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**A STUDY ON  
EMOTIONAL AND BEHAVIOURAL PROBLEMS  
OF STREET CHILDREN  
IN REHABILITATION CENTERS OF KATHMANDU VALLEY  
2003**

By:

**BISHNU MAYA UPRETY  
BN II YEAR  
(Major in Psychiatric Nursing)**

**Tribhuvan University  
Institute of Medicine  
Nursing Campus, Maharajgunj.  
Kathmandu , Nepal.**

**Certified That This is the Bonafide Work of  
Ms Bishnu Maya Upreti  
Bachelor of Nursing Program  
In Psychiatric Nursing  
2003**

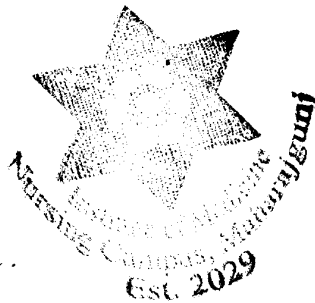


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*Submitted in partial fulfillment of the requirement for the  
degree of Bachelor of Nursing Program from Tribhuvan  
University, Institute of Medicine, Nursing Campus  
Maharajgunj*

**Approved By:-**

*Chandra Kala Sharma*



**Ms. Chandra Kala Sharma  
Lecturer  
M.P.A, M.Sc. in Psychiatric Nursing  
Tribhuvan University  
Institute of Medicine  
Nursing Campus  
Maharajgunj, Kathmandu**

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## Abstract

The two stage descriptive study was carried out to estimate the prevalence of emotional and behavioral problems in street children and also to assess the contributing factors of emotional and behavioral problems among them.

A non-probability purposive sampling technique was adopted for the study in rehabilitation centers KTM institutionalized based 50 street children aged above 8 yrs. were evaluated by using CBCL questionnaires. All high scores on CBCL were interviewed by semi-structured questionnaires to assess contributing factors of emotional and behavioral problems.

The prevalence of emotional and behavioral problems among the street children was 40%. Boys were more often having problems than girls (1.6:1.0). Similarly the prevalence of emotional and behavioral problems was higher in aged 11-13 yrs. The majority of case was anxiously depressed (25%), attention problem (20%), social problems (15%), somatic, aggressive and delinquent behavior (10%), the prevalence was higher in rural and poor family based than urban and wealth family background.

The problems was associated with maltreatment by step parents at home (60%), weak personality traits such as felt neglected by other (80%) and by family members (56%). Family relationship was not so good of 50% cases. Most of case faced varies difficulties in street like food (80%) sleeping (75%), clothing (60%) etc. 80% of case had history of physical assault and 90% of case used substance alcohol and drugs. 55% case had not shared the problems with others.

Emotional and behavioral problems of street children in Nepal are much more common than those reported in the western literature.

## *ABBREVIATION*



- CBCL** - **Child Behaviour Check List.**
- CWIN** - **Child Workers in Nepal: (Concern Center)**
- CWS** - **Child Welfare Society.**
- IOM** - **Institute of Medicine.**
- TU** - **Tribhuvan University.**
- UNICEF** - **United Nation Children's Fund.**
- WHO** - **World Health Organization.**



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# CHAPTER – I

## 1.1 Introduction:

### 1.1.1 Background of the study:

Childhood should be a special time. Children have the rights to education, recreation, nutrition, health care, love and care etc. Childhood is not time to get abused from adults or to work for them. Also its is not the time to work for the mere quest for survival. Children should be in sound health with a full chance for personal development in every aspect, they should be kept away from every possible health risk such as vulnerable environment which threats and jeopardizes their physical, mental and social health by preventive and promotive health care. Theoretically, every person should be free from any kind of illness or disease or disabilities and children are specially entitled to this. But for many children this space for growing and learning is violated by largely adult abuses of every description. At present, a majority of children are deprived of their basic rights like basic education and health. While many of them start their journey into the world of work even before they see school, several are dying in the absence of effective health care. Many are feeling scared and insecure, becoming more and more violent and aggressive with lost hopes and dreams.

They are helpless and voiceless. To get the protection they require support from adults. For this, the state is responsible providing their protection. The UN convention on the rights of the child, which was adopted in 1989, insures that children's rights are human rights and they deserve right to protection.

A child means every human being below the age of 18 years. (UN convention, 1989). The law of Nepal says a child is that human being who is age below 16 years. Children are the future of nation. Child development leads national development. So children are the right property to invest for national development. No discrimination among all the human being shows in our constitution. But in each place, can see many kinds discrimination. Within caste, religion, gender etc, children are highly discrimination and exploitation due to innocent and feeling as small.

Street children are those children who have devised their own language, the vocabulary of which expresses their own unique situation. A street child is one whose home is the street and is unprotected and unsupervised.

Children as begging, children as rag picking, and children in doming side in Kathmandu as every can see them as working for survival. There are some organization working for them and giving them some facilities like food, medicine as well as psychological support



Children are the source of inspiration and hope for society. Every society wishes to bring up its children in an atmosphere of love and care and in peace and harmony. However millions of children are forced to live and work in critical circumstances. Children are living in least development and protection. As part of the least developed world, developed countries face more serious problems with regard to their survival, development and protection. Child psychopathology has become a major concern among health professional and educators in the developed world, yet has remained relatively unrecognized in developing countries. (Malatu, 1995)

Child psychopathology has become a major concern among health professional and educators in the developed world, yet has remain relatively unrecognized in developing countries (Malatu ,1995)

However, there has been little systematic research into childhood psychiatric disorders in the developing countries (Nikapota,1991)

The importance of early detection of emotional and behavioural problems is being felt world wide. Emotional and behavioural problems are frequently seen in child population. The prevalence of emotional and behavioural problems in child population is as high as one in five (Costello,1989) identification of those children do remain in community unnoticed.

The limited evidence suggested that rates of emotional and behavioural problems in developing countries are similar to those in developed ones . There is sufficient evidence to demonstrate significant mental health problems in children.

Children under 15 years of constitute 40-50% of the population in developing countries (Nikapota,1991)

Children are the future of the society, so the beautiful future of the nation depends on the proper care, shelter, love and affection, education and opportunities they receive during childhood. It is recognized that children are vulnerable and very often defenseless against exploitations.

The convention of the rights of the child (CRC) was adopted which set a minimum standard for the rights of children to survival, to proper care and nurturing, to protection from disease, neglect, exploitation and abuse to development of their fully potential and to the benefits of a healthy stimulation family environment.

The phenomena of "Street children" is not addressed explicit within the convention on the rights of the child for these reasons children have become physical, sexual and emotional abused

We generally speak of children as the "Future of society", but how can we imagine a beautiful future if children are become the mentally handicapped in their earlier lives.

There is no exact national figure in Nepal on the number of street children, similarly, an emotional and behavioural problems in this group of population has not studied yet. Because of this study, the need to study these patients is felt increasingly today than at any time. The present study is an attempt to identify the prevalence of specific psychiatric disease and its morbidity patterns in street children in different rehabilitation centers in Kathmandu valley . My study helps to early detection and plan for management for this group in the future as well as finding predisposing factors and helps to prevent .

### **1.1.2 Statement of Problem :**

- Emotional and behavioural problems of street children in different rehabilitation centers in Kathmandu valley.
- contributing factors of emotional and behavioural problems among them.

### **1.1.3 Objectives of study:**

#### **A. General objectives:**

To identify the emotional and behavioural problems of street children in rehabilitation centers.

#### **B. Specific objectives:**

- To identify the socio-demographic variables e.g. sex, age, education level etc.
- To estimate the prevalence of the emotional and behavioural problems of street children in rehabilitation centers.
- To find out the predisposing factors of emotional and behavioural problems among the street children.

### **1.1.4 Rational/Justification for the study**

Children's emotional and behavioural problems are very common with prevalence rate of 10-20% in several community studies (Richman et al, 1982, Rutter et al, 1970, Shephard et al 1971); yet has remained relatively unrecognized in developing country like Nepal.

Most of the street children are more vulnerable to develop emotional and behavioural problems due to deprived of their family environment, love and affection .A study (Amery. j. et al -1995) reported that high level of behavioural problems were found in homeless children. Because of poor mental health training in developing countries are rarely able to identify children with problems.

There is no exact national figure available in Nepal on the number of emotional and behavioural problem in Nepal among the street children. Most projects offering assistance to street children in rehabilitation centers for the welfare of their lives but they are not seen to concern the emotional and behavioural problems of them and its consequences

Thus I am interested to study to measure the prevalence rate of emotional and behavioural problems as well as contributing factors of these problems among the street children with the hope that at least some guidelines may be arranged for more extensive plan for this group in the future. So the research findings will help in directing the effort and services in order to prevent the emotional and behavioural problems of street children and help in the promotion of the positive mental health.

### **1.1.5 Assumption**

- Emotional and behavioural problems among street children would be high.

- Problems may be associated by social backwardness, homelessness, poverty and various kinds of abuse, physical and sexual.

### **1.1.6 Variables:**

#### **A. Independent variables:**

- Age
- Sex
- Religion/Ethnic group
- Causes of living home
- Peer behaviour.
- Home environment.
- Physical abuse/sexual abuse
- Other contributing factors- Poverty, hunger, status of the parents etc.

#### **B. Dependent variables :-**

- Emotional and behavioural problems:

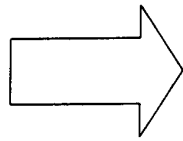
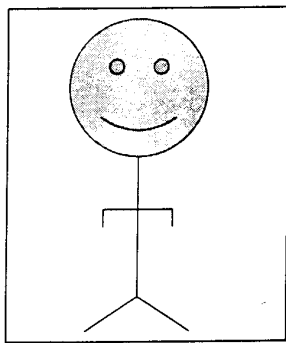
### **1.1.7 Delimitation of the study**

- The study sample was limited to 50.
- Area was limited in rehabilitation centers.
- Time was limited for 7 weeks only.

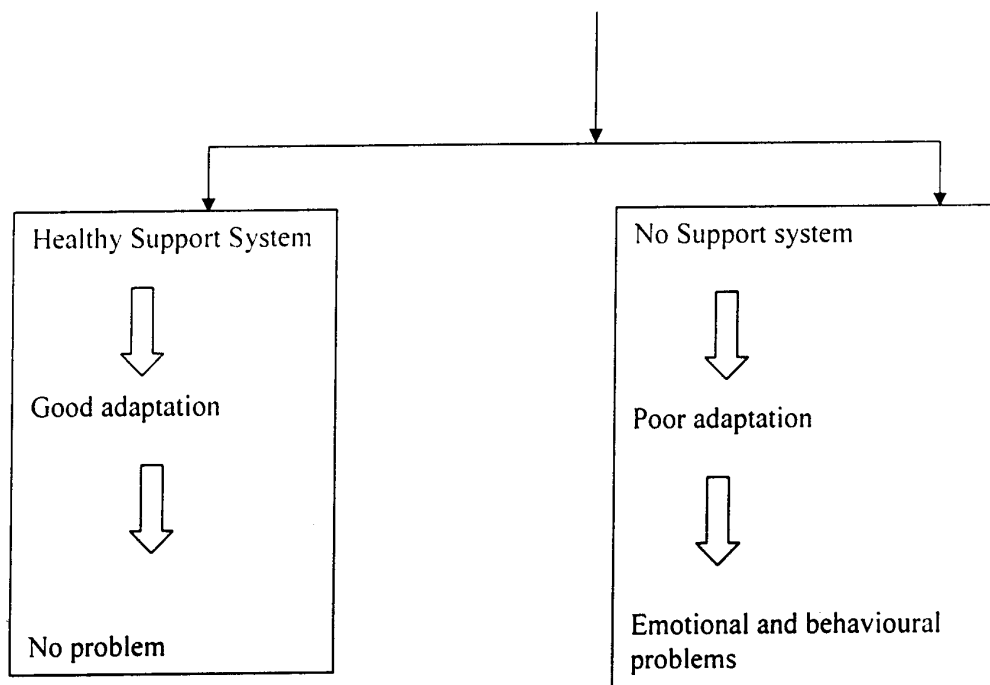
### **1.1.8 Operational Definition of terms:**

- **Street :-** The concept of street is used broadly to include all public lands, building, temples, pavements and Pati.
- **Street children:-** Children who both work and reside in the street
- **Emotional and behavioural problem:-** problems that are related to emotion and behaviour .
- **Rehabilitation center:-** The center where street children are to be protected and resocialize street children.
- **Positive Case:-** Children who have high score by CBCL screening.

### 1.1.9 Conceptual Frame Work'



- Lack of support system
- Sexual abuse
- Physical abuse
- Substance abuse
- Lack of food and cloth



This conceptual framework is based on adaptation theory of sister Calista Roy; The person as an adaptive system: the person has input of various stressors from the external environment. In the presence of any stressors, the person can adapt effectively if he/she has healthy support system but can't adapt effectively if there is no support system. As a result various problems arise in the street and due to lack of support system so street children suffer from emotional and behavioural problems.

## CHAPTER - II

### 2.1 Review of related literature:

Literature review concerns with review of related literature that could be both in research and non research areas, journals, articles, reports, documents, books and some abstracts received from media line and internet search. The purpose of literature review is to learn more about the research topic develop instrumentation for data collection of the study.

Data on street children and psychiatric disorder among these people in the countries of South East Asia including Nepal are very scanty . There have been some reports on drugs and alcohol abused in the street children.

The use of drug abuse among street children mainly in male, is a worldwide problem countries like Nepal and other countries in South East Asian region are on exception. This is usually done in purposive manner and seldom leads to dependent use (WHO- 1999)

**Aptekar et al, (1989)** in sanjose state USA examined the characteristics of the street children aged 7- 26 years to measure the street children's emotional and neurological functioning and found that children were functioning with adequate mental health.

**WHO (1999)** supported study on street gangs in Jakarta,Indonesia for example, showed that alcohol or opiates are taken mainly before going to gang battle of before committing a major crime, out of fear of painful injury or to increase courage and bravery.

A study **Weinreb L. et al (2002)** in university of Massachusetts Medical school, USA, suggested that for pre-schoolers, compared with children no hunger severe hunger with associated with homelessness (street children) 75% vs 48%, more traumatic life events (8.5 vs 6)

An American study **Lloyd, (1995)** reported that the time prevalence figures for psychiatric disorders from a large American study are as follows: any psychiatric disorder 32.2% , affective disorder 8.3%,

anxiety disorders 14.6%, schizophrenia 1.5%, substance use disorder 16.4%, antisocial personality disorder 2.5% and severe cognitive impairment 1.3%.

**Amery. J. et al (1995)** reported that fewer homeless children (38%, 18 of 48) than housed (88%, 50 of 57) were born in UK or spoke English at home some 49% of homeless children's scores suggested a behavioural problems. High level of behavioural problems were found in homeless children.

According to **Zema BT et al- Amj public health- (1994)** suggested that the vast majority (78%) of homeless children suffered from either depression, a behavioural problem, a severe academic delay. Among children having a problem, only one third of the parents were of any problem, and few of those children (15%) had ever received mental health care or special education.

**Pradhan G(2002)** stated that the street children have been found identified as a global problem these days. There are 10 corer street children in South Asian countries only. The studies on street children conducted in eight cities – Metro Manila, Angeles, Bacolod, Cebu, Davao, Jolio, Olangapo and Pagsunjan (street voices, October-December 1987) indicated that 3% of the child and youth population of the above cities are working children, street children and sexually exploited children.

According to **CWIN 2002**, every year around 500 children are landed in the streets of Kathmandu from different districts of Nepal.

**UNICEF ROSA (2000)** stated that one way for children to escape family violence and threat of worse is to leave home.

**Picinicker, (2000)** described that children are not deviant but circumstances force them into it . Most children are from dysfunctional families, when the father is either an alcoholic or has left home. It happens in rural areas or even affluent families where the child faced severe neglected and child abuse, extreme poverty and even physical brutalities, when the child has not done too well in exams and he thinks that he can't face family ever again .

According to **Weislberg-( 1993)** since 1970, a number of epidemiological surveys of prevalence rates of psychiatric symptoms and of disorders have been published in the developed world.

**Richman et al (1982)** suggested that children's emotional and behavioural problems are very common with prevalence rate of 10-20 percent .

5 to 15 percent of children in the USA are affected by psychiatric disorder (Rutter et al 1970. pless and Nolan - 1991).



Studies **Boyle et al 1987, Offord et al, (1987)** indicated that there was a total of 3294 children aged 4-16. The prevalence rate found were in boy 19.2% and in girls 16.9% and 7.9 boys and 11.9% girls were found suffering from emotional disorder .

The **epidemiological study(1981)** in India , the prevalence rate of 20-33% of psychiatric disorder in school children has been reported in Indian setting .

**Lamsal Y.N (1996)** described the hopes of street children are shattered and dreams broken. Poverty disease, backwardness and ignorance are what they have inherited from their parents.

**Offord et al (1987)** examined the six month prevalence rate disorders in about 1400, 4-11 years old in Ontario . They found that 19.5 percent of boys and 13.5% of girls had a conduct, emotional, somatization or attention deficit with hyperactive disorder or combined diagnosis.

**Black (1993)** suggested that the history of the treatment of children deviant behaviour goes back to ancient time but the founding of the first child guidance in Boston in the early 1920s for delinquent children , which was the beginning of the applications of 'scientific' method to the study and treatment of deviant children.

A study conducted in Nepal by **UNICEF (1996)**, indicated that there are approximately 30,000 street children nationwide, of whom 26,000 are children with residence who spend the majority of their time playing and working on the street and 3700 "Children of the Street", i.e. children who both reside and work on street .

Accorrding to **Yaqoob Asthma (1999)** reported that the most dismal fact about these displaced. Children is that majority of them used to convert to various kind of intoxicants snuffing glue and other substance is believed to have being introduced by Bengali and Afghani immigrants in Pakistan and has resister a startling increase among children in city.

**Gauri Pradhan (1990)** states that street children generally have grown up in neglected and poor environment in street. The children's deeply rooted sense of insecurity and unkindness towards the weaker ones seems to be the result of their past life which completely lacked elderly love and care

**Anselm Rosavia (1988)** suggested that barred from entering into larger social life and deprived of congenial environment, rag picker developed a strong sense of insecurity which makes their personality weak, incapable and with drawing. This sense of insecurity creates in them a sense of persecution, aggressive, violent out brushed against individual and institution.

**Dhital Deepa (1991)** revealed that those children who felt lonely were more likely to experience physical problems and various forms of psychosocial distress; they are more likely to be depressed, helpless, irritable, and nervous and to lack confidence system. They also tended to suffer from Headaches, stomachs and dizziness.

**D. Dhital (1999)** suggested that the mental health of street children who have few friends and often feel along in a serious target of bullies. They tend to have difficulty making friends, feel helpless in dealing with most of the problems they face and lack confidence obviously. They feel left out of things and do not feel accepted by others children. They are far less to be happy and often feel depressed.

## **2.2 Summary of Literature review:**

Different books, journals and articles about street children and reports of national and international related to street children were consulted for review of literature.

The critical review of literature from different source has revealed that street children are deprived of care, love and basic need so this group is vulnerable to developed emotional and behavioral problems.

# CHAPTER - III

## 3.1 Research Methodology

The most important in research process is the selection of research methodology . It gives the overall picture of the structure and strategies directed towards the intended investigation . This chapter includes the details of methodology selected for this study. It includes the design , population , study area , sampling technique, sampling size, instrumentation, validity and reliability, data collection technique and plan for data analysis.

### 3.1.1 Study Design

A descriptive and explorative design used for this research . The study was conducted to explore the emotional and behavioural problems of street children . The method used for data collection was interview schedule, which included both open and close ended question

### 3.1.2 Study Population

The study population were street children in rehabilitation centers of Kathmandu valley .

### 3.1.3 The Sample Area

The sample area was limited to different centers within Kathmandu valley i.e. Associated for the children of CWIN at Ravibhavan.

### 3.1.4 Sample Size

The total of 50 children above 8 years of age were included for data collection, considering availability of time, money and criteria, minimal sample size for research in curriculum.

### 3.1.5 Sample Technique:

Non- probability, purposive sampling technique was adapted for the study.

### 3.1.6 Inclusion Criteria:

- All the children who fulfilled the criteria of street children.
- The age group of cases was reached above 8 years and belonging to the either sex.

### **3.1.7 Exclusion Criteria**

- Children who could not make communication.
- Children who were not from street base.
- All these children who may need urgent medical help and mental retardation.

### **3.1.8 Ethical Consideration**

The research was considered ethical aspect during data collection period. The following measures should be taken to protect the right of the subject:

- The student researcher should take the permission from rehabilitation centers through official letters.
- The objective of study should be explained to authorized person.
- Permission was taken from the respondent child before data collection procedure.
- Confidentiality and privacy were maintained as needed.

### **3.1.9 Instrumentation**

An interview schedule questionnaire was modified from child behaviour check list (CBCL) .The child behaviour check list (CBCL) (Achenbach, 1991) 118 item scale which was used for interview above 8 years children for screening.

The CBCL profile assess childhood and adolescent behavioural and emotional problems; withdrawal, somatic complains, social problems, anxious/depressed, thought problems, attention problem, delinquent behaviour and aggressive behavioural.

In second stage, find out the contributing factors, the semi-structure questionnaire was used included with socio-demographic data.

### **3.1.10 Maintain of Reliability and Validity**

The questionnaire was given to research advisor, other subject experts and colleagues and necessary change were made.

The CBCL is well validated tool but when it was modified, to interview schedule it was given to advisor and subject expertise for validity. Pilot study was done for validity and reliability in similar situation.

### **3.1.11 Pre-test of the Instrument**

The main purpose of the pre-testing was to check the reliability of terms used in the tools .Before conducting the study , the instrument was pre-tested from five respondents in CWIN centers who were not included in this study

### **3.1.12 Data collection procedure**

This was a descriptive study on emotional and behavioural problems of street children rehabilitation center in Kathmandu valley. This was conducted in two stages.

#### **A. First Stage Procedure**

During the first-stage of study, modified CBCL was used .the interview was taken above 8 years children which was in Nepali Language. This questionnaire (CBCL) was used as a screening instrument to identify children at risk for psychiatric disorder. All children scoring above the normative cut off point , the second stage procedure was conducted.

#### **B. Second Stage Procedure**

The questionnaire was set to assess of contributing factors of emotional and behavioural problems among the positive case who was screened by CBCL in first stage. At the time of interview, the children was assured that the response was handled confidentiality and question was filled by direct interview.

### **3.1.13 Method of data Processing, analysis and interpretation:**

Data were collected and analyzed using simple statistical tool.Primary data were analyzed according to its nature. Quantitative data were analyzed using simple statistical tools like frequency and percentage. which were based on the findings of analysis, careful interpretations.

### **3.1.14 Statistical Analysis**

Data were collected and classified according to objectives of the study. Than it was analyzed and interpreted by using different tables, graphs and charts.

### **3.1.15 Measures to Reduce Bias in Study**

To Reduce Bias in the Study, the following measures were maintained.

- Related literature was reviewing as possible.
- Suggestion and comments were taken from the research advisor, other subject experts and colleague.
- Sampling data were taken without considering the colour, age, sex, religion and economic status of the respondents.
- Good IPR was maintained with respondent before interview.
- The data were collected through the direct interview.

# CHAPTER - IV

## 4. Data Analysis and Interpretation:

The collected data are analyzed considering objective of study. The analyzed data are interpreted with the help of different tables, figures and graphs. For the analysis, simple mathematical method of interpretation procedure is adopted in this study.

### 4.1. Organization Of Data

The data for analysis and interpretation are organized in the following manner.

- Part I** : A socio-demographic characteristics of the respondents.
- Part II** : Screening of emotional and behaviors problems among the Street children by CBCL.
- Part III** : Contributing factors of emotional and behavioral problems among positive cases (street children).

The data and result were expanded in number, percentage, table & graphs.

**4.2 Distribution of respondents according to demographic characteristics.**  
(N=50)

Table 1:

**Age in a Year**

Age	Male	Female	Total	Percentage
8-10 yrs	3	4	7	14
11-13 yrs	24	4	28	56
14-16 yrs	12	2	14	28
Above 16 yrs	1	-	1	2

**Ethnic Group**

Chhetri	12	3	15	30
Brahmin	9	2	11	22
Magar	5	2	7	14
Limbu	7	2	9	18
Dalit	3	-	3	6
Newar	4	1	5	10

**Place Of Living**

Urban	6	1	7	14
Rural	33	6	39	78
Don't Know	1	3	4	8

**Type Of Family**

Single	32	7	39	78
Joint	8	2	10	20
Others	-	1	1	2

**Religion**

Hindu	35	8	43	86
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Buddhist	4	2	6	12
Others	1	-	1	2

### Education

Illiterate	6	2	8	16
Class 1-5	24	4	28	56
Class 6-10	5	2	7	14
Above 10	-	-	-	-
Literate From CWIN	5	2	7	14
Informal Class				

### Parent's Status

Both Parents Alive	18	4	22	44
Both Parents Dead	5	2	7	14
Father Dead	4	2	6	12
Mother dead	6	3	9	18
Step Father/Mother	18	6	14	48
Don't Know	2	-	2	4

\* Response by duplication

### Occupation

Business	3	1	4	8
Agriculture	15	3	18	36
Service	6	2	5	10
Labour	19	4	23	46

### Food Sufficiency Status

Less Than 3 Months	3	8	2	10	20
3-6 Months		17	3	20	40
7-9 Months		6	1	7	14
10-12 Months		6	4	10	20
Don't Know		3	-	3	6

The table reveals the fact that the majority (56%) of respondents were between the ages of 11-13 years and minority (2%) fall above 16 years.

According to the ethnicity the majority of respondents (30%) were Chhetry and only 3% were from lower caste (Dalit).

Likewise the 78% of the respondents were from rural areas and 78% of the respondents were from single type of family.

Similarly the most of the respondents (86%) were Hindus and 56% were their education level was only class 1-5.

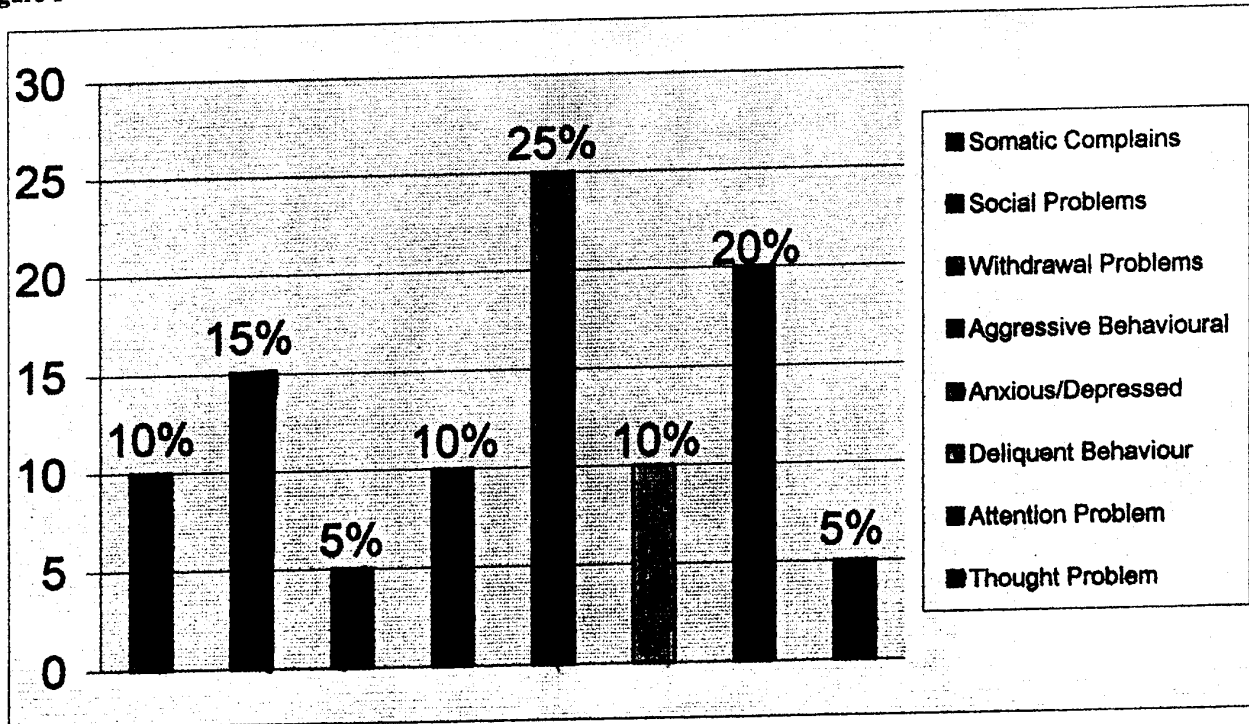
The most of respondents' had their step father and mother and 46% of respondents' occupation was labour.

Similarly, the majority (40%) of respondents had sufficient food for only 3-6 month whereas only 20% had for around the whole year.

### 4.3 Part II: Distribution Of Respondents According To CBCL Screening:

(N=20)

Figure 1



The above figure shows that the positive cases by screening of CBCL were 40%, among them the majority (25%) were anxious/depressed, 10% of them were somatic complains, 10% had aggressive behavior. Likewise out of them 20% of them were attention problems, 5% were thought and withdrawal problems and remaining 10% had delinquent behavior.

#### 4.4. Ages And Sex Distribution of Positive Case

(N=20)

Table 2

S.N.	Age	Male	Female	Total
1.	8-10	1 (5%)	1 (5%)	2 (10%)
2.	11-13	13 (65%)	2 (10%)	15 (75%)
3.	14-16	2 (10%)	-	2 (10%)
4.	Above 16 yrs	1 (5%)	-	1 (5%)
	Total	17 (85%)	3 (15%)	20 (100%)

The table shows that the majority (75%) cases were 11-13 years of age group and minority (5%) of cases were above 16 years of age group.

Likewise, the majorities 85% of cases were male and only 15% of cases were female.

### **Part III: Contributing Factors of Emotional and Behavioural Problems Among Positive Case.**

#### **4.5. Distribution of Respondents According to Reason for Leaving Home:**

**(N=20)**

**Table 3**

<b>S.N.</b>	<b>Reason For Leaving Home</b>	<b>Frequency</b>	<b>Percentage</b>
1.	Lack of Food At Home	7	35
2.	Maltreatment by Step-Parents	12	60
3.	No Opportunity of School	6	30
4.	Death of Parents	3	15
5.	Forced by Others	2	10
6.	Curiosity to Town	2	10

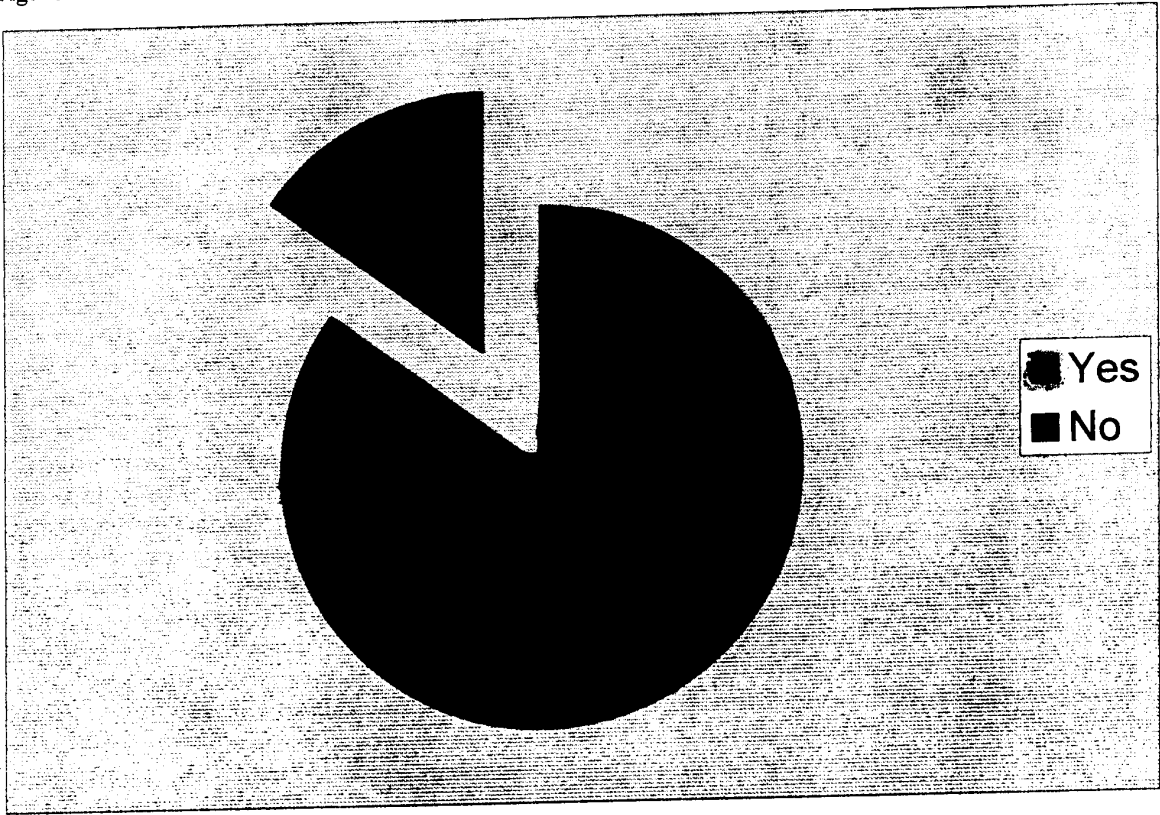
#### **\* Response by Duplication**

The above table shows that the majority respondents (60%) had left home as maltreatment by their stepparents and minority of them (10%) had left home and come to the town because of the curiosity of town life and forced by others.

**4.6. Distribution of Respondents Feeling Neglected by Others:**

(N=20)

Figure 2



The above figures indicates that the majority of respondents (85%) had felt neglected by others where as minority of them (15%) were not felt neglected by others.

#### 4.7. Distribution Of Respondents Feeling Neglected By Their Family Members.

(N=20)

Table 4

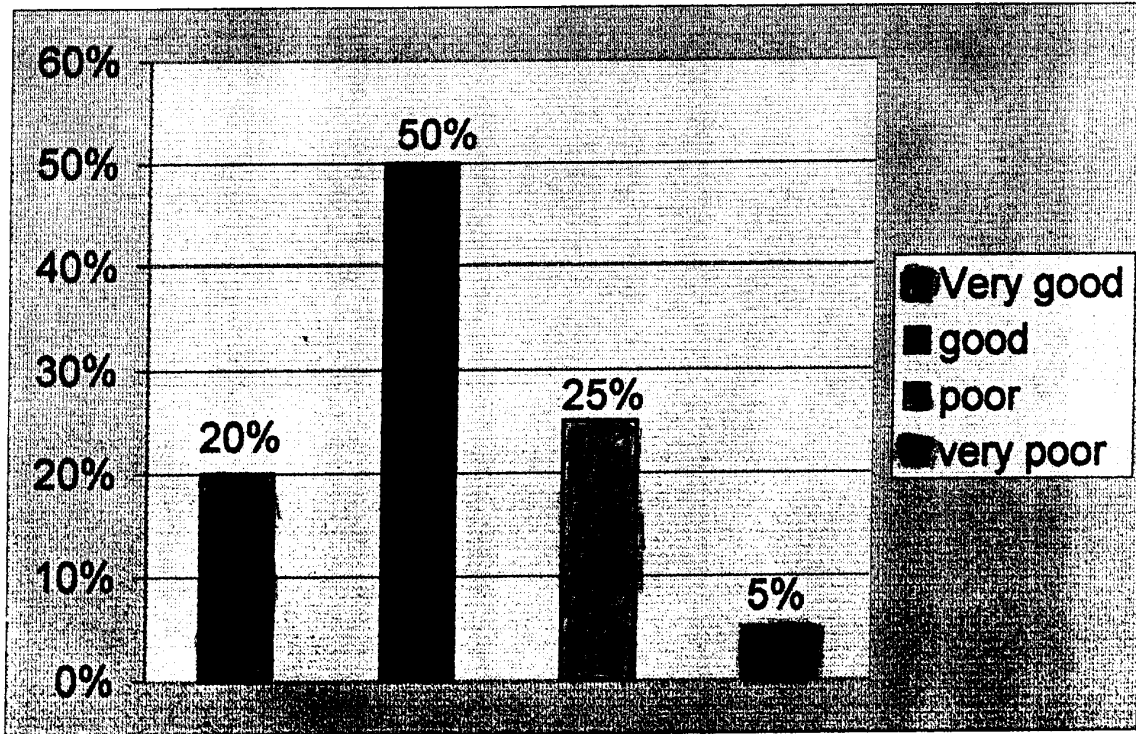
S.N.	Feeling Neglected By Family Members	Frequency	Percentage
1.	Yes	11	55
2.	No	9	45
Total		20	100

Above table shows that the majority of respondents (55%) felt neglected by family members and minority(45%) of them did not feel that there was no any negligence from family members.

#### 4.8. Distribution Of Respondents According To Relationship Of Parents

(N=20)

Figure 3



The above Figure indicates that the majority of the respondents (50%) told that the relationship of their parents was good and the minority of respondents (5%) parent's relationship was very poor.



#### 4.9. Distribution Of Respondents According To Difficulties Faced In Street:

(N=20)

Table 5

S.N.	Difficulties Faced In Streets	Frequency	Percentage
1.	Fooding	16	80
2.	Clothing	12	60
3.	Sleeping	15	75
4.	Sexual Abuse	5	25
5.	Physical Illness	8	40
6.	Physical Abuse	12	60

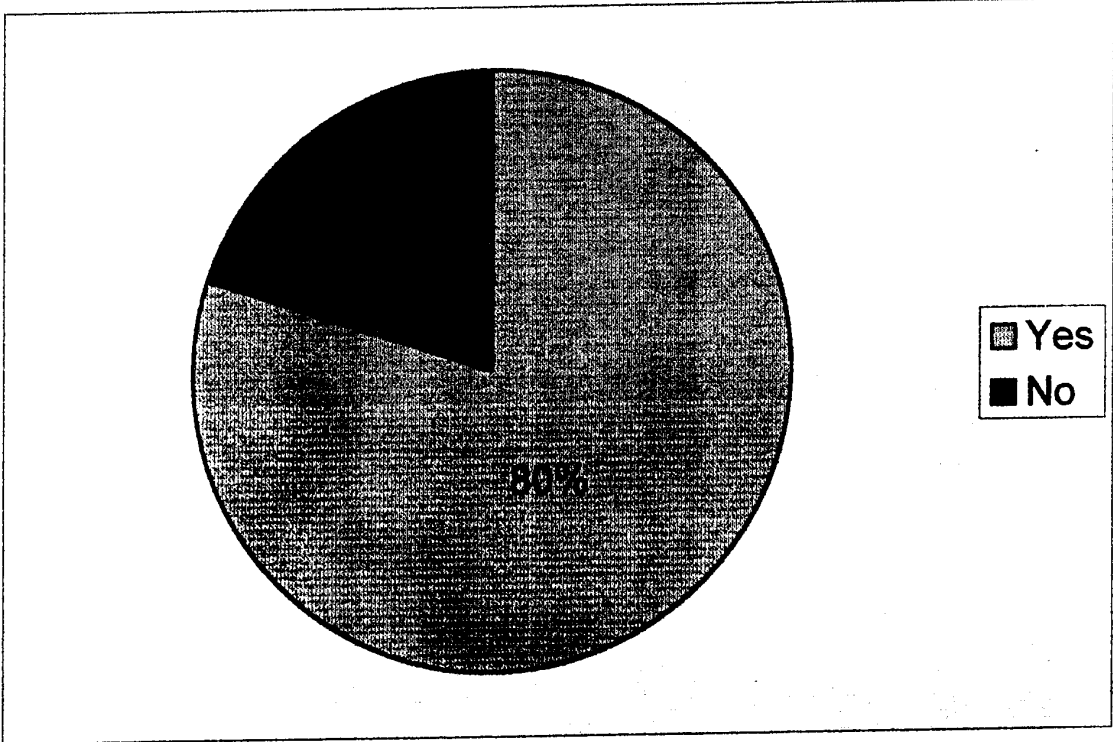
\* Response by duplication

The above table reveals that the majority of respondents (80%) had difficulties in fooding and minority had faced difficulties in sexual abuse by others. Likewise 60% of them were the problem of physical abuse. 75% of the respondents were faced the sleeping problems.

**4.10. Distribution of Respondents According to Feel Guilty After Leaving Home:**

(N=20)

Figure 4



The above Figure shows that the majority of the respondents (80%) had felt guilty after leaving home where as minority (20%) had not felt guilty..

#### 4.11. Distribution of Respondents According to History of Mental Illness in Family Members:

(N=20)

Table 6

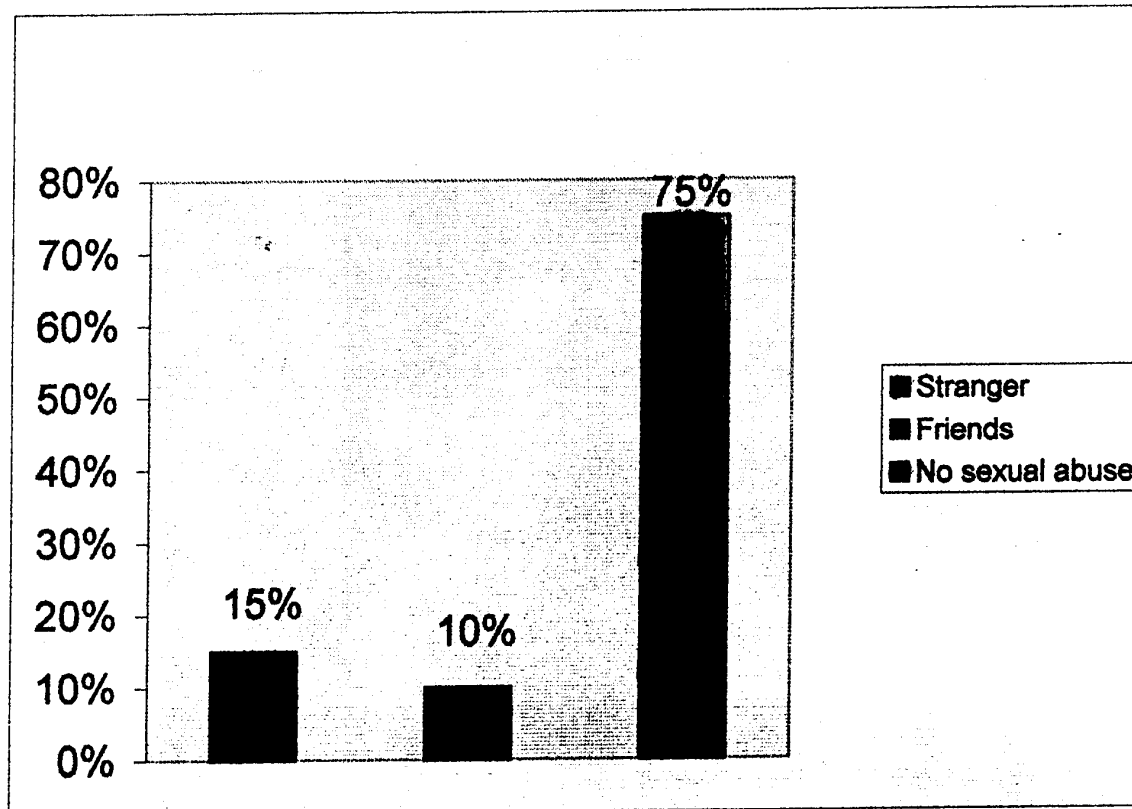
S.N.	Mental Illness in Family Members	Frequency	Percentage
1.	Yes	2	10
2.	No	18	90
Total		20	100

The table shows that the majority of respondents' (90%) family members did not have any history of mental illness where as the only 10% of respondents' family members had history of mental illness.

#### 4.12. Distribution of Respondents According to Sexual Abuse :

(N=20)

Figure 5



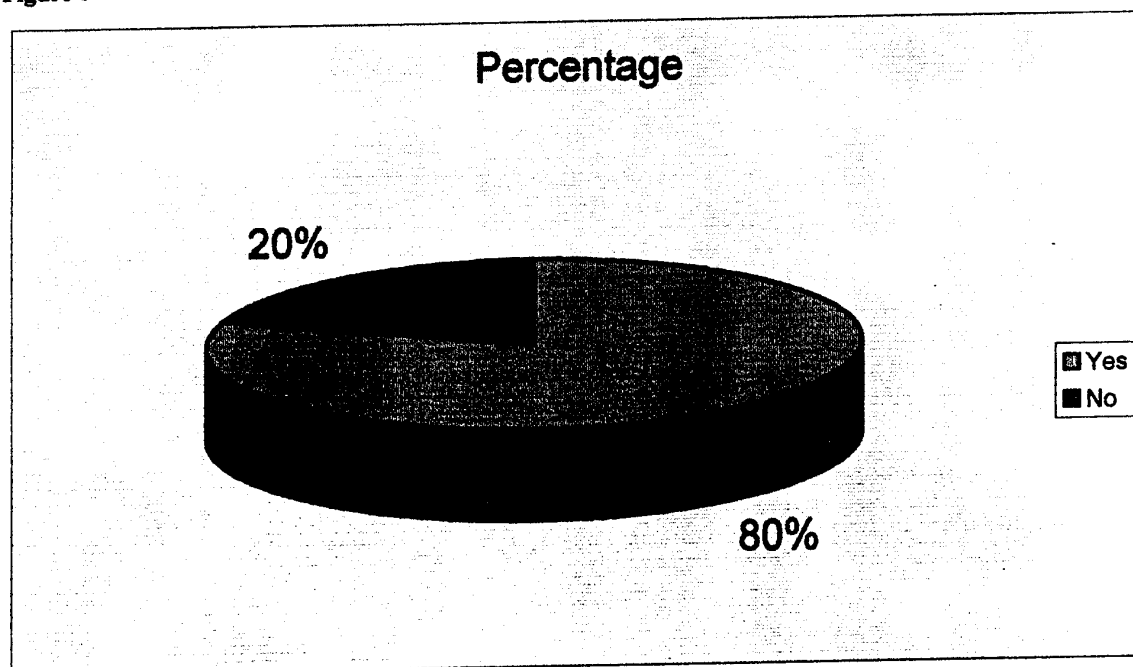
The above Figure shows that the majority of respondents (75%) did not have any sexual abuse and 25% of the respondents had history of sexual abuse.

Among them 15% of respondents were abused by stranger and 10% were abused by friend in street.

#### 4.13. Distribution of Respondents According to Physical Assault:

(N=20)

Figure 6



The above Figure shows that the majority (80%) of the respondents had history of physical assault whereas only 20% of the respondents did not have any history of that.

#### 4.14. Distribution of Respondents According to Feel Insulted by Others:

(N = 20)

Table 7

S.N.	Feeling Insulted by Others	Frequency	Percentage
1.	Stranger	12	60
2.	Friends	4	20
3.	Relatives	2	10
4.	No Feeling of Insult	2	10
Total		20	100

The above table indicates that the most of the respondents (60%) were felt insulted by stranger, 20% of them were felt insulted by friends and minority (10%) were felt insult by relatives and remaining 10% had no feeling of insulted by anybody.

#### 4.15. Distribution of Respondents According to Substance Use:

(N=20)

Table 8

S.N.	Substances Used	Frequency	Percentage
1.	Cigarettes/Tobacco	18	90
2.	Ganja/Chares	4	20
3.	Sedatives	2	10
4.	Alcohol	12	60
5.	Others	8	40
6.	Not Used	2	10

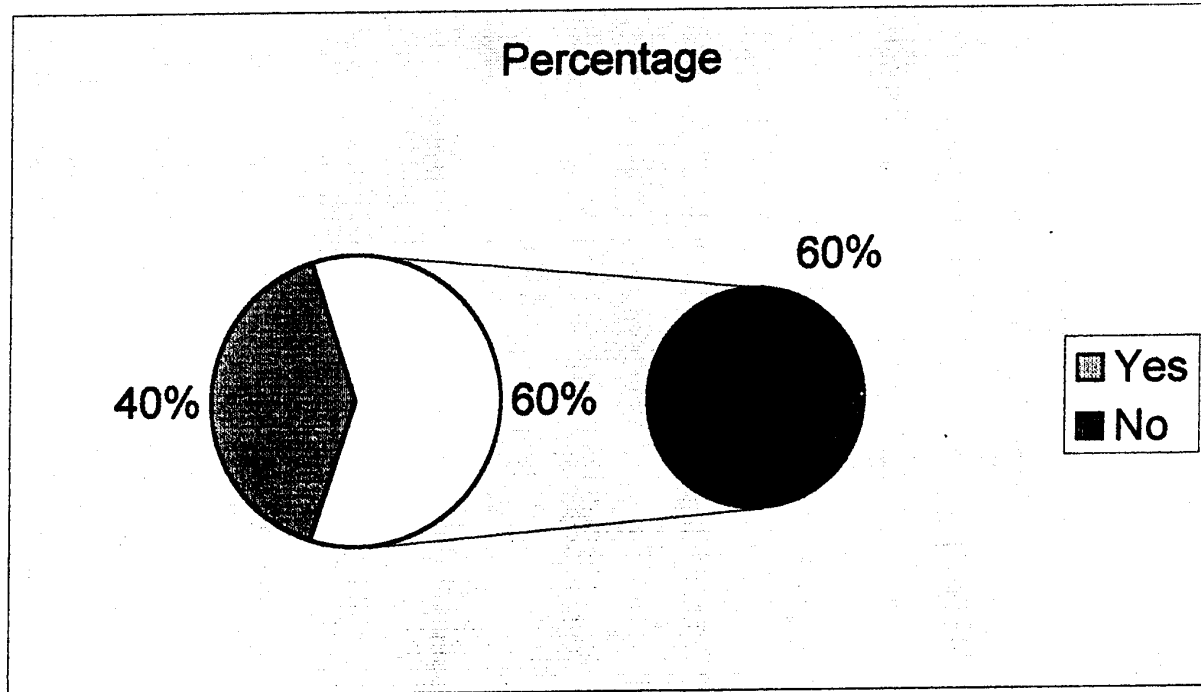
\* Response by duplication

The table indicates that the majority of the respondents (90%) had used cigarette and tobacco, which were easily available. Likewise 60% of the respondents had used alcohol. 40% of them used others things and 10% used sedatives. And only 10% of them did not have used any substance.

### 15. Distribution of Respondents According to the Desire to Study:

(N=20)

Figure 7



The above figure shows that the majority of the respondents (60%) had not interest to study and minority of the respondents (40%) had interested to study.

The main reason for not interested to study might be negative feeling towards life and hopelessness to get chance after study.



**4.17. Distribution of Respondents According to Type of Work before Coming to The Centers:**

(N=20)

**Table 9**

S.N.	Work	Frequency	Percentage
1.	Servant	10	50
2.	Porter	6	30
3.	Rag picker	8	40
4.	Others (Conductor, Shoes polisher)	5	20

\* Response by Duplication

The table shows that the majority of the respondents (50%) had worked as a servant in different hotels and houses before coming here, 30% of the respondents had worked as a porter. Similarly 40% of them had worked as a rag picker and 20% had worked as a conductor, shoes polisher etc.

#### 4.18. Distribution of Respondents According to Feel Guilty after Doing Wrong Things:

(N=20)

Table 10

S.N.	Feel Guilty After Doing Wrong Things	Frequency	Percentage
1.	Yes	12	60
2.	No	8	40
Total		20	100

The above table shows that the majority of respondents( 60%) had felt guilty after doing wrong things like stealing, lying etc. where as 40% had not felt guilty.

#### 4.19. Distribution of Respondents According to Problems Shared:

(N=20)

**Table 11**

S.N.	Problem	Frequency	Percentage
1.	Yes	9	45
2.	No	11	55
Total		20	100

The above table shows that the majority of respondents (55%) had not shared their problems with others and 45% shared the problems with their friends.

# CHAPTER - V

## Discussion, Conclusion And Recommendation

### 5.1. Discussion

In this study, a total 50 street children from different centers in Kathmandu valley between age group 8-18 years were studied.

Most of respondents (56%) fall under the age group 11-13 years. Majority of respondents (80%) were male whereas only 20% of them were female. Likewise 52% of respondents were Brahmans and Chhetri and most of them were coming from rural areas.

Moreover, majority (78%) of respondents were come from single family and 86% of them were Hindu. Educational level of respondents was not adequate. The 56% respondents were hardly completed primary level of education. Most of them (48%) had their step parents. Most of them were from poor family background, the income source of majority was labor-work and 40% of respondents family had food for only 3-6 months.

All total 20 children were positive case by screening CBCL. Almost all the positive cases presented with problem like anxiety, depression etc. In CBCL study shows that the prevalence rate of emotional and behavioral problems in street children was found 40% where as 85% were male and 15% were female. It may be suggested that male were more affected than female. The more affected age group was 11-13 years.

WHO (1999) stated that the use of drug abuse among street children mainly in male is a worldwide problem. According to finding of this study it may be indicated that 90% of the respondents had used drugs. So this finding is consistent with the above literature.

Amery J et al (1995) suggested that 49% of homeless children had emotional and behavioral problems and Zima B.T. (1994) had found a prevalence rate of emotional and behavioral problems of street children were 49%. The present study reported a more similar rate of prevalence which is 40%.

The problem was associated with maltreatment by step parents at home (60%), weak personality traits such as feel neglected by others (80%) as well as their own family members (56%). Parents

relationship was not so good of 50% respondents so it might also be a responsible factor to contribute the problems.

Most of respondents faced very difficulties in street such as the problems of food 80%, sleeping 75%, clothing 60% etc so it might be suggested to the emotional and behavioral problems. 80% cases felt guilty after leaving home, majority (80%) of respondents had history of physical assault and felt insult by other so most of respondent's coping mechanism was ineffective and had low-self esteem. The problems might be precipitated by substances abused because 90% used substance like smoking, alcohol, drugs etc. and 55% cases did not shared the problems with their friends.

It might be concluded that the main contributing factors of emotional and behavioral problems were broken family background, maltreatment by step-parents and others like physical assault, hunger and other difficulties in street, low coping power, weak personality traits as well as being withdrawn, reserved, not willing to share problems with others and substances abused.

## **5.2. Conclusion**

Child periods are marked by entry into the schooling system and by participation in a wider world outside family home. It is a time when individual including intellectual and social function will become more obvious. Street children who are deprived of love, care, shelter and basic needs for survival so they don't get opportunity to learn good social adaptation. As a result that common child psychiatric disorders will be apparent. It is good time to attempt to detect such disorder before the attitudes of family and society towards these people have become enriched with maladaptive patterns.

It can be concluded that the prevalence rate of emotional and behavioural problems in the street children are higher than those reported in the studies of school aged children in developed and developing country (rate being lower in developed country).

The problem is associated with poverty, maltreatment by step parents, broken family, physical assault, substance abuse, difficulties in street.

## **5.3. Recommendation**

It is recommended that efforts are to be made for the formation of sound policy guideline and sufficient attention has to be paid to the provision of services and funding for the street children to make good use of his/her educational and social opportunity and to setting up priorities for research and training for child mental health care.

Given the prevailing socio-economic conditions in Nepal, every effort to address root cause that lead emotional and behavioural problems of street children is to be direct through both preventive and curative approach in both rural and urban sector. The interventions need to target street children and families directly. Children's need to raise self-esteem and confidence as well as basic physical and psychological needs. So formulating national policies and laws which is related to street children should be enforced. Our common goal should be achieved effort contributed by members from different position in the society.

### **Recommendation for further study:**

- This study can be replicated in large scale in different parts of the country so that the finding of study can be generalized.
- A comparative study on emotional and behavioural problems faced by street children in both street and in rehabilitation centers.
- This study can be conducted in rehabilitation centers among the care taker regarding the emotional and behavioural problems.
- This study can be conducted directly with the children from the street.

### **5.4. Implication**

Street children have been found global problems these days, the emotional and behavioural problems have remained which, reported that in various studies in the world. In Nepal, various researches were conducted for situation analysis of street children but little research was conducted for their emotional and behavioural problem.

The study will help to early detection and guidance for future arrangement as well as the prevention of mental illness in early stage. This will help to every individual, institution, community as well as who are responsible for healthy nation because "Children are the source of inspiration and hope for the society".

The study will become important for the nursing and health for the following points:

- It has found out the prevalence of emotional and behavioural problem of street children.
- It guides for the further study .
- It helps in early detection and proper management of emotionally disturbed street children.

It help to prevent mental illness finding predisposing factors.

### **5.5. Strength and Limitation of the Study:**

#### **A. Strengths of study**

The researcher personally interviewed and collected all data to ensure uniformity and confidentiality .

- Sampling data were taken without considering religion, colour ,race and sex of the children to avoid discrimination.
- Face to face interview was adopted to collect the data.
- A statistics analysis is expert review the data analysis and interpretation.
- As far as possible the confidentiality of the patient was maintained.

## **B. Limitations of study**

- Limited time and resources limited the number of the samples and sampling area. So the finding of study may not be generalized.
- Due to the time limitation, only one method (interview) was used for data collection. So finding of study depend on the respondents honestly .
- The age below 8 years did not involve in this study

## **5.6. Difficulties Faced During Study**

The researcher faced few difficulties during the study but fundamental difficulties were not encountered.

- First of all, children were not ready to participate but repeated visits have to be made with children to developed rapport and ensured the confidentiality.

## **5.7. Summary**

The purpose of study was to estimate the emotional and behavioural problems in street children and to find contributing factors of the emotional and behavioural problems among them.

It is investigated in 50 street children aged 8 to 18 years in different centers of Kathmandu valley, Nepal. This was two stage study carried out using CBCL age screening instrument in the first stage which was followed by second stage to assess the contributing factor by using semi-structure questionnaire for interview.

The positive case (high score) were 40%, male were 85% and female 15%. The emotional and behavioural problems scoring by CBCL are anxiety, depression 25%, social problems 15%, attention problems 20%, somatic complain, aggressive and delinquent behaviour 10% and thought and withdrawal problems 5%.

Emotional and behavioural problems was associated to poverty, broken family, difficulties faced in street, personality factors, behaviour of others, physical assault, substance abused etc.

## **5.8. Dissemination of the Study**

- Research Advisor.
- Nursing Campus Library.
- CWIN Centers, Concern Nepal.
- Researcher Herself.
- NHRC (Nepal Health Research Council)

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**T.U.I.O.M.**  
**Nursing Campus, Maharajgunj**  
**Post Basic Bachelor of Nursing Programme**

**Interview Questionnaires**

**Code No:**

**Center**

**Code:**

**1. Socio-demographic data**

1.1 Name: .....

1.2 Age: .....

1.3 Home Address: .....

1.4 Where is your house?

a. Municipality

b. VDC

c. Don't know

1.5 Caste

a. Brahmans

b. Chhetry

c. Magar/Gurung/Rai/Limbu

d. Lower Caste(Kami/Damai etc)

e. Others

1.6 Religion

a. Hindu

b. Buddhists

c. Others

1.7 Educational Status

a. Illiterate

b. Literate (From Informal Class)

- c. 1-5 class
- d. 6-10 class
- e. Above 10 class

1.8 Type of Family

- a. Single
- b. Join
- c. Extended

1.9 Number of Family Members

- a. Less than Five
- b. 5-10 persons
- c. More than 10 persons

1.10 Family Background

- a. Both parents live
- b. Father died
- c. Mother died
- d. Both father and mother died
- e. Have step mother and step father
- f. Have step father

1.11 Income Source of Family

- a. Agriculture
- b. Business
- c. Service
- d. Labour
- e. Others

1.12 How was your food sufficiency status in your home ?

- a. For less than 3 month
- b. For 3-6 month
- c. For 7-9 month
- d. For a whole year
- e. None

## 2. Modified CBCL Questionnaire

0=Not true.

1=Some what true.

2=very true

S.No		0	1	2
1.	Do you act too young for your age ?			
2.	Do you have allergy ? (Describe)			
3.	Do you argue a lot ?			
4.	Do you have asthma ?			
5.	Do you behave like opposite sex ?			
6.	Do you bowel movement outside the toilet ?			
7.	Do you bragging, boasting ?			
8.	Can't you concentrate, pay attention for long ?			
9.	Can't you get your mind off certain thoughts obsessions (Describe)			
10.	Can't you sit still, rest less, hyperactive ?			
11.	Do you cling to adults or too dependent ?			
12.	Do you complain of loneliness ?			
13.	Are you confused or seems to be a fog ?			
14.	Do you cry a lot ?			
15.	Are you cruel to animals ?			
16.	Are you cruelty, bullying or meanness others ?			
17.	Do you have day dreams or gets lost in your thoughts ?			
18.	Do you try to deliberately harm self or attempt suicide ?			
19.	Do you demand a lots of attention ?			
20.	Do you destroy your own things ?			
21.	Do you destroy things belonging to your family or others ?			
22.	Are you disobedient at home ?			
23.	Are you disobedient at school ?			
24.	Don't you eat well ?			
25.	Don't you get along with other kids ?			
26.	Don't you feel guilty after misbehaving ?			
27.	Are you easily jealous ?			
28.	Do you eat or drink things that are not food ? (Don't include sweets) describe			
29.	Do you fear with certain animal, situation or places ? (describe)			
30.	Do you fear to going to school ?			
31.	Do you fear you might think or do something bad ?			
32.	Do you feel you have to be perfect ?			
33.	Do you feel or complain that no one loves you ?			
34.	Do you feel other are not to get you ?			
35.	Do you feel worthless or inferior ?			
36.	Do you get hurt a lot. accident-prone ?			
37.	Do you get in many fights ?			
38.	Do you get teased a lot ?			
39.	Do you have around with others who get in trouble ?			
40.	Do you hear sound or voices that aren't there ? (describe)			
41.	Are you impulsive or act without thinking ?			
42.	Would you like to be alone than with others ?			
43.	Do you like lying or cheating ?			
44.	Do you bite finger nails ?			
45.	Are you nervous, ingnstrung, or tense ?			
46.	Do you have nervous movement or twitching ? (describe )			
47.	Do you see nightmares ?			
48.	Do you feel that other kids are not like you ?			
49.	Do you have constipation ?			

S.No.		0	1	2
50.	Are you fearful or anxious ?			
51.	Do you feel dizzy ?			
52.	Do you feel too guilty ?			
53.	Do you like to over eat ?			
54.	Do you feel over tired ?			
55.	Are you overweight ?			
56.	Do you have physical problems without non medical cause : <ul style="list-style-type: none"> <li>- Do you have aches or pains ? (not stomachs or headaches)</li> <li>- Do you have headaches ?</li> <li>- Do you feel nausea, feel sick ?</li> <li>- Do you have problem with eyes ? (not if corrected by glasses ) Describe.</li> <li>- Do you have rashes or other skin problems ?</li> <li>- Do you feel stomach aches or cramps ?</li> <li>- Do you have vomiting ?</li> <li>- Others .....</li> </ul>			
57.	Do you attack people physically ?			
58.	Do you pick nose, skin or others part of body ? (describe)			
59.	Do you like to play with own sex parts in public ?			
60.	Do you play with own sex parts too much ?			
61.	Are you poor in school work ?			
62.	Are you poorly co-ordinate or clumsy ?			
63.	Do you prefer being with older kids ?			
64.	Do you prefer being with younger kids ?			
65.	Do you refuse to talk ?			
66.	Do you repeat certain acts over and over compulsion ? (describe)			
67.	Do you run away from home ?			
68.	Do you screams a lot ?			
69.	Are you secretive, keep things to self ?			
70.	Do you see things that aren't there ? (describe)			
71.	Are you self-conscious or easily embarrassed ?			
72.	Do you set fires ?			
73.	Do you sexual problems ? (describe)			
74.	Do you like showing off or clowning ?			
75.	Are you shy or timid ?			
76.	Do you sleep less than most kids ?			
77.	Do you sleep more than most kids during day and or night ? (describe)			
78.	Do you smear or play with bowl movements ?			
79.	Do you have speech problems ? (describe)			
80.	Do you stare blankly ?			
81.	Do you steal at home ?			
82.	Do you steal outside the home ?			
83.	Do you store up things you don't need ? (describe)			
84.	Is your behave strange ?			
85.	Do you have strange ideas ? (describe)			
86.	Are you stubborn, sullen or irritable ?			
87.	Is your mood or feeling sudden change ?			
88.	Do you sulk a lot ?			
89.	Are you suspicious ?			
90.	Is your language swearing or obscene ?			
91.	Do you talk about killing self ?			
92.	Do you talk or walk in sleep ? (describe)			
93.	Do you talk too much ?			
94.	Do you tease a lot ?			

S.No.		0	1	2
95.	Are you temper tantrum or hot tamper ?			
96.	Do you think about sex too much ?			
97.	Do you threaten to people ?			
98.	Do you suck your thumb ?			
99.	Do you want too neatness or cleanliness ?			
100.	Do you have trouble in sleep ? (describe)			
101.	Do you skip from school ?			
102.	Are you underactive, slow moving or lacks energy ?			
103.	Are you unhappy, sad or depressed ?			
104.	Are you unusually loud ?			
105.	Do you use alcohol or drugs for non medical purposes ? (describe)			
106.	Are you vandalism ?			
107.	Do you wet self during the day ?			
108.	Do you wet the bed ?			
109.	Are you whining ?			
110.	Do you wish to be of opposite sex ?			
111.	Do you like to be withdrawn, don't get involved others ?			
112.	Do you worry ?			
113.	Please tell in any problems, that were not listed above.			

3. Questionnaire for contributing factors of emotional and behavioral problems among them

1. Why did you leave your home ?
  - a. Lack of foods at home.
  - b. Mal treatment by step parents.
  - c. No opportunity of School.
  - d. Death of parents.
  - e. Others.
  
2. Do you feel neglected by others ?
  - a. Yes  b. NoIf yes, By whom ?
  
3. Did you feel any negligence by family members
  - a. Yes  b. No
  
4. How was the relationship of your parents ?
  - a. Very good  b. Good
  - c. Poor  d. Very poor
  
5. What kinds of difficulties were you faced in the street ?
  - a. Fooding  b. Sleeping
  - c. Clothing  d. Physical illness
  - e. Sexual Abuse  f. Physical Abuse
  - g. Others
  
6. Did you have friends in street ?
  - a. Yes  b. No
  
7. How was your relationship with your friends ?
  - a. Very Good  b. Good
  - c. Poor  d. Very Poor
  
8. Did you feel guilty leaving home ?
  - a. Yes  b. No
  
9. Do you know that any of your family members were mentally ill ?
  - a. Yes  b. No
  
10. Are you satisfied here ?
  - a. Yes  b. NoIf no why ?
  
11. Did you face any kind of sexual abuse ?
  - a. Yes  b. No

- 
12. If you have faced sexual abuse , by whom ?
- a. Strangers
  - b. Friends
  - c. Relatives
13. Did you face any kind of physical assault ?
- a. Yes
  - b. No
14. If yes what was the reason for physical assault ?
15. Did you face any kind of loss in your life ?
- a. Yes
  - b. No
16. Did you face any kind of insult by others ?
- a. Yes
  - b. No
17. If you have faced any kind of insult by whom ?
- a. Strangers
  - b. Friends
  - c. Relatives
18. Did you use any kind of substance
- a. Yes
  - b. No
19. If yes, what type of substances used ?
- a. Tobacco
  - b. Sedatives
  - c. Ganja , Charas
  - d. Alcohol
  - e. Others
20. Would you like study ?
- a. Yes
  - b. No



If Yes why ?

21. Which type of work did you do before coming here ?

- a. Servant
- b. Porter
- c. Ragpicker
- d. Others please specify

22. Do you feel guilty if you doing wrong ?

- a. Yes
- b. No

23. If you have a problem , do you share with other friends ?

- a. Yes
- b. No

24. What are you thinking about your life ?

# Appendix - II

## CHILD BEHAVIOR CHECKLIST FOR AGES 4-18

For office use only  
ID # \_\_\_\_\_

*Please Print*

NAME FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

PARENTS' USUAL TYPE OF WORK, even if not working now. *(Please be specific—for example, auto mechanic, high school teacher, homemaker, laborer, lathé operator, shoe salesman, army sergeant)*

SEX  Boy  Girl AGE \_\_\_\_\_ ETHNIC GROUP OR RACE \_\_\_\_\_

FATHER'S TYPE OF WORK: \_\_\_\_\_

CHILD'S BIRTHDATE \_\_\_\_\_  
Date \_\_\_\_\_ Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_

MOTHER'S TYPE OF WORK: \_\_\_\_\_

PLEASE fill out this form to reflect *your* view of the child's behavior even if other people might not agree. Feel free to print additional comments beside each item and in the spaces provided on page 2.

THIS FORM FILLED OUT BY:  
 Mother (full name) \_\_\_\_\_  
 Father (full name) \_\_\_\_\_  
 Other (full name & relationship to child) \_\_\_\_\_

Please list the sports your child most likes to take part in. For example, swimming, baseball, skating, roller skating, skiing, fishing, etc.

Compared to others of the same age, about how much time does he/she spend in each?

Compared to others of the same age, how well does he/she do in each one?

	Don't Know	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average
<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list your child's hobbies, interests, activities, and games, such as reading, drawing, or collecting. For example, reading, drawing, collecting, etc.

Compared to others of the same age, about how much time does he/she spend in each?

Compared to others of the same age, how well does he/she do in each one?

	Don't Know	Less Than Average	Average	More Than Average	Don't Know	Below Average	Average	Above Average
<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any organizations, clubs, teams, or groups your child belongs to.

Compared to others of the same age, how active is he/she in each?

	Don't Know	Less Active	Average	More Active
<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any jobs or chores your child has. For example, paper route, babysitting, making bed, working in store, etc. (Include both paid and unpaid jobs and chores.)

Compared to others of the same age, how well does he/she carry them out?

	Don't Know	Below Average	Average	Above Average
<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

नल बालक तथा युवाहरूलाई वर्णन गर्ने केही बुंदाहरू छन् । हाल वा गत ६ महिनाभित्र कुनै कुनै तपाईंको बच्चाभा लागू हुन्छ भने २ मा घेरा लगाउनुहोस् । यदि केही मात्रामा लागू हुन्छ भने १ मा घेरा लगाउनुहोस् । यदि त्यो बुंदा पट्टकै लागू हुंदैन भने ० मा घेरा लगाउनुहोस् ।

केही बुंदाहरू असम्बन्धित जस्तो देखिँता पनि, कृपया सबै प्रश्नको जवाफ तपाईंले जानिसम्म सही सही दिनुहोला ।

० = होइन (तपाईंलाई थाहा भएसम्म)

१= केही हदसम्म ठीक हो

२= एकदम ठीक हो

उपरोक्त आफूना उमेरसन्दा माता बच्चाहरूको जस्तो व्यवहार गर्दछन्	०	१	२
उपरोक्त आफूना एलजा छ की भए, वर्णन गर्नुहोस् ।	०	१	२
उपरोक्त आफूना विचार गर्छन्	०	१	२
उपरोक्त आफूना व्यथा छ	०	१	२
उपरोक्त आफूना परिवार व्यवहार गर्छन्	०	१	२
उपरोक्त आफूना सबै तर्फबाट विना विचार गर्दछन्	०	१	२
उपरोक्त आफूना	०	१	२
उपरोक्त आफूना, लाना समझन ध्यान दिनु सक्दैन	०	१	२
उपरोक्त आफूना या साँचाई रोक्न वा त्यसबाट ध्यान हटाउन सक्दैन । (वर्णन गर्नुहोस्)	०	१	२
उपरोक्त आफूना सक्दैन, या छ, चकचके छ	०	१	२
उपरोक्त आफूना बढी निर्भर हुने गर्छ	०	१	२
उपरोक्त आफूना शिकायत गर्छन्	०	१	२
उपरोक्त आफूना हरएकको जस्तो देखिन्छन्	०	१	२
उपरोक्त आफूना	०	१	२
उपरोक्त आफूना निर्दयी छन्	०	१	२
उपरोक्त आफूना, अरुलाई जिल्काउँछन् वा अरुको छुन्नाको व्यवहार गर्छन्	०	१	२
उपरोक्त आफूना वा आफूना विचारना हरउने गर्छन्	०	१	२
उपरोक्त आफूना आफूना हानी गर्ने वा आत्म हत्याको कोशिश गर्छन्	०	१	२
उपरोक्त आफूना आकर्षित होउने भन्ने बढी चाहना गर्दछन्	०	१	२
उपरोक्त आफूना विमान फोड्ने गर्दछन्	०	१	२
उपरोक्त आफूना परिवार वा अरुको नमान्ने विमान फोड्ने गर्दछन्	०	१	२
उपरोक्त आफूना अडोरी छन्	०	१	२
उपरोक्त आफूना अडोरी छन्	०	१	२
उपरोक्त आफूना नखाने गर्छन्	०	१	२
उपरोक्त आफूना राम्रो निल्ल सक्दैन	०	१	२
उपरोक्त आफूना पनि आफूलाई दोषी नखाने गर्दछन्	०	१	२
उपरोक्त आफूना जाना पनि डाह गर्दछन् ।	०	१	२
उपरोक्त आफूना माटा, नुट्टेल आदी खाने जस्तो व्यवहार गर्नुहोस्	०	१	२

१९. कुनै काम अन्तर्वर, परिस्थिति वा ठाउँ-संग डराउँछन् (स्कूल बाहेक) वर्णन गर्नुहोस्।	०	१	०
२०. स्कूल जान डराउँछन्	०	१	०
२१. आफूले तरात्राँ कुरा सोझ्या वा गल्ला भनी डराउँछन्	०	१	०
२२. आफूना काम (perfect) हुनु पर्दछ भन्ने ठान्दछ	०	१	०
२३. कनैबाट पनि साया नपाएको महशुस गर्छन्	०	१	०
२४. अरुले आफूलाई पछ्याएको महशुस गर्छन्	०	१	०
२५. आफूलाई वेकम्मा या अरुभन्दा हीन सम्भन्धन्	०	१	०
२६. घाऊ चाँसटक लागी नै रहन्छ ।	०	१	०
२७. धेरै भगडामा गरिरहन्छन्	०	१	०
२८. अस्वाट धेरै जित्क्याइन्छन्	०	१	०
२९. विभिन्न कमलामा फमिरहने साथीहरुको साथ गर्छ	०	१	०
३०. हुँदै नभएको आवाज सुन्छन् (वर्णन गर्नुहोस्)	०	१	०
३१. नाच्ने तरात्राँ एकैको कामहरु गर्छन् या भडइ उत्तेजनामा आउँछन्	०	१	०
३२. साथ अलग भन्दा एकै वन्न रुचाउँछन्	०	१	०
३३. कुरा कुरा गर्ने गर्छन्	०	१	०
३४. अरुको काम सुन्छन्	०	१	०
३५. अरुको काम गर्ने गरेकाहरुलाई रुचाउँछन्	०	१	०
३६. छटपटो वा कुराको मानुहरु चलेको महशुस गर्छ । (वर्णन गर्नुहोस्)	०	१	०
३७. अरुको काम गर्ने गर्छन्	०	१	०
३८. अरु वस्तुहरुको साथ पराउँछन्	०	१	०
३९. कसैको कुरा कुरा गर्ने गर्छन्	०	१	०
४०. अरुको डराउने वा चिन्तित रहन्छन्	०	१	०
४१. कुरा कुरा गर्ने गर्छन्	०	१	०
४२. आफूलाई कुरा कुरा गर्ने गर्छन्	०	१	०
४३. धेरै खाने गर्छन्	०	१	०
४४. धेरै थकाई लाग्ने गर्छन्	०	१	०
४५. धेरै नाँच हुने गर्छन्	०	१	०
४६. शारीरिक कमजोरी हुने कुरा कुरा गर्ने गर्छन्	०	१	०
४७. बाडा वा कुरा कुरा वा ठाउँको कुरा	०	१	०
४८. अरुको कुरा	०	१	०
४९. बाक्यको विधान नबुझ्ने गर्छन्	०	१	०
५०. आखाको रूम्मा छ (चश्मा लगाएर ठीक भएको भए उल्लेख गर्नु)	०	१	०
५१. दाद वा अरु टाँलाको समस्या छ	०	१	०
५२. पेट दुख्छ	०	१	०
५३. बाल्ना गर्छन् वा उक्लन्छन्	०	१	०
५४. अन्य (वर्णन गर्नुहोस्) .....	०	१	०

१७. मान्छेलाई पिट्ने गर्छन्	०	१	०
१८. नाटक, छाला वा शरीरका अन्य भागहरु को ट्याउने गर्छन् वर्णन गर्नुहोस्	०	१	०
१९. सार्वजनिक स्थानमा आफ्नो यतौइ चलाइराख्छन्	०	१	०
२०. आफ्नो यतौइ बढि चलाइ रहन्छन्	०	१	०
२१. स्कूल पढाइ मा कमजोर छन्	०	१	०
२२. राम्रो स्तुलन छैन	०	१	०
२३. ठूला बच्चासंग बस्न रुचाउँछन्	०	१	०
२४. साना बच्चासंग बस्न रुचाउँछन्	०	१	०
२५. बोल्ल मान्दैनन्	०	१	०
२६. कुनै खास काम वारम्बार गरि रहन्छन् (वर्णन गर्नुहोस्)	०	१	०
२७. घरबाट भाग्छन्	०	१	०
२८. धेरै चिच्याउँछन्	०	१	०
२९. सधैं रुम्बाउँछन्	०	१	०
३०. हुने तम्पका चिजहरु देख्छन् (वर्णन गर्नुहोस्)	०	१	०
३१. अन्न नखुन्ने वा चाडै नै लज्जित हुन्छ	०	१	०
३२. भाग्न रुम्बाउँछन्	०	१	०
३३. यो न भन्दा कहिले कुनै छन् भने (वर्णन गर्नुहोस्)	०	१	०
३४. अक्षयको व्यवहार वा जोकर भन्ने व्यवहार गर्छन्	०	१	०
३५. लज्जालु वा संकोची छन् S	०	१	०
३६. अह बच्चाभन्दा कम सुत्छन्	०	१	०
३७. अह बच्चाभन्दा धेरै सुत्छन् । दिनमा वा रातमा (वर्णन गर्नुहोस्)	०	१	०
३८. विशासिलान् देख्छन् वा पाँच्छन्	०	१	०
३९. जोलाइन, बढे छ	०	१	०
४०. यत्किं भन्दा रहन्छन्	०	१	०
४१. घरमा जानै गर्छन्	०	१	०
४२. घर बाहिर जानै गर्छन्	०	१	०
४३. आँसुलाई सार्दातिर चीजहरु जम्मा गरी राख्छन् (वर्णन गर्नुहोस्)	०	१	०
४४. अनाँ ठो व्यवहार गर्छन् (वर्णन गर्नुहोस्)	०	१	०
४५. अनाँ ठो व्यवहार गर्छ छ (वर्णन गर्नुहोस्)	०	१	०
४६. जिद्दिलान् भन्दा दिमाउँछन्	०	१	०
४७. मन चिन्तितु वा चिन्तना, अचानक परिवर्तन आउँछ	०	१	०

८८. धरै भोकिन्ध्यन्	०	१	२
८९. शकालु छन्	०	१	२
९०. किरिया खान्ध्यन् वा जयाभादी (अशिल) खान्ध्यन्	०	१	२
९१. आफैलाई मान् कुरा गर्छन् (आत्महत्याको)	०	१	२
९२. निन्द्रामा कुरा गर्छन् या हिँड्छ (वर्णन गर्नुहोस्)	०	१	२
९३. बढी बोली रहन्छन्	०	१	२
९४. अहलाई धेरै जिन्काउँछन्	०	१	२
९५. भोक्की, कडा रिम भएका छन्	०	१	२
९६. यौन वारेमा बढी नाँच्छन्	०	१	२
९७. मान्छेलाई धम्काउँछन्	०	१	२
९८. औलो चुन्छन्	०	१	२
९९. सर-सफाईमा अति नै धेरै ध्यान दिन्छन्	०	१	२
१००. निन्द्रामा सन्ध्या छ वर्णन गर्नुहोस्	०	१	२
१०१. स्कूलबाट भागी हिँड्छन्	०	१	२
१०२. सून छन्, विन्तरे चन्छन्, जानरे छैन	०	१	२
१०३. दुःखी, विकृष्ट वा उदात्त रहन्छन्	०	१	२
१०४. अति ठूलो सन्ध्या खान्ध्यन्	०	१	२
१०५. जा-डरक्ती वा लागू पदार्थ खान्ध्यन् (वर्णन गर्नुहोस्)	०	१	२
१०६. सार्वजनिक स्थलहरू नाँडको ड गर्छन्	०	१	२
१०७. कपडाको सन्ध्या गर्छन्, सिन्धु के	०	१	२
१०८. राती ओछ्यानको पिनाय गर्छन्	०	१	२
१०९. न-सानो कुरामा पनि बिल दुवैपार रोडिन्छन्	०	१	२
११०. विपरित लिङ्गको बल्ने इच्छा गर्छन्	०	१	२
१११. अरुको सन्ध्या गर्न, चुपचाप वासिरहन्छन्	०	१	२
११२. पीर मान्छन्	०	१	२
११३. कृपया यी वचनमा माथि उल्लेखित नभएका कुनै समन्वयहरू भएना लेख्नुहोस् ।	०	१	२
	०	१	२
	०	१	२
	०	१	२

कृपया सबै प्रश्नको उत्तर दिनु भएको कुरा यकिन गर्नुहोस् ।

कुनै सुझाव वा वारे विशेष ध्यान दनु पर्दछ भने त्यसलाई underline गर्नुहोस् ।

Below is a list of items that describe children and youth. For each item that describes your child *now or within the past 3 months*, please circle 2 if the item is *very true or often true* of your child. Circle the 1 if the item is *somewhat or sometimes true* of your child. If the item is *not* of your child, circle the 0. Please answer all items as well as you can, even if some do not seem to apply to your child.

Please Print

0 = Not True (as far as you know)    1 = Somewhat or Sometimes True    2 = Very True or Often True

- |  |   |
|--|---|
| <p>2    1. Acts too young for his/her age</p> <p>2    2. Allergy (describe): _____<br/>_____</p> <p>2    3. Argues a lot</p> <p>2    4. Asthma</p> <p>2    5. Behaves like opposite sex</p> <p>2    6. Bowel movements outside toilet</p> <p>0    7. Bragging, boasting</p> <p>2    8. Can't concentrate, can't pay attention for long</p> <p>0    9. Can't get his/her mind off certain thoughts;<br/>obsessions (describe): _____<br/>_____</p> <p>0    10. Can't sit still, restless, or hyperactive</p> <p>0    11. Clings to adults or too dependent</p> <p>0    12. Complains of loneliness</p> <p>2    13. Confused or seems to be in a fog</p> <p>2    14. Cries a lot</p> <p>0    15. Cruel to animals</p> <p>0    16. Cruelty, bullying, oranness to others</p> <p>2    17. Day-dreams or gets lost in his/her thoughts</p> <p>2    18. Deliberately harms self or attempts suicide</p> <p>0    19. Demands a lot of attention</p> <p>2    20. Destroys his/her own things</p> <p>2    21. Destroys things belonging to his/her family<br/>or others</p> <p>2    22. Disobedient at home</p> <p>2    23. Disobedient at school</p> <p>2    24. Doesn't eat well</p> <p>2    25. Doesn't get along with other kids</p> <p>2    26. Doesn't seem to feel guilty after misbehaving</p> <p>2    27. Easily jealous</p> <p>2    28. Eats or drinks things that are not food—<br/>don't include sweets (describe): _____<br/>_____</p> <p>2    29. Fears certain animals, things, and/or places,<br/>other than school (describe): _____<br/>_____</p> <p>2    30. Fears going to school</p> | <p>0 1 2 31. Fears he/she might think or do something<br/>bad</p> <p>0 1 2 32. Feels he/she has to be perfect</p> <p>0 1 2 33. Feels or complains that no one loves him/her</p> <p>0 1 2 34. Feels others are out to get him/her</p> <p>0 1 2 35. Feels worthless or inferior</p> <p>0 1 2 36. Gets hurt a lot, accident-prone</p> <p>0 1 2 37. Gets in many fights</p> <p>0 1 2 38. Gets teased a lot</p> <p>0 1 2 39. Hangs around with others who get in trouble</p> <p>0 1 2 40. Hears sounds or voices that aren't there<br/>(describe): _____<br/>_____</p> <p>0 1 2 41. Impulsive or acts without thinking</p> <p>0 1 2 42. Would rather be alone than with others</p> <p>0 1 2 43. Lying or cheating</p> <p>0 1 2 44. Bites fingernails</p> <p>0 1 2 45. Nausea, indigestion, or tummy<br/>aches</p> <p>0 1 2 46. Nervous movements or twitches; tics; _____<br/>_____</p> <p>0 1 2 47. Nightmares</p> <p>0 1 2 48. Not liked by other kids</p> <p>0 1 2 49. Constipated, doesn't move bowels</p> <p>0 1 2 50. Too fearful or anxious</p> <p>0 1 2 51. Feels dizzy</p> <p>0 1 2 52. Feels too guilty</p> <p>0 1 2 53. Overeating</p> <p>0 1 2 54. Overtired</p> <p>0 1 2 55. Overweight</p> <p>56. Physical problems <i>without known medical<br/>cause:</i><br/>a. Aches or pains (<i>not</i> stomach or headaches)<br/>b. Headaches<br/>c. Nausea, feels sick<br/>d. Problems with eyes (<i>not</i> if corrected by glasses)<br/>(describe): _____<br/>e. Rashes or other skin problems<br/>f. Stomachaches or cramps<br/>g. Vomiting, throwing up<br/>h. Other (describe): _____</p> |
|--|---|

**T.U. IOM**  
 Maharajgunj Nursing Campus  
**WORK PLAN OF RESEARCH II**  
 BN 2<sup>ND</sup> YEAR

S. No	Programme		Study Block			Praticum			Research			Vacation			Research																				
	Month	Date	Magh			Chaitra			Baishak			Jestha			Ashad																				
			28	5	12	19	26	4	11	18	25	1	8	15	22	29	5	12	19	26	2	9	16												
	Tasks	Week	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
1	Literature Review		X	X	X	X																													
2	Topic Selection			X																															
3	Topic Presentation				X																														
4	Proposal Writing				X																														
5	Instrument Deve.																																		
6	Checking for validity and releability																																		
7	Proposal Presentation																																		
8	Pretcst																																		
9	Data Collection																																		
10	Data Analysis																																		
11	Provision Report Writing																																		
12	Final Report Presentation																																		
13	Final Report Submit																																		





त्रिभुवन विश्वविद्यालय  
चिकित्सा शास्त्र अध्ययन संस्थान  
नर्सिङ क्याम्पस  
क्याम्पस प्रमुखको कार्यालय

पो.ब.नं.:  
महाराजगन्ज  
काठमाडौं, नेपाल ।  
फोन नं.: ४५१२३३, ४५१७०३

पत्र संख्या - च नं. ५५४/०६४/०६८

मिति: ०५.१५.२१

विषय: आवश्यक सहयोग बारे ।

श्रीमान् प्रमुख,  
सिबिन नेपाल,  
राबिन वन ।

माननीय,

यस क्याम्पसका स्नातक तह विद्यार्थी विगत वर्षमा अध्ययनरत श्री विष्णु सायान उप्रेती  
नथ्याक सफलताको लागि त्यस सिबिन नेपालमा मिति २०७०.१.१९ गते दाखि आउनु भयो ।  
अन्य तिन विद्यार्थीलाई आवश्यक सहयोग गरी दिनु हुन अनुरोध गर्दछु ।

श्रीमती गंगा चित्रकार

०/०