

## A Comparative Study To Assess The Development Of Social Concernsin Individuals With Body Focused Repetitive Behaviour Among Different Types Of Childhood Disorder At Selected Home, Puducherry.

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### Abstract

The term "Body focused repetitive behavior (BFRB) refers to a collection of motoric acts that are difficult to suppress, and at can become habitual and there by functionally impairing. Sum of pathological behaviors recognized since accident times: In work attributed to Hippocrates, By using convenience sampling technique 30 sample was selected for the present study. Types of family and Occupation of Father/Mother had shown statistically significant of  $p < 0.05$  association between the levels of body focused repetitive behavior among childhood disorder with their selected demographic variables. Majority of the childhood disorders 16(53.3%) had Lower social anxiety and 14(46.7%) had Higher social anxiety and the mean and standard deviation the level of development of social concerns in individuals with different types of childhood disorders is  $(40.67 \pm 6.890)$  respectively.

**Key Words:** Sampling Technique, Repetitive Behavior, Statistically Significant, standard deviation.

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### I. Introduction

Body focused repetitive behavior (BFRB) are a set of disorders categorized by self-grooming routines that essentially goes away. BFRB refer to a group of problematic, distractive and nonfunctional behaviors directed toward one's. is an umbrella name for impulse control behaviors involving compulsively damaging one's physical appearance or causing physical injury. Repetitive behavior reports different "Triggers" For behaviors. Many people pick or pull when they're axions, for instance-often finding that doing so provides temporary relief, but others report that they pick, pull or scratch noticing or while engrossed in another activity like reading .

### II. Review Of Literature

**Section A:** Review based on social concerns in individuals with body focused repetitive behaviors

**Stephanie M Mueller"(2022).** was conducted a study on Spontaneously touching one's own face is an everyday behavior that occurs in people of all ages, worldwide . To date, there is only one electroencephalography study that analyzed spectral power changes before and after in 14 participants. The present study replicates the previous study on a larger sample. Decreased power shortly before sFST and increased power right after sFST indicated an involvement of regulation of attentional, emotional, and working memory processes. present findings clearly illustrate the complexity of sFST and that the specific trigger mechanisms and functions of this spontaneous behavior need to be further investigated in controlled, experimental studies.

**Section B:** Review based on different type of childhood disorder.

**Michael O Ogundele:(2019)** was conducted a study on Mental health problems in children and adolescents include several types of emotional and behavioural disorders, including disruptive, depression, anxiety and pervasive developmental (autism) disorders, characterized either internalizing or externalizing problems. DSM-5 and ICD-10 are universally accepted standard criteria for mental and behaviour disorders in childhood and adults. childhood behavioural disorders are variable and difficult to compare worldwide. commonly associated with poor academic, occupational, psychosocial functioning. important to all healthcare professionals, especially the Paediatricians to be aware of the range of presentation, prevention and management of the common mental health problems in children.

### III. Statement Of Problem

A comparative study to assess the development of social concerns in individuals with body focused repetitive behavior among different types of childhood disorder at selected home Puducherry.

#### OBJECTIVES OF STUDY

- To assess the development of social concerns in individuals with different types of childhood disorders
- To associate the body focused repetitive behavior among childhood disorder with their selected demographic variables.

### IV. Methodology

The research approach used for this study was quantitative research approach. A descriptive research design was used to assess the development of social concerns in individuals with body focused repetitive behavior among different types of childhood disorder at selected Home, Puducherry. By using convenient sampling technique 30 samples was selected for the present study. The period of data collection was two weeks. The tool consists of demographic data, and standard questionnaire. The outcome of the study was evaluated by using descriptive and inferential statistics.

**DESCRIPTION OF TOOL:** Data collected were organized under the following sections.

#### Section A: Description of the demographic variables among childhood disorders.

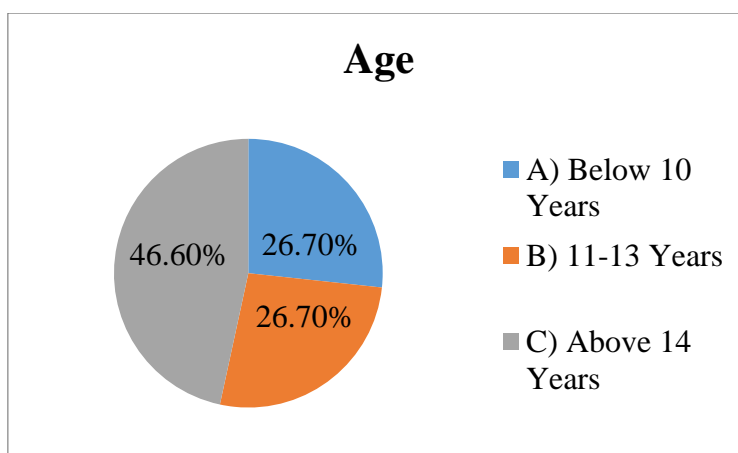
**Table 1:- Frequency and percentage wise distribution of demographic variables among childhood disorders.**

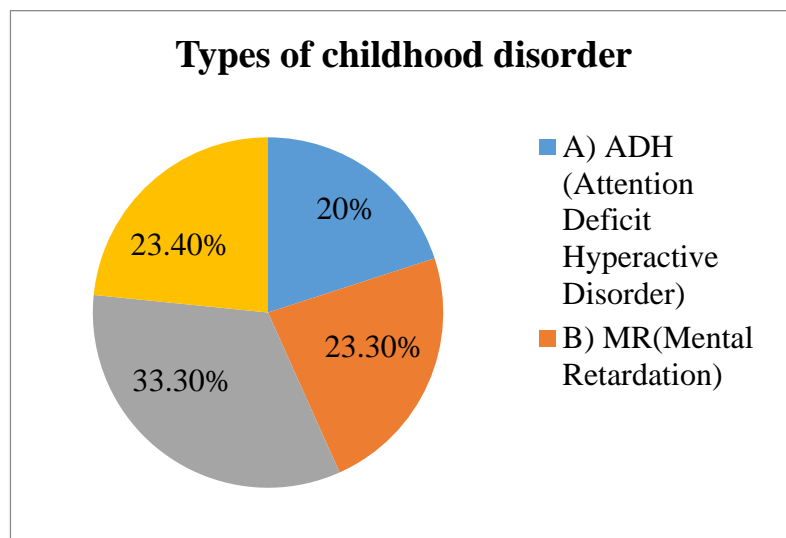
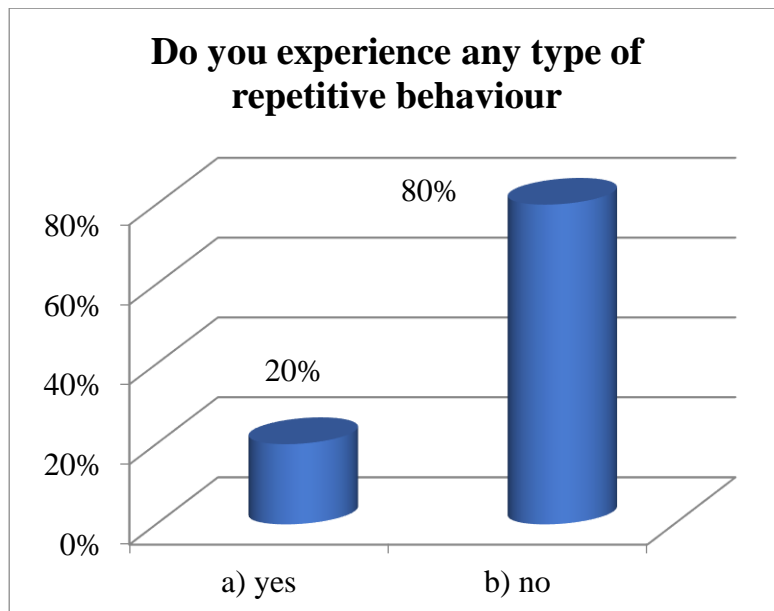
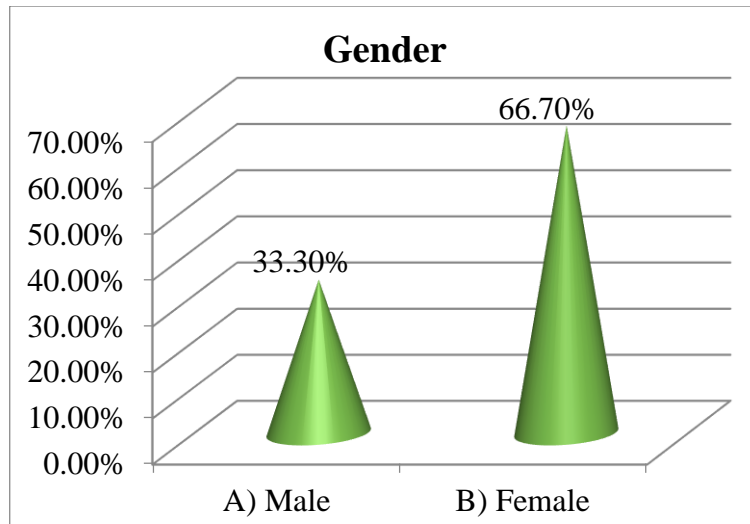
(N=30)

SL. NO	DEMOGRAPHIC VARIABLES	FREQUENCY (N)	PERCENTAGE (%)
<b>1</b>	<b>Age</b>		
	A) Below 10 Years	8	26.7
	B) 11-13 Years	8	26.7
	C) Above 14 Years	14	46.6
<b>2</b>	<b>Gender</b>		
	A) Male	10	33.3
	B) Female	20	66.7
<b>3</b>	<b>Religion</b>		
	A) Hindu	18	60
	B) Christian	6	20
	C) Muslim	5	16.7
	D) Others	1	3.3
<b>4</b>	<b>Residency</b>		
	A) Rural	16	53.3
	B) Urban	14	46.7
<b>5</b>	<b>Types of family</b>		
	A) Nuclear Family	16	53.3
	B) Joint Family	14	46.7
<b>6</b>	<b>Occupation of Father/Mother</b>		
	A) Government	8	26.6
	B) Private	12	40
	C) Coolie	8	26.7
	D) Others	2	6.7
<b>7</b>	<b>Family monthly income</b>		
	A) Below Rs. 5000/Month	12	40
	B) Rs. 5001-10000	8	26.7
	C) Above 10000	10	33.3

<b>8</b>	<b>Birth order</b>		
	A) 1	11	36.7
	B) 2	12	40
	C) 3	6	20
	D) Above 3	1	3.3
<b>9</b>	<b>Socio economic status</b>		
	A) Upper	4	13.4
	B) Middle	22	73.3
	C) Lower	4	13.3
<b>10</b>	<b>No. of persons in household</b>		
	A) 2	5	16.7
	B) 3	10	33.3
	C) 4	15	50
<b>11</b>	<b>Do you experience any type of repetitive behaviour</b>		
	a) yes	6	20
	b) no	24	80
<b>12</b>	<b>Types of childhood disorder</b>		
	A) ADH (Attention Deficit Hyperactive Disorder)	6	20
	B) MR(Mental Retardation)	7	23.3
	C) Conduct Disorder	10	33.3
	D) OCD(Obsessive Compulsive Disorder)	7	23.4

**Table 1** shows frequency and Percentage wise distribution of demographic variables among childhood disorders. Out of the 30 childhood disorders who were interviewed, Majority of childhood disorders 14(46.6%) were in the age group 14 years, 20(66.7%) were female, 18(60%) were Hindu, 16(53.3%) were Rural, 16(53.3%) were Nuclear family, Occupation of of Father/Mother 12(40%) were Private, Family monthly income 12(40%) were Below Rs. 5000/Month, Birth order 12(40%) were 2, 22(73.3%) were Middle Socio economic status, No. of persons in household 15(50%) were 4, 24(80%) were not had experienced in type of repetitive behaviour, Types of childhood disorder 10(33.3%) were Conduct Disorder.



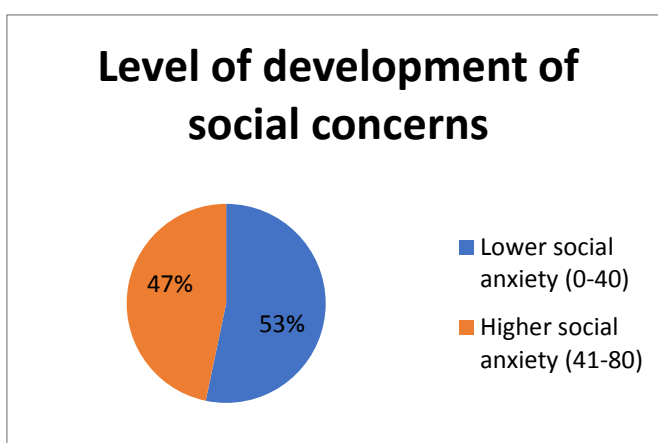


**Section B: Assessment of the level of development of social concerns in individuals with different types of childhood disorders**

**Table 2:- Frequency and percentage wise distribution of level of development of social concerns in individuals with different types of childhood disorders.**  
(N = 30)

Level of development of social concerns	FREQUENCY (n)	PERCENTAGE (%)
Lower social anxiety (0-40)	16	53.3
Higher social anxiety (41-80)	14	46.7
<b>Total</b>	30	100
<b>Mean±Standard deviation</b>	40.67±6.890	

**Table –2** shows frequency and percentage wise distribution of the level of development of social concerns in individuals with different types of childhood disorders. Majority of the childhood disorders 16(53.3%) had Lower social anxiety and 14(46.7%) had Higher social anxiety and the mean and standard deviation the level of development of social concerns in individuals with different types of childhood disorders is (40.67±6.890) respectively.



**Section C: Association between the levels of body focused repetitive behavior among childhood disorder with their selected demographic variables.**

**Table –3: Association between the levels of body focused repetitive behavior among childhood disorder with their selected demographic variables.**

(N=30)

SL. NO	DEMOGRAPHIC VARIABLES	Level of development of social concerns				Chi-square X <sup>2</sup> and P-Value
		Lower social anxiety		Higher social anxiety		
		N	%	N	%	
<b>1</b>	<b>Age</b>					X <sup>2</sup> =1.51 Df=2 p =0.469 NS
	A) Below 10 Years	3	18.8	5	35.7	
	B) 11-13 Years	4	25	4	28.6	
	C) Above 14 Years	9	56.2	5	35.7	
<b>2</b>	<b>Gender</b>					X <sup>2</sup> =0.067 Df=1 p =0.796 NS
	A) Male	5	31.2	5	35.7	
	B) Female	11	68.8	9	64.3	
<b>3</b>	<b>Religion</b>					X <sup>2</sup> =1.96 Df=3 p =0.580 NS
	A) Hindu	8	50	10	71.4	
	B) Christian	4	25	2	14.3	
	C) Muslim	3	18.8	2	14.3	
	D) Others	1	6.2	0	0	
<b>4</b>	<b>Residency</b>					X <sup>2</sup> =0.117

	A) Rural	9	56.3	7	50	Df=1 p =0.732 NS
	B) Urban	7	43.7	7	50	
5	<b>Types of family</b>					X <sup>2</sup> =6.45 Df=1 p =0.046 *S
	A) Nuclear Family	6	37.5	10	71.4	
	B) Joint Family	10	62.5	4	28.6	
6	<b>Occupation of Father/Mother</b>					X <sup>2</sup> =7.902 Df=3 p =0.018 *S
	A) Government	1	6.3	7	50	
	B) Private	9	56.3	3	21.4	
	C) Coolie	5	31.3	3	21.4	
	D) Others	1	6.1	1	7.2	
7	<b>Family monthly income</b>					X <sup>2</sup> =0.368 Df=2 p =0.832 NS
	A) Below Rs. 5000/Month	6	37.5	6	42.9	
	B) Rs. 5001-10000	5	31.3	3	21.4	
	C) Above 10000	5	31.2	5	35.7	
8	<b>Birth order</b>					X <sup>2</sup> =4.706 Df=3 p =0.195 NS
	A) 1	4	25	7	50	
	B) 2	7	43.8	5	35.7	
	C) 3	5	31.2	1	7.1	
	D) Above 3	0	0	1	7.2	
9	<b>Socio economic status</b>					X <sup>2</sup> =2.05 Df=2 p =0.357 NS
	A) Upper	1	6.3	3	21.4	
	B) Middle	12	75	10	71.4	
	C) Lower	3	18.7	1	7.2	
10	<b>No. of persons in household</b>					X <sup>2</sup> =1.07 Df=2 p =0.585 NS
	A) 2	3	18.8	2	14.3	
	B) 3	4	25	6	42.9	
	C) 4	9	56.2	6	42.9	
11	<b>Do you experience any type of repetitive behavior</b>					X <sup>2</sup> =0.033 Df=1 p =0.855 NS
	a) yes	3	18.8	3	21.4	
	b) no	13	81.2	11	78.6	
12	<b>Types of childhood disorder</b>					X <sup>2</sup> =1.76 Df=3 p =0.624 NS
	A) ADH (Attention Deficit Hyperactive Disorder)	3	18.8	3	21.4	
	B) MR(Mental Retardation)	3	18.8	4	28.6	
	C) Conduct Disorder	7	43.8	3	21.4	
	D) OCD(Obsessive Compulsive Disorder)	3	18.6	4	28.6	

\*-p < 0.05 significant, \*-p < 0.001highly significant, NS-Non significant

The table 3 depicts that the demographic variable, *Types of family and Occupation of Father/Mother* had shown statistically significant association between the levels of body focused repetitive behavior among childhood disorderwith their selected demographic variables.

The other demographic variable had not shown statistically significant association between the levels of body focused repetitive behavior among childhood disorder with their selected demographic variables respectively.

## V. Results

The major findings of the study were;

- Majority of the childhood disorders 16(53.3%) had Moderately characteristic level of development of social concerns and 14(46.7%) had Very characteristic level of development of social concerns and the mean and standard deviation the level of development of social concerns in individuals with different types of childhood disorders is (40.67+6.890) respectively.

- Types of family and Occupation of Father/Mother had shown statistically significant of  $p < 0.05$  association between the levels of body focused repetitive behavior among childhood disorder with their selected demographic variables and other demographic variables had not shown statistically significant.

#### **VI. Conclusion:**

A descriptive study to assess the development of social concerns in individuals with body focused repetitive behavior among different types of childhood disorder at selected home Puducherry. The findings of the study revealed that out of 30 samples, majority of the childhood disorders 16(53.3%) had Moderately characteristic level of development of social concerns and 14(46.7%) had Very characteristic level of development of social concerns.

#### **IMPLICATIONS OF NURSING RESEARCH:**

The study had implications for nursing practice, nursing education, and nursing administration.

#### **NURSING PRACTICE:**

The nurses working in the hospitals, clinical setting and in community should practice health education as an integral part of nursing profession. This module was developed by the investigator can also be used by the staff nurses to practice and instruct about the development of social concerns in individuals with body focused repetitive behavior among different types of childhood disorder

#### **NURSING ADMINISTRATION:**

The nursing administration should take on active role in organizing and implementing structured teaching programme and also conducting a mass media communication regarding development of social concerns in individuals with body focused repetitive behavior among different types of childhood disorder.

#### **RECOMMENDATIONS:**

1. The study can do at the large number of samples
2. The study can be implemented at the various states of India.

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