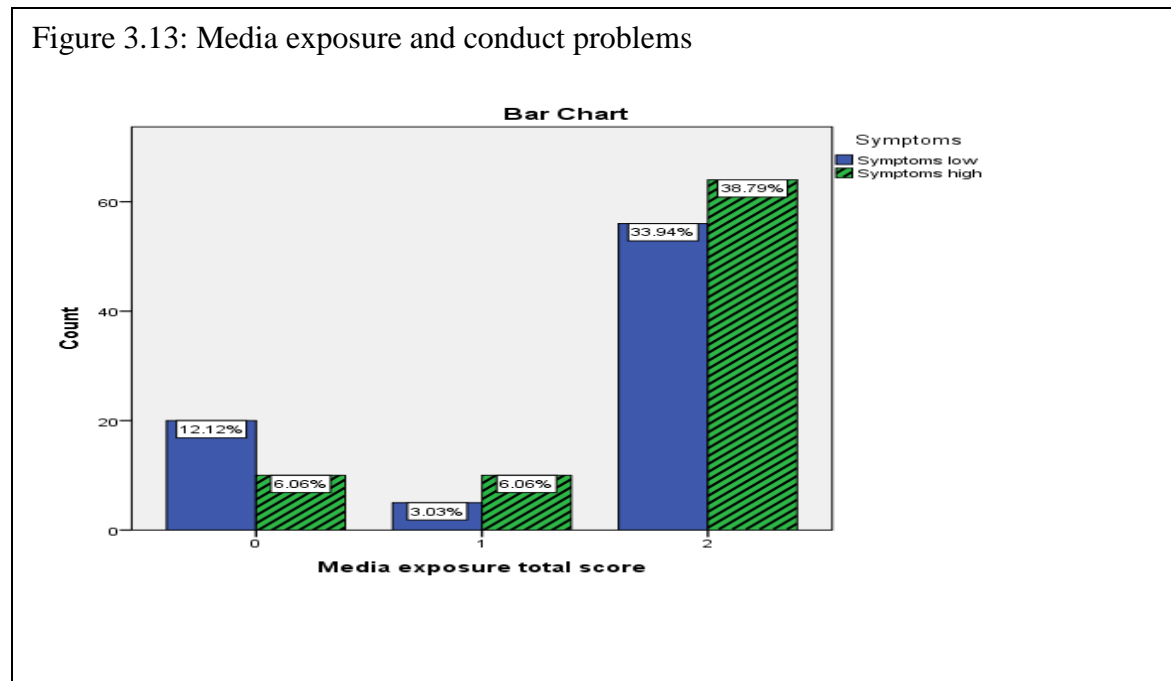


Bar chart 3.12 shows that the high score on this factor had associations with a total score of conduct problems. If we look into the bar chart, we can see that when respondents had a high score on this factor (score 7), they also had a high score (26.67%) on conduct problems score compared with low symptoms (8.48%).

Figure 3.12: Conduct problems and high crime neighbour



We can get an idea (figure 3.13) how this factor is associated with conduct problems. In our sample, we saw that the child who had a high score (score 2) on media exposure they also had a high score on conduct problems (38.79%). So, score on media exposure influence on the conduct problems symptoms score.



3.9 Complete model of all possible factors

We conducted another series of analysis to find out the utilities of our previously analysed model. This time we have entered all the possible variables as the predictors of conduct symptoms. We selected “Stepwise” listed on SPSS. It has been well documented over the years by different researchers that the number of variables entered into the model would influence the explained variance model significance. Likewise, it has an impact on the level of multicollinearity (Cohen & Cohen, 2003). Therefore, it was likely that we could see some changes in the explained variance, multicollinearity, and the significance of the specific predictors. As expected, we have observed changes in the model. The results are explained below.

Table 3.26 Model statistics to predict conduct problems

| Model | R | R ² | Adjusted R ² | ΔR ² | F | p |
|---|------|----------------|----------------------------|-----------------|-------|------|
| 1 (Parents and child reported history of addictions) | 0.51 | 0.26 | 0.25 | 0.25 | 54.72 | .00 |
| 2 (Parents and child reported history of abuse, and parents and child reported high crime neighbourhood total score) | 0.57 | 0.33 | 0.32 | 0.07 | 17.90 | .00 |
| 3 (Parents and child reported history of addictions, parents and child reported high crime neighbourhood and recent changes in society) | 0.61 | 0.37 | 0.35 | 0.04 | 8.62 | .004 |
| 4 (Parents and child reported history of addictions, parents and child reported high crime neighbourhood, recent change in society, and family conflict) | 0.62 | 0.38 | 0.37 | 0.01 | 4.85 | .03 |

The model statistics table (3.26) exhibited that parents and child reported a history of addiction appeared as the most significant predictor of conduct problems. It explained 26% of the variance. The second significant model included parents and child reported high crime

neighbourhood. This model explained 33% variance. The third model included recent changes in society as the dependent variable. This model explained 37% of the variance. The fourth and final model explained 38% of the variance. All of the models were statistically significant ($p < .05$). It is noteworthy that the final model's Durbin-Watson value was over 1 (1.50). Thus, the level of multicollinearity was high in this model. Statistically speaking, it may reduce the acceptability of model fit.

The following table (3.27) suggested the individual dependant variables throughout different models. The following explained the association between dependent variables and conduct problems. As predicted by the model, parents and child reported a history of addiction had the strongest positive association with conduct problems. Family conflict obtained a negative association with the conduct problems in this model.

Table-3.27 Association between conduct problems and different factors

| Predictor | B | Standard Error | β | t | p |
|---|-------|----------------|---------|-------|------|
| Parents and child reported history of addictions | 1.88 | 0.25 | 0.51 | 7.39 | .00 |
| Parents and child reported high crime neighbourhood | 1.18 | 0.28 | 0.31 | 4.23 | .00 |
| Recent change in society | 8.86 | 3.02 | 0.19 | 2.94 | .004 |
| Family conflict | -0.44 | 0.19 | -0.15 | -2.20 | .02 |

3.10 Accumulation of all factors

In the last stage of our data analysis, we conducted a separate MRA with an accumulation of all risk factors as the predictor. The model statistics suggested that this model explained 25% of variances ($F=55.09$, $df=1,163$, $p<.01$).

Table 3.28: Models statistics and association between conduct symptoms and a total score of factors

| Model | R | R ² | Adjusted R ² | ΔR^2 | F | B | β | t |
|----------------------------|------|----------------|-------------------------|--------------|----------|------|---------|---------|
| Total score of the factors | 0.50 | 0.25 | 0.25 | 0.25 | 55.09*** | 0.33 | 0.50 | 7.42*** |

** $p<.05$, *** $p<.01$

3.11 A list of significant associated factors

The following table showed the list of all factors that obtained significant relationships with conduct problems. In the demographic variable age and sex are significantly associated with conduct problems. Parenting involvement, positive parenting, poor monitoring and supervision, inconsistent discipline and corporal punishment obtained significant association in parenting. On others parental issues, parental marital conflict obtained significant association. Economic issues, family cohesion and family conflict obtained significant association as a family factor. Delinquent peer, school environment, high crime neighbour, media exposure and recent changes in society also obtained significant association.

Table 3.29: Factors that obtained significant associations with conduct problems

| Factor | B | β | t | F |
|--|-------|-------|----------|----------|
| Demographic factors | | | | |
| 1) Age of the child | 1.22 | 0.31 | 5.93*** | 16.05*** |
| 2) Sex of the child | -5.14 | -1.94 | 3.60*** | 6.71** |
| Individual factors | | | | |
| 3) Abuse | 1.77 | 0.31 | 4.07*** | 16.55*** |
| 4) Addiction | 1.73 | 0.47 | 6.22*** | 44.38*** |
| Parenting | | | | |
| Parenting involvement-parents reported | -.50 | -.39 | -2.90** | |
| Parenting involvement-child reported | -8.1 | -4.1 | -3.80*** | |
| Positive Parenting-parents reported | .59 | .34 | 3.36** | |
| Positive Parenting-child reported | -8.1 | -9.74 | -3.79*** | |

| | | | | |
|---|--------|-------|----------|----------|
| Poor Monitoring and Supervision-parents reported | .32 | .28 | 3.01** | |
| Poor Monitoring and Supervision-child reported | -8.10 | -5.51 | -3.82*** | |
| Inconsistent discipline-child reported | -8.11 | -2.30 | -3.79*** | |
| Corporal Punishment-parents reported | .69 | .23 | 2.5** | |
| Corporal Punishment-child reported | -8.66 | -2.60 | -4.01*** | |
| Other parenting issues-child reported | -8.10 | -4.40 | -3.78*** | |
| Others parental issues | | | | |
| 5) Parental marital discord | 0.66 | 0.21 | 2.77*** | 7.69*** |
| Family factors | | | | |
| 6) Antisocial siblings | 0.48/’ | 0.07 | 0.95 | 6.52** |
| 7) Economic issues | 1.06 | 0.27 | 3.46*** | 11.96*** |
| 8) Family cohesion | -0.65 | -0.23 | -2.95** | 8.71*** |
| 9) Family conflict | -0.62 | -0.21 | -2.45** | 6.02** |
| Environmental factors | | | | |
| 10) School environment | 0.75 | 0.25 | 3.33*** | 11.08*** |
| 11) Delinquent peer | 1.44 | 0.36 | 5.13*** | 26.28*** |
| 12) High crime neighbourhood | 1.20 | 0.32 | 3.25*** | 10.54*** |
| 13) Media exposure | 2.06 | 0.16 | 2.32** | 5.39*** |
| 14) Recent change in society | 7.98 | 0.17 | 2.20** | 4.88*** |

Amongst the factors, positive parenting child reported had the strongest associations. The β value of this factor suggested that if the positive parenting increased by 1 unit the conduct symptoms will decrease by nine units.

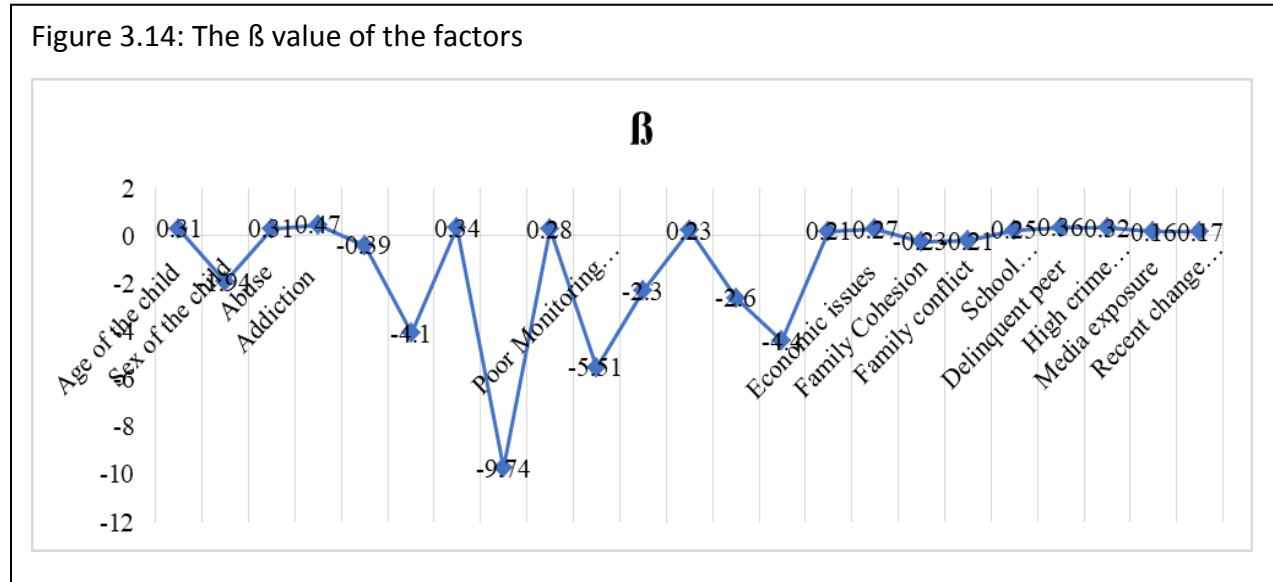


Figure 3.14 shows the beta value of the factors. We can get an idea how these factors associated with conduct problems. Amongst all significant factors positive parenting, inconsistent discipline, parenting involvement, poor monitoring, and corporal punishment obtained a significantly high score. That means the changes of these factors significantly bring change on conduct problems.

3.12 A list of significant correlated factors with conduct problems

Table 3.30: Significant correlated factor

| Factor | r |
|--|----------|
| Demographic factors | |
| Age of the child | 0.30*** |
| Sex of the child | -0.24*** |
| Number of siblings | 0.26*** |
| Family income | -0.23*** |
| Socioeconomic status | 0.22** |
| Individual factors | |
| Parents and child reported Abuse | 0.31*** |
| Addiction | 0.50*** |
| History of birth complication | 0.15** |
| Parenting | |
| Parenting involvement-parents reported | -0.41*** |
| Parenting involvement-child reported | -0.35*** |
| Positive Parenting-child reported | -0.19*** |
| Poor Monitoring and Supervision-parents reported | 0.37*** |
| Poor Monitoring and Supervision-child reported | 0.29*** |
| Corporal Punishment-parents reported | 0.34*** |
| Other parenting issues-child reported | 0.19** |
| Other parenting issues-parent reported | 0.26*** |

| | |
|--|----------|
| Others parental issues | |
| Parental marital discord | 0.22*** |
| Family and parental psychopathology | 0.16*** |
| Family factors | |
| Economic issues | 0.28*** |
| Antisocial siblings | 0.19** |
| Family conflict | -0.26*** |
| Family cohesion | -0.23** |
| Environmental factors | |
| School environment | 0.25*** |
| Delinquent peer | 0.37*** |
| High crime neighbourhood | 0.46*** |
| Media exposure | 0.19** |
| Recent changes in society | 0.27*** |

Note: CI-confidence interval **p<0.05, ***p<0.01

Table 3.30 shows a summary of significant correlated factors with conduct problems. Here we found that addiction, parenting involvement; poor monitoring and supervision, corporal punishment high crime neighbour and delinquent peer significantly correlated with conduct problems.

3.13 A list of non-significant factors

The following table (3.31) showed the list of all factors that did not obtain significant relationships with conduct problems.

Table 3.31: List of factors without statistical significance

| Factor | B | β | t |
|--|-------|---------|-------|
| Demographic variable | | | |
| 1. Educational qualification of father | -0.75 | -0.76 | -0.88 |
| 2. Profession of father | 0.35 | 0.32 | 0.38 |
| 3. Educational qualification of mother | -0.91 | -0.18 | -1.84 |
| 4. Profession of mother | -0.32 | -0.31 | -0.41 |
| 5. Number of Siblings | 1.09 | 0.16 | 1.89 |
| 6. Birth order of child | 0.93 | 0.11 | 1.08 |
| 7. Family income | -2.14 | -0.75 | -0.83 |
| 8. Socio Economic Status of Family | -2.70 | -0.16 | -1.26 |
| Individual factors | | | |
| 9. Impulsiveness | 1.27 | 0.05 | 0.64 |
| 10. Birth Complication | 0.96 | 0.08 | 1.18 |
| Other parenting issues | | | |
| 11. Attachment issues | 0.20 | 0.04 | 0.53 |
| 12. Family and Parental psychopathology | 1.30 | 0.11 | 1.49 |
| 13. Antisocial parent | 0.58 | 0.04 | 0.53 |

| Family factors | | | |
|---------------------------|-------|------|-------|
| 14. Family size | 0.40 | 0.06 | 0.78 |
| 15. Antisocial siblings | 0.48 | 0.07 | 0.95 |
| 16. Lack of awareness | -1.41 | 0.03 | -0.37 |
| 17. Family expressiveness | 1.13 | 0.18 | 1.80 |

3.14 Symptoms profile

We have conducted a separate analysis for finding out the most commonly reported conduct symptoms. The table 3.32 showed the descriptive statistics of the symptoms that can be utilised to gauge the most frequently reported symptoms. The table and following graph suggested that the most commonly reported symptom was aggressive behaviour and boisterousness. The least reported symptoms were fire setting and forced sex.

Table 3.32: Descriptive statistics of reported symptoms

| Symptoms | Mean | Median | Standard Deviation | Standard Error Mean | sum |
|-------------------------------|-------------|---------------|-------------------------------|------------------------------------|------------|
| 1. Aggression | 2.72 | 3 | 0.60 | 0.04 | 450 |
| 2. Destruction of Property | 1.62 | 2 | 0.98 | 0.07 | 268 |
| 3. Lying | 2.02 | 2 | 1.04 | 0.08 | 333 |

| | | | | | |
|----------------------------|------|---|------|------|-----|
| 4. Noncompliance | 2.53 | 3 | 0.77 | 0.06 | 417 |
| 5. Addiction | 2.40 | 3 | 0.94 | 0.07 | 397 |
| 6. Irresponsible | 2.52 | 3 | 0.80 | 0.06 | 415 |
| 7. Boisterousness | 2.66 | 3 | 0.68 | 0.05 | 439 |
| 8. Irritability | 2.61 | 3 | 0.71 | 0.05 | 431 |
| 9. Bullying | 2.23 | 3 | 0.85 | 0.07 | 367 |
| 10. Threatening others | 1.93 | 2 | 0.90 | 0.06 | 319 |
| 11. Fighting | 2.20 | 2 | 0.87 | 0.07 | 363 |
| 12. Physical harm | 2.11 | 2 | 0.91 | 0.07 | 348 |
| 13. Stealing | 1.52 | 2 | 1.24 | 0.07 | 251 |
| 14. Fire setting | 0.07 | 0 | 0.37 | 0.02 | 11 |
| 15. Forced sex | 0.10 | 0 | 0.51 | 0.03 | 17 |
| 16. Run away from home | 1.18 | 1 | 1.05 | 0.08 | 194 |
| 17. Staying out at home | 1.72 | 2 | 1.23 | 0.09 | 283 |
| 18. Truancy | 1.82 | 2 | 1.14 | 0.08 | 300 |
| 19. Demanding behaviour | 2.48 | 3 | 0.72 | 0.05 | 410 |
| 20. Self-harm | 1.00 | 1 | 1.00 | 0.07 | 165 |

| | | | | | |
|---------------------------|------|---|------|------|-----|
| 21. Fall in relationship | 1.77 | 2 | 1.20 | 0.09 | 293 |
| 22. Unstable relationship | 2.08 | 2 | 0.98 | 0.07 | 344 |

Figure 3.15: Symptoms profile

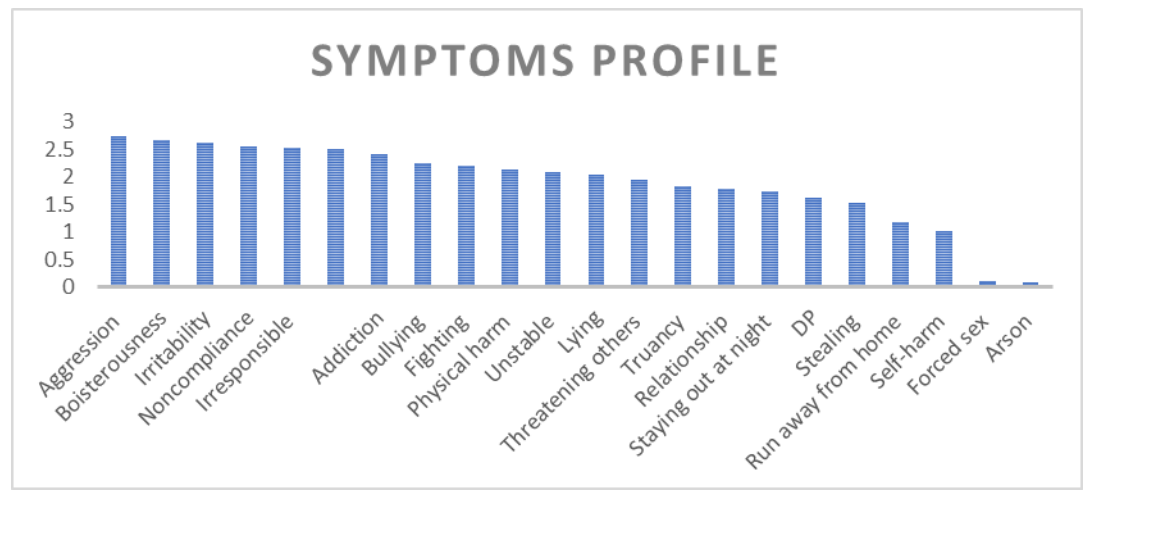


Figure 3.15 shows the symptoms profile of the respondents. We can get a clear picture of the symptoms pattern of conduct problems in our context.

3.15 Item wise Descriptive Analysis

Item wise descriptive analysis was done by checklist ‘Conduct problems factor assessment questionnaire’. These descriptive analyses provide a general understanding of the participant’s response patterns (See appendices 13). As an example, item, 1(any abnormality on mother during pregnancy) obtained 26.7% ‘yes’ response while ‘no’ response was 73.3%. This response helps us to understand how ‘Birth complication and physical issue’ related to conduct problems.

3.16 Results summary

We conducted a set of analyses to ascertain associated factors with conduct symptoms. At first, we obtained descriptive statistics of the variables. We calculated the level of reliability of the scales that we used in our research in the second step. All of the scales obtained acceptable level of reliability. Afterwards, we conducted eight different multiple regression analyses where we put conduct symptoms as the dependable variable. We analysed 40 different variables as the predictor of conduct symptoms. Amongst them, 2 demographic variables (Age, Sex), 2 individual variable (Abuse and addiction), 10 parental factor (inconsistent discipline, corporal punishment, positive parenting etc.), 1 other parental factor (parental marital conflict), 2 family environment variable (Family cohesion, family conflict), 1 other family factor (Economic issues), and 5 environmental variable (delinquent peer, high crime neighbour, media exposure etc.) obtained statistically significant association with conduct symptoms. We also calculated correlation analysis with different factors and conduct problems. We found lot of factors significantly correlated with conduct problems, such as age, sex, socioeconomic status, history of abuse, addiction, parenting involvement, corporal punishment, family and parental psychopathology, antisocial siblings etc. (see table 3.30). In the fourth stage, we analysed most commonly reported symptoms. We found that aggression was most common symptoms whilst fire setting was least common symptoms. In the final stage, we analysed the response pattern on the factors questionnaire.

CHAPTER 4

Discussion

A review of the literature revealed some risk factors of conduct problems. But literature gave the idea in western context. The literature on western culture may not be applicable in Bangladeshi context. This research was conducted to explore the associated factors of conduct problems in Bangladeshi context. The western research gave essence about the risk factors of conduct problems. The research question for this study was that “what are the factors those are associated with conduct problems?” To explore this question we had some objectives. We wanted to explore which individual, parenting, family and environmental factors are associated with conduct problems. The factors are categorized in following domains:

1. Individual factors: Birth complication, Abuse, Impulsiveness, Addiction.

2. Parenting: parenting involvement, positive parenting, poor monitoring, and supervision, inconsistent discipline, and other parenting issues.

2(a) others parental issues: Absence of parent and Attachment problem, Parental marital conflict, Parental psychological problems, antisocial behaviour of parents.

3. Family Factors: Family size, Economic issues, antisocial siblings, Lack of awareness about the problems.

3(a) Family environment: Family Cohesion, Family Expressiveness, Family Conflict,

4. Environmental/ Social factors: School environment, Delinquent peer, High crime neighbour, Media exposure, recent changing society.

We analysed recent research (see figure 1.1) and existing theory (see figure 1.2) to accumulate risk factors of conduct problems, and then we categorised them (figure 1.3). We have made a checklist named “Conduct problems Factor Assessment Questionnaire” from most influential risk factors of conduct problems.

We assessed “Parenting” and “Family Environment” by administering scales (APQ and BFRS). We developed a checklist consists of conduct symptoms based on major diagnostic manuals (DSM & ICD). We have conducted a series of analysis with Multiple Regression Analysis (MRA) techniques. Multiple regression analysis gives an idea about the predicted value of the various factors. We found significant variance of all possible factors. We also found significantly associated individual, parenting, family and environmental factors.

Demographic variables

The findings suggested that there are several factors that obtained statistically significant associations with conduct symptoms. To begin with, demographic variable (although it was not our objectives, but we found in our dataset) age and sex of the child had a strong association with conduct symptoms. These findings were similar to previous studies where age and gender had an association with conduct problems among (Lahey et al., 2000, Frick P J, Christian, & Wootton, 1999).

Individual factors

Our first objective was to explore individual factors. A history of abuse (physical, sexual and emotional) found to be an influential factor in conduct symptoms. Our findings echoed some of the previous studies. One of the meta-analysis reported the presence of abuse amongst

participants struggling with conduct disorder could go as far as 27% (e.g., Maniglio, 2014). It has been commonly suggested that physical abuse was more prevalent than any other form of abuse among conduct disorder cases (e.g., Maniglio, 2014). However, a combination of different types of abuse acted as a stronger risk factor for conduct symptoms than a single type of abuse (e.g., Green, Russo, Navratil, & Loeber, 1999). Participants with different types of abuse had an earlier age of onset and impoverished prognosis (e.g., Green et al., 1999). An earlier study analysed aggressive behaviour and conduct symptoms amongst runaway and homeless children. Although the target groups differed from our study, this study indicated sexual abuse was more prevalent amongst individual with conduct symptoms (e.g. Booth & Zhang, 1996). Moreover, children with a history of sexual abuse struggled with a range of other forms of psychopathology including major depressive disorders with suicidal ideation alongside conduct disorder (e.g. Dinwiddie et al., 2000). Furthermore, the presence of abuse may also lead to the development of antisocial personality disorder we did not assess any other form of psychopathology in our research, and this line of investigation could be a target for future research. Later, a number of scholarly works suggested abuse as an influential factor for conduct disorder. A newer meta-analysis reported factors like childhood maltreatment inclusive of physical abuse, sexual abuse, emotional abuse, and exposure to intimate partner violence influenced the development of conduct disorder (e.g., Afifi, 2012). Moreover, parental divorce and abuse found to have an association with conduct symptoms (e.g., Afifi, Boman, Fleisher, & Sareen, 2009). In this research, we did not study abuse in combination with parental divorce; this too can be a target for future research.

Our findings suggested a history of addiction had a positive association with conduct symptoms. On the previous research, this factor came as co-morbid with conduct problems.

However, in our research, we explored it as a factor of conduct problems, and we found this factor contributed to conduct problems. We found it as unique in the context of Bangladesh. To our best knowledge, this is the first study in Bangladesh that took attempt to study the association between conduct problems and addiction. It showed the importance of assessing the presence of addiction amongst people referred for or struggling with conduct problems. The third factor in this cluster, impulsiveness did not obtain any association with conduct problems. This finding did not corroborate with previous findings. It has been reported that impulsiveness conjointly with inattentiveness increased the risk of early and persistent conduct disorders (e.g., Snyder, Prichard, Schrepferman, Patrick, & Stoolmiller, 2004). It could be possible that impulsiveness did not act alone as the risk factor for conduct symptoms. As we did not assess inattention in our study, impulsiveness did not appear as an associated factor. It can be explained by another fact that impulsiveness can be seen as an early childhood characteristic. Therefore, a parent cannot identify it as a factor. It seems that there is a need for further research on impulsiveness and its link with conduct problems.

Parenting factors

Our second objective was to explore the parenting practice on the child. We studied a range of parenting factors by both developed (Factors Assessment questionnaire) and adopted questionnaires (Alabama Parenting Questionnaire). We assessed parenting involvement, positive parenting, poor monitoring and supervision, inconsistent discipline, corporal punishment by Alabama Parenting Questionnaire. Our findings suggested that parenting explained significance variance of conduct problems. In another way, we found parenting involvement (parent and child reported), positive parenting (parent and child reported), poor monitoring and supervision (parent and child reported), inconsistent discipline (child reported), corporal punishment (parent and

child reported) significantly associated with conduct problems.

In the correlation, we found involvement (parent and child reported), positive parenting (parent and child reported), poor monitoring and supervision (parent and child reported), corporal punishment (parent reported) significantly correlated with conduct problems. We also studied others parenting factors by 'Factors Assessment questionnaire', and we found parental marital conflict significantly associated with conduct problems. In the correlation study, we found family and parental psychopathology and parental marital conflict significantly correlated with conduct problems. We found both similar and dissimilar findings with previous research.

A meta-analysis of longitudinal data showed some predictors of juvenile conduct problems; most powerful predictors of juvenile conduct problems were lack of parental supervision, parental rejection, and parent-child involvement, Medium-strength predictors include background variables such as parents' marital relations and parental criminality, and weaker predictors are lack of parental discipline, parental health, and parental absence (Loeber & Stouthamer-Loeber, 1986).

The influence of effective parenting behaviours and deviant peer association with young adolescent conduct problems during grades 7–9, was significant. The pattern of influence varied across time and between fathers and mothers, with complex patterns of interactions between effective parenting and peer deviance (Trudeau, Mason, Randall, Spoth, & Ralston, 2012).

Another research examined the bidirectional association between conduct problems and parental practice and these bidirectional associations changed across development and varied across African-American and Caucasian families. The results provide strong evidence for a bidirectional relationship between conduct problems and parenting practices from childhood to

adolescence. These bidirectional associations emerged for both parent and teacher reported conduct problems and remained significant even after controlling for the potential confounds of parental age, single parenthood, parents' working status, family SES, and parental mental health problems (Pardini, Fite, & Burke, 2008).

Parenting involvement

Our findings suggested both child and parents reported involvement had a negative association with conduct problems. It indicated that if parents get more involved with their children, it will reduce the risk of conduct problems. On the previous research, researcher found that a typical parenting style characterized by low care by the mother and overprotection by the father, which forms an affectionless, controlling parenting style, was found in the children in the conduct disorder group, this type of parenting style results in high control, low expressiveness of emotions, minimal involvement with children, and inadequate supervision and monitoring of children (Mervyn K Freeze et al., 2014).

This finding has potential implication for prevention of conduct symptoms. Parental coaching on parental involvement may reduce the risk of conduct problems

Positive parenting

We found positive parenting (both child and parent-reported) significantly associated with conduct problems. Our findings confirmed by the previous research. Maternal depression predicted conduct problems whereas positive parenting mediates the effect of maternal depression (Chronis et al., 2007). In a sample of 267 high- risk mother-child groups' researcher found that mother-child interactions late in toddlerhood were especially relevant for conduct problems. The findings most strongly highlighted the role of negative mothering in early infancy, and of changes in mother-toddler interaction, in early-onset Conduct Problems (Lorber &

Egeland, 2011). In another research, Buschgens investigated the contribution of familial risk to externalising behaviours. They found perceived parenting styles, and their interactions to the prediction of externalising behaviours in preadolescents (Buschgens et al., 2010). The researcher found ineffective parenting is associated with increased numbers of conduct problems only for children without significant levels of Callous-Unemotional traits. In contrast, children with Callous-Unemotional traits exhibited high rates of conduct problems regardless of the quality of parenting they experienced (Wootton, Frick, Shelton, & Silverthorn, 1997). Another research finding showed that all children were at a lower risk of conduct problem if they were exposed to less hostile and consistent parenting practices and if they did not have sleep problems as reported by their parents. However, boys were more vulnerable if they had fathers who had not undertaken tertiary education and spent more time in risk-oriented physical activities (Yu, Ziviani, Baxter, & Haynes, 2010). In the research we also found father's education level influenced the conduct problems. The researcher also found that positive and proactive parenting processes such as joint play might make a unique contribution to the very early development of conduct problems, independent of other risk factors (Gardner, Ward, Burton, & Wilson, 2003).

Above discussion of supportive evidence on positive parenting revealed, that positive parenting plays significant roles in conduct problems.

Poor monitoring and supervision

Poor monitoring and supervision found to be an influential factor for conduct problems. Presence of poor monitoring and supervision gave the child opportunity for staying out at night, truancy from school, stealing and addiction. Previous research echoes the same issue. The researcher found that inconsistent parental supervision of children, use of harsh punishment, failure to set limits, neglect in rewarding prosocial behaviour, and a coercive style of parent-child

interaction were correlated highly with antisocial, aggressive behaviour in children from many different cultural and ethnic backgrounds (Bird et al., 2001).

Another research finding showed that inadequate parental monitoring is widely recognised as a risk factor for the development of the child and adolescent conduct problems. In a review, researcher showed the evidence regarding the relationship between parental knowledge, monitoring, child, and adolescent conduct problems that have accumulated during the past decade. 47 studies published between 2000 and 2010 (Racz & McMahon, 2011).

The researcher also found that parental attachment and monitoring moderated the relationship between family conflict and conduct problems for both boys and girls (Formoso, Gonzales, & Aiken, 2000).

From this supportive evidence we can say that poor monitoring and supervision significantly contribute to conduct problems.

Inconsistent discipline

In this research, we assessed inconsistent discipline through Alabama Parenting Questionnaire. Children reported this factor as significant. Nevertheless, parent did not found this issue as significant. We found some relevant research focusing inconsistent discipline. Researchers found that negative parental discipline might be one specific non-shared environmental risk factor that contributes to conduct problems in early adolescence (Viding, Fontaine, Oliver, & Plomin, 2009). In a case report on Nigerian child, researcher showed a correlation between unhealthy parenting and conduct problems. There was many factors in this case. They are corporal punishment, frequent parental conflict, the dissonance between the maternal and paternal parenting style, gender inequality, family violence (M.F. & O.A., 2011).

Self-reported coercive parenting of preschool-aged children likely to develop later conduct problems. Three variables emerged as the strongest predictors of maternal coercion: self-efficacy, child behaviour and maternal depression (Bor& Sanders, 2004).

Therefore, with this supportive evidence, we can say that inconsistent discipline independently and jointly with others, factors contribute to conduct problems.

Corporal punishment

We found parent and child reported corporal punishment significantly associated with conduct problems. In correlation, only parent reported corporal punishment has a significant positive correlation with conduct problems. That means conduct problems increased when corporal punishment was high.

Previous research suggested that harsh parenting was linked with child conduct problems only among mothers with poorer executive function. This effect was particularly strong in calm, predictable environments, but was not evident in chaotic environments (Deater-Deckard, Wang, Chen, & Bell, 2012). Another research showed that Child's exposure to Childhood Sexual Abuse and Childhood Physical Abuse was associated with increased risks of later mental disorders including conduct/anti-social personality disorder at ages 16–25. Those exposed to harsh or abusive physical punishment had rates of disorder that were 1.5 times higher than those exposed to no or occasional physical punishment (Fergusson, Boden, & Horwood, 2008).

Therefore, we can say that corporal punishment significantly influenced to conduct problems.

Parental marital discord

Besides parenting issues, we found parental marital discord as a significant factor for conduct problems. We assessed this factor through the checklist 'Conduct problems Factors assessment Questionnaire'. Both parent and child reported this as significant factor.

Previous findings indicated that genetic and non-shared environmental factors influence the risk of marital conflict. Furthermore, genetic influences mediated the association between marital conflict frequency and conduct problems (K.P. et al., 2007). In the Indian context, Anant and Raghuram found the marital relationship of the parents is a key aspect of family functioning, affecting some other dimensions of family functioning, including adolescent adjustment. They highlighted the role of parents' marital conflict in the emergence and maintenance of adolescent conduct problems (Anant & Raguram, 2005). In another research, researcher examined whether the link between marital conflict management style and child conduct problems with peers and parents is direct or mediated by mothers and fathers' parenting style (critical parenting and low emotional responsivity). Their results indicated that a negative marital conflict management style had direct links with children's conduct problems. Also, the linkage between negative marital conflict management and children's interactions with parents and peers was found to be mediated by both mothers' and fathers' critical parenting and low emotional responsivity (Webster-Stratton & Hammond, 1999). This supportive evidence increased the strength of our findings.

Absence of parent and Attachment problem

We assess this factor with conduct problems factors assessment questionnaire. We did not find any significant association with absence of parent and attachment problems and conduct problems.

In contrary to our findings, previous research indicated that infant attachment status at one year of age was directly related to child's conduct problems, but not with hostile parenting or maternal depression. For securely attached children, maternal depression, but not hostile parenting was directly related to conduct problems. For insecurely attached children, hostile parenting, but not maternal depression, was directly related to child conduct problems (Vando, Rhule-Louie, McMahon, & Spieker, 2008).

In a longitudinal study researcher found that Maternal warmth protected adolescents from the negative effects of harsh discipline such that, at higher levels of maternal warmth, there was no relation between harsh discipline and externalising problems after controlling for baseline levels of externalizing problems and other covariates. At lower levels of maternal warmth, there was a positive relation between harsh discipline practices and later externalizing problems (Germán, Gonzales, Bonds McClain, Dumka, & Millsap, 2013).

In another research, Clinic-referred preschool boys with early onset conduct problems were compared with a case-matched group of non-problem boys to examine the association between attachment and psychopathology. And researcher found that Clinic boys were more likely than control boys to engage in a provocative behaviour when separated from their mothers (Speltz, Deklyen, & Greenberg, 1999). Deklyen et al., (1998) found that insecure attachment with both parents increased the risk of behavioural problems (Greenberg, Speltz, & Deklyen, 1993). Researchers also found that low infant intelligence and disorganised attachment predict clinically significant externalising problems (Lyons-Ruth, Dutra, Schuder, & Bianchi, 2009).

Available research indicated that attachment issues played significant roles in conduct problems. As we did not find this as significant factor, it seems that there is a need for further

research on attachment issues in Bangladeshi context.

Family and Parental psychopathology

We did not find any significant association with family and parental psychopathology and conduct problems. However, we found a significant positive correlation with family and parental psychopathology and conduct problems. Previous research findings suggested that most types of mothers' and fathers' self-reported psychopathology symptoms may play a role in the prognosis of behavioural, social, and emotional outcomes of pre-schoolers with behaviour problems (Breux et al., 2014). These findings were in contrary to our findings as well. We can explain this different finding by the fact; respondent usually tries to hide psychological disorder. Sometimes this type of factors cannot be explored properly by the close-ended question. In future, it can be explored by the case study or another approach to qualitative study.

Antisocial parent and substance abuse in the family

We did not found the antisocial parent and substance abuse in the family as significantly correlated with conduct problems. However, previous research found the antisocial parent and substance abuse as a significant factor.

In a longitudinal study on the UK population researcher found that early-onset persistent conduct problems were associated strongly with problem cannabis use. Residence in subsidised housing, maternal cannabis use and any maternal smoking in the postnatal period all predicted problem cannabis use (Heron et al., 2013).

In a quasi-experimental study, researcher suggests that moderate alcohol drinking in pregnancy contributes to increased risk for children's early-onset-persistent conduct problems, but not childhood-limited or adolescence-onset conduct problems (Murray et al., 2016). In

another research, researcher found that Conduct disorder (CD) is associated with several aspects of family functioning such as maternal parenting (supervision and persistence in discipline) and parental adjustment (paternal antisocial personality disorder and paternal substance abuse), research finding showed that both parental Antisocial Personality Disorder (APD) and deviant maternal parenting predict Conduct Disorder but only parental APD was significantly associated with CD, and no interactions between parental adjustment and maternal parenting were found (Frick et al., 1992).

We can explain this finding with the fact that it is general tendency to keep secret this type of taboo event. Also, child respondent sometimes did not aware of their parent's antisocial activity.

Family factors

Our 3rd objective was to explore which family factors are associated with conduct problems. Among them, we found family cohesion, family conflict, economic issues as significant factors in family factors domain.

Family size

We did not found family size as significantly associated with conduct problems. We also did correlation analysis, but we did not find large family size as significantly correlated with conduct problems. But in the previous research, we found large family size as an important factor (Fischer, 1984). Because parents have to do various activities in a large family. Therefore, they have less time to monitor their child. So, there is a need for further research on family size in relation to conduct problems.

Antisocial siblings

Our findings suggest antisocial siblings with a less significantly correlated. Previous research indicated antisocial siblings plays important role in child's conduct problems. Ardelt and Day (2002) found older deviant siblings had the strongest effect on adolescent deviance (Ardelt & Day, 2002).

According to social learning theories, child learn aggressive and conduct behaviour through modelling. Therefore, the child can learn conduct behaviour by observation from their siblings. As we did not find this factor significantly correlated, we can explore this issue on another research.

Economic issues

We found economic issues as a significantly associated factor with conduct problems. Previous research indicated that poverty as a significant factor (Murray & Farrington, 2010). Schleider and others tested whether family income and stress in the parent-youth relationship might mediate links between parent symptoms and youth problems and whether the process might differ for youth externalising versus internalising problems. They found that family income and stress jointly mediated the relation between parent symptoms and youth externalising problems but not between parent symptoms and youth internalising problems. Parents with higher symptom levels reported lower family incomes, and these lower incomes were associated with greater parent-youth stress and, finally, greater youth externalising problem (Schleider, Patel, Krumholz, Chorpita, & Weisz, 2014).

Family Environment

We assess family environment (Family cohesion, family expressiveness, family conflict) by Brief Family Relationship Scale. We found family cohesion and family conflict as significantly associated with conduct problems.

Family Cohesion

We found family cohesion significantly associated with conduct problems. It was negatively associated with conduct problems, that means when family cohesion was high on the family, conduct problems reduced.

In a recent research, on family functioning and parental perceptions of conduct problems, child indicated that families with Conduct Problems children showed significantly poorer general family functioning and more poorly defined family roles than families with Typically Developing children. Families with Conduct Problems children presented with specific difficulties in affective involvement and parents described challenges, which were in line with the child's specific presentation of lack of empathy and shallow affect (Roberts, McCrory, Joffe, De Lima, & Viding, 2017).

In another research, the researcher found that there is a strong relationship between strong hierarchical structure of family and children's conduct problems. Using structural equation modelling, direct pathways to a lower hierarchical structure were evident for early caregiving behaviour and parent-child conflict, with indirect associations present for parental adjustment, marital functioning, negative child behaviour, and ecological disadvantage. In turn, family hierarchies were associated with youth antisocial behaviour, an effect that was moderated by ethnic and neighbourhood context (Shaw et al., 2004).

In Australian population researcher found after adjusting for several major demographic factors, unhealthy family functioning stood out as significantly associated with increased risks for conduct problems (Abu-Rayya& Yang, 2012).

From case report and psychological report analysis, Joana Matthews found that child with conduct problem had low-income home, parental conflict and family psychopathology compared with the child without conduct problems. Family psychopathology includes parents being in prison, severe alcoholism and maternal depression (Matthews, 2011).

Therefore, with this research finding, we can realise the significance of family cohesion.

Family Conflict

In this research, we assess family factor with the Brief Family Relationship Scale. We found family conflict as significantly associated with conduct problems. We also found a significant correlation between family conflicts and conduct problems. We had some supportive evidence on this factor.

In a qualitative study, Lewis et al., focus on the important role of loss and trauma in the development of externalising behaviours. And this trauma may come from domestic violence, parental conflict and significant losses within the family (Lewis, Petch, Wilson, Fox, & Craig, 2014).

From this above discussion of research findings, we can assume how family conflict associated and correlated with conduct problems.

Environmental/ Social factors

Our fourth and final objective was to explore which environmental factors were associated with conduct problems. We found school environment, delinquent per, media

exposure, recent changes in society as significantly associated and correlated with conduct problems on this domain.

School environment

School environment plays important role in childhood development. We explored here if the child went to school or not, teaching method, relationship with teachers, relationship with school friends, school rules, have they get enough time for recreation? In addition, we found this factor as significantly associated with conduct problems.

Previous research suggested that in childhood, inattention and hyperactivity are strongly correlated with academic problems than is aggression; by adolescence, however, antisocial behaviour and delinquency are associated with underachievement. The researcher explored low socioeconomic status, family adversity, sub-average IQ, language deficits, and neurodevelopmental delay as possible underlying factors of externalising behaviour problems and academic underachievement (Hinshaw, 1992).

In another research, researcher found that a specific school risk factor for delinquency is poor academic performance. A meta-analysis of more than 100 studies examined the relationship between poor academic performance and delinquency and found that poor academic performance is related to the prevalence, onset, frequency, and seriousness of delinquency (Maguin & Loeber, 1996). Another research finding suggested that early classroom experiences influence the socialization of aggression. First-grade classroom aggression and quality of classroom climate made independent contributions to changes in student aggression, as students moved from kindergarten to second grade (Kersten et al., 2017).

The researcher also found that early classroom experience influenced child aggression. First-grade classroom aggression and classroom climate/environment contributed to student's aggression to second grade (Thomas, Bierman, & Powers, 2011).

From this above discussion of research findings, we found the significant influence of school environment with conduct problems.

Delinquent peers

Our findings suggested that having delinquent peer works as a significant factor for conduct problems. Previous research confirmed by our findings.

The researcher examined peer rejection and aggression in the early school years for their relevance to early starting conduct problems and researcher found that peer rejection in 1st grade added incrementally to the prediction of early starting conduct problems in 3rd and 4th grades (Miller-Johnson et al., 2002).

Other research findings suggested that peer rejection also play an important role in aggressive behaviour. Because peer rejection deprived them of learning pro-social behavior (Salehi, Noah, Baba, & Wan Jaafar, 2013). Another study found that deviant peers have greater influence on younger participants (14-15years) than older participants (20-21 years old) (Fergusson, Swain-Campbell, & Horwood, 2002).

Vitaro, Tremblay, and Bukowski (2001) found deviant friends' exposure as a powerful source of aggressive behaviour (Vitaro et al., 2016).

In a longitudinal analysis, Hanish and Guerra (2002) examined the effects of being victimised by peers on children's behavioural, social, emotional, and academic functioning. Correlation and partial correlation analyses revealed that prior victimisation predicted

externalising, internalising, and social problems two years later (Hanish & Guerra, 2002).

The researcher examined the predictive influence of deviant peers on boys' disruptive and delinquent behaviour and found a significant relation with deviant peer exposure with conduct problems (Keenan, Loeber, Zhang, Stouthamer-Loeber, & van Kammen, 1995).

From the above discussion, we found that delinquent peer influenced in two ways. Firstly, the child learns by peer observation and secondly peer rejection. We found the first impact on this research.

High crime neighbour

We also found High crime neighbour as significantly associated and correlated with conduct problems. Study findings suggested that young boys living in neighbourhoods with a high percentage of poor residents are at increased risk for exhibiting conduct problems at school during the critical early grades (Palamar et al., 2015). Research from seven European countries suggested that the association between witnessing community violence and conduct problems was significant compared with healthy individuals (Kersten et al., 2017).

The researcher studied the ecological perspective on the child development. That means child behaviour within the context of parental knowledge and neighbourhood dangerousness. Findings suggested that child pro-social behaviour, daring and negative emotionality are qualified by the interaction with neighbourhood dangerousness and between pro-sociality and parental knowledge (Trentacosta, Hyde, Shaw, & Cheong, 2009).

Media exposure

We also assessed the significance of media exposure on adolescence and found this factor as significantly associated with conduct problems.

On previous research, researcher investigated on 820 youth including 390 juvenile delinquents and 430 high school students to examine the relation of violent media use to involvement in violence and general aggression and found that childhood and adolescent violent media preferences contributed significantly to the prediction of violence and general aggression (Boxer, Rowell Huesmann, Bushman, O'Brien, & Mocerri, 2009).

In a journal article, researcher mentioned that television violence influences aggressive behaviour; particularly in boys and violent video games have harmful effects on children's mental development. They also mentioned some harmful effects of Internet use. They are:

- Access to pornographic sites.
- Unsupervised use of chat rooms and e-mail.
- Promoting sexual exchanges and promiscuity.
- On-line gambling.
- Plagiarism in schoolwork.
- Promotion of hatred or violence through Web sites targeting a specific group, such as women, homosexuals, and religious or ethnic groups.
- Use of the Internet for school bullies to ridicule or spread hatred toward a victim
- On-line bullying, access to hazardous materials or information on making weapons

(Canadian Paediatric Society, 2003). In this research we found that child learn various aggressive behaviour from electronic media (such as television). Surprisingly maximum parents reported a

special crime-related program. Respondent also had exposure on the internet. So, the child can learn from the internet.

Recent changes in society

We included a novel factor in Conduct problem's Factor Assessment Questionnaire. We did not find any research supporting this factor. We included this factor from our case experience and pilot study. We included an item that explored any influence of the societal change, such as industrialisation, too much dependency on technology that reduced social communication, lack of space for outdoor games, less quality time spent in the family. Moreover, our target was to explore the influence of recent social change. We found that this factor obtained a significant association with conduct problems. We also found this factor had significant correlation with conduct problems. So, in future, we can explore how this factor contributed to conduct problems.

Implication

Evidence based practice is an important concern for a clinical psychologist. In the previous time, we had to depend on the western research to make a treatment plan for conduct problems because we have limited research on conduct problems in Bangladeshi context. But this research may add minimum evidence to this area.

This research may help the professionals to set priority, which factors have to deal first. These findings may be helpful in designing intervention strategies for conduct problems. A lot of school-related factors found as related to conduct problems. School professionals also can get the idea from this research, which factors should be changed. Adolescence who is involving in crime is a crying concern in our country. Policy makers, Individuals or organisations those are involved in various social work would be benefited from these findings.

Limitations

There are several limitations in this research those warrant discussion. First of all, the factor questionnaires and conduct symptoms questionnaires were specifically designed for this study. Although we put earnest effort to make the process rigorous, these tools may not assess the factors. We mainly focused on DSM to ascertain conduct symptoms. DSM has been subject to much scrutiny in the recent years. It is well possible that there are other symptoms presented in conduct disorder. We might have missed those symptoms in the process of following DSM. Secondly, many of the questions we asked during our interviews were sensitive. If we consider the present socio-cultural context of Bangladesh, participants may feel reluctant to answer some of the questions. Furthermore, mental health has been a stigmatised issue in Bangladesh. It might have invoked biases in their responses. Third, the other questionnaires that we administered in our research have been developed elsewhere (in western societies). It is possible that these tools missed the cultural nuance present in Bangladesh. Fourth, although we calculated the sample size according to the latest findings, the power issue remains. Our study could be underpowered that lead to the detection of a small effect. But it was difficult to fulfil target sample during this limited period because parents usually tried to hide these types of events. Finally, this study followed a cross-sectional design. We cannot draw any causal inference from this study. On this note, we could suggest future research endeavour in this field. Future researchers in Bangladesh would require paying close attention to the standardisation of tools (e.g., conduct symptoms checklists). Callous-Unemotional (CU) trait has frequently been reported as the common risk factors for developing conduct symptoms. Future research should study the association between different factors (e.g., parenting) and Callous-Unemotional trait in Bangladesh. Finally, future research should attempt to delineate the association between several

factors with the help of sophisticated research tools like brain scanning. They may also utilise sophisticated statistical tools (e.g., Structural Equation Modeling) and more rigorous research design (e.g., longitudinal study).

Future direction

In this research, our main concern was influencing factors of conduct problems. In future, grounded approach should be taken to know the process of conduct problems. That will make a new contribution to theory. In another way, if we want to establish these factors as a cause, we must go through the experimental design. In future, we can focus on specific factors based on this research.

Conclusion

The objective of this research was to explore associated factors of conduct problems. Although it was a new research concept in Bangladesh, a huge literature was found about risk/influential factors in western culture. So, we tried to explore those factors through a checklist based on previous theory and research. We also use two standardise tools for assessing parenting and family environment. Our findings suggested a lot of factors as predictors of conduct problems. They are abuse, addiction by the child, child's age, sex, parental involvement, positive parenting, inconsistent discipline, corporal punishment, family environment and family conflict. The important finding was parenting. Five aspects of parenting were independently highly associated with conduct problems. A novel finding was a recent change in society. Our findings suggested focusing on parenting and also the family environment to prevent conduct problems in the early stage.

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Appendix 1: Ethical Approval, Ethics committee, Department of Clinical Psychology

চিকিৎসা মনোবিজ্ঞান বিভাগ
ঢাকা বিশ্ববিদ্যালয়
কলা ভবন (৫ম তলা)
ঢাকা-১০০০, বাংলাদেশ



DEPARTMENT OF CLINICAL PSYCHOLOGY
UNIVERSITY OF DHAKA
Arts Building (4th floor)
Dhaka-1000, Bangladesh

Tel: 9661900-73, Ext. 7801, Fax: 880-2-8615583, E-mail: clinpsy@du.ac.bd

Appendix 1: Ethical Approval, Ethics committee, Department of Clinical Psychology

Certificate of Ethical Approval

Project Number : **MP170501**

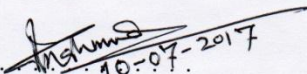
Project Title : **Exploring The Factors Influencing Conduct Problems**

Investigators : **Rokshana Akhter and Muhammad Mahmudur Rahaman**

Approval Period : **10 July 2017 to 09 July 2018**

Terms of Approval

1. Any changes made to the details submitted for ethical approval should be notified and sought approval by the investigator(s) to the Department of Clinical Psychology Ethics Committee before incorporating the change.
2. The investigator(s) should inform the committee immediately in case of occurrence of any adverse unexpected events that hampers wellbeing of the participants or affect the ethical acceptability of the research.
3. The research project is subject to monitoring or audit by the Department of Clinical Psychology Ethics Committee.
4. The committee can cancel approval if ethical conduction of the research is found to be compromised.
5. If the research cannot be completed within the approved period, the investigator must submit application for an extension.
6. The investigator must submit a research completion report.

... 
10-07-2017
Chairperson
Ethics Committee
Department of Clinical Psychology
University of Dhaka

Appendix 2: Permission letter, National Institute of Mental Health and Hospital**Appendix 2: Permission letter, National Institute of Mental Health and Hospital**

Government of the People's Republic of Bangladesh
Office of the Director-cum-Professor
National Institute of Mental Health & Hospital
Sher-e-Bangla Nagar, Dhaka-1207

Memo No. NIMH/2017/3053

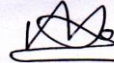
Date: 5/7/17

To

Rokshana Akhter
M.Phil Researcher, (Part-II)
Department of Clinical Psychology
University of Dhaka.

Subject: Permission to collect research data.

This is to inform you that your Research Proposal entitled "**Exploring the Factors Influencing Conduct Problems**" has been reviewed by the ethical committee of the institute. You are given permission to collect data for your research activities in NIMH, Dhaka.



(Prof. Dr. Md. Faruq Alam)

Director-cum-Professor

National Institute of Mental Health & Hospital
Sher-e-Banga Nagar, Dhaka- 1207

5/7/17

Appendix 3: Permission letter, Department of Social Service

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
সমাজকল্যাণ মন্ত্রণালয়
সমাজসেবা অধিদফতর
প্রতিষ্ঠান অধিশাখা
www.dss.gov.bd

শেখ হাসিনার
দিনবদলে,
সমাজসেবা
এগিয়ে চলে

স্মারক নম্বর: ৪১.০১.০০০০.০৬২.২৫.০০৫.১৭.৫৩

তারিখ: ২৩ শ্রাবণ, ১৪২৪

০৭ আগস্ট, ২০১৭

বিষয়: তথ্য সংগ্হের জন্য অনুমতি প্রদান।

উপর্যুক্ত বিষয়ের পরিপ্রেক্ষিতে ঢাকা বিশ্ববিদ্যালয়ের ক্লিনিক্যাল সাইকোলোজি ডিপার্টমেন্টে এম ফিল পাঠ-২ এর শিক্ষার্থী রাখসানা আখতার কে তার কোর্স গবেষণা প্রতিবেদন যার বিষয়বস্তু “Exploring the Factors Influencing Conducts Problems” এই বিষয়ের উপর তথ্য সংগ্হের জন্য নিম্নবর্ণিত শর্তে শিশু উন্নয়ন কেন্দ্র (বালক) টংগী এবং শিশু উন্নয়ন কেন্দ্র (বালিকা) কোনাবাড়ী, গাজীপুর পরিদর্শনের অনুমতি প্রদান করা হলো।

১. প্রতিষ্ঠানের তত্ত্বাবধায়কের সাথে আলোচনাক্রমে পরিদর্শনের সময়সূচি নির্ধারণ করতে হবে;
২. প্রতিষ্ঠানের তত্ত্বাবধায়কের সার্বিক তত্ত্বাবধানে তথ্য সংগ্হের কাজ সম্পন্ন করতে হবে;
৩. নিবাসিদের ডরমেটরীতে প্রবেশ করা যাবে না।
৪. কোন আলোক চিত্র, ভিডিও বা ছবি ধারণ এবং বক্তব্য রেকর্ড করা যাবে না।
৫. সংগ্হিত তথ্যের একটি কপি অধিদফতরে সরবরাহ করতে হবে;
৬. সংগ্হিত তথ্যের গোপনীয়তা রক্ষা করতে হবে।

এতে মহাপরিচালক মহোদয়ের অনুমোদন রয়েছে।



২০১৭-০৮-৬

মোঃ জুলফিকার হায়দার
পরিচালক

ড: মোহাম্মদ মাহাম্মদুর রহমান, প্রফেসর, ডিপার্টমেন্ট অব
ক্লিনিক্যাল সাইকোলজি, ঢাকা বিশ্ববিদ্যালয়, ঢাকা।

স্মারক নম্বর: ৪১.০১.০০০০.০৬২.২৫.০০৫.১৭.৫৩/১(৩)

তারিখ: ২৩ শ্রাবণ, ১৪২৪

০৭ আগস্ট, ২০১৭

সদয় অবগতি ও কার্যার্থে প্রেরণ করা হল,

- ১) মহাপরিচালক, সমাজসেবা অধিদফতর
- ২) উপ পরিচালক, জেলা সমাজসেবা কার্যালয়, গাজীপুর
- ৩) তত্ত্বাবধায়ক, শিশু উন্নয়ন কেন্দ্র (বালক/বালিকা) টংগী/কোনাবাড়ী, গাজীপুর।



২০১৭-০৮-৬

মোঃ জুলফিকার হায়দার
পরিচালক

Appendix 4: List of the Judges

List of the judges

| Sl | Name of the judge | Designation |
|----|--------------------------|--|
| 1 | Zillur Rahman Khan Ratan | Psychiatrist, Mental and Child Mental Health Professional, Researcher and Epidemiologist |
| 2 | Nazma Khatun | Clinical Psychologist and Associate Professor, Department of Clinical Psychology, University of Dhaka |
| 3 | Samiul Hossain | Lecturer , North South University, PhD candidate, Centre for Emotional Health, Department of Psychology, Macquarie University. |
| 4 | Zahid Hosain | Social worker and Protection Officer at Handicap International |

| | | |
|----|----------------------|---|
| 5 | Aslam Hossain Khan | Program coordinator Shishu Polli Plus |
| 6 | Nabila Tarannum Khan | Clinical Psychologist at The Cabin Chiang Mai |
| 7 | Rumela Ali | Clinical Psychologist |
| 8 | Fayaza Ahmed | Senior Instructor (Child Psychology) and Psycho social Counsellor at Dhaka Shishu Hospital |
| 9 | Naima Zannat | Clinical Psychologist, Action Contre la Faim |
| 10 | Mita Mondol | Clinical Psychologist at The Cabin Chiang Mai |
| 11 | Mukta Jahan Banu | Clinical Psychologist, Action Contre la Faim |

Appendix 5: Judge Instruction**EXPLORING THE FACTORS INFLUENCING CONDUCT PROBLEMS****Instructions for the judges**

My research objective is to explore the factors those are associated with conduct problem. We reviewed recent studies that reported factors related to conduct problems. We found lot of factors of conduct problem by the study of theory and previous research. We have developed a check list based on the findings accumulated over the years. Alongside, two of the factors —parenting styles and family dimension— have been frequently reported as the determinant of conduct problems. Therefore, we shall assess these **two** dimensions by administering scales. To identify those factors we will use **Alabama Parenting Questionnaire (APQ)** and **The Brief Family Relationship Scale (BFRS)**.

Conduct problems Factors assessment questionnaire

Here I'm trying to create some questions to assess factors associated with conduct problems. Please give your opinion whether these questions/items are appropriate to assess those factors. Most of the questions are closed ended but some item are open.

The Alabama Parenting Questionnaire (APQ) (Frick, 1991).

The APQ measures five dimension of parenting styles: (1) positive involvement with children, (2) supervision and monitoring, (3) use of positive discipline techniques, (4) consistency in the use of such discipline and (5) use of corporal punishment. These dimensions have been reported as the determinants of childhood externalizing disorder. Please check whether my Bengali translation will assess same thing as it is in English version.

The Brief Family Relationship Scale (BFRS) (Fok, Allen, Henry, & Team, 2011).

The BFRS measures three dimensions of family relationship: Cohesion, Expressiveness, and Conflict. It measures response in a three point Likert scale where 1 stands for “not at all” and 3 stands for “A lot”. We will use this instrument to assess family environment of the respondent.

Please check the Bengali translation of the instrument.

Appendix 6: Judge Evaluation Questionnaire**6a: Symptoms checklist for conduct problems**

Conduct problem is a persistent pattern of behavior in which age appropriate moral, social norms and right of others are violated. This type of age appropriate behavior may be guided by the selfish nature / narcissistic self-need, not due to one's lack of social insight coming from one's intellectual disability.

According to this definition from the following symptoms which symptoms has more significance to assess conduct problems. You can add other symptoms which you feel significant in our Bangladeshi context.

| symptoms | Almost sure | High Probability | May be /may not be |
|-----------------------------------|-------------|------------------|--------------------|
| 1. Aggression | | | |
| 1. Destruction of others property | | | |
| 2. Repeated lying | | | |
| 3. Noncompliance | | | |
| 4. Irresponsibility | | | |
| 5. Boisterousness | | | |
| 6. Bullying | | | |
| 7. Threatens | | | |
| 8. Physical fighting | | | |
| 9. Physical harms to others | | | |
| 10. Stealing, | | | |

| | | | |
|---|--|--|--|
| 11. Fire setting | | | |
| 12. Force sexual activity | | | |
| 13. Run away from home | | | |
| 14. Staying out at night | | | |
| 15. Truancy from school and disobedience | | | |

Recommendation

| | | | |
|--|--|--|--|
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| | | | |

Appendix 6: Judge Evaluation Questionnaire**Appendix 6b: Conduct problems Factors assessment questionnaire**

We found lot of factors of conduct problem by the study of theory and previous research. To identify those factors we need some questions. Here I'm trying to create some question. Please assess whether questions are relevant with the factors.

1. Individual factors-

- Birth complication and Physical issues in early period,
- Abuse
- Impulsiveness
- Addiction

2. Parenting**3. Family Factors**

1. Absence of parent
2. Parental marital conflict
3. Family size
4. parental psychological problems
5. Antisocial parent and substance abuse
6. Economic issues
7. Antisocial siblings
8. Lack of awareness about the problems

4. Environmental/ Social factors-

School environment,
 Low school performance
 Delinquent peer
 High crime neighbour
 Media exposure
 Homeless
 Recent changing society

Individual factors-

Birth complication and Physical issues in early period

| | | |
|--|-------|----|
| ১। শিশুর জন্মের সময় কোন শারীরিক (surgery, infection) সমস্যা ছিল কি? | হ্যাঁ | না |
| ২। থাকলে সেটা কি? | | |
| ৩। শিশুর জন্মের সময় কোন জটিলতা ছিল কি? | হ্যাঁ | না |
| ৪। থাকলে সেটা কি? | | |
| ৫। পরবর্তীতে কোন শারীরিক দুর্ঘটনা/ অসুস্থতা ছিল কি? | হ্যাঁ | না |
| ৬। থাকলে সেটা কি? | | |

Abuse

| | | |
|--|-------|----|
| ১। বাচ্চা কোনো ধরনের শারীরিক নির্যাতনের শিকার কি? | হ্যাঁ | না |
| ২। বাচ্চা কোন ধরনের আবেগীয় চাপের শিকার কি? | হ্যাঁ | না |
| ৩। বাচ্চা কোন ধরনের যৌন নির্যাতনের শিকার কি? | হ্যাঁ | না |
| Child | | |
| ১। তুমি কি কোন ধরনের শারীরিক নির্যাতনের শিকার হয়েছ? | হ্যাঁ | না |
| ২। তুমি কি মানসিকভাবে বড় কোন কষ্ট পেয়েছ? | হ্যাঁ | না |
| ৩। তুমি কি কোন ধরনের যৌন নির্যাতনের শিকার? | হ্যাঁ | না |

Impulsiveness

| | | |
|--|-------|----|
| ১। বাচ্চা ছোট থেকেই কোন কিছু চিন্তা না করে কোন আচরণ করে ফেলে কিনা? | হ্যাঁ | না |
|--|-------|----|

Addiction

| | | |
|-------------------------------|-------|----|
| ১। বাচ্চা কোন কিছুতে কি আসক্ত | হ্যাঁ | না |
|-------------------------------|-------|----|

| | | |
|---|-------|----|
| ২। ইন্টারনেট এ অনেক বেশি সময় দেয় কি? | হ্যাঁ | না |
| Child | | |
| ১। তুমি কি নেশা জাতিও কোন কিছু খাও/নাও | হ্যাঁ | না |
| ২। সিগারেট খাও? | হ্যাঁ | না |
| ৩। ইন্টারনেট এ অনেক বেশি সময় দাও | হ্যাঁ | না |
| ৪। ইন্টারনেট এর জন্য বাসা থেকে টাকা নাও | হ্যাঁ | না |

Family Factors-

Absence of parent and early attachment

| | | |
|--|-------|----|
| ১। বাচ্চা ছোটবেলা বাবা/মা থেকে দূরে ছিল কি? | হ্যাঁ | না |
| ২। যদি থেকে থাকে সেই সময়ে বাচ্চার কোন নেতিবাচক অভিজ্ঞতা ছিল কি? | হ্যাঁ | না |

Parental marital conflict

| | | |
|---|-------|----|
| ১। বাবা-মার মাঝে বৈবাহিক সম্পর্ক কি ভাল? | হ্যাঁ | না |
| ২। বাবা-মা কি ঝগড়া করে? | হ্যাঁ | না |
| ৩। বৈবাহিক সম্পর্ক বাচ্চাটির উপর কি প্রভাব বিস্তার করে? | হ্যাঁ | না |
| Child | | |
| ১। বাবা-মার মধ্যে সম্পর্ক কি ভাল? | হ্যাঁ | না |
| ২। তারা কি ঘনঘনঝগড়াকরে? | হ্যাঁ | না |
| ৩। তারা কি মারপিট করে? | হ্যাঁ | না |
| ৪। বাবা-মা ঝগড়ায় তাকে অন্তর্ভুক্ত করে? | হ্যাঁ | না |
| ৫। বাবা-মা একেঅপরকে অশ্রদ্ধা করে কিনা? | হ্যাঁ | না |

Family size

| | | |
|------------------------------|--|--|
| ১। পরিবারের সদস্য সংখ্যা কত? | | |
|------------------------------|--|--|

| | | |
|--|-------|----|
| ২। পরিবারের সদস্য বেশি/কম হওয়াতে বাচ্চার কোন সমস্যা হয় কি? | হ্যাঁ | না |
| Child | | |
| ১। তাদের পরিবার কি যৌথ পরিবার? | হ্যাঁ | না |
| ২। পরিবারের এ ধরনের জন্য কোন সমস্যা হয় কি | হ্যাঁ | না |
| ৩। অতিরিক্ত কোন লোক থাকে কি যার কারণে সমস্যা হয় | হ্যাঁ | না |

Parental psychological problems

| | | |
|--|-------|----|
| ১। বাবা-মা কারো কোন মানসিক সমস্যা ছিল কি? | হ্যাঁ | না |
| ২। পরিবারের কারো কোন মানসিক সমস্যা ছিল কি? | হ্যাঁ | না |
| ৩। সমস্যা থাকলে সেটা কি ধরনের সমস্যা | | |
| ৩। বাচ্চা সেটা দেখে কিছু শিখেছে কি? | হ্যাঁ | না |

Antisocial parent and substance abuse

| | | |
|--|-------|----|
| ১। আপনাদের কারো অপরাধের কোন ঘটনা আছে? | হ্যাঁ | না |
| ২। পরিবারে কারো নেশা জাতিও কোন কিছুর অভ্যাস আছে কি | হ্যাঁ | না |

Economic issues

| | | | |
|--|----------|----------|----------|
| ১। বাবা-মা কেউ বেকার? | | হ্যাঁ | না |
| ২। পরিবারের আর্থিক অবস্থা কেমন? | ঘাটতি | মারামারি | উদ্বৃত্ত |
| ৩। বাচ্চা টাকা চাইলে তাকে কখন টাকা দেওয়া হয় | কখনোই না | মাঝেমাঝে | সবসময় |
| ৪। অন্যকোন source থেকে টাকা পায় কিনা? | | হ্যাঁ | না |
| ৫। বাচ্চা টাকা ভালো উদ্দেশ্যে খরচ করে কি? | | হ্যাঁ | না |
| ৬। বাচ্চা টাকা দিয়ে আজো আজো কিছু করে কি? | | হ্যাঁ | না |
| ৭। বাচ্চা কোথায় টাকা খরচ করে সেটা আপনারা জানেন? | | হ্যাঁ | না |
| ৮। আপনাদের কারো মাঝে খরচের প্রবণতা বেশি | | হ্যাঁ | না |

| | | |
|----------------------------------|-------|----|
| ৯। বাচ্চা সেটা দেখে কিছু শিখেছে? | হ্যাঁ | না |
| Child | | |
| | | |

Antisocial siblings

| | | |
|---|-------|----|
| ১। অন্যান্য ভাই-বোনদের সাথে বাচ্চার সম্পর্ক কি ভাল? | হ্যাঁ | না |
| ২। ভাই-বোন কারো অপরাধের ঘটনা আছে কি? | হ্যাঁ | না |
| ৩। ভাইবোন কেউ আগ্রাসি আচরণ করে কি? | হ্যাঁ | না |
| ৪। বাচ্চা ভাই-বোন কাউকে অনুসরণ করে কি? | হ্যাঁ | না |
| ৫। ভাইবোনরা কেউ বাচ্চার সাথে খারাপ আচরণ করে কি? | হ্যাঁ | না |
| ৬। ভাইবোনরা কেউ বাচ্চাকে মারধর করে কি? | হ্যাঁ | না |
| Child | | |
| ১। ভাইবোনের সাথে তোমার সম্পর্ক কি ভাল? | হ্যাঁ | না |

| | | |
|---|-------|----|
| | | |
| ২। ভাইবোনের কারো সাথে কথা শেয়ার করে কি? | হ্যাঁ | না |
| ৩। ভাইবোন কাউকে অনুসরণ করে কি? | হ্যাঁ | না |
| ৪। ভাইবোন কেউ তার সাথে খারাপ আচরণ করে কি? | হ্যাঁ | না |
| ৫। ভাইবোন কেউ তাকে মারধর করে কি? | হ্যাঁ | না |
| ৬। ভাইবোনের কারো অপরাধের ইতিহাস আছে কি? | হ্যাঁ | না |

Lack of awareness about the problems

| | | |
|--|-------|----|
| ১০। বাচ্চার এ ধরনের সমস্যা যে তার আচরণগত সমস্যা হতে পারে সেটা আগে থেকে জানতো কি? | হ্যাঁ | না |
|--|-------|----|

Environmental/ Social factors-

School environment and Low school performance

| | | |
|--|-------------|---------|
| ১। বাচ্চা কবে থেকে স্কুলে নিয়মিত যায় না? | সমস্যার আগে | সমস্যার |
|--|-------------|---------|

| | থেকে | পরে |
|--|---------------------|----------------|
| ২। না গেলে ঐ সময় বাচ্চা আনন্দদায়ক কিছু করে কি? | হ্যাঁ | না |
| ৩। বাচ্চার স্কুলে রেজাল্ট কি ভাল? | হ্যাঁ | না |
| ৪। খারাপ হলে সেটা কবে থেকে | সমস্যার আগে থেকে | সমস্যার পরে |
| ৫। রেজাল্ট এর জন্য বাচ্চাকে শিক্ষক/বন্ধুদের কাছে কথা শুনতে হয় কি? | হ্যাঁ | না |
| ৬। এর জন্য তাকে সবাই অবহেলা করে কি? | হ্যাঁ | না |
| ৭। স্কুলের পরিবেশটা ঝামেলাপূর্ণ কি? | হ্যাঁ | না |
| ৮। স্কুলের পরিবেশ বাচ্চার উপর কোন প্রভাব ফেলেছে কি? | হ্যাঁ | না |
| Child | | |
| ১। স্কুল ভাল লাগে? | হ্যাঁ | না |
| ৫। স্কুলে নিয়ম-কানুন কি বেশি? | হ্যাঁ | না |

| | | |
|---|-------|----|
| | | |
| ৬। শিক্ষকরা খারাপ আচরণ করে কি? | হ্যাঁ | না |
| ৭। স্কুলে অনেক শাস্তি পেতে হয় ? | হ্যাঁ | না |
| ৮। স্কুলের বন্ধুরা তোমাকে উত্থিত করে ? | হ্যাঁ | না |
| ৯। স্কুলে বন্ধুরা অনেক আগ্রাসী আচরণ করে ? | হ্যাঁ | না |
| ১০। স্কুলে খেলাধুলার সুযোগ পায় কি? | হ্যাঁ | না |
| ১১। শিক্ষকদের পড়ানোর পদ্ধতি তার ভাল লাগে কি? | হ্যাঁ | না |
| ১২। শিক্ষকরা বন্ধুসুলভ আচরণ করে কি? | হ্যাঁ | না |

Delinquent peer

| | | |
|--|-------|----|
| ১। বাচ্চা খারাপ বন্ধুদের সাথে মেলামেশা করে কি? | হ্যাঁ | না |
| ২। তার বন্ধুদের কোন অপরাধের ঘটনা আছে ? | হ্যাঁ | না |

| | | |
|---|-------|----|
| | | |
| ৩। বন্ধুদের কাছ থেকে খারাপ কিছু শিখে কি? | হ্যাঁ | না |
| ৪। বাচ্চার উপর তাদের প্রভাব আছে কি? | হ্যাঁ | না |
| ৫। বাচ্চার সাথে তাদের কোন অপরাধের ঘটনা আছে? | হ্যাঁ | না |
| Child | | |
| ১। তোমার বন্ধুর সংখ্যা কি বেশি? | হ্যাঁ | না |
| ২। তাদের সাথে তুমি কি কি কাজ করে? | | |
| ৩। তাদের সাথে কিকি করতে তোমার ভাল লাগে? | | |
| ৫। তুমি কি বন্ধুদের প্রতি বেশি নির্ভরশীল? | হ্যাঁ | না |
| ৮। তুমি তোমার বন্ধুদের অনুসরণ কর? | হ্যাঁ | না |
| ৯। তোমার উপর তোমার বন্ধুদের প্রভাব আছে ? | হ্যাঁ | না |

High crime neighbor

| | | |
|---|-------|----|
| ১। আশেপাশের পরিবেশ কি খারাপ? | হ্যাঁ | না |
| ২। আশেপাশে অপরাধ কি অনেক বেশি হয়? | হ্যাঁ | না |
| ৩। হলে তা বাচ্চার উপর প্রভাব ফেলেছে কি? | হ্যাঁ | না |
| Child | | |
| ১। আশেপাশের পরিবেশ কেমন? | হ্যাঁ | না |
| ২। অনেক বেশি অপরাধ ঘটে | হ্যাঁ | না |
| ২। তোমার পরিবেশ তোমার উপর প্রভাব ফেলে? | হ্যাঁ | না |

Homeless

| | | |
|---|-------|----|
| ১। থাকার জন্য কোন জায়গা আছে কি | হ্যাঁ | না |
| ২। রাস্তায় থাকার জন্য কি বাচ্চার আচরণ গত সমস্যা হচ্ছে? | | |

Recent change in society

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| ১। সম্প্রতি সমাজগত কিছু পরিবর্তনের জন্য বাচ্চার আচরণের পরিবর্তন হচ্ছে | হ্যাঁ | না |
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Appendix 6: Judge Evaluation Questionnaire

6c: Alabama Parenting Questionnaire

(Parent form)

| | Never (কখনোই না) | Almost Never (প্রায় কখনোই না) | Sometimes (কিছু কিছু সময়) | Often (প্রায়ই) | Always (সবসময়) |
|--|------------------------|--|----------------------------------|--------------------|--------------------|
| 1. You have a friendly talk with your child. | | | | | |
| আপনার শিশুর সাথে আপনার বন্ধুর মত সম্পর্ক. | | | | | |
| 2. You let your child know when he/she is doing a good job with something. | | | | | |
| আপনি আপনার শিশুকে জানতে দেন কখন সে ভাল কিছু করছে। | | | | | |

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| 3. You threaten to punish your child and then do not actually punish him/her. | | | | | |
| আপনি আপনার শিশুকে শাস্তি দেওয়ার ভয় দেখান কিন্তু শাস্তি দেননা | | | | | |
| 4.You volunteer to help with special activities that your child is involved (such as sports, boy/girl scouts, church youth groups) | | | | | |
| পড়ার বাইরের অন্যান্য কার্যক্রমে যেখানে আপনার শিশু যুক্ত হয় সেই ব্যাপারে আপনি নিজে থেকেই শিশুকে সাহায্য করেন | | | | | |

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| <p>5. You reward or give something extra to your child for obeying you or behaving well.</p> | | | | | |
| <p>আপনাকে মেনে চলা/ভাল ব্যবহারের জন্য আপনি শিশুকে পুরস্কার দেন অথবা অতিরিক্ত কোন সুবিধা দেন।</p> | | | | | |
| <p>6. Your child fails to leave a note or to let you know where he/she is going.</p> | | | | | |
| <p>আপনার শিশু কোথায় যাচ্ছে যাওয়ার আগে সেটা বলে যায় না অথবা নোট লিখে রেখে যায় না।</p> | | | | | |
| <p>7. You play games or do other fun things with your child.</p> | | | | | |
| <p>আপনি শিশুর সাথে খেলা-ধুলা অথবা মজার কিছু করেন</p> | | | | | |

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| <p>8. Your child talks you out of being punished after he/she has done something wrong.</p> | | | | | |
| <p>শিশু কোন ভুল করেও আপনাকে শাস্তি না দেওয়ার জন্য আবদার করে।</p> | | | | | |
| <p>9. You ask your child about his/her day in school</p> | | | | | |
| <p>শিশু স্কুলে কি করে সারাদিন কাঁটাল আপনি তা জানতে চান।</p> | | | | | |
| <p>10. Your child stays out the evening past the time he/she is supposed to be home</p> | | | | | |

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| সন্ধ্যার পর শিশুর বাসায় থাকার কথা থাকলেও শিশু বাসার বাইরে থাকে | | | | | |
| 11. You help your child with homework | | | | | |
| শিশুর স্কুল থেকে দেওয়া বাড়ির কাজ করার জন্য আপনি শিশুকে সাহায্য করেন | | | | | |
| 12. You feel that getting your child to obey you is more trouble that it's Worth. | | | | | |
| আপনি অনুভব করেন যে শিশুকে আপনাকে মেনে চলার কথা বললে সেটা আরও বেশি ঝামেলা তৈরি করে। | | | | | |

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| 13. You compliment your child when he / she does something. | | | | | |
| শিশু ভাল কিছু করলে তাকে বাহবা দেন। | | | | | |
| 14. You ask your child what his/her plans are for the coming day. | | | | | |
| শিশুর পরেরদিনের পরিকল্পনা সম্পর্কে জানতে চান শিশুর কাছে। | | | | | |
| 15. You take your child to a special activity. | | | | | |
| আপনি বিশেষ কার্যক্রম গুলতে শিশুকে নিয়ে যান। | | | | | |
| 16. You praise your child if he/she behaves well. | | | | | |
| শিশু ভাল ব্যবহার করলে তাকে প্রশংসা করেন | | | | | |

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| 17. Your child is out with friends you don't know | | | | | |
| শিশু এমন বন্ধুদের সাথে বাইরে যায় যা আপনি জানেন না। | | | | | |
| 18. You hug or kiss your child when he/she does something | | | | | |
| শিশু ভাল কিছু করলে তাকে জড়িয়ে ধরে আদর করেন | | | | | |
| 19. Your child goes out without a set time to be home. | | | | | |
| নির্দিষ্ট সময় ছাড়াও শিশু বাসার বাইরে যায় | | | | | |
| 20. You talk to your child about his/her friends. | | | | | |
| আপনি শিশুর সাথে তার বন্ধুদের নিয়ে আলোচনা করেন | | | | | |

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| <p>21. Your child is out after dark without an adult with him/her.</p> | | | | | |
| <p>রাত হওয়ার পরও আপনার শিশু সাথে প্রাপ্তবয়স্ক কাউকে ছাড়াই বাইরে বের হয়।</p> | | | | | |
| <p>22. You let your child out of a punishment early (like lift restrictions earlier than they originally said)</p> | | | | | |
| <p>যতটা শাস্তি দেওয়ার কথা তার আগেই আপনি আপনার শিশুকে ছাড় দিয়ে দেন</p> | | | | | |
| <p>23. Your child helps plan family activities.</p> | | | | | |
| <p>পরিবারের কোন কর্মকাণ্ডে পরিকল্পনা করতে আপনার শিশু সাহায্য করে।</p> | | | | | |

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| <p>24. You get so busy that you forget where your child is and what he/she is doing.</p> | | | | | |
| <p>আপনি এতই ব্যস্ত থাকেন যে ভুলেই যান যে আপনার শিশু কোথায় আছে এবং কি করছে</p> | | | | | |
| <p>25. Your child is not punished when he/she has done something wrong.</p> | | | | | |
| <p>কোন কিছু নিয়ে ভুল করলে আপনার শিশুকে শাস্তি পেতে হয় না।</p> | | | | | |
| <p>26. You attend PTA meeting, parent/teacher conference, or other meetings at your child's school.</p> | | | | | |

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| <p>শিশুর স্কুলে কোন সভা বা আলোচনায় (পিতা-মাতা, শিক্ষক) ডাকা হলে আমি যাই.</p> | | | | | |
| <p>27. You tell your child that you like it when he/she helps out around the house.</p> | | | | | |
| <p>আপনার শিশুকে বলেন সে বাসায় কাজে সাহায্য করলে আপনারা খুশি হন</p> | | | | | |
| <p>28. You don't check that your child comes home at the time he/she was supposed to.</p> | | | | | |
| <p>আপনি খেয়াল করেন না, যে সময় আপনার শিশু বাসায় ফেরার কথা সে সময় ফিরছে কিনা</p> | | | | | |
| <p>29. you don't tell your child where you are going</p> | | | | | |

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| আপনি বাইরে যাওয়ার সময় কোথায় যান তা আপনার শিশুকে বলে যান না। | | | | | |
| 30. Your child comes home from school more than an hour past the time you expect him/her. | | | | | |
| আপনার শিশু স্কুল থেকে যে সময় ফেরার কথা তার চেয়েও ঘণ্টা থানেক পরে বাসায় ফেরে | | | | | |
| 31. The punishment you give your child depends on your mood. | | | | | |
| শিশুকে আপনি কি শাস্তি দিবেন হবে সেটা আপনার মন-মেজাজের উপর নির্ভর করে | | | | | |
| 32. Your child is at home without adult supervision. | | | | | |

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| আপনার শিশু বড় কারো তস্বাবধায়ন ছাড়া একাই বাসায় থাকে। | | | | | |
| 33. You spank your child with your hand when he/she has done something wrong. | | | | | |
| আপনার শিশু কোন ভুল করলে তাকে আপনি আঘাত করেন। | | | | | |
| 34. You ignore your child when he/she is misbehaving. | | | | | |
| আপনার শিশু খারাপ আচরণ করলে আপনি সেটা খেয়াল করেন না | | | | | |
| 35. You slap your child when he/she has done something wrong. | | | | | |
| আপনার শিশু কোন ভুল করলে আপনি তাকে চড় মারেন | | | | | |

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| <p>36. You take away privileges or money from your child as a punishment.</p> | | | | | |
| <p>আপনার শিশু কোন অন্যায় করলে তাকে দেয়া কোন সুবিধা বন্ধ করে দেন অথবা টাকা দেওয়া বন্ধ করে দেন</p> | | | | | |
| <p>37. You send your child to his/her room as a punishment.</p> | | | | | |
| <p>আপনি শিশুকে শাস্তি দেওয়ার জন্য তাকে তার রুমে পাঠিয়ে দেন</p> | | | | | |
| <p>38. You hit your child with a belt, switch, or other object when he/she has done something wrong.</p> | | | | | |
| <p>শিশু কোন অন্যায় করলে বেল্ট,সুইচ অথবা অন্য কোন বস্তু দিয়ে আঘাত করেন</p> | | | | | |

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| <p>39. You yell or scream at your child when he/she has done something wrong.</p> | | | | | |
| <p>আপনার শিশু কোন ভুল করলে আপনি তাকে বকা দেন বা তার প্রতি জোড়ে চিৎকার করেন</p> | | | | | |
| <p>40. You calmly explain to your child why his/her behavior was wrong when he/she misbehaves.</p> | | | | | |
| <p>আপনার শিশু কোন খারাপ আচরণ করলে আপনি খুব শান্ত ভাবে তাকে ব্যাখ্যা করে বলেন তার ভুলটা কোথায়</p> | | | | | |
| <p>41. You use time out (make him/her sit or stand in a corner) as punishment.</p> | | | | | |

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| আপনার শিশু কোন ভুল করলে নির্ধারিত সময় ধরে বহিষ্কারের শাস্তি তাকে দেন (ঘরের কোণে তাকে বসিয়ে বা দাড় করিয়ে রাখেন) | | | | | |
| 42. You give your child extra chores as a punishment. | | | | | |
| আপনি আপনার শিশুকে শাস্তি হিসাবে বাড়তি কাজ করতে দেন | | | | | |

Alabama Parenting Questionnaire (Child form)

| | Never (কখনোই না) | Almost Never (প্রায় কখনোই না) | Sometimes (কিছু কিছু সময়) | Often (প্রায়ই) | Always (সবসময়) |
|---|------------------------|---|----------------------------------|--------------------|--------------------|
| 1. You have a friendly talk with your mom. | | | | | |

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| তোমার মার সাথে তোমার বন্ধুর মত সম্পর্ক | | | | | |
| A. How about your dad? | | | | | |
| তোমার বাবার সাথে ও তোমার বন্ধুর মত সম্পর্ক? | | | | | |
| 2. Your parents tell you that you are doing a good job. | | | | | |
| তুমি ভাল কিছু করলে তোমার বাবা-মা তোমাকে বলে। | | | | | |
| 3. Your parents threaten to punish you and do not do it. | | | | | |
| তোমার বাব-মা শাস্তি না দিলেও শাস্তি দেওয়ার ভয় দেখায় | | | | | |
| 4. Your mom helps with some of your special activities (such as sports, boy/girl scouts, church youth groups) | | | | | |

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| তোমার মা পড়াশোনার বাইরের বিভিন্ন কাজে (খেলাধুলাবয়-স্কাউট) তোমাকে সাহায্য করে | | | | | |
| A. How about your dad? | | | | | |
| তোমার বাবাও কি করেন? | | | | | |
| 5. Your parents reward or give something extra to you for behaving well. | | | | | |
| ভাল কাজের জন্য তোমার বাবা-মা তোমাকে পুরস্কৃত করেন | | | | | |
| 6. You fail to leave a note or let your parents know where you are going. | | | | | |
| কোথাও যাওয়া রসময় তুমি বাবা-মাকে বলতে/ নোট রেখে যেতে ভুলে যাও | | | | | |
| 7. You play games or do other fun things with your mom. | | | | | |

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| তোমার মার সাথে তুমি খেলার বা মজার কিছু কর | | | | | |
| A. How about your dad? | | | | | |
| বাবার সাথে কর? | | | | | |
| 8. You talk your parents out of punishing you after you have done something wrong. | | | | | |
| তুমি কোন অন্যায় করলেও বাবা-মাকে শাস্তি না দেওয়ার জন্য অনুরোধ কর | | | | | |
| 9. Your mom asks you about your school day. | | | | | |
| তুমি স্কুলে সারাদিন কি করলে সে সম্পর্কে তোমার মা জানতে চান | | | | | |
| A. How about your dad? | | | | | |
| তোমার বাবাও কি তা জানতে চান? | | | | | |
| 10. You stay out in the evening past the time you are supposed to be home. | | | | | |

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| সঙ্ক্যার পর বাসায় থাকার কথা থাকলেও তুমি বাসার বাইরে থাক। | | | | | |
| 11. Your mom helps you with your homework. | | | | | |
| তোমার মা তোমার স্কুল থেকে দেওয়া বাড়ির কাজ করতে তোমাকে সাহায্য করে | | | | | |
| A. How about your dad? | | | | | |
| তোমার বাবাও কি তোমাকে বাড়ির কাজে সাহায্য করে? | | | | | |
| 12. Your parents give up trying to get you obey them because it's too much trouble. | | | | | |
| তোমার বাবা-মা তোমাকে তাদের কথামত চলতে বলেননা কারণ তাতে অনেক সমস্যা তৈরি হয় | | | | | |

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| 13. Your parent's compliment you when you have done something well. | | | | | |
| ভাল কিছু করলে তোমার বাবা-মা তোমাকে বাহবা দেন। | | | | | |
| 14. Your mom asks you what your plans are for the coming day. | | | | | |
| পরের দিনের কাজের পরিকল্পনা সম্পর্কে তোমার মা তোমার কাছে জানতে চান | | | | | |
| A. How about your dad? | | | | | |
| তোমার বাবাও কি তা জানতে চান? | | | | | |
| 15. Your mom drives you to a special activity | | | | | |
| তোমার মা তোমাকে বিশেষ কার্যক্রম গুলোতে সাথে নিয়ে যান। | | | | | |
| A. How about your dad? | | | | | |
| তোমার বাবাও কি নিয়ে যান? | | | | | |

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| 16. Your parents praise you for behaving well | | | | | |
| ভাল কিছু করার জন্য তোমার বাবা-মা তোমাকে প্রশংসা করে থাকেন | | | | | |
| 17. Your parents do not know the friends you are with | | | | | |
| তুমি তোমার কোন বন্ধুদের সাথে আছ সেটা তোমার বাবা-মা জানেনা | | | | | |
| 18. Your parents hug or kiss you when you have done something well | | | | | |
| তুমি ভাল কিছু করলে তোমার বাবা-মা জড়িয়ে ধরে আদর করে | | | | | |
| 19. You go out without a set time to be home | | | | | |
| তুমি বাসার বাইরে গেলে ফিরে আসার নির্দিষ্ট কোন সময় থাকে না। | | | | | |

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| 20. Your mom talks to you about your friends. | | | | | |
| তোমার বন্ধুদের নিয়ে তোমার মা তোমার সাথে গল্প করেন | | | | | |
| A. How about your dad? | | | | | |
| তোমার বাবাও কি তা করেন? | | | | | |
| 21.You go out after dark without an adult with you | | | | | |
| অন্ধকার হওয়ার পরও তুমি বড় কাউকে ছাড়া বাসার বাইরে যাও | | | | | |
| 22. Your parents let you out of a punishment early (like lift restrictions earlier than they originally said) | | | | | |
| শাস্তির কথা থাকলেও তোমার বাবা-মা শাস্তির পরিমাণ কমিয়ে দেন। | | | | | |
| 23.You help plan family activities | | | | | |

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| পরিবারের কর্মকাণ্ড পরিকল্পনা করতে তুমি সাহায্য কর | | | | | |
| 24.You parents get so busy that they forget where you are and what you are doing | | | | | |
| তোমার বাবা-মা এতই ব্যস্ত থাকেন যে তুমি কোথায় আছ আর কি করছ সেটা ভারা ভুলে যান | | | | | |
| 25.Your parents do not punish you when you have done something wrong | | | | | |
| তুমি ভুল করলে তোমার বাবা-মা তোমাকে শাস্তি দেন না | | | | | |
| 26. Your mom goes to a meeting at school, like a PTA meeting or parent/teacher conference | | | | | |

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| স্কুলে কোন সভা হলে (যেমন: পিতা- মাতা,শিক্ষকসভায়) তোমার মা-বাবা উপস্থিত হন। | | | | | |
| A. How about your dad? | | | | | |
| তোমার বাবা ও কি উপস্থিত হন? | | | | | |
| 27. Your parents tell you that they like it when you help out around the house | | | | | |
| তোমার বাবা-মা বলেন বাসার কাজে তুমি সাহায্য করলে তারা খুশি হন | | | | | |
| 28. You stay out later than you are supposed to and your parents don't know it. | | | | | |
| নির্ধারিত সময়ের বেশি তুমি বাসার বাইরে থাকো এবং তোমার বাবা-মা সেটা জানেন না। | | | | | |

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| <p>29. Your parents leave the house and don't tell you where they are going</p> | | | | | |
| <p>তোমার বাবা-মা বাইরে যায় কিন্তু কোথায় যায় তা তোমাকে বলে যায় না।</p> | | | | | |
| <p>30. You come home from school more than an hour past the time your parents expect you to be home</p> | | | | | |
| <p>তোমার বাবা-তোমাকে স্কুল থেকে যে সময়ে বাসায় ফিরে আসার প্রত্যাশা করে তুমি তার একঘণ্টা পরে ফিরে আসো।</p> | | | | | |
| <p>31. The punishment your parents give depends on their mood</p> | | | | | |
| <p>বাবা-মা তোমাকে কি শাস্তি দিবেন এটা তাদের মন-মেজাজের উপর নির্ভর করে</p> | | | | | |

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| 32. You are at home without an adult being with you. | | | | | |
| বড় কাউকে ছাড়াও তুমি বাসায় একা থাক। | | | | | |
| 33. Your parents spank with their hand when you have done something wrong | | | | | |
| তুমি যখন কোন ভুল কর তোমার বাবা-মা হাত দিয়ে তোমাকে আঘাত করেন। | | | | | |
| 34. Your parents ignore you when you are misbehaving. | | | | | |
| তুমি খারাপ আচরণ করলে তোমার বাব-মা সেটা খেয়াল করেন না | | | | | |
| 35. Your parents slap you when you have done something wrong | | | | | |
| তুমি কোন ভুল করলে তোমার বাবা-মা তোমাকে চড় মারেন। | | | | | |

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| <p>36. Your parents take away a privilege or money from you as a punishment.</p> | | | | |
| <p>তোমার বাবা-মাতোমাকে শাস্তি দেওয়ার জন্য কোন সুবিধা তুলে নেন অথবা টাকা দেওয়া বন্ধ করে দেন।</p> | | | | |
| <p>37. Your parents send you to your room as a punishment.</p> | | | | |
| <p>তোমাকে শাস্তি দেওয়ার জন্য তোমার বাবা-মা তোমাকে তোমার রুমে পাঠিয়ে দেন।</p> | | | | |
| <p>38. Your parents hit you with a belt, switch, or other object when you have done something wrong.</p> | | | | |
| <p>তুমি কোন অন্যায় করলে তোমার বাব-মা বেল্ট,সুইচ অথবা অন্য কোন বস্তু দিয়ে তোমাকে আঘাত করেন।</p> | | | | |

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|--|--|--|--|--|--|
| <p>39. Your parents yell or scream at you when you have done something wrong</p> | | | | | |
| <p>তুমি কোন ভুল করলে তোমার বাবা-মা তোমাকে বকা দেন অথবা জোরে তোমার প্রতি চিৎকার করেন।</p> | | | | | |
| <p>40. Your parents calmly explain to you why your behavior was wrong</p> | | | | | |
| <p>তুমি কোন ভুল আচরণ করলে তোমার বাবা-মা খুব শান্তভাবে ব্যাখ্যা করে বলেন তোমার ভুলটা কোথায়।</p> | | | | | |
| <p>41. Your parents use time out (makes you sit or stand in a corner) as punishment.</p> | | | | | |
| <p>তোমার বাবা-মা তোমাকে বহিস্কারের শাস্তি দেন (ঘরের কোণে তোমাকে বসিয়ে বা দাড় করিয়ে রাখেন)</p> | | | | | |

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| 42. Your parents give you extra chores as a punishment. | | | | | |
| তোমার বাবা-মা শাস্তি স্বরূপ তোমাকে বাড়তি কাজ করতে বলেন। | | | | | |

Appendix 6: Judge Evaluation Questionnaire**6d: The Brief Family Relationship Scale****Cohesion**

| | |
|---|--|
| 1. In our family we really help and support each other. | |
| আমাদের পরিবারে সদস্যরা একে অপরকে সমর্থন ও সাহায্য করে | |
| 3. In our family we spend a lot of time doing things together at home. | |
| আমাদের পরিবারে সদস্যদের সাথে একসাথে থেকে অনেক কিছু করে থাকি | |
| 6. In our family we work hard at what we do in our home. | |
| আমাদের ঘরে আমরা যা করি তার জন্য পরিবারের সবাই কঠোর পরিশ্রম করি। | |
| 7. In our family there is a feeling of togetherness. | |
| আমাদের পরিবারে আমরা সবাই একসাথে আছি এমন এক অনুভূতি কাজ করে। | |
| 12. My family members really support each other. | |
| আমার পরিবারের সদস্যরা একে অপরকে অনেক বেশি সমর্থন করে থাকি। | |
| 14. I am proud to be a part of our family. | |
| এই পরিবারে থাকতে পেরে আমার খুব <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 16. In our family we really get along well with each other. | |
| আমাদের এই পরিবারে আমরা একে অপরের সাথে অনেক ভালভাবে চলতে পারি। | |

Expressiveness

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| 4. In our family we can talk openly in our home. | |
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| আমাদের পরিবারে ঘরের মধ্যে আমরা মন খুলে কথা বলতে পারি | |
| 8. In our family we sometimes tell each other about our personal problems | |
| আমাদের পরিবারে মাঝে মাঝে আমরা একে অল্পের সাথে ব্যক্তিগত সমস্যা নিয়ে কথা বলি। | |
| 18. In our family we begin discussions easily | |
| আমাদের পরিবারে আমরা সহজেই আলোচনা শুরু করতে পারি | |

Conflict

| | |
|---|--|
| 2. In our family we argue a lot. (R) | |
| আমাদের পরিবারে অনেক বেশি তর্ক বিতর্ক হয়। | |
| 5. In our family we are really mad at each other a lot. (R) | |
| পরিবারের সদস্যরা একে অন্যের প্রতি ক্ষুব্ধ হয় অনেক বেশি। | |
| 9. In our family we lose our tempers a lot. (R) | |
| পরিবারের সদস্যরা খুব সহজেই রেগে যায়। | |
| 11. In our family we often put down each other. (R) | |
| প্রায়ই একে অপরকে বাধা দেয়। | |
| 13. My family members sometimes are violent. (R) | |
| পরিবারের সদস্যরা মাঝে মধ্যে অনেক বেশি আগ্রাসী হয়ে ওঠে | |
| 19. In our family we raise our voice when we are mad. (R) | |

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| আমাদের পরিবারে আমরা একে অন্যের প্রতি সত্যি খুব ফুঙ্ক হই। | |
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Appendix 7: Consent Paper**গবেষণায় অংশ গ্রহণের সম্মতি পত্র**

আমি রোকসানা আক্তার ঢাকা বিশ্ববিদ্যালয়ের ক্লিনিক্যাল সাইকোলোজি বিভাগের এম.ফিল গবেষক। পাঠ্যক্রমের অংশ হিসেবে আমি একটি গবেষণা করছি। যার শিরোনাম “Exploring the Factors Influencing Conduct Problems” এই গবেষণার মাধ্যমে বুঝতে পারা যাবে শিশু-কিশোরদের conduct problems কেন হয়, যা তাদের মানসিক স্বাস্থ্য সেবা দিতে সাহায্য করবে। এই উদ্দেশ্য আমি কিছু তথ্য নিব আপনার কাছে। এই তথ্যগুলো শুধুমাত্র গবেষণার কাজে ব্যবহার করা হবে এবং ব্যক্তিগত সকল তথ্য গোপন রাখা হবে। তবে গবেষণায় অংশগ্রহণ করা বা না করা একান্তই আপনার ইচ্ছার উপর নির্ভরশীল। এ ক্ষেত্রে নিম্নে আপনার স্বাক্ষর বা মৌখিক অনুমতি একান্তই কাম্য।

স্বাক্ষর

সাক্ষীর স্বাক্ষর.....

Appendix 7a:

নির্দেশনা

আমি ঢাকা বিশ্ববিদ্যালয়ের এম. ফিল শেষ পর্বের একজন গবেষক। আমার গবেষণাটি হল “Exploring The Factors Influencing Conduct Problems”. Conduct problem এক ধরনের আচরণগত সমস্যা। আমি আমার গবেষণায় এই ধরনের আচরণগত সমস্যার পেছনে কি কি কারন রয়েছে তা খুঁজে বের করার চেষ্টা করছি। যেহেতু আপনার শিশুর এই আচরণগত সমস্যার কিছু লক্ষন রয়েছে, তাই কারন জানার জন্য আপনাকে এবং আপনার শিশুকে কিছু প্রশ্ন করা হবে। কিছু প্রশ্নের উত্তরে আপনাকে “হ্যাঁ” অথবা “না” বলতে হবে। কিছু প্রশ্নের উত্তরে ঘটনাগুলো কি পরিমানে ঘটে সেটা জানানোর জন্য ‘কখনোই না’, ‘কিছু কিছু সময়’, ‘প্রায়ই’, ‘সবসময়’ ‘প্রায় কখনোই না’ এ ধরনের উত্তর দিতে হবে। আপনার পরিবারের পরিবেশটা কেমন সেটা জানার জন্য আপনাকে কিছু প্রশ্ন করা হবে যার উত্তরে আপনাকে “কখনই না”, “কিছু কিছু সময়”, “অধিক পরিমানে” এই উত্তরগুলো দিতে হবে। প্রশ্নমালাটি পূরণ করতে আপনার এবং আপনার শিশুর ৩৫-৪০ মিনিট সময় লাগতে পারে। তথ্যগুলো শুধু গবেষণার প্রয়োজনে ব্যবহার করা হবে। এবং গবেষকের কাছে অনেক গোপনভাবে তথ্যগুলো রাখা হবে। আপনার এবং আপনার শিশুর পরিচয় গোপন রাখা হবে। এই গবেষণার ফলাফল এ ধরনের বাচ্চাদের আচরণ কে বুঝতে সাহায্য করবে, যা ভবিষ্যতে সেবা প্রদানের ক্ষেত্রে সহযোগিতা করবে। আপনি চাইলে যে কোন সময় এই গবেষণা থেকে নিজেকে সরিয়ে নিতে পারেন। আপনার সহযোগিতার জন্য ধন্যবাদ।

সাপেক্ষে

রোকসানা আক্তার

এম.ফিল গবেষক

চিকিৎসা মনোবিজ্ঞান বিভাগ

ঢাকা বিশ্ববিদ্যালয়

Appendix 8: Demographic Questionnaire

Demographic Information

শিশুর নাম:

শিশুর বয়স:

শিশুর পড়াশোনা:

বাবার নাম:

বাবার শিক্ষাগত যোগ্যতা

বাবার পেশা:

মার নাম:

মার শিক্ষাগত যোগ্যতা:

মার পেশা:

ভাইবোনের সংখ্যা:

শিশুর জন্মক্রম:

মাসিক আয়:

আর্থ-সামাজিক অবস্থা: উচ্চবিত্ত/ মধ্যবিত্ত/ নিম্নবিত্ত

Appendix 9: Symptoms checklist

Symptoms Checklist

নিচে কিছু লক্ষণের একটা তালিকা রয়েছে। সেই তালিকা থেকে আপনাকে কিছু লক্ষণ বলা হবে। এই লক্ষণগুলো আপনার সন্তানের মাঝে আছে কিনা সেটা আমাকে বলবেন। যদি থাকে তাহলে সেটা কি মাত্রায় আছে সেটাও বলবেন। যেমন: ‘কিছু পরিমাণে আছে’, ‘মাঝামাঝি পরিমাণে আছে’, ‘বেশি পরিমাণে আছে’। এর মধ্যে যেটা আপনার শিশুর জন্য প্রযোজ্য আপনি সেটা বলবেন। আপনার সহযোগিতার জন্য ধন্যবাদ।

| Symptoms | একেবারেই নেই | কিছু পরিমাণে আছে | মাঝামাঝি পরিমাণে আছে | বেশি পরিমাণে আছে |
|---|-----------------|------------------------|----------------------------|------------------------|
| 1. Aggression/ অতিরিক্ত রাগ। | | | | |
| 1. Destruction of others property /অন্যের জিনিস ধ্বংস করা। | | | | |
| 2. Repeated lying/ ক্রমাগত মিথ্যা বলা। | | | | |
| 3. Noncompliance/ অবাধ্যতা। | | | | |
| 4. Addiction / ইন্টারনেট /মোবাইল /টিভিতে আসক্তি। | | | | |
| 5. Irresponsibility/ দায়িত্বজ্ঞানহীন। | | | | |
| 6. Boisterousness / অনেক হইচই, চিৎকার করা। | | | | |
| 7. Irritable mood / খিটখিটে মেজাজ | | | | |

| | | | | |
|--|--|--|--|--|
| 8. Bullying /কটুকথা বলা। | | | | |
| 9. Threatens / ভয় দেখানো। | | | | |
| 10. Physical fighting / মারামারি করা। | | | | |
| 11. Physical harms to others / অন্যকে আঘাত করা। | | | | |
| 12. Stealing / চুরি করা | | | | |
| 13. Fire setting / আগুন ধরিয়ে দেওয়া | | | | |
| 14. Force sexual activity /জোর করে শারীরিক সম্পর্ক করা। | | | | |
| 15. Run away from home / বাসা থেকে পালিয়ে যাওয়া | | | | |
| 16. Staying out at night / রাতে বাসার বাইরে থাকা | | | | |
| 17. Truancy from school and disobedience / স্কুল পালানো এবং অবাধ্যতা | | | | |
| 18. Demanding / সব কিছু আদায় করে নিতে চায়। | | | | |
| 19. Self –harm / নিজেকে আঘাত করা | | | | |
| 20. fast fall in relationship/দ্রুত কোন সম্পর্কে জড়িয়ে পরা। | | | | |
| 21. unstable in relationship/সম্পর্ক স্থায়ী না হওয়া। | | | | |

Appendix 10: Factor Questionnaire

Conduct Problem Factors Assessment Questionnaire

Individual factors-

Birth complication and Physical issues in early period

| | | |
|--|-------|----|
| Parents (Father or mother) | | |
| ১। মায়ের প্রেগনেনসির সময় কোন জটিলতা ছিল কি? | হ্যাঁ | না |
| থাকলে সেটা কি? | | |
| ২। শিশুর জন্মের সময় কোন শারীরিক (surgery, infection) সমস্যা ছিল কি? | হ্যাঁ | না |
| থাকলে সেটা কি? | | |
| ৩। শিশুর জন্মের সময় কোন জটিলতা ছিল কি? | হ্যাঁ | না |
| থাকলে সেটাকি? | | |
| ৫। পরবর্তীতে কোন শারীরিক দুর্ঘটনা/ অসুস্থতা ছিল কি? | হ্যাঁ | না |
| থাকলে সেটা কি? | | |

Abuse

| Parents (Father or mother) | | |
|--|-------|----|
| ১। আপনার জানামতে শিশু কোনো ধরনের শারীরিক নির্যাতনের শিকার হয়েছে কি? (অনেক বেশি মারধর করেছে কেউ?) | হ্যাঁ | না |
| ২। আপনার জানামতে শিশু কোন ধরনের আবেগীয় চাপের (বড় কোন কষ্ট/ আঘাত) শিকার কি? | হ্যাঁ | না |
| ৩। আপনার জানামতে শিশু কোন ধরনের যৌন নির্যাতনের শিকার কি? (যৌন উদ্দেশ্য নিয়ে শিশুর সাথে কেউ এমন কিছু করেছে কি যেটা শিশুকে কষ্ট দিয়েছে, যেমন শিশুর বুক হাত দেওয়া, তার যৌনাঙ্গে স্পর্শকরা) | হ্যাঁ | না |
| Child | | |
| ১। তুমি কি কোন ধরনের শারীরিক নির্যাতনের (অনেক বেশি মারধর করেছে কেউ?) শিকার হয়েছ? | হ্যাঁ | না |
| ২। তুমি কি মানসিক ভাবে বড় কোন কষ্ট পেয়েছ? | হ্যাঁ | না |
| ৩। তুমি কি কোন ধরনের যৌন নির্যাতনের শিকার? (শরীরের বিশেষ কোন অঙ্গে কেউ হাত দিয়েছে কিনা/অন্য কিছু করেছে কিনা যার জন্য তোমার খারাপ লেগেছে, মনে কষ্ট পেয়েছ?) | হ্যাঁ | না |

Impulsiveness

| | | |
|--|-------|----|
| Parents (Father or mother) | | |
| ১। শিশু ছোট থেকে প্রায়ই কোন কিছু চিন্তা না করে কোন আচরণ করে ফেলে কিনা? (ছোট থেকে বোঁকের মাথায় বেশির ভাগ কাজ করে ফেলে কিনা) | হ্যাঁ | না |

Addiction

| | | |
|---|-------|----|
| Parents (Father or mother) | | |
| ১। শিশু কোন কিছুতে কি আসক্ত | হ্যাঁ | না |
| ২। আসক্ত হলে কিসে আসক্ত? | | |
| ৩। ইন্টারনেটএ অনেক বেশি সময় দেয় কি? | হ্যাঁ | না |
| ৪। মোবাইল নিয়ে কি অনেক বেশি সময় কাটায় | হ্যাঁ | না |
| ৫। গেমস (মোবাইল গেমস/ভিডিও গেমস) খেলায় অনেক বেশি আসক্ত কি? | হ্যাঁ | না |
| ৬। টিভি দেখায় অনেক বেশি আসক্ত কি? | | |
| Child | | |
| ১। তুমি কি নেশা জাতিও কোন কিছু খাও/নাও? | হ্যাঁ | না |
| নিয়ে থাকলে সেটা কি? | | |
| ২। সিগারেট খাও? | হ্যাঁ | না |
| ৩। ইন্টারনেটএ অনেক বেশি সময় দাও | হ্যাঁ | না |

| | | |
|---|-------|----|
| ৪। ইন্টারনেট, ভিডিও-গেমস, মোবাইলএর জন্য বাসা থেকে টাকা নাও? | হ্যাঁ | না |
|---|-------|----|

Family Factors-

Absence of parent and early attachment

| | | |
|--|-------|----|
| Parents (Father or mother) | | |
| ১। বাবা-মা কেউ মৃত? | হ্যাঁ | না |
| ২। বাবা-মা আলাদা থাকে কি? | হ্যাঁ | না |
| ৩। শিশু ছোটবেলা বাবা/মা থেকে দূরে ছিল কি? | হ্যাঁ | না |
| ৪। যদি থেকে থাকে সেই সময়ে শিশুর কোন নেতি বাচক অভিজ্ঞতা ছিল কি? (যেমনঃ বাবা-মা ছাড়া অনেক বেশি কান্নাকাটি করতে কিনা) | হ্যাঁ | না |
| Child | | |
| ১। বাবা/মা কেউ তার থেকে দূরে থাকে কি? | হ্যাঁ | না |
| ২। তার জন্য কি তার অনেক বেশি কষ্ট লাগে? | হ্যাঁ | না |

Parental marital conflict

| | | |
|--------------------------------------|-----|-------|
| Parents (Father or mother) | | |
| ১। আপনাদের বৈবাহিক সম্পর্ক কেমন? (R) | ভাল | খারাপ |

| | | |
|---|-------|-------|
| ২। আপনারা কি প্রায় প্রতিদিন ঝগড়া করেন? | হ্যাঁ | না |
| ৩। আপনার কি ধারণা আপনাদের মাঝে সমস্যা হলে সেটা শিশুটির উপর প্রভাব ফেলে? | হ্যাঁ | না |
| Child | | |
| ১।তোমার বাবা-মার মধ্যে সম্পর্ক কেমন? (R) | ভাল | খারাপ |
| ২। তারা কি অনেক বেশি ঝগড়া করেন? | হ্যাঁ | না |
| ৩। ঝগড়া করতে গিয়ে তোমার বাবা-মা কি মারামারির পর্যায়ে যায়? | হ্যাঁ | না |
| ৪। তোমার বাবা-মা ঝগড়ায় তোমাকে অন্তর্ভুক্ত করেন?/তোমার সামনে ঝগড়া করে কি? | হ্যাঁ | না |
| ৫। বাবা-মা একে অপরকে অসম্মান/অবহেলা করে? | হ্যাঁ | না |

Family size

| | | |
|---|-------|-----|
| Parents (Father or mother) | | |
| ১। পরিবারের সদস্য সংখ্যা কত? | | |
| ২। পরিবারের সদস্য বেশি/কম হওয়াতে শিশুর কোন সমস্যা হয় কি? | হ্যাঁ | না |
| Child | | |
| ১। তোমাদের পরিবারের ধরন কেমন? (না বুঝলে একটু বুঝিয়ে বলা) (R) | একক | যৌথ |
| ২। পরিবারের এমন ধরনের জন্য তোমার কোন সমস্যা হয়? | হ্যাঁ | না |

| | | |
|---|-------|----|
| ৩। অতিরিক্ত কোন লোক থাকে কি যার কারণে সমস্যা হয়? | হ্যাঁ | না |
|---|-------|----|

Family and Parental psychological problems

| | | |
|---|-------|----|
| Parents (Father or mother) | | |
| ১। আপনাদের (বাবা-মা) কারো কোন মানসিক সমস্যা আছে? | হ্যাঁ | না |
| ২। পরিবারের কারো কোন মানসিক সমস্যা আছে? | হ্যাঁ | না |
| ৩। সমস্যা থাকলে সেটা কি ধরনের সমস্যা | | |
| ৪। আপনার কাছে কি মনে হয় শিশু সেটা দেখে কিছু শিখেছে? (যেমন: পরিবারের কারো যদি অনেক বেশি আক্রমণাত্মক আচরণ থাকে শিশু সেটা দেখেও শিখতে পারে) | হ্যাঁ | না |

Antisocial parent and substance abuse

| | | |
|--|-------|----|
| Parents (Father or mother) | | |
| ১। আপনাদের কারো অপরাধের কোন ঘটনা আছে? (পরিবারে বাবা-মা যদি অনেক বেশি আক্রমণাত্মক আচরণ করে, এমন কোন অপরাধ করে থাকে যেটা সমাজের নিয়ম বিরুদ্ধ) | হ্যাঁ | না |
| ২। পরিবারে কারো নেশা জাতিও কোন কিছুর অভ্যাস আছে কি | হ্যাঁ | না |
| থাকলে সেটা কি? | | |

Economic issues

| Parents (Father or mother) | | |
|---|--------|---------|
| ১। শিশুর বাবা কি বেকার? (প্রধান উপার্জনকারী, বাবা, মা অন্য কেউও হতে পারে) | হ্যাঁ | না |
| ২। পরিবারের আর্থিক অবস্থা কেমন? (R) | ভাল | খারাপ |
| ৩। শিশুকে ছোট থেকে যখন যা (টাকা/অন্যকিছু) চায় তাকে তাই দেওয়া হয়? | হ্যাঁ | না |
| ৪। শিশু কোন কিছু আবদার (টাকা/ খেলনা/খাবার) করলে তা কখনোই পূরন করা হয় না? | হ্যাঁ | না |
| ৫। অন্য কোন/কারো কাছ থেকে টাকা পায়কি? | হ্যাঁ | না |
| ৬। শিশু টাকা ভালো উদ্দেশ্যে খরচ করে? (R) | হ্যাঁ | না |
| ৭। শিশু টাকা দিয়ে আজোবাজে কিছু করে? | হ্যাঁ | না |
| ৮। শিশু কোথায় টাকা খরচ করে সেটা আপনাদের জানা আছে কি? (R) | হ্যাঁ | না |
| ৯। আপনাদের কারো মাঝে খরচের প্রবনতা বেশি? | হ্যাঁ | না |
| ১০। এলোমেলো /বেশি খরচ করা শিশু পরিবারের কাউকে দেখে শিখেছে? | হ্যাঁ | না |
| Child | | |
| ১। তুমি টাকা চাইলে কখন টাকা দেওয়া হয় | সবসময় | কখনোইনা |

| | | |
|---|-------|----|
| ২। বাবা-মা ছাড়া অন্য কোন/কারো কাছ থেকে টাকা পাও? | হ্যাঁ | না |
|---|-------|----|

Antisocial siblings

| | | |
|---|-------|-------|
| Parents (Father or mother) | | |
| ১। ভাই-বোন কারো অপরাধের ঘটনা আছে? | হ্যাঁ | না |
| ২। ভাই-বোন কেউ আগ্রাসি আচরণ করে? | হ্যাঁ | না |
| ৩। আপনার শিশু ভাই-বোন কাউকে (কারো আগ্রাসী আচরণ) অনেক বেশি অনুসরণ করে? | হ্যাঁ | না |
| ৪। ভাই-বোনরা কেউ শিশুর সাথে অনেক বেশি খারাপ আচরণ করে? | হ্যাঁ | না |
| ৫। ভাইবোনরা কেউ শিশুকে অনেক বেশি মারধর করে? | হ্যাঁ | না |
| Child | | |
| ১। ভাই-বোনের সাথে তোমার সম্পর্ক কেমন? (R) | ভাল | খারাপ |
| ২। ভাইবোন কাউকে অনেক বেশি অনুসরণ করো? | হ্যাঁ | না |
| ৩। ভাইবোন কেউ তোমার সাথে খারাপ আচরণ করে? | হ্যাঁ | না |
| ৪। ভাইবোন কেউ তোমাকে মারধর করে? | হ্যাঁ | না |
| ৫। তোমার জানা মতে তোমার ভাইবোনের কারো অপরাধের কোন ঘটনা আছে? | হ্যাঁ | না |

Lack of awareness about the problems

| | | |
|---|-------|----|
| Parents (Father or mother) | | |
| ১। শিশুর এধরনের সমস্যা যে তার আচরণগত সমস্যা হতে পারে সেটা আগে থেকে জানতেন কি? (R) | হ্যাঁ | না |

Environmental/ Social factors-**School environment and Low school performance**

| | | |
|--|---------------------|----------------|
| Parents (Father or mother) | | |
| ১। শিশু নিয়মিত স্কুলে যায়? (R) | হ্যাঁ | না |
| ২। শিশু কবে থেকে স্কুলে নিয়মিত যায় না? | সমস্যার আগে থেকে | সমস্যার পরে |
| ৩। স্কুলে না গেলে ঐ সময় শিশু আনন্দদায়ক কিছু করে কি? | হ্যাঁ | না |
| ৪। শিশুর স্কুলের রেজাল্ট কেমন? (R) | ভাল | খারাপ |
| ৫। খারাপ হলে সেটা কবে থেকে | সমস্যার আগে থেকে | সমস্যার পরে |
| ৬। রেজাল্ট (ভাল/খারাপ) এর জন্য শিশুকে শিক্ষক/বন্ধুদের কাছে কটু কথা শুনতে হয় কি? | হ্যাঁ | না |
| ৭। স্কুলের পরিবেশটা ঝামেলা পূর্ণ কি? | হ্যাঁ | না |

| | | |
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| ৮। স্কুলের পরিবেশ শিশুর উপর কোন প্রভাব ফেলেছে কি? | হ্যাঁ | না |
| Child | | |
| ১। তোমার স্কুল কেমন লাগে? (R) | ভাল | খারাপ |
| ৫। তোমার স্কুলে নিয়ম-কানুন কি বেশি? | হ্যাঁ | না |
| ৬। শিক্ষকরা তোমার সাথে অনেক বেশি খারাপ আচরণ করে? | হ্যাঁ | না |
| ৮। স্কুলের বন্ধুরা তোমাকে অনেক কটু কথা বলে? | হ্যাঁ | না |
| ৯। স্কুলে তোমার বন্ধুরা অনেক আগ্রাসী আচরণ করে? | হ্যাঁ | না |
| ১০। স্কুলে তুমি খেলা ধুলার সুযোগ পাও? (R) | হ্যাঁ | না |
| ১১। শিক্ষকদের পড়ানোর পদ্ধতি তোমার ভাল লাগে? (R) | হ্যাঁ | না |

Delinquent peer

| | | |
|--|-------|----|
| Parents (Father or mother) | | |
| ১। শিশু খারাপ বন্ধুদের সাথে মেলামেশা করে? | হ্যাঁ | না |
| ২। তার বন্ধুদের কোন অপরাধের ঘটনা আছে? | হ্যাঁ | না |
| ৩। আপনার কি মনে হয় বন্ধুদের কাছ থেকে শিশু খারাপ কিছু (খারাপ আচরণগুলো) শিখেছে? | হ্যাঁ | না |
| ৫। আপনার শিশুর সাথে তার বন্ধুদের কোন অপরাধের ঘটনা আছে? | হ্যাঁ | না |
| Child | | |

| | | |
|---|-------|----|
| ১। তোমার বন্ধুর সংখ্যা বেশি? | হ্যাঁ | না |
| ২। অন্য কারোর চেয়ে বন্ধুদের সাথে তুমি সব কাজ করতে বেশি পছন্দ করো? | হ্যাঁ | না |
| ৩। তোমার উপর তোমার বন্ধুদের প্রভাব আছে? (মানে বন্ধুদের কথা বেশি শোন অন্যরা এমন কথা বলে কিনা) | হ্যাঁ | না |

High crime neighbor

| | | |
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| Parents (Father or mother) | | |
| ১। আপনাদের আশেপাশের পরিবেশ কেমন? (R) | ভাল | খারাপ |
| ২। আশেপাশে অপরাধ কি অনেক বেশি হয়? | হ্যাঁ | না |
| ৩। অপরাধ প্রবন পরিবেশ শিশুর উপর প্রভাব ফেলেছে কি? | হ্যাঁ | না |
| ৪। বসবাসের এলাকায় খেলার সুযোগ আছে? | হ্যাঁ | না |
| Child | | |
| ১। তোমার বাসার/বাড়ির আশেপাশের পরিবেশ কেমন? (R) | ভাল | খারাপ |
| ২। সেখানে কি অনেক বেশি অপরাধ ঘটে? | হ্যাঁ | না |
| ৩। তোমার পরিবেশ তোমার উপর প্রভাব ফেলে? (মানে তুমি যা করো সেটা পরিবেশ থেকেই বেশি শিখেছে কিনা) | হ্যাঁ | না |

Media exposure

| | | |
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| ১। আপনার জানামতে শিশু টিভিতে আগ্রাসী আচরণ শিখতে পারে এমন অনুষ্ঠান বেশি দেখে? | হ্যাঁ | না |
| ২। আপনার কি মনে হয় সম্প্রতি পত্রিকায়/ টিভিতে শিশুদের আগ্রাসী আচরণমূলক ঘটনা অনেক বেশি আসে, এটা দেখে আপনার শিশু কিছু শিখেছে? | হ্যাঁ | না |

Recent change in society

| Parents | | |
|--|-------|----|
| ১। সম্প্রতি সমাজগত কিছু পরিবর্তনের জন্য শিশুর আচরণের পরিবর্তন হচ্ছে? (যেমন: শিল্পায়ন এর জন্য বাবা-মা দুজনেই কর্মজীবী, শিশুকে সময় দিচ্ছে কম, সবাই প্রযুক্তি নির্ভর হওয়াতে সামাজিক সময় কাটানো হয়কম, খেলার সুযোগ কম পায় তাই এ ধরনের নেতিবাচক কাজে জড়িয়ে পরছে বেশি) | হ্যাঁ | না |

Appendix 11: Alabama Parenting Questionnaire

Alabama Parenting Questionnaire

(Parent form)

| | Never (কখনোই না) | Almost Never (প্রায় কখনোই না) | Sometimes (কিছু কিছু সময়) | Often (প্রায় ই) | Alwa ys (সব সময়) |
|--|------------------------|--|----------------------------------|------------------------|--------------------------------|
| 1. You have a friendly talk with your child. | | | | | |
| আপনার শিশুর সাথে আপনার বন্ধুর মত সম্পর্ক. | | | | | |
| 2. You let your child know when he/she is doing a good job with something. | | | | | |
| আপনার শিশু যখন ভাল কিছু করে তখন তা তাকে জানান। | | | | | |

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|--|--|--|--|--|--|
| <p>3. You threaten to punish your child and then do not actually punish him/her.</p> | | | | | |
| <p>আপনি আপনার শিশুকে শাস্তি দেওয়ার ভয় দেখান কিন্তু শাস্তি দেন না।</p> | | | | | |
| <p>4. You volunteer to help with special activities that your child is involved (such as sports, boy/girl scouts, church youth groups)</p> | | | | | |
| <p>পড়াশোনার বাইরে, অন্যান্য কাজে আপনি নিজে থেকেই শিশুকে সাহায্য করেন</p> | | | | | |
| <p>5. You reward or give something extra to your child for obeying you or behaving well.</p> | | | | | |
| <p>আপনার শিশু আপনাকে মেনে চললে বা ভাল ব্যবহার করলে তাকে পুরস্কৃত করেন বা অতিরিক্ত কোন সুবিধা দেন।</p> | | | | | |

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|--|--|--|--|--|--|
| 6. Your child fails to leave a note or to let you know where he/she is going. | | | | | |
| আপনার শিশু কোথায় যাচ্ছে যাওয়ার আগে সেটা বলে যায় না অথবা নোট লিখে রেখে যায় না। | | | | | |
| 7. You play games or do other fun things with your child. | | | | | |
| আপনি শিশুর সাথে খেলা-ধুলা অথবা মজার কিছু করেন | | | | | |
| 8. Your child talks you out of being punished after he/she has done something wrong. | | | | | |
| শিশু কোন ভুল করেও আপনাকে শাস্তি না দেওয়ার জন্য আবদার করে। | | | | | |
| 9. You ask your child about his/her day in school | | | | | |

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| <p>স্কুলে সারাদিন কিভাবে কাটাল সে সম্পর্কে আপনি জানতে চান।</p> | | | | | |
| <p>10. Your child stays out the evening past the time he/she is supposed to be home</p> | | | | | |
| <p>সন্ধ্যার পর বাসায় থাকার কথা থাকলেও শিশু বাসার বাইরে থাকে।</p> | | | | | |
| <p>11. You help your child with homework</p> | | | | | |
| <p>স্কুল থেকে দেওয়া বাড়ির কাজ করার জন্য আপনি শিশুকে সাহায্য করেন</p> | | | | | |
| <p>12. You feel that getting your child to obey you is more trouble that it's Worth.</p> | | | | | |

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| আপনি কি মনে করেন আপনাকে মেনে চলার কথা বললে সেটা শিশুর জন্য আরও বেশি ঝামেলা তৈরি করে। | | | | | |
| 13. You compliment your child when He/ she do something. | | | | | |
| শিশু ভাল কিছু করলে তাকে বাহবা দেন। | | | | | |
| 14. You ask your child what his/her plans are for the coming day. | | | | | |
| শিশুর পরের দিনের পরিকল্পনা সম্পর্কে জানতে চান শিশুর কাছে। | | | | | |
| 15. You take your child to a special activity. | | | | | |
| আপনি বিশেষ কার্যক্রম গুলোতে শিশুকে নিয়ে যান। | | | | | |
| 16. You praise your child if he/she behaves well. | | | | | |

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| শিশু ভাল ব্যবহার করলে তাকে প্রশংসা করেন | | | | | |
| 17. Your child is out with friends you don't know | | | | | |
| শিশু এমন বন্ধুদের সাথে বাইর যায় যাদেরকে আপনি চেনেন না। | | | | | |
| 18. You hug or kiss your child when he/she does something | | | | | |
| শিশু ভাল কিছু করলে তাকে জড়িয়ে ধরে আদর করেন | | | | | |
| 19. Your child goes out without a set time to be home. | | | | | |
| নির্দিষ্ট সময় ছাড়াও শিশু বাসার বাইরে যায় | | | | | |
| 20. You talk to your child about his/her friends. | | | | | |

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|---|--|--|--|--|--|
| আপনি শিশুর সাথে তার বন্ধুদের নিয়ে আলোচনা করেন | | | | | |
| 21. Your child is out after dark without an adult with him/her. | | | | | |
| রাত হওয়ার পরও আপনার শিশু সাথে প্রাপ্তবয়স্ক কাউকে ছাড়াই বাইরে বের হয়। | | | | | |
| 22. You let your child out of a punishment early (like lift restrictions earlier than they originally said) | | | | | |
| যতটা শাস্তি দেওয়ার কথা তার আগেই আপনি আপনার শিশুকে ছাড় দিয়ে দেন | | | | | |
| 23. Your child helps plan family activities. | | | | | |
| পরিবারের কোন কর্মকাণ্ডে পরিকল্পনা করতে আপনার শিশু সাহায্য করে। | | | | | |
| 24. You get so busy that you forget where your child is and what he/she is doing. | | | | | |

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|--|--|--|--|--|--|
| আপনি এতই ব্যস্ত থাকেন যে ভুলেই যান যে আপনার শিশু কোথায় আছে এবং কি করছে | | | | | |
| 25. Your child is not punished when he/she has done something wrong. | | | | | |
| কোন কিছু নিয়ে ভুল করলে আপনার শিশুকে শাস্তি পেতে হয় না। | | | | | |
| 26. You attend PTA meeting, parent/teacher conference, or other meetings at your child's school. | | | | | |
| শিশুর স্কুলে কোন সভা বা আলোচনায় (পিতা-মাতা, শিক্ষক) ডাকা হলে আপনি উপস্থিত থাকেন। | | | | | |
| 27. You tell your child that you like it when he/she helps out around the house. | | | | | |
| শিশুকে বলেন সে বাসায় কাজে সাহায্য করলে আপনারা খুশি হন | | | | | |

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|---|--|--|--|--|--|
| 28. You don't check that your child comes home at the time he/she was supposed to. | | | | | |
| যে সময় আপনার শিশু বাসায় ফেরার কথা সে সময় ফিরছে কিনা আপনি খেয়াল করেন না। | | | | | |
| 29. you don't tell your child where you are going | | | | | |
| আপনি বাইরে যাওয়ার সময় কোথায় যান তা আপনার শিশুকে বলে যান না। | | | | | |
| 30. Your child comes home from school more than an hour past the time you expect him/her. | | | | | |
| আপনার শিশু স্কুল থেকে যে সময় ফেরার কথা তার চেয়েও ঘন্টা খানেক পরে বাসায় ফেরে। | | | | | |
| 31. The punishment you give your child depends on your mood. | | | | | |

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|---|--|--|--|--|--|
| শিশুকে আপনি কি শাস্তি দিবেন সেটা আপনার মন-মেজাজের উপর নির্ভর করে। | | | | | |
| 32. Your child is at home without adult supervision. | | | | | |
| আপনার শিশু বড় কারো তত্ত্বাবধায়ন ছাড়াই বাসায় একা থাকে। | | | | | |
| 33. You spank your child with your hand when he/she has done something wrong. | | | | | |
| আপনার শিশু কোন ভুল করলে তাকে আপনি আঘাত করেন। | | | | | |
| 34. You ignore your child when he/she is misbehaving. | | | | | |
| শিশু খারাপ আচরণ করলে আপনি সেটা অবহেলা করেন। | | | | | |
| 35. You slap your child when he/she has done something wrong. | | | | | |

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| আপনার শিশু কোন ভুল করলে তাকে চড় মারেন। | | | | | |
| 36. You take away privileges or money from your child as a punishment. | | | | | |
| আপনার শিশু কোন অন্যায় করলে তাকে দেয়া কোন সুবিধা বন্ধ করে দেন অথবা টাকা দেওয়া বন্ধ করে দেন। | | | | | |
| 37. You send your child to his/her room as a punishment. | | | | | |
| শিশুকে শাস্তি দেওয়ার জন্য তাকে তার রুমে পাঠিয়ে দেন। | | | | | |
| 38. You hit your child with a belt, switch, or other object when he/she has done something wrong. | | | | | |
| শিশু কোন অন্যায় করলে বেল্ট,সুইচ অথবা অন্য কোন বস্তু দিয়ে আঘাত করেন। | | | | | |

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| <p>39. You yell or scream at your child when he/she has done something wrong.</p> | | | | | |
| <p>আপনার শিশু কোন ভুল করলে আপনি তাকে বকা দেন বা তার প্রতি খারাপ আচরণ করেন।</p> | | | | | |
| <p>40. You calmly explain to your child why his/her behavior was wrong when he/she misbehaves.</p> | | | | | |
| <p>আপনার শিশু কোন খারাপ আচরণ করলে আপনি খুব শান্ত ভাবে ব্যাখ্যা করে বলেন তার ভুলটা কোথায়।</p> | | | | | |
| <p>41. You use time out (make him/her sit or stand in a corner) as punishment.</p> | | | | | |

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| আপনার শিশু কোন ভুল করলে নির্ধারিত সময় ধরে তাকে বহিষ্কারের শাস্তি দেন (ঘরের কোনে তাকে বসিয়ে বা দাড় করিয়ে রাখেন)। | | | | | |
| 42. You give your child extra chores as a punishment. | | | | | |
| আপনি আপনার শিশুকে শাস্তি হিসাবে বাড়তি কাজ করতে দেন। | | | | | |

Alabama Parenting Questionnaire (Child form)

| | Never (কখনোই না) | Almost Never(প্রায় কখনোই না) | Sometimes (কিছু কিছু সময়) | Often (প্রায়ই) | Always (সবসময়) |
|--|------------------------|--|----------------------------------|--------------------|--------------------|
| 1. You have a friendly talk with your mom. | | | | | |
| তোমার মার সাথে তোমার বন্ধুর মত সম্পর্ক | | | | | |

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| A. How about your dad? | | | | | |
| তোমার বাবার সাথে ও তোমার বন্ধুর মত সম্পর্ক? | | | | | |
| 2. Your parents tell you that you are doing a good job. | | | | | |
| তুমি ভাল কিছু করলে তোমার বাবা- মা তোমাকে বলে। | | | | | |
| 3. Your parents threaten to punish you and do not do it. | | | | | |
| তোমার বাব-মা শাস্তি না দিলেও শাস্তি দেওয়ার ভয় দেখায় | | | | | |
| 4. Your mom helps with some of your special activities (such as sports, boy/girl scouts, church youth groups) | | | | | |
| তোমার মা পড়াশোনার বাইরের বিভিন্ন কাজে (খেলাধুলাবয়-স্কাউট) তোমাকে সাহায্য করে | | | | | |

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| A. How about your dad? | | | | | |
| তোমার বাবাও কি সাহায্য করেন? | | | | | |
| 5. Your parents reward or give something extra to you for behaving well. | | | | | |
| ভাল কাজের জন্য তোমার বাবা-মা তোমাকে পুরস্কৃত করেন। | | | | | |
| 6. You fail to leave a note or let your parents know where you are going. | | | | | |
| কোথাও যাওয়া সময় তুমি বাবা-মাকে বলতে/ নোট রেখে যেতে ভুলে যাও | | | | | |
| 7. You play games or do other fun things with your mom. | | | | | |
| তোমার মার সাথে তুমি খেলার বা মজার কিছু কর | | | | | |
| A. How about your dad? | | | | | |
| বাবার সাথেও কর? | | | | | |

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| 8. You talk your parents out of punishing you after you have done something wrong. | | | | | |
| তুমি কোন অন্যায় করলেও বাবা-মাকে শাস্তি না দেওয়ার জন্য অনুরোধ কর? | | | | | |
| 9. Your mom asks you about your school day. | | | | | |
| তুমি স্কুলে সারাদিন কি করলে সে সম্পর্কে তোমার মা জানতে চান। | | | | | |
| A. How about your dad? | | | | | |
| তোমার বাবাও কি তা জানতে চান? | | | | | |
| 10. You stay out in the evening past the time you are supposed to be home. | | | | | |
| সন্ধ্যার পর বাসায় থাকার কথা থাকলেও তুমি বাসার বাইরে থাক। | | | | | |
| 11. Your mom helps you with your homework. | | | | | |

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| তোমার মা তোমার স্কুল থেকে দেওয়া বাড়ির কাজ করতে তোমাকে সাহায্য করেন। | | | | | |
| A. How about your dad? | | | | | |
| তোমার বাবাও কি তোমাকে বাড়ির কাজে সাহায্য করে? | | | | | |
| 12. Your parents give up trying to get you obey them because it's too much trouble. | | | | | |
| তোমার বাবা-মা তোমাকে তাদের কথামত চলতে বলেন না কারণ তাতে অনেক সমস্যা তৈরি হয়। | | | | | |
| 13. Your parent's compliment you when you have done something well. | | | | | |
| ভাল কিছু করলে তোমার বাবা-মা তোমাকে প্রশংসা করেন। | | | | | |

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| 14. Your mom asks you what your plans are for the coming day. | | | | | |
| পরের দিনের কাজের পরিকল্পনা সম্পর্কে তোমার মা তোমার কাছে জানতে চান | | | | | |
| A. How about your dad? | | | | | |
| তোমার বাবাও কি তা জানতে চান? | | | | | |
| 15. Your mom drives you to a special activity | | | | | |
| তোমার মা তোমাকে বিশেষ কাজ গুলোতে সাথে নিয়ে যান। | | | | | |
| A. How about your dad? | | | | | |
| তোমার বাবাও কি নিয়ে যান? | | | | | |
| 16. Your parents praise you for behaving well | | | | | |
| ভাল কিছু করার জন্য তোমার বাবা-মা তোমাকে প্রশংসা করে থাকেন | | | | | |

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| 17. Your parents do not know the friends you are with | | | | | |
| তুমি তোমার কোন বন্ধুদের সাথে মেলামেশা কর সেটা তোমার বাবা-মা জানেনা। | | | | | |
| 18. Your parents hug or kiss you when you have done something well | | | | | |
| তুমি ভাল কিছু করলে তোমার বাবা-মা জড়িয়ে ধরে আদর করে | | | | | |
| 19. You go out without a set time to be home | | | | | |
| তুমি বাসার বাইরে গেলে ফিরে আসার নির্দিষ্ট কোন সময় থাকে না। | | | | | |
| 20. Your mom talks to you about your friends. | | | | | |
| বন্ধুদের নিয়ে তোমার মা তোমার সাথে গল্প করেন | | | | | |

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| A. How about your dad? | | | | | |
| তোমার বাবা ও কি তা করেন? | | | | | |
| 21.You go out after dark without an adult with you | | | | | |
| অন্ধকার হওয়ার পরও তুমি বড় কাউকে ছাড়া বাসার বাইরে যাও | | | | | |
| 22. Your parents let you out of a punishment early (like lift restrictions earlier than they originally said) | | | | | |
| শাস্তির কথা থাকলেও তোমার বাবা-মা শাস্তির পরিমাণ কমিয়ে দেন। | | | | | |
| 23.You help plan family activities | | | | | |
| পরিবারের কর্মকাণ্ড পরিকল্পনা করতে তুমি সাহায্য কর | | | | | |
| 24.You parents get so busy that they forget where you are and what you are doing | | | | | |

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| তোমার বাবা-মা এতই ব্যস্ত থাকেন যে তুমি কোথায় আছ আর কি করছ সেটা তারা ভুলে যান। | | | | | |
| 25. Your parents do not punish you when you have done something wrong | | | | | |
| তুমি ভুল করলে তোমার বাবা-মা তোমাকে শাস্তি দেন না। | | | | | |
| 26. Your mom goes to a meeting at school, like a PTA meeting or parent/teacher conference | | | | | |
| স্কুলে কোন সভা হলে (যেমনঃ পিতা- মাতা, শিক্ষক সভায়) তোমার মা-বাবা উপস্থিত হন। | | | | | |
| A. How about your dad? | | | | | |
| তোমার বাবা ও কি উপস্থিত হন? | | | | | |

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| 27. Your parents tell you that they like it when you help out around the house | | | | | |
| বাসার কাজে সাহায্য করলে তোমার বাবা-মা খুশি হন, এ বিষয়টি তোমাকে জানান। | | | | | |
| 28. You stay out later than you are supposed to and your parents don't know it. | | | | | |
| নির্ধারিত সময়ের বেশি তুমি বাসার বাইরে থাকো এবং তোমার বাবা-মা সেটা জানেন না। | | | | | |
| 29. Your parents leave the house and don't tell you where they are going | | | | | |
| তোমার বাবা-মা বাইরে যায় কিন্তু কোথায় যায় তা তোমাকে বলে যায় না। | | | | | |

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| <p>30. You come home from school more than an hour past the time your parents expect you to be home</p> | | | | |
| <p>তোমার বাবা-তোমাকে স্কুল থেকে যে সময়ে বাসায় ফিরে আসার প্রত্যাশা করে তুমি তার একঘন্টা পরে ফিরে আসো।</p> | | | | |
| <p>31.The punishment your parents give depends on their mood</p> | | | | |
| <p>বাবা-মা তোমাকে কি শাস্তি দিবেন এটা তাদের মন-মেজাজের উপর নির্ভর করে</p> | | | | |
| <p>32. You are at home without an adult being with you.</p> | | | | |
| <p>বড় কাউকে ছাড়াও তুমি বাসায় একা থাক।</p> | | | | |

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| 33. Your parents spank with their hand when you have done something wrong | | | | | |
| তুমি যখন কোন ভুল কর তোমার বাবা-মা হাত দিয়ে তোমাকে আঘাত করেন। | | | | | |
| 34. Your parents ignore you when you are misbehaving. | | | | | |
| তুমি খারাপ আচরণ করলে তোমার বাবা-মা সেটা খেয়াল করেন না | | | | | |
| 35. Your parents slap you when you have done something wrong | | | | | |
| কোন ভুল করলে তোমার বাবা-মা তোমাকে চড় মারেন। | | | | | |
| 36. Your parents take away a privilege or money from you as a punishment. | | | | | |

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| তোমার বাবা-মা তোমাকে শাস্তি দেওয়ার জন্য কোন সুবিধা তুলে নেন অথবা টাকা দেওয়া বন্ধ করে দেন। | | | | | |
| 37. Your parents send you to your room as a punishment. | | | | | |
| শাস্তি দেওয়ার জন্য তোমার বাবা-মা তোমাকে তোমার রুমে পাঠিয়ে দেন। | | | | | |
| 38. Your parents hit you with a belt, switch, or other object when you have done something wrong. | | | | | |
| কোন অন্যায্য করলে তোমার বাব-মা বেল্ট,সুইচ অথবা অন্য কোন বস্তু দিয়ে তোমাকে আঘাত করেন। | | | | | |
| 39. Your parents yell or scream at you when you have done something wrong | | | | | |

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| কোন ভুল করলে তোমার বাবা-মা তোমাকে বকা দেন অথবা তোমার সাথে চিৎকার চাঁচামেচি করেন। | | | | | |
| 40. Your parents calmly explain to you why your behavior was wrong | | | | | |
| তুমি কোন ভুল আচরণ করলে তোমার বাবা-মা খুব শান্তভাবে ব্যাখ্যা করে বলেন তোমার ভুলটা কোথায়। | | | | | |
| 41. Your parents use time out (makes you sit or stand in a corner) as punishment. | | | | | |
| তোমার বাবা-মা তোমাকে বহিস্কারের শাস্তি দেন (ঘরের কোণে তোমাকে বসিয়ে বা দাড় করিয়ে রাখেন) | | | | | |
| 42. Your parents give you extra chores as a punishment. | | | | | |
| তোমার বাবা-মা শাস্তি স্বরূপ তোমাকে বাড়তি কাজ করতে বলেন। | | | | | |

Appendix 12: The Brief Family Relationship Scale

The Brief Family Relationship Scale

Cohesion

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| 1. In our family we really help and support each other. | |
| আমাদের পরিবারে সদস্যরা একে অপরকে সমর্থন ও সাহায্য করে | |
| 3. In our family we spend a lot of time doing things together at home. | |
| আমাদের পরিবারের সদস্যরা একসাথে অনেক কিছু করে থাকি | |
| 6. In our family we work hard at what we do in our home. | |
| আমাদের ঘরে আমরা যা করি তার জন্য পরিবারের সবাই কঠোর পরিশ্রম করি। | |
| 7. In our family there is a feeling of togetherness. | |
| আমাদের পরিবারে আমরা সবাই একসাথে আছি এমন এক অনুভূতি কাজ করে। | |
| 12. My family members really support each other. | |
| আমার পরিবারের সদস্যরা একে অপরকে অনেক বেশি সমর্থন করে থাকি। | |
| 14. I am proud to be a part of our family. | |
| এই পরিবারের অংশ হিসেবে আমি <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 16. In our family we really get along well with each other. | |

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| আমাদের এই পরিবারে আমরা একে অপরের সাথে অনেক ভালভাবে চলতে পারি। | |
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Expressiveness

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| 4. In our family we can talk openly in our home. | |
| পরিবারের সবাই বাসায় মন খুলে কথা বলতে পারি | |
| 8. In our family we sometimes tell each other about our personal problems | |
| আমাদের পরিবারে মাঝে মাঝে আমরা একে অন্যের সাথে ব্যক্তিগত সমস্যা নিয়ে কথা বলি। | |
| 18. In our family we begin discussions easily | |
| আমাদের পরিবারে আমরা সহজেই আলোচনা শুরু করতে পারি | |

Conflict

| | |
|---|--|
| 2. In our family we argue a lot. (R) | |
| আমাদের পরিবারে অনেক বেশি তর্ক বিতর্ক হয়। | |
| 5. In our family we are really mad at each other a lot. (R) | |
| পরিবারের সদস্যরা একে অন্যের প্রতি রাগ হয় অনেক বেশি। | |
| 9. In our family we lose our tempers a lot. (R) | |
| পরিবারের সদস্যরা খুব সহজেই রেগে যায়। | |

| | |
|---|--|
| 11. In our family we often put down each other. (R) | |
| প্রায়ই একে অপরকে বাঁধা দেয়। | |
| 13. My family members sometimes are violent. (R) | |
| পরিবারের সদস্যরা মাঝে মধ্যে অনেক বেশি আগ্রাসী হয়ে ওঠে | |
| 19. In our family we raise our voice when we are mad. (R) | |
| যখন আমরা রেগে যাই তখন উচ্চস্বরে কথা বলি। | |

Appendix 13: Frequency of each response

Item wise Descriptive Analysis:

| Item | Yes (%) | No (%) |
|--|------------|------------|
| Factor 1: Birth complication and Physical issues in early period | | |
| ১। মায়ের প্রগনেনসির সময় কোন জটিলতা ছিল কি? | 44 (26.7) | 121 (73.3) |
| ২। শিশুর জন্মের সময় কোন শারীরিক(surgery, infection) সমস্যা ছিল কি? | 7 (4.2) | 158 (95.8) |
| ৩। শিশুর জন্মের সময় কোন জটিলতা ছিল কি? | 10 (6.1) | 155 (93.9) |
| 4। পরবর্তীতে কোন শারীরিক দুর্ঘটনা/অসুস্থতা ছিল কি? | 40 (24.2) | 125 (75.8) |
| Factor 2: Abuse | | |
| ১। আপনার জানামতে শিশু কোন ধরনের শারীরিক নির্যাতনের শিকার হয়েছে কি? (অনেক বেশি মারধর করেছে কেউ?) | 105 (63.6) | 60 (36.4) |
| ২। আপনার জানা মতে শিশু কোন ধরনের আবেগীয় চাপের (বড় কোন কষ্ট / আঘাত) শিকার কি? | 106 (64.2) | 59 (35.8) |

৩। আপনার জানামতে শিশু কোন ধরনের যৌন 6 (3.6) 159 (96.4)

(যৌন উদ্দেশ্য নিয়ে শিশুর সাথে কেউ এমন কিছু
করেছে কি যেটা শিশুকে কষ্ট দিয়েছে, যেমন শিশুর
বুকে হাত দেওয়া, তার যৌনাঙ্গে স্পর্শ করা নির্যাতনের
শিকার কি?

Child

৪। তুমি কি কোন ধরনের শারীরিক নির্যাতনের 113 (68.5) 52 (31.5)

(অনেক বেশি মারধর করেছে কেউ?) শিকার হয়েছ?

৫। তুমি কি মানসিক ভাবে বড় কোন কষ্ট পেয়েছ? 110 (66.7) 55 (33.3)

৬। তুমি কি কোন ধরনের যৌন নির্যাতনের শিকার? 14 (8.5) 151 (91.5)

(শরীরের বিশেষ কোন অঙ্গে কেউ হাত দিয়েছে কিনা/

অন্য কিছু করেছে কিনা যার জন্য তোমার খারাপ

লেগেছে, মনে কষ্ট পেয়েছ?)

Factor 3: Impulsiveness

১। শিশু ছোট থেকে প্রায়ই কোন কিছু চিন্তা না করে 137 28 (17.0)

কোন আচরণ করে ফেলে কিনা? (ছোট থেকে ঝাঁকের (83.0)

 মাথায় বেশিরভাগ কাজ করে ফেলে কিনা)

Factor 4: Addiction

Parents (Father or mother)

| | | |
|---|---------------|------------|
| ১। শিশু কোন কিছুতে কি আসক্ত? | 97 (58.8) | 68 (41.2) |
| ২। ইন্টারনেটে অনেক বেশি সময় দেয় কি? | 57 (34.5) | 108 (65.5) |
| ৩। মোবাইল নিয়ে কি অনেক বেশি সময় কাটায়? | 133 (80.6) | 32 (19.4) |
| ৪। গেমস(মোবাইল গেমস/ ভিডিও গেমস)খেলায় অনেক বেশি আসক্ত কি? | 133 (80.6) | 32 (19.4) |
| ৫। টিভি দেখায় অনেক বেশি আসক্ত কি? | 139 (84.2) | 26 (15.8) |

Child

| | | |
|---|-----------|------------|
| ১। তুমি কি নেশা জাতিও কোন কিছু খাও/নাও? | 83 (50.3) | 82 (49.7) |
| ২। সিগারেট খাও? | 95 (57.6) | 70 (42.4) |
| ৩। ইন্টারনেট এ অনেক বেশি সময় দাও? | 56 (33.9) | 109 (66.1) |

৪। ইন্টারনেট,ভিডিও-গেমস, মোবাইল এর জন্য বাসা 96(58.2) 68 (41.2)

থেকে টাকা নাও?

Factor 5: Absence of parent and early attachment

Parents (Father or mother)

১। বাবা-মা কেউ মৃত? 11(6.7) 154(93.3)

২। বাবা-মা আলাদা থাকে কি? 22(13.3) 143(86.7)

৩। শিশু ছোটবেলা বাবা/মা থেকে দূরে ছিল কি? 70(42.4) 95(57.6)

৪। যদি থেকে থাকে সেই সময়ে শিশুর কোন 68(41.2) 97(58.8)

নেতিবাচক অভিজ্ঞতা ছিল কি?

(যেমনঃ বাবা-মা ছাড়া অনেক বেশি কান্না-কাটি

করতো কিনা)

Child

১। বাবা/মা কেউ তোমার কাছ থেকে দূরে ছিল/ থাকে 70(42.4) 95 (57.7)

কি?

২। তার জন্য কি তোমার অনেক বেশি কষ্ট লাগে? 65 (39.4) 100 (60.6)

Factor 6: Parental marital conflict

Parents (Father or mother)

| | খারাপ/হ্যাঁ | ভাল/না |
|--|-------------|------------|
| ১। আপনাদের বৈবাহিক সম্পর্ক কেমন? | 89 (53.9) | 76 (46.1) |
| ২। আপনারা কি প্রায় প্রতিদিন ঝগড়া করেন? | 78 (47.3) | 87 (52.7) |
| ৩। আপনার কি ধারণা আপনাদের মাঝে | 63 (38.2) | 102 (61.8) |

সমস্যা হলে সেটা শিশুটির উপর প্রভাব ফেলে?

Child

| | ভাল/হ্যাঁ | খারাপ/না |
|--|------------|------------|
| ১। তোমার বাবা-মার মধ্যে সম্পর্ক কেমন? | 60 (36.4) | 105 (63.6) |
| ২। তারা কি অনেক বেশি ঝগড়া করেন? | 103 (62.4) | 62 (37.6) |
| ৩। ঝগড়া করতে গিয়ে তোমার বাবা-মাকি মারা | 66 (40.0) | 99 (60) |

মারির পর্যায় যায়?

| | | |
|---|------------|-----------|
| ৪। তোমার বাবা-মা ঝগড়ায় তোমাকে অন্তর্ভুক্ত | 105 (63.6) | 60 (36.4) |
|---|------------|-----------|

করেন?/

তোমার সামনে ঝগড়া করে কি?

৫। বাবা-মা একে অপরকে অসম্মান/অবহেলা করে? 108 (65.5) 57 (34.5)

Factor 7: Family size

Parents (Father or mother)

১। পরিবারের সদস্য সংখ্যা কত?

২। পরিবারের সদস্য বেশি/কম হওয়াতে শিশুর কোন

সমস্যা হয় কি?

Child

১। তোমাদের পরিবারের ধরন কেমন?

একক

যৌথ

133 (80.6)

32 (19.4)

২। পরিবারের এমন ধরনের জন্য তোমার কোন সমস্যা

53 (32.1)

112 (67.9)

হয়?

৩। অতিরিক্ত কোন লোক থাকে কি মার কারণে সমস্যা

55 (33.3)

110 (66.7)

হয়?

Factor 8: Family and Parental psychological

problems

Parents (Father or mother)

| | | |
|--------------------------------------|-----------|------------|
| ১। আপনাদের (বাবা-মা) কারো কোন মানসিক | 21 (12.7) | 144 (87.3) |
|--------------------------------------|-----------|------------|

সমস্যা আছে?

| | | |
|---|-----------|------------|
| ২। পরিবারের কারো কোন মানসিক সমস্যা আছে? | 32 (19.4) | 133 (80.6) |
|---|-----------|------------|

| | | |
|--|-----------|------------|
| ৪। আপনার কাছে কি মনে হয় শিশু সেটা দেখে কিছু | 38 (23.0) | 127 (77.0) |
|--|-----------|------------|

শিখেছে?

(যেমনঃ পরিবারের কারো যদি অনেক বেশি

আক্রমণাত্মক আচরণ থাকে শিশু সেটা দেখেও শিখতে

পারে)

Factor 9: Antisocial parent and substance abuse of

family

Parents (Father or mother)

| | | |
|---------------------------------------|----|-----|
| ১। আপনাদের কারো অপরাধের কোন ঘটনা আছে? | 36 | 129 |
|---------------------------------------|----|-----|

| | | |
|--|--------|--------|
| (পরিবারে বাবা-মা যদি অনেক বেশি আক্রমণাত্মক | (21.8) | (78.2) |
|--|--------|--------|

আচরণ করে,এমন কোন অপরাধ করে থাকে যেটা

সমাজের নিয়ম বিরুদ্ধ)

| | | |
|---|----|----|
| ২। পরিবারে কারো নেশা জাতিও কোন কিছুর অভ্যাস | 75 | 90 |
|---|----|----|

| আছে কি? | (45.5) | (54.5) |
|---|------------|------------|
| Factor 10: Economic issues | | |
| Parents (Father or mother) | | |
| ১। শিশুর বাবা কি বেকার? (প্রধান উপার্জনকারী, বাবা-মা অন্য কেউও হতে পারে) | 16 (9.7) | 149 (90.3) |
| ২। পরিবারের আর্থিক অবস্থা কেমন? | 75 (45.5) | 90 (54.5) |
| ৩। শিশু কে ছোট থেকে যখন যা(টাকা/অন্য কিছু) চায় তাকে তাই দেওয়া হয়? | 120 (72.7) | 120 (72.7) |
| ৪। শিশু কোন কিছু আবদার (টাকা/ খেলনা/ খাবার) করলে তা কখনোই পূরণ করা হয় না? | 19 (11.5) | 146 (88.5) |
| ৫। অন্য কোন/ কারো কাছ থেকে টাকা পায় কি? | 108 (65.5) | 57 (34.5) |
| ৬। শিশু টাকা ভালো উদ্দেশ্যে খরচ করে? | 49 (29.7) | 116 (70.3) |
| ৭। শিশু টাকা দিয়ে আজো আজো কিছু করে? | 109 (66.1) | 56 (33.9) |
| ৮। শিশু কোথায় টাকা খরচ করে সেটা আপনাদের জানা আছে কি? | 52 (31.5) | 113 (68.5) |

৯। আপনাদের কারো মাঝে খরচের প্রবনতা বেশি? 46 (27.9) 119 (72.1)

১০। এলোমেলো/বেশি খরচ করা শিশু পরিবারের 37 (22.4) 128 (77.6)

কাউকে দেখে শিখেছে?

Child

১। তুমি টাকা চাইলে কখন টাকা দেওয়া হয় সবসময় কখনোই না

161 (97.6) 4 (2.4)

২। বাবা-মা ছাড়া অন্য কোন/কারো কাছ থেকে টাকা 110 (66.7) 54 (32.7)

পাও?

Factor 11: Antisocial siblings

Parents (Father or mother)

১। ভাই-বোন কারো অপরাধের ঘটনা আছে? 15 (9.1) 150 (90.9)

২। ভাই-বোন কেউ আগ্রাসি আচরণ করে? 80 (48.5) 85 (51.5)

৩। আপনার শিশু ভাই-বোন কাউকে (কারো আগ্রাসী 58 (35.2) 107 (64.8)

আচরণ)

অনেক বেশি অনুসরণ করে?

৪। ভাইবোন কেউ শিশুর সাথে অনেক বেশি খারাপ

87 (52.7)

78 (47.3)

আচরণ করে?

৫। ভাই-বোনরা কেউ শিশুকে অনেক বেশি মারধর

74 (44.8)

91 (55.20)

করে?

Child

১। ভাই-বোনের সাথে তোমার সম্পর্ক কেমন?

79 (47.9)

86 (52.1)

২। ভাইবোন কাউকে অনেক বেশি অনুসরণ করো?

13 (7.9)

152 (92.1)

৩। ভাইবোন কেউ তোমার সাথে খারাপ আচরণ করে?

92 (55.8)

73 (44.2)

৪। ভাই-বোন কেউ তোমাকে মারধর করে?

83 (50.3)

82 (49.7)

৫। তোমার জানামতে তোমার ভাই-বোনের কারো

27 (16.4)

138 (83.6)

অপরাধের কোন ঘটনা আছে?

Factor 12: Lack of awareness about the problems

Parents (Father or mother)

১। শিশুর এ ধরনের সমস্যা যে তার আচরণ গত

7 (4.2)

158 (95.8)

সমস্যা হতে পারে সেটা আগে থেকে জানতেন কি?

Environmental/ Social factors-**Factor 13: School environment and Low school****performance****Parents (Father or mother)**

| | | |
|---|----------------|--------------------------|
| ১। শিশু নিয়মিত স্কুলে যায়? | 27 (16.4) | 138 (83.6) |
| ২। শিশু কবে থেকে স্কুলে নিয়মিত যায় না? | সমস্যার আগে | সমস্যার পরে 66 (40.0) |
| | 99 (60.0) | |
| ৩। স্কুলে না গেলে ঐ সময় শিশু আনন্দদায়ক কিছু করে কি? | 125 (75.8) | 40 (24.2) |
| ৪। শিশুর স্কুলের রেজাল্ট কেমন? | ভাল | খারাপ |
| | 14 (8.50) | 150 (90.9) |
| ৫। রেজাল্ট খারাপ হলে সেটা কবে থেকে | সমস্যার আগে | সমস্যার পরে 66 (4.0) |
| | 99 (60.0) | |
| ৬। রেজাল্ট (ভাল/খারাপ) এর জন্য শিশুকে শিক্ষক/ | 129 (78.2) | 36 (21.8) |

বন্ধুদের কাছে কটু কথা শুনতে হয় কি?

৭। স্কুলের পরিবেশটা ঝামেলা পূর্ণ কি? 66 (40.0) 99 (60.0)

৮। স্কুলের পরিবেশ শিশুর উপর কোন প্রভাব ফেলেছে

কি?

Child

১। তোমার স্কুল কেমন লাগে? 38 (23.0) 127 (77.0)

২। তোমার স্কুলে নিয়ম-কানুন কি বেশি? 103 (62.4) 62 (37.6)

৩। শিক্ষকরা তোমার সাথে অনেক বেশি খারাপ

আচরণ করে?

৪। স্কুলের বন্ধুরা তোমাকে অনেক কটু কথা বলে? 117 (70.9) 47 (28.5)

৫। স্কুলে তোমার বন্ধুরা অনেক আগ্রাসী আচরণ করে? 119 (72.1) 45 (27.30)

৬। স্কুলে তুমি খেলা- ধুলার সুযোগ পাও? 110 (66.7) 55 (33.3)

৭। শিক্ষকদের পড়ানোর পদ্ধতি তোমার ভাল লাগে? 39 (23.6) 126 (76.4)

Factor 14: Delinquent peer

Parents (Father or mother)

১। শিশু খারাপ বন্ধুদের সাথে মেলামেশা করে? 128 (77.6) 37 (22.4)

২। তার বন্ধুদের কোন অপরাধের ঘটনা আছে? 101 (61.2) 64 (38.8)

৩। আপনার কি মনে হয় বন্ধুদের কাছ থেকে শিশু

খারাপ কিছু (খারাপ আচরণগুলো) শিখেছে?

৪। আপনার শিশুর সাথে তার বন্ধুদের কোন অপরাধের

ঘটনা আছে?

Child

১। তোমার বন্ধুর সংখ্যা বেশি? 105 (63.6) 60 (36.4)

২। অন্য কারোর চেয়ে বন্ধুদের সাথে তুমি সব কাজ

করতে বেশি পছন্দ করো?

৩। তোমার উপর তোমার বন্ধুদের প্রভাব আছে? 75 (45.5) 90 (54.5)

(মানে বন্ধুদের কথা বেশি শোন অন্যরা এমন কথা

বলে কিনা)

Factor 15: High crime neighbour

Parents (Father or mother)

| | | |
|--|------------|------------|
| ১। আপনাদের আশেপাশের পরিবেশ কেমন? | 49 (29.7) | 116 (70.3) |
| ২। আশে-পাশে অপরাধ কি অনেক বেশি হয়? | 114 (69.1) | 51 (30.9) |
| ৩। অপরাধ প্রবন পরিবেশ শিশুর উপর প্রভাব ফেলেছে কি? | 115 (69.7) | 50 (30.3) |
| ৪। বসবাসের এলাকায় খেলার সুযোগ আছে? | 52 (31.5) | 113 (68.5) |
| Child | | |
| ১। তোমার বাসার/ বাড়ির আশেপাশের পরিবেশ কেমন? | 53 (32.1) | 112 (67.9) |
| ২। সেখানে কি অনেক বেশি অপরাধ ঘটে? | 107 (64.8) | 58 (35.2) |
| ৩। তোমার পরিবেশ তোমার উপর প্রভাব ফেলে? (মানে তুমি যা করো সেটা পরিবেশ থেকেই বেশি শিখেছো কিনা) | 77 (46.7) | 88 (53.3) |
| Factor 16: Media exposure | | |
| ১। আপনার জানামতে শিশু টিভিতে আগ্রাসী আচরণ শিখতে পারে এমন অনুষ্ঠান বেশি দেখে? | 135 (81.8) | 30 (18.2) |

২। আপনার কি মনে হয় সম্প্রতি পত্রিকায়/ 127 (77.0) 38 (23.0)

টিভিতে শিশুদের আগ্রাসী আচরণমূলক ঘটনা অনেক

বেশি আসে, এটা দেখে আপনার শিশু কিছু শিখেছে?

Factor 17: Recent changes in society

Parents

১। সম্প্রতি সমাজগত কিছু পরিবর্তনের জন্য শিশুর 157 (95.2) 8 (4.8)

আচরণের পরিবর্তন হচ্ছে?

(যেমনঃ শিল্পায়ন এর জন্য বাবা-মা দুজনেই কর্মজীবী,

শিশুকে সময় দিচ্ছে কম,সবাই প্রযুক্তি নির্ভর হওয়াতে

সামাজিক সময় কাটানো হয় কম, খেলার সুযোগ কম

পায় তাই এধরনের নেতিবাচক কাজে জড়িয়ে পরছে

বেশি)
