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

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 Indresh Hospital, Dehradun, Uttarakhand

<sup>2</sup>Assistant Professor, Department of Psychiatry from Shri Mahant Indresh Hospital, Dehradun, Uttarakhand

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

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

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

**Abstract:-** Aim & Objective of the study was to see the socio-demographic 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 socio-demographic 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.

**Keywords:** Socio-demographic characteristics, SES, habitat and gender.

### INTRODUCTION

Dissociative (German, 1972; Neki, 1973; Wig et al., 1982). 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). Dissociative Vyas &

Bharadwaj, 1977).(Deka et al., 2007).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.

**STATISTICAL ANALYSIS & DISCUSSION**

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

Variable		N=30 N(%)
Sex	Male	20 (66.7)
	Female	10 (33.3)
Community	Tribal	8 (26.7)
	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)

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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 better management for children with dissociative disorder.

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**S. K. Rana**

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

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