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Research Paper

Parent's tolerance for the behavioural problems among adolescents with oral facial clefts

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ABSTRACT

The present non-experimental descriptive research study undertaken to assess the parents rating of the frequency behavioral problems among adolescents with oral facial clefts and their tolerance of the problem, had sample size of 85 adolescents who are undergoing for staged surgical procedure for oral facial clefts. A standardized questionnaire was used to record parents rating of the frequency of the behavioral problems. The result reveals that 85.9% of the children are having low intensity and low problem, where as 3.55 of samples are having high intensity and low problem. Out of 36 behavior listed, the mean score of three problems like get angry when doesn't get his way, has temper tantrum and cries easily are 2.22, 2.39 and 2.18 respectively. The data also reveals there is no significant difference between gender on behavioral problems. The data suggest that parents may have high tolerance for misbehavior.

Keywords: *Oral facial clefts; Adolescents; Behavioral problems*

Oral facial clefts are usually caused by failure of the facial process to fuse during embryogenesis. Parents often feed upset when they first see their child with cleft lip or cleft palate, research shows that learning to live with a change in appearance of ones face as a result of defect is a difficult task. It is challenging for children and their parents. In the long runs as the child enters in to the stage of adolescent cleft deformity can disturb the bio-psychosocial domain affecting their self esteem, social skill and behavior. Children born with oral facial cleft are more likely to experience e behavioral problems than age- and gender matched norms, where as a systematic review concluded that children with cleft lip and palate do not experience major psychosocial problems, more over likelihood of behavioral problem appears to increase as children get older. The pattern/ nature of behavior commonly exhibited by children with OFC still remaining as an unexplored area. Children with cleft psychosocial problems for children can manifest in behavioral and emotional issues such as: inappropriate and unwanted social behavior (Richman andEliason,1982). They have also been reported to see themselves as socially uncomfortable, more sad or

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angry, less appealing and less satisfied with their facial appearance (H. Broder and Strauss, 1989; DE Sousa et al., 2009; Slifer et al., 2006). As such these behavioral problems along with other issues defectively result in burden for the caregivers and becomes a huge stress for them (Thamil Selven et al; 2015). In view of these literatures, the current study focused as to identify the intensity and frequency of behavioral problems and also aimed to asses any significant difference of behavioral problems has existed between the gender and also between different age groups of adolescents.

MATERIALS AND METHODS

The current study includes 85 parents of adolescence with oral facial clefts who are as an inpatients and also under giving for staged surgical procedure for cleft lip and palate from the Charles Pinto Centre for cleft lip and palate at Jubilee Mission Medical College and Research Institute, Thrissur, Kerala. Ethical clearance was obtained from then Institutional Ethical Committee. The investigator has classified the age group of sample into early, middle and late adolescents. Thus age of sample ranged from 12-19 years. Adolescents with intellectual disability and OFC associated with syndromes were excluded from the study. Special attention was taken to exclude those who are not accompanied by the mother. A standardized questionnaire was used to record parents rating of the frequency of the behavioral problems and their tolerance of the problems. By adopting the simple random sampling techniques the tool was administered to 85 adolescents who met the inclusion and exclusion criteria.

Eyeberg Child Behavior Inventory (ECBI) is a standardized questionnaire to assess the behavioral with 36 problem items and 2 scales like intensity scale and problem scale. The intensity score is the total frequency of occurrence for the 36 behaviors and problem score is the total number of behaviors for which the response is yes. Parents were asked to rate a 7-point scale. Accordingly, level of behavioral problem was classified into low intensity and low problem, low intensity and high problem, high intensity and low problem, high intensity and high problem. After the clearance by the ethical committee and by getting the administrative approval from the setting the data collection procedure was explained to the parents and the inventory was administered. Each sample took approximately 45 minutes to complete the inventory.

RESULTS

Table 1: Rated intensities of behavior and percent subjects endorsing item as a problem

Sl No	Item	Mean score for ECBI	Percentage of children having that problem
1	Dawdles in getting dressed	1.82	5.9
2	Dawdles or lingers at mealtime	1.72	11.8
3	Has poor table manners	1.46	7.1
4	Refuses to eat food presented	1.84	8.2
5	Refuses to do chores when asked	1.82	15.3
6	Slow in getting ready for bed	1.72	7.1
7	Refused to go to bed on time	1.60	5.9
8	Does not obey house rules on his own	1.85	16.5
9	Does not obey until threatened with punishment	1.69	5.9
10	Acts defiant when told to do something	1.87	15.3
11	Argues with parents about rules	1.58	11.8
12	Gets angry when doesn't get his way	2.33	29.4

Sl No	Item	Mean score for ECBI	Percentage of children having that problem
13	Has temper tantrums	2.39	31.8
14	Sasses adults	1.52	11.8
15	Whines	1.55	16.5
16	Cries easily	2.18	30.6
17	Yells or screams	1.58	11.8
18	Hits parents	1.11	3.5
19	Destroys toys and other objects	1.21	0.0
20	Is careless with toys and other objects	1.29	0.0
21	Steals	1.36	4.7
22	Lies	1.58	9.4
23	Teases or provokes other children	1.19	1.2
24	Verbally fights with friends his own age	1.38	5.9
25	Verbally fights with sisters and brothers	1.65	5.9
26	Physically fights with friends his own age	1.28	2.4
27	Physically fights with sisters and brothers	1.33	3.5
28	Constantly seeks attention	1.51	4.7
29	Interrupts	1.39	5.9
30	Is easily distracted	1.60	2.4
31	Has short attention span	1.54	5.9
32	Fails to finish tasks or projects	1.75	9.4
33	Has difficulty entertaining himself alone	1.48	3.
34	Has difficulty concentrating on thing	1.59	9.4
35	Is overacting or restless	1.41	4.7
36	Wets the bed	1.09	1.2

The frequency of each behavior and the response of parents who rated each of the behavior as a problem are given in table (1). Even though ECBI result reveals 85.9% of the children are having low intensity and low behavioral problems, the mean score of three problems like: get angry when doesn't get his way, has temper tantrum and cries easily are 2.22. 2.39 and 2.18 respectively. In relation to tolerance for behavioral problems parents of children with facial cleft rated between1.2 to 29. 4. Percentage analysis shows 31.8% of the parents felt temper tantrum as a problem whereas 30.6% of the parents felt their children are crying easily and viewed it as a problem. Gets angry when doesn't get his way was considered as a problem by 29.4% whereas equal distribution of mothers i.e. 15.3% felt refuse to do chores when asked and defiant when told to do something as a problem.

Table 2: Level of behavioral problem

Level of problem	Frequency	Percentage
Low intensity and low problem	73	85.9
Low intensity and high problem	7	8.1
High intensity and low problem	3	3.5
High intensity and high problem	2	2.4

The above table (2) explains the levels of behavioral problems based on the intensity and problem. Out of 85 samples 73 (85.9%) of the children are having low intensity and low behavioral problems whereas 7 (8.1%) of the samples are having low intensity and high problems, which indicated parents may have low tolerance or may be overwhelmed by the stressors of the child rearing. Analysis reveals 3 (3.5%) of the parents reported they experienced high intensity but never considered it as a problem. Which indicates the parents

may have high tolerance towards to the behavioural problem. Only 2 (2.4%) had high intensity and high problem. The present study findings is in tune with psychosocial issues of parents of children with cleft lip and palate in relation to their behavioral problems (Thamil Selven et al;2015).

Table 3: Comparison of ECBI among male and female adolescents with OFC

Gender	N	Mean	SD	Z-value	p-value
Male	31	57.29	16.46	0.672 ^{ns}	0.502
Female	55	57.4	19.34		

Mann Whitney U test was done for comparison of ECBI among male and female. As shown in the above table (3) there is no significant difference between gender on behavioral problems, which means both the gender experiences the behavioral problems.

These findings are in contrary with that of (Wu Zy et al;2008) They found that the children with cleft lip and /or palate have increased frequency of behavioral problem, and it is the male gender who is having more behavioral problems than the female.

Table 4: Mean and standard deviation of ECBI score among different age groups

Age group	N	Mean	SD
Early adolescent	23	76.39	21.097
Middle adolescent	42	74.76	27.521
Late adolescent	21	83.00	21.854
χ^2- value		0.487^{ns}	
p-value		0.784	

ns- significant at 0.005 level

Kruskal Walli's ANOVA was carried out for comparing the behavioral problems between age groups. The above table (4)shows there is no significant difference between different age group on behavioral problems. Mean value shows late adolescent are exhibiting behavioral problem more than that of early and middle adolescents.

DISCUSSION AND CONCLUSION

The findings of the study moderately support the fact that parents of children with oral facial clefts are having high tolerance for socially inappropriate behaviors. The study also throws lights on the fact that these types of behavioral problems on OFC children have an impact on parent's quality of life, indicating the need for psychosocial intervention for the parents. Investigators also agree to the fact that these data are based on parents self report and may reflect their wish to exhibit a supportive family living. Highlighting the behavioral problems in the study children with OFC should have biopsychosocial care across the life span to meet the changing needs over time. It will also be important to examine the impact of parenting attitudes and behavior on psychosocial outcome of child with OFC. Therefore, needs to be compiled in observational, longitudinal and cross sectional studies across the life span.

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Conflict of Interest

The author declared no conflict of interest.

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