

## Characteristic, Emotional, and Behavioral Problems of Street Adolescent in Bandung October–December 2012

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### Abstract

**Background:** Street adolescents were psychosocial problem that increased in number each year and was worsened by their low-moral subculture-value that could cause them more vulnerable in having emotional and behavioral problems. This study aims to describe the characteristics, emotional and behavioral problems of the street adolescent in Bandung.

**Methods:** A descriptive study was carried out in October–December 2012. From 22 shelters in Bandung, two shelters (RPA GANK and Pesantren Kolong Nurul Hayat) were selected and organized into 4 areas: Cihampelas, 'Samsat', Laswi Street and Kiaracandong. A hundred-seven street adolescents aged 11 to 16 years were participated in this study. They were divided into small groups and filled in the sociodemographic questionnaire and the Indonesian version of standardized Strength and Difficulty Questionnaires (SDQ). Only 100 questionnaires were filled in completely. Data were analyzed using frequency tabulation and bar chart

**Results:** Sixty-five percent were boys, 53% were aged 11–13 years, and 53% were students, 76% related to more than one sibling, still lived with their families (81%), and had parents. Their parents had low educational background, had job, and implemented authoritative parenting pattern (41%). In becoming street adolescent, 63% were caused by their own motivation, 81% were children on street, and 55% had lived in the street more than 5 years. Approximately 27% of street adolescents were rated as abnormal on the total difficulty score.

**Conclusion:** Street adolescent in Bandung still have emotional and behavioral problems, which mostly were boys, in the early adolescence stage, school student, had more than one sibling, permissive parenting pattern, and lived in the street for more than 5 years. [AMJ.2015;2(1):172–8]

**Key words:** Emotional and behavioral problems, street Adolescent, Strength and Difficulty Questionnaires (SDQ)

### Introduction

Adolescence is a period of transition between childhood to adulthood, which develops one's biological, psychological, and social changes. This developing period is associated with increased vulnerability to psychopathology.<sup>1</sup> Estimation of psychiatric disorder is approximately 20 percent of the adolescent population.<sup>2</sup>

Recent research showed that emotional and behavioral problems such as conduct disorder, substance abuse, mood disorder, suicide, eating disorder, anxiety disorder, relational violence, attention deficit/hyperactivity disorder (ADHD), and others uniquely present

in adolescent period compared with other developing periods.<sup>3</sup>

Street children or youth/young adolescent is commonly defined as "any girl or boy who has not reached adulthood, for whom the street has become her or his habitual abode and/or sources of livelihood, and who is inadequately protected, supervised, or directed by responsible adults".<sup>4</sup> According to the United Nation Children's Fund (UNICEF), there are two types of street children: "Children of the street" are homeless children who lived on the street; "Children on the street" earn living on the street and live at home.<sup>5</sup> Street adolescent is one of psychosocial problems that happens in Indonesia. The term psychosocial problems

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are meant as a mental illness caused by social influences, such as: socioeconomic status and cultural background.<sup>6</sup> Stigma and other public opinion about street children and youth make them live socially marginalized.<sup>7</sup> They live in group and create new sub-culture from street culture, such as theft, drinking, free sex, drug abuse, fighting, and so on. A study of street adolescent in Ukraine discovered that more than 15% using drugs, 75% were sexually active, 15% adolescent were boys and 57% adolescent were girl working as sex worker, and more than 10% adolescent were forced to have sex.<sup>8</sup> These street youths have limited competence to differentiate positive and negative behavior; they are just internalizing it as they must survive in this certain condition.<sup>9</sup>

These street adolescents are susceptible from negative influence from their environment and with their adolescent age make them vulnerable to get psychiatric problem. A study by Pastor *et al.*<sup>10</sup> to children 4-17 years old, one most common problem in their age is having emotional and behavioral problem.<sup>10</sup> For the reason above, these street youths need psychiatric screening procedures that could help the situation by identifying whether a disorder is present. Additionally, in Indonesia, the research about psychological problems of adolescent street youth is scarce. Therefore, this study aims to describe the characteristic, emotional and behavior problems of street adolescent in Bandung.

## Methods

This descriptive study was carried out in October-December 2012. From 22 shelters in Bandung, two shelters (RPA GANK and Pesantren Kolong Nurul Hayat) were purposively selected by recommendation of Bandung District Social Office. These shelters were organized into 4 areas: Cihampelas, 'Samsat', Laswi Street and Kiaracandong. A hundred-seven street adolescents aged 11 to

16 years were participated in this study. After an explanation about this study, the research was conducted to the head of the shelters, their parents and the street adolescents themselves. Furthermore, informed consent was obtained.

The respondents were divided into small groups and filled in two self-report questionnaires. If they could not understand the questions, the researcher guided in interviewing manner. The questionnaire was divided into two types. First, a questionnaire consisting of sociodemographic aspects: gender, age, education, number of siblings, place of living, parents' information. Second, an Indonesian version of standardized Strength and Difficulty Questionnaires (SDQ).

The SDQ contains 25 sentences that are scored on a three point scale (0=not true, 1=somewhat true, 2=certainly true). Five subscales score are generated each from 5 questions, those are: hyperactivity/inattentions, emotional symptoms, conduct problems, peer problems, and prosocial behavior. A total difficulty score is summed from four subscale scores (hyperactivity/inattentions, emotional symptoms, conduct problems, peer problems). In general, high score represents greater difficulties, except for the prosocial scale score, lower score represents greater difficulties.<sup>11</sup> (Table 1)

From 107 filled questionnaires, only 100 questionnaires were filled completely. Data were analyzed using frequency tabulation and bar chart.

The Health Research Ethics Committee of Faculty of Medicine, Universitas Padjadjaran, gave ethical approval for the study.

## Results

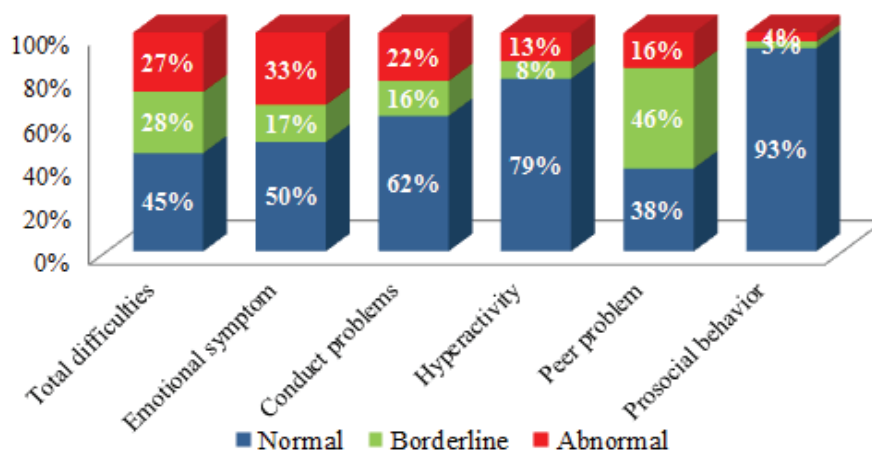
In total participants of 100 street adolescents, more than half participants were boys (65%), 53% were aged 11–13 years, and 53% were still students. From the family factor, mostly (76%) came from big family, still lived with

**Table 1 SDQ Score Interpretation**

Self Completed	Normal	Borderline	Abnormal
Total difficulties score	0–15	16–19	20–40
Emotional symptoms	0–5	6	7–10
Conduct problems	0–3	4	5–10
Hyperactivity	0–5	6	7–10
Peer problems	0–3	4–5	6–10
Prosocial behavior score	6–10	5	0–4

**Table 2 Characteristics of participants**

Characteristics	Percentage (%)	Characteristics	Percentage (%)
Gender		Mother:	
Male	65.0	Has job	50.0
Female	35.0	Has no job	50.0
Age (years)		Mother's educational background:	
11-13	53.0	Elementary school	55.0
14-16	47.0	Junior high school	38.0
Educational background:		High school	7.0
None	6.0	Parent marital status:	
Drop out	41.0	Married live together	77.0
-Elementary	(27.0)	Married live separate	5.0
-Junior high	(12.0)	Divorce	18.0
-High school	(2.0)	Family condition:	
Students at:	53.0	Live in harmony	67.0
-Elementary	(33.0)	No communication	7.0
-Junior high	(14.0)	Fights	26.0
-High school	(6.0)	Parenting pattern:	
Number of siblings		Authoritative	41.0
One	24.0	Permissive	34.0
>1 person	76.0	Authoritarian	18.0
Living with:		Neglectful	7.0
Family	81.0	Classification street children:	
Surrogate	11.0	'on street'	81.0
Alone	8.0	'of street'	19.0
Father's condition		Reason going to street:	
Alive	83.0	Self motivation	63.0
Died	11.0	Forced	11.0
Lost contact	6.0	Environment	26.0
Father:		Years as street youth:	
Has job	64.0	< 5 years	45.0
No job	36.0	> 5 years	55.0
Father's educational background:			
Elementary school	32.0		
Junior high school	52.0		
High school	16.0		
Mother's condition:			
Alive	94.0		
Died	2.0		
Lost contact	4.0		



**Figure 1 Strengths and Difficulties Questionnaires (SDQ) Result Score**

their families (81%) and had parents, with good condition of family. Mostly their parents had low educational background, had job, conducted authoritative parenting pattern (41%). In becoming street children/youth, motivation was the most cause (63%), 81% were classified as children on street, and 55% have lived in the street for more than 5 years. (Table 2)

Figure 1 shows the interpretation of score on 5 subscales of Strength and Difficulties Questionnaires on emotional and behavioral problems, the percentages scoring within the borderline, and other ranges. In the abnormal range, the most significant is shown in the subscale of emotional symptom (33%) and in the borderline range is significantly shown in peer problem subscale (46%).

Approximately 27% of street adolescents were rated as abnormal on total difficulties score. From street adolescents who had abnormality, 16% were males, in the early adolescent stage (16%), with more than 5 years have lived in street (15%). No distinct differences discovered in educational background category between drop out (12%) and student (13%). However, the proportion of emotional and behavioral problem were varied by family categories: mostly lived in harmonious family (17%), had more than one siblings (24%), and implemented permissive parenting pattern (11%).

## Discussions

The study revealed that 27% street adolescents in Bandung had abnormal on total difficulties

score, 33% with abnormal on the emotional symptoms. A similar study in Zambia<sup>12</sup> reported that from 27% of children were rated abnormal on total difficulties score, 47.6% were abnormal on emotional symptoms.

In gender differences was discovered that boys had higher proportion than girls. It is found that boys tend to exhibit more externalizing behavior in the early age (e.g: aggressive, forceful, and oppositional behaviors) that are risk factors for the development of more serious emotional and behavioral problems.<sup>13</sup>

Compared to the adolescence stage, early adolescent had higher proportion than middle adolescent. During the early adolescence (10 through 14 years old) is an initial transition period of children to undergo many physical, emotional, and mental changes. Children and parents, somehow, are often unprepared and just to get it through. This period is associated to increased risk of poor mental health, such as: some mood disorders, eating disorders, substance use, self-harm, and suicidal behavior.<sup>2,14</sup>

The obvious differences among the educational background of adolescent street youth were observed between participants who never went to school and participants who were still/ever in school. Few studies have explored the differences of educational background on emotional and behavioral problems. However, according to the interview, they are more likely to have social problem with peer, while they are bullied most of the time at their school.

Participants with more than one sibling demonstrated a higher proportion compared to other participant with one sibling. It is

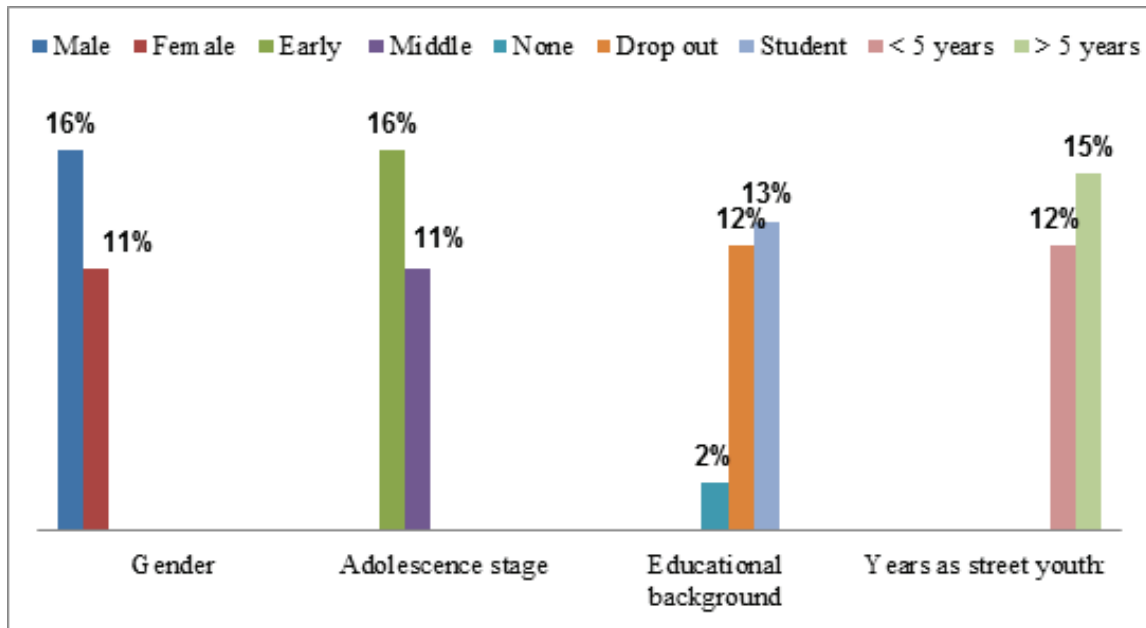


Figure 2 Proportion of Emotional and Behavioral Problems in Adolescent Street Aged 11-16 Years By Gender, Adolescent Stage, Educational Background, and Years As Street Youth

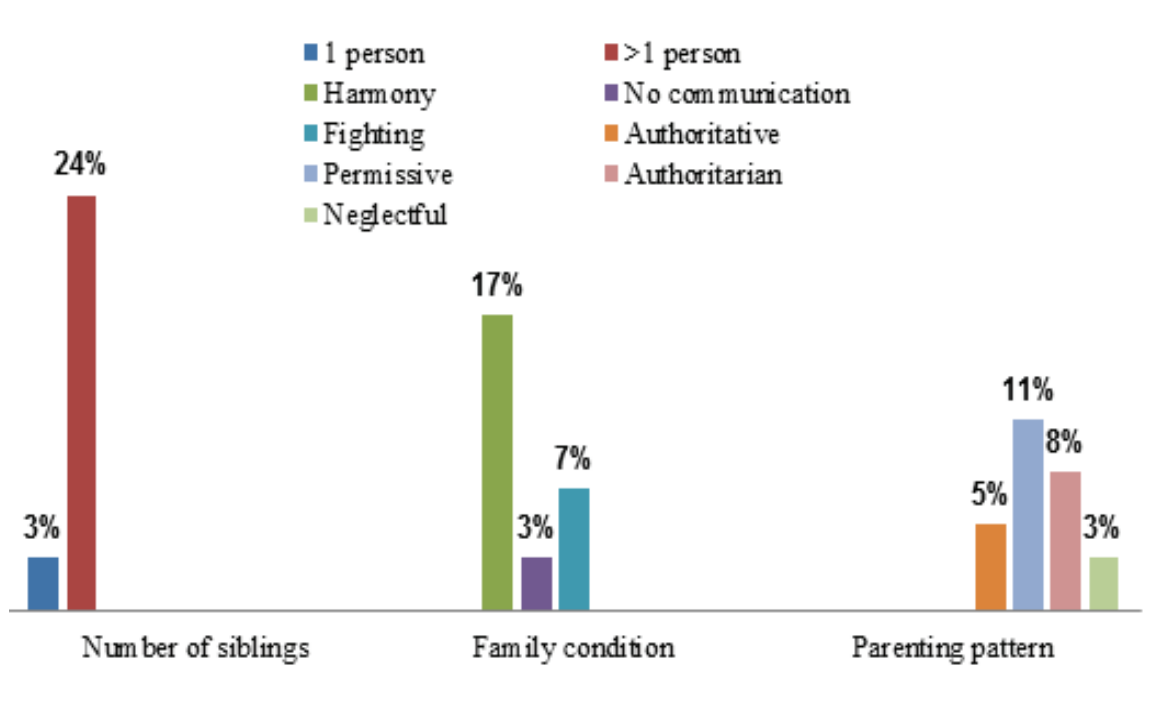


Figure 3 Proportion of Emotional and Behavioral Problems in Adolescent Street Youth Aged 11-16 Years by Number of Siblings, Family Condition, and Parenting Pattern

suspected that large family size contributes to behavioral and emotional problems. Former study revealed that large family size was associated with increasing risk of psychiatric morbidity, by the existence of the older and younger siblings.<sup>15</sup>

Surprisingly, family in harmony condition had higher proportion on emotional and behavioral problem. Likely, family factor is not a main influence for adolescence. Study about parent-child connectedness among adolescent shows that they had difficulty talking to their parents and valuing their peer's opinion is associated with their emotional and behavioral problems.<sup>16</sup>

According to Baumrind<sup>17</sup>, there are 4 categories of parenting pattern: authoritative, authoritarian, permissive, and neglectful. In this study, it is suspected that permissive parenting pattern has caused emotional and behavioral problems compared to other parenting patterns. Research findings show that authoritarian and permissive parenting have consistently negative outcome and authoritative parenting show positive outcome.

Street adolescent living or working on the street for more than 5 years had higher proportion in having emotional and behavioral problems. The longer they live on street, the more they are internalizing the negative influence from street subculture.<sup>9</sup> Furthermore, the stressful life that street adolescent has been through makes them at risk on having sort of psychiatric disorder, emotional problem, and others.<sup>5</sup>

From this study, it can be concluded that 27% of street adolescents have emotional and behavioral problems, which mostly are boys. The problems occurs to those who are in the early adolescence stage, school student, have more than one siblings, receive permissive parenting pattern, and live in the street for more than 5 years.

The limitation of this study is the correlation among sociodemographic characteristics of the respondents, behavioral and emotional problems were not conducted.

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