# **Review Of Research**

# SOCIO-DEMOGRAPHIC CHARACTERISTIC AMONG CHILDREN WITH CHILDHOOD DISSOCIATIVE DISORDER IN INDIA

### **Abstract:**

Aim & Objective of the study was to see the sociodemographic characteristics in childhood dissociative disorder. Sample: For the present study, total 30 children were taken. To see the socio-demographic characteristic of the participants following socio-demographic variables were selected; sex, community, socio-economic status, habitat, past history of abuse, religion and family psychiatry history. The age range of participants was 8 to 12 years. Purposive sampling technique was used. Tools: The sociodemographic data sheet was prepared as per the requirement of the study. Result: Male seems to have higher risk of being diagnosed with dissociative disorder in comparison with female. Majority of the subjects were from urban background with middle socioeconomic status with no significant past history or family psychiatric history.

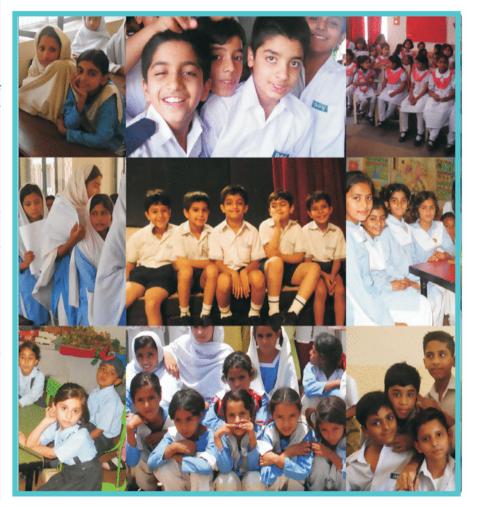
### **KEY WORDS:**

Socio-demographic characteristics, SES, habitat and gender.

# S. K. Rana

Professor and Head, Department of Pediatrics from Shri Mahant Indiresh Hospital, Dehradun, Uttarakhand





S. K. Rana<sup>1</sup>, Shobit Garg<sup>2</sup>, Preeti Mishra<sup>3</sup>, Mrityunjay Kumar<sup>4</sup> and Jyoti Mishra<sup>5</sup>

<sup>1</sup>Professor and Head, Department of Pediatrics from Shri Mahant Indiresh Hospital, Dehradun, Uttarakhand <sup>2</sup>Assistant Professor, Department of Psychiatry from Shri Mahant Indiresh Hospital, Dehradun, Uttarakhand

<sup>3</sup>Clinical Psychologist, Department of Pediatrics & Psychiatry from Shri Mahant Indiresh Hospital, Dehradun, Uttarakhand

<sup>4</sup>Assistant Professor, Department of Pediatrics from Shri Mahant Indiresh Hospital, Dehradun, Uttarakhand

<sup>5</sup>Former Assistant Professor, Department of Clinical psychology from Central Institute of Psychiatry (CIP), Kanke, Ranchi.

#### **INTRODUCTION**

Dissociative disorder is characterized by the presence of deficits affecting the voluntary motor/sensory functions without any organic basis, while excluding the symptoms fully explainable by a general medical condition, substance abuse or culturally sanctioned behavior. The presenting symptoms are unintentional and may mimic a neurological disorder. Hysteria patients constitute a major proportion of psychiatric patient population in developing countries (German, 1972; Neki, 1973; Wig et al., 1982). Some Indian studies have focused on the clinical characteristics in Dissociative disorder. They have emphasized on the role of stressors in Dissociative disorder (Mahli & Singhi, 2002; Srinath et al., 1993). "Role model"; has been reported in Dissociative disorder in some earlier studies (Bagadia et al., 1973). A role is an automatic learned, goal-directed pattern or sequence of acts developed under the influence of significant people in a growing child's environment. Patients with Dissociative disorder may unconsciously model their symptoms on those of someone important to them. In India, high occurrence of Dissociative disorder has been reported in young adults, from poor low-income, joint families, and significantly higher in females (Vyas & Bharadwaj, 1977). Also, higher prevalence has been seen in illiterates, married housewives being the largest group (Deka et al., 2007). But less is known from this region about the clinical presentations and socio-demographic variables in Dissociative disorder, specially from Garhwal regions.

#### **METHODOLOGY:**

#### Aim of the study:

Aim of this study was to evaluate and determine socio-demographic characteristics among children with childhood dissociative disorder.

#### Sample:

For the present study, total 30 children were taken. To see the socio-demographic characteristic of the participants following socio-demographic variables were selected; sex, community, socio-economic status, habitat, past history of abuse, religion and family psychiatry history. The age range of participants was 8 to 12 years. Purposive sampling technique was used.

### Tool:

 $The \, socio-demographic \, data \, sheet \, was \, prepared \, as \, per \, the \, requirement \, of \, the \, study.$ 

### **Procedure of data collection:**

After the selection of the participants, the subjects were called in a small room one by one, where proper seating arrangement was done. Rapport was established properly before administering the test. The instructions and procedure were explained clearly to the participants. After that the socio-demographic data sheet was filled which was basically prepared for the present study. Following the same procedure, the whole data was collected.

## STATISTICALANALYSIS & DISCUSSION

Mean & Standard deviation of socio-demographic variables was determined.

Variable		N=30
		N(%)
	Male	20 (66.7)
Sex	Female	10 (33.3)
	Tribal	8 (26.7)
Community	Non-tribal	22 (73.3)
Socio-economic status	Low	13 (43.3)
	Middle	17 (56.7)
	Higher	0(0)
Habitat	Rural	7 (23.3)
	Suburban	6 (20.0)
	Urban	17(56.7)
Past history of abuse	Significant	10 (33.3)
	Not-significant	20 (66.7)
Religion	Hindu	18 (60.0)
	Others	12 (40.0)
Family psychiatric history	Significant	8 (26.7)
	Non-significant	22 (73.3)

Result showed that out of 30 subjects 20 were male with (mean (SD) 66.7) in comparison to female (n=10, mean (SD) 33.3). Maximum subjects diagnosed with dissociation were from non-tribal background (22 (73.3). Similarly maximum subjects were from middle socio-economic status (n=17, mean (SD) 56.7) with urban habitat (n=17, mean (SD) 56.7). It was also found that there were maximum subjects with no significant past history (n=20, mean (SD) 66.7) and were maximum hindu (n=18, mean (SD) 60.0). There was no family psychiatric history as such (n=22, mean (SD) 73.3).

#### **RESULT**

Male seems to have higher risk of being diagnosed with dissociative disorder in comparison with female. Majority of the subjects were from urban background with middle socioeconomic status with no significant past history or family psychiatric history.

#### **CONCLUSION**

To conclude, socio-demographic characteristic like sex, community, socio-economic status, habitat, past history of abuse, religion and family psychiatry history plays a significant role in childhood dissociative disorder. Controlling these factors can help the mental health professional to plan batter management for children with dissociative disorder.

#### **REFFERENCES:**

- 1.Bagadia, V. N., Shastri, P. C. & Shah, J. P. (1973). Hysteria: A study of demographic factors. Indian J Psychiatry, 5:179.
- 2.Deka, K., Chaudhury, P. K. & Kalita, P. (2007). A study of clinical correlates and socio-demographic profile in conversion disorder, Indian J psychiatry, 49(3);205-207.
- 3. German, G. A. (1972). Aspects of clinical psychiatry in Sub Saharan Africa. Br J Psychiatry, 79; 121:461.
- 4.Mahli, P., Singhi, P. (2002). Clinical characteristics and outcome of children and adolescents with conversion disorder. Indian Pediatric, 52; 39:747.
- 5. Neki, J. S. (1973). Psychiatry in South-east Asia. Br J Psychiatry, 69; 123:257.
- 6.Srinath, S., Bharat, S., Girimaji, S. & Sessadri, S. (1993). Characteristics of a child inpatient population with Hysteria in India. J Am Acad Child Adolesc Psychiatry, 5; 32: 822.
- 7. Vyas, J. N., Bharadwaj, P. K. (1977). A study of hysteria-AN analysis of 304 patients. Indian J Psychiatry, 4: 19:71.
- 8. Wig, N. N., Mangalwehde, K., Bedi, H., Murthy, R. S. (1982). A follow up study of Hysteria. Indian J Psychiatry, 5; 24:120.