

AGGRESSIVE BEHAVIOR AMONG WORKING AND NON WORKING
SCHOOL AGE CHILDREN AT SHUBRAMENT VILLAGE – GIZA,
GOVERNORATE

By

Nabila Abd El-Kader Abd El-Daiem

B.sc.N.,

Thesis Submitted for Partial Fulfillment for the Master Degree in
Community Health Nursing

Thesis Advisers

Prof. Dr. Effat M. EL Karmalawy
Professor and Head of the Department

Dr. Enas H. El-Shaer
Lecturer

Community Health Nursing

Faculty of Nursing
Cairo University
2009

APPROVAL PAGE

This thesis for the Master Degree in Community Health Nursing

By
Nabila Abd El-Kader Abd El-Daiem

Has been approved for the department of community health nursing

Faculty of Nursing, Cairo University

By
Prof. Dr. Effat M. El-karmalawy

.....

Dr. Enas H. El-Shaer

.....

Date.....

AGGRESSIVE BEHAVIOR AMONG WORKING AND NON WORKING SCHOOL AGE CHILDREN AT SHUBRAMENT VILLAGE – GIZA, GOVERNORATE

Abstract

By

Nabila Abd Elkader Abd El-Daiem

Childhood period is one of the most important periods in human growth. School age children represent the most precious part of the nation's life and the biggest promise for future of our society and nation as a whole. School age children that day face well documented and complex problems as violence, poverty, substance abuse and pollution. Child labor is a pervasive problem throughout the world, especially in developing countries. This study aimed at: to: Assess aggressive behavior among working and non working school age children at Shubrament Village– Giza Governorate, explore the difference between aggressive behavior among working and non working school age children and assess the self esteem and it's relation to aggressive behavior among the study sample. Descriptive comparative design was utilized to study the differences characteristics of school age children and correlation of the problem aggression between working and non working school age children at Shubrament Village-Giza Governorate. The sample size was 120 children were randomly selected. Data was collected through structured interview questionnaire, socio-economic scale, self-esteem scale and aggressive behavior scale. The study indicated that the majority of working and non-working school age children have moderate self esteem while 10 % of working school age children have high self esteem as compared to zero % of non-working school age children The study showed that (48.3 % and 45 % respectively) working and non-working school age children were having moderate physical aggression. While minority of working school age children was having very high physical aggression as compared to none of non-working school age children. Raise awareness of the families regarding the effect of age appropriate tasks that do not present hazards on the health development of the children.

Key words: Aggressive behavior, working children and school age children.

Chairperson of the thesis

Signed.....

ACKNOLEDGMENT

Praise to Allah, the Merciful, the Compassionate for all the gifts I have been offered. One of these gifts is the accomplishment of this work.

I would like to express my sincere thanks and deepest appreciation and gratitude to Dr. Effat El-karmalawy Professor of Community Health Nursing, for her intensive support, comprehensive advice, continuous encouragement, faithful guidance and the time she devoted to complete this work.

I am so grateful to Dr. Enas Helmy Lecturer of Community Health Nursing for her valuable suggestions, intensive support, comprehensive advice and continuous encouragement faithful guidance and her close supervision.

I wish to express my deepest thanks to all school age children working and non-working who participated actively in this study.

This thesis is dedicated to my mother, sisters, brothers and colleagues.

AGGRESSIVE BEHAVIOR AMONG WORKING AND NON WORKING
SCHOOL AGE CHILDREN AT SHUBRAMENT VILLAGE – GIZA,
GOVERNORATE

تقييم السلوك العدواني لدى الأطفال العاملين والغير عاملين فى سن المدرسه بقرية شبرامنت
محافظة الجيزة

By

Nabila Abd El Kader

B.sc.N.,

Submitted in Partial Fulfillment of the
Requirements for the Master Degree in
Community Health Nursing

Thesis Advisers

Prof. Dr. Effat EL Karmalawy

Professor

Community Health Nursing

Dr. Enas Helmy

Lecturer

Faculty of Nursing
Cairo University
2007

INTRODUCTION

School age children represent the most precious part of the nation's life and the biggest promise for future of our nation and society as a whole. Their survival, protection and development are a basic responsibility of the family, community and government. Furthermore, school age children in any society are considered as the human capital on which its future is built, (UNICEF, 2007). Also School age children today face well documented and complex problems as violence, poverty, drugs and pollution. Too little attention is focused on school age children's exposure to avoidable environmental health hazards in work place. School age children have a wider environment in which they need more protection, (Oda, 2002).

School age children take more responsibilities and begin to participate in the adult world, their participation may be selective or obligatory for example child labor, (Oda, 2002). Child labor is a pervasive problem throughout the world, especially in developing countries. Africa and Asia together account for over 90% of total child employment. Child labor is especially prevalent in rural areas where the chance for work is a little more than urban areas. School age children work for variety of reasons; the most important causes are poverty and low socio-economic resources. Other reasons as schooling problems include inaccessibility of schools and lack of quality of education. Other factors may be related to rigid culture and social roles in certain countries. Further more limited educational attainment will increase child labor, (UNICEF, 2007).

Child labor today represents the largest single cause of child abuse across the globe. Health of working school age children, affected by nature of work, they will have physical, social and psychological problems, physical problems include delayed normal growth and development, injuries, communicable diseases, deformities and loss body parts. Social problems include violence, aggressive behavior and inability to interact socially. Psychological problems include low self esteem in relation to unsatisfactory work which increases aggression, (International labor organization 2002).

Self-esteem is the way that school age children feel about themselves, it is a key component of personality that influences child's thoughts, actions and feelings. Positive self-esteem is a characteristic of psychologically healthy school age children, as well as school age children who have positive or high self-esteem have; a high degree of autonomy, self confident, self respect, a sense of satisfaction, maintain healthy social relationship, mastery effective way of coping with stress and having healthy personality. Conversely school age children with low self esteem have difficulty in making decisions, resist changing their behavior; this resistance will produce aggressive behavior, (Alters and Schiff, 2001).

Aggressive behavior in humans assumes the form of violent actions against others, (Kaplan and Sadock's, 1998). Barker (2003) defines aggression as a disposition that may lead to constructive or destructive actions but that usually has long term negative consequences. In this context, Varcarolis, (1994) stressed that, aggression is an action initiated to accomplish a goal that an individual feels cannot be met in any other way. Sometimes this action is

triggered by the feeling of low self esteem, powerlessness, anger, frustration, or helplessness.

Barker (2003) pointed out, some factors that may lead to aggression, these factors include the experience of alienation in individuals due to family break-up and poverty, physical over crowding in housing and lack of recreational facilities to expend energy and natural aggression also contribute to an increased potential for violence in the community. Even if parents hold off their child's aggressive behavior with firm but not harsh control, other things influence aggression, including neighborhoods, schools, and the media which may exhibit aggressive environments where school age children witness aggression and violence in a variety of forms daily.

The scientific community has a key role in determining the consequences child labor problem on school age children, bringing this misery to light and exerting pressure to effect policy change. Some countries still do not recognize that ignoring child labor is not consistent with long term economic development. The greatest power for change lies in the hands of international policy makers and national governments. Current economic and social pressures are likely to push even more school age children into employment. It is vital that child labor remains a high profile issue. Tackling the intolerable and hazardous work in a comprehensive and coordinated manner represents a practical way forward. In this there is a role for communities and organizations, (UNICEF, 2007).

SIGNIFICANCE OF THE STUDY

School age children represent the most precious part of the nation's life and the biggest promise for future of our nation and society as a whole. Their survival, protection and development are a basic responsibility of the family, community and government. Furthermore, school age children in any society are considered as the human capital on which its future is built, (UNICEF, 2007). Also School age children today face well documented and complex problems as violence, poverty, drugs and pollution. Too little attention is focused on school age children's exposure to avoidable environmental health hazards in work place. School age children have a wider environment in which they need more protection, (Oda, 2002).

Child labor reinforces a cruel cycle of deprivation. On one hand it is widespread of global poverty. On the other hand, because it usually keeps school age children out of schools, in poor health and subject to psychological and physical abuse, it reinforces this poverty by keeping yet another generation from fulfilling any level of education, (UNICEF, 2007). In the same context, working School age children have antisocial behavior, psychological problems include aggression and low self esteem (ILO, 2007).

Consequently, this study will help community health nurse to have data base about aggressive behavior among working school age children toward themselves and others. Furthermore, the current research will be carried out in an attempt to describe to what extent the working school age children at Shubrament Village are at risk of different health problems as aggression, this may guide the planning for future interventions for working school age

children, and it might also generate an attention and motivation for further researches in this area of study.

AIM OF THE STUDY

This study aimed at:

- 1- Assessing aggressive behavior among working and non working school age children at Shubramen Village –Giza Governorate.
- 2- Explore the difference between aggressive behavior among working and non working school age children.
- 3- Assess the self esteem and it's relation to aggressive behavior among the study sample.

RESEARCH QUESTIONS

- (1) Is there a difference between working and non working school age children regarding aggressive behavior?
- (2) Is there a relation between aggression behavior types and work environment?
- (3) Is there a relation between aggressive behavior and self esteem?

DEFINITION OF TERM

Working Children:

A child is considered to be working whether he or she is being paid for work or is working for his or her family, and family force her child to continue work and this work is controlled by limited number of hours.

METHODOLOGY

Research Design:

Descriptive comparative design will be utilized to study the problem of aggression among working and non working school age children at Shubrament Village in Giza Governorate.

Sample:

Shubrament Village will be divided into four sectors, sixty working school age children and sixty non working school age children will be selected from these sectors which will represent the study sample. The total number of school age children in Shubrament village is 7500, (Shubrament village health office, 2007). The total number of working school age children is 404 as obtained from the statistics of a current research conducted by Community Health Nursing Department (2007). The present study sample will be selected out of those working school age children considering the selection criteria and non working school age children will be selected through home visiting.

Inclusion criteria:

1- School age children.

2-For working school age children: working period is at least two years continues with regular payment.

3-For non working school age children, the child should not be involved in any type of work.

A Pilot study will be conducted on (10%) of the sampel to ensure the clarity and validity of content of tools used in the study sample, this pilot sample will be excluded from the total number of the study if there is a major change.

Setting:

Shubrament Village is located at Giza Governorate. It has both characteristics of rural an urban population with low socio economic standard that permits the prevalence of child labor. It has different lines for public transportation.

TOOLS

Three tools will be used to collect the data pertinent to this study:

1- A structured interviewing questionnaire: it will be developed by the researcher, it include two parts. The first part is concerns with the socio-demographic data of the school age children and their families, including age, sex, education, family income, type ...etc. The second part is concerned with assessment of types, duration and hazards of work.

2- Aggressive behavior scale; it was originally prepared by Amal Abdel Samea Melegy (1987) and finally adopted by the same author 2003. It was aimed to assess aggressive behavior of working school age children. It is

divided into four subscales dealing with physical aggression, verbal aggression, anger and hostility. Every subscale contains fourteen questions and the score of every question ranged from four to zero. Four score means very much while zero means not at all.

3- Self esteem scale: it was developed by Rosenberg (1965). It was aimed to assess self esteem of working school age children. It consists of 10 statements, 5 of them are phrased in a positive direction, while the other 5 are phrased in a negative direction. Scores of items on this scale is rated from strongly agree to strongly disagree.

PROCEDURE

Formal consent will be obtained from local governmental leaders in the village. Addresses of working school age children will be obtained from the previous research mentioned before in the sample, after that, home visiting will be done to conduct the study at the place of residence of working school age children and their families as well as it will be conducted for non working school age children from the same area, to fill the questionnaire. Prior the interview, child and family consent will be secured. The purpose and the nature of the study will be explained to them. Confidentiality of the data will be secured for the entire participant.

STATISTICAL DESIGN

The data will be scored, tabulated, and analyzed by computer using the “Statistical package for the social sciences” (Spss). Descriptive statistics will be utilized. Frequencies, means and stander deviations. Inferential statistics will include T test, chi squire. The P value will be set at 0.05.

REFERENCES

- Alters, S. & Schiff, W., (2001), Essential concepts for health living, (2nd ed, pp 20-53), Toronto, Jones and Bartlett Publishers.
- Barker, P.h., (2003). Psychiatric and Mental Health Nursing, (1st ed., pp 274-280). London, Arnold.
- Jackson, S.A, (2001), Comprehensive school Health Edition Program, Innovative practices and Issues in standard setting. Journal of School Health, 64, (3), 177-179.
- Johnson, S.B., (1997), Psychiatric Mental Health Nursing Adaptation and Growth, (4th ed., pp 411-436: 601-634). New York, Lippincott.
- Kaplan, I.H. & Sadock, J.B., (1998), Synopsis of psychiatry Behavioral Science/Clinical Psychiatry, (8th ed., pp 42-47: 154-161)., U.S.A., Mary Land.
- Lundy, K.S & Janes, S. (2002), Community Health Nursing, Caring for the Public's Health (1st ed., pp 410-443)., Toronto, Jones & Bartlett Pubs.
- McFarland, K.G. & Thomas, D.M., (1991)., Psychiatric Mental Health Nursing Application of the Nursing Process, (1st ed., pp 128-134)., U.S.A., Lippincott Company.

Melegy, A.A.: (1987), Children Aggressive Behavior Scale, Maktabet El-Anglo – Cairo.

Oda, D.S. (2002), Is school Nursing Really the Invisible Practice? Journal of School Health, 70, (3), 120-124.

Varcarolis, M.E., (1994), Foundations of psychiatric Mental Health Nursing, (2nd ed., pp 609-628: 799-802), London, W.B. Saunders Company.

www.answers.com

www.google.com

www.ILO.org

www.pubmed.com

www.unicef.com

www.yahoo.com