

# ATTACHMENT STYLES, EMOTIONAL AND BEHAVIORAL PROBLEMS IN SHANTYTOWN AND MAINSTREAM SCHOOL GOING ADOLESCENTS

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## ABSTRACT

### OBJECTIVE

To investigate the relationship of attachment styles and emotional and behavioral problems (EBP) in children living in shanty towns and mainstream.

### STUDY DESIGN

Cross sectional research design.

### PLACE AND DURATION OF STUDY

The study was conducted in different schools of shantytown and general society.

### SUBJECTS AND METHODS

408 participants were selected (half of the sample from shanty town and half from mainstream). Two groups were selected with the age range of 12-18 years (M, 14.62, SD. 1.59). Attachment patterns Attachment Questionnaire for Children and the School Children's Problems Scale were used to assess attachment styles and emotional and behavioral problems.

### RESULTS

The results indicate that shanty town adolescents had more ambivalent attachment with parents, further they scored significantly higher on Anxiousness, Academic Problems, Aggression and overall mental health problems than mainstream counterparts. Whereas, mainstream adolescents scored higher on Withdrawn and Somatic problems. Adolescents with Ambivalent attachment style tend to score significantly higher on Anxiousness, Rejection, Somatic and Overall SCPS.

### CONCLUSION

It can be concluded that shanty town adolescents had ambivalent attachment that may lead to more EBP.

### KEY WORDS

Shanty town, Mainstream School Children, Mental Health, Attachment Styles

## INTRODUCTION

The recent upsurge interest in study mental health functioning in children and adolescents has led to new discoveries in terms of identifying etiologies, risk factors, assessment modalities and preventative measures. Adolescence is an age and stage of many challenges that bring new demands for adjustment in all aspects of growth and development<sup>1,2</sup>. Changing roles and responsibilities, increasing social expectations and increasing demands may make an adolescent more vulnerable to develop emotional and behavioral problems<sup>3,4</sup>. A plethora of research evidence suggested that a large proportion of children and adolescents living in poor socioeconomic conditions suffer from serious mental health concerns that lead to serious negative outcomes in their academic, personal, emotional and social functioning<sup>5,6</sup>.

Literature has identified that there are two broad categories of mental health concerns in children and adolescents namely internalizing and externalizing problems. Emotional or internalizing problems that are due to over control of emotions, not observable and are difficult to detect early, include anxiety, sleep problems, sadness, and withdrawn behavior<sup>7,8</sup>. The other set is behavioral or Externalizing problems that result from under-control of emotions, these can be seen and observed such as aggression, disruptive behavior in the classroom, abusive language, stealing and hyperactivity<sup>9,10</sup>.

Keeping in view of the increased prevalence, research is now focused on identifying the risk and protective factors that may lead or prevent adolescents from EBP. Attachment styles have attained a great interest and become one of the promoting or preventing factors in such behaviors. Attachment theory postulates that secure parent-child relationship provides an internal working model that eventually becomes a template for future relationships with others<sup>11</sup>. According to an attachment theory<sup>12</sup> the quality of attachment with the primary care attachment figure lays the foundation of how the child builds a view about oneself and others and tends to influence the growth and development of an individual.

There are three attachment styles namely Secure Attachment, Avoidant attachment and Ambivalent attachment patterns. Children with secure attachment styles are more supportive, have healthy relationship with others and positive self-esteem<sup>13</sup>, they show more empathetic behaviors, less aggressive and hostile behaviors<sup>14</sup>. On the other hand, children with insecure attachment are more anxious, avoidant and ambivalent, they are likely to perceive their bond with their caregivers as inconsistent, less caring and rejecting<sup>11</sup>. As a result, children with this attachment tend to have low self-esteem, low self-concept, feel worthless, and are unable to develop close and intimate relationship with others<sup>14,15,16</sup>. Another type of insecure attachment is known as avoidant or dismissive attachment, where a child tends to perceive his care giver as indifferent<sup>11</sup>. As a result, these children restrain their social interaction, remain withdrawn and cultivate a fear to develop and maintain social relationships<sup>17</sup>. To sum up the above literature, one can say that early parent-child

bond has a long lasting influence on the emotional and social growth of an individual. Among the attachment styles, secure attachment style is related to more positive outcome and may play a role of a buffer against mental health problems of children and adolescents. Insecure attachment bond, on the other hand may play a role of a risk factor for developing emotional and behavioral problems in children. Another risk factor for developing emotional and behavioral problems is the living condition of an individual. Besides increased modernization, increased facilities and infrastructure, still a large proportion of world population is living in slum areas<sup>18</sup>, where they develop their own living standard. Shanty town or slum areas can be defined as a large variety of people having low income, unemployment, and poor livings<sup>19</sup>. There is a dearth of systematic studies that have looked upon the mental health functioning of children living in slums. Therefore, the current research is an attempt to investigate the parent-child attachment style and emotional and behavioral problems in adolescents living in extreme slums and those living in mainstream conditions.

**SUBJECTS AND METHODS**

**Participants**

408 participants were selected with half of the sample from shantytown and half from mainstream with the age range of 12 to 18 years (M, 13.76 SD 1.51). Purposive sampling technique was used to select participants of both groups. Sample consisted of equal proportion of both boys and girls.

**Instruments**

A demographic Performa was developed for basic information of the participants including demographic variables like age, gender, school type and parental education.

**School Children's Problems Scale (SCPS)**<sup>20</sup>

The emotional and behavioral problems of adolescents were measured through School Children's Problems Scale (SCPS) comprising 6 subscales namely Anxiousness, Academic Problems, Aggression Withdrawal, Rejection and Somatic Problems. SCPS has a 4 point rating scale and response options include "Never, sometimes, rarely and often". SCPS is found to have high internal consistency, test retest reliability and concurrent validity<sup>20</sup>.

**Attachment Questionnaire for Children (AQC)**<sup>21</sup>

The AQC is a 1-item self-report questionnaire to measure three attachment styles in children and adolescents. The measure classified adolescents according to one of three attachment styles: Secure Avoidant, or Ambivalent. The age range was 9-18 for this questionnaire.

**Procedure**

After the approval from ethical committee, official permission was sought from school authorities and from the parents of participants. Total five schools of shanty towns and 3 mainstream schools were visited for the purpose of data collection. All participants were tested in a group of 15. All participants were assured about the confidentiality and anonymity of research data and they were given

the right to withdraw from testing. Research participants were provided research protocol comprising Demographic Form, SCPS and AQC. It took about 10 minutes to complete the protocol. A debriefing session was carried out at the end of the testing for any queries and feedback.

**RESULTS**

Table 1 indicates the demographic characteristics of the participants of the mainstream and shantytown children. Majority of the parents were illiterate.

**Table 1**  
Frequencies, and Percentages of Demographic Characteristic of the Participants

Demographic Variables	Mainstream f (%in the group)	Shantytown f (%in the group)	Total f (%)
<b>Gender</b>			
Boys	106(51)	101(49)	207(51)
Girls	101(49)	100(51)	201(49)
<b>Grade</b>			
5th	0(0)	41(21)	41(10)
6th	42(21)	16(8)	58(14)
7th	40(19)	39(19)	79(19)
8th	47(22)	27(14)	74(18)
9th	43(21)	29(14)	72(18)
10th	35(17)	49(24)	84(21)
<b>Father's Education</b>			
Illiterate	31(15)	107(53)	138(34)
Primary	21(10)	61(31)	82(20)
Metric	46(22)	23(11)	69(17)
College and above	109(53)	10(5)	119(29)
<b>Mother's Education</b>			
Illiterate	34(16)	157(78)	191(47)
Primary	27(14)	34(17)	61(15)
Metric	52(25)	6(3)	58(14)
College and above	94(45)	4(2)	98(24)

**Table 2**  
Frequencies, and Percentages of three Attachment Patterns Across School Type (n=408)

Attachment Patterns	Mainstream f (% in the group)	Shantytown f (% in the group)	Total f (%)
Secure	(55)113	(40)80	(47)1193
Avoidant	(22)46	(25)51	(24)97
Ambivalent	(23)48	(35)70	(29)118

The table indicated that participants of mainstream school had more secure attachment (55%) than the shantytown schools (40%). On the other hand, adolescents of shantytown had more Ambivalent attachment pattern (35%) than mainstream counterparts.

Results indicated that the participants of shantytown schools scored significantly higher on Anxiousness, Academic Problems, Aggression

and overall mental health problems than mainstream counterparts. Whereas, mainstream adolescents scored higher on Withdrawn and Somatic problems factor than shantytown children (see table 3). Results indicated that adolescents with Ambivalent attachment style tend to score significantly higher on Anxiousness, Rejection, Somatic and Overall SCPS score than those who are secure or avoidant attachment with parents (see table 4).

**Table 3**  
Means, Standard Deviations and p values of Mainstream (n= 207) and Shantytowns (n= 201) on 6 Factors and Total Scores of School Children Problem Scale

Factors	Groups	M	SD	t	p
Anxiousness	Mainstream	12.14	7.40	3.22	.001***
	Shantytown	15.24	16.58		
Academic Problem	Mainstream	7.70	4.62	3.91	.001***
	Shantytown	11.65	4.20		
Aggression	Mainstream	6.00	5.70	2.51	.01**
	Shantytown	7.25	4.21		
Withdrawal	Mainstream	9.62	4.41	2.39	.01**
	Shantytown	7.78	3.85		
Rejection	Mainstream	3.94	3.63	.52	.59
	Shantytown	4.12	3.30		
Somatic	Mainstream	7.31	2.70	3.19	.001***
	Shantytown	4.31	2.63		
SCPS Total	Mainstream	42.66	21.83	3.56	.001***
	Shantytown	46.14	30.32		

df=406, \*\*p<0.01, \*\*\*p<0.001

**Table 4**  
One way Analysis of variance of three patterns of attachment (Secure, Avoidant and Ambivalent) and SCPS Score (n=408)

Factors	Secure (n=193)		Avoidant (n=97)		Ambivalent (n=118)		F	P
	M	SD	M	SD	M	SD		
Anxiousness	11.53	6.93	13.42	6.75	15.65	7.33	3.97	***001.
Academic	7.49	4.51	8.30	4.72	7.49	3.94	1.26	.28 (ns)
Aggression	6.83	5.40	6.45	4.56	6.44	4.88	29.	.74(ns)
Withdrawal	7.47	4.02	7.82	4.07	10.99	4.39	62.	.53(ns)
Rejection	3.51	3.36	4.25	3.55	7.69	3.48	4.58	***001.
Somatic	3.92	2.69	4.00	2.48	4.66	2.73	3.07	*04.
SCPS Total	40.78	20.33	44.26	20.32	47.94	37.02	4.08	***001.

between Group df=2, Within Group df=405, Total Group df=407 \*p<0.05, \*\*\*p<0.01,

## DISCUSSION

Adolescence is a time of transition from childhood to adulthood and

individual tend to experience a great deal of upheaval in the growth and development. The changes that experienced by adolescents' ranges from biological, psychological, emotional and social. It is a crucial age for the teenagers in which they face many challenges as they have to adjust in their family, society and as well as in personal life. It is evident from the literature that many changes occur in the personality characteristics of a teenager<sup>7</sup>. The changing demands are the natural processes of growth and development and many individual pass through this stage successfully but failure to adjust with the changing roles and responsibilities may lead to emotional and behavioral problems<sup>22</sup>.

Attachment styles and residential area of an adolescent was a major focus of this research. Literature has revealed that insecure attachment styles and living in socially disadvantage place may play a role of risk factor in the development of mental health problems<sup>14,23</sup>. Findings of the current research revealed that a significant difference was found between mainstream and shantytown adolescents on mental health functioning.

As discussed earlier, that attachment styles also become a risk or protective factor against mental health concerns. Consistent with the literature<sup>24</sup>, adolescents with insecure attachment pattern tend to show more emotional and behavioral problems than those with secure attachment. It is interesting to note that ambivalence in parent-child relationship is significantly related to mental health concerns. This is perhaps inconsistency and lack of affection from caregiver put an individual in a state of confusion and conflict that might result into poor adjustment with ever changing demands of the adolescence age and stage.

As discussed above that the adolescents of shantytown had more avoidant and ambivalent attachment with their parents as compared with mainstream counterparts. The reason of the ambivalent attachment style could be that the parents were struggling to earn, they lacked basic facilities, lacked proper family set up, they did not spend a quality of time with their kids due to extreme poverty and low socio-economic status. They did not have the time to spend with each other that might be the cause of their unhealthy attachment with their parents that was leading the adolescents towards the mental health problems.



## CONCLUSION

The living area as the shantytown itself is a risk factor for emotional and behavioral problems. The insecure attachment and the unhealthy relationship with their parents is also a risk factor for mental health problems, Overall, the study can help increasing awareness and social change in the acceptance of adolescents who belongs to shantytown. Moreover, counseling strategies and community awareness plans can be devised to increase acceptance in the general community.

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