

PREVALENCE OF MALADJUSTMENT
IN INDIAN IMMIGRANT CHILDREN

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SUBMITTED FOR THE DEGREE OF Ph.D.
UNIVERSITY OF LEICESTER, SCHOOL OF SOCIAL WORK
1975

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ACKNOWLEDGEMENTS

It is pleasant to have the opportunity to thank the many people who have ungrudgingly given their help during this investigation. First and foremost, I am grateful to Dr. Martin Herbert, my Supervisor for his indefatigable patience and indefeasible guidance at every stage of this study.

I owe a great debt of gratitude to Professor Derek Jehu, Director of the School of Social Work, who guided me in the initial stage of this research and continued to show his interest with timely and appropriate suggestions.

My heartfelt thanks are due to the Head Teachers, the class teachers, the many parents and large number of friends who have made this study possible by their generous help and cooperation.

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CHAPTER I

MALADJUSTMENT AND ITS TREATMENT IN THIS COUNTRY

Introduction

Children have been generally a source of joy, hope and pride, in all cultures and throughout human history, to their parents as well as to the social groups in which they grew up. But at the same time, some children have presented themselves as problems to their parents, their teachers and their societies, as they do in modern times. For example, some six thousand years ago an Egyptian priest complained: "Our earth is degenerate; children no longer obey their parents" (Braceland, 1971). About five thousand years ago in the Ancient Sumerian culture, a commentator described how "wayward, disobedient and ungrateful children ... roamed the streets and boulevards and loitered in the public squares perhaps even in groups in spite of the fact that they were supervised by a monitor. They hated school and education and made their fathers sick to death with their everlasting gripes and complaints" (Kramer, 1961). One of the Sumerian clay tablets of that period has an exhortation from a frustrated father to his erring son on the proper conduct of behaviour. It begins thus:

"Where did you go?"
"I did not go anywhere".
"If you did not go anywhere, why do you idle about?
Go to school, stand before your 'school father'
recite your assignment, open your school bag, write
your tablet, let your 'big brother' write your new
tablet for you. After you have finished your
assignment and reported to your monitor, come to me,
and do not wander about in the street ..." (Kramer, 1961).

Socrates, the Greek philosopher observed the various types of 'problem behaviour' in which the contemporary generation of children indulged:

The children now love luxury. They have bad manners, contempt for authority; they show disrespect to their elders and love to chatter in places of exercise. They no longer rise when elders enter the room. They contradict their parents, chatter before company, gobble up dainties at the table, cross their legs and are tyrants over their teachers' (Braceland, 1971).

Any number of passages like these could be quoted describing children's behaviour in the past which their contemporary adult world considered as problematic. In modern times we do not consider all the items of behaviour mentioned in the above quotations as problematic or abnormal, although some of them are. Significant discrepancies exist between the ancient and modern adult's understanding on the causes, nature and treatment of children's problems. Parents and teachers in the past thought that "foolishness is bound up in the heart of the child" (Earl, 1899). They detected a stubbornness and natural pride which must be broken and beaten down so that with the foundation of their education being laid in humility and tractability, other virtues in their turn might be built thereon. The Judeo-Christian belief in the fallen nature of man and biblical statements like "He who spares the rod hates his son" (Proverbs 13, 24), "Folly is bound up in the heart of a child, but the rod of discipline drives it far from him" (Proverbs 22, 15), convinced them that children's problems are the result of a corrupt nature that needed to be corrected and rectified through harsh disciplining. Religious reformers like Calvin and John Wesley also inculcated this

belief in the minds of their followers. In the Middle Ages, the popular view was that children are to be seen but not heard. These attitudes towards childhood, of course, determined the nature and types of child behaviour that were considered as problematic. As we will soon discuss below (Chapter III) the question of what constitutes childhood problem varied in the past, and today it still varies from country to country and from culture to culture. But the reality behind it existed always, even though it is only during recent years that the serious implications of children's problems, especially their adjustment problems have been realised. Since the 1920's children's emotional and behavioural problems, which are largely adjustmental, were designated by the umbrella term 'maladjustment'* in this country.

Early Theories and Treatment of Childhood Problems

Child psychiatry in its beginning stages was based not so much on direct observation of the child as on inferences drawn from psychiatric theories about adult patients. It was commonly held at the beginning of the Nineteenth Century that sensory and motor functions were localized in the brain. As sensory and motor disturbances are common manifestations in mental illness, it is not surprising that people like Maudsley in the Nineteenth Century was convinced that all mental disorders were brain disorders (Keir, 1952). In accordance with these theories it was thought that 'cerebral inadequacy'

* Chapter III deals with the concept of maladjustment.

caused persistent backwardness of many pupils. 'Cerebral inadequacy', was thought to be the result of either innate defects - which might be identified by measurement of the skull and other procedures - or of defective nutrition. Abnormalities of behaviour of children who showed no signs of 'cerebral inadequacy' were attributed to what Maudsley called, 'moral deficiency'. Backwardness in reading and similar special disabilities were explained by 'circumscribed lesions' in the brain, due to 'congenital inferiority'. Milder behaviour disorders of children were commonly held to be symptomatic of some minor organic neurosis in latent forms.

These theories persisted so long that even in the 1920's, the psychiatric examination of pupils by school medical officers was limited to an inspection of the child for 'stigmata of degeneracy', 'cranial abnormality', 'nerve signs', 'symptoms of malnutrition' or other chronic deficiencies (Keir, 1952). Whatever the symptoms might be, the origin was supposed to be in the child himself and the environment of the child was not investigated. The treatment was likewise mainly physical and in its failure, segregation of the child was the only remedy.

Development of Treatment of Maladjustment before the First World War

The Elementary Education Act of 1876, during the height of the industrial revolution, made school attendance compulsory throughout the country. It prohibited factories from

employing, during school hours, children under ten years of age who lived within ten miles of a school. It became also a duty of parents to see that their children received sufficient elementary education. This compulsory education led to a sharp increase in the number of school attenders. It soon became evident that among these children, many, especially those from rural areas, were prevented from receiving full benefit from their education due to mental defectiveness or social backwardness. As a result, there was much discussion among educationists, medical professionals and social workers about the need for some method of classifying and treating or training those who were potentially backward or delinquent.

Francis Galton (1822-1911) was the first to advocate the scientific study of individual pupils with a view to making practical recommendations for treatment and training both at home and at school (Keir, 1952). In 1884 he opened an 'anthropometric laboratory' to measure the "human form and faculty" as described in his publicity sheets.

The work by Galton was continued and extended by Sully. His Studies in Childhood (1895) was "the first systematic study in England of the development of children's behaviour" (Thomson, 1968). Educational, neurotic and behavioural disorders, in his view, were essentially interlinked. He was the first to use the term 'maladjusted' with its modern connotation. Like Galton, Sully insisted on the need for large scale surveys to provide baseline information so as to

be able to work more effectively with problem children. The information he wanted was: (a) about the average or normal characteristics of children at successive stages of life, (b) about the approximate number of cases needing special attention, special treatment or special type of school, and (c) about changes in mental and educational level from year to year or from one generation to the next.

The problem of educating 'normal' children with mentally defective and socially backward children which Galton and others attempted to tackle in England, was also felt in other countries of the Western world. The developments in France particularly influenced the studies and treatment of maladjustment of children in this country also. In France, the problem was so pressing that the Minister of Education named a commission in 1904 to select the children for normal or special schools. The Commission decided that children suspected of subnormal intelligence should not be eliminated from normal school without first taking a special test. The task of developing and applying such a test was entrusted to Binet. In 1905 he, in collaboration with Simon, formulated a scale which with its subsequent revisions became a standard method for testing the intelligence of children. Cyril Burt, later, adapted and standardised this scale for use in this country.

The London School Board in 1890 appointed its first medical officer and its example was followed by many School Boards. It is reported that 85 local education authorities

had their school medical officers by 1905 (Moncrieff, 1953). The Simon-Binet scale had been found very useful by the medical officers for identifying subnormal or backward pupils. By 1913 several local education authorities also began establishing psychiatric clinics "for the purpose of diagnosing children who were considered incapable of benefiting from education in a normal school" (Underwood Report, 1955).

In 1913 the London County Council appointed Cyril Burt, a psychologist, whose duties were to investigate cases of individual children who presented problems of special difficulty and who might be referred for examination and to make recommendations for suitable treatment or training of such children.

Around this period it was increasingly becoming clearer that the adjustment or maladjustment of the child involves not only himself but also his environment, and that his environment includes his home, school and all the relevant conditions of the neighbourhood, such as streets, playgrounds, cinemas, companions, etc. (See chapter on Environment in The Young Delinquent by C.Burt, 1925).

Many paediatricians began to show particular interest in maladjusted children. One of them was Dr. Hector Cameron who published The Nervous Child in 1919, based on his experience in the children's department at Guy's Hospital. His book showed the close association between the emotional and physical well-being of a child.

Developments between the Two World Wars

The psychoanalytic theory of Sigmund Freud was slowly gaining acceptance in the first two decades of this century. In the first World War numerous cases of shell shock were treated and as a result it was generally recognised, confirming Freud's discovery, that neurotic symptoms have emotional causes and could be effectively treated only by investigating those causes and eradicating them as far as possible. In 1920 the Tavistock Clinic (The Institute of Medical Psychology) was established in London through the efforts of Crichton Miller, to deal solely with the increasing number of patients suffering from neurosis. Originally the clinic was intended for adult patients only. After 1926 a special children's department was opened. However, it occasionally treated children before this date and indeed, its first patient was a child. Several hospitals also provided facilities for treating neurosis of children and the Maudsley hospital which was opened in 1923 deserves special mention.

Experience of running child guidance clinics in America had certainly helped to open similar clinics in this country in the 1920's. The Boston Psychopathic Hospital appointed a social worker in 1912 to its staff of psychiatrists and psychologists. This interprofessional approach to the problem of the clients arose from the conviction that the conditions which they were treating could not be considered in abstraction from the early life experiences and social circumstances of their patients and that the social worker, by his training, was the one to investigate these areas. The idea of a clinic with

a team of workers from different professions was copied by several clinics, especially by those which treated juvenile delinquents.

The Jewish Health Organisation opened the East London Child Guidance Clinic under Dr. Emmanuel Miller in 1927 on the American pattern. In 1929 the London Child Guidance Training Centre was opened in Islington as a clinic with the assistance of Commonwealth Fund and with a group of social workers specially trained in America. This was the first centre in this country for the training of psychiatric social workers, psychiatrists and psychologists.

The Education Act of 1921 made it a duty of local authorities to ascertain all defective children who were defined as those who by reason of mental or physical defect were incapable of receiving proper benefit from normal education. In 1932 the local education authority of Leicester began a Day Special School as an experiment for children of good intelligence (with IQ not less than 90) who were below standard in school work or who were misfits in other ways. It had a psychologist and a psychiatric social worker on the staff.

Birmingham was the first local education authority to open a child guidance clinic in connection with the Birmingham Education Committee's Special School Service in 1932. Later it officially became a part of the school medical service. By 1939, it was estimated that there were 17 clinics wholly

maintained and 5 partly maintained by local education authorities, besides a number of private clinics.

Developments during the Second World War

During the Second World War many of these promising developments were brought to a standstill, due to the shortage of trained staff and the evacuation of thousands of children from their homes. About 750,000 school children, 542,000 mothers with young children, 12,000 expectant mothers and 77,000 other persons in England and Scotland had to leave their homes. Families deprived of fathers, mothers deprived of husbands and children, and children deprived of parents had the traumatic experience of war and separation which produced widespread emotional problems. A number of studies on the adjustment problems of evacuated children were undertaken (Davidson and Slade, 1940; Straker and Thouless, 1940; Burt, 1940; John, 1941; Keir, 1942; McClure, 1943). All these studies indicated the importance of stability of environment for the child's well-adjusted growth and development. The increase in difficulties of adjustment was traced largely to the insecure environment which resulted from the massive evacuation and broken families. Where steps were taken to alleviate the adverse influences by ensuring the presence of mother or siblings, the adjustment problems decreased. Many of the children studied had appeared normal at home and at school before the evacuation, but developed anxieties and disturbances as a result of being uprooted from their homes and transferred to strange surroundings.

Postwar Period

The Education Act of 1944 required of local education authorities that every child should be educated in accordance with his age, ability and aptitude and to have particular regard to "the need for securing that provision is made for pupils who suffer from any disability of mind or body by providing either in special schools or otherwise, special treatment, that is to say education by special methods". The Act imposed the obligation to define in regulations the categories of pupils requiring special educational treatment. Previously only five categories of handicapped pupils (educationally subnormal, physically handicapped, blind, deaf, and epileptic) have been recognised. The Handicapped Pupils and School Health Service Regulations, 1945, included the category of maladjusted pupils also. It also laid down ways and means for the effective running of special schools.

It is reported that by December 1954 there were 32 boarding special schools, 3 day special schools and 45 approved boarding homes for maladjusted pupils. There were 1,157 maladjusted children maintained in the boarding special schools and 1,077 maladjusted children in approved independent schools. There were, however, 681 maladjusted children in England and Wales awaiting places in special schools. The average waiting period for admission was between three to six months. By this time there were about 300 child guidance clinics, most of which were part-time clinics for the treatment of maladjusted pupils.

Meanwhile concern over the increasing number of maladjusted pupils and their treatment was widely felt and in 1950 the government appointed a committee under the chairmanship of Dr. J.E.A. Underwood "to enquire into and report upon the medical, educational and social problems relating to maladjusted children, with reference to their treatment within the educational system" (Underwood Report, 1955). The Committee submitted its report in 1955 with about one hundred recommendations (see pages 144-151 of the Report) on the child guidance service, other forms of day treatment, residential treatment and on measures of prevention.

The Handicapped Pupils and Special Schools Regulations, 1959, extended the categories of handicapped pupils. They were (as amended in 1962):

1. Blind. Pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight .
2. Partially Sighted. Pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight .
3. Deaf. Pupils with impaired hearing who require education by methods suitable for pupils with little or no naturally acquired speech or language .
4. Partially Hearing. Pupils with impaired hearing whose development of speech and language, even if retarded, is following a normal pattern, and who require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils .
5. Educationally Sub-Normal. Pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form

of education wholly or partly in substitution for the education normally given in ordinary schools .

6. Epileptic. Pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils .
7. Maladjusted Pupils. Pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment .
8. Physically Handicapped. Pupils, not suffering solely from a defect of sight or hearing, who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools .
9. Pupils suffering from Speech Defect. Pupils who on account of defect or lack of speech not due to deafness require special educational treatment .
10. Delicate. Pupils not falling under any other category who by reason of impaired physical condition need a change of environment, or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools .

The local education authorities reported that in 1968 there were 11,417 maladjusted children as defined above in England and Wales requiring special education and that the 367 child guidance clinics in the country had a caseload of 61,358 maladjusted pupils.

Statutory Provisions for Maladjusted Children

At present there exist within the educational system of this country a variety of statutory provisions for the ascertainment and treatment of maladjustment. Only a brief mention of them is possible here.

Ascertainment of Maladjustment.

Section 34 of the Education Act, 1944 specifies that it shall be the duty of every local education authority to ascertain what children in their area require special educational treatment. Section 8 of the same Act lays upon every authority the obligation to make provision for special educational treatment in special schools or otherwise for pupils suffering from any disability of mind or body. The local authorities are empowered under Section 34 to require a child in their area over the age of two to be submitted for medical examination on his physical and mental disability. Similarly the parents of any child over the age of two has the right to ask the authority to cause him to be medically examined for the same purpose. On examination of the child, the medical officer gives advice to the authority. The authority has also the duty to obtain necessary information from teachers and others about the ability and aptitude of the child. It is then up to the local authority to decide whether the child needs special educational treatment and to provide it if needed.

Special Educational Treatment.

When the child is found to be maladjusted, the local authority is under obligation to provide him with special educational treatment (see Section 8, Education Act, 1944 and Section 33(2) of Education (Miscellaneous Provisions) Act, 1953). The special educational treatment was defined as education by special methods appropriate to the particular disability from which a child is suffering.

The special educational treatment may be provided by any one of the following procedures:

(a) Special Schools. "Special schools are those which are organised for the purpose of providing special educational treatment for pupils requiring such treatment and are approved by the Minister for that purpose" (Section 9(5), Education Act, 1944). Special schools may be under the auspices of local education authority (maintained special schools) or of the voluntary bodies (non-maintained special schools). There are both day and boarding special schools. The local education authority has power to make order directing that a child of compulsory school age shall attend a named special school.

(b) Ordinary Schools. Many maladjusted children are treated in child guidance clinics while they attend the ordinary school system.

(c) Home Tuition. The local authorities are empowered (Section 56, Education Act, 1944, as amended by the First Schedule to the Education (Miscellaneous Provisions) Act, 1948) to make with the approval of the Minister, special arrangements for children to receive education otherwise than at school if the child, by reason of any extraordinary circumstances, is unable to attend a suitable school.

(d) Boarding Education. Boarding accommodation of maladjusted pupils may be at the school itself - See Section 6(2)(b), Education (Miscellaneous Provisions) Act, 1953 - or in boarding homes (hostels) or with foster parents - see Section 50(1), Education Act, 1944, as amended by the

Education (Miscellaneous Provisions) Act, 1948.

The School Health Services.

The local education authorities are required to provide at appropriate intervals for the medical inspection of all pupils and for free medical treatment (Sections 48 and 78 (1 and 2), Education Act, 1944). Again in Part II of the School Health Service and Handicapped Pupils Regulations, 1953, they are required to establish a school health service for medical examination, inspection and treatment of pupils. The regulations also stipulate that a principal school medical officer for the efficient conduct of the school health service, and such other medical officers, nurses and other persons as may be necessary, be appointed.

In many local authorities, school psychological services and child guidance clinics function in close collaboration with the school health service. The power of local authorities to provide school psychological services derives from their general duty to assess the ability and aptitude of children to provide the necessary and appropriate education (Section 8, Education Act, 1944). Their power to provide child guidance clinic services derives from their duty to secure the provision of appropriate medical treatment to pupils (Section 48, Education Act, 1944).

Conclusion

Morris et al (1957) made the following comment on the progress made in the field of mental health of children:

I think the general lesson is that the fight for mental health is never likely to be final. The struggle to become fully civilized and mature will always be with us. Every generation faces this problem in a new form, and this will continue to be true. Mental health is not something mankind can achieve once and for all. Every child born into a family has to be turned into a truly mature human being. The secret of civilization lies in what the family does in each generation, and stripped of the characteristics of the time the essential problems are always the same.

The brief review in the previous pages shows that our knowledge concerning the nature and causes of and treatment for maladjustment, and the statutory provisions for the maladjusted children have come a long way in the course of the Twentieth century. In addition to the consideration of biological causal factors, psychological and sociological factors also are posited and investigated. The origin of the child's problems is no longer sought solely within the child itself; the significant contribution of his environment is now acknowledged. This influence of environment on a child's adjustment will be discussed in the next chapter.

CHAPTER II

BACKGROUND AND PURPOSE OF THE STUDY

The Usefulness of Studying Childhood Problems

At the heart of the modern concern and statutory provisions for the care and welfare of maladjusted children described in the previous chapter, is the recognition of the fact that the earliest experiences of an individual form the basis for much of what develops in later life. When Wordsworth stated that 'the child is father of the man', he was suggesting that adulthood may be viewed as the unfolding of qualities developed in childhood. Milton also expressed this idea when he wrote: "Childhood shows the man as morning shows the day". It is childhood experiences that vitally affect the adulthood of the individual. In the child we see, according to this view, the embryo-adult and should therefore be able to anticipate what he will be like. The maladjusted child of yesterday is potentially the maladjusted parent of today and his offspring the maladjusted children of tomorrow. If, therefore, one is to understand human beings at any stage of their growth, it is important to study their early life experiences which will lead us to greater understanding of the individual adult and to a recognition of the factors and influences that make each person unique. Such a study will also help us to become more aware of children as growing individuals with needs, desires and feelings. When we are cognizant of the social, cultural, physical, emotional and intellectual factors which influence children's behaviour in

different societies, it also becomes easier to guide them and render them appropriate and effective help in a multi-racial society.

How Important Is Our Child Population?

The importance we attach to the care and training of our child population, to bringing them up as well adjusted citizens can be more or less gauged from the amount of money we spend on their education. According to the 1971 census, there were 11,676,500 children under fifteen in the United Kingdom. This was about 23 per cent of the general population. The total expenditure by the public authorities in England and Wales in 1969-70 on education and related items such as school-meals and milk, maintenance grants, transport facilities etc., amounted to £1,979 million. In 1973 about 13 per cent of the national income was spent on the item of education alone, excluding health and welfare, second only to expenditure on social security.

Socialization of Children at Home and at School

Each society has a value structure and a set of social objectives; childhood may be viewed as a period of social education and training in which children learn the society's value structure and social objectives. This social education and training is imparted first and foremost at home and at school.

The child's initial reactions are confined to the home

environment, that is with the parents or parent-surrogates. They begin preparing and training him from birth, so that he will fit into their particular sub-culture, accept the cultural values and prescriptions as to appropriate roles and behaviour. As Kaplan (1971) says, the home is a psychological laboratory within which human nature takes shape. The parents are in a position of primary importance because they have virtually exclusive influence over the child during the early highly formative years when the basic foundations of his personality are established.

There are many theories concerning the processes by which a child is transformed from an asocial organism into a socialized being. This is not the place to review an extensive and complex literature on socialization theories. However, the interest of the present study is in the relationship of maladjustment to a cultural context. Cultural behaviour is learned behaviour. And many of the behaviours and 'symptoms' which are categorised as 'maladjusted' are learned patterns of behaviour (Eysenck and Rachman, 1965). After all, culture, according to Hallowell (1959) defines the situations that will arouse certain emotional responses and not others, the degree to which the response is supported by customs or inhibitions demanded, and the particular forms which emotional expressions may take. Klineberg (1935) exemplifies this view in the following lines:

Culture appears, therefore to determine the situations that will arouse an emotional response, as well as the extent to which the response is overtly expressed, and the particular forms which the expression may take. It may make death an occasion of sorrow in one society, and

in another a matter of rejoicing. It may demand a people show the violent demonstration of grief and the suppression of any sign of physical suffering ... It may make one people 'emotional' and another 'phlegmatic' altogether apart from their biological constitution...

The translation of an Oriental community like that of the Indian families in this study with their distinctive cultural, social and educational features, to a Western society like that of the British, is likely to give rise to problems which are of considerable scientific interest. Detailed discussion of this point will be taken up later in this chapter.

The other agency of socialization is the school. Ordinarily, a school is the first community outside the family into which the child ventures for any length of time. He spends approximately 14,000 to 16,000 hours in classroom settings during the course of his twelve years of schooling (Clarizio, 1969). In the school he acquires knowledge and gains intellectual, emotional and social growth. Much has been written in recent years concerning the development of the 'whole' child as the goal of education and of the crucial role of the schools in this undertaking. The Second Report by the Commonwealth Immigrant Advisory Council (1964) states the aim of education of immigrant children as "... producing citizens who can take their place in society properly equipped to exercise rights and perform duties which are the same as those of other citizens" (Command Paper 2266). In order that pupils may achieve the goal of becoming well-rounded and constructive citizens through education, they have to be emotionally 'well-adjusted'. Cyril Burt (1965) on the basis

of his wide experience concluded: "... there can be little question that the basic qualities of a child's temperament and character have far-reaching influence on his educational progress". Angelino et al (1956) more cogently state this belief in these words: "Certainly it is almost axiomatic to state that a child cannot be expected to do good school work, particularly in such problem-solving activities as are required in academic skills, if he or she is emotionally disturbed, anxious or worried. No human organism can perform at maximum efficacy under such a burden". The National Survey of Health and Development (Douglas et al, 1968) observed a close relationship between maladjustment of children and their academic performance at eight, eleven and fifteen years of age. There is an imposing array of findings from numerous studies which demonstrate that maladjustment and failure at school are closely associated (Chazan, 1964; Shepherd et al, 1971).

Emotionally handicapped or disturbed children are a problem not only to themselves and to their families, but also to the school. Bower et al (1961) in their Californian study demonstrated that emotionally maladjusted children are:

- seriously below average in school achievement;
- frequently involved in disciplinary problems;
- in need of seventeen times as much attention from the guidance staff as do normal children;
- in need of more home calls by Child Welfare and attendance workers;
- more frequently referred to the nurse's office for illness, rest or discomfort;

and involved in more vehicle code violations and had a greater incidence of contact with police.

The Immigrant Child Population

A discussion of the adjustment of immigrant children in general, or of a specific ethnic group of immigrant children, becomes particularly pertinent given the number of immigrant pupils in British schools. There were in 1970 a little over seven million pupils in Primary and Secondary Schools of England and Wales, 3.5 per cent of whom were immigrant children. The following table summarizes the statistics for the five year period from 1966 to 1970.

Table II.1 Pupils in Maintained Schools in England and Wales from 1966 to 1970.

Year	All Pupils	Immigrant Pupils	Immigrant Pupils as a percentage of all Pupils
1966	7,183,165	148,000	2.1
1967	7,038,110	183,776	2.5
1968	7,541,969	220,212	2.9
1969	7,753,002	249,664	3.2
1970	7,477,247	262,279	3.5

(source: Department of Education and Science (1970)
Statistics of Education 1969, Vol. I, HMSO)

The age distribution of the 262,279 immigrant pupils in 1970 shows that 67 per cent of them were still in the Junior Schools and about 30 per cent were of the High School age-group.

Table II.2 Distribution by Age of Immigrant Pupils in England and Wales in January 1970.

Age		Immigrant Pupils
Under	5	8,327
	5	32,615
	6	32,613
	7	28,452
	8	23,371
	9	21,088
	10	19,439
	11	18,022
	12	17,040
	13	17,741
	14	18,166
	15	13,850
Over	15	11,555
TOTAL		262,279

Within the immigrant school population, Indian children form the single largest national group. Their number, according to the 1970 statistics, was 53,237 about 20 per cent of all immigrant pupils in England and Wales. Whilst 23 per cent of the population of England and Wales are 14 and under, nearly 30 per cent of the population of Indian origin are in this age group. In 1967 there were only 33,122 Indian pupils and in 1970 the number rose to 53,237, an increase of 20,115. The proportion of Indian immigrant pupils is likely to keep on increasing as more children are born to Indian couples; a majority of these parents are in the reproductive age group.

According to the 1966 Sample Census, 55 per cent of all coloured immigrants as against 39 per cent of the total population in England and Wales were in the 15 to 44 age group; 11 per cent of the coloured population and 38 per cent of total population were over 45 years of age. (See also Second Report by Commonwealth Immigrants' Advisory Council, 1964).

As stated earlier, the declared purpose of education for these immigrants, is "producing citizens who can take their place in society properly equipped to exercise rights and perform duties which are the same as other citizens." As Bowker (1968) concludes, this means that the task of British schools in relation to the immigrant children will be two-fold: first, the transmission of culture which involves passing on of appropriate knowledge and skills, and second, resocialization - relearning a different set of rules, norms and social conventions to facilitate social integration. This raises some interesting and vital questions:

Does the imparting of Western education to the immigrant and English children with the same goals and objectives, create any problem or conflict for the immigrant pupils with different cultural background and family upbringing?

What kinds of adjustment do immigrant pupils - struggling between two cultural worlds - make?

What happens when they have to make choices which create conflicts?

Can the child afford to lose the approval and acceptance of his parents and cultural group by identifying with

the opposing values and norms of the host culture?

Will the host culture offer him the same approval and acceptance as it offers to its own members?

What kind of guilt feelings would such an identification with an alien culture create in the immigrant child and what would its impact be on his adjustment?

Some of the above questions are beyond the scope of the present study but before attempting to answer others, we will consider first the general impact of migration on immigrant families.

Migration and General Problems of Adjustment of Families

Migration over long distances has played a continuing part in the adjustment of modern man to his environment. As far as Europe is concerned, no period of its history had been free of substantial shift of population within the continent. And since the Sixteenth century migrations beyond its borders have been more frequent. Thus migration is not a new phenomenon, but what is new is the complex social problems it produces. Shifts of people from one environment to another involve a variety of problems. Hill (1969) says that whenever two human groups from contrasting social origins are brought together in primary social interaction, a chain reaction of social processes is initiated, one of whose inevitable outcomes is conflict. The cultural adjustments may be too trying both for immigrants and for the countries that receive them.

Various studies have shown that migration of people belonging to a particular culture into a new and alien culture is one of the factors in the aetiology of various psychological problems. Maddison (Australia) found that "... there is a substantially higher percentage of Polish migrants in mental hospitals than would be expected from the incidence rate for the country as a whole".* Malzberg and Lee (1956) found that "... the rates of first admission to mental hospital for mental disease were markedly higher for migrants than for non-migrants regardless of sex or colour". Other studies by investigators, such as Weinberg (1949) and Murphy (1955) have concluded that mental health problems are correlated with migration and that immigration can give rise to complicated social and psychological difficulties either directly or by triggering off dormant and unresolved conflicts within the individual himself.

Several epidemiological studies in Britain on the mental health of adult immigrants have reported that psychological problems are more prevalent among immigrant populations resulting from stress and strain subsequent to migration, than in the host community. Pinsent (1963) found that West Indian immigrants had a mental illness rate twice that of his English control group. Tewfik and Okasha (1965) studied the pattern of mental illness in 124 West Indians and attributed the higher incidence of mental illness among the study group than the control group, to the difficulties of adapting to a new

* As quoted in Fried, J. "Acculturation and mental health among Indian migrants in Peru", in Culture and Mental Health. (Ed. Opler, M.K., 1959) New York: Macmillan Co., pp.119-137.

environment. Gordon (1965), Kiev (1965), Stroud and Moody (1967), Hemsli (1967), and Graham and Meadows (1967), all confirmed earlier findings of higher rates of mental illness among the West Indian adult immigrants. One recent report by the Children's Department (1970) gives the following statistics about adult mental illness:

In Birmingham 9.31 immigrants/1,000 population suffered from mental illness against 6.14/1,000 of British born persons. Immigrant groups earlier in history have shown high incidence of mental disorder and depression.

One reason for the higher rate of mental illness among adult immigrants according to some authors is the fact that more people with mental illness tend to emigrate than normal people. For example, Odegaard's study (1932) on Norwegian immigrants to America and Mezey's study (1960) on Hungarian refugees suggest that individuals with a schizoid personality were much more likely to emigrate so that the proportion of schizophrenics is higher among the immigrants than in the host population. It is rather difficult to establish beyond doubt that migration causes mental illness; nor do we intend to enter into a discussion here to establish cause-effect relationship of migration and mental illness. We could, however, safely assert from a number of studies mentioned above that the stress and strain resulting from migration to a strange and even hostile environment had contributed to mental illness among the groups studied.

It has to be noted that most of the studies on the mental illness of adult immigrants undertaken in the UK have been concerned with one particular ethnic group or other - mostly with

West Indian immigrants. However, the conclusions about the prevalence of mental illness tend to be applied to all the immigrant groups in the UK. The Indian families in the UK in contrast to the West Indian families possess a stable culture and strong family ties and might be protected from a high occurrence of psychological and psychiatric problems. The truth is that no systematic study has been undertaken on the prevalence of emotional and behaviour disorders among the Indian immigrants in the UK to establish such a difference.

Impact of Migration on Children

Maladjustment occurs among all sub-groupings of the general population, but it would be difficult to suggest a particular group in whom the consequences are more serious than is the case with young pupils. We have seen above that well-adjusted emotional development of pupils is one of the goals of school-life and that satisfactory academic achievement is practically impossible without such healthy development. But how well-adjusted are pupils in our schools? Although the estimates vary, "most investigations have shown that between 5 per cent and 12 per cent of children are maladjusted" (Rutter et al, 1970).

We have already seen how several studies of mental ill-health of adult immigrants have failed to make clear distinction between the West Indian immigrants and other ethnic groups, particularly the Indians. The same lack of differentiation prevails among the few studies of the deviance of immigrant children.

Most studies of immigrants in Britain have ignored the adjustment problems of immigrant children. This is probably due to the fact that many male immigrants originally came here alone. This meant that during the earlier stages of immigration few immigrant children arrived - a phenomenon especially true in the case of Indian immigrants to the UK, and discussed later.

For the sake of discussion we may group the adjustment problems of Indian immigrant children into two broad groups: those related to the home and those related to the school environments.

Potential Sources of Emotional Problems for Indian Children Related to Home Environment

The problems centred around the home arise mainly from separation and cultural impact. Among Indians it was the usual practice for the bread winner to come to this country first to establish a home before his wife and children could join him. If she came with him, or soon after his arrival, the children, even if they were infants, were left with relatives in India. This was likely to be very disturbing to a child, not to mention disrupting to the psychological equilibrium and happiness of the whole family. There is always the possibility, given what we know from the 'maternal deprivation' or 'separation' literature (Bowlby et al, 1956; Ainsworth et al, 1962) that the child might experience traumatic anxiety and grief when his parents depart despite the mitigating circumstances of extended family life.

Triseliotis (1968) describes the effects of this separation in these words: "Separation from the people we are fond of tends to give rise to different degrees of depression and anxiety. It is a general feeling of loss, not very different from that experienced through the death of a loved person".

There may have been years of this kind of separation before he joins his parents in this country. When he arrives he may find, to his bewilderment, new siblings born in this country who are established as members of a family in which he feels a stranger. He has lost his privileged position in the family; he may arrive here with only the faintest memory of his own parents if they left him in India as an infant; they are virtually strangers to him. Or again before leaving India to join his parents he might have established focussed attachments and deep emotional relationships with his parent-surrogates. In leaving them behind, he is likely to miss them badly. This second separation from those whom he loved, could also create problems of adjustment. The child who had been separated from his parents and has later rejoined them may thus be under intense strain in renewing his relationship with them.

On his arrival in this country, he may be both confused and upset, depending partly on his age, partly on the length of his separation, and also on the nature and quality of the substitute care he has received. Immigrant children, like war-time evacuees, carry the memory of traumatic separation with them for a long time. The youngster may still not understand clearly why his parents, when leaving for the

United Kingdom, left him behind, particularly if some of his brothers and sisters were brought over earlier than he was. It is possible to understand the parents' disappointment and their ambivalent attitudes and reactions when, meeting their children after a long separation, they find them confused, resentful and withdrawn.

The other probable source of problems centred around the home is the ethnic background. The translation of an Oriental community with its distinct family, cultural, social and educational features to an environment so strikingly dissimilar from its own is a process beset with problems. Most of the Indian parents still carry with them the ideas about family life, child-rearing and disciplining of children which are prevalent in their country of origin. They come mostly from an outdoor-orientated life to a largely indoor one, and from a relatively slow moving agricultural society to a fast moving industrial one. They may be slow to adapt to the social changes of the Western society. Great stresses and strains, as a result, may be imposed on the family life. Added to the child's burden of his family's slow pace of adaptation to a new culture, are the individual psychological stresses resulting from exposure to comparatively Victorian parental values concerning social activities, marital and sexual attitudes and practices. The family's religion and culture impose certain prohibitions on dress, diet and behaviour which seem to be normal in the host society. Children are required to bridge the gap of generations in a few years.

The discipline in an Indian family can be strict and authoritarian. Indian parents do not expect their decisions to be seriously challenged. Any child who rebels, runs a serious risk of sanctions, even corporal punishment. It is usual for the father to wield absolute authority in the family and he expects to be consulted by other members of the family over most of the things they do.

The restraints wielded in the family extend even to leisure activities. Many parents do not allow their children to join local clubs or other organisations, especially if they are of a mixed type. They are anxious that their children should not be 'spoilt' or 'contaminated' by too much contact with the 'permissive' society of the West. Most Indian parents keep a specially tight rein on their daughters, who are not allowed to have boy friends. They simply do not want their daughters to take part in social activities where boys may congregate. Arranged marriages are still the order of the day.

An Indian child coming from a family with this cultural background is bound sooner or later, to find himself in a situation of conflict. The disciplining will be greatly resented when the child compares the treatment he is getting with that received by his English counterparts. Soon the child becomes aware that his parents are stricter in many respects than the English parents and are not in tune with the society at large. He senses a conflict between the values of his parents and those accepted by the host community. Being accustomed to an authoritarian upbringing, but finding himself in a relatively permissive society, he may naturally wish that

he too could have the same amount of freedom, the same kind of leisure activities and he may try to obtain them somehow.

An Indian parent wrote to the local daily newspaper in Leicester disapproving of couples cuddling in public. A teenage Indian girl admonished him in a reply asking him to realise that he is living in a new country. She had this to say: "The older Indian generation feels that we teenagers must keep to our traditions, but they don't realise that we will have to change sometimes. If they won't change, I am sure my generation will" (Leicester Mercury, 1971). Many teenagers may agree with her, but may not be so boldly forthcoming.

In these and other ways immigrant children are exposed to a conflict between the two cultures. That adult immigrants seem to escape many of these difficulties, may be due to the fact that they are so deeply rooted in their own culture that they live only on the periphery of the host culture. The fate of the young immigrants differs considerably. They are greatly influenced by the host culture mainly through the socialization agencies of school and peer groups. They are caught in the cross currents of the two power groups of home and outside world, each of which extends rewards for conformity to its own way of thinking and acting and punishments for deviations from it. The result may be that the young immigrant may find it difficult to bridge the gap between the two cultures and may resort to behaviour involving social aloofness or rebelliousness.

An immigrant child might escape cultural tensions to some extent if his parents could assimilate themselves with the host culture. As long as the two sets of influences complement each other in giving the child a sense of security, or at least as long as they do not clash, serious problems may be avoided. But when they do clash, as they must on occasions, the child is faced with difficult problems of choice and adjustment. He cannot afford to weaken the ties with his own family and ethnic group, yet at the same time he cannot remain immune from the other social influences with which he now comes into contact in his daily life.

There are other situations too in the case of an Indian immigrant child which reinforce his problems. The Indian mother hitherto had only a passive role at home leaving the entire running of the household to the male head. She did not share the role of breadwinner and was satisfied with her traditional duties of child rearing, cooking and serving the meals to the members of the household. But in the new environment she frequently takes employment for economic reasons and shares the role of the breadwinner. This may bring some kind of independence and assertion to her character - something rather threatening to the traditional and 'omnipotent' authority of husband. Such a change in the roles of members of the family also may lead to confusion and psychological disequilibrium in the family.

Potential Sources of Problems related to School Environment

In considering the adjustment problems of Indian children in school, we have to bear in mind that they can be divided into two groups with varying problems of adaptation to cope with: those who were born and brought up in this country and those who were born and brought up in India before joining their parents in this country. The latter may have had some schooling in India or none at all. The following analysis of the difficulties of this group may also be applied mutandis mutatis to the former group.

Generally speaking the children who arrive in this country during their school-age years face difficulties mainly in relation to their initial period at school, language, student-teacher relationship, high parental expectations and cultural differences.

Initial period at School

Once reunited with their parents, the children are soon enrolled in the schools. Adaptation to the more liberal and less structured educational system than any they have hitherto known, which is demanded of them, is Herculean. Many Indian parents, not having experienced the educational system of this country, do not fully appreciate the nature of the handicaps which their children face in school. They are enrolled at a time when they are adapting to radically new life experiences, perhaps with resentment or shock. The schools in the United Kingdom are different from the schools in India which they have attended. The teaching methods and techniques, the use of books and the disciplinary practices require many

adjustments. The child's awareness of his disadvantage in joining the British school at an inappropriate time of the school year and being unable to catch up with his peers is a potential source of frustration. Finding himself condemned hopelessly to the lower streams of the class, he is likely to seek alternative sources of satisfaction and prestige, detrimental to his healthy development.

Language Problem

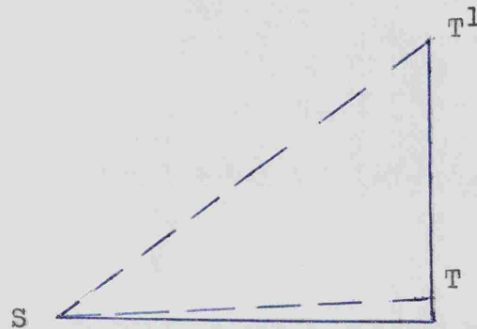
The most pressing of all problems of the child in the school could be his language problem. Most of them come to the school without sufficient command of English. Not only their ears but also their hands have to adjust themselves abruptly to new verbal stimuli - instructions and requests. They need special language classes before they are able to follow the ordinary class.

There is a growing body of opinion, as Bowker (1968) points out, that language problems cannot be considered in isolation but go hand in hand with problems of social and emotional adjustment to life in this country and in its schools.

Student-Teacher Relationship

For an Indian pupil his British teacher is not more or less on the same level (T) in their relationship (see the diagram). The teacher is perceived by the student (S) on a higher level (T₁). The behaviour of the British teacher, based on her assumption that she is more or less on the same

level (T) confuses the pupil and creates difficulties in communication. The degree of difficulties in communication depends on the degree of discrepancy between the teacher's own and her image held by the student.



Bennet (1952) found that while the Japanese students perceived their American teachers on a higher status position in their relationship, the latter behaved as equals rather than superiors. That cultural factors influence the perception of foreign students was also reported by Lambert and Bressler (1953).

High Expectations of Parents

Indian parents place a particularly high value on the education of their children and hence have high expectations with regard to their successful performances at school. As a result, some may unwittingly push their children in their school performance beyond their abilities. Their high level of aspiration is reflected in the children's attendance record. Tapper and Stoppes (1963) comment on the good attendance record of immigrant children at Bow Secondary School even during the unbearable smog of 1962 when many English children stayed away. They attribute this to the influence of parents. The child may sense any failure to

fulfil parental expectations and this may lead to a vicious cycle of unrealistic ambitions, failure, disappointment and subsequent emotional problems.

Conflict of Family and School Cultures

Another major handicap for the children comes from the divergent nature of the family culture and the school culture. What has been said above regarding the impact of the conflict between the family culture and the host culture, is also true in general in the context of school. The culture of the school (its norms, values, goals and procedures) may differ considerably from that of the home and this will tend to hinder the adjustment of the immigrant child. Williams (1966) in her study at Sparkbrook reported that teachers generally saw their roles as socialising, anglicising, and integrating agents by putting over a certain set of values (Christian), code of behaviour (middle-class) and a set of academic and job aspirations in which white-collar jobs have a higher prestige than manual. The teachers expected their immigrant children to conform to the English way of life. In some cases the school rules may even interfere with religious customs and prescriptions. For example, if wearing of school uniform is enforced, Sikh children may not be allowed to follow their traditional dress; or if a special meal is not provided, many Indian children could not take school meals as their families are vegetarians or don't eat beef.

In the event of a conflict between the home and school cultures what sort of adaptation, and what choices will the

child make? Bowker (1968) ventures to make a prediction along the following lines:

Clearly the children whose own aspirations coincide with those of the home and the policy of the school are most likely to make a smooth social and economic adjustment to life in this country. Those who reject the culture of the home and adopt that of the school will be handicapped by conflict with parents. This is sometimes the case where the rigid control methods of immigrant parents contrast sharply with more permissive and normative methods of the school and of native parents. Here the children may become more and more anglicized against the wishes of their parents. Those rejecting both home and school may opt out of the educational process altogether, either by withdrawing into isolation or by rebelling.

Furthermore, immigrants tend to settle in twilight areas where the prevailing social conditions are such that there is a cultural gap between the values articulated by the school and teachers and those shown by the families and children of the host community in such areas. The immigrant children are thus faced with a confused socialisation process in which the home, the school and the peer group may present three sets of role models within which a workable synthesis is difficult.

As Bowker (1968) says all immigrant children, whatever their relationship with home, school or peer group, will find themselves in a marginal situation where they are no longer fully accepted by either the family, because of their English education, or by the native community because of their colour or their cultural origins. For the individual there is likely to be a crisis of identity in his quest to find an answer to the question: "Am I English or Indian ?".

If the young immigrants were to live for a considerable period in a state of psychological indecision in search of identity, many of them may suffer from adjustment problems. The rate of delinquency, general social demoralization and restlessness may be more prevalent among them (see Erikson, 1965). Many immigrant children may experience that state of mind described by Merton (1963) as 'anomie'.* This implies a way of life characterised by a lack of certainty about norms and values; a feeling that the rules which formerly guided conduct have lost their force, savour and legitimacy; and a lack of social order in which people feel they can put their trust.

It is important to realize that school life, like any other form of human experience, must necessarily generate a certain degree of stress and strain. Tension is not, of itself, undesirable. It is merely that too much tension over a period of time becomes psychologically damaging. We must also remember that individuals are different and that an experience which for one child is bearable and even stimulating, may for another child, prove overwhelming and even devastating. Such considerations have a direct bearing on our discussion on the potential sources of problems related to school situation.

* The term was introduced by the French sociologist Emile Durkheim in his study of suicide. He believed that one type of suicide (anomic) resulted from the breakdown of social standards that men need to regulate their behaviour. The twentieth century U.S. sociologist Robert K. Merton studied the causes of anomie or normlessness.

Need for Systematic Studies

Teachers, local education authorities and social workers are aware of the tremendous difficulties facing the increasing numbers of Indian immigrant children but are hampered in their efforts to mitigate the ill-effects, by a lack of guidance derived from sound empirical research on the problems of adjustment of this section of the community. Many questions remain unanswered, such as, what is the prevalence of maladjusted behaviour among Indian immigrant children in relation to the children of the host community and of other ethnic immigrant groups?; how differently do the Indian immigrant children react to stressful situations at home and at school?

The main purpose of this epidemiological research, therefore, was to gain knowledge regarding the prevalence of maladjusted behaviour among a group of Indian immigrant children in Leicester, a typical industrial city in the United Kingdom.

CHAPTER III

MALADJUSTMENT

Introduction

In the past, childhood problems have been described by a number of technical and non-technical terms such as 'emotional problems', 'psychological difficulties', 'psychiatric disorders', 'behaviour problems' and 'maladjusted behaviour'. The child exhibiting the problems might be labelled variously as a 'problem child', 'nervous child', 'difficult child', 'abnormal child' or 'highly strung child'. In the present study we have preferred the term 'maladjustment' or 'maladjusted behaviour' to describe childhood behaviour problems, because (a) it is the term often used in the educational context, and the present study is concerned with a school population; (b) as an umbrella term it covers a wide variety of psychological conditions; (c) its very breadth and inclusiveness gives it a certain administrative convenience; (d) and it does not necessarily involve the concept of disease or illness.

Unfortunately, the term has certain disadvantages. It lacks clinical precision; a certain degree of vagueness is inevitable as it covers such a variety of conditions of disorders. Another disadvantage arises from the reification implicit in labelling a child 'maladjusted'. Since it is difficult for us to perceive concepts in an abstract way, we often reify them. Thus we tend to conceive of 'maladjustment'

or 'maladjusted behaviour' as some 'thing' - an entity internally present in the child.

In the present state of our knowledge, however, the advantages of using the term 'maladjustment' or 'maladjusted behaviour' as a nomenclature for emotional or behaviour disorders of a school-population outweigh the disadvantages. This is especially so in a survey-type of study like the present one. Maladjustment etymologically means a faulty adjustment and has a negative connotation. The concept of a deviation from a desirable type of adjustment requires us to start with a definition of the positive aspect of adjustment.

Historical Development

The term 'adjustment'* originated in Mechanics implying a 'harmonious arrangement' of the parts to the whole and to each other in the sense of adjusting the sparking plug or the spanner (Bhatnagar, 1970). During the late nineteenth century, with the increased emphasis on a mechanistic conception of life, the term began to be used by biologists. They applied the term in a dual sense, with reference to the balance between various organs or parts of the organism in their total functioning, as well as to the relationship of the total organism to its inorganic, plant and animal environment.

Social scientists borrowed the term 'adjustment' from biology. Both the term and its biological meaning were well

* The Latin verb 'adjutare' (ad = to; juxta = near) has the meaning of 'to bring close to' or 'to bring par with'.

known to the pioneers of developmental psychology, men such as Bain, Spencer, Galton and Sully, who were connected with the British evolutionary school. Spencer in his Principles of Psychology (1870) proposed that mental life consisted in continued adjustment of inner processes to outer processes. Sully (1892) viewed adjustment in much the same light. He sees the mental development of an individual as a progressive adjustment to his environment, and the normal child is one who is adequately adjusted to his environment.

Adjustment Involves Active and Passive Adaptation

Like the biologists, social scientists, at first, viewed adjustment only in terms of passive attempts by the individual to adapt himself to the environment. The fact that man possesses, unlike machines and plants, a unique ability to actively change the environment to suit himself was ignored. In a two way process the individual engages in the active re-ordering of the environment; the environment is reshaped, but in the process the individual also undergoes modification. Allport (1949) supports this view: "Adjustment must not be considered as merely reactive adaptation such as plants and animals are capable of. The adjustment of men contains a great amount of spontaneous, creative behaviour towards the environment. Adjustment to the physical world, as well as to the imagined or the ideal world, both being factors in behavioural environment involve mastery as well as passive adaptation". Applying this viewpoint to the immigrant children, who are the subjects of the present study, they may

be considered as adjusted when they not merely uncritically accept the limitations imposed by their new environment, but when they successfully engage in the process of reshaping their new environment by way of a contribution of their abilities, interests and culture.

Adjustment as Conformity to Social Norms

The term 'adjustment' raises the question of 'adjustment to what'. When applied to physical objects such as adjusting one's watch to Greenwich mean time, adjusting the height of the blade in an electric razor or adjusting flowers in a vase the idea is one of coming, or bringing, into line with a norm* or a standard and to that extent adjustment always involves the idea of following a rule. But what of people, as 'social objects'?

The family and the school as the two most important representatives of society for a child during his formative years, are responsible for training him to take his place as a responsible member of his society, a process called socialization. In this task, parents and teachers, to quote Herbert (1974)

... have a set of expectations with which the child's progress and present behaviour are compared. He becomes a problem when he fails to conform to these guidelines of intellectual, social and moral behaviour. These guidelines which he is being asked to adjust to in the name of social life are, of course, the norms which give rise to the designation abnormal. If the child cannot, or will not, adjust to the norms he is likely to be labelled 'maladjusted'.

* Etymologically the word 'norm' comes from the Latin word 'norma' which means 'standard'.

Thus there is an implicit, if not explicit standard of what constitutes normal adjustment. We are not dealing here with objective or absolute standards; these are social and value judgements.

Conformity to the norms and standards of the majority of a society, is considered by many to represent good adjustment or normality, while non-conformity is considered as maladjustment or abnormality. This practice may raise certain difficulties. If we were to identify maladjustment with non-conformity to the way of life of the majority of a particular group, how do we account for the behaviour of those who bring about 'radical' changes in society? As Hardiker (1972) explains, "there would never be any technological inventions or scientific and artistic innovations if no one ever departed from the norms". Some writers bypass this difficulty by saying that the concept of maladjustment is relative and can only be judged in terms of the particular group one belongs to. Furthermore, only non-conformity to the 'reasonable' norms and standards of a group should be considered as maladjustment. The difficulty still remains unanswered satisfactorily because many norms of behaviour considered 'reasonable' by one group may not be so for another group; and then again, that which is regarded as 'reasonable' today by a group might appear unreasonable in the future.

Internal and External Adjustment

Within the concept of adjustment, there seem to be two kinds of conformity - internal and external - to the norms and

standards of the society. Internal conformity takes place when the individual conforms to the society's norms because he wants to; and external conformity is present when an individual conforms to the society's norms not because he wants to but because the society wants him to and it is expedient for him to do so. The most psychologically comfortable adjustment for the individual (i.e. where cognitive dissonance is at a minimum) occurs when both internal and external elements are present and coinciding. Mason (1960) puts this view as follows: "A successful person is one who lives and grows in such a way that he is actively aware, relatively satisfied and feels largely successful with his internal adjustment and as a result of this exhibits behaviour that is generally approved by him and relatively acceptable to the outside world".

It is recognised that complete personal satisfaction could not be achieved by anyone and that some dissatisfaction is essential for activity. However at any given moment, one of the indicators of an individual's adjustment would certainly be the amount of satisfaction he derives from his socio-personal environment. Studying the adjustment of British immigrants in Australia, Richardson (1961) found that satisfaction with life in the new country was essential for their adjustment. Taft (1961) found similar results with Dutch immigrants in Australia.

Dimensions of Non-Conformity with Social Norms

Describing how normal and well-adjusted children differ

from those who are delinquent and maladjusted, Mays (1974) says: "The normal shades off into the abnormal, the non-delinquent into the delinquent, the adjusted into the maladjusted, and the dividing lines are both hazy and arbitrary and should not be allowed to mislead us into thinking that there are different kinds of children rather than children with different needs and different environments". It is generally agreed among researchers that the differences between the adjusted and maladjusted children are relative and that it is a matter of degree (Rutter et al, 1970; Shepherd et al, 1971; Herbert, 1974).

On the question what is normal, appropriate or desirable in the child's behaviour, there exist different standards in different cultures, different strata of society and in various professions. In assessing whether non-conformity to the norms and standards of the group constitutes maladjustment or not, a number of factors are usually taken into account: are the behaviours transitory, persistent, intensive and frequent?; are they tolerable or permissible in relation to the child's age, sex, ordinal position and social status? Do his actions have unfavourable consequences for himself and/or his social group?

Some authors have attempted to formulate childhood difficulties within a developmental framework. Erikson (1965) describes the psycho-social development of children occurring in various stages of development, in his book Childhood and Society. At each stage of development, there occurs series of crises which he names as 'trust-mistrust', 'confidence-doubt',

'initiative-guilt', and so forth and which the child has to resolve. Many of these developmental difficulties in children, especially in early years are related to inadequate responses to developmental tasks: essential activities such as, eating, sleeping, elimination and speaking. For example, the term enuresis is used for the child's failure by a certain age to learn to control the bladder; and the label 'stammering' is applied when he cannot articulate speech smoothly. Developmental conditions such as incontinence, and difficulties of sleep and speech do not constitute maladjusted behaviour until the child has been allowed a reasonable period of time to master the skills involved.

Several longitudinal studies have showed the transitory nature of many of the developmental adjustment difficulties of childhood. Here we will refer to two such studies, one American, the other English. MacFarlane et al (1954) studied 126 American infants as part of the California Growth Study initiated in 1929. This group of children was called the 'guidance' group of the study. Every third child born in Berkeley during an 18 month period in 1928-29 formed this guidance group. For his control group he had an equal number of infants aged between 21 months and 14 years. 46 problems were analysed and the method of data collection was by open-ended interview with mothers. He observed that various symptoms and symptom groups during development tend either to decline, increase, increase and decline, decline and increase or to show no change at all, with age as shown below.

Table III.1 Developmental Trends in the Expression of Symptoms

Type of Trend		Behaviour Item
I	Symptoms declining with age	Enuresis, encopresis, speech problems, fears, thumb sucking, overeating, temper tantrums, destructiveness.
II	Symptoms increasing with age	Nail biting.
III	Symptoms declining and then increasing with age	Restless sleep, disturbing dreams, timidity, irritability, attention-seeking, dependence, jealousy, food finickiness (boys), sombreness.
IV	Symptoms increasing and then declining with age	Poor appetite, lying.
V	Symptoms unrelated to age	Oversensitivity.

The study appears to have suffered from certain drawbacks. First, as the information was collected primarily from mothers, its reliability depended on what the mothers were able to observe and were willing to report and distortion could not be ruled out in the process. The investigators themselves acknowledged this limitation of the study. Secondly, of the 126 infants initially selected for study, only about 68 per cent (86) were available for assessment at the age of 14 and only 41 mothers came in with their children. This shrinkage over time in the lower socio-economic section of the sample produced a bias in favour of upper socio-economic section. However the findings of the study are of much interest.

Table III.2 shows the distribution of various behaviour items for different ages.

Table III.2. Behaviour problems shown by one-third or more of normal boys and girls, aged 1½-14 years at each age level. (Adapted from MacFarlane *et al.*, 1954).

	Age													
	1½	3	3½	4	5	6	7	8	9	10	11	12	13	14
Enuresis (diurnal & nocturnal)	B	G												
Soiling	B	G												
Disturbing dreams	B	G												
Restless sleep	B	G												
Insufficient appetite	B	G												
Food finickiness	B	G												
Excessive modesty	B	G												
Nailbiting	B	G												
Thumbsucking	B	G												
Overactivity	B	G												
Speech	B	G												
Lying	B	G												
Destructiveness	B	G												
Overdependence	B	G												
Attention demanding	B	G												
Oversensitiveness	B	G												
Physical timidity	B	G												
Specific fears	B	G												
Mood swings	B	G												
Shyness*	B	G												
Somberness	B	G												
Negativism	B	G												
Irritability	B	G												
Temper	B	G												
Jealousy	B	G												
Excessive reserve*	B	G												

*— Data not obtained

Another longitudinal study is that of Shepherd *et al* (1971) which was undertaken in Buckinghamshire. The distribution of the frequency of behaviour items of more than six thousand children at each age from 5 to 15 years is shown in the following table.

Table III.3. Percentages of children recorded as showing "extreme" types of behaviour at each age from five to fifteen. (From: Shepherd *et al.*, 1971.)

	5	6	7	8	9	10	11	12	13	14	15
	years	years	years	years	years	years	years	years	years	years	years
GIRLS											
Very destructive	2	—	1	—	*	*	—	*	—	1	—
Fear of animals	5	5	3	3	3	1	2	2	1	1	7
Fear of strangers	1	*	2	2	*	2	1	1	1	2	—
Fear of the dark	11	5	8	7	8	8	6	5	4	5	4
Lying	2	2	1	1	3	1	3	1	1	3	2
Dislike of school	1	3	2	4	3	2	3	3	5	7	4
Stealing	1	—	—	—	*	—	—	*	—	1	—
Irritability	10	9	9	10	12	10	12	10	11	16	11
Food fads	20	19	20	22	21	23	17	17	15	17	9
Fear of other children	—	*	1	1	*	1	*	1	*	1	—
Always hungry	5	6	6	10	9	10	10	13	15	11	16
Small appetite	21	17	21	18	13	12	12	8	7	8	5
Worrying	5	7	4	4	6	4	7	5	1	4	5
Whining	7	5	5	3	6	2	5	4	3	5	—
Restlessness	20	16	20	16	13	13	13	11	11	10	4
Underactivity	—	2	1	1	2	3	3	4	7	7	5
Jealousy	8	4	5	5	6	3	4	3	3	6	4
Wandering	*	*	—	1	1	*	1	2	1	2	4
Withdrawn	2	1	2	2	3	2	2	3	2	3	7
{ Disobedient	10	10	8	8	11	7	10	10	12	14	14
{ Always obeys	8	7	7	9	9	8	14	11	12	10	12
Truanting—at all	*	1	1	*	1	*	*	1	1	3	4
Tics	1	—	1	1	1	*	—	*	—	1	—
Mood change	5	2	4	3	5	3	5	5	7	7	14
Reading difficulty	5	7	14	14	10	13	10	11	5	7	4
BOYS											
Very destructive	3	2	2	—	2	1	1	1	2	1	2
Fear of animals	3	3	2	1	1	2	2	1	1	1	—
Fear of strangers	2	1	1	1	—	*	*	1	2	*	4
Fear of the dark	9	6	8	8	10	7	6	5	2	2	2
Lying	5	3	5	2	3	3	3	5	4	2	2
Dislike of school	4	5	5	3	5	5	5	6	7	10	4
Stealing	—	1	1	1	1	*	1	1	2	1	—
Irritability	10	7	13	11	12	14	11	14	11	9	16
Food fads	19	20	22	22	22	18	23	19	17	17	16
Fear of other children	1	*	—	—	*	1	1	1	1	*	—
Always hungry	11	10	10	14	16	13	16	19	15	23	39
Small appetite	11	13	17	14	11	10	13	9	7	5	—
Worrying	4	5	5	7	6	5	3	3	5	4	5
Complaining	7	6	8	5	4	3	4	4	3	2	2
Restlessness	23	19	25	21	22	19	20	18	15	17	20
Underactivity	1	2	1	1	1	2	2	4	3	6	2
Jealousy	6	2	4	4	4	5	3	4	2	3	2
Wandering	3	1	2	3	3	3	3	4	4	8	2
Withdrawn	2	2	4	3	3	3	2	3	3	2	7
{ Disobedient	17	11	14	12	12	13	13	14	11	12	9
{ Always obeys	8	7	7	8	7	6	7	7	9	9	16
Truanting—at all	1	—	1	—	*	2	—	2	1	4	16
Tics	*	1	1	2	1	2	1	2	2	1	2
Mood changes	4	3	3	2	5	3	4	4	2	2	2
Reading difficulty	7	18	21	27	25	17	21	22	13	13	9

Note: * = less than 0.5 per cent.

Problems such as irritability, food fads, disobedience, mood change and restlessness showed persistence. Most of the other items showed a tendency to decrease or remit. Shepherd *et al* (1971) also observed that about two thirds of the clinic attenders in the sample improved markedly. This

improvement was not due to clinical treatment but due to change in environmental factors*.

Both the above studies show that many of the behaviour items thought to be pathogenic tend to recede spontaneously in response to developmental or environmental changes. Hence in assessing the nature of the maladjustment of a child's behaviour pattern the dimensions of duration or persistence of the behaviour must be considered.

Surveys like this suggest that criteria of abnormality are variable. A behaviour may be deemed acceptable when it is performed at one level of frequency, magnitude or intensity but unacceptable at higher or lower levels. Thus, for example, a parent may approve of his child's hitting another child only if he has been hit first, if the other child is more or less of his age and if he uses more or less the same amount of force. Furthermore, occasional hitting of another on the part of a nine-year-old boy is usually tolerated but when this occurs very often, it is deemed a problem.

Other dimensions that enter into the judgement of the pathogenic nature of the child's behaviour are his age, sex, ordinal position and social status. From the tables given above, we see that developmental disorders such as enuresis, speech disorders and sleep disturbances are characteristic of early childhood. They become increasingly rare among older children. In contrast, delinquency and sexual

* The study of Shepherd et al (1971) is described in detail on page 88.

abnormalities are much more characteristic of later childhood and adolescence. Nearly all disorders are considerably more common among boys than girls (Ullmann, 1952; Lapouse and Monk, 1958); the main exceptions to this general sex-difference are timidity and fears which occur with about the same frequency in the sexes or are slightly commoner among girls (Rutter, 1965).

Rutter et al (1970) found that several serious deviant behaviour items coexisting in a child's behaviour repertoire are also an indicator of maladjustment.

In short, age, sex, birth order of the child, consideration of his psychosocial development, and the duration, frequency, intensity and clustering of deviant behaviour items are all variables that enter into the assessment of maladjustment. Shepherd et al (1971) state that the factors to be taken into account are: (a) the frequency or intensity of the item concerned; (b) the 'deviance' of the item in relation to the norms for the child's age and sex; (c) the presence or absence of other items of deviant behaviour, some of which may constitute a cluster, pattern or syndrome; (d) the duration of the behaviour, especially with regard to its tendency to spontaneous remission; (e) the attitude of the observer; and (f) the circumstances in which the behaviour occurs.

Definition of Maladjustment

There is much disagreement among research workers about the precise definition of maladjustment. The main difficulty in defining the term arises from the fact that when we consider adjustment problems of childhood we are not usually dealing with diseases as they are conceptualized in medicine; we are involved in value judgements of 'problems' rather than the diagnosis of objective or absolute 'symptoms'.

One approach to the defining of maladjustment is administrative: children receiving treatment at clinics for emotional and behaviour problems are judged to be maladjusted by the fact of their attendance. This approach produces biased information about maladjustment as it presupposes that all maladjusted children receive treatment - something which is not so. There are several selective factors that affect the rate of clinic admissions such as the attitudes of parents and referring agencies, facilities at school psychological services or the socio-economic status of the area (Herbert, 1974). Shepherd et al (1971) refer to a comment made by Ryle to the effect that "for each child referred to child guidance clinics there are five, equally disturbed, not referred".

Another method is to consider a child maladjusted if he exhibits forms of behaviour unusual among children of his age and sex (Shepherd et al 1966b). The maladjustment is defined in terms of its rarity and without implications of pathology. The difficulty of such a criterion is that it

might specify that maladjustment is present simply on the basis of the existence of behaviour items rare but clinically irrelevant; conversely a disorder might not be considered as maladjusted if it were not rare. For example, measles will not be considered unhealthy because they are common among children.

The heterogenous criteria used in identifying maladjustment have also led to confusion. "Psychiatrists have sometimes been prone to see pathology in all kinds of variations of personality and styles of life, so much so that the tendency to regard everyone as 'sick' has been a considerable deterrent to progress in psychiatry" (Rutter et al, 1970).

The first official definition of maladjustment appeared in the Handicapped Pupils and School Health Service, 1945, which had been repeated in the revised version of the regulations issued in 1953. It defined maladjusted pupils as those "who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social, or educational re-adjustment". This definition has been criticized on several grounds: that it overstresses the educational aspect of treatment (Spillane et al, 1961); that it excludes the less serious but more numerous cases of mild disturbances which do not require specialized and prolonged treatment (Lovell, 1958); that the terms such as 'emotional security' and 'psychological disturbance' need to be clarified;

and that defining a maladjusted pupil as one 'who requires adjustment' is a circular definition and hardly a satisfactory explanation.

The Underwood Report (1955) considered a maladjusted child as one "who is developing in ways that have a bad effect on himself or his fellows and cannot without help be remedied by his parents, teachers and the other adults in ordinary contact with him". Like the official definition this one also is lacking in precision: the psychosocial development of the child in relation to his disability is not emphasised; the aspect of duration or frequency is not mentioned, and it is very vague when it says: "who is developing in ways that have a bad effect on himself ..."

Burt and Howard (1952) considered a maladjusted child "as one whose adjustments to the recurrent situation of his everyday life are less adequate than might reasonably be expected from a child of his mental age and whose condition or circumstances therefore require special study and treatment". This definition seems to ascribe greater reliability to mental age (as measured by an intelligence test) than seems merited; unfortunately intelligence test performance can be, and often is, affected by emotional factors (Evans, 1956).

Rutter et al (1970) considered maladjustment to be present "when there was an abnormality of behaviour, emotions or relationships which was continuing up to the time of

assessment and was sufficiently marked and sufficiently prolonged to cause handicap to the child himself and/or distress or disturbance in the family or community". This description of maladjustment satisfies the criteria mentioned above: the assessment of the handicap is in relation to the psychosocial development of the child; the deviant behaviour should be persistent; and it involves the child himself and his environment.

Classification

Classification of childhood problems is a field which has been subjected to much speculation (see Table III.4). Classification of adult mental disorders is thought to be unsatisfactory but the situation in child psychiatry is even worse. This is mainly due to the fact that the child is a developing organism and what is normal at one age may be abnormal at another. But adequate nosologies are essential if a science of childhood behaviour disorders is ever to be built. A classification of psychological disorders is a kind of language which facilitate communication among professional workers. Communication is likely to be beset with misunderstanding and misinterpretation in its absence (Rutter, 1965).

In this section, after briefly reviewing the confusing classification attempts we will limit our discussion to Rutter's taxonomy, because his taxonomy seems as good as most and superior to many, and in addition, his questionnaires

have been used in the present study.

Anthony (1970) after reviewing the many past attempts to classify childhood disorders, grouped them under one of the three categories, clinical, statistical (actuarial) and research depending on the methodological basis of the studies.

Table III.4 Classification of Childhood Behaviour Disorders (Adapted from Anthony, 1970)

Author	Classification
1. <u>Clinical Approach</u>*	
Miller (1936)	A. Objective disorders (habit and conduct disorders) B. Subjective disorders (neurotic traits) C. Mixed disorders (neurotic delinquency)
Gerard (1947)	A. Disturbances in body function B. Disturbances in behaviour (aggression, inhibition, hypersexuality) C. Disturbances associated with conscious anxiety
Louttit (1947)	A. Direct primary behaviour disorders (environmental type) B. Indirect primary behaviour disorders (intrapsychic type) - aggression C. Indirect primary behaviour disorders (intrapsychic type) - withdrawal
Ackerman (1953)	A. Conflict with environment expressed in habit disorders B. Conflict with environment expressed in conduct disorders C. Conflict with self expressed in neurotic traits
Cameron (1955)	A. Primary habit disorder (eating, eliminating, sleeping) B. Secondary habit disorder (Conduct disorder, tension and gratification disorder, speech disorder) C. Other reactive disorders (motor, learning, neurotic traits)
Chess (1959)	A. Reactive behaviour disorders B. Neurotic behaviour disorders C. Neurotic character disorders

Table III.4 Continued...

Author	Classification
2. <u>Statistical Approach</u> *	
Ackerson (1942)	A. Personality-total (sensitive, neurotic, worrisome, seclusive) B. Conduct-total (violent, destructive, abusive, thieving, truanting)
Hewitt and Jenkins (1946) and Jenkins (1964)	A. Overinhibited (shy-seclusive and overanxious) B. Aggressive (hyperactive, undomesticated, and socialized delinquency)
Collins and Maxwell (1962)	A. Anxiety factor (anxious, timid, nervous) B. Rebellious factor (aggressive, destructive, oppositional) (Plus a rootless factor, to do with parent loss and a school problem factor for girls)
Dreger (1964)	A. Relatively immature (nonsociable, semisurgent egocentricity) and sociable anxiety B. Egocentric antisocial aggressiveness (Plus semisociable, nonanxious, desurgent, retardation, and relatively mature, semisociable egocentricity)
Achenbach (1966)	A. Internalizing (anxious, phobic, compulsive, somatic, withdrawn) B. Externalizing (aggressive, delinquent, social)
3. <u>Research</u>	
Fish (1964)	Type I Austistic-disjunctive Type II Immature-labile Type III Anxious-neurotic Type IV Sociopathic-paranoid

* Classification as given in Anthony, E.J. (1970)

In an attempt to classify childhood problems, Peterson (1961) used factor analysis. He tabulated the frequencies of all the problems mentioned more than once in the referral problems of 427 representatively chosen cases at a child guidance clinic. For the final analysis he made a list of 58 variables which he submitted to 28 teachers of kindergarten and elementary schools in six different schools in Illinois for completion. His analysis of the completed list of problems of the children revealed two dimensions of problem behaviour: a 'conduct problem' dimension which included items such as disobedience, disruptiveness, boisterousness, fighting, attention-seeking, restlessness, destructiveness, irritability, temper-tantrums; and a 'personality problem' dimension which included behaviours such as social withdrawal, shyness, anxiety, day dreaming, crying, special fears, stuttering and truancy. As Peterson (1961) says: "Both problems are personality expressions and both affect conduct. But the central meanings seem clear enough. In one case, impulses are expressed and society suffers; in the other case impulses are evidently inhibited and the child suffers".

Several studies have since used these categories in different situations to investigate childhood disorders. Many of the studies (Collins et al, 1962; Mulligan et al, 1963; Eysenck and Rachman, 1965) have shown significant distinctions between these two groups of maladjustment: they differ in their causality, treatment and prognosis. Eysenck and Rachman (1965) state that personality problems ...

... essentially constitute a set of conditional autonomic responses, together with the skeletal and muscular consequences thereof; the task of the therapist is to decondition the individual and to get rid of all these maladaptive behaviour patterns. Exactly the obverse is true of our 'conduct problems'; here we are dealing with a failure on the part of the individual to acquire adaptive autonomic responses and behaviour patterns, and it is the task of the therapist to inculcate these in the individual and thus socialize him through conditioning ... the second of these tasks has always been found to be much more difficult ...

Eysenck (1957) distinguished between two broad categories of maladjusted behaviour. According to his model, normal and abnormal subjects are distributed with respect to behaviour and test performances over a two dimensional factor space. The continua of normality-neuroticism and extraversion-introversion form the axes. A child who is high on neuroticism and extraversion will show a distinct extraverted-neurotic tendency which is labelled as conduct problem; he may steal, swear, lie, truant and be disobedient. A child with very marked introversion and neuroticism is likely to be labelled as having personality problem which may be manifested in disorders such as irritability, mood changes, day dreams, etc. (See also Eysenck and Rachman, 1965).

Rutter (1965) postulated three desiderata of classification: that it be defined in operational terms and based on facts not concepts; that it conveys information relevant to the clinical situation and has predictive value; and that it is aimed to classify disorders not children. On the basis of this he has outlined a seven-fold phenomenological classification, closely similar to the taxonomy used in most child psychiatric clinics in this country:

Neurotic disorder exists when the symptom of abnormality of emotions are present but are not accompanied by a loss of reality sense. The symptoms include states of disproportionate anxiety or depression as well as obsessions, compulsions and phobias.

Conduct or antisocial disorder denotes abnormal behaviour which is socially disapproved and may include fighting, bullying, destructive behaviour, etc.

The category of mixed conduct and neurotic disorder was applied to conditions in which both neurotic and antisocial symptoms are dominant but neither has a preponderance over the other.

Developmental disorders cover delays in or abnormalities of development, such as enuresis, speech and language disorders, developmental dyspraxia, etc., arising from biological causes.

Hyperkinetic syndrome includes disorders such as poorly regulated extreme activity, distractibility, short attention span, impulsiveness, marked mood fluctuations and aggressive and destructive behaviour which are not secondary to any other psychiatric syndrome.

Psychosis is divided into four categories: infantile psychosis, in the first 30 months of life; regressive psychosis that develops in the first few years of life with disintegrative behaviour, emotions and relationships and with a regression of speech and other developmental functions; schizophrenia of later childhood; and manic-depressive psychosis.

Personality disorder was used only for children with relatively fixed abnormalities of personality which could not be included under any other category.

This classification was commented on favourably by Eisenberg (1967), who felt that we need to recognize that behaviour disorders represent a final common pathway for the expression of a diverse matrix of causes and that Rutter's schema is workable, acceptable to clinicians with varying orientations, and formulated in such a manner as to be testable for reliability and validity.

Prevalence of Maladjusted Behaviour

The Seebohm report (1968) states that "social planning is an illusion without adequate facts". Tizard (1968) also observes that no rational planning of services for the maladjusted is possible without guidelines as to their numbers. The difficulties of arriving at accurate estimates of maladjustment among the child population have been enormous. Lack of reliable measuring instruments, failure to establish an acceptable theoretical framework within which research can be carried out and the complexities of the study of emotional and behaviour development which is not easily amenable to laboratory experiment are but a few of those difficulties.

There has been an increasing number of studies attempting to establish the prevalence of behaviour disorders in childhood both in this country and in America. We may group them into cross-sectional, longitudinal and follow-up studies.

Table III.5 gives a skeletal presentation of a representative sample of those studies.

Cross Sectional Studies

In the investigation by McFie (1934), 25 per cent of London school children, according to teachers, had 'personality deviations' (timidity, sensitiveness, lack of sociability, day dreaming, emotional instability), 29 per cent had 'habit disorders' (nail biting, thumb sucking, incontinence, habit spasms, masturbation, stammering), 16 per cent had 'behaviour disorders' (truancy, lying, stealing, wandering, begging, cruelty, sex misdemeanours) and 6 per cent 'scholastic difficulties'. Forty two per cent of all the pupils had one or more of the symptoms. This study does not give an adequate picture of the maladjustment of the subjects because the behaviour pattern in their home situation was left unexplored. The argument that the problem behaviour in school is a reflection of a general emotional disturbance which will also be apparent in other aspects of the child's life is not always valid. As Schonell (1952) pointed out, some children present a form of dual personality in respect to home and school. Moreover, problems such as enuresis and sleeping difficulties occur only at home and may not be noticed by teachers.

Another British study that suffers from the same drawback is that of Cummings (1944). She found that the 239 children of the age group 2-7 drawn from Leicester schools, had an average of more than three emotional symptoms.

Table III.5 Studies on the Incidence and Prevalence of Childhood Disorders

INVESTIGATOR	Population Area	Sample Size	Age Range (Years)	Source and method of Data Collection
CROSS-SECTIONAL				
McFie (1934)	Elementary school-children in London	697 children	12 - 14	Teachers' questionnaire
Cummings (1944)	Leicester	239 pupils in 3 infant schools	2 - 7	Teachers' observation and recording; play session with a few children
Brandon (1960)	Newcastle Upon Tyne	1000 families	11	Interview with mothers, survey reports and school records
Chazan (1962)	South Wales	583 pupils	9 - 10 & 13 - 14	Teachers
Ryle et al (1965)	London	159 children	5 - 12	Interview with parents; teachers' reports and records
Pilot surveys	Somerset (1952)	883 children	6, 9 & 13	Head teachers' questionnaire; visit to parents and interview with children.
	Birmingham (1953)	1364 children	6, 9 & 13	Parents' and Teachers' questionnaires.
	Berkshire (1953)	992 children	6, 9 & 13	Teachers' questionnaire and limited number of home visits

Table III.5 Continued:

INVESTIGATOR	Population Area	Sample Size	Age Range (Years)	Source and method of Data Collection
CROSS-SECTIONAL				
Wolff (1967)	Edinburgh primary school children referred to psychiatric examination	100 primary school children	Mean age: 8.4 Range: 5.3 - 12.5	Mothers were interviewed
Rutter et al (1970)	Isle of Wight	2193 children	9 - 11	Parents' and Teachers' questionnaire; psychiatric interview with the child
Graham and Meadows (1967)	Brixton Child Guidance Clinic	55 West Indian children	Mean age: $9\frac{1}{2}$ for girls, 9 yrs 1 mth for boys	Case study
Rutter et al (1974)	London	All pupils in London schools	10	Teachers' questionnaire and psychiatric interviews with mothers and teachers
Leslie (1974)	Blackburn	1198 children attending local authority secondary schools	13 - 14	Selection by parental questionnaire and subsequent psychiatric examination for those who were selected

Table III.5 Continued:

INVESTIGATOR	Population Area	Sample Size	Age Range (Years)	Source and method of Data Collection
CROSS-SECTIONAL				
Wickman (1928)	Cleveland and Minneapolis	874 pupils	6 - 12	Teachers
Lapouse & Monk (1958)	Buffalo	482 children	6 - 12	Interview with mothers
Mensh et al (1959)	St. Louis	827	8 - 9	Direct observation data from parents, teachers and mental health workers
Stennett (1966)	Minnesota	333 children	9 - 11	Information from teachers, peers and from subjects themselves
LONGITUDINAL				
MacFarlane et al (1954)	Berkeley	126 children	1 $\frac{3}{4}$ - 14	Open-ended interview with mothers
National Survey of Health & Development (Douglas and Mulligan 1961; Douglas 1964)	British	5362 children born in the first week of March 1946	6, 11, 13, 15	Health visitors and school teachers, mothers and the children themselves

Table III.5 Continued:

INVESTIGATOR	Population Area	Sample Size	Age Range (Years)	Source and method of Data Collection
LONGITUDINAL				
National Child Development Study of 1958 (Butler and Bonhem, 1963; Davie et al 1972)	British	16,000 children born in 1958	7	Questionnaires by teachers and parents.
Moore (1966)	London	164 children	6 - 11	Children recruited before birth; contact not less than once a year; interview with mothers
Thomas et al (1960; 1964)	New York	128		Psychiatric interviews
FOLLOW-UP				
Renaud & Estes, (1961)	U.S.A.	100 above normal military officers		Childhood biographies
O'Neal and Robins, (1958)	St. Louis	526 persons referred to child guidance clinics before 17 years old		Records of school and child guidance clinics

Table III.5 Continued:

INVESTIGATOR	Population Area	Sample Size	Age Range (Years)	Source and method of Data Collection
FOLLOW-UP				
Prichard and Graham, (1966)	Maudsley Hospital	75 persons		Records of the clinic
Shepherd et al (1971)	Buckinghamshire	6287 children	5 - 15	Parents, teachers

Brandon (1960) undertook a study of maladjustment among 11 year olds who formed part of the 'Newcastle 1,000 families survey', designed to investigate all those children born in the city during a specified three months in 1947. Health visitors had observed all these children over the years and in 1958, Brandon selected 154 children, arbitrarily defined as maladjusted on account of behaviour problems reported to health visitors, and compared them with two control groups from the same survey, one consisting of 'normal' children and one mixed sample containing both normal and problem children. By interviewing the mothers using an adapted form of the MacFarlane scales and a 3 point overall assessment, he was able to establish that there was a true excess of symptoms in the 'behaviour problem' group. The maladjusted sample contained 19.4 per cent of the survey population but Brandon noted that 43.3 per cent of children had caused some anxiety to their parents before the age of 11 on account of behaviour problems.

In a well conducted study into the prevalence of psychological disturbance in children age 5-12, Ryle et al (1965) investigated 159 children on a general practitioner's list. Wherever possible both parents were interviewed by a psychiatric social worker using a semi-structured technique and modified MacFarlane rating scales. Every 10th interview was rated independently with, as it transpired, little inter-rater disagreement, and from these rating scales a total score was obtained for each child. They pointed out that the use of total symptom scores was perhaps rather crude but justified it by reference to the use of the Cornell Medical

Index as a measure of neuroticism in adults. Children with scores of 20 or more were more likely to be perceived as disturbed by their parents and had a statistically higher incidence of previous medical referral. Sixteen per cent of the children had a score of 25+, though only 10 per cent of these had been referred to a Child Guidance Clinic and 30 per cent of them had not even consulted the general practitioner on account of these symptoms. They found no significant sex distribution in their high scores, an interesting finding in view of the preponderance of boys referred to most Child Guidance Clinics and they concluded that factors other than severity must affect referral.

Three pilot surveys on the incidence of maladjustment were carried out for the Underwood Committee in Somerset (1952), Birmingham (1953) and Berkshire (1953). The children were divided into three categories: (a) very maladjusted (excluding advanced psychosis or mental deficiency) needing special treatment in child guidance clinic; (b) probably maladjusted, diagnostic clinic interview desirable, though not necessarily requiring treatment other than environmental; and (c) not maladjusted. In the first study 2.7 per cent (24) were found to be very maladjusted and another 9.1 per cent (80) probably maladjusted. The second pilot survey found only 0.3 per cent as very maladjusted and 7.4 per cent as probably maladjusted. The third survey arrived at the conclusion that 0.8 per cent of children were very maladjusted and 4.6 per cent probably maladjusted. Thus the total percentage of very maladjusted and probably maladjusted in these pilot surveys were 11.5, 7.7 and 5.4 per cents respectively. The

second survey, the Birmingham Survey, had only 60 per cent success in securing the cooperation of parents. More parents of maladjusted children than parents of non-problem children might have been among the non-respondents. The Berkshire Survey depended mostly on the reports of teachers. Home visits were limited to a few cases of children who were assessed as possibly maladjusted. Thus one of the two main sources of information, namely the home environment was not thoroughly investigated in the study. Perhaps these limitations might have led to a smaller percentage of maladjusted children in the Birmingham and Berkshire surveys.

Wolff (1967) conducted a comparative study of 100 Edinburgh primary school children referred to a psychiatric department with behaviour disorders and of a matched control group of 100 non-referred children. The main purpose of the study was to determine in what way clinic children differed from non-clinic children. Mothers were chosen as the main informants using a behaviour inventory based on the MacFarlane scales. The data were analysed in terms of behavioural items occurring very rarely, rarely or commonly in the control group when compared with the clinic group. The items that occurred very rarely or rarely in the control group and therefore differentiated the clinic from non-clinic children, were conduct disorders, enuresis, encopresis, discontent and symptoms indicative of unhappiness, anxiety and poor relationships with other people. The sex differences were in keeping with those found by other studies (Cummings 1944 ; MacFarlane, et al, 1954; Lapouse and Monk, 1958); boys tending to be more outwardly aggressive and girls manifesting more anxious and

inhibited behaviour indicative of greater internalization. Similarly, there was altogether a greater prevalence of symptoms in children under 8, the only symptoms commoner in older children being lies, stammering and excessive modesty.

In the Isle of Wight Survey by Rutter et al (1970) the population studied consisted of all the children resident on the Isle of Wight who were born between September 1, 1953 and August 31, 1955 inclusively, except those who attended private schools. A two-stage approach was used. First, the total population of 2,193 children was screened by parents' and teachers' questionnaires (See Chapter IV pages 98, 99, 106). The second stage was an intensive study of those who were screened as maladjusted, which included interviews with parents, reports from teachers and a psychiatric examination of the child. About 13 per cent (284) of the total population were screened as maladjusted by both questionnaires. After the second stage of the intensive study, it was established that 6.8 per cent of the 10 and 11 year old population of the island were psychiatrically disturbed. As in Wolff's study (1967), the investigators found that psychiatrically disturbed children obtained high scores on teachers' or parents' behaviour rating scales but not always on both.* A majority of the psychiatrically disordered children had conduct disorders (4 per cent). The only other sizeable group was of neurotic children (2.5 per cent). The teachers' questionnaire identified rather more girls with reading backwardness and rather more boys with antisocial disorders. It also identified more children coming from larger families

* The lack of overlapping will be discussed later in the study.

than did parents. One reason for this, as Rutter and Graham (1966) put forward, is that parents from large families may be using the behaviour of their most disturbed child as the standard to measure the disorders of other children.

Even though there is a multiplicity of potentially stressful factors in the lives of immigrant children in this country, as we have stated in the previous chapter, very few studies have been conducted in this country on the prevalence of their maladjustment.

One of these studies is by Graham and Meadows (1967). The clinical characteristics of 55 children born of West Indian parents who had been referred to the Brixton Child Guidance Clinic over a period of three years were investigated. An equal number of English children matched for age and sex formed the control group. West Indian children formed 9.5 per cent of the total referrals during the period of study. Roughly equal numbers of West Indian boys and girls were referred, although there was a considerable preponderance of boys in the rest of the clinic population. Table III.6 shows the primary diagnosis of the study and control groups.

Another study on the adjustment of West Indian immigrant children in London was by Rutter et al (1974). A total population survey was made of the ten year old children in an inner London borough. The procedure was similar to that of the Isle of Wight study. Comparisons were made between children born to West Indian immigrants and children from non-immigrant families and within the West Indian group between

Table III.6 Primary Diagnosis of Study and Control Children

	Study boys	Control boys	Study girls	Control girls
Neurotic disorder	2	8	2	9
Antisocial disorder	18	12	17	9
Mixed antisocial/ neurotic	3	3	4	4
Developmental disorder	4	2	0	3
Other	1	4	2	1
Inadequate information	1	0	0	0
Normal child	0	0	1	0

Study boys have significantly less neurotic disorder than control boys, and study girls significantly less neurotic disorders and more antisocial disorder than control girls. $df. = 1$ $P < 0.05$ in both cases.

children born abroad and those born in this country. It was found that West Indian children showed rather more behaviour difficulties at school but they did not differ from other children in terms of disorder shown at home. It was observed that the rates of specific reading retardation, of emotional difficulties and of disorders of conduct of both the immigrant and the non-immigrant children, were at a level at least twice that in Isle of Wight children. This was attributed to the fact that the children are living in an area with a high rate of problems in general. The Isle of Wight is mainly a rural area with no large cities, and there are reasons to suppose that in urban areas, especially in an urban area like London the prevalence of maladjustment is higher. "Overall, the deviance rate in London was 19.1 per

cent compared to 10.6 per cent on the Isle of Wight ($P < 0.001$). Both neurotic or emotional type deviance and conduct type deviance were considerably more frequent in the London 10-year-olds ($P < 0.001$)" (Rutter, 1973). Like Graham and Meadows (1967) this London Study found that among the West Indian girls conduct problems were more common than emotional problems.

As judged by teachers, the rate of deviance in West Indian children was approximately double that in non-immigrants (Table III.7). But a close examination of the pattern of subscores (Table III.8) showed that the difference was entirely confined to deviance involving disturbances of conduct and did not appear at all for emotional or mixed types deviance. Hence it was found that the pattern of deviance in girls from West Indian families was quite different from that in girls from non-immigrant families.

Table III.7 Proportion of children with deviant scores on teachers' Questionnaire

	Boys (% dev. scores)	Girls (% dev. scores)	Total (% dev. scores)	N
Children from non-immigrant families	24.5	13.2	19.1	1689
Children from W.I. families	48.8*	34.1*	41.2*	354

* $p < 0.01$

Table III.8 Types of Deviance on Teachers' Questionnaire

	Boys			Girls		
	Emotional	Conduct	Mixed	Emotional	Conduct	Mixed
	%			%		
Children from non-immigrant families	7.2	14.2	2.6	6.5	5.1	1.6
Children from W.I. families	6.4	40.1*	2.3	6.6	25.8*	1.7

* $p < 0.001$

There was no significant difference between the rate of disorder at home in children from West Indian families and the rate in those from non-immigrant families. What slight difference there was, showed a higher rate in the latter (25 vs. 18 per cent).

There were rather more West Indian children with disorders confined to the school situation, but there were many more children from non-immigrant families with disorders (mostly emotional in type) which were confined to the home.

There have been several important studies in America on the prevalence of maladjustment. The oldest American study which is widely quoted is that of Wickman (1928). Teachers were asked to list all kinds of emotional and behaviour problems found among their pupils. Wickman analysed the four hundred and twenty eight items mentioned and classified them into about fifty items. Teachers were then asked to rate their pupils on behaviour records made up of their problem cases and also on a behaviour and personality chart devised

by Wickman. He found that the commonest deviant items were whispering (74.7 per cent), inattention (59 per cent), carelessness (44 per cent). His findings suggest that teachers' reactions to the behaviour problems of children are determined in direct relation to the immediate effect of the behaviour upon the teachers themselves. Those problems which transgress the teachers' moral sensitivities and authority are regarded as relatively more serious than problems which affect for the most part only the welfare of the individual child. Watson (1933) criticized Wickman's research on the following points: (a) Mental hygienists and teachers were given different instructions; the former were asked to rank the problems with a view to future adjustment, and the latter according to importance within a school framework. (b) Teachers were limited in time; mental hygienists had no time limit. (c) Problems were presented without definitions, thus eliciting varied interpretation. (d) Differences in ranking may not have indicated teacher insensitivity to emotional problems of children.

The Buffalo study carried out by Lapouse and Monk (1958) collected data on two hundred items of behaviour of children by interviews with 482 mothers randomly selected. It was found that about half of the sample of apparently normal children aged 6 to 12 years manifested many fears and worries and had frequent temper tantrums, that about one-third experienced nightmares and bit their nails; and that 10-20 per cent wet their beds, sucked their thumbs and showed tics and other evidences of tension.

The Minnesota Survey (Stennett, 1966) found that between

5 and 10 per cent of the total sample of 333 children between the ages of 9 and 11 had adjustive difficulties of sufficient severity to warrant professional attention and that 22 per cent could be labelled as emotionally handicapped children either in a moderate or severe form. Of the emotionally handicapped students, 78 percent of the boys and 66 per cent of the girls had learning disabilities. In contrast to the conclusions of Lapouse and Monk (1958), Stennett considered that the emotionally handicapped children were not simply going through a phase which they would outgrow, but were actually suffering from a 'disease'.

Mensh et al (1959) collected data from direct observation, from teachers, parents and from mental health workers on 827 school children in St. Louis. Only 20.2 per cent (167) children were found to be well adjusted (well adjusted in their relationships with others and in their accomplishments); 51.5 per cent (426) had no significant problems (happy children who got along well and accomplish reasonably well the things that go with their age and level of development); 20.1 per cent (166) were subclinically disturbed (children who are not so happy as they might be, with moderate difficulties in adjustment and to whom growing up represents a struggle); and 8.2 per cent (68) were disturbed (children who had or are likely to have serious problems of adjustment and need clinical help). The symptoms most commonly related to maladjustment were stealing, school-problems and sleep disturbances according to mother's report, and lying, withdrawal, acting-out behaviour and unusual fears according to class-room observation. The definition of 'maladjustment' depended on the subjective assessment of mental

health workers.

Most of the cross-sectional studies reviewed above were on a school-aged child population. It is obvious that there exists wide differences in the estimates of the prevalence on their maladjusted behaviour. For instance, the three pilot surveys carried out in Somerset, Birmingham and Berkshire found 11.5, 7.7, and 5.4 percentages of maladjusted children (age groups: 6, 9 and 13); Brandon came up with 19.4 per cent of maladjusted children among the 11-year-olds of Newcastle Upon Tyne; from 5 to 11 per cent were maladjusted in Chazan's study of 9 - 10 and 13 - 14 age groups; and Mensh et al give estimates as high as 28.3 per cent for those who were slightly or seriously maladjusted among the 8 - 9 year olds in St.Louis. Overall deviance rate in London was 19.1 per cent compared to 10.6 per cent on the Isle of Wight, according to Rutter et al. Possible reasons for this discrepancy are the use of different definitions of maladjustment, different sources of informations, the application of divergent methodologies for the collection of data, the attitude and the orientation of the investigator and the geographical characteristics of the population studied.

Longitudinal Studies

Longitudinal studies have certain inherent problems. The subjects may move away, pass away, forget or even refuse to cooperate in the course of time, and thus it is difficult to maintain the same quality and quantity of the sample from the beginning of the study through several years to its end.

There are methodological difficulties too involved in the use of tests at different stages of development (i.e. making them comparable); it is also possible that scientific advances tend to render the concepts and methods of earlier years unfashionable and obsolete. In spite of all these drawbacks prospective studies have made valuable contributions to the understanding of the developmental processes of human beings.

One of the early longitudinal investigations was the Berkeley Study by MacFarlane et al (1954), to which reference has already been made above (see pages 50 ff.). Among its major findings were the following: the first-born boys and girls seemed to show a special predisposition to withdrawal and internalization, later-born boys being more overt, aggressive and competitive. Most problems occurring during normal development, tended not to persist; generally speaking, symptoms occurred in clusters rather than independently. For instance, irritability, moodiness, negativism, sombreness, reserve and over-dependence tend to occur more or less together in girls of preschool age and in boys at prepuberty.

Two national surveys have been conducted in this country. The first one is called the National Survey of Health and Development which collected detailed records of the home circumstances, growth, illness and school performances of 5,362 boys and girls who have been closely followed since their birth in the first weeks of March 1946 (Douglas and Mulligan, 1961). Though the primary focus of the survey was the physical health of the subjects, information about their adjustment was gathered from mothers, teachers, health visitors

and school reports. Assessments were made when the children were 6, 11 and 15 years old (Douglas, 1964; Douglas et al, 1968). At 15 years, 27 per cent of the total were found to be 'well adjusted', 45 per cent 'less well adjusted' showing some signs of abnormal behaviour and 28 per cent 'least well adjusted'. It was also found that the greater the number of adverse items reported, the lower, on the whole, is school performance. After twenty years 98 per cent of the sample were still known and 90 per cent were still actively cooperating. Douglas et al (1966), in an analysis found that about 15 per cent (288) of the boys in the sample had been cautioned by the police or brought up before the courts. These delinquents came from large families living in overcrowded conditions. Their parents were generally semi-skilled workers with poor standard of education and there was a greater tendency for the family to be broken. The delinquents throughout their school careers were recognised as troublesome children with poor attitudes to work, obedience, and discipline. They were badly rated by their teachers, who picked them out as nervous and aggressive. The national study reinforces the findings of the Berkeley Study that boys and girls who are early in reaching sexual maturity are also superior to the late maturing children in tests of mental ability and school performance, although it has yet to supply evidence that they have fewer adjustment problems.

The second national longitudinal investigation is called the National Child Development Study. A national cohort of about 16,000 neonates born in 1958 in England, Scotland and Wales were studied (Butler and Bonham, 1963). The cohort

was traced and assessed in 1965 in terms of their educational, behavioural, health and environmental factors (Davie et al, 1972; Pringle et al, 1966).

Teachers were asked to complete the Bristol Social Adjustment Guide for each child and to rate how quickly the children settled down on first starting school. The mothers were posed a similar question about the settling down period and the occurrence of specific aspects of current behaviour was also investigated. These are the general findings of particular interest for us: Twice as many boys as girls had a total BSAG score of 20 or over (termed by Stott 'maladjusted') and the proportion of boys still unsettled at school 3 months after starting was 7 per cent compared with 5 per cent for girls. Comparable reports from mothers showed a similar but slightly wider gap. Boys showed more aggression (temper tantrums, fighting, disobedience, destructiveness), more restless behaviour (difficulty in settling to tasks, fidgeting) and irritability. Girls displayed more overt anxiety (worrying, fearfulness), feeding difficulties (faddiness, poor appetite) and oral activity (nail biting, thumb and finger sucking).

At the Centre for the Study of Human Development in London, 164 children recruited before birth and studied longitudinally with contact not less than once a year, were observed with respect to maladjustment as they passed through school (Moore, 1966). Disturbances investigated were in terms of reluctance to go to school, relationships to teachers, peers and environment. Three degrees of severity were used in coding: marked (severe disturbance extending over two

months or more), unqualified (intermediate or duration unspecified), and milder (lesser disturbance lasting under a month). About 80 per cent of children were found to experience difficulties in early school life, nearly one half of moderate or marked severity. The number of difficulties decreased slightly in the latter period at elementary school, but a substantial number still showed more than mild disturbances. Like most studies, it was observed that boys showed more difficulties than girls.

The longitudinal study conducted by Thomas, Birch, Chess and others (1960, 1963) in New York on 128 children followed from infancy has paid special attention to the later development of behaviour disorders. The sample came from a predominantly middle-class Jewish professional background. When joining the project parents were given to understand that psychiatric service would be freely available at any point, should problems arise in connection with their child. Of the 92 children, 21 had psychiatric referral by the age of 6 years. Of these, 3 were placed in psychiatric treatment elsewhere, 6 presented disorders of some severity and 11 had lesser behavioural disturbances.

Follow-up Studies

Renaud and Estes (1961) attempted to explore the question whether a significant number of mentally healthy adults, adequately functioning and symptom free, have had pathogenic childhoods. It was concluded that their childhood biographies did not differ from those of psychiatric patients

with respect to the amount of childhood exposure to events and conditions considered to be precursors of maladjustment. Their parents ranged from the dependable and considerate to the ineffectual and authoritarian; parental discord, rigid and indulgent patterns of discipline, sibling jealousies, etc., were not of rare occurrence.

There have been several studies in which children with special maladjusted behaviour have been followed up. In the St. Louis study (O'Neal and Robins, 1958) the follow-up was of 526 children who were seen 30 to 35 years earlier in a child guidance clinic. The study included 100 control subjects selected from public school records matched with respect to age, sex, and race. The children had been referred because of problem behaviour and were first seen before they were 17 years old. They had IQ's over 80. No less than 90 per cent were examined psychiatrically as adults. The investigators observed that children referred as anti-social problems provided a high rate of antisocial adults, a quarter of them being finally diagnosed as sociopaths, but they also showed a tendency toward deviant behaviour in "every area in which society sets norms". The control group, on the other hand, was found to produce extraordinarily well adjusted adults despite similar unfavourable early social environments. Those referred for other than antisocial reasons tended to be intermediate between the antisocial referrals and controls in most areas of adult maladjustment. The antisocial child was shown to carry the worst prognosis and to be most urgently in need of attention.

The findings of Prichard and Graham (1966) of a study of 75 patients attending the Maudsley Hospital had much in common with the St. Louis study, although there were some important divergences. For example, none of those diagnosed as schizophrenic in adult life fell into the childhood group of "behaviour disturbances without court appearance" which is in contrast to the St. Louis finding of a striking association between adult psychosis and a history of delinquency without court appearance in childhood. The Maudsley investigation also found a statistically significant association between childhood delinquency (especially theft) and adult sociopathy, and there was also a consistent tendency for affective disorders in later life (anxiety and depression) to be associated with neurotic symptoms in childhood and particularly for adult anxiety states to be associated with childhood anxiety states or phobias.

More than six thousand children in Buckinghamshire were studied by Shepherd et al (1971). The authors arbitrarily decided to make the cut-off point for maladjustment at the 10 per cent level. Accordingly, any type of behaviour which was recorded as occurring among 10 per cent or fewer of boys or girls considered separately at each year of age, at either end of the scale was assessed as deviant for children of that age and sex. Each child received one point for his total deviance score for each item recorded on his questionnaire which was deviant for his age and sex. Thus 2.1 per cent of all boys and 3.3 per cent of all girls scored 7 or more deviant scores in the home situation. According to teachers 55 per cent of boys and 61 per cent of girls had no behaviour

problems in the school situation. The survey also concluded, on the basis of a two year follow-up that treatment made no apparent difference to the improvement of maladjustment. Sixty three per cent of the clinic cases improved as against 61 per cent of the matched controls who had not attended the clinics. Like Cummings (1944) and Lapouse and Monk (1958) these investigators found that many disturbances of behaviour are no more than temporary exaggerations of widely distributed reaction patterns and that such behaviour cannot be deemed morbid without some knowledge of its frequency, intensity, duration, association with other forms of behaviour, and the setting in which it occurs.

In conclusion, these cross-sectional, longitudinal and follow-up studies all point to the fact that there is a fairly sizeable pool of disturbance in the general child population, varying in amount and depending on several factors. Certain ages make a larger contribution to the pool. The periods 4-7 years, 9-11 years and 14-16 years tend to be peak times for psychiatric referrals. In the educational system the child has to adjust himself to new educational environment during these periods. Moreover, acceleration in physical development and radical changes in the modes of thinking take place during these periods. Many of the 'symptoms' appear, disappear and reappear during childhood. Many children grow out of the problems or 'symptoms' without treatment. Boys in general seem to have more problems than girls. Boys tend to have more conduct problems and girls more neurotic problems. The only exception to this are West Indian girls who show more conduct problems than English girls.

CHAPTER IV

METHODS : HOW THE STUDY WAS PLANNED AND CONDUCTED

Moved by a practical concern of wanting to evaluate the effects of being exposed to, and of growing up in two different cultures, on the adjustment of the Indian immigrant children in the United Kingdom, the investigator set his hand to a systematic study of the existing epidemiological literature and having discussions with persons who had accumulated experience in the field.

Preliminary Investigation

The investigator visited several schools in the city of Leicester and discussed the problems of Indian immigrant pupils with Head Teachers and class teachers. The Community Relations Officer was a rich source of information. His records showed that there were over 20,000 Indians in the City and over 1,000 Indian pupils in Junior Schools at the time. The statistics of the Department of Education of the City of Leicester for 1970 showed that in its Junior Schools there were 1,674 Indian pupils which was 5.5 per cent of all the Junior School population of the city. The report of the city's Education Committee to the Department in January 1, 1971 shows a population of 463 children in its special Schools. The School for Maladjusted children had 60 pupils including 2 non-Indian immigrant children. No information was available

regarding Indian children from Leicester in Schools for Maladjusted outside the city. According to the 1969 annual report of the School Psychological Service of the city of Leicester, 736 children received psychological services. Even though no ethnic grouping of these children was available, the staff felt that the number of children of Indian origin, if any, was very small. The Family Service Unit of the city had 53 families on its case load, including two West Indian families; but there was not even one Indian family among its clients. It was also learned that Indian children rarely came under the custody of the care institutions of the city.

Selection of Topic and Instruments of Research

Preliminary investigations were helpful in defining the research topic and in formulating questions for the research project. In the light of the information gathered from these sources, it was decided to make a survey - an epidemiological study - of the extent of and background to the maladjusted behaviour among Indian immigrant children in the city of Leicester.

The decision to carry out a survey immediately raised several practical questions: how to measure the prevalence of maladjusted behaviour in the general population of children? What instruments were to be used to measure maladjusted behaviour? How to gather information, namely whether by interview or by questionnaire? Where and how to find a suitable sample representative of the population?

An epidemiological study of maladjusted behaviour was thought to be more meaningful and appropriate if it compared the prevalence of maladjusted behaviour among Indian immigrant children with that among the children of the host community. After all, these Indian children live in an English society into which they are slowly being integrated and most of them are to live in this society for the rest of their lives as Britons. They are English in all senses of the word but colour.

The next consideration concerned the type of data to be collected and the methods to be used. The investigator took part in lengthy discussions with various research groups in the University of Bradford, the University of Leicester and the Maudsley Hospital, London - all engaged in similar surveys among coloured immigrant groups. After these and other consultations, questionnaires used by Rutter et al (1970) in the Isle of Wight study, were adopted as major instruments for the research (See Appendices B and C). It was preferred to several other scales for reasons that will be discussed shortly.

Venue of Research

The city of Leicester was selected for the study for several reasons. First of all, it is a typical Midland industrial city that has a large population of coloured immigrants. The city with an area of 28.3 square miles is noted for hosiery, knitwear, boots, shoes and machinery to make these things. It is one of the richest cities in

Europe. Men could find work easily and there were large, old and relatively cheaper Victorian dwellings vacated by native families moving into new council property in the expanding suburbs, readily available, especially in the Highfields area. Naturally these factors attracted many immigrants to the city who came to this country primarily on account of economic motives. The city has a population of 283,549 according to the 1971 census and a coloured population of about 50,000. Indians form the largest single group of coloured immigrants in the city. In 1961 there were 2,560 Indians and at the time of the study there were ten times that number. Leicester has the second highest percentage of immigrant children attending primary and secondary schools (12.6 per cent) in county boroughs outside London.

Another reason for the selection of Leicester was the good cooperation of the Educational Authority of Leicester as well as of the Head Teachers of the schools.

It was also thought appropriate to undertake the study in the same community which is served by the University. An epidemiological study like the present one is a service rendered by the University to the community in which it functions. The proximity of the University certainly involved relatively less travel and less expense and economic considerations of the research were also influencing factors.

The Local Authority of the city of Leicester granted permission to undertake the study in those junior schools of the city which had Indian immigrant children. They supplied valuable background papers and information. From the then

current annual return to the Department of Education and Science it was evident that there were 1674 Indian children (according to the definition of the Department) in the junior schools of the city, which amounted to 5.5 per cent of the junior school population. There were 54 junior schools, but the Indian children came exclusively from 24 of them. Nineteen of the 24 schools were in the so-called depressed or twilight areas of the city such as Highfields, Belgrave, and Evington. Over 80 per cent of the subjects came from these areas. The investigator approached the Head Teachers of all these twenty-four junior schools and explained to them the project and solicited their cooperation, which most of them were prepared to give.

When it became evident that the research was feasible through the cooperation of Local Authority as well as the Head Teachers, detailed consideration was given to defining the social and other technical concepts to be used in the study and constructing the Interview Schedule and the School Report Form.

Concepts and Definitions

Indian Immigrant Children

Indian immigrant children formed the study group of the present investigation. It is quite likely that there would be significant differences between Indians who came to the United Kingdom directly from India and Indians who came to the UK after living for years in Africa or elsewhere, and therefore the study was restricted to the children of those

who came directly from India to the United Kingdom without living outside India beforehand.

According to the definition of the Department of Education and Science one ceases to be an immigrant after living in this country for ten years. The Department (1971) defined the immigrant pupils as:

- a. Children born outside the British Isles who have come to this Country with, or to join, parents or guardians whose countries of origin were abroad.
- b. Children born in the United Kingdom to parents whose countries of origin were abroad and who came to the United Kingdom on or after 1 January 1961.

The present study does not restrict itself to this arbitrary definition. In this country, there are Indian immigrants who are very much Indians in every aspect of life even after ten or fifteen years of residence here. Indian children of mixed parentage like Anglo-Indians were not included even if they came directly from India.

The present study, however, did not make any distinction between Indian children born in India or in the UK, provided the parents came directly from India. Even if these children were born in India and had part of their education in India itself, they were included in the definition if they had spent at least one year in English schools.

To summarize: under the purview of this study came only those children who were born either in the United Kingdom or in India, of Indian parents, and who had had the whole or part

of their education in the United Kingdom.

A number of English children from the same junior schools and classes as the children in the Study Group* constituted the subjects of the Contrast Group**. Details of the selections of the SG and the CG will be discussed later.

Age and Educational Range

Only children in the final two years of Junior School were included in the study. They were mostly between 9 and 11 years old, an age group which may be called middle childhood or the pre-adolescent period, beset with many emotional problems. In the United States, the number of terminations of children (under 18 years of age) from clinic service for the year ending June 30, 1961 was 212 per 100,000 which was 16 per cent higher than that for adults. Rosen et al (1964) analysing this finding demonstrated the striking fact that children 10 to 14 years of age have the maximum clinic usage in the country with peaks at 9 and 10 and at 14 to 15. The mental health survey of Los Angeles County (1960), based on teacher evaluations also indicated higher proportions of emotionally disturbed children in the fourth and fifth grades than in all other grades. Among the factors responsible for this have been mentioned scholastic, family and other social pressures, psychosocial developmental problems and variation

* Study Group will be shortened hereafter as SG.

** The short form of CG will be used hereafter for Contrast Group.

in adult tolerance of behaviour.

In the case of the Indian child of this age group, it is the beginning of probably his most trying period. He had been long enough in the school and with his peers here to taste the freedom the school and the family in a Western society offer to children. The traumatic experiences of many Indian immigrant children have been explained in the previous chapter. By the time he is about to leave the Junior School, his problems resulting from the familial and internal conflicts, might begin to show themselves overtly. A study of this age group was therefore thought likely to be more fruitful and rewarding than any other age group.

Operational Criteria of Maladjustment

Following Rutter's description (1970) maladjustment was judged to be present when there was an abnormality of behaviour, emotions or relationships which was continuing up to the time of assessment and was sufficiently marked and sufficiently prolonged to cause handicap to the child himself and/or distress or disturbance in the family or community. The term handicap is used in the broader sense of any disability which impedes the child in some way in his daily life.

This study does not attempt to establish the etiology of maladjustment. This, in essence, requires a clinical diagnosis, which is not available in this undertaking. It is an epidemiological study which deals with the occurrence and distribution

of maladjusted behaviour among a group of immigrant children.

Choice of Instruments

How valid inventories are as screening devices, is a problem that had been vexing researchers for some time. Nowadays, with the improvements in reliability and validity of the techniques in use, we can generally agree with Tizard (1968) that "inventories can be used very effectively as screening devices". With regard to the selection of any one particular inventory, he offers this advice:

As there is virtually no information about the comparative advantages of any one of the currently used questionnaires and inventories over any other, psychologists looking for a screening measure might do well to consider whether their needs might not be equally well served by inventories which have not been copyrighted. Among these are Bowlby's (1956), Mulligan's (1964) and Rutter's (1966).

We selected the questionnaires of Rutter used in the Isle of Wight, because in terms of empirically established reliability and validity it is as good as any other questionnaire and perhaps better than many. Moreover, it was "suitable to be used with children in the middle age range" and "could be used to discriminate between different types of behavioural and emotional disorders as well, as to discriminate between children who show disorders and those who do not" (Rutter et al, 1970). The authors constructed two parallel child behaviour questionnaires, one for parents and the other for teachers. Where possible, identical questions were used, but obviously teachers are not in a position to comment on

such items as children's sleeping difficulties, nor are parents always aware of the child's behaviour in school. The Parent's Scale* consisted of thirty-one items and the Teacher's Scale** twenty-six items, there being twenty-three items in common. The teachers of 99.8 per cent of the children and the parents of 88.5 per cent of the children completed the questionnaires. The teachers' questionnaire has a retest reliability over a two to three months interval of 0.89 with the same teacher rating on each occasion and 0.72 with different teachers. For the parental questionnaire the retest reliability of mothers' ratings with an interval of three months was 0.74 and the correlation between the ratings of mothers and fathers was 0.64. The questionnaire was shown to reliably discriminate children under psychiatric care with a critical score of nine on the TS and thirteen on the PS.

Choice of Informants and Methods of Inquiry

It was decided to limit the primary source of information to parents and teachers as they could furnish information regarding the two most important facets of the child's everyday life, the home and the school. Different methods of collecting data - an interview presentation of the questionnaire and other items for parents and a self-administered questionnaire for teachers - were dictated by several factors.

- (a) Many Indian parents, the investigator reasonably concluded, understood little or no English. An

* The abbreviated form of PS will be used hereafter for Parents' Scale

** The abbreviated form of TS will be used hereafter for Teachers' Scale.

- interview method with such a group could make sure that they fully understood the purpose of the research as well as the questions.
- (b) It was feared that in many cases both parents would be away on their job during day time. They might well be little interested after a heavy day's work in answering a mailed questionnaire which was of no apparent benefit to them.
 - (c) Only the head of the family (ie father), in the case of Indians, will usually give out the information of the type sought in the questionnaire, even if the mother of the child could supply it.
 - (d) Finally, because of the sensitive problem of immigrants in this country, Indian parents would be extremely cautious about giving out any information regarding themselves even if the request for such information came from one of their own countrymen. This would especially be the case if they were required to commit their answers to paper.

Besides these specific advantages in the interview as a way of countering such cultural difficulties, there are other advantages common to all well-designed and meticulously administered interview methods. An interview, skillfully conducted, helps to build up and maintain rapport that will keep the interviewee interested and responsive to the end of the interview. Interview surveys yield higher response rates than mailed questionnaire surveys either because people are usually willing to cooperate when approached personally or for

the negative reason that they do not wish to appear non-cooperative. The information secured through an interview survey is likely to be more accurate than that secured by any other technique because the interviewer can make sure that the respondent fully understood the meaning of the questions. The interviewer can obtain supplementary information about the respondent which might be withheld or distorted by other methods; he can present visual material to the respondent; he can also usually control which person or persons answer the questionnaire. A skilled interviewer can handle subjects about which the respondents are likely to be sensitive, much better than can be done by any other technique. The language of the survey can be adapted to the educational standards of the respondent. Spontaneity of information collected in a face-to-face situation gives the interview method a richness greater than the mailed questionnaire method.

There are however, a number of disadvantages, some of which spring directly from the advantages listed above. The most important is the problem of over-rapport leading to bias, for example, giving answers or expressing opinions which the respondent thinks the interviewer would approve of. Another disadvantage comes from the personality and characteristics of the interviewer himself; his own expectations, selective understanding and recording of responses may produce bias and halo effect. Many researchers will chance the possibilities of error due to bias for the sake of the potential richness of information that only the interview can give. Other problems associated with the interview method are those of prohibitive costs of transportation, of time, of organisation and so on.

Many of the teachers, the other source of information, were familiar with research studies; language was no problem in their case as in the case of the Indian parents; many of the teachers were willing to cooperate with a study like the present one and the data could be collected from them by questionnaire more conveniently, yet as effectively as by interview. Questionnaire methods alone were adopted to collect information from the teachers.

Sampling

Study Group

Two separate lists of all Indian boys and all Indian girls in the final two classes of the twenty four junior schools were prepared. One list contained the names and addresses of 261 boys and the other those of 260 girls making a total of 521 Indian immigrant pupils.

In most epidemiological surveys, where inquiries need to be made about large numbers of people, some form of sampling is desirable and necessary. Complete coverage of a population may be attempted but it will need a great deal more time, money and personnel. Sampling allows the examination of fewer representative cases in more detail. Sampling may not be necessary if the study population is limited by age, geographical limitations and other factors as in the Isle of Wight study.

Rutter et al (1970) screened 6.1 per cent children on the PS and 7.1 per cent on the TS as maladjusted in the Isle of

Wight child population. Leicester, compared to the Isle of Wight is an advanced industrial area and in industrial areas and cities, it is generally thought that there will be proportionately more behaviour disorders in children. Leslie (1974) comparing his findings of psychiatric disorders among the children in Blackburn with those of the Isle of Wight says: "Delinquency rates are known to vary and to be particularly high in industrial areas and in certain quarters of large towns (West, 1967). It is therefore possible that there is more psychiatric disorder among the children of these areas". An example is Newcastle Upon Tyne, which is similar to Leicester as a middle sized industrial town. Brandon (1960) in his study of 11-year-old children of Newcastle found 19.4 per cent maladjusted children. Hence it was thought that a group of 104 Indian immigrant children in the industrial city of Leicester, (many of whom, in addition, had been exposed to cultural conflicts and culture shock) may produce sufficient number of maladjusted children for detailed analysis.

All 264 boys were given serial numbers. Next, the numbers were put in a hat and thoroughly mixed. Fifty two numbers were drawn out, mixing thoroughly after each draw. The same procedure was repeated in the selection of 52 names of girls.

A new detailed list of the selected 52 boys and 52 girls (total 104) was made; this formed the Study Group sample.

Contrast Group

In selecting subjects for the CG, one of the primary concerns was that they should be as similar to the subjects of the SG as possible with respect to potentially important variables such as age, sex, school and class. The following procedure was adopted in selecting them: the English child whose name happened to come first in the register of the class immediately after the subject of the SG, was selected for the CG. An English boy was matched with an Indian boy and an English girl with an Indian girl. Thus 52 English boys and 52 English girls (making a total of 104) were selected as the sample of the CG. An analysis of the attributes of the subjects in the SG and the CG will be given in the next chapter which will show how close was the match.

Description of Methods and Instruments

1. Schedule for Interview with parents:

In framing the interview schedule the investigator was guided by the following considerations.

(a) The schedule in its final form should serve a structured interview wherein all the questions asked, as well as the form and sequence of questions, are pre-determined. The structured interview schedule should ensure that all the respondents have the same questions put to them. Although it cannot be assumed that every respondent will understand the same thing by the questions, it does reduce the differences which result from the use of varied words.

(b) With regard to the length of the schedule, it was thought that a schedule that would occupy a thirty to forty minute interview, would be of sufficient length to obtain all the vital information.

(c) As for the sequence of questions of the schedule, the suggestions made by Stacey (1969) were found to be valuable.

If one has started by explaining the nature of the research the first question should be one which the respondent can see to be connected with the subject of the research as it has been explained to him. At the same time it should be a question which is not likely to give offence. It also helps if it is straightforward and easy to answer. Remaining questions are then grouped as naturally as possible, leaving until the end of the interview any that are likely to give offence to some people. Having already answered so many questions, respondents may well be prepared to answer a final one or two rather 'personal' questions, which might have shocked them at the beginning. Also if they are not willing to reply to these questions it is better that their refusal should come at the end and relate only to these questions rather than at the beginning. One question that offends at the beginning may lead to a refusal to answer the whole schedule.

The schedule consisted of six sections (See Appendix B). The first three sections contained questions used by Rutter for the parents. The first section was on the health problems of children; the second on the habits of children; and the third on the behaviour of children. The fourth section contained questions to elicit information on the awareness of parents regarding the problems of their children and the social services available for the children in Leicester. The fifth section of the schedule was intended to compare the socio-economic background of the families from where the children came. The sixth and the last section was on the pre-immigrant background and on the immigrant himself.

Rutter's Scale for Parents

The first section consisted of eight problems dealing with health (eg complaints of headache) to which a cross had to be put in the box indicating the frequency with which the child had shown the item mentioned. For all items a frequency of 'never in the past year', 'occasionally but not as often as once per week', and 'at least once per week' was indicated and these frequencies carried a weight of 0, 1 and 2 respectively.

The second section had five questions on habits. (eg does he stammer or stutter?) The parents had to state whether the child exhibited the habit or not, and if the child had, whether mildly or severely or occasionally or frequently. 'No' was weighted 0, 'Yes, mildly' was weighted 1, and 'Yes, severely' was weighted 2.

The eighteen behavioural statements of the third section required the parents to answer whether a statement (eg very restless, has difficulty staying seated for long)

- (i) 'does not apply'
- (ii) 'applies somewhat', or
- (iii) 'certainly applies'

was valid with regard to their child. These were given a weight of 0, 1 and 2 respectively.

The individual item scores were summed to produce a total score with a range of 0 - 62.

All these appeared on the right-hand pages of the

schedule while instructions, short explanations and examples for the interviewer in order to make the questions for the respondents easily intelligible, were shown on the left-hand pages in the appropriate place.

Questions on Parents' Knowledge on Existing Social Services

The purpose of this section was to evaluate the knowledge and use of the various social services available in the city for the child and the family. Most of the social services available here are unknown to the immigrants in the country of their origin. Being strangers, there is a possibility that they may be unaware of strange practices, customs and social services existing in this country and hence may not be availing themselves of the social services even though they may need them. Another purpose of this section was to verify the allegation quite often made that the immigrants are taking disproportionate advantage of social services.

In order to verify the use of the services available to children and the family three questions (32, 33, 36) were asked. Their knowledge on services available to children with problems had been sought by questions 34 and 35.

Questions on Socio-Economic and Family Background

The fifth section contained questions on socio-economic background and personal data on the members of the family. Most surveys collect information about the characteristics of the survey population. This profile data cover such

items as age, sex, marital status, occupation, income and social class. One major purpose in collecting such data is to provide comparability between the findings of different surveys.

It is clear that a distinction should be made between the 'household' and 'family' in social research. The household is based upon communal living that is, the group of people who share a communal dwelling, who normally eat together and have common housekeeping. In practice, there is some variation in definition between authors; but by and large the census definition is commonly accepted. This has great advantage that it allows for comparability of data between the wealth of information obtained through the census and other studies.

The family, on the other hand is defined on the basis of kinship. The immediate or nuclear family consists of a married couple and their children. An extended family is composed of a kinship grouping of persons related by blood, marriage, or adoption which is wider than the immediate family. This incidently is one of the primary causes of prevalent confusion between the family and the household in much social research.

It is by no means established that either the family or the household should be the basic unit for consideration in relation to social studies. Most recent social surveys have obtained information about the structure of the household rather than the family. This has the added advantage that if the information is called by asking the respondent to list

all members of the household according to their relationship to the head of the household, the family groupings can be constructed upon the basis of the same data. It is, therefore argued that this is the most practical approach to be used.

The information on age, relation to the head of the household, marital status, education, occupation and income, were collected in the form of a standardised household composition chart.

In India the educational system consists of four years of primary, three years of middle or upper primary and three years of Secondary (high) schooling. One could technically complete his schooling even as early as at fourteen or fifteen years of age. If one fails in classes, he may take more than ten years to complete the schooling. This system is different from the present educational pattern of the United Kingdom. Uniform responses therefore from the SG who had their education in India and from the CG, educated in the UK, therefore, were found to be difficult unless broad categories on educational achievement were assumed. Hence primary education, secondary education and tertiary or college education were the three broad categories on the educational achievement that were adopted.

In most social research, marital status is usually considered in 'administrative' terms. This implies a fivefold breakdown: single, married, separated, divorced and widowed. It did not appear that a distinct category 'cohabiting' would add greatly to the significance of this study and therefore

the commonly accepted fivefold classification was adopted for marital status.

There are several alternative definitions of social class and socio-economic grouping currently in use for survey research in this country, none of which has received clear acceptance from the majority of research workers. As a result, considerable confusion and lack of comparability between surveys have arisen. Even when several investigators have ostensibly used the same groupings in their surveys, there has been a tendency for definitions to differ quite significantly in practice.

Social groupings provide a means of tabulating and presenting data relating to the characteristics of respondents who have been selected for survey.

In general, occupation is the most commonly used indicator of social grouping. The Registrar General's groupings have the major advantage that they are based upon a comprehensive and detailed categorisation of almost every possible occupation in Britain. They also have the advantage that they are widely accepted, and are therefore, very useful for comparative purposes. They are based very strongly on occupation, the data for which are usually easy to obtain. A disadvantage, however, is that this reliance on occupation may obscure other more subtle factors determining social status. Although there is clearly a close relationship between occupation and social status, we have no very clear indication of the strength of the association, or of the significance of

other variables in this. Another difficulty is that the groupings are based upon occupations of individuals, so that the social status of a particular household could fall within any one of several groupings depending upon the occupation of the particular individual for whom the data is obtained. Thus, for example, many working wives are employed in occupations which have very different social status from that of their husbands. In the present study, the occupation of the head of the household was considered to be the criterion for deciding the social status of the family. Details and nature of his work were sought in order to determine the social category.

It is generally assumed in practice that data about some aspect of income is always necessary. It provides part of the background information and comparability with other studies. It is questionable, however, whether income data alone will be adequate without expenditure data. The collection of income data presents two broad categories of problems, of definition and of method. Family expenditure surveys consider the income of the household while the Ministry of Social Service surveys that of the husband and wife.

The household unit may be unsatisfactory for particular surveys.

There is still the problem of how many individuals' incomes should be considered. Generally data will be collected only for individuals who are gainfully employed, irrespective of age. The Family Expenditure Surveys defined a person who is

gainfully employed as one who is employed for more than ten hours a week or is an employer or self-employed. Broadly this means that data are collected only for incomes brought into the household or family from outside sources.

The period of time to which income data should refer, whether daily, weekly, monthly or annually, is another problem of definition. For simplicity, the present study adopted the category of 'normal-weekly-take-home-pay'.

As for the sources of income, Family Expenditure Survey distinguishes eight main sources of income. This survey however, considers the income from employment only.

Methodological problems arise in finding ways and means of obtaining accurate and sufficient data about income. If, for example, the respondent in a survey is the head of the household, it is not usually difficult to obtain income data pertaining to the whole family from him. But if any other member of the household should be the respondent, they often do not have the detailed information about the income of other members of the household, especially of the head of the household.

Many people are reluctant to supply the income data to strange interviewers. Refusal rates for questions about income are generally higher than for questions on any other topic in household surveys. The usual approach to this problem has been to reduce the amount of personal information sought, by asking respondents to indicate particular income

group within which their income falls rather than to ask for actual income. The major reason for choosing particular groupings is, usually therefore, to obtain comparability with other studies. The present study had a threefold division:

- (a) up to £15.00 per week
- (b) from £15 to £25.00 per week
- (c) £25.00 or over per week.

In this section it was also asked whether there was any one else living with them and if so how many and for how long. This was to make sure that no one was left out.

Another question that was asked, was whether there was any relative within a one-hour bus journey of the home of the respondent. The investigator was interested only in close relatives such as parents, grandparents, brothers, sisters or in-laws of the respondent. These are the people who are usually treated as sharing family secrets and helping in family problems. An attempt also was made to find out the types of contact the family maintained with these relatives whether by visits, or telephone and their frequency, whether daily, weekly or monthly.

Housing problems are becoming increasingly severe in cities. Most of the recent urban surveys ask the respondents about the type of possession they have for their accommodation, namely whether it is the ownership type, private tenancy, council tenancy, lodging etc. In the case of the SG this question had greater significance. In their country of origin, to own a house and land is a status symbol, not to speak of the security that ensues from it. There was another reason also for studying the living accommodation of the population.

It was quite often alleged that immigrants live in overcrowded conditions and many of them board with their kith and kin. The veracity of this allegation could be discovered by collecting data on living accommodation.

Questions on Pre-immigration Background

The sixth and final section was intended only for the parents of SG. It consists of more personal data such as the place of origin in India, religion, intention of staying permanently in this country, year of arrival of the members of the household in this country, the purpose of migration and other questions such as knowledge of English, language spoken at home, types of meal served at home and the clubs or associations they belonged to, in order to assess the degree of integration with the host culture.

Questionnaire for Teachers

The Teacher's questionnaire consisted of twenty-six brief statements concerning the child's behaviour at school (see Appendix C) to which the teacher had to check whether the statement 'certainly applies', 'applies somewhat', or 'doesn't apply', applied to the child in question. These were given a weight of 2, 1 and 0 respectively to produce a total score with a range of 0 - 52 by summation of the scores of the twenty-six items.

The teachers had also to fill in a "School Report Form" on each child. (See Appendix D). Main items on this form were:

- (1) Attainment in reading, written English, arithmetic and speech. The teachers assessed whether the child was above average, average or below average in his attainment.
- (2) Whether the child was among the top 25 per cent of the class, or middle 50 per cent or bottom 25 per cent with regard to the general intellectual ability;
- (3) whether the parents' interest in the child's educational progress as expressed through their cooperation with the school was above average, average or below average in comparison with other parents;
- (4) whether the child was receiving free meal or other school social services; and
- (5) whether the child had been referred to, for emotional or behavioural problems.

The last two items were intended as a kind of check up or confirmation of the information obtained in the interview with parents. Since many of these data were of very confidential nature, special permission from the Director of Education had been specifically obtained for their collection from the school.

Pretesting

Once the instruments for collecting the data were ready, the next stage was pretesting. According to Burton et al (1970) the purposes of pretesting are providing information on various components of variability to which the material is subject, testing questionnaires, training field workers and determining the most appropriate and effective type and size

of sampling unit.

The city of Nottingham was chosen as the place for pre-testing. The following considerations influenced this selection. City of Nottingham, like Leicester, is one of the Midland industrial centres with a considerable number of Indian immigrants. Because of its proximity to Leicester and similarity in immigrant concentration, respondents in Nottingham were thought to be as similar as possible to those in the main study. During a period of three weeks the investigator interviewed about twenty-five Indian parents. Most of the interviews took place during the evenings of the weekdays or during weekends. Frank and open criticisms were solicited from the interviewees on the questionnaire in general, its sequence, the wordings of the questionnaire, contents and so on. The investigator made special note of the remarks of the respondents, their reactions to various questions, resistances and of ambiguous, inadequate or misleading responses.

The interview schedule was finally redrafted and the instructions on conducting the interview were also suitably amended in the light of the pretesting and was mimeographed. As the information sought from parents and teachers was of a confidential nature, no names or addresses were to appear on the questionnaires. They were identified by serial numbers.

Procedure

1. Planning Interviews with Parents of the SG.

Meanwhile contacts were established with various Indian institutions and organisations in the city, such as, the two Sikh temples, the two Hindu temples, the Hindu Association of Leicester, Indian Workers Association, International Sikh Brotherhood and so on. The investigator developed a very good relationship with the leaders of these organisations as well as with its several members.

The advice given by Young (1966) for eliciting the satisfactory cooperation of the respondents was extremely useful. She wrote:

Convention requires that the interviewer be properly introduced to the interviewee. The introduction should be personal or by one who in a sense sponsors the interviewer ... When studying a community it is often wise to interview the leaders first, to enlist their cooperation and if they see any justification for the study, to have them recommend the interviewer to others in the group. This is particularly true of an immigrant group.

From the list of the names of children already collected, it was found that most of the parents were Punjabis or Gujaratis. Almost all of the Punjabis were Sikhs and speak and write Punjabi. The Gujaratis, by and large, are Hindus and speak and write Gujarati. Letters in Punjabi and Gujarati languages introducing the investigator and the research project were thought to be very useful. A letter in Punjabi by the Head Priest of the Sikh temple, and another letter in Gujarati by two well known and influential Gujarati doctors were secured for introduction. Besides introducing the investigator and the project to the parents they stressed the importance and usefulness of the study to the Indian community, assured them

that there was nothing to be feared and asked them to cooperate with the investigator as best as they could. These letters in Punjabi and Gujarati were mimeographed (See Appendices E, F).

The Head Teachers of the junior schools whence the subjects of the survey came, also agreed to write letters of introduction to the parents on behalf of the investigator. They had in their introductory letter assured the parents of the confidential nature of the study and requested the parents to give whole-hearted cooperation by granting an interview and supplying the information that was being sought (See Appendix G). The children who were selected for the study carried the letters to their parents from the Head Teachers. Every letter thus taken home by the pupils contained:

- (a) an introductory letter in Gujarati or Punjabi from the community leaders
- (b) another introductory letter from the Head Teacher
- (c) a mimeographed reply form to be returned to the Head Teacher indicating the date and time of the interview granted, and
- (d) an envelope addressed to the Head Teacher in which the reply had to be sent. The children were asked by the Head Teacher to take back the reply to him/her within two or three days.

2. Collection of Data: Interviews with Parents of the SG.

Only after repeated attempts was it possible to interview both parents in their homes. Quite often the wife was a passive participant leaving it to her husband to do all the

talking. Even when questions were directed at her or when she was asked specifically for her views, she usually agreed with or supported her husband. Whenever they were able to read English, copies of the schedule were handed over to them for perusal during the interview. The investigator read out the questions and rated the respondent's answers. The services of older children, relatives or friends were available when required to explain or translate certain difficult phrases or terms. Whenever Hindi translation, explanations or examples were called for, they were given by the investigator himself. When any problem behaviour was reported to be present in the child, detailed background information regarding the date of onset, frequency and duration was obtained. The investigator ticked or marked the answers on the schedule during the interview. On average, interviews took between thirty and forty minutes.

A general problem in survey researches is that of the non-response. In the present survey there were twenty-four cases of non-responses or refusals. One of the community leaders who was the chairman of one of the Indian organisations and who himself was in Leicester for over fifteen years, agreed to introduce the investigator in person to the non-respondents. He visited them with the investigator, explained to them the research project, told them how he himself was interviewed for his son, and thus tried to allay their fears. Lack of an understanding about the survey research in general and an apprehension about the questions that were to be put to them were found to be quite common among the non-respondents. Following table shows the number of parents of children

selected for study who cooperated.

Table IV.1 Number of Children Selected and the Number
of Parents Interviewed

	<u>Boys</u>	<u>Girls</u>
Number of children on Rolls	261	260
Number of children selected	52	52
Number of Parents interviewed	50	50

Among the four cases of refusal, two flatly refused cooperation, one was unavailable even after five attempts to meet him and the fourth one agreed to cooperate by calling back on the investigator when he was finally confronted, but never turned up.

3. Planning Interviews with Parents of the CG.

Slightly modified techniques were used in approaching the parents of the CG. No letter of introduction from a community leader was thought necessary. A straight forward direct approach was thought to be more appropriate and effective. After all, there was no leader who may be as acceptable in the English community as in the Indian community. The English population as a whole, is also more familiar with this kind of scientific study than the Indian community. An English mother will not be as reluctant generally to see a stranger alone as is the Indian mother; she had less need for suspicion than an immigrant. Hence the interviews were not confined to the evenings or weekends.

The Head Teachers wrote to the parents of the subjects of the CG explaining the project, and assuring them of the genuineness, and usefulness of the study as well as of its confidential nature. Parents were assured that their privacy will in no way be invaded and that they would not be forced to answer questions they did not want to. Parents were also told in the letter that the investigator would call on them within a week of receiving the letter. No reply from the parents was expected.

4. Collection of Data: Interview with parents of the CG

As soon as the letters were sent to the parents by the Head Teacher, the investigator tried to contact the parents. If it was found that both the parents were working, such cases were postponed for the weekends. In other cases if the parents were prepared to give an interview then and there, they were interviewed, or if they were not, a convenient time for interview was fixed.

The interviews with the English parents were more or less similar to those with Indian parents with regard to their introduction, assurances given on confidentiality and the actual conduct of the interview itself.

Many of the interviews were with the mothers; in a few cases it was with the father because it was not possible to reach the mother, and in several cases with both the parents. The last was the case where the interviews took place during the weekends since both parents were working. Mothers

usually give information in English families and fathers in Indian families. What this does to the nature of the data is difficult to say. However, in a few instances the wives were unable to supply the information regarding the nature of the work or the weekly average take-home-pay of their husbands. On average, interviews took between thirty and forty minutes. Ninety-eight of the parents, that is approximately 94 per cent cooperated while 6 refused. The sex distribution of children whose parents were interviewed is given in the following table.

Table IV.2 Sex Distribution of CG children whose Parents were Interviewed

	<u>Boys</u>	<u>Girls</u>
Selected	52	52
Interviewed	50	48
Percentage Interviewed	96.2	92.3

5. Data Collection from School

The teachers had known the children for at least six months when they were asked to fill in the questionnaire on each child. Again the approach was made through the Head Teachers, who by this time, had a pretty good idea about the nature of the study, and had given their whole-hearted cooperation so far. Copies of the questionnaire and the School Report Form were left with the Head Teachers who saw to it that they were properly filled in and returned to the investigator within a reasonable time. The Head Teachers checked the School Report Forms for completeness. If any

questions were not answered, such forms were returned for completion.

The cooperation from the teachers was one hundred per cent. The teachers filled in the questionnaire even for those children whose parents did not give interviews. The information of the School Report Form also was available on those children.

Credibility of the Data

Both in the interview and questionnaire methods of data collection, we rely on the respondents' reporting of the required information. It might be argued that by these approaches we can obtain only material that the respondent is able and willing to report. With regard to the respondent's ability, he can provide only one individual's way of perceiving the child's behaviour. A parents' assessment of a child's appetite, for example, depends on what he considers to be the normal intake of food by a child of that age and sex. The questions, then, are: how do we know that the parents and teachers perceive the problems objectively rather than subjectively and whether they report them candidly.

Parents' Perceiving and Reporting

Individual parents will certainly differ in their perception of what is a normal behaviour item for their child. As Rutter and Graham (1966) observed, family size might be one of those factors influencing parental ratings about the

behaviour of children. He found that children selected on the basis of the parental questionnaire came from significantly smaller families than those selected on the basis of the teachers' scale. Parents of large families would often use behaviour pattern of the most disturbed child in the family as a standard to measure the behaviour of the other children in the family and may conclude that other children are rather normal in relation to the most disturbed child.

Parents' standards may vary considerably, but if any parent considers that his child's behaviour is in some way deviant, this belief will affect the way in which he perceives the child and reacts to him creating a vicious circle of deviant behaviour and parental reaction. As Shepherd et al (1971) observed, parent and child have perforce to be regarded as a dual entity whose 'problem' may consist either of the child behaving in a way that is deviant or of the parent's perception of his behaviour as deviant. In studies of this type, as Pringle et al (1966) have pointed out, one is essentially obtaining a measure of a relationship between two persons.

In the present study reasonable steps have been taken to prevent the biased views of parents entering into the assessment. As mentioned above, when any problem behaviour was reported to be present in the child in the interview, details regarding date of its onset, frequency, severity and duration were obtained so that the interviewer himself might make the final assessment on it.

With regard to the credibility of the parents' reporting itself, let us point out that in our everyday life we accept many verbal reports as valid. Sometimes we may have reasons to suspect a person's reporting and we will have reservations in accepting it. Such occasions are when the information would be embarrassing, humiliating or degrading to the respondent or would in some way place him in an unfavourable light or when it would bring him gain, respect, prestige or amusement. But when these motivations are apparently absent, we usually tend to take the reporting as credible.

Teachers' perceiving and Reporting

Wickman (1928) compared teachers' and mental hygienists' attitudes toward children's behaviour problems and concluded that teachers ranked misbehaviour in the classroom as the most serious problem, while mental hygienists rated personality and emotional problems as most severe. Many later researches on the same subject with methodological modifications were conducted which generally substantiated Wickman's findings (Peck, 1935; Hunter, 1957). In a more recent research (Ziv, 1970), the gap between teachers' and psychologists' points of view seem to have narrowed, and this is attributed to the psychological training of teachers.

Teachers have also been thought to belong to middle or white-collar classes and therefore they are alleged to evaluate children's behaviour in terms of norms expected of their own class. Glidewell et al (1959) observed this in their study but they explain it by pointing out that the difference

in the perception between teachers and working class parents may be due to the fact that working class children really show greater differences in behaviour at home and school than upper class children. In the Isle of Wight study teachers' estimate did not differ significantly from that of the parents'. Also, Glidewell et al (1963) found in St. Louis in a sample of 830 third grade children that the number of symptoms reported by the mother showed a positive relationship to the degree of maladjustment reported by the teacher.

Generally, studies that have collected information both from the parents and teachers have produced better and more reliable data than those which collected data from parents or teachers alone. In the present study we collect data from both these sources using Rutter's scales for parents and teachers. These scales have been generally acclaimed as a reliable screening device when used in combination.

CHAPTER V

SOCIO-CULTURAL BACKGROUND OF THE STUDY GROUP

Introduction

For a proper understanding of the attitudes, values, beliefs and norms of any individual human being or group of human beings, it is necessary to know the economic, historic and religious backgrounds and the social system which produced them. Much of the behaviour of Asian immigrants is explicable only in terms of their homeland values. In the case of the Indian immigrants to the UK, whose children form the subjects of this study, such a knowledge will also help to highlight the kind of adjustment problems which the immigrants and their children face in making the transition from one society to another. In this chapter, therefore, we will address ourselves to the following questions: What kind of a country do they come from? What kind of societies and cultures have they grown up in? What are the specific characteristics of this group of immigrants to the UK, considered as a whole? What were their motives in coming over here? How do they adjust to their new environment? Do they intend to stay here permanently?

Name and Geography

India derives her name from 'Sindhu', the Sanskrit name for the river Indus, and from Sindhu are derived the words 'Ind' and 'Hind', signifying the land beyond the Indus and

later referred to as Hindustan or India, the land of the Hindus (Morrish, 1971).

On the map of Asia, India hangs like an inverted spire cutting into the Arabian sea. India stretches over 3,268,000 square kilometers, an area thirteen times as large as Great Britain, or five twelfths that of the United States. If Indian map is placed over the map of Europe, it would stretch in one direction from Moscow to the Atlantic and in another from Sweden to Sicily. It is the seventh largest country with 2.4 per cent of the world's land area.

It is estimated that in 1800 there were about fifty million inhabitants in India. The first official census taken in 1872 estimated the total Indian (British India) population to be 206 million. According to 1971 census, a century later, India has a population of 547,000,000, second only to that of China. Fifteen out of every one hundred persons in the world, are Indians. During the decade of 1961-1971, one baby was born every two and a half seconds. The density of population for the whole of India is 182 per sq. km., even though there are States like Kerala where density is as high as 548 persons per sq. km.

India has all varieties of climate from the arctic of the higher mountains to the lush tropical of the south west coast.

The People and their History

The geography has determined much of its history and the make-up of the people today. India is an amalgam of peoples and civilisations which together produced a social and cultural body which is unique in some of its characteristics. "For many English people India connotes little more than snake-charmers, yogis, fakirs, maharajahs, and the rope trick, with perhaps a dash of Kipling" (Morrish, 1971). But a close examination of the prehistory of India reveals a fascinating civilisation.

The first inhabitants of India of whom we know with any certitude are the Dravidians. From about the middle of the third millenium to the middle of the second millenium BC a civilisation flourished in the Indus valley, Punjab and Gujarat. Excavations in 1920's revealed a civilisation in the Indus valley at Harappa and Mohenjo-Daro in the North West of India. This culture dates from about 3000 BC and it continued to flourish until about 2000 BC when it began to wane. By 1500 BC, according to the archeological evidences, the Harappa culture had disappeared. About this time the Aryans (noble ones) from Central Asia wandered into north India. Their language was Sanskrit. Their hymns of Rig-Veda consitute some of the oldest literature in the world. They gradually assimilated themselves with the conquered people. It is believed that the Aryans invented the decimal system of notation, as well as the Arabic numerals, the Arabic name for which is 'Hindsa' meaning 'from India'.

The Indian stock and culture were enriched through

centuries of contacts with conquerors from Alexander the Great to the British. India absorbed and largely Hinduized those who came to conquer and settle, the chief exception being the Moslems. India has been the home of a great variety of cults and religions which have originated there including Hinduism, Budhism, Jainism and Sikhism.

Modern India

The extent of the extraordinary diversity prevailing in India has been explained thus:

Everybody looks different and dresses differently. Complexions range from white to black coffee; noses from Biblical spurs to Mongolian pugs; some people are very tall, others very short. Dress ... reveals the exact identity of the bearer, his or her religion, caste, region and occupation. The variety is endless. Thus an urban Sikh from Patiala rolls his beard inward, not to be confused with an urban Sikh from the Punjab, who rolls his beard outward, while rural Sikhs wear their beards loose ... In India there are as many turbans as there are make of cars in the West and ... different ways of draping the sari; and many men wear hats, caps, bonnets, toppers of all shapes instead of turbans ... Some people wear next to nothing, others are overdressed. (Zinkin, 1966).

India is a country where statesmen and academics of international eminence co-exist with eerie mystics and mendicants who have almost rejected human shape; it is a nation of grinding poverty studded with millionaires, Rajas, Maharajas, Nawabs, Nizam and Jam Sahebs; it is a constitutionally secular state whose inhabitants revere an almost uncountable pantheon of gods and godlings; it is a country in which a Punjabi Indian differs from a Tamilian at least as greatly as does a Scotsman from a Greek.

Perhaps one of the most amazing things about the Indian society is that despite its considerable diversity of peoples and cultures and the apparent paradoxes, there exists underneath this diversity, a real unity, which will be discussed below:

(a) Family and Social Life

Although the city has an increasingly important place in the life of modern India, the country and villages are still its warp and woof. Over 80 per cent of the half a billion Indians live in 558,088 villages farming small pieces of land. Land is the prime source of wealth and status. The status of a village is determined by the land and wealth possessed by the inhabitants of the village. This status of a village is taken into consideration when it comes to finding a partner to a son or a daughter, who has to be chosen from another village of at least equal status.

The dominant features of the Indian society are the caste system and the kinship network which control social, family and individual behaviour. The system of social stratification in India is the outcome of the caste system, which is thought by many scholars to have been imposed by the original Aryan invaders of India as a means of keeping the subjugated people submissive (Bowker, 1968). The first millenium BC saw the social development of the caste system. The Aryans brought with them the usual classes of king, chiefs, priests and free men. These groups became stratified into four orders of priests, warriors, merchants and farmers, with the 'outcasts' for menial jobs. These orders, in their

turn became hereditary. A caste has been defined as a group of people who can eat, sit and marry with each other without considering themselves polluted. (Zinkin, 1966). Meat-eating and taking of alcohol is forbidden among certain high castes. Food or water may be taken by a low caste from a high caste but not vice versa lest one may become polluted. Inter-marriage between castes or even sub-castes is a taboo. This custom governing the choice of spouse appears to survive migration. Adult franchise in India has dealt a mortal blow to the caste system. Caste is officially abolished today and is not easily to be seen in the cities, but it remains a ruling social force in rural India.

Family life, whether Hindu family or Sikh family is in essence very similar. Traditionally it is a joint family, ie it is a group of people consisting of several nuclear families of husband, wife and children, who generally live under one roof, who eat food cooked at the same hearth, who hold property in common and who participate in common family worship and are related to each other. Thus the individual is surrounded not by concentric circles containing wife and children, close friends, friends, acquaintances etc., but by his immediate family which includes all his brothers and sisters as well as his own children, then by his kin including distant relatives, by the members of the village, etc. This makes strong blood-ties which are extended to the whole kin group.

Organisation of a joint family differs markedly from that of a nuclear family. The joint family is inevitably male-

dominated, the eldest living male taking charge of the whole household or group of houses and making any vital decisions concerning its members. He controls the joint family purse, and arranges marriages of the family members. Household tasks will be strictly divided, the heavier farm work being done by men.

The traditional joint family had certain advantages. There is little chance of someone in trouble not finding a sympathetic relative who had also been through it. The aged and the infirm were the responsibility of the group; they were assured of shelter, care, protection, respect and a sense of being wanted and useful. As regards the child, he grew up in an atmosphere of security and affection. There was no problem of a neglected child or orphan. The sons grew up into their father's profession acquiring confidence and skill in the family business. The young wife and mother too learnt a great deal from the wisdom and experience of other older women. Marriages were arranged by the family and there was no problem of the single women, unmarried mother or divorcee. The problem of working wives and mothers which urban India faces now did not arise. The joint family, in short, was a small welfare society within itself, looking after its own sick, infirm, weak, aged, unemployed and the young.

The joint family system like most of the human institutions had its disadvantages too. Being tradition-bound, the family protocol left little room for a gifted individual to take any leadership. Individual efforts would bring no personal gain and hence there was not enough incentive for hard work, initia-

tive and enterprise. Changes in the group were hard to be brought about. No wonder, then, that the joint family system is rapidly breaking up. There are other social and political changes that accelerate its disintegration. More and more girls become educated and marriages take place in late teens rather than in childhood. Hence these young wives do not require the help of their mothers-in-law as child-wives used to. The former press for their own homes and freedom. Earning members of the joint family are not as willing as they used to be to share with the idle and jobless members. Joint families in business are being worn away by high taxation. Finally, recent land reforms impose ceilings on land holdings and members of the joint family break up their farms to circumvent these restrictions.

The sex of the child plays an important role in an Indian family. A boy is seen as a potential wage earner. Women are not traditionally permitted to earn money and the birth of a girl adds ultimately to the expenses of the family which are aggravated by paying another family a dowry to accept her. Moreover, a son, not only perpetuates the family line but also brings felicity in the after-life, because a son is the one, as a male off-spring to make offerings and say prayers on behalf of his deceased father's soul.

Boys and girls begin to be segregated after the age of five or six, this segregation becoming almost absolute by the beginning of the teens. A girl is not expected to leave the house alone or even to meet in her own house men to whom she is not related. Men and women folks keep to their quarters in

the house. Girls are discouraged from experience of the world outside and are taught to help in the home, to cook, to wash, look after children and wait on the menfolk of the house. Boys, on the other hand are given more freedom as they grow older. Their training is to fit them to be successful in the world outside and to be masters in their own homes. Women have not until recently been regarded as intellectual equals of men nor as members of society requiring any forms of socialization other than for their roles as wife and mother. The Hindu Reform Bill of 1955 saw to it that women should not suffer any disability not suffered by man. Divorce is now permissible for much the same reasons as in Britain.

(b) Education and Literacy

The history of education in India goes back to the remote past when the Vedas (approximately 1500 BC) and the Upanishads (800 BC) were written. 'Upanishad', literally means (upa+ni+shad) 'to sit down near' and this was how the pupils received instructions from their teachers. The Upanishads are in the forms of dialogues and discussions between teachers and students. The universities of Taxila (700 BC) in North West India and of Nalanda (400 AD) in North East India were centres of learning that attracted students from abroad. (Panikkar, 1961).

When the British came to India, there were no such centres of higher learning but only some madrasas, maktabs and tols teaching Arabic, Persian and Sanskrit respectively. The rich preferred to educate their children at home by private tutors. In both the Hindu and Muslim systems of education, the emphasis

was on religion. Hindu education was limited to the upper castes only.

The Charter Act of 1813 was the first serious move to introduce Western education to India. It was announced in Parliament that "one lakh of rupees in each year shall be set apart and applied to the revival and improvement of literature and encouragement of learned natives of India, and for the introduction and promotion of a knowledge of sciences ..."
(O'Malley, 1941). In 1836 Lord Macaulay introduced English as the medium of instruction into schools. The Indians were trained to become clerks and subordinate administrators; to become, as it was put by Macaulay, English, in taste, in opinions, in morals and in intellect, remaining, of course, Indian in blood and colour. Ever since that time Indian education has been predominantly a white-collar, bookish and data-packed schooling intended to give social and professional status rather than to foster understanding or develop character.

When India obtained independence in 1947 there were only about 100,000 university students in the whole of Indian subcontinent, and hardly 15 per cent of the population was literate. Today the number of students in colleges and universities in India alone is close to three million, of whom at least 200,000 are former 'untouchables'. Since independence, the literacy rate has gone up to 30 per cent. The number of children in schools has more than trebled to 72 million; four out of five children in the 6 to 11 age group

now go to school. There were one million children at secondary schools in 1951, three million in 1961 and over four million by 1966. Every third child goes on from secondary school to college. India has over 1,000 colleges and their number goes up every year. However impressive these figures look, the fact is that about 70 per cent of the population are still illiterate. According to 1971 census of India, the percentage of general literacy was 29.2 and the percentage of literacy among males was 39.6 and among females 18.8.

As for the education itself, schooling extends over a period of ten years, equally divided between primary (6 to 11) and secondary (11 to 16) school although the secondary is often subdivided into three years of middle school and two years of high school. In 1961 eight years' attendance for boys and nine for girls became compulsory. The reason for the extra year is to encourage parents to keep their daughters at school since there is a strong temptation to regard the education of girls as less important than that of boys. Even though the Indian school system is similar to the British system, in many ways, the former differs from the latter in staff-pupil relations, teaching methods and the medium of instruction.

(c) Occupation and Income

India being a country of peasants, five out of six people live in rural areas and three out of four depend on agriculture for living. Four out of every five of those who live off the land, own a piece of land; but one half of all the farmers own only one acre or less. The average size of a farm varies with the part of the country and the quality of the land. Three

acres is quite a good holding of coconuts and areca-nuts and rice in Kerala; 15 is only just enough in the dry millet lands of the Deccan. Taking the country as a whole five acres is about the mean (Zinkin, 1966). As many as 80 per cent of the Indians are self-employed as peasants, shopkeepers or as craftsmen. Forty-three per cent of the total population are economically active and 73 per cent of the total employed persons are engaged in agricultural pursuits. Most of what is grown is used for the subsistence of the farmer and his family. He spends two-thirds of his income on food alone. Average income of an Indian is about £30.00 a year. In 1971 Punjab was reported to have the highest per capita income among the States. It was Rs.945.00 ie about £47.00.

(d) Religion

World religions such as Hinduism, Buddhism, Jainism and Sikhism originated in India. At present, the population of India is divided as follows: Hindus: 85 per cent; Muslims: 9.9 per cent; Christians: 2.3 per cent; Sikhs: 1.7 per cent; the rest belong to small religious groups. In order to understand and appreciate the problems of the Punjabi immigrants to Britain who are mostly Sikhs and Gujarati immigrants who are mostly Hindus, one has to know something of their religion, for religion directly or indirectly, plays an important part in their lives.

1. Hinduism: Hinduism is one of the oldest religions in the world and it has evolved through several thousands of years. It has no founder, no recorded beginning, no prophets,

no authoritative text to which an enquirer can turn and no religious head. The contributions of great teachers, poets and ascetics have been superimposed without wearing out the previous layers of development. However, there is a framework of ideas and doctrines which could be considered as characteristically Hinduistic (See Panikkar, 1961).

God may be conceived in three planes: (a) as the Absolute (Brahman), the Supreme reality, which is indefinable and without qualities; (b) as Iswara or God with qualities. He is conceived generally as Brahma, (the creator), Vishnu (the Preserver) and Shiva (the Destroyer); (c) as Ishta Devata, the god of choice.

Vishnu incarnates at every critical stage in human history to save mankind.

The Hindu view of life is as a succession of rebirths (transmigration) based on the idea that till the individual soul attains its release by cutting through the bonds of 'Maya' (veil, here phenomenal world) and attains realization with the Absolute, it must be born over and over again. The chains of birth are determined by our individual 'Karma' (action, cumulative effect of a man's actions). In order to break the chains of rebirth, man has to control this 'karma' by a discipline of mind and body and this is called his 'dharma' (duty).

In life there are three objects, a man must seek to achieve: (a) 'dharma' or righteous conduct, (b) 'arth', the

acquisition of economic welfare and (c) 'kama', sensual life. A right balance between these three objects is what man should aim. Both artha and kama should be subjected to dharma as otherwise it will only accumulate evil karma and thus prevent the final objective of liberation.

A man's dharma (righteous conduct) is decided by his 'Varna' (caste) and 'Guna' (inherited qualities). There are four 'Varnas' (castes) or notional division of the society: Brahmin (priest), 'Kshatriya' (warrior), 'Vaisya' (trader), and 'Sudra' (cultivators or artisans). Below the fourth 'varna' come the 'untouchables' who are outside the system.

The Brahmins' dharma is theoretically to lead a disciplined religious life. The Kshatriya's dharma of upholding society authorised him to do many things such as killing in battle or taking life in hunting etc., which would be sinful for a Brahmin to do. This was a popular and widely accepted view of dharma which provided a theoretical justification for caste.

2. Sikhism: Founded by Guru Nanak in the fifteenth century, Sikhism is the faith of about six million people, most of whom live in Punjab. Sikhism is a syncretic religion seeking to bring together the best in Hinduism, Islam and Buddhism. It is monotheistic in essence. God is personal, imminent in man and reveals His presence and will through the Gurus and the Adi Granth, the holy scripture. Sikhism emphasises man's social responsibilities and a code of ethics which includes truthfulness, honesty, openness and love of humanity.

Guru Govind Singh was the tenth and the last of the Gurus and he allowed his followers to eat meat and drink alcohol. He prescribed the five K^s for Sikhs to distinguish them from Hindus and Muslims: Kess (hair), kanga (comb), kacha (long underpants), kara (steel bangle) and kirpan (dagger). The place of worship of Sikhs is called Gurudwara.

There is no caste among the Sikhs in theory. Like the Hindus, the Sikhs abstain from beef and cremate their dead. Sikhs have distinguished themselves as soldiers, artisans, farmers and especially as an adventurous community. They have travelled and settled in almost all parts of the world.

3. Islam and Christianity: Islam initially came to India in the seventh century through Arab traders and after the Arabs, there came the Afgans and the Mogul conquerors who tried to convert the Hindus into Islam. Today there are over 50 million Moslems in India.

Christianity originally came to India during the first century of Christian era, but its full impact was not felt until the Christian missionaries from the West came in the sixteenth century.

Hinduistic practices and thoughts have permeated all sections and religious groups of India. Thus caste, one of the key institutions of Hinduism has affected all religious institutions in India. Jews in India had their untouchables who cannot enter high caste synagogues and there were Christian

churches in Kerala with special places or benches at the back of the churches for their untouchable worshippers.

Fatalism with which the poor and the rich alike usually accept the prevailing destitution in India owes its origin largely to Hinduism. It teaches that every misfortune, including leprosy and blindness and starvation, is a punishment for sins committed in a previous incarnation. The Moslems and Sikhs are also widely superstitious.

The Emigration from India

Emigration from India began in the last century as indentured labour to the British colonies. It was first organised to the British colonies of Mauritius, Guyana, Jamaica, Natal, Trinidad and Fiji, as an alternative source of labour after the abolition of slavery in the British empire in 1834. The subcontinent of India contributed about 143,000 indentured labourers to Trinidad alone between 1845 and 1917.

Indians, however, who came to Britain in the last century, were domestic servants, cooks and pages of the British who served in India. Those who came in the first half of this century were students, retired civil servants, seamen and immigrants.

The first coloured students coming to Britain were sons of a handful of princes and chiefs. A British education was preferred for them, because of the great social value attached to British training. In the years between the two world wars,

India sent by far the largest contingent of students in Great Britain (Singh, 1963). After the second world war the number of overseas students rose steadily year by year. Kondapi in his book Indians Overseas 1938-1949 (1951) estimates that there were about 1,000 Indian doctors practising in Britain in 1949, most of whom came here as students. By the end of 1950's the number of Indian students was close to 5,000 (Singh, 1963).

Another group who made Britain their homes, was of those who served the British Raj in the armed forces or civil services and retired or discharged seamen. Many Indian seamen jumped ship and started working in British factories either in the ports or inlands. It is reported that Birmingham had an Indian population of 100 in 1939 which grew to 1000 in 1945. There was another category of Indians in Britain - the Sikh pedlars, who settled down here after the first world war. They earned their living by peddling clothes and hosiery until late 1940s, when because of great labour demand they found employment in factories.

Many of the displaced Punjabis, at the time of partition of India heard reports of the progress of the Sikhs in the Midlands and news of the abundance of jobs in Britain and decided to emigrate from India. Gujaratis who had already a taste of overseas work and business in Africa or at least knew from friends and relatives of better opportunities abroad, also tried to seize the opportunity of great labour demand in Britain.

Those who came first helped their relatives and friends to follow them. From the early 1950s pioneer settlers from India who had prospered in British industries began to send for their kinsmen and fellow villagers. Usually the migrant had a contact or sponsor in Britain who could arrange his housing and employment and often contributed to his fare to Britain. By the mid-fifties there were a few thousand Indians arriving annually. Rumours of impending restrictions on immigration caused an increase in the flow. Thus migration from Punjab and Gujarat was prompted by disturbed conditions and increased scarcity of farmland at home as well as by better opportunities and the expectation of a better life in Britain.

The Indian migrants can be grouped into two: those who came before 1960 and after. The former consisted mainly of people with a sufficient knowledge of English language and of Britain, namely seamen, ex-army personnel, university graduates, clerks, teachers, doctors and other professionals; the latter were mostly agriculturists who were generally unfamiliar with the English language and culture.

The Pre-immigration Background

Having briefly reviewed the general characteristics of the society in which the Indian immigrants grew up let us now examine the specific features of these immigrants, such as their place of origin, their religion, their pre-immigration occupation, their level of educational achievement, and the

purpose of their migration. A knowledge of their pre-immigration background will enable us to understand better the transformation they have gone through after their arrival in the UK.

Place of Origin

Two striking features emerge from the analysis of their place of origin: first, the limited extent of the areas they came from, namely from Punjab and Gujarat; and secondly, the high percentage (82) of the immigrants with rural background, corresponding to the national rural population of 80 per cent in India. Table V.1 shows the place of origin of the population studied with their rural or urban background.

Table V.1 Place of Origin and Rural or Urban Background of Immigrants

Place of Origin in India	Urban No.	Rural No.	Total
Gujarat	8	46	54
Punjab	7	34	41
Other parts	3	2	5
TOTAL	18	82	100

When one considers the size of India, it is surprising that the bulk of immigration has been confined to Punjab (41 per cent) and Gujarat (54 per cent). Studies have shown that in certain cities of the UK a pattern of settlement of

certain ethnic groups of immigrants are taking place or have already taken place (Rose et al, 1969). Thus, for example, Bradford has a concentration of Pakistanis and Southall of the Sikhs. It may be argued, then, that likewise the present study had so highly a selective settlement of Punjabi and Gujarati population, as to bias its outcome. In view of the fact that most of the authors who studied the Indian immigrants to the UK, have arrived at similar conclusions, (Desai, 1963; Rose et al, 1969; Morrish, 1971; Hiro, 1973), the population of the study seems to be a representative sample of the Indian immigrants.

Why do the Punjabis and the Gujaratis form the majority of the Indian immigrants? The Punjabis, who are mostly Sikhs, are a group of highly mobile, versatile and adventurous people. They have contributed nearly one quarter of the Indian armed forces, even though they represent less than 2 per cent of the total population. During the British rule in India also, they had a similar high representation in the armed forces and civil service and they had perhaps better opportunities of contact with the British and the better amenities of life in Britain than most of their fellow-Indians. The Gujaratis, however, are the business community in India and are visible in all the business centres of India. There is also a long tradition of Gujaratis going to British colonies in Africa for business and for serving in the civil services or railways. They too, thus, as a group, realised the better opportunities available abroad and seized them.

Eighty-five point two per cent of the Gujaratis and 82.9

per cent of the Punjabis came from rural areas where they were small farmers or landless labourers. This rural origin has important implications. For many of them, the arrival in the UK is a move from a fairly close-knit rural community to a complex, urban, industrialised society which may make telling demands on the traditional manners, mores and customs of their group. In their attempt to adapt themselves to the new environment families may undergo a degree of stress and strain (see pages 26-29).

Occupation

In Britain the classification provided by the Registrar-General (1960) has been found to be generally used and a sixfold division of occupations is employed for many official purposes. In the present study the number of cases involved was too small to enable us to use the sixfold categories and hence we combined the Registrar-General's social classes I and II and also the IV and V as Rutter et al (1970) have done. (See Rutter et al, 1970, pages 113-114). Thus there were four occupational groupings, two manual and two non-manual. The pre-emigrant occupations could not fit neatly into the Registrar-General's classifications, for instance, a farmer in India may be one who has several acres of land, or less than an acre of land or even no land of his own but only leased land for his farming. But care has been taken to group the occupation as closely as possible along the line of classification given by the Registrar-General. The four occupational groupings were as follows:

1. Professional or managerial: civil servants of executive and administrative grades, teachers, business owners and the self-employed.
2. Non-manual: clerks (government and local authorities)
3. Skilled: Machinists, foremen, tailors, carpenters, bus and train drivers and service personnel.
4. Semi-skilled and Unskilled: Farmers, laundry workers and unskilled labourers generally.

At the time of emigration all but 4 of the fathers were occupationally active. Three of the 4 were students and one was unemployed. The following table gives the occupational status of the fathers.

Table V.2 Occupational Status of the Fathers at the Time of Emigration

	Guja- ratis No.	% of total Gujaratis	Pun- jabis No.	% of total Punjabis	Others No.	Total No.
I & II	11	19.6	6	15.4	2	19
III (Nonmanual)	4	7.1	2	5.1	-	6
III (Manual)	15	26.8	11	28.2	1	27
IV & V	23	41.1	19	48.7	2	44
Students & Unemployed	3	5.4	1	2.6	-	4
TOTAL	56	100	39	100	5	100

The occupational status were more or less equally distributed among the Punjabis and the Gujaratis.

Regarding the occupation of the mothers, 94 per cent were found to be full-time housewives. Three women were laundry helpers of their husbands - all Gujaratis - who were launderers by caste. Another three women were in the teaching profession - 2 Gujaratis and 1 Punjabi - and two of them had husbands in the same profession.

Education

The educational attainment of the Indians at the time of their emigration is shown in table V.3

The fact that 40 per cent of the women in the sample had no education, should surprise no one when it is realized that they come from a country where 81.2 per cent of the female population do not know how to read or write and where illiteracy is proportionately higher among older groups than younger groups. Among the illiterate mothers 26.7 per cent were from Gujarat and 64.1 per cent were from Punjab. Among the fathers with no education, 10 out of the 11 came from Punjab. One point eight per cent of the Gujarati fathers and 25.6 per cent of the Punjabi fathers had no education in their home country. Worse still, among the 11 illiterate males, 10 had wives who were illiterate as well.

Deakin (1970) speaking of the education of the Indian immigrants concluded: "The Gujaratis who have emigrated appeared to be a highly literate group. Desai did not come

Table V.3 Educational Attainment at the Time of Emigration

Education	Gujaratis No.	Punjabis No.	Others No.	Total No.
<u>FATHERS</u>				
No education	1	10	-	11
Primary complete or incomplete	24	10	-	34
Secondary complete or incomplete	24	12	4	40
College/University (Tertiary) complete or incomplete	7	7	1	15
TOTAL	56	39	5	100
<u>MOTHERS</u>				
No education	15	25	-	40
Primary complete or incomplete	29	11	4	44
Secondary complete or incomplete	11	1	1	13
College/University (Tertiary) complete or incomplete	1	2	-	3
TOTAL	56	39	5	100

across one illiterate Gujarati in five years and all the 191 men in his sample had a high school education while 16 had been to a university". Desai is referring to pre-1960 Gujarati immigrants who were better educated than post 1960 Gujarati immigrants. The findings of the present study do not bear out this statement about the Gujarati immigrants in

general. It is evident that comparing the two main Indian immigrant groups, the Gujaratis come off better than the Punjabis. But the educational attainment of the Gujaratis is not as high as Desai or Deakin suggests. Among the Gujarati men, 1.8 per cent were illiterate and 42.9 per cent had only primary education. More than half of their women folk (51.8 per cent) had only a primary education.

What are the grave consequences of having an immigrant group of parents so little educated (45 per cent of men and 84 per cent of women with only primary education or no education) in our midst? These parents, with little academic achievement for themselves, could give no help at home for their children with regard to their homework or lessons. Perhaps, more than their inability to render help with home-work, it is their inability to provide help for the adjustment-problems of their children that will have more serious implications. Then there is a danger that these parents may seek a vicarious satisfaction and fulfilment of educational attainment through pushing their children too far beyond their ability with the result that the children might become frustrated. Finally, even though these parents might highly prize the education of their children, their cooperation in taking part in the parents-teachers meetings, occasions of open house or other school functions may be understandably minimal.

It is necessary for the smooth integration of these immigrants that they overcome the language barrier and get themselves educated. The work of a group of voluntary women of the host community in Leicester in this field is highly

commendable. They avail themselves to teach those immigrant women English who are confined to their homes and desirous of learning English. It would be valuable if all local authorities, in areas where a number of immigrants have settled, were to provide evening courses - some LEA do - where they can learn and improve their English.

Purpose of Emigration

Even though the British ruled India for about 200 years, social contact between the Indians and the British was minimal. On the one hand, the Hindus were so used to foreign invasions and the sight of alien communities settled in their midst, that they became tolerant, so long as these aliens did not attempt to interfere with their customs; the Hindu society became socially exclusive as it was communally tolerant. On the other hand, there was the insularity of the English (Spear, 1958) as another minimising factor. The British in India conducted their personal and social life in an exclusive circle of their own, the rich, the educated, the military and the civil servants. The British culture had little impact on ordinary Indians. Hence unlike the West Indians, the Indians did not visualize their migration to Britain in socio-cultural terms.

It is customary to discuss the motivating factors of migration by referring to the 'push-pull' hypothesis. It suggests that migration is due to socio-economic imbalances between regions, certain factors 'pushing' persons away from the area of origin, and others 'pulling' them to the area of

destination (Jansen, 1969). The main push factors in India have been pressure on the land, unemployment, lack of capital, poor opportunity and over-population. The general pull factors in Britain have been the availability of year-round jobs, higher wages, better opportunities for advancement, higher vocational training, facilities of a welfare state and a better and free educational service.

"Probably the largest single cause of immigration", says Bell (1968) "is economic. A comparison of the £25 per capita annual income in India with the average of over £400 in the UK makes this country appear an El Dorado. The Sikhs have further reason for migration since in the Punjab the fragmentation of landholdings leaves little alternative for the sons of a large family except migration". Fragmentation of landholding of large families is not specific to Punjab as Bell says. However there is another economic reason for a greater influx of the Sikhs from Punjab. Punjab is a relatively rich agricultural region and the Punjabis could accumulate capital from the UK and take them back to invest in their farms in Punjab.

Ninety-seven per cent of the SG stated that their main purpose of emigration from India was better job opportunities. Only 2 per cent are reported to have come to the UK for the education of their children and one came as a student and stayed on. In short, a job and a roof over his head - these were the main immediate purposes of these migrants.

The Year of Emigration

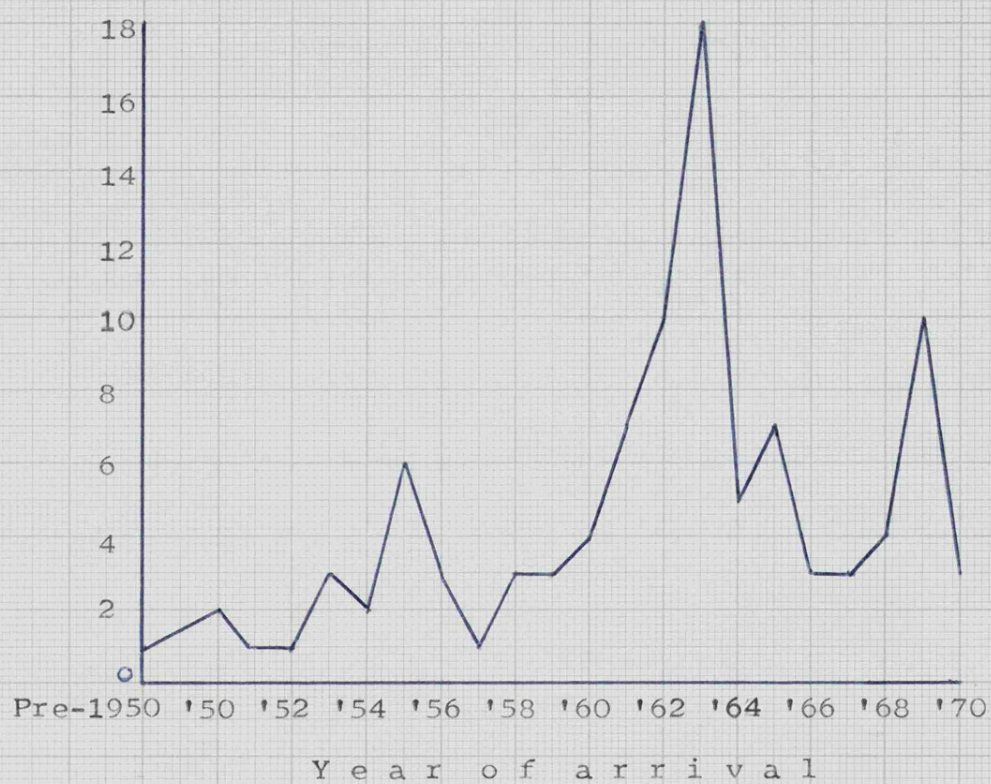
With the exception of one, all the heads of the household left India in 1950 or thereafter. From the Figure V.1 it can be observed that the highest percentage (18) of emigration took place in 1963, and the second highest (10 per cent) in 1962 and 1969. Two main factors appear to account for the rise and fall of the number of Indian immigrants at any one particular moment in time. In the early 1960s Britain enjoyed a buoyant prosperity. More than half of the immigrants of the study (52 per cent) arrived in Britain during the period between 1960 and 1965 when Britain was enjoying prosperity and full employment ('pull' factors). Immigrants were wanted for the jobs that the British no longer needed - labourers' jobs in steel and textile mills and work on the buses or in the hospitals. The other main factor was the control of commonwealth immigration into Britain. In the early and late 1960s Immigration Control Bills were introduced or came into force or were rumoured to be in the process of being introduced. The introduction of controls and the political agitation that led to it, disturbed the pattern of migration and induced many people who would possibly not otherwise have migrated, to emigrate during these periods of time. The paradoxical conclusion is that the proponents of control created the very situation that they most feared by inducing a far higher rate of migration than had occurred before.

Arrival of Children in Britain

The usual practice among the Indian immigrants, as was

Figure V.1 Year of Arrival of the Immigrants
in the UK.

N = 100



observed earlier (see page 30) was for the male head of the family to come first and then to bring his wife and children over later, several years after his own arrival, when he had earned enough money to support them. But the immigration control seems to have changed the migration pattern from one primarily composed of worker migrants to one which increasingly consisted of dependants coming for settlement. Immigration was no longer regulated by the conditions in the labour market in Britain as was in early 1960s and before.

Twenty-one per cent of the children were born in the UK. The year of arrival of the remaining 79 per cent of children is given in Figure V.2. The highest percentage of the immigrant children (24.1 per cent) was found to have arrived in 1965, two years after the biggest influx of the male heads of the families. The second highest group of children (17.8 per cent) arrived in 1969, again in connection with the great influx of adult immigrants. We see a hasty bringing over of dependents in a panic state, in the wake of immigration controls, instead of their rather slow build-up.

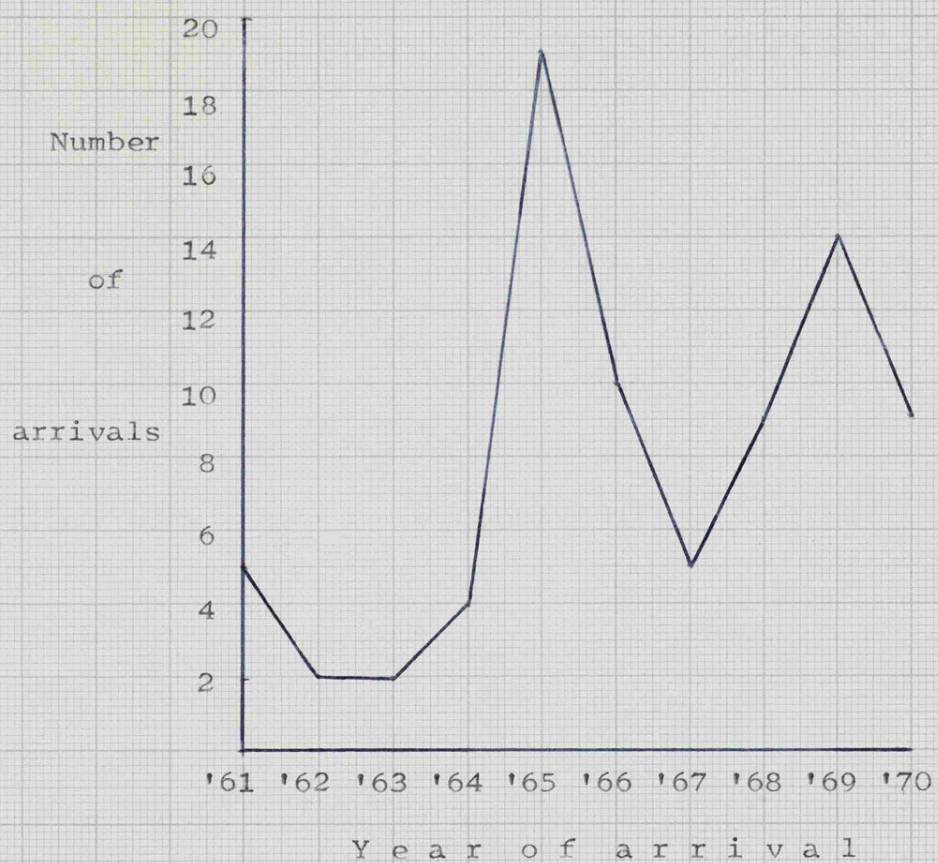
About one quarter of all the children had only less than two years' schooling in this country at the time of the study and this is a group that may have least benefited from the British education.

Integration or Isolation?

Of all aspects of immigration, that of the integration of the immigrant has probably been given most attention by

Figure V.2 Number of Children and Their Year
of Arrival

N = 79



sociologists for, as Eisenstadt (1954) in his book The Absorption of Immigrants points out, this re-socialization is like the basic process of an individual's socialization except that the immigrant starts from an already given social basis. For the more sophisticated immigrant, adaptation and modification are achieved in various degrees, often through the painful process of trial and error. The less sophisticated immigrant is more likely to opt out by isolating himself further from the host culture, especially if his expectations in the new environment remain largely unmet. There is general agreement that some form of integration between the immigrants and the host community is necessary. There seems to be less agreement, however, about what kind of integration is desired or how it can be achieved. Different indices of integration have been used in different studies in the past (Eisenstadt, 1954). Of equal importance to other considerations is the question of how far the immigrants themselves want integration. In the present study we look into two representative aspects of the immigrants' everyday life at home (languages spoken at home and the type of meals) and in the society (proficiency in English language and participation in social or group activities), as some form of criteria, to assess their desire and attempt for integration.

Language Spoken at Home

It was found that 91 per cent of the Indians always speak their own native tongue at home; 7 per cent speak more often their own languages than English and 2 per cent always speak English. This two per cent would have spoken English always at

home even if they were in India.

We must accept the tendency of these immigrants to cling to their native tongue and to encourage its use in the home. We must also realise that complete linguistic integration will not be achieved until the second generation at the earliest. This retention of the mother-tongue has been a most noticeable feature of nearly all the non-English speaking ethnic groups in this country. Those from Poland, Lithuania, or the Ukraine, where both the parents spoke the same language, tended to preserve their ethnic group settlements, their culture, and their language as much as possible, with the mother tongue being used all the time.

The fact that the Indians tend to prefer their own languages gives rise to a long term problem. Many children of these immigrants, will be arriving at school with insufficient knowledge of English language. This suggests that the language problem is likely to be with us for some time and will not be confined solely to the first generation immigrants.

The Types of Meal

As for the types of meal at home, it was found that 77 per cent of the families always have Indian types, 21 per cent had more often the Indian types than the Western types of meal. Only 2 per cent always or nearly always have Western types of meal served at home.

Triseliotis (1968) attributes the reluctance of the immigrants to change to the food habits of the host culture

to their feelings of insecurity and uncertainty about themselves.

They generally adhere to their national diet as it seems to provide both physical as well as emotional nourishment. A baby's anxiety is usually alleviated when fed by his mother and especially by her milk. Likewise food in general appears to assume a similar meaning to people living away from home. The greatest deprivation that can be experienced is that of traditional food, especially at times of change and stress (Triseliotis (1968))

Proficiency in English

The importance of language as a means of communication, needs no stressing. The lack of means of communication between the host society and the immigrants can provide the greatest barrier of all, to successful integration. Learning the language of the host society may be considered as the beginning of the immigrants' cultural growth in the new environment. It enables him not only to communicate with the host society but also to contribute to and participate in local and national activities

Poignant (1949) investigated the linguistic assimilation of Poles through three generations. The first generation spoke only Polish. Some occasionally read French, but they very rarely were able to write it. In the second generation French had been accepted for family usage, but Polish was still spoken well. Many members of the second generation were still able to write Polish correctly. The third generation children received French first names. They spoke only French and were generally unable to understand any Polish. This would indicate that complete linguistic assimilation

occurs only in the second or third generation.

The proficiency of the fathers and mothers in English language is presented in table V.4.

Table V.4 English Language Proficiency of Fathers and Mothers

Proficiency in English Language	Fathers No.	Mothers No.
No ability to speak or write	17	68
Could speak and/or write somewhat	39	25
Could speak and/or write well	44	7
TOTAL	100	100

It was observed that all the 17 fathers who had no ability to speak or write English, had wives who also were unable to speak or write English. The average number of years spent in the UK by these 17 couples was 9 with a range of one to 35 years. The median was six years. This may appear to be an indication of their lack of interest in being integrated, as learning the language of the host society is one of the preliminary steps of adjustment and integration. Six of the 17 fathers and 38 of the 68 mothers who were unable to speak or write English were found to be illiterate. This may perhaps show that rather the lack of their education than lack of interest in being integrated, is a major contribution for

their inability to speak or write English

The proportion of those who could speak or write English well was found to be higher among those who arrived in Britain before or early or late 1960s than those who came in the mid 1960s.

Belonging to the Clubs and Associations

Another way of attaining a degree of integration for the immigrants is to interact with members of the host society on cultural and social planes, by joining inter-racial clubs and associations. Membership in such clubs and organisations was found to be non-existent in the SG. Eighty-one per cent reported that they do not belong to any club or association, whether Indian, English or mixed. Nineteen per cent belong to Indian clubs or associations. It was not investigated whether the non-membership in the mixed clubs or associations was due to the unwillingness of the Indians or to the refusal to admit them to such clubs or organisations.

It is well known among those working with Indian immigrants that at least for the present they want to be left alone to pursue their own distinctive way of life and to work out their integration in their own time. Linguistic, religious and nationalistic factors and their rural background of origin combine to provide strong feelings of in-group solidarity among them. The assumption of many that they are in this country temporarily only, increases their non-involvement attitude. They came here for economic reasons and seem self-

assured that they are successful in their objective. They feel contented and don't see the need for getting involved with the host society or its public activities. Another reason for non-involvement is their disapproval of the Western society's 'permissive' principles and way of life. The illiteracy among their women is another factor that keep many of the women away from contact with the host society.

This encapsulation of the Indian community has been the subject of much criticism and defence: criticism, on the grounds that it constitutes an impermissible degree of communalism; and defence, on the grounds that it is of a temporary nature and provides the protection much needed by the immigrant family in a critical period of adjustment.

The adjustment of immigrants to their newly adopted country may be considered as a process taking place in different stages. In the early stages, the newcomer struggles to establish himself economically and the process of adaptation is slow and minimal but sufficient enough to enable him to secure employment and shelter and a minimum of acceptance by the host society. This modus vivendi may be termed as accommodation. It is also called cultural pluralism. In the next stage of the process the immigrant while retaining his own culture and religion adapts himself to the host society in most of the external aspects and is accepted by the host society as its permanent part. The immigrant integrates himself partly to the whole society while retaining his own separate identity. This is called integration and may be the final phase or may lead on to the next stage called assimilation whereby the

immigrant loses even his partial identity and becomes totally identified with the host society.

Groups like the Jews and Poles have preferred to retain their distinctive character and culture in Britain while living in harmony with the rest of society. But unlike these immigrants from the continent, the Indians are visibly different by the colour of their skin; they are of recent arrival; and they settle down in particular areas of the country in ethnic groups. These factors make their full assimilation a less immediate prospect. "Because there is a recognizable degree of hostility to coloured immigrants in Britain" says Bowker (1968), "cultural pluralism is often advocated as the most realistic short-term solution to Indian and Pakistani settlement in this country". In a phase of cultural pluralism, they will be able to keep their distinguishing features such as religion, perhaps a home language, perhaps some distinguishing dress, but will share the common education and will compete on equal terms for jobs. It has certainly a touch of Shylock's attitude: "I will buy with you, sell with you, talk with you, walk with you ... but I will not eat with you ... nor pray with you".

There are some hopeful signs of a desire on the part of many immigrants to accommodate, that is, to adapt to some extent in the direction of the British norms and way of life, yet also of an unwillingness to be integrated. Examples of accommodation can be seen in the abandonment of the five K's by the younger Sikhs, in the frequenting of the pubs and in the adoption of the Western style of dress, especially by the

young immigrants. The Indians are also involving themselves increasingly in local issues and from work conditions to elections. Their tardiness to switch over to the Western type of meals and reluctance to mix with host community in clubs are examples of their unwillingness to be assimilated. Since the majority of the Indian immigrants come from rural background, they are likely to take more time than those from urban background to drop away their ambivalence. Studies of integration of migrants have shown that the longer they lived in a community the more likely they were to participate in urban structures and that urban migrants entered activities of the community more rapidly than those of rural origin (Zimmer, 1955).

Intention of Staying Permanently in the United Kingdom

The responses in answer to the question of intention of staying in Britain permanently, are tabulated below:

Table V.5 Responses Regarding Permanent Residence

Responses	No.
No, will not stay permanently in Britain	45
Yes, will stay permanently in Britain	40
Undecided/Depends on circumstances	15
TOTAL	100

Fifteen per cent of the respondents were undecided at the time of the survey about returning to India. It is interesting to note that "thirty-six per cent of all Indian males questioned in a Marplan Survey were planning to go back to their country of origin to make a career there" (The Times, 1971, February 23). The slightly higher percentage of those who wanted to return to India in the present study may be due to the fact that at the time of the survey the Commonwealth Immigration Bill of 1971 was already on the anvil and there was much talk about repatriation of the immigrants, which could have generated a feeling of insecurity in the minds of many immigrants. The variables of religion or literacy was not associated with the decision of returning to India. The reasons stated by the 45 respondents wanting to return to India were as follows:

Table V.6 Reasons for Returning to India

Reasons	No.	Per cent
Have farms and relations in India	27	60
Patriotic feeling towards their country	5	11.1
Negative attitude of the host community and uncertain future	3	5.7
Health reasons	7	15.6
Other reasons such as migrating to other countries	3	6.7
TOTAL	45	100

Those who expressed their desire to return to their country of origin will do so only after their children are grown up and settled in life. Whether their children would return to India with them is yet to be seen.

CHAPTER VI

DESCRIPTION AND ANALYSIS OF THE SAMPLES STUDIED

In the previous chapter we described the findings on the pre-immigration background of the SG parents. In the present chapter we compare and contrast the immediate social and personal backgrounds of the subjects themselves - the SG and the CG - on the basis of data collected in the survey, before we proceed to examine the prevalence of maladjustment in the Indian children and their English counterparts in the next chapter. Such an enquiry into the socio-personal backgrounds of the subjects is called for here in the early stages of the presentation of findings, because, only by putting a child in his proper socio-personal context, a right perspective of his position in relation to his own cultural group and that of his English counterparts could be achieved. Moreover, the socio-personal dimensions give a rational explanation for the occurrence of his problems, for as Hashmi (1966) points out in order to understand the psychiatric breakdown (which is the end point of a complicated process of biological, psychological and social maladjustment) we need to gain an appreciation of the relevant aspects of the patient's life, ie. familial, social, cultural and economic backgrounds which may be pathogenic.

The two groups are compared, first, in terms of social environment variables, such as whether the family is one-parent or two-parents, the nature of the education of parents,

their occupation, average weekly take-home pay of the father, size of the family, boarders with the family, housing tenure, relatives and contact with them, parents' knowledge of sources of help for emotional and behavioural problems of their children, use of social services by the family, and the parents' interest in the educational progress of their children. Comparison of the SG and CG children are then undertaken in terms of their personal data such as, sex, age, ordinal position, academic performance and the use of psychological or school social services by the subjects themselves.

I. SOCIAL ENVIRONMENT VARIABLES

One-parent Families

There is a considerable amount of evidence from research findings to show that in our society the lives of children from one-parent families are adversely affected by a combination of circumstances in terms of their emotional, social, intellectual and educational development. Wootton (1959) in her review of studies concerned with broken homes and delinquency found that the majority of 21 investigations showed a high frequency of such homes among delinquent samples. She noted that various British studies estimated that from 22 to 57 per cent of delinquents came from broken homes whereas such control figures as were available indicated an incidence of from 11 to 18 per cent in the non-delinquent population. Aichhorn (1951) suggested that the fatherless boy may become delinquent as he might suffer from an inadequate ego ideal. Delinquency may be caused, according to Bowlby (1946), by the

absence of mother in early childhood. Lewis (1954) found no such special connection between delinquency and early childhood separation from mother. This view was supported by Wootton (1962) and Andry (1962) and they are of the opinion that a distinction between separation from a parent and permanently broken homes is necessary although the literature tends to confuse the two categories.

McCord et al (1959) in their analysis of the Cambridge-Somerville data found that broken homes were associated with the later development of adult criminality. They also found that two-parent but 'quarrelsome-neglecting' homes were more predictive of delinquency than those where a breakdown had occurred.

The present study brings to light one of the dramatic differences between the families of the SG and the CG. There was not a single one-parent family among the SG while 22 of the CG families were one-parent families. Brown (1975) gives the national picture of the one-parent families thus:

The Committee on One-Parent Families estimates that there are about 620,000 one-parent families with more than a million children. Of these families 100,000 are motherless and the other 520,000 fatherless. Of the fatherless families 190,000 are separated, 120,000 divorced, 120,000 widowed and 90,000 single.

The contributory factors for the absence of a parent are given in table VI.1.

In all but two cases, it was the father who was the missing parent in the present study. In the 1971 General

Table VI.1 Reasons for the Absence of One Parent

Reason	No.	Percentage of all one-parent families
Divorced	10	45.4
Separated	6	27.3
Widowed	4	18.2
Unmarried	2	9.1
TOTAL	22	100

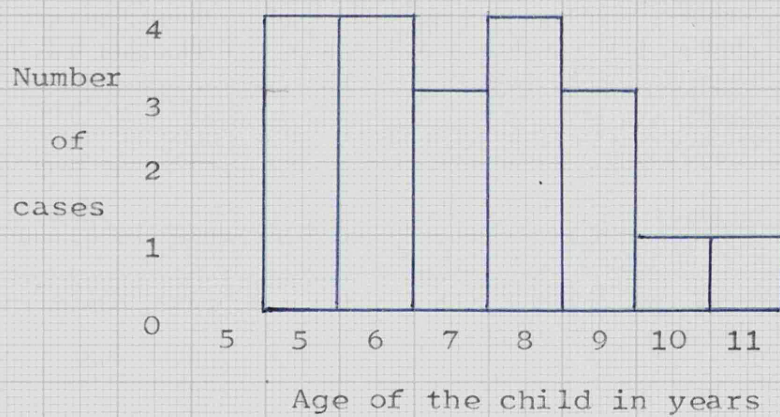
Household Survey 7.6 per cent of families had only the mother and 1.1 per cent of families only the father as the sole care-taker. According to the latest government statistics, the number of divorces in Britain in 1972 was 125,000 (0.2 per cent) in a population of 55.8 million, as against 10.2 per cent in the CG.

The age of the child at which the potentially traumatic breaking of family occurred is shown in Figure VI.1. In the majority of cases, the family breakdown had taken place when the children were in their middle childhood. Nine children of the one-parent families were boys and 13 girls.

In addition to the one-parent families, the CG contained 5 families with serious marital problems and another 3 which experienced prolonged absence of the father.

Figure VI.1 Age of the Child at which the
Family Breakdown Occurred

N = 20*



* No information on 2 cases

The total absence of one-parent families in the SG will not surprise any one who knows the traditionally cohesive strength of the Indian families. Although there has been a transition from joint family to nuclear family in their new environment, the bonds between the members of the family are still strong enough to ward off any breaking of the family. What Banton (1972) has said about the Asians in general regarding their attitude towards disrupted one-parent families, is especially true about the Indian community in Britain. He said: "They censure the incidence of divorce. At the core of the sickness which afflicts the British culture is, in their view, the weakness of the family and fragility of marriage". The SG did not have any widowed families. The unmarried motherhood is a taboo among the Indians. During the course of the survey, the investigator came across only one case of unmarried mother in the Indian community - sister of one of the subjects of the SG. The community raised a hue and cry over the incident and the putative father of the baby was forced to marry the girl.

How do we account for the disproportionately higher percentage of one-parent families in the CG than in the national samples? Many of the CG families live in the same streets along with the SG families in the old buildings of twilight areas of the city which are cheaper to reside in. They were unable to follow the usual pattern of English families moving away when the 'coloured' families move in, because of their financial and family problems. Those who could, moved away to better council houses and more comfortable suburbs. As the city of Leicester has no effective dispersal

policy for its 'coloured' school population, children from the 'coloured' and 'white' families go to the neighbouring school in the twilight area. When the SG and CG children were selected, over 80 per cent of the subjects came from these depressed areas (see page 94). Wootton (1959) and Gibson (1969) observed that children who come from broken homes probably come from a population in which there is a higher rate of social and psychological disturbance. This point is elaborated later in the study.

Educational Attainment of Parents

The educational attainment of parents of the SG has already been discussed above (see pages 149 ff.), but is repeated briefly here for the purpose of comparison. Ten per cent of the families had both a father and a mother who had no formal schooling. When the educational status of the fathers and the mothers are considered separately, 11 per cent of the fathers and 40 per cent of mothers never attended a school; another 30 per cent of the fathers and 40 per cent of the mothers had only primary education; 40 per cent of the fathers and 13 per cent of the mothers had obtained secondary school education and 15 per cent of the fathers and 3 per cent of the mothers had university education.

In the CG 97.9 per cent of fathers and 96.9 per cent of mothers had secondary education. One father and two mothers had university education. No information was available on the educational status of one of the mothers.

Comparing the educational attainment of both the groups, it becomes evident that there are more parents of the SG than those of the CG at the lowest and topmost rungs of the ladder of educational attainment.

No change in the educational status of SG parents has taken place since their arrival in the UK except in two cases. Those with no or low education have not so far seized the many opportunities available in this country of improving their educational status. It will be interesting to know why they have not so far taken advantage of the part-time courses, evening courses, language courses and adult educational facilities available in the city. Are these courses less attractive to them? Or are they available at an inconvenient time and inconvenient places? Or are the immigrants too busy struggling with their daily life to make both ends meet to be interested in these opportunities? Perhaps the last may be the reason in the case of the majority. From the fact that many adult Indians currently attend the evening language courses provided by the city and the Adult Educational Centre, one could predict that in course of time some of them may be motivated to improve their education because they see that their style of life and the traditional upbringing of their children suffer from lack of sufficient education for themselves. During the course of the investigation, for example, it was observed that less educated parents depend much more on their educated children for matters that require some degree of education, than is customary in an Indian family. In the absence of education they have repugnantly to 'share' their parental authority with their educated sons and daughters,

which is alien to their concept of a parental authority.

Indian parents with university education did not appear to be happy with their lower occupational status in this country than in India, even though they could earn about twenty times more than they earned in India.

Occupation of Fathers

At the time of the survey, the SG had 10 unemployed and 2 retired fathers; among the CG fathers, 3 were unemployed, 1 was retired and the occupational status of 16 was unavailable as they were from the broken homes. The higher percentage of unemployment among the SG (10 per cent) than among the CG fathers (3.1 per cent) points to the stark reality existing in this country, namely, that whenever there is a slump in the number of available jobs in the UK, the coloured immigrants will be the first casualty - the first to lose their jobs.* It was during the period of the survey that the whole nation was in the grip of a coal miners' strike which led to the retrenchment of hundreds of workers in many industries.

Information on the occupational status of the remaining fathers of the SG and the CG are given in table VI.2. Jobs were classified into four groups, as described in page 148.

* "In 1963, when (national) data on its present basis was first collected, Commonwealth males comprised over 4% of all unemployed and females over 6%. In absolute terms and as a percentage of the total, immigrant unemployment fell steadily until the end of 1966. With the increasing unemployment of winter 1966-1967, the number of Commonwealth immigrants unemployed rose sharply as did their proportion
/Continued at foot of next page

Table VI.2 Occupational Distribution of the SG and the CG Fathers

	Study Group No.	Contrast Group No.
I & II Professional, Managerial	6	8
III Skilled (Non-manual)	6	9
III Skilled (Manual)	49	56
IV & V Semi-skilled and unskilled	27	5
TOTAL	88	78

Comparing the occupational distribution of SG and CG fathers $X^2 = 16.04$, $df = 3$, $p < 0.01$. The main sources of difference lie in the manual classes (III manual, IV and V).

There is a general feeling that immigrant groups are heavily under represented in white collar jobs. Silvaine (1968) concluded that almost 80 per cent of the immigrant fathers are at the moment 'working class' (skilled manual,

of the total unemployed. Since the beginning of 1968, however, immigrant unemployment has been slowly dropping. By mid-1969 immigrant males comprised about 2% of all unemployed and females 3%.

Generally, changes in the numbers of immigrant unemployment are in the same direction and the movement has the same timing as for the total population. However, as total unemployment rises, the proportion of immigrants among the total unemployed also rises which means that in times of rising unemployment Commonwealth immigrants tends to be harder hit than the general population". Deakin, N. Colour, Citizenship and British Society, Panther Modern Society, 1970, pp.80-81.

semi skilled and unskilled). Rose et al (1969) also observed: "all the coloured immigrant groups have a considerably lower status than those born in England and Wales. Their status is also lower than that of Irish". On the employment status of the Indians, Oakley (1968) opined that most Indians here are employed in unskilled or semi skilled work in industry or public transport. In the present study the difference between the employment status of the Indians and the host community was found to be significant (see table VI.2). A comparison between the present study and the one by Rose et al (1969) on the percentage of manual and non-manual workers is made in table VI.3.

Table VI.3 Distribution of Non-manual and Manual Workers in the Present Study and in West Midland

	Present Study SG %	CG %	West Midland (Rose et al, 1969) Indian %	Total Popul. %
Non-manual	12	17.3	5.9	24.2
Manual	76	62.3	92	74.6
Inadequate data	12	20.4	2.1	1.2

Many industries like the steel industry with foundry, the furnace and the rolling mills, which are hot and unpleasant rely more on the immigrant workers than on the workers from the host society. Rose et al (1969) found that in the West Midland conurbation 15.9 per cent of all the 12,630 Indian

workers have been employed in such industries against 4.3 per cent of a total work force of 777,490. In the present study, it was observed that 12 per cent of the Indians and less than one per cent of the native community worked at the foundries and furnaces.

If most of the immigrants are blue collar workers, did the educated and professionally qualified immigrants have a downward mobility in their occupational status in this country? Oakley (1968) concluded on the mobility of the Indian immigrants in the UK:

Very few Indians have been able to obtain white collar jobs even if they have been teachers or civil servants in India. Hardly any of the educated immigrants have avoided the drop in status which seems to be the almost inevitable price a first generation of newcomers has to pay. Professional qualifications are often not recognised in this country and the holder of them is forced into other work.

Silvaine (1968), agrees that the problem of downward mobility exists among the immigrants but only on a minor scale. For, he concluded: "There were instances of men with good qualifications from their own countries who had had troubles in getting a job appropriate to their skills in the UK but these were relatively few".

Comparing the occupational status of the SG fathers before their emigration from India and the present one in this country at the time of survey, it was found that the view of Oakley (1968) that hardly any of the educated immigrants have avoided the drop in status, is true. None of the 19 SG fathers classified as belonging to the professional or

managerial categories in terms of their pre-emigration occupation, was found to belong to the same occupational status. On the other hand, among the 44 fathers in the semi-skilled and unskilled jobs before their emigration, 54.5 per cent (24) showed upward social mobility - in fact 5 of them became business owners and self employed - and 29.5 per cent found themselves in the same occupational status in this country.

A word about the economic contribution to this country by the immigrants is appropriate here, when there is much cry and little wool on the 'exploitation' of the social services and a taking of disproportionate benefit from unemployment funds by the immigrants. Stereotypes regarding the immigrants, especially those charged with emotions, prevalent in the host community are likely to influence negatively the attitude of many people in the host society including even that of teachers towards the immigrants. The negative attitude of the natives could make the adjustment of the immigrants - adults and children - complicated. On the welfare side the immigrants are seen by some as spongers, living on benefits or as part of a group which collectively cause shortage of essential services (Rose et al, 1969).

Immigrant labour from coloured commonwealth countries flowed into new and expanding industries in Britain in the fifties and sixties, especially into the service industries, thereby relieving the indigenous labour to more productive industries. For example, in 1965 one in five student nurses in training hospitals and seven out of ten domestic workers in

London hospitals were coloured immigrants; the proportion of coloured public transport employees in London was put as high as two in five and in Birmingham at one in five (Gwynn, 1965). At present their number is much higher than in 1965. Anyone visiting the Leicester hospitals or travelling in the Leicester city buses would become aware of the contribution of the coloured immigrants to the service industries of the city. Many immigrants also work in such industries and under such conditions that are not tolerated by the native labourers. Asians constitute at least 10 per cent of employees in the wool textile industry (Gwynn, 1965). The furnace and foundry works have a high concentration of coloured immigrants. They are willing to work on night shifts, overtime, and in unpleasant conditions, which has made possible substantial increases in production. Economic activity among coloured immigrants is higher than for the nation as a whole and this can be explained by the fact that there are fewer retired people in this group. The 1966 sample census showed that 72 per cent of New Commonwealth immigrants were economically active compared with 62 per cent of the general population. Contrary to the oft-repeated allegation, the immigrants contribute more to the national coffers than they draw from it.

Occupation of Mothers

Deakin (1970) comparing the occupational status of the Indian and native mothers observed that the Indian women have economic activity-rates fairly similar to the total population in London but lower in the West Midlands. In the present

study comparison of the occupational status between the Indian and native mothers brings several differences to light: 44 per cent of the Indian mothers were wage-earners against 64.3 per cent of the native mothers; all the Indian mothers belonged to the category of manual workers while 11.1 per cent (7) of all the English working women (63) were in the non-manual group; and finally when 75 per cent (33) of all the wage earning Indian mothers were working full time, only 44.4 per cent (28) of the native mothers have been found to be working fulltime as wage earners. Perhaps the fact that about 20 per cent of the CG families were one-parent families and that the mothers were the breadwinners, may account for a higher percentage of employment and that too on a part-time basis among them than among the SG mothers. The association between the employment of mothers and the deviant behaviour of their children will be discussed in the following chapter.

One of the areas, in which the Indians in this country are undergoing change, is in the role of their women. An Indian wife in normal circumstances would not be expected or even permitted to go out to work (only 6 per cent were wage earners before emigration). This tradition may change after some years of life in Britain and it is already changing. Mainly two factors have brought about this shift. One, many women want to overcome the boredom and the burden they experience on being removed from the gregarious atmosphere of joint family in their native villages and on being confined to the four walls of their 'cold' (as they see it) British homes with their nuclear family (over 80 per cent were nuclear families). The other factor, is the constant pressure to

raise family income, to meet the rising demands of the growing family and increasing cost of living. It is this second factor that forced a higher percentage of them than the native mothers (75 to 44.4) to take up fulltime employment outside the home. No one knows exactly the extent to which this change of role of Indian women may affect the stability of their homes, because the basic fabric of their institutional life seems to be undergoing transformation and modification. The absence of one parent during daytime and of the other at night is alien to Indian family and produces a somewhat similar situation prevailing in one-parent families. Or if both parents work at the same time and since there are no creches in factories, they will be leaving young children with child minders and children returning home from school will be coming to empty homes and may be forced to prepare their own food. These and similar situations will force a child rearing practice on the Indian families for which they are not yet prepared. It has been pointed out that social workers are reporting an increasing number of West Indian matrimonial problems, mainly arising from the new independence of the working wife (Peppard, 1964). There is another dimension to the problem of working mothers, namely what will happen, if a child in a family where both the parents work fulltime, is taken ill, especially if it is for a long period.

Income

The present study gathered information about wages not in precise figures but in terms of three categories of earnings. Hence an exact comparison between the wages of the

SG and the CG was not possible.

In 12 cases of the SG and 25 cases of the CG no average weekly take-home pay was available. This was due to unemployment, absence of the male head or due to the non-availability of the data (working class wives often do not know). Following is the table of the average weekly take-home pay of the fathers and mothers.

Table VI.4 Average Weekly Take-Home Pay

Category	Study Group		Contrast Group	
	Fathers No.	Mothers No.	Fathers No.	Mothers No.
Up to £15.00 per week	1	33	1	50
£15 - £25 per week	63	10	47	12
£25 or over	24	-	25	-
No data/N.A.	12	57	25	36
TOTAL	100	100	98	98

Rose et al (1969) collected information on income with different groupings as shown in table VI.5.

Average income, according to Rose et al (1969) was £23.10 for the Indians and £23.50 for workers from the host society.

Table VI.5 Average Income according to Rose et al (1969)

	Indian Immigrants %	UK as a whole %
Up to £17	30	35
£17 to £23	35	20
£23 and more	34	45

A survey in Nottingham (Bayliss and Coates, 1965) suggested that coloured workers earn less than their white counterparts. The authors think that the reason for this is the lack of overtime for coloured workers. A survey in Lambeth (1967)* also found a discrepancy in average earnings between white and coloured manual workers and the difference was greatest for skilled workers.

In the present study there was no significant difference between the income of groupings of the SG and CG fathers or those of the mothers, in spite of the fact that significant differences existed between the occupational status of the SG and the CG fathers. The major reason for this absence of significant difference is the overtime work that the SG fathers do. Contrary to the view expressed by Bayliss and Coates (1965) the present study found no lack of overtime for the Indians. This may be because of the nature and type of

* This survey of housing occupancy, commissioned by the Lambeth Borough Council for Research Services Ltd., in 1966, is quoted by E. Burney in Housing on Trial, Oxford University Press, 1967.

industries - night shifts, odd hours of work, hot and unpleasant work places such as foundries - they work where the natives do not take up jobs.

Family Size

The common belief that immigrant families are much larger than the indigenous families has been echoed by several studies. For example, Rose et al (1969) say that the average number of children (under 15 years of age) in British families was 1.9 compared with the 2.4 children in Indian families. In the present study the English family had an average of 3.2 children compared with the 4.7 children in the Indian family. Differences in the size of family in both the groups, as shown in table VI.6, were statistically significant.

Table VI.6 Family Size of the SG and the CG

Family Size	Study Group No.	Contrast Group No.
1 - 3 children	25	69
4 or more children	75	29
TOTAL	100	98

$$X^2 = 39.1 \quad df = 1 \quad p < 0.001$$

The problem families and working class families tend to have large families even in the native population and this may be the reason for a higher average number of children (3.2) in the CG families than in the British families of the

study by Rose et al (1969).

The Indians generally believe in larger families, and this may be due to their religious and rural backgrounds. The orthodox Hindus, like many Orientals, consider an issueless marriage as a curse. As already stated in the previous chapter, the majority of the Indian immigrants come from a rural and agricultural background where illiteracy, prejudice and resistance to change prevail more than in urban areas. The family planning projects of the government of India which were in operation since 1952 with all the forces it could muster, found the Indian rural communities so impregnable that it could make little headway in changing their attitudes towards large families. The pragmatic approach of these poor people is that the more the earning members there are the better economically it is for the poor farmer. Moreover, in a joint family the responsibility of individual parents of bringing up their children is shared by the rest of the family. Many of these people now in this country may resist a sudden change of their conviction or attitude towards large families on moral or religious grounds.

Sharing Households

Persons not belonging to the nuclear family and who were rooming and boarding with the family were considered as boarders in this study.

Eighty-seven per cent of the SG and 88.8 per cent of the CG had no such boarders. This high percentage of unit family

system in the case of the SG becomes very significant in the light of what we have seen in the previous chapter regarding the joint family in India. Rose et al (1969) analysing the sharing households in London and West Midland conurbations observed: "Within the immigrant population Indians have the smallest amount of sharing and the West Africans, the largest, a pattern which is consistent in both study areas." Table VI.7 compares the sharing households of the present study with their findings.

Table VI.7 Percentage of All Households which are Sharing Households

The Groups	English %	Indians %	All coloured Immigrants %
London conurbation	31.2	39.2	70.1
West Midland conurbation	4.2	29.2	40.9
Present study	11.2	13	-

The present study had smaller percentage of Indians sharing households than in London and West Midland conurbations. This may be because the Indians in Leicester are not as hard pressed as those in London or West Midland conurbations for accommodation, or because the Indians in Leicester may be better off to buy their accommodation than their colleagues in other places.

Housing Tenure

Deakin (1970) says that among the forms of possession of accommodation, owner-occupancy among the immigrants was nearly twice that of the rest of the population. Rose et al (1969) concluded: "In the inner London boroughs, 22 per cent of immigrant housing is owner occupancy; in the central Birmingham area 56 per cent of immigrant household heads are owner-occupiers. In both areas this is nearly double the figure for the English". Three surveys were carried out in Manchester by the Manchester Council for Community Relations between 1966 and 1968 and its findings are reported in the Race for Homes (1968). The first survey was a random sample survey of 765 residents, white and coloured, the second one was a survey of 95 coloured immigrants and the third one a random sample survey of 317 residents, mostly coloured. They concluded: "Indeed (in most areas where immigrants live) the majority of them are owner-occupants". Taylor (1971) found that a higher proportion of Asian parents owned their own homes (92 per cent) whereas 79 per cent of the English parents were tenants. Boss et al (1974), in their study of three boroughs, observed that 40 per cent of 'coloured' families and 16.4 per cent of 'white' families were owner-occupants. Housing tenure by households of the SG and the CG is compared in table VI.8.

In 1971, of all households in the city of Leicester only 45.1 per cent were owner-occupants, and 30.1 per cent were council tenants. Ninety-four per cent of the SG, however in the present study owned houses. But only 37.7 per cent of the CG were owner occupants, a percentage smaller than that for the whole local population. The SG might have very well been

Table VI.8 Housing Tenure by Households

Form of Possession	Study Group No.	Study Group %	Contrast Group No.	Contrast Group %
Owner-occupancy	94	94	37	37.7
Private tenancy	2	2	36	36.7
Council tenancy	1	1	22	22.5
Lodging	2	2	2	2.1
No data	1	1	1	1
TOTAL	100	100	98	100

influenced to own houses because of their background. In India to own a house and land symbolizes success, ability and security in life. The Indians in Britain, moreover, see it as one of the best forms of investment. The amount spent on rent is considered to be a waste. There were several business-minded persons in the SG who are owners of more than one house. They have invested in additional houses and gave them on rent to their fellow countrymen.

Moreover, to qualify for council housing, generally a five years' residence is required. A much longer period of waiting is the rule rather than exception. As a result, we find a high proportion of all the immigrants squeezed out from the arena of preferred housing into other alternatives either to buy a property or to take private tenancy. Among the Indians there is a practice of forming a sort of cooperative to buy houses for each of its members one after another through several years.

Many of the houses were in condemned areas long overdue for redevelopment. As slum clearance eats into the stock of cheap, short-life housing in the Highfields and other immigrant-concentrated areas, the Indians become dispersed. This was already taking place at the time of the survey and this process of dispersal may accelerate their integration in the 'melting pot'.

Relatives and Contact with Them

One index of the continuation of the joint family bond and the closeness of kinship ties among the Indians in this country is the settling together and the extent to which parents, married children, unmarried children away from home and other close relatives exchange visits. With regard to their settlement, Oakley (1968) thinks that it is inevitable since the Indians are accustomed to living in a village surrounded by kinsmen that they should attempt to recreate the same atmosphere in this country. Banton (1972) also is of the view that migrants who share a common background in the homeland tend to settle together in Britain.

The relatives that were studied were parents, in-laws, brothers, sisters, sons or daughters living in the city. Seventy per cent of the SG and 83.7 per cent of the CG had their relatives living in the city. Unlike other studies, the present one did not find higher percentage of immigrants than the host community having their relatives close by.

The pattern of contact with close relatives was as

follows: 15 per cent of the SG and 10.2 per cent of the CG seemed to have daily visits or contacts; 34 per cent of the former and 43.9 per cent of the latter used to make weekly contacts, often in the form of weekend visits. The percentage of SG families that does not have contacts with their relatives was about double that of the CG (30 per cent against 17 per cent).

Most of the nuclear families of the SG were part of their joint families in India not long ago and one would naturally expect them to keep the same close and frequent contact with their relatives in this country. But it was found that they had lower rate of contacts with their relatives - although 70 per cent had their relatives - than the native population. Whether this is the outcome of an over-reaction to the other extreme to the close knit ties existing in a joint family or due to the hectic life in a Western society or due to an incipient integration process with the host society or due to a combination of all these factors, is difficult to decide.

Parents' Knowledge Regarding the Source of Help for Maladjustment of Children

Some authors think (for example, Deakin, 1970) that the newcomers to this country need information, advice and guidance on the availability of various social services existing in the country. This is what he said:

... the complexity of structure makes it difficult for a client in need to know which is the relevant agency or department able to help him. If he is redirected from one officer to another he may well feel rejected, and unwilling to repeat the same painful process of formulating and recounting his needs to another social worker.

This common problem is even more true of newcomers to the society who may have difficulties in communicating in English and who may be altogether ignorant of the statutory services and in particular of the professional counselling available. This need for information and advice is felt by many sections of the native population but even more intensely by those persons who come from societies with a different social structure and administration.

Parental knowledge regarding the existing facilities for maladjusted children was assessed in the present study and is given in table VI.9.

Table VI.9 Sources of Help for Emotional and Behavioural Problems of Children, as Reported by Parents

Sources of Help	Study Group No.	Study Group %	Contrast Group No.	Contrast Group %
Family doctor	32	32	28	28.5
Parents themselves can handle	8	8	16	16.3
Child will grow out of it	1	1	8	8.2
Psychological Service	4	4	38	38.8
Don't know	55	55	8	8.2
TOTAL	100	100	98	100

The fact that more than half of the Indian immigrants do not know where to find appropriate service for the emotional and behaviour problems of children, shows the need for better communication of information. Perhaps they may need assistance on the availability of other social services too, or do they?

Social Services for Members of the Family Other than the Subject

The elaborate system of statutory and voluntary social services available in Britain, undoubtedly have attracted many immigrants. The use of the social services by the immigrants in this country has been a controversial question for some time. Many see immigrants "as a sponger, living on benefits, or as part of a group which collectively caused shortages of essential services" (Rose et al, 1969). There were others who felt:

Apart from the problems of maternity beds, immigrant groups make less demand upon the hospital services than the native born. Given the age structure of the immigrant population we can say that they provide few geriatric patients and are unlikely in the near future to place much demand on local authority homes for the aged because of the strong cultural traditions in which grandparents remain within the family and are cared for by their grown-up children. Nor do they occupy a high percentage of psychiatric beds (Deakin, 1970)

The present study found that 84 per cent of families of the SG and 72.4 per cent of the CG had received no special social services during the period under study. Sixteen families of the SG and 27 families of the CG received various kinds of social services such as services from the Welfare Department, School, Child Guidance Clinics, Home Help, etc., for the family or its other members. The comparatively higher tendency of the use of social services by the host community has been verified by other findings. Jones (1967) found that in 1966 the cost of insurance and supplementary benefits of the average Briton was £37.70 and for the average immigrant in the same year it was only £17.40. She also estimated that immigrants cost the health and welfare services £17.40 per head

whereas the home population cost £18.60 per head. Boss et al (1974) found that more 'white' than 'coloured' families (37.7 per cent as against 29.1 per cent) were in receipt of supplementary benefits.

The adult working population supports the old and weak members of the community. An inflow of young adult immigrants therefore ensures a steady contribution for several years with a minimum expenditure. This more than outweighs the additional social service costs which may be incurred because of the immigrants' special health or educational requirements (See also page 177 ff.).

Parents' Interest in the Education of their Children

Many of the Indian parents came to Britain partly because they want their children to benefit from the highly esteemed British educational system and they are likely to cooperate with the schools and encourage their children to do well at school. On the other hand some immigrant parents fear the social influence of the 'permissive' school and there are cases of children being sent to India to be educated. If parents still regard their native land as home, or are undecided of their permanent settlement in this country, some of them may think learning the English language and absorbing the host culture is irrelevant. The child who finds adjustment to school difficult, may perhaps simply be expressing his parents' wish to retain a separate social and cultural existence.

There is considerable evidence from the research literature that parents' attitude towards school and interest in

their children's education are associated with the quality of school performance in their children (Bowker, 1968; Fraser, 1959; Wiseman, 1964; Douglas, 1970). The parents' attitudes and interest will manifest themselves on different occasions in many ways. In the present study the teachers rated the interests of parents in the education of their children into above average, average or below average. The norms for the rating were the participation of parents in school functions when invited, prompt and regular responses to the requests from the teachers and the school, and the general impression they gathered from the children's neatness, cleanliness, dress and general behaviour. Table VI.10 gives the teachers' ratings of parental interest.

Table VI.10 Teachers' Ratings of Parental Interest

Ratings	Boys		Girls		Total
	No.	%	No.	%	
<u>STUDY GROUP</u>					
Above average	4	8	3	6	7
Average	26	52	18	36	44
Below average	19	38	29	58	48
No data	1	2	-	-	1
TOTAL	50	100	50	100	100
<u>CONTRAST GROUP</u>					
Above average	5	10	5	10.4	10
Average	30	60	26	54.2	56
Below average	15	30	16	33.3	31
No data	-	-	1	2.1	1
TOTAL	50	100	48	100	98

Possible reasons for the apparent lower interest of Indian parents are numerous. Obviously the language barrier is the most prominent one as several authors have suggested (Burgin and Edison, 1967; Rose et al, 1969). Burgin and Edison (1967) found a better response from Indian parents when letters to them were sent in Punjabi or Gujarati language from the school. It is not easy for many immigrant parents to communicate with teachers and make their views known; the school may be rather forbidding for those who have received little or no education themselves. They may feel too shy and overwhelmed to participate in the parent-teachers meeting. It is also traditional in their native country for parents not to take an active part in school affairs. Or again, male members of the household who work difficult shifts or night work may well find it inconvenient to come to talk to teachers. As for the mothers who do not participate in school functions, it is important to bear in mind that in an Indian family it is the father who shoulders the responsibility for the education of children. It is possible that some of the teachers who rated the interests of Indian parents might have missed or overlooked some of these important factors. Taylor (1971) in a study of the scholastic achievement and school leaving age of English and Asian pupils in a sample of secondary schools found that there was more positive parental support for the Asian children to stay on at school than the English children. Thirty-five out of 53 immigrant parents wished them to stay on whereas only 19 out of 56 English parents wished them to do so.

There is at least one interesting feature to be observed. Sixty per cent of the SG parents seem to show above average or

average interest in the educational progress of their sons while only 42 per cent of them show the same interest in the education of their daughters. Butterworth (1967) thinks that the lower interest of parents in their daughters' education than in their sons' is due to (a) the lower social position of women in their society and (b) the general belief among them that the future for the girls stops at marriage as far as they are concerned. In general, Indian parents are anxious for their children, especially the boys, to do well at school even though they rarely go so far as to join parent-teacher associations or to attend open days. In the CG 70 per cent of parents show above average or average interest in the education of their sons; corresponding percentage for daughters was 64.4.

II. PERSONAL VARIABLES

Having analysed the social variables we will now examine the personal variables of the subjects of the SG and the CG in the remaining pages of this chapter.

Sex and Age Distribution

The SG had 50 boys and 50 girls and the CG had 50 boys and 48 girls. From table VI.11 showing the age and sex distribution of the subjects it is clear that boys and girls in both the groups were more or less equally distributed in different age groups.

Ordinal Position

Research (see Sutton-Smith and Rosenberg, 1970) is beginning to suggest that birth order in a family may prove

Table VI.11 The Age and Sex Distribution of Subjects

Age Group	Study Group		Contrast Group	
	Boys No.	Girls No.	Boys No.	Girls No.
9 - 10	18	21	18	20
10 - 11	25	23	26	24
11 - 12	7	6	6	4
TOTAL	50	50	50	48

to be a more powerful hidden influence on achievement, motivation, measured intelligence, attitude and personality and incidence of maladjustment than any one has so far realized. The relationship between maladjustment and ordinal position is discussed in the next chapter. Table VI.12 gives the ordinal position of children of both groups.

Table VI.12 Ordinal Position of the Children

Ordinal Position	Study Group		Contrast Group	
	No.		No.	
1	18		32	
2	23		28	
3	24		14	
4	14		7	
5	12		5	
6	7		-	
7	2		-	
8	-		1	
Only child	-		11	
TOTAL	100		98	

The Abilities of Children

Investigators frequently report the existence of a positive relationship between unsuccessful academic performance and behavioural or emotional problems (see page 22). In this section we will see whether the subjects from both groups were above average, average or below average in terms of intellectual ability, language proficiency and performance in arithmetic.

In assessing the ability we did not use any specific tests. In view of the aims of our study such a procedure would have been uneconomical. The important factor for us in the study was the child's position in relation to his classmates. We, therefore, adopted the simple, but eminently feasible procedure of asking teachers to assess the child's usual position in the class. In most cases, the teachers based their ratings on some tests (on Moray House Test or the NFER 22 A Conversion Scale to assess intellectual ability; or Burt Reading Test, Schonell Junior Reading Test or Holborn Reading Test to assess the ability in reading). However in some cases the ratings appear to be highly subjective, particularly in the case of Indian children suffering from language deficiency and cultural unfamiliarity. In a few cases, the teachers even expressed their inability to assess the intellectual ability of Indian children, as there was "no score on the NFER". Hence the assessment of teachers may be taken only as a crude means of evaluating the children's abilities.

The level of academic performance of pupils, whether immigrant or native is related to their command of standard English, apart from their intellectual ability. The command

of English language in three of its aspects, namely in reading, writing and speaking English was assessed. A third area for comparing the ability of both groups was their performance in arithmetic.

Table VI.13 gives the abilities of the SG and CG children in intellectual functioning, language proficiency and arithmetic.

Table VI.13 Abilities of the SG and CG Children

Item	Study Group			Contrast Group			Statist. signif. * P
	Above		Below	Above		Below	
	Av. No.	Av. No.	Av. No.	Av. No.	Av. No.	Av. No.	
Intellectu- al ability	12	36	50	18	44	36	N.S.
Reading ability	18	16	64	36	23	36	< 0.001
Writing ability	6	36	54	21	45	31	< 0.001
Speech	8	42	46	25	45	27	< 0.001
Arithmetic	10	41	45	21	49	27	< 0.01

* See tables Nos. 1-5 in Appendix A. pages 325 & 326.

The teachers rated significantly more CG than SG children as belonging to the above average and average group abilities in all items except in intellectual ability.

Discussion

A discussion on different views on the existence of intellectual potential (Wiseman, 1967; Guilford, 1967;

Butcher, 1969), or on genetic and environmental influence (Harvard Educational Review 1968, Spring 1969) or on the genetic superiority of intelligence of certain ethnic groups (Jensen, 1969; Eysenck, 1971) is beyond our scope here.

Regarding the measurement of intellectual potential, a number of psychologists (Vernon, 1969; Hudson, 1971) refuse to accept that any test can predict an individual's existing or future intellectual potential, especially if his cultural background is different from that of the constructor of the test. They consider intelligence as Pidgeon (1969) points out, as a set of developed skills, with which the person learns to cope with any environment.

Linguistic Difficulties: Most educational psychologists, however, agree that intelligence tests are helpful in assessing a child's abilities and difficulties and for indicating in which areas they need help. It is also generally agreed that no test is free of cultural bias. Even children from the minority groups (slum children) within the same Western society or culture do badly on tests current in the dominant culture. This is because their performance on the tests is adversely affected by their different language structure, value system and that the dominant culture considers non-conformity to its values as deviance (Houghton, 1970). This is all the more true in the case of the immigrant child, who without an adequate language for education and communication, is intellectually handicapped and is unlikely to function at par with his real potential in any test. During the last two decades psychologists and sociologists have increasingly become aware of the close connection between language learning and

social and cultural factors on the development of the child's intellectual potential.

Ferron (1965) surveyed the results of researches on the test performances of 'coloured' children and concluded that where circumstances exist which ensure that white and coloured groups have a common way of life, a common language and equal opportunity, the differences in IQ are small and non-existent. Where cultural differences, linguistic handicaps and differences in environmental opportunity are great, intelligence test scores are lower among children in non-technological societies than among those brought up in a Western industrial culture (Porteus 1930).

Lack of objectivity: A report of the Department of Education and Science (1972) based on the findings of a pilot survey carried out by an HM Inspectorate into current practice and opinion on the assessment of pupils from overseas, made the observation that the methods and materials used in the testing of immigrant children are frequently inadequate and of doubtful theoretical basis. It found that testing in infant and junior schools was often by the teacher's subjective judgement. The standard tests taken by children when they were transferred to the secondary schools were recognised by many teachers to be of little relevance in assessing intellectual potential. Teachers recognised the problems and the need for specially devised standardised tests to assess immigrant children's potential. The innumerable comments by teachers, in the present study such as "This is a verbal reasoning test and in my opinion gives an untrue assessment" "Great improvement

lately", "Tries hard, but only just beginning to know any English", "Below average, but will certainly improve", "Not yet tested due to English problem", along with the assessment sheet underline the fact that the teachers themselves were conscious of the inadequacy of the instruments in testing the immigrant children.

Moreover, the teachers are no less prone to feelings of prejudice and discrimination than other sections of the general population which may colour their judgements on the abilities of immigrant children. No national survey on prejudice among teachers has yet been conducted. But Feeley (1965) made the following observation on the existence of prejudice among teachers in the schools he surveyed: "The view of the staff ranged from the sympathetic to the intolerant; from the teacher who was glad to have a brighter child to teach, to the teacher who felt that newcomers should be '... put on a boat and sent home' (words which a teacher in another school echoed but added '... and torpedoed in mid-Atlantic'). Some teachers praised the spirit of adventure exhibited by the immigrants; others resented them in a truly xenophobic manner".

Culture Shock: Plowden Report (1967) and Cheetham (1972) give another reason for the poor academic performance of immigrant children. They say that when the uprooted immigrant children come to this country it is often difficult to distinguish a child with low intelligence and ability from one suffering from culture-shock and who needs to withdraw into himself as part of the process of adjustment. This is a time when a child may give quite a false impression of himself and it is easy to

make wrong assessment of him. In the case of some children this period of culture shock may very well be a prolonged one.

Some previous studies: Pidgeon (1970) used a non-verbal test in Africa for testing the effect of coaching on the performance of three ethnic groups of primary school children. The coaching effect was found significantly greater for European and African children but not for Indian children. The results indicated that not even the non-verbal tests are necessarily culture-free.

A survey by the Inner London Education Authority was conducted in 1966 in 52 of its primary schools which had more than 33 per cent of immigrants on their roll (Little et al, 1968). The study was on the attainment of all pupils transferring from primary to secondary schools. Performance ratings were based on specific tests of English, verbal reasoning and mathematics ratings, as well as the schools' assessment of pupils attainment. The sample consisted of 1,068 children, of whom 56 per cent were of West Indian origin, 23 per cent Cypriot origin, 7 per cent Indians and 14 per cent were other immigrants. The study found clear and consistent differences between the performances of immigrant pupils as a whole and all authority pupils. While half of the authority's pupils were termed as below average, approximately four-fifths of immigrants fell into this category. Performance of the immigrant pupils was related to knowledge of English, length of stay in the UK and the country of origin.

Beetham (1967), although his sample was small, found that

immigrant children's scholastic performance was low, but the majority had less than 4 years of English schooling. Wiles (1968) observed in her study of immigrant children in a comprehensive school that when the children had had most of their education in England, their performance was as good as that of their English peers and in some cases even better.

The Need for Further Action

A comparison of the IQ of English and Indian children point towards an immediate and overwhelming need for providing facilities through which the immigrants could overcome their cultural disadvantage. The NFER is attempting to develop objective tests to assess the ability to learn in school, for use with children with inadequate English in multiracial schools. The tests have been administered to Indian and British children in the first year junior school and at the end of two years were validated against measures of actual scholastic progress. They had better results than the traditional intelligence tests or teachers' assessments. NFER, Townsend and Brittan (1972) and the DES (1972 Education Survey 10) all emphasise that work should also be undertaken to improve the reliability and validity of teachers' subjective assessments.

Psychological and Social Services

The use of psychological services by both the groups was investigated. As the teachers reported, there were two pupils from the SG and 7 from the CG who had been referred to the

child guidance clinic or to the speech therapist; according to the report of the parents only one child from the SG and five from the CG have been referred during the one year period under investigation.

Children get vitamin foods and school meals at subsidized prices or free if necessary. In cases of real hardship they can get even free clothing or uniforms. Eighty-two children of the SG and 75 of the CG received no special school social services. Five children of the SG and 14 of the CG received free school meals and 13 SG and 14 CG children received other school social services. In one of the schools studied with a student population of 411 about one quarter of the children received free meals, but according to the headmistress not even one of its 20 per cent Indian children received free meals. According to Townsend (1971) Asian pupils tend to go home for the midday meal in greater proportions than West Indians, both because of considerations of diet and of mothers being at home to prepare a meal.

Like the adult Indian immigrant population, the Indian student population also appears to make less demand on the social services than the host student population.

CHAPTER VII

EPIDEMIOLOGY OF MALADJUSTED BEHAVIOUR

Over fifty thousand Indian immigrant children in British schools face an uphill task in the process of their adjustment to the new environment. Neither their parents' rural background nor their patriarchally orientated Victorian home-culture would seem on the face of it to make their transitional adjustment into the industrial, urban and 'permissive' Western society, smooth. The potential cultural conflicts (between the home and host cultures) at school, in the indigenous peer groups and the neighbourhood should, on any common-sense prediction, compound their confusion in the adjustment process (See Chapter II). Hence, theoretically speaking, the odds should be loaded strongly against the Indian children achieving what might be called a 'good adjustment'. But what are the facts? In this chapter therefore, we will be concerned with an assessment of the adjustment and maladjustment at home and at school of Indian children and comparing them with their English counterparts.

Number of Maladjusted Children

As described previously (see page 99) and following the practice of Rutter et al (1970), children scoring 13 and more on the PS or 9 and more on the TS were considered to be 'maladjusted' at home and at school respectively. The number of children who were reportedly maladjusted on the PS and the TS were significantly higher in the CG than in the SG as shown in Tables VII.1 and 2.

Table VII.1 Number of Children Rated as Maladjusted
by PS

	Maladjusted No.	Nonmaladjusted No.
Study group	4	96
Contrast group	19	79
$\chi^2 = 9.9 \quad df = 1 \quad p < 0.01$		

Table VII.2 Number of Children Rated as Maladjusted
by TS

	Maladjusted No.	Nonmaladjusted No.
Study group	10	90
Contrast Group	26	72
$\chi^2 = 8.1 \quad df = 1 \quad p < 0.01$		

Though we delay the discussion on the agreement and disagreement between the PS and the TS to a later stage (see page 237 ff), it is important to note here that teachers observed about 6 to 7 per cent more maladjusted children both in the SG and the CG at school than the parents did in the home situation. The teachers were concerned with the child's behaviour shown at school and the parents with that shown mainly at home. The difference in the number of children rated as maladjusted by parents and by teachers confirms the view that many children with disorders at school do not necessarily show them at home and vice versa (Mitchell and Shepherd, 1966; Rutter et al, 1970; Shepherd et al, 1971). Teachers found a higher percentage of deviant children than

the parents in other studies too, for example, the teachers observed a slightly higher percentage of maladjustment than the parents among the 2193 children on the Isle of Wight (Rutter et al, 1970). But in a London study of 2281 ten-year-old children a much higher percentage was observed among West Indian children by teachers than by the parents (Rutter et al, 1974a). A comparative presentation of ratings of maladjustment by parents and teachers of these studies and the present one - all of which have used the same scales - is given in table VII.3.

Table VII.3 Ratings of Maladjustment by Parents and Teachers

	<u>Parents</u> %	<u>Teachers</u> %
<u>Present Study:</u>		
Study Group	4.0	10.0
Contrast Group	19.4	26.5
<u>Isle of Wight Study</u>	6.1	7.1
<u>London Study:</u>		
West Indians	17.5	28.2
Non-immigrants	25.0	27.6

The higher percentage of deviance observed by teachers than the parents may perhaps be due to the teachers' middle-class values and orientations. Although British School teachers are drawn less exclusively from the middle class than previously, those now drawn from a lower social class will have been exposed through the educational process to the middle class value structures and, in their own educational and vocational achievements, will have given evidence of some

degree of identification with these values. The majority of parents in the survey, on the other hand, belonged to lower social class and lower classes are reportedly more tolerant of deviant behaviour.

Almost all studies that have used parents as well as teachers as sources of information, suggest that dependence on a single source does not select all the maladjusted children. The present study uses both these sources. As tables VII.1 and 2 show, there were 4 maladjusted children on the PS and 10 on the TS in the SG; in the CG, however, there were 19 on the PS and 26 on the TS. Three of the SG children rated as maladjusted on the PS were found to be maladjusted on the TS too. Similarly, 14 of the CG children rated as maladjusted on the PS were also identified as such on the TS. Thus there was a total of 11 SG and 31 CG children who were assessed to be maladjusted, either by the PS or by the TS or by both. Even in this case of combined totals, the CG had a significantly higher number of maladjusted children, as the following table shows:

Table VII.4 Number of Children Rated as Maladjusted at Least by One Scale

	Maladjusted No.	Nonmaladjusted No.
Study Group	11	89
Contrast Group	31	67
$\chi^2 = 10.8 \quad df = 1 \quad p < 0.001$		

It is appropriate to note here that the percentage of SG maladjusted children by the combined selection of the PS and the TS (11 per cent) comes very close to the figure achieved by a similar selection by Rutter et al (1970) in their Isle of Wight study (12.4 per cent). Among British children of more or less the same age-groups, Brandon (1960) found about 20 per cent maladjusted children, Chazan (1962) observed 5 to 11 per cent and moving across to an American study Stennett (1966) in the Minnesota survey noted 5 to 10 per cent with 'adjustive difficulties of sufficient severity to warrant professional attention'. Prevalence of maladjusted behaviour found by other studies are reviewed in a previous chapter (see pages 66 ff.).

Certain Limitations

For reasons already stated in Chapter II, we would have certainly expected a higher percentage of behaviour problems in the SG than in the CG. But much against this expectation, the PS and the TS either severally or jointly indicated significantly higher prevalence in the CG than in the SG as shown in table VII.5.

Table VII.5 Distribution of Maladjusted Children

	Study Group No.	Contrast Group No.
On parents' scale only	4	19
On teachers' scale only	10	26
On both scales	11	31

The relatively low rate for the Indian children has, in a sense, cut the ground from under our feet. We are left with a very small number of 'maladjusted' Indian children on which to base a detailed inquiry into related factors. A detailed enquiry into possible reasons for the higher prevalence of behaviour and emotional problems in the CG children will be undertaken later, in the chapter (see pages 250 - 264).

In this connection, there are two important limitations we have to bear in mind in the interpretation, generalisation and application of these findings. First, the number of SG children assessed as maladjusted is far too small to draw far-reaching conclusions about the precise distribution of maladjustment among, for example, the sexes, or its association with different variables. A break-down of incidence figures into sub-categories leaves us with small numbers and thus a precarious foundation on which to base generalisations. The second limitation concerns the validity and reliability of the findings related to the prevalence of maladjustment in this study. Not all the children screened by the PS and/or the TS are necessarily maladjusted in a clinical sense. Rutter et al (1970) did not claim such infallibility with respect to the children screened as maladjusted by the PS and/or by the TS in their survey, nor do we in the present study*. We did not have at

* After clinical examination of the children screened by the PS and the TS Rutter et al (1970) found 6.8 per cent as maladjusted among the Isle of Wight child population. Rutter et al (1973) in their London borough observed a prevalence of disorders about double that found in the Isle of Wight. Leslie (1971) on clinical examination of 13 to 14-year-old children in a northern industrial town, using methods similar to those employed in the Isle of Wight, found an uncorrected prevalence of 12 per cent; when this figure was corrected to allow for families who did not respond to the screening questionnaires, the true prevalence rate rose to 15 per cent.

our disposal the facilities of clinical examination which they had to verify the results of the screening by the PS and the TS. Furthermore, this was, in part, a cross-cultural study which again emphasised the need for caution in accepting uncritically the validity of screening devices standardised on a British population and here applied to Indian children. But on the basis of findings of Rutter et al (1970), Mulligan (1964) and Shepherd et al (1971) we can be reasonably certain that there is a good chance that a majority of children thus screened (according to Rutter, four-fifths), especially when both scales identify the same children as maladjusted, would be children with behaviour disorders on clinical examination.

Type of Maladjustment

Before proceeding to a consideration of maladjustment in terms of its association with different variables, it would be appropriate here to analyse the types of deviant behaviour found in both groups.

Children who had a deviance score at or above the cut-off points mentioned above, were designated by Rutter et al (1970) either as neurotic if their neurotic subscores exceeded the antisocial subscore, or as antisocial if their antisocial subscore exceeded the neurotic subscore. A neurotic subscore was obtained by summing up the scores of five items on the PS (stomach ache or vomiting, tears on arrival at school, sleeping difficulties, often worrying, fearful), or of four items on the TS (often worrying, miserable or unhappy, fearful, tearful on arrival at school). An antisocial subscore in the home

situation was obtained by adding the scores of five items on the PS (stealing, destroying, disobeying, lying, bullying). An antisocial subscore in the school situation was arrived at by adding up the scores of six items on the TS (destroying, fighting, disobeying, lying, stealing, bullying). Those children with equal neurotic and antisocial subscores were grouped as of mixed type. Table VII.6 indicates the incidence (in terms of the number and percentage of children) of different types of maladjustment.

Table VII.6 Types of Maladjustment

	Study Group		Contrast Group	
	No.	%	No.	%
Neurotic	2	18.2	8	25.8
Antisocial	5	45.5	13	41.9
Mixed	4	36.3	3	9.7
Different 'diagnosis' as between PS and TS	-	-	7	22.6
TOTAL	11	100	31	100

Comparing the types of maladjustment (on which there was agreement between the PS and the TS) it was observed that (a) a higher percentage of the CG (25.8 per cent) than the SG (18.2 per cent) children were neurotic; (b) a slightly higher percentage of maladjusted children from the SG (45.5) than from the CG (41.9) were antisocial; (c) a mixed type of maladjustment too was more prevalent in the SG (36.3) than in the CG (9.7) children; and (d) of the three types of behaviour disorders in the SG maladjusted children, the neurotic group had the smallest representation. Notwithstanding the rather

small numbers involved, these findings appear to be important. It is generally believed that Indian children characteristically internalize rather than ventilate their feelings, especially aggressive feelings (Herbert 1965) and hence Type I (internalised, personality or neurotic) disorders rather than Type II (externalised, aggressive, conduct or antisocial) behaviour disorders would have been predicted to be more common among them. The present study, however, reveals that a higher percentage of SG than CG children exhibited antisocial than neurotic disorders in the home-school situations. Of the three types of antisocial, neurotic and mixed problems, the antisocial group had the highest representation (45.5 per cent) among the SG maladjusted children. It is tempting to speculate that these findings indicate that the social environment these Indian children live in - depressed twilight areas of the city containing a disproportionately high number of English 'problem' families, an issue which will be described later in the chapter (see pages 257 ff.) - is slowly influencing their behaviour. The question then arises: are they gradually being integrated into the host community at the cost of some of their traditional pacific characteristics. This question of integration is already dealt with in an earlier chapter (see pages 155 ff.).

The types of maladjustment observed in the ratings of parents and teachers are given in table VII.7

Comparing the types of maladjusted behaviour observed by the parents with those by the teachers, the following points emerged. Among the SG children assessed as maladjusted by

Table VII.7 Rating of Types of Maladjustment by Parents and Teachers

	Antisocial No.	Neurotic No.	Mixed No.	Total No.
<u>STUDY GROUP</u>				
Rated as maladjusted by parents and teachers	2	-	1	3
Rated as maladjusted by parents only	-	-	1	1
Rated as maladjusted by teachers only	3	2	2	7
<u>CONTRAST GROUP</u>				
Rated as maladjusted by parents and teachers; also agreed on the type of maladjustment	6	1	-	7
Rated as maladjusted by parents and teachers; but dis- agreed on the type of maladjustment	P's 4 T's 3	2 2	1 2	7
Rated as maladjusted by parents only	3	1	1	5
Rated as maladjusted by teachers only	4	6	2	12

parents 50 per cent were antisocial and 50 per cent neurotic; whereas among the SG children rated as maladjusted by the teachers 50 per cent were antisocial, 20 per cent neurotic and 30 per cent mixed. Hence even when the parents' and teachers' ratings were considered separately, it is evident that antisocial type is at least as common among the Indian children as other types however small the number may be. In the CG maladjusted children, the parents rated 68.4 per cent as antisocial, 21.1 per cent as neurotic and 10.5 per cent as mixed whereas the teachers identified 50 per cent as

antisocial, 34.6 per cent as neurotic and 15.4 per cent as mixed. We did not find in the present study any evidence to support the view that teachers opted predominantly for a 'diagnosis' of antisocial problems as compared with the parents.

Rutter et al (1970), on clinical diagnosis, found that of the Isle of Wight children with psychiatric disorders, 34.1 per cent were antisocial, 34.1 per cent neurotic, 21.4 per cent mixed and the remainder presented developmental and other disorders. The present study showed a different distribution of types of disorder, especially in the CG - about 8 per cent more antisocial, about 8 per cent less neurotic and about 11 per cent less mixed type than the Isle of Wight findings - and this difference may perhaps be due to differences in the socio-economic and rural-urban backgrounds of the two samples. "The Isle of Wight is a mainly rural area with no large cities and there are reasons to suppose that in urban areas the prevalence of psychiatric disorder is greater" (Barker, 1973). Among the children of Inner London boroughs antisocial behaviour was more prevalent than neurotic or mixed type of disorders. All types of behaviour among them were found to be more frequent than among the children of the Isle of Wight (Rutter, 1973).

Distribution of Types of Maladjustment in Relation to Sex

It is suggested that many behaviour problems of children are more likely to be transient than others and that such forms of behaviour may be related to temporary stress resulting from personal and environmental factors. It seemed logical,

therefore, to enquire whether certain factors such as sex, age, social class etc., were associated with maladjusted behaviour in the present study.

Rutter et al (1970) found a preponderance of boys in the antisocial (79.1 per cent boys and 20.9 per cent girls) and mixed type (81.5 per cent boys and 18.5 per cent girls); but a higher percentage of girls than boys (60.5 per cent girls and 39.5 per cent boys) was found in the neurotic group. The types of maladjustment among boys and girls in the present study are given in table VII.8.

Table VII.8 Type of Maladjustment in Relation to Sex

	Study Group Boys No.	Girls No.	Contrast Group Boys No.	Girls No.
Neurotic	1	1	2	6
Antisocial	4	1	9	4
Mixed	1	3	1	2
Different results on the PS and TS	-	-	6	1
TOTAL	6	5	18	13

Antisocial behaviour was observed to be slightly more common among boys than among girls in both groups. In the CG neurotic disorders were somewhat more common in girls than in boys in a ratio of 3 to 1. No pattern emerged from the small number of the SG neurotic boys and girls. There were, however, more girls than boys showing a mixed type of disorder in the SG (3 : 1). Again the number is too small for

statistical analysis.

Distribution of Maladjustment in Relation to Impairment of Family Relations

Several studies, especially case studies, have speculated on possible aetiological factors in the home background for delinquency and behaviour disorders of children (Bowlby, 1946; Burt and Howard, 1952; Pringle and Bossio, 1960; Wootton, 1959). Impairment of cohesion within the home is an obvious source of stress; children depend very much for their security on family solidarity. Abandonment through desertion can be a devastating experience for children. Whatever be the rights or wrongs of parents in cases of divorce or separation, the children tend to suffer from such courses of action and react accordingly. In one-parent families the surviving parent cannot always fill a double role effectively; economic hardship, particularly where the mother has to struggle alone, may lead to her making unsatisfactory substitute-care arrangements so that she can work; impaired discipline and absence of a model for the child to imitate (Aichhorn, 1951) are two other major handicaps. Dual parentage alone, of course, is not a sufficient safeguard against emotional disturbances; the quality of parenthood is vitally important for the 'good adjustment' of the child.

Very little direct information was obtained in this study about such variables as relationships at home, primarily because the chief objective of the present study was to assess the prevalence of behaviour disorders and not to establish aetiological factors (see pages 42 and 97) of maladjustment.

Nevertheless, during the interview with parents, several factors which may have a bearing on the children's adjustment problems were observed. The teachers also made special observations when they assessed the problems of children in their classes.

No serious marital problems, no cases of absence of parents from home or no instances of one-parent families were observed in the SG. (see page 170). In the CG families, however, the following types of potentially stressful and disruptive conditions were observed.

Table VII.9 Maladjustment in Relation to Certain
Conditions Leading to Impairment of Family
Relations

Conditions	No. of Families in the Sample.		No. of Families with Maladjust- ed Children.	
	No.	%	No.	%
Divorced, separated, widowed, unmarried mother	22	73.3	7	58.3
Serious marital problems	5	16.7	3	25.0
Frequent and prolonged absence of father	3	10.0	2	16.7
TOTAL	30	100	12	100

Of the 7 cases of maladjusted children from broken homes, the parents were found to be living in common-law marriage in 6 cases at the time of the survey. Whether the separation of the natural parents of the subjects or the presence of a 'step-parent' or both of these factors have a causal relation-

ship with the behaviour problems of the children is hard to establish without a thorough investigation of all the conditions present in such families. Three maladjusted children in the study came from families with serious marital problems. In one of these cases, the father and two siblings of the subject were epileptics; the father was unemployed for the past 6 years and the family was living in a street predominantly occupied by immigrant families. In the second case the mother reported that she had walked out twice and attempted suicide; four of the six children were in care; the father was taken to court for physical onslaught and both parents had lost their own parents in early childhood. In the third case the mother reported that she and her husband were often "at sixes and sevens".

Evidence on association of impairment of family relations and maladjustment of children is fragmentary in the present study. Only 40 per cent of cases (12) with discordant and disrupted family relations showed maladjusted behaviour to the criterion score, but other influences could not be definitely ruled out. Sixty per cent of children with a history of disruptive family relations did not present maladjusted behaviour sufficient to reach the criterion threshold. In any event, an association however strong it may be, does not necessarily imply a causal connection between variables. "Nearly a quarter of those with psychiatric disorder (in the London Study) were not living with both their natural parents ... compared with 8 per cent of normal children. Interestingly, this association did not hold on the Isle of Wight to the same extent" (Rutter et al, 1974).

Distribution of Maladjustment in Relation to Age and Sex

Behaviour disorders may possibly increase with age of the child. MacFarlane et al (1954) in their longitudinal study of normal children from 18 months to 14 years found a peak age for problems between the ages of 10 and 11. This was, however, based on relatively smaller numbers in the higher age group especially where mothers did not always accompany the children. This could have led to under-reporting in symptoms in children over 11. Lapouse (1966) found no difference in the frequency of high maladjustment scores between different age groups.

The subjects of the present study were between 9 and 12 years of age. Children of the CG were matched for age with those in the SG from the same classroom. Hence they were fairly equally distributed over the age groups. Besides, the age range of the groups was so small as to show any great diversity of age difference among the children. Table VII.10 gives the distribution of percentages of children in the total sample and those of the maladjusted children in relation to their age.

Table VII.10 Percentages of Maladjusted Children in Relation to Age

Age Group	Study Group		Contrast Group	
	Survey sample %	Malad-justed %	Survey sample %	Malad-justed %
9 up to 10 years	39.0	63.6	38.8	35.5
10 up to 11 years	48.0	36.4	51.0	61.3
11 up to 12 years	13.0	-	10.2	3.2

Over 60 per cent of the maladjusted in the SG belonged to the 9 - 10 age group whereas about the same percentage of the maladjusted in the CG belonged to the 10 - 11 age group.

Age was not significantly associated with maladjusted behaviour either in the SG ($\chi^2 = 3.8$ df = 2) or in the CG ($\chi^2 = 3.2$ df = 2) (see tables 6-VII.1 and 7-VII.2, Appendix A, p.326). Given the homogeneity of children in terms of age, it was probably not to be expected that there would be an age factor differentiating the maladjusted from the non-maladjusted.

As for the sex distribution, the total sample had 50 boys and 50 girls in the SG and 50 boys and 48 girls in the CG. The sex distribution of maladjusted children between the two groups did not differ significantly as the following table shows.

Table VII.11 Distribution of Maladjustment in Relation to Sex

	Study Group No.	Contrast Group No.
Boys	6	18
Girls	5	13
$\chi^2 = 0.02$ df = 1 N.S.		

Like most studies (Haggerty, 1925; Blatz and Bott, 1927; Wickman, 1928; Stott, 1964) the present study also found a higher percentage of boys than girls (12 and 10 in the SG; 36 and 26 in the CG), though the difference was significant

in neither group (see tables 8-VII.3 and 9-VII.4, Appendix A, p.327). Several studies, eg. Mensh et al (1959, Ryle et al (1965) and Lapouse (1966) have suggested that psychological disturbance occurs equally as commonly in girls as in boys during childhood and others have noticed how girls are not referred to clinics, because their behaviour is not so troublesome to their parents or teachers (Shepherd et al, 1966; Wolff, 1967). The girls may, however, experience subjective distress and this has been noted particularly by Ullman (1952), Lapouse and Monk (1964) and Mulligan (1964).

Distribution of Maladjustment in Relation to Social Class

Because of the relatively smaller number of maladjusted children involved, the socio-economic groupings were narrowed down to manual and non-manual categories for statistical analysis (see pages 174, 175). The distribution of subjects in the total sample and of maladjusted children in relation to their social class are given in tables VII.12 and 13.

Table VII.12 Distribution of SG Maladjusted Children in Relation to Social Class

Social class	Total sample %	Maladjusted %
Nonmanual	12.0	9.1
Manual	76.0	63.6
Unemployed, retired or no data	12.0	27.3

Table VII.13 Distribution of CG Maladjusted Children in Relation to Social Class

Social class	Total sample %	Maladjusted %
Nonmanual	17.3	12.9
Manual	62.3	67.7
Unemployed, retired or no data	20.4	19.4

The distribution of the subjects in the total sample into manual and non-manual was also evident in more or less the same proportion among the maladjusted children in terms of their social class in both the SG and the CG.

The evidence as to whether behaviour disorders in children are related to social class is at present conflicting. Rutter et al (1970) found 'no significant association between social class and ... psychiatric disorder'. Shepherd et al (1971) concluded that approximately the same proportion of mothers were recording their children as being free of deviant items or as having exhibited four or more of such items in each social class. Leslie's study (1971) showed no association between social class and the presence of disorders. Mulligan (1964) found that 14.8 per cent of middle class children and 19.9 per cent of working class children were maladjusted. This difference was statistically significant. The ratings of teachers were, however, the only source in his study. Unfortunately, the postulated teachers' bias in judging the behaviour of working class children (Wickman, 1928) cannot be ruled out with certainty. Lapouse (1966) noted that maladjustment scores of children in an American survey increased as socio-economic

status decreased. The sample had 15 per cent of Negro children who were of low socio-economic status. So once again the effect of social class in isolation is not clear. Mitchell (1965) observed that there was an increased likelihood of deviant behaviour among children whose fathers had less skilled occupations. In the present study, no significant association was observed between maladjustment and social class as the following two tables show. Comparing the Isle of Wight Study and the London Study, Rutter et al (1974) observed that in both populations, child psychiatric disorder was more common when the father had a labouring or semi-skilled manual job, but because of the smaller sample size in the former, the differences only reached significance in the latter.

Table VII.14 Maladjustment of SG Children in Relation to Social Class

	Maladjusted No.	Nonmaladjusted No.
Nonmanual	1	11
Manual	7	69
$\chi^2 = 0.2$ $df = 1$ N.S.		

Table VII.15 Maladjustment of the CG Children in Relation to Social Class

	Maladjusted No.	Nonmaladjusted No.
Nonmanual	4	13
Manual	21	40
$\chi^2 = 0.3$ $df = 1$ N.S.		

Maladjustment in Relation to Mothers' Working Outside
their Home

It has been widely held that working mothers frequently neglect the physical and emotional needs of their children (Glueck and Glueck, 1950; Wootton, 1959). Several other studies, however, could not find any significant association between the emotional and behaviour disorders of children and the employment of their mothers (Lewis, 1954; Brandon, 1960). Douglas and Blomfield (1958) represent the conclusions of many of these studies, when, at the end of their survey of a nationwide group of five-year-old children, they reported: "there is no reason to believe that the children of employed mothers are in any way at a disadvantage".

There were 44 mothers in the SG and 63 mothers in the CG who were employed at the time of survey. Comparing the percentages of children with behaviour disorders in the SG and in the CG in relation to their mothers' employment, it was observed that a higher percentage of SG maladjusted children (72.7) came from homes with non-working mothers than from homes with working mothers. This pattern was not followed in the CG as more maladjusted children came from homes with working mothers (54.8 per cent) than from homes with non-working mothers. The difference, however, between the two groups was not significant, as table VII.16 indicates.

No significant association between behaviour disorders of children and their mothers' employment was observed in either of the groups.

Table VII.16 Distribution of SG and CG Maladjusted Children in Relation to Mothers' Employment

	Study Group No.	Contrast Group No.
Working	3	17
Non-working	8	14
$\chi^2 = 1.5 \quad df = 1 \quad N.S.$		

Table VII.17 SG Maladjusted Children and Mothers' Employment

	Working No.	Non-working No.
Maladjusted	3	8
Nonmaladjusted	41	48
$P = 0.39 \quad (FEPT) \quad N.S.$		

Table VII.18 CG Maladjusted Children and Mothers' Employment

	Working No.	Non-working No.
Maladjusted	17	14
Nonmaladjusted	46	21
$\chi^2 = 1.2 \quad df = 1 \quad N.S.$		

Maladjustment in Relation to Family Size

Studies by Mitchell (1965), West (1969) Brandon (1960) and Leslie (1971) have noted some association between large families and behaviour disorders of children. In the present survey there were 25 SG and 69 CG families in the category of small families (1 to 3 children) and 75 SG and 29 CG families in the category of large families (4 or more children). This difference between the two sample groups in terms of the size of the family was also largely manifest between the two groups of maladjusted children in relation to the family size. This difference was significant as shown below:

Table VII.19 Comparison of SG and CG Maladjusted Children in Relation to Family Size

	Study Group No.	Contrast Group No.
1 to 3 children	2	19
4 or more children	9	12
$\chi^2 = 4.4 \quad df = 1 \quad p < 0.05$		

Neither in the SG nor in the CG was maladjustment found to be significantly associated with family size.

Table VII.20 Maladjustment Among SG Children in Relation to Family Size

	1 to 3 children No.	4 or more children No.
Maladjusted	2	9
Nonmaladjusted	23	66
$P = 0.89 \quad (\text{FEPT}) \quad \text{N.S.}$		

Table VII.21 Maladjustment Among CG Children in Relation to Family Size

	1 to 3 children No.	4 or more children No.
Maladjusted	19	12
Nonmaladjusted	50	17
$\chi^2 = 1.2 \quad df = 1 \quad N.S.$		

Maladjustment in Relation to Ordinal Position in the Family

Ordinal position of a child in the family can be an important determinant in his adjustment. Lasko (1954) observed that, on average, parents are less warm emotionally and more restrictive and coercive towards first born children. An eldest child is more likely than other children to be given physical punishment (Sears et al, 1957; Clausen, 1966). Again, the first child is, in a sense, a 'trial' child, by whose upbringing the parents become more experienced, relaxed and sure of themselves. These factors may explain the presence of more eldest children among the maladjusted. Ever since the comment made by Stanley Hall that being an only child is a disease in itself, large numbers of studies attempted to demonstrate that a lack of 'corrective sibling experience' during development was sufficient in itself to produce maladjusted behaviour. Burt (1925) found that the proportion of only children in a delinquent group was greatly in excess of that found among non-delinquent controls. The emphasis on the dangers of being an only child led to a consideration of the dangers involved in being a child in any one of the ordinal positions. But as Rutter et al (1970) pointed out, the

relationship between family structure and patterns of child-rearing and affectional ties is complicated and as yet ill understood "so that the determination of the mechanism involved in the associations with ordinal position still remain a matter for further research".

Table VII.22 and 23 give the total number of children in each birth rank along with the number and percentage of maladjusted children in each rank.

Table VII.22 Maladjustment in Relation to Birth Rank
 of SG Children

Birth rank	No. of children	No. of mal-adjusted children	Maladjusted as percentage of all children in birth rank
1	18	3	16.7
2	23	3	13.0
3	24	2	8.3
4	14	1	7.3
5	12	2	16.7
6	7	-	-
7	2	-	-

Table VII.23 Maladjustment in Relation to Birth Rank
 of CG Children

Birth rank	No. of children	No. of mal-adjusted children	Maladjusted as percentage of all children in birth rank
1	32	13	40.6
2	28	6	21.4
3	14	3	21.4
4	7	5	71.4
5	5	2	40.0
6	-	-	-
7	-	-	-
8	1	1	100
Only child	11	1	9.1

The SG contained no 'only children'. The smallest percentage of maladjusted children in the CG was found among the only-children group. No firm conclusion on the association of maladjusted behaviour with any particular birth order in either group was possible. But there appears to be a tendency in both groups for a relatively higher percentage of behaviour disordered children to come from among the eldest in both groups than from other birth ranks. But even this apparent tendency is questionable because one third of the total sample in the CG was in the group of 'eldest children'. Another observation is that 5 of the 7 CG children in the fourth rank were among the maladjusted. Whether this is due to chance or has some significance, is not evident.

Maladjustment in Relation to Other Parental Variables

The CG did not contain any illiterate parent, whereas 11 per cent of fathers and 40 per cent of mothers of the SG were illiterate (see page 171). Comparing the educational status of SG parents with maladjusted behaviour of their children, it was found that while only 40 per cent of all SG mothers in the survey were illiterate, 72.7 per cent (8 out of 11) of mothers of maladjusted children were illiterate. Two of the SG maladjusted children came from homes where both parents were illiterate; there were 10 such families in the sample (see page 150). The fact that in the case of SG maladjusted children the mothers had no education or only primary education - among fathers 2 were illiterate and 5 had only primary education - suggests that parental education appears to have some connection with the adjustment of Indian children.

We have also seen that 17 per cent of all fathers and 68 per cent of all mothers could neither speak or write English (see page 159). Three fathers - both parents - and 9 mothers of SG maladjusted children possessed no ability to speak or write English. All these parents (except one male parent) were either illiterate or had only primary education. The implication of illiteracy of parents, especially when it is linked with inability to speak or write the host language, is ominous in the case of Indian immigrant children. One of the most important sources of contact for immigrants with the host community and host culture is the language of their new country. Immigrant parents who are illiterate and who have not got sufficient ability to speak or write the language of the host country may not be able to appreciate the host culture, could not help their children achieve a balanced adjustment in the new society or may even knowingly or unknowingly thwart the attempts of integration of their children with the host community.

Another parental variable investigated was parents' interest in their children's education. Teachers' impressionistic assessment, as described earlier (see page 192), grouped the parents according to their interest into above average, average, or below average. The distribution of children in both the groups in terms of parents' interest is given below.

The difference between the two groups of parents in terms of their interest in the children's education was very close to a significant level. According to the teachers more CG than SG parents showed average or above average

Table VII.24 Distribution of SG and CG Children in Relation to Parents' Interest

	Above average No.	Average No.	Below average No.
Study Group	7	44	48
Contrast Group	10	56	32
(No data on one SG child)			
$\chi^2 = 5.6$ df = 2 N.S.			

interest (see page 194 for a critical view of teachers' ratings).

The following tables give the distribution of maladjusted children in relation to their parents' interest.

Table VII.25 Maladjustment in Relation to SG Parents' Interest

	Above average No.	Average No.	Below average No.
Maladjusted	0	6	5
Nonmaladjusted	7	38	43
(no data on one child)			
$\chi^2 = 1.18$ df = 2 N.S.			

Table VII.26 Maladjustment in Relation to CG Parents' Interest

	Above average No.	Average No.	Below average No.
Maladjusted	1	16	14
Nonmaladjusted	9	40	18
$\chi^2 = 4.57$ df = 2 N.S.			

There appears to be no significant association between parents' interest, as rated by teachers, and the maladjustment of children.

Maladjustment in Relation to School Subjects and 'General Intellectual Ability'

Teachers assessed the ability of children in language (reading, writing and speaking English), arithmetic and in general intellectual functioning into three groups of above average, average and below average on the basis of certain tests or performances in the classroom (see pages 197 ff). A significantly higher number of CG than SG children were found in the above average group and conversely more SG than CG children were found in the below average group (see table VI. 13, page 198), for all ratings except in the ability of general intellect.

The abilities of maladjusted and nonmaladjusted children were compared (see Tables 10-19 VII.5 to 14, Appendix A, pages 327-329) and their associations are given in table VII.27.

Table VII.27 Association between Maladjustment and Abilities of Children

Ability	χ^2 Maladjusted vs Nonmaladjusted	
	Study Group	Contrast Group
Reading English	11.3 p < 0.001	4.1 N.S.
Writing English	2.3 N.S.	3.8 N.S.
Speaking English	0.3 N.S.	6.3 p < 0.04
Arithmetic	0.7 N.S.	5.2 N.S.
Intellectual functioning	1.5 N.S.	9.6 p < 0.01

It is generally agreed that children with behaviour disorders have a poor academic record (Burt, 1937; Stott, 1958; Chazan, 1958). But this was not found to be consistently present across all the academic subjects and general ability estimate in the present study. This may be explained by the fact that the number of maladjusted children was too small to show any tendency one way or the other. In the case of the CG, where there were relatively more maladjusted children, it was observed that more maladjusted children came from the below average groups than from average or above average groups. Another reason that may be advanced to explain the lack of association between maladjustment and the ability of SG children, is the subjective element in the teachers' assessment. Many of the SG children were suffering from language deficiency even at the time of survey. Their language deficiency could so easily be misunderstood by teachers as to group them in the below average category not only in subjects that need language proficiency but even in subjects in which language proficiency is not the main requirement.

Prevalence of Deviance among the Nonmaladjusted

Having analysed the maladjustment among SG and CG children in relation to different variables, we will discuss the deviance scores of the nonmaladjusted children.

As explained earlier, all behaviour items on the questionnaires had been assigned a score of 0, 1, or 2 according to the frequency of their occurrence (see pages 106, 114). Total deviance score for each child in the home situation was arrived

at by adding all the scores obtained on the PS and that in the school situation by summing up his scores on the TS. A higher deviance score means more deviant behaviour. The cut-off point for maladjustment was 13 on the PS and 9 on the TS. Four SG children and 19 CG children scored 13 or over on the PS and were considered maladjusted in the home situation. Ten SG and 26 CG children scored 9 or more on the TS and were adjudged maladjusted in the school situation (see pages 205 ff). Thus, in the home situation there were 96 SG and 79 CG nonmaladjusted children - who scored less than 13 on the PS - and in the school situation there were 90 SG and 72 CG nonmaladjusted children - who scored less than 9.

It was thought necessary that we should have some method of grouping these nonmaladjusted children on the basis of their deviance score for further discussion. The following arbitrary division was decided upon, because it grouped the deviance scores below the cut-off points into equal segments on the PS and the TS.

- (a) Those who had a deviance score of zero
- (b) Those who obtained deviance scores of 1 to 4
- (c) Those who obtained deviance scores of 5 to 8, and
- (d) Those who obtained deviance scores of 9 to 12 on PS.

Distribution of Deviance Score Among Nonmaladjusted Children

Table VII.28 gives the distribution of deviance scores among the nonmaladjusted children of both groups in the home situation.

Table VII.28 Distribution of Deviance Scores of Non-maladjusted Children at Home

Dev. Scores	Study Group No.	Contrast Group No.
No score	8	1
1 - 4	39	7
5 - 8	33	32
9 - 12	16	39
TOTAL	96	79
$\chi^2 = 36.2 \quad df = 3 \quad p < 0.001$		

The difference in the distribution of the deviance scores of the SG and the CG children in the home situation was highly significant, indicating more problem behaviour in the CG children than in the SG children. But this significant difference between the two groups was not present in the school situation as shown in the following table.

Table VII.29 Distribution of Deviance Scores of Non-maladjusted Children at School

Dev. Scores	Study Group No.	Contrast Group No.
No score	31	16
1 - 4	42	42
5 - 8	17	14
TOTAL	90	72
$\chi^2 = 3.1 \quad df = 2 \quad \text{N.S.}$		

From an inspection of the above two tables a few important observations may be made. For every English parent, eight

Indian parents dared to say that their child was trouble-free. Similarly in the school situation, the teachers could confidently report that among their pupils, for every English child, two Indian children have been found without any problem. The parents' report on their children's deviance scores, largely confirmed by the teachers, corroborates the finding on the prevalence of maladjustment in both groups.

The teachers found about two and a half times as many maladjusted children in the CG (26) as in the SG (10) in the school situation. But they did not notice a significant difference between the SG and the CG nonmaladjusted children in the distribution of deviance scores - as parents observed between the two groups in the home situation ($p < 0.001$). How do we account for this? It has been reported that children often display different behaviour patterns at home and at school (Mitchell and Shepherd, 1966; Rutter et al, 1970). This may be all the more true in the case of the SG children. As discussed in Chapter II, rather strict discipline prevails in most of the Indian homes. The discipline at school however, is less harsh, less authoritarian and more permissive than the regime at home. An Indian child who may not dare to ventilate his negative feelings at home may be tempted to give vent to his pent up feelings in the less threatening and less punitive school atmosphere and the school becomes the focal point for the release of tensions. Moreover, when children coming from authoritarian families, give expression to their pent up feelings, for example in the less threatening school situation, it may be in the form of more aggressive and antisocial disorders rather than passive and neurotic disorders. And

teachers, as mentioned before, more easily observe the former than the latter. There is some evidence, though not in a convincing manner that teachers identified more Indian children than English children among the nonmaladjusted group with anti-social problems (destroying: 2 to 0, disobedient: 8 to 7, telling lies: 8 to 3, stealing: 3 to 1).

Another point that needs to be explained is why did about the same number of SG and CG nonmaladjusted children get placed by the teachers in the 1 - 4 and 5 - 8 deviance score groups. Indian children are 'better behaved' in the school situation in the sense of showing less troublesome behaviour than English children (for example 31 per cent SG as against 16 per cent CG had no deviance score). They are less troublesome also at the extreme end of the scale as indexed by the cut-off point of 9 or more. Bowker (1968) says that Indian children are more docile in school and less eager to use the freedom they are sometimes given than the West Indian children. However at the moderate levels of symptomatic expression they can exhibit more of their feelings at school than at home - particularly of aggressive nature as mentioned above - indeed as much as their English peer groups. But very rarely they seem to go 'over the top' in the self expression, maybe because such behaviours are, by and large more strongly frowned^{upon} in Indian homes than in English homes.

Agreement between Parents' and Teachers' Reports

Many previous studies attempted to assess behaviour disorders of children relying solely on the information collected

either from teachers or from parents (eg. McFie, 1934; Cummings, 1944; Moore, 1966). It is of some interest, therefore, to find out how much agreement was there in the present study between teachers' and parents' reporting on the behaviour of children.

As we have noted at the beginning of the present chapter (page 208a) agreement or overlapping between the PS and the TS on children selected as maladjusted was considerable. The agreement in the case of SG children is given in table VII.30.

Table VII.30 Agreement between PS and TS on SG children

	Maladjusted on PS No.	Nonmaladjusted on PS No.
Maladjusted on TS	3	7
Nonmaladjusted on TS	1	89
TOTAL	4	96
$X^2 = 12.8 \quad df = 1 \quad p < 0.001$		

Parents and teachers agreed that 89 per cent of SG children were non-maladjusted (ie. they had a deviance score below the cut-off point) and that 3 per cent of children were maladjusted. Thus there was an agreement between parents and teachers on 92 per cent of SG children.

Fourteen of the 19 CG children selected by PS as maladjusted were also selected by TS as such as shown in table VII.31.

Table VII.31 Agreement between PS and TS on CG children

	Maladjusted on PS No.	Nonmaladjusted on PS No.	Total No.
Maladjusted on TS	14	12	26
Nonmaladjusted on TS	5	67	72
TOTAL	19	79	98

$\chi^2 = 23.9 \quad df = 1 \quad p < 0.01$

It will be seen from the table that the TS and PS agree in their classification as adjusted or maladjusted in 81 (14 + 67) out of 98 cases. The area of misclassification (ie. maladjusted children on one scale being classified as adjusted on the other and vice versa) concerns 17 (5 + 12) out of 98 cases. This reaches statistically significant level.

Agreement between PS and TS on the total deviance score was not as substantial as this. Tables VII.32 and 33 show the agreement between the parents' and teachers' reporting on the presence of deviant behaviour at home and at school.

Table VII.32 Agreement between Total Deviance Scores of SG on PS and TS.

	Less than 5 deviance scores on PS No.	5 or more deviance scores on PS No.	Total No.
Less than 5 deviance scores on TS	39	36	75
5 or more deviance scores on TS	8	17	25
TOTAL	47	53	100

$\chi^2 = 2.3 \quad df = 1 \quad N.S.$

Table VII.33 Agreement between Total Deviance Scores of CG on PS and TS.

	Less than 5 deviance scores on PS No.	5 or more deviance scores on PS No.	Total No.
Less than 5 deviance scores on TS	9	48	57
5 or more deviance scores on TS	1	40	41
TOTAL	10	88	98
$\chi^2 = 3.3 \quad df = 1 \quad N.S.$			

It should be emphasised that although there is considerable agreement between PS and TS on the deviance scores at home and at school, there is a marked divergence between the judgements in the two areas of conduct. Thus the parents identified 53 SG and 88 CG children with 5 or more deviance scores in the home setting. But the teachers identified only 17 SG and 40 CG children from among them. Clearly, therefore, it seems imperative that any comprehensive screening device must be applied to the child in both of his principal environments, the home and the school.

There are several explanations for a higher percentage of overlap in the present survey than in the Isle of Wight study. In the latter, of the 251 children for whom no parental questionnaire was returned, 13.1 per cent (33) scored 9 or more on the TS compared with only 7.1 per cent of the total population. The non-responders, then, were biased in terms of the over-representation of children considered deviant by the TS (Yule, 1970).

Again, part of the explanation may be found in the differences in perception people have on the same thing. Sufficient is known about the way in which people fill out questionnaires to expect different people to use the same categories in different ways. Thus, some people tend to use only extreme categories while others tend to rate only in the middle. For example in some families the word 'stealing' may be applied with a severe degree of condemnation to a child who helps himself to an apple from a bowl of fruit in the pantry. In contrast, in other families such a behaviour may be regarded as helping himself rather than stealing. In the same way many concepts used in the questionnaire, such as worrying, being unhappy, etc., may not lend themselves to a uniform concept among the parents who filled in the questionnaires in the Isle of Wight study and might have been misunderstood by them. It is also worth mentioning that several parents in the Isle of Wight filled in the questionnaire only after they were helped to do so after non-compliance because they did not seem to understand the questionnaire enough to answer it.

On the other hand, one of the reasons why we were able to obtain a higher agreement between PS and TS in the present study, may have had to do with the fact that information from parents was collected by interviews and not by questionnaires and that all the interviews were made by the same person (see page 118). The same standard was employed by him in judging the presence or absence or the seriousness of deviant behaviour in the interview. Had it been left to the parents to rate the problems of their children - as in the case of filling in the questionnaires - one hundred individual ratings would have

possibly been the outcome in the present study. This possibility was to some extent avoided by interviews and ratings made by the same investigator. In the case of Isle of Wight study as well as in Shepherd et al (1971) individual parents filled in the questionnaires and such a relatively uniform standard for judging the presence or absence or seriousness of deviant behaviour item was lacking.

Similarly in the rating of teachers too, there was a greater uniformity in the present study than in the Isle of Wight study. There were only about 20 teachers who were involved in the present survey. The questionnaires completed by teachers were rechecked by headmasters. The fewer people involved in the ratings, the greater is the chance of agreement between the ratings. Moreover, the investigator, who in a sense rated and interpreted the parents' formulation of their children's problems, possibly may have (as an educationalist and professional in the general area of social and mental health) a bias toward that of teachers.

There is another reason why the reports of teachers and Indian parents show rather higher agreement between them. What Indian parents describe as problematic behaviour in the home situation are similar in nature to what teachers perceive as problem behaviour in the school situation. Non-compliance with rules and nonsubmission to authority appear to be least tolerated offences in both situations. Indian parents seem to have stricter standards (as do teachers) than parents in the host society. Like teachers who have large classes and therefore have to introduce an element of control, so Indian

families tend to have large number of children (see page 183) and stronger discipline and control is essential to the orderly organization of life.

Discussion

Only 11 per cent of Indian children were rated as mal-adjusted whereas 31.6 per cent of English children were assessed as maladjusted by one or both of the scales. The Indian children obtained lower deviance scores than English children on both scales signifying the presence of fewer behaviour problems.

Questions may be raised as to whether the results reflect real differences in the children's behaviour or whether some unavoidable biases might have crept in. We will, therefore, discuss below:

- (a) The validity of the scales,
- (b) The validity of the administration of the scales,
- (c) The validity of the interpretation of the results,
and
- (d) Possible contributory factors.

(a) The Validity of the Screening Instruments

The high validity and reliability of Rutter's scales have been described in Chapter III (see page 99). But the question is whether they have a reasonably sufficient predictive value when applied to the Indian children. These screening instruments were constructed to test and measure problems of children

in Western society which is far more urban and industrial than the society of these Indian children. Hence could they be sensitive enough to predict the problems of an Oriental group of children with a rural and peasantry home background?

In order to answer this question we have to look for studies which used the same scales on other ethnic groups. Two such studies have been reported.

The first one was a survey of all ten year old children (2281) in the penultimate year of junior schools in an inner London borough (Rutter et al, 1974a) (see pages 76 to 79 above). The teachers' scale and subsequent interviews with parents and teachers selected a group of 100 West Indian children with 250 non-immigrant London children for final psychiatric study of disorders.

The second study was by Bagley (1972). He used Rutter's scale for teachers in a study of seven year old children in five London schools. He found that the mean score was higher (indicating more behavioural deviance) in the children of West Indian parents than in the children of British parents. Any of the two Rutter's scales when used singly is insufficient and inadequate in screening all the maladjusted children. Their effectiveness lies in using them in combination. Bagley used only the scale for teachers in his study.

For reasons stated above (see page 29), the ethnic groups of West Indian and Indian immigrants differ widely in culture, family life and in outlook on life itself. Hence we cannot

logically conclude that if Rutter's scales are adequate for screening a West Indian ethnic group they are necessarily also good enough for the ethnic group of immigrant Indians. We have, therefore, to look for studies on adjustment problems of Indian children using Rutter's scales for the confirmation of the present findings. So far no such investigations have come to our notice. We have, therefore, no way to judge the validity of the scales in an Indian context or to confirm or disconfirm the findings of the present study by having recourse to other similar studies. It would have been advantageous if a reliability and validity study could have been conducted on the use of Rutter's scale on an Indian population. However, as it stood, the study put a great strain on the resources of the investigator; so there was no time nor the psychiatric back-up to carry out an independent check on the adequacy of screening devices. It is now becoming important (given the widespread use of Rutter's scales in this country) that such a study should be undertaken.

As mentioned earlier (see pages 199 ff), a culture-free and culture-fair test that could be applied to any ethnic group in any environment is simply non-existent. We have to use the ones with least biases. Even when the question of culture is not involved, as Leslie (1971) says "there is no standardised test or questionnaire that will detect with unfailing accuracy children with psychiatric disorder. Most authors, eg. Pasamanick et al (1957), Shepherd et al (1966), Rutter and Graham (1966), have relied finally on clinical judgement. Rutter and Graham (1966), aware of the fact that clinical judgement can be unreliable, compared their ratings and established a reasonable degree of reliability". Unless

and until it is proved otherwise, we have to assume that the Rutter's Scales carry sufficient reliability and validity to screen out seriously maladjusted Indian children; they have been at least as effective as any scale with different ethnic groups (see Rutter et al, 1970, 1973, 1974). After all, Indian children are slowly being integrated into the host culture through the school (see page 25 for the purpose of education of immigrant children) and through contact with peer groups. They already appear to show a tendency of shedding their traditional and characteristic way of life (for example see page 34 for change of attitude of girls; page 211 types of maladjustment; page 237 for moderate levels of problematic expression of feelings, etc.). Further, these Indian children have to function in an English society which means they have to conform to some extent to English norms (see page 92). As our criteria for normal and abnormal behaviour are mainly social ones, Indian children (like their English counterparts) will be judged as adjusted or maladjusted by the people other than their parents against the sort of criteria that the Rutter scales deal with (ie. society's social criteria of 'permissive' behaviour).

(b) The Validity in the Administration of the Scales

Granted that the scales were sensitive enough in the case of the Indian children, how do we know that the Indian parents correctly perceived and understood the questions as put by the interviewer and revealed accurately and fully the adjustment problems of their children? In certain societies in the East, it is more important to 'save face' than to have sympathetic acknowledgement of one's difficulties, and might it not be

possible that the Indian parents were more defensive than revealing?

In general, of course, these are types of objections that could be levelled against any investigation that collects data by interview or questionnaire methods. The question of respondent's bias was discussed earlier (see pages 123 ff.).

Reasonable steps have been taken to present the questions in the interviews, as far as possible in identical ways, to the SG and the CG parents, to ward off possible biases. It was the interviewer himself, not the respondent, who rated the problems of children on the basis of information provided by the parents in the thorough and searching interviews (see pages 124 ff.). This method effectively checked the differences in criteria between individual parental rating of problems in terms of their presence or absence or of their seriousness.

The parents were found to be reasonably cooperative in the interviews and this is evidenced by the high percentage of responses.

Finally, we have to conclude that the Indian parents were probably as objective in their answers as the English parents, because the teachers generally agreed with the parents' (Indian and English) reports. Like the parents, the teachers also observed smaller percentage of Indian children than the English children with maladjustment and with high deviance scores. While the PS rated 4 SG and 19 CG children as maladjusted, the TS rated 10 SG and 26 CG children as maladjusted. The

difference of total deviance score of the Indian and English children on the PS was significant at one per cent level and that on the TS at two per cent level. There was a higher rate of overlap and hence agreement between the PS and the TS in the present study than in the study of Rutter et al (1970), as we have discussed above in the present chapter.

In spite of all this, doubtless some underplaying of the children's difficulties might have occurred, as could be expected with any group of parents. Such underplaying could have happened with both groups of parents and counter-balancing such underplaying on the part of some parents, doubtless, some other parents might have overstressed the difficulties of their children - a negative 'halo-effect'. We have no adequate means of testing for the occurrence of these biases. But we doubt whether they occurred to a sufficient degree and with an asymmetry sufficient to explain the substantial differences between the two groups.

The teachers are generally better informed than parents regarding completion of questionnaires and in the present survey the teachers' questionnaire contained adequate instructions for teachers regarding its completion. Moreover, the Head Teacher inspected every completed questionnaire, checked it for its accurateness and completeness.

(c) Validity of the Interpretation of the Results

Let us assume for the moment that the scales are sensitive enough to identify problems among the Indian children and that

the findings too are reasonably accurate. Nevertheless in the interpretation of the results in the case of these children with a different cultural and family background, we may go wrong. Were the cut-off points higher than it should have been in the case of the Indian children with a different culture and view point - especially in the context of the home? Would the proportion of maladjusted children in the SG and the CG have been different, if the cut-off points have been lower than 13 and 9?

In order to find out whether there would have been proportionately more SG maladjusted children than were observed, we have only to glance at tables VII.28 and VII.29 above (see page 235).

It is obvious that even if the cut-off point was lowered to 9 from 13 on the PS, there are still about three times as many CG children as the SG children among them (59.2 per cent to 20 per cent). A considerably higher percentage of CG children than the SG children have been found among those who scored 5 or more on the TS (40.8 to 27 per cent) even if the cut-off point was lowered from 9 to 5 on the TS.

Another way to find out whether the interpretation of the data was correct or not, is to analyse the mean deviance scores. The mean deviance scores were also much higher for the CG children than for the SG children on both the PS and the TS, as shown in table VII.34.

Table VII.34 The Distribution of Mean Deviance Scores of the Subjects

	PS	The Range	TS	The Range
Study Group	5.3	0 - 18	3.3	0 - 18
Contrast Group	9.9	0 - 31	6.1	0 - 25

It was therefore, not solely due to higher cut-off points (than the ones adopted) that fewer SG children than the CG children came to be identified as maladjusted.

Hence if the scales were sufficiently sensitive, if they were correctly administered and if different cut-off points had no significant effect on the findings, we have to investigate the various possibilities that might have contributed to the greater prevalence of maladjustment and deviant behaviour among the English children than among the Indian children (We appreciate that we are having to make big assumptions in order to continue with the discussion).

(d) Possible Contributory Factors

Three areas in the life of the subjects, namely their cultural and familial background, their age and their social class, are investigated here; these may provide some clues as to the existence of higher prevalence of deviance among the CG than among the SG children.

Cultural and family background: In order to understand the difference in the prevalence of deviance in both the groups,

it is necessary to compare cultural and familial backgrounds from which they come.

Certain oriental cultures prohibit the expression of feelings, particularly aggressive feelings. Children belonging to such cultures may not ventilate their feelings in spite of the severe stress and strain experienced internally. Herbert (1965) studying the personality of asthmatic Indian children in South Africa, observed that a high percentage of them seldom give direct expression to feelings of hostility.

It could be argued that Indian children are forced by home circumstances to suppress their feelings and withdraw into themselves; in other words they may have recourse to a pattern of internalization. The strict discipline prevailing in most Indian homes, even in those in Britain, had been described in a previous chapter (see pages 33, 34). The amount of control exercised by the parents extends to every sphere of the child's activities; he is often under close observation. He is less often allowed out to play, less often permitted to bring other children home, and more regularly is expected to carry responsibility for domestic chores than his English counterparts. This tendency of restricting the movements of children may be related to the parents' desire to protect them from possible hazards. The Victorian discipline at home stamps out any overt opposition from the children. The normal response of a pre-adolescent Indian child under such conditions may be to suppress any overt expression lest he may incur the displeasure of the parents, not to mention physical punishment.

However aggravating these conditions may be, there are certainly positive elements in Indian homes that may help to reduce the risk of developing deviant behaviour in these children. The quality of family relations is the first and foremost of such factors. No serious disruption of marital relations was reported among the SG (see page 170), may be the Indian women accept more readily the male domination than their English counterparts. On the other hand, in the CG there were 22 one-parent families and several other families have been reported to have serious marital conflicts. The parent-child relationship, as a whole, seemed to the investigator more harmonious in the SG than in the CG. The discipline in Indian families, compared to the more 'permissive' pattern of child-rearing, which is accepted among Westerners may appear to be harsh and restrictive; nonetheless, over the centuries, 'social wisdom' in the East has dictated that such a pattern is imperative and so far, it seemed to work reasonably well with Indian children, even those in this country. Indian parents appeared to know where their children are and what they are doing; the children are sheltered and closely supervised. After all, who can lay down rules that a particular parent in a particular family in a particular culture should be 'permissive' or 'restrictive' and to what extent? The lamentation and retraction of his original norms of parenting recently made by Dr. Spock (1974), is sufficient proof that even the world's best known and influential expert acknowledges that there are no absolute or rigid rules for rearing children. Presumably, child-rearing philosophies have evolved to meet the conditions and requirements of particular societies. It may be that autocratic methods of parenting are essential in a largely

peasant society where sheer survival is uppermost.

In the eyes of an Indian parent, an English family may look like this: since in Western culture, one of the dominant cultural values is independence, the infant is separated from his mother at birth, sleeps alone in his cot with inadequate tactile pleasure from parents, and is encouraged to make his independent way of feeding himself, walking, talking and of going to school at the earliest possible moment. He has little responsible work to do at home and tends to move outside for recreation and social activities. This moving out of the home removes him from the close observation of parents; the family life no longer provides the children with a secure and protected environment. Parents no longer direct the lives and behaviour of their children because cultural and social forces outside the home surreptitiously undermine their authority, which the children now won't accept without questioning. Many British families especially in the cities have an 'impersonal' character (Kent, 1968). Moreover, the appropriate roles of father, mother and children have become somewhat blurred in modern society. The father is no longer the sole breadwinner - 64.3 per cent of the CG mothers have been found engaged in paying jobs outside the home, as against 44 per cent SG mothers (see page 179). Under such conditions described above, it is not surprising that more than a quarter of all the CG families were not functioning as a normal healthy family unit (see pages 168 ff, 217 ff) and could not provide the children with the security of a normal home they need for a properly adjusted growth.

Why do the teachers see the Indian children as less deviant than their English counterparts? Of course, it may be that they are in fact less deviant. But it may also be that the cultural and familial background of Indian children have some bearing on the assessment of deviance by the teachers. First, as mentioned before, teachers often tend to take note of the antisocial and aggressive problems (those against authority and discipline) and to miss the less obtrusive neurotic and emotional problems (Wickman, 1928; Glidewell et al, 1968). Hence some of the deviant behaviour items in Indian children, many of whom do not freely ventilate their aggressive feelings - even though an incipient tendency towards ventilation has been observed - may be overlooked by the teachers. Secondly, certain teachers have somehow an impression that Indian parents are generally harsh disciplinarians at home. Hence they tend to view more sympathetically the deviant behaviour of Indian children than that of English children and report them accordingly. Thirdly, teachers tend to comment on the politeness and eagerness to please on the part of Indian children in classes. It may well be that such deference leads to a 'halo-effect' in the teachers which prevents them from noticing and reporting 'less desirable' behaviours of Indian children.

The Age and Duration of Stay: Another possible reason for the lower prevalence of maladjustment among the SG children may lie in their age structure. True, the SG and the CG children were more or less matched for their chronological age by the selection procedure. But the level of psychosocial development is more important than mere chronological age in the considera-

tion of deviant behaviour.

At the beginning of the survey it was thought that pre-adolescent Indian children in the final two years of junior school might have been in this country long enough to sufficiently experience the cultural conflicts and to form their own independent views, like their English counterparts and to react to the situation. But it was found that his prohibitive family circumstances are the overriding influence. His parents with their rural background are slow to switch over to the child rearing practices of a highly urbanised society; the little or no education of his parents - 11 per cent of the SG fathers and 40 per cent of the SG mothers were illiterate - makes the transformation painfully slow. The junior school Indian child brought up under such circumstances is not (unlike his English friends) psychosocially, mature enough to give vent to his negative feelings at home. For example, unlike the English child, say of 11, who argues the point with his father when he is forbidden to go to camp with his friends, it would be unthinkable of the Indian child of the same age to confront his father in direct opposition. If he were foolhardy enough to argue with his father he will be slapped.

Contrary to the expectation, about 50 per cent of the Indian children have been in this country for a period of less than five years at the time of survey (see Figure V.2 after page 155). While 19 per cent (4) of all the UK born Indian children (21) were among the maladjusted, only about 10 per cent (5) of all the Indian children with less than 5 years of duration of stay (47) were among the maladjusted. Studies by

Saint (1963) and Bhatnagar (1968) show that behaviour problems of immigrant children are positively associated with the duration of stay in the host country. However, in the present study, the association between the presence of deviance and the duration of stay in the UK did not reach a statistically significant level. Of course, very small numbers were involved. It may be that the Indian children are only just beginning to assimilate the English culture and to manifest their adjustmental conflicts.

The Indian mothers, of late, have begun to accept in large numbers, full-time jobs outside the home. Is this a factor? The total deviance score of the Indian children on the PS and the TS was not significantly associated with the employment of their mothers. The practice of Indian mothers working outside home may, however, one day give rise to those problems which the families of working mothers are reported to suffer - problems which were hitherto largely unknown to Indian families. But the question is raised as to what happens to a family which is strongly orientated to a close and detailed surveillance of their children's days when both mothers and father are not there to supervise their children. Will the children have the problems of 'latch key' children, especially as so many of them are now nuclear families rather than extended or joint families. Again, it is not yet time to evaluate fully the impact of the absence of Indian mothers from home, on their children's emotional life.

MacFarlane et al (1954) in their longitudinal study of normal children from 18 months to 14 years found the peak-age

for problems at between the ages of 10 and 11 for American children. For Indian children who are brought up in a more sheltered and more closely supervised home setting than the American children and who have been transplanted into a new and different culture, the peak period of problems may come at a later period as involvement with the peer group increases and perception of his future occupational and social roles become clearer. This study has missed them because of its upper ceiling of the age of 11 plus. However, this is speculative. There may be no later increase in the prevalence of behaviour disorders. A study of the adjustment problems of Indian children in the secondary schools could provide answers to questions such as these: do older Indian children have more or less the same prevalence of maladjustment as English children?; does the Indian teenager rebel against home cultural restrictions?; what is the impact of an Indian mother's gainful employment outside home, on her children's adjustment problems and so on.

Life in the Twilight areas

Another factor that may account for higher prevalence of maladjustment in the CG children than the SG children is the life circumstances of the former. In recent years there has been an increasing interest in the observation that rates of maladjusted behaviour in children may vary considerably according to area and types of living conditions. However, very little is known concerning the extent to which actually the rates differ and even less about how particular area characteristics co-vary with the rates of different types of

child disorder (Rutter et al, 1975). Gath et al (1972) found that child psychiatric referral rates were higher in areas of low social status, but data were not available to determine whether the difference lay in the prevalence of disorder or in the likelihood of detection or referral. Perhaps much of the association found is explicable in terms of patients' 'drift' into and 'stagnation' in poor areas rather than of the effect of the area on the individual. Over 80 per cent of children in the present study in both groups were from schools situated in the Highfields, Evington and Belgrave areas, which contain the twilight areas of the city. When 'coloured' families moved into such areas the 'white' families who could afford to, moved out, leaving the poor and multiproblem 'white' families to live side by side with 'coloured' families. The condition of these 'white' families, from which many of the subjects of the CG came is not very different from the lower social classes or urban slum dwellers, with their particular subculture and values. These cultural or subcultural groups have characteristics sufficiently distinctive and powerful to impress on their members, values, forms of behaviour, habits, customs and attitudes that distinguish them from other social classes or groups (Hess, 1970).

According to Hess (1970) the characteristic features of lower social class are poverty, limited extent to which the individual can exercise power through status and prestige, vulnerability to disaster, restricted range of alternatives of action, and the relatively small overlap between their experience and that of the majority.

One of the consequences of lower class life is a cluster of attitudes that express low self-esteem*, a sense of inefficiency and passivity. Self esteem will derive in part from an individual's perception of his ranking and prestige within relevant groups (Kaplan, 1971). As a result of low esteem, they tend to elect short term goals seeking more immediately predictable gratifications (Davis, 1948), they have poor achievement in school (Rosenberg, 1965) and even use illicit means of delinquent behaviour in achieving rewards usually not available (Cloward and Ohlin, 1960).

Awareness of ethnic group membership begins to emerge during the nursery school years. Several studies (Ammons, 1950; Goodman, 1952; Morland, 1958; Vaughn, 1964) of Negro and white nursery school children have shown that racial awareness appears as early as the age of four and increases with age, irrespective of the kind of school the child attends. Awareness of his social class position seems to be established in the child later than awareness of his racial or ethnic group membership (Hess, 1970).

Rosenberg (1965) collected data from 5024 high school juniors and seniors from ten randomly selected public high schools in New York State. One of the findings was that subjects from higher social classes are more likely than those from lower social classes to have high self-esteem. Adolescents with low self-esteem tended to describe themselves as withdrawn, excessively sensitive and suspicious. They also tended to provoke problems with peers and so to confirm their fears and suspicions about social relationships.

* Low self-esteem is highly correlated with problems of anxiety and maladjustment (see Herbert, 1974; McCandless et al, 1956).

Klausner (1953) attempted to find out whether people from dissimilar social classes would evince homogeneity in self concept. He studied 106 white males under 17 years of age using a 60-item questionnaire. The results showed that members of different socio-economic groupings have modally different self concepts. There is more aggression against the self and more psychosocial isolation in members of the upper socioeconomic groupings; lower socioeconomic groups respond to feelings of insecurity and inferiority with aggression.

By the time the lower class children are of 6 or 7 years of age they have absorbed the socialization experiences of their homes. They have learned to distrust adults, they lack a stable inner personality structure, and they tend to discharge their feelings through impulsive action (Malone, 1963). They enter school with low self-esteem and this feeling of inadequacy is increased as they grow older.

Social Class Differences in Family Life

The low classes, according to Kaplan (1971) do not tend to place high value on accomplishment. Their aggressive impulses are less restrained and sexual restrictions are much looser than those of the middle class; members of the lower class marry early and enter the semi-skilled or unskilled occupations at an early age; they comprise the bulk of relief cases; they tend to live in the least desirable sections of the community; they furnish more than their proportionate share of criminals and delinquents (Lewis, 1966). The family is often a one-parent family headed by the mother who may form transient relationships with men who come, stay for a while, help support

the family and then depart (Taylor, 1965). Money is spent as soon as it comes in, on goods and experiences that bring immediate emotional satisfaction; there is less family pride and less concern for appearances or for upholding family status (Besner, 1966).

Regarding the discipline in the lower class families, it is likely to be harsh, inconsistent and unreasonable. Children are yelled at, slapped, beaten, punished for accidents as well as intentional acts and for things they haven't done as well as for things they have done (Kaplan, 1971). Bronfenbrenner (1958) points out by contrast that middle class parents used 'love oriented' discipline (withdrawal of affection, disapproval, shame and guilt) whereas lower class parents use coercive punishment.

Social Class Difference and Maladjustment

Numerous studies show that children from lower classes are more vulnerable to personality disorders, delinquency and destructive aggression than is found among middle class children (McDermott et al, 1967). Mulligan (1964) found that fewer middle class children (14.8 per cent) than working class children (19.9 per cent) were maladjusted and this difference was statistically significant.

Several American studies made attempts to measure children's personality adjustment in relation to the socio-economic status of their parents. For example, among sixth grade children, those from professional backgrounds were compared to children of semi-skilled parents and the former

obtained higher scores than the latter on dominance, extraversion, and emotional stability and absence of worries (Maddy, 1943). These differences, though small, were statistically significant. In another study, the fifth grade children from rural and small towns were given the Roger's Test of Personality Adjustment. The socioeconomic status of the family was estimated on the basis of both parents' education and father's occupation. Mean adjustment scores were directly related to social class as determined by father's educational and occupational level (Burchinal et al, 1958). Using the California Test of Personality with a large sample of fourth to eighth grade children, Sewell and Haller (1956) found a low but significant association between social status (as determined by the father's occupation and a rating of the family's prestige in the community) and the child's score of personality adjustment. The lower the socioeconomic status of the child's family, the less favourable was his score on personality adjustment.

Needless to say that many studies have not observed a significant association between maladjustment and socioeconomic status (for example, Rutter et al, 1970). The negative results have been attributed in many cases to the relative homogeneity of the samples regarding socioeconomic status.

In the present study no significant association between maladjustment and social class was observed in either groups (see pages 221 ff). This may be due to the comparatively small number of families in the non-manual class. However, it was evident that a slightly higher percentage of maladjusted children in the CG belonged to the manual class than nonmanual

class (62.3 per cent to 67.7 per cent).

Causes of Class-linked Maladjustment

A number of hypotheses have been adduced to explain the alleged connection between maladjustment and low social class. One is that the lower classes have a better tolerance of adjustment problems among its children than other classes. They let such problems go on, without reporting them. (In any event they often have less access than middle class parents to specialist services like those provided by child psychiatrists, marriage guidance, child guidance, etc.) Much of what would be considered maladjustment in other classes is not recognized as such in these communities (Dohrenbend and Dohrenbend, 1967). In the present study the few referrals of the problem made to child guidance clinics or speech therapy, came from the school and not from the parents. Hence only in surveys like the present one, the real picture of maladjustment in such communities, will emerge.

Another point is the life circumstances of the lower class. The poorly integrated family life, the marginal economic existence and the confrontation of value systems (between lower and other classes) are significant sources of stress and strain (Malmquist, 1965). Families with motivation and opportunity to improve their status leave the twilight areas and those with limited opportunities and motivation remain. Moreover, less well adjusted families move into such areas. This has led to a 'drift' hypothesis, which holds that mentally disordered individuals tend to drift into the lower socioeconomic class or fail to rise out of it, so that environmental stresses and

deprivation accumulate here and are passed on from generation to generation (Pasamanick, 1963). In the present study, as mentioned earlier, the poor and multi-problem 'white' families could not move out with other better-off 'white' families when the 'coloured' immigrants moved into their streets in the twilight areas.

There are other contributing factors which in varying combinations make children in the lower classes more susceptible to emotional disorders and maladjustment, such as, relatively poor prenatal and paranatal care, poor nutrition, lack of parental care and supervision, etc. During the interviews, the most unclean and unhygienic homes the investigator visited, belonged to the poor 'white' families.

We have seen that over 80 per cent of families from both the SG and the CG live in the twilight areas of the city. If there was any ill-effect in living in such areas why should it affect CG children disproportionately more than SG children? Even though the SG children are in the 'same boat' as the CG children, there might be several attenuating circumstances that work in favour of the former: closeness of the members of the unit family resulting from former joint family background, strong and stable culture, better discipline in the family, closely supervised and sheltered home are some of those factors. Children from the CG receive the full impact of the ill-effects of living in the twilight areas without enjoying those cushioning factors.

CHAPTER VIII

INDIVIDUAL ITEMS OF DEVIANT BEHAVIOUR : THEIR PREVALENCE AND SIGNIFICANCE

In the previous chapter we were concerned with the prevalence of maladjustment among the SG and CG children. In this chapter, however, we will be discussing and analysing the prevalence of individual behaviour items of these children.

It is quite normal for children in the pre-adolescent period to show an 'odd' or 'difficult' behaviour occasionally. "Almost any kind of behaviour can be found sometimes in some normal children during transient phases in their development" (Rutter et al, 1970). Many children even 'regress' temporarily to behaviour patterns they manifested at earlier periods of their life. Since the odd or troublesome behaviour pattern, the occasional immature manifestation or regression is a normal part of development and adjustment to life's tasks in children, we have to be very cautious about underlining the significance of individual items of behaviour. Kanner (1953) has pointed out that the tendency to exaggerate the clinical significance of individual 'symptoms' is due to the biased picture observed in the highly selective clientele of such clinics. As Rutter et al (1970) say, "no one symptom is a pathognomonic indication of mental disorder". Nevertheless, some items of behaviour, if they reach a particular level of frequency and/or intensity of occurrence, or if they appear in a particular constellation of behaviours, are indicative of seriously maladaptive functioning.

As mentioned on different occasions above (for example,

Chapter III) what is perceived as normal at one age may be abnormal at another. Hence in any consideration of individual items of behaviour in terms of their presence, absence or frequency, age is an important factor. Since the psychological development of boys differs from that of girls in some important aspects (Maccoby, 1967), and what is normal in a boy, might not be thought so in a girl, the sex of the child is also an important variable in the consideration of the deviancy of particular items of behaviour. The presence or absence of certain patterns of behaviour appears to be class-related according to some authors (see pages 261 ff.). Hence individual items of behaviour are considered in conjunction with variables such as age, sex, social class, family size and so on in order to appreciate fully their significance.

Prevalence of Individual Items of Behaviour*

In assessing the prevalence of any item of behaviour, a child was considered as one case whether he showed the behaviour at home (PS) and/or at school (TS); whether the behaviour was shown only 'occasionally' or 'at least once per week'; or whether the statement 'applies somewhat' or 'certainly applies'. Our strategy in presenting the findings here is first, to give the number of children with each behaviour and compare the result with that of other studies. It is important to note here that authors differ in their definition of many of the individual items and consequently in their report on the prevalence of those behaviour items. In the second part of

* We will be referring to individual items of behaviour as 'symptoms' rather than problems because this seems to be the practice in the literature, despite the inappropriateness of medical model or disease concept to which the term 'symptom' refers.

the chapter significant associations of each behaviour with a variety of variables which were thought to be potentially important are presented and discussed.* Table VIII.1 gives the number of children with individual behaviour items.

Table VIII.1 Prevalence of Individual Items of Behaviour

Individual item	Study Group No.	Contrast Group No.
Headache	24	14
Stomach ache	12	12
Asthma	9	6
Wets bed and pants	5	13
Soiling	0	5
Temper tantrums	34	63
School difficulties (truancy and school refusal)	6	13
Speech disorders	11	15
Stealing	15	18
Eating difficulties	33	49
Sleeping difficulties	11	29
Restless	43	72
Fidgety	35	51
Destructive	12	14
Fighting	33	49
Not much liked by other children	19	20
Worrying	42	64
Solitary	32	32
Irritable	32	59
Miserable	13	29
Tics, twitches, mannerisms	9	18
Sucks thumb	18	17
Bites nail	24	46
Disobedient	23	56
Unsettled, poor concentration	32	54
Fearful	52	53
Fussy	12	14
Telling lies	25	40
Bullying	15	26
Unresponsive, inert	14	24
Resentful	9	20

* In working out contingency coefficient for all items of behaviour as against a variety of social, age and other factors, a certain proportion of significant coefficients (C) will occur on a chance basis. Knowledge of this must make us doubly cautious in drawing up any conclusion from our findings.

Headache*

Twenty-four per cent of SG children (13 boys and 11 girls) and 14.3 per cent of CG children (7 boys and 7 girls) had complaints of headache during the one-year period of reporting. Eight point three per cent of all the SG complainants and 35.7 per cent of all the CG complainants had been suffering from headaches at least once a week.

Brandon (1960) found that a complaint of recurrent headache was reported in 24.6 per cent of the maladjusted group and in 21 per cent of his control group. More than half of the total children in the sample of Shepherd et al (1971) suffered from headaches at least two or three times a year. Rutter et al (1970) noted that among the Isle of Wight child population 9.4 per cent boys and 10.1 per cent girls were suffering from headaches either weekly or occasionally. The finding in the present survey is closer to that of Brandon which was undertaken among the children of Newcastle upon Tyne, than of Rutter et al (1970). The industrial city of Leicester is more similar to Newcastle upon Tyne than Isle of Wight in terms of socio-economic background of population.

Stomach aches

About the same number of children from the SG (7 boys and 5 girls) and the CG (6 boys and 6 girls) were reported to have complained of stomach aches. Brandon found that stomach ache was a widespread symptom, for 31.8 per cent of his study group and 22.9 per cent of his control group complained of stomach ache.

* Definition or description of items of individual behaviour is given in Appendix B).

Among the Isle of Wight children 31.4 per cent of boys and 33.5 per cent of girls had complaints of stomach ache.

Asthma or Attacks of Wheezing

Nine children from the SG (6 boys and 3 girls) and 6 children from the CG (3 boys and 3 girls) were suffering from asthmatic problems. The higher percentage of incidence of respiratory symptoms among the SG children, although rather small, is noteworthy. SG children or their parents coming from a hot climate seem to have a high rate of asthmatic and other respiratory diseases (Herbert, 1965). Four of the SG and 1 CG children had weekly attacks of asthma at the time of survey. As in the case of SG children, more boys than girls were found to be with the symptom in the Study of Graham et al (1967).

Enuresis

The problem of wetting the bed or pants among children has been widely studied in the literature. In the present study it was observed that 5 per cent of SG and 13.3 per cent of CG children were manifesting this problem. Two from the former and 5 from the latter group had enuretic episodes at least once a week. Toilet training is not stressed with the same emphasis in Indian families as in Western families. Generally a relaxed approach is adopted by Indian mothers. At present we have no evidence to show that this relaxed approach in toilet training among the Indians accounts for the lower incidence rate among Indian children. The higher percentage of maladjusted children

in the CG than in the SG (see pages 205-210) may provide another reason for the higher prevalence of enuresis in the former. Even though in the present study nocturnal or diurnal enuresis was not significantly associated with maladjustment, enuresis is commonly thought of as one manifestation of a general behavioural disturbance, as well as a habit disorder which stands on its own.

The prevalence of enuresis among children has been reported differently in the literature; for example, Gordon's (1942) figure was 7 per cent among 5 to 14 year olds, Gedda's (1948) was 3.6 per cent among 7 year olds, Bremer's (1951) was 4.4 per cent among 5 to 14 year olds, and Wolff's (1967) 14 per cent among primary school children referred to a clinic in Edinburgh. One reason for this variation lies in different definitions used by different studies; another reason is due to the age differences between and within the populations studied. The older the children studied, the lower incidence rates become. Among the Isle of Wight children, who were of the same age as the children in the present study, Rutter et al (1970) observed 5.5 per cent - about the same (5 per cent) as the SG - children with the problem.

The ratio of boys to girls in the present study was 3 to 2 for the SG and 8 to 5 for the CG. Several studies (Rutter et al, 1970; Shepherd et al, 1971; Pringle et al, 1966) reinforce this finding of higher percentage of boys than girls with enuresis.

Soiling

Parents of SG children reported no case of soiling. This

may be an indication of a very low rate of incidence of soiling among the Indian children as in the case of enuresis. But whether the reporting of not a single case of encopresis among them is due to a total absence of the problem or due to bias in parental reporting is an open question. We are afraid that among certain Indian communities, incidence of soiling oneself has a greater taboo attached to it than incidence of enuresis.

Among CG children showing the problem, 4 were boys and 1 was a girl. This difference in sex distribution is in line with several other studies which showed more boys than girls with the symptom of soiling. For example, Pringle et al (1966) observed 1.8 per cent boys as against 0.7 per cent girls; Brandon (1960) 14.5 per cent boys, 2 per cent girls of maladjusted group; Shepherd et al (1971) 4 per cent boys, 2 per cent girls; and Rutter et al, (1970) 3.3 per cent boys and 0.7 per cent girls with the problem.

Four of the 5 children with this problem figured among the maladjusted children.

Temper Tantrums

Parents reported that 34 SG and 63 CG children showed temper tantrums, i.e. showed episodes of screaming, lying on the floor, kicking or breaking things when they don't get their way. The parents also reported that only 3 per cent of the SG and 11.2 per cent of the CG children had outbursts of temper at least once a week. Rutter et al (1970) observed 17.5 per cent of children of Isle of Wight with the problem,

while Shepherd et al (1971) found a higher percentage (23) among the children of Buckinghamshire. The comparatively lower incidence rate of temper tantrums in the SG children than in the CG, may very well be attributed to the firm discipline prevailing in Indian homes and the apparently accepting submissiveness of Indian children, to which reference has been made in previous pages (see pages 33 , 34 and 236) . The symptom of temper tantrums showed a significant association with maladjustment in the SG children.

School Difficulties (school refusal and truancy)

As the parents and teachers reported, 3 SG children (1 boy and 2 girls) and 2 CG children (1 boy and 1 girl) 'had tears on arrival at school or refused to go into school building'. Among the truants, however, there were 3 SG (1 boy and 2 girls) and 12 CG (7 boys and 5 girls) children. One CG had showed the symptoms of truancy as well as school refusal. Rutter et al (1970) found 1 per cent of school refusal and 0.4 per cent of truancy. One point three per cent of boys and 1 per cent of girls were found to be truanting in the study of Shepherd et al (1971). Among the London children Rutter et al (1973) found that among West Indian children 5.2 per cent boys and 1.6 per cent girls and that among non-immigrant children 5.6 per cent boys and 1.9 per cent girls displayed truancy.

It is not unusual for the attitude of the parents towards school and education to be reflected in the attitude of their children towards these matters. The negative attitude of children towards school may manifest itself in disinterest in

learning in general or even in school refusal or truancy. Even though, for reasons stated above (see page 194), the teachers rated the parental interest of the SG parents lower than that of the CG parents, one of the objectives of the former in coming to Britain was to provide the highly esteemed British education for their children (see page 192). In the course of this investigation, their interest became convincingly evident. Some of them agreed for the interview on the conviction that the study was conducted by the school their child attended; some turned the conversation during the interview onto the educational progress or problem of their children (see also page 38). This high expectation and interest of Indian parents may influence their children's interest in school and may account for the lower incidence of school difficulties than in the CG.

Speech Disorders

Stuttering and other speech difficulties were present in 11 SG children (6 boys and 5 girls) and 15 CG children (7 boys and 8 girls). Three of the SG children with speech difficulties were identified by both the parents and the teachers. Rutter et al (1970) found that according to parents 2.9 per cent of boys (2.9 per cent on the TS) and 1.5 per cent of girls (0.3 per cent on the TS) of the child population of the Isle of Wight showed stuttering and another 5.7 per cent of boys (3.1 per cent on the TS) and 4.2 per cent of girls (1.4 per cent on the TS) showed other speech disorders. In the present study more SG maladjusted children (36.4 per cent) than the CG maladjusted children (19.4 per cent) showed speech disorders.

Brandon (1960) observed that 23.8 per cent of his maladjusted group had speech disorders.

Stealing

The CG had slightly more children (14 boys and 4 girls) than the SG (10 boys and 5 girls) with the problem. Five of the former group and two of the latter were identified by the parents and the teachers. In Rutter et al (1970) 4.4 per cent of boys and 2.4 per cent of girls in the home situation and 2.3 per cent of boys and 1.4 per cent of girls in the school situation were reported to have exhibited the problem. But the teachers of the London study (Rutter et al, 1973) found a higher percentage with the symptom: 13.4 per cent boys and 13.2 per cent girls from West Indian families and 3.4 per cent boys and 1.7 per cent girls from the non-immigrant families. Ackerson (1931) reported stealing in 31 per cent of boys and 17 per cent of girls in his American sample. But this sample included referrals from police arrests and teenagers up to 17 years of age. Lewis (1954) in a study of the 500 'deprived' children who were admitted to a Kent reception Centre, found that 10 per cent of the official cause for admission was pilfering. Brandon (1960) noted that 21 per cent of boys and 4 per cent of girls in the maladjusted group as against 6.7 per cent of boys and no girls in the control group showed the symptom.

Eating Difficulties

Eating difficulties included inadequate appetite, eating

less than average children, picking at food, food fads and gluttony or over-eating.

Thirty-three per cent of the SG (18 boys and 15 girls) and 50 per cent of the CG children (25 boys and 24 girls) had some kind of eating problems according to the parental report. The difference was significant at the five per cent level. Kanner (1953) made the following observation about the eating problems of children: "Though exact statistics are not available it may be safely assumed that at least a quarter of all children present feeding difficulties". Baldwin (1944) found 56 per cent of children as unreasonably finicky, in his study for the Fels Institute research project. Shepherd et al (1971) observed one in five children up to the age of 11, to have food fads. Study of Brandon (36.8 per cent of boys and 30 per cent of girls) found more boys than girls to have eating difficulties. But Rutter et al (1970) had 20.8 per cent of boys and 20.5 per cent of girls with this symptom. The differences in the findings of the various studies may be attributed to the varied approach and coverage of the symptom (Shepherd et al, 1971). Six of the 11 SG maladjusted children (54.5 per cent) and 17 of the 31 CG maladjusted children (58.1 per cent) had eating difficulties. Rutter et al (1970) found that 27 per cent of boys and 45.9 per cent of girls with psychiatric disorders had eating difficulties.

Disorders of Sleep

Sleeping disorders included items such as difficulty in getting off to sleep, insomnia, nightmares, screaming in sleep,

walking in sleep, restlessness in sleep, waking up with bad dreams and difficulty in waking up.

The SG had 11 per cent of children (5 boys and 6 girls) with this symptom and the CG 29.6 per cent (15 boys and 14 girls). The percentages of disorders of sleep for boys and girls were 17.4 per cent and 19.2 per cent in Rutter et al (1970) and 23 per cent respectively for ten year olds in Shepherd et al (1971). MacFarlane et al (1954) found that the symptom was most common among ten year olds of both sexes in their Berkeley longitudinal study.

Restlessness

Restlessness appeared to be common among the children of the sample. Forty-three per cent of the SG (26 boys and 17 girls) and 73.5 per cent of the CG children (39 boys and 33 girls) were restless at home and/or at school; 16 per cent of the SG and 30.6 per cent of the CG showed the symptom at home as well as at school. Boys are more likely than girls to be reported as restless as shown by the present study and by several others. Ackerson's study (1931) showed restlessness in 25 per cent of boys and in 21 per cent of girls. Brandon (1960) found the symptom in 51.3 per cent of boys and in 38 per cent of girls. Shepherd et al (1971) recorded the symptom in 20 per cent of boys and in 13 per cent of girls in the eleven year olds. Rutter et al (1970) observed 34.8 per cent of boys (15.7 on TS) and 26.8 per cent of girls (6.4 on TS) as being restless. Among London children (Rutter et al, 1973) 52.9 per cent of boys and 33.5 per cent girls from West Indian families

and 35.1 per cent of boys and 17.7 per cent of girls from non-immigrant families were very restless according to their teachers.

Prevalence of restlessness in the SG and the CG differed significantly in the home and school situations. The symptom was found to be associated with maladjustment in a significant way in both groups. The CG had more maladjusted children; hence the higher prevalence of the symptom in the CG than in the SG children should not surprise us.

Squirmy or Fidgety

More boys than girls (21 boys and 14 girls in the SG and 31 boys and 20 girls in the CG) were found to be squirmy or fidgety. Twelve of the SG and 17 of the CG children were identified as squirmy or fidgety by both the scales. Twelve point six per cent of boys (20 per cent on the TS) and 10.1 per cent of girls (9.8 per cent on the TS) on the PS were found to be fidgety among the child population of Isle of Wight. The symptom was significantly associated with maladjustment and mother's employment of the children of both the groups. Forty-five point three per cent boys and 33.5 per cent girls from West Indian families and 35.1 per cent boys and 17.7 per cent girls of non-immigrant families were squirmy and fidgety among London children.

Destructive

Shepherd et al (1971) recorded only a small percentage of children as very destructive; only 13 girls (4 per thousand)

and 43 boys (13 per thousand) were very destructive at any age. Lewis (1954), in the Kent Reception Centre Study found destructiveness in 12 per cent of her sample of deprived children. Among the child guidance population, Ackerson (1931) found the symptom in 7 per cent of boys and 4 per cent of girls. Brandon's (1960) study revealed 17.1 per cent of boys and 6 per cent of girls in the maladjusted group and 6.8 per cent of boys and no girls in the control group with the symptom. Rutter et al (1970) like many other studies observed that boys (7.1 per cent) were more likely than girls (1.4 per cent) to be rated as very destructive. The London Survey (1973) also followed this pattern of more boys than girls (26.7 per cent boys and 17.6 per cent girls among the West Indians; and 11.0 per cent boys and 2.5 per cent girls among the non-immigrants).

In the present study 12 per cent of the SG children (7 boys and 5 girls) and 14.3 per cent (12 boys and 2 girls) of the CG children were reportedly often destroying their own or other's property. A significant relationship existed between the symptom and maladjusted behaviour in both groups.

Fighting or Quarrelsome

In the present study 23 boys and 10 girls from the SG and 24 boys and 25 girls from the CG have been found to be frequently fighting or quarrelsome. Six of the SG and 14 of the CG children showed the symptom both at home and at school.

The percentages of children showing the symptom are higher in the present study than in other previous studies. For

example Ackerson (1931) had only 12 per cent, Lewis (1954) 11 per cent, and Rutter et al (1970) only 15.3 per cent of boys on PS (11 per cent on TS) and 5.6 per cent of girls on the same scale (3.7 per cent on TS). One reason for this, is the background of the children, factors such as family size and mother's employment (which were significantly associated with the symptom) and their social class, which we will be discussing later. A study which has similar family and social backgrounds, is that of the London children (Rutter et al, 1973). This Study also showed a high percentage of the problem (51.7 boys and 34.1 girls in the West Indian children and 24.3 boys and 13.9 girls in the non-immigrant children). Another reason is the reporting by parents of higher incidence rates at home (26 SG children and 39 CG children) than those reported by teachers at school (13 SG and 24 CG children).

Not much liked by other Children

With regard to the relationship of the subjects with other children, it was observed by parents and teachers that 19 SG children (8 boys and 11 girls) and 20 CG children (11 boys and 9 girls), were 'not much liked' by other children. In the Isle of Wight child population, parents reported a small percentage of children (4.8 per cent boys and 4.1 per cent girls) than the teachers (13.3 per cent of boys and 9.5 per cent girls). But among the London children, the problem was more widespread among the West Indian children (25.4 per cent) but less prevalent among the non-immigrant children (15.6 per cent) than the present study.

Worrying

Worrying appears to be a prevalent item of behaviour among these pre-adolescent children, for 42 per cent of the SG children (20 boys and 22 girls) and 65.3 per cent of the CG children (29 boys and 35 girls) showed this symptom. Shepherd et al (1971) found that the proportion of children who worried occasionally rose from 40 per cent among the five to six year olds to 70 per cent in early adolescence. Forty-three per cent of children (almost the same percentage - 42 - of SG children with the symptom) in the American Study of Lapouse and Monk (1959) showed the symptom of worrying.

Rutter et al (1970) found the symptom of worrying in 36.4 per cent of boys (23.5 on the TS) and 40.7 per cent of girls (22.2 on the TS) according to the reports of the parents. Rutter et al (1973) in the London children found more boys than girls 32.0 to 25.3 among West Indians; 32.5 to 30.0 among the non-immigrants) with this symptom.

Twelve per cent of the SG children and 25.5 per cent of the CG children were identified as worrying both at home and at school. In the school situation, teachers found significantly more CG children than SG children as worrying.

Solitary

Sixteen boys and 16 girls from the SG and 19 boys and 13 girls from the CG were said to 'tend to be on their own or solitary'. Parents and teachers observed 4 of the SG and 7 of the CG children to be showing this symptom at home as well

as at school. Griffiths (1952) found that parent's reports showed boys to be the most withdrawn between the ages of 9 and 11, whereas girls showed a steady decrease in prevalence with age. Shepherd et al found fewer than 3 per cent of the sample to be frequently withdrawn, and a further 35 per cent showed occasional withdrawn symptoms. Rutter et al (1970) estimated that 29.8 per cent of boys and 16.7 per cent of girls were solitary in the home situation; and 17 per cent of the boys and 10.1 per cent of girls showed the symptom in the school situation. The London child population had a rate of 24.2 among the West Indians and 19.5 among the non-immigrants.

Irritable or Touchy

Irritability was noticed in 16 boys and 16 girls of the SG and in 35 boys and 24 girls of the CG.

Some of the previous studies have been in general agreement with the incidence rate of the present study. Brandon's (1960) study showed 39.5 per cent of boys and 32 per cent of girls in the maladjusted group and 17 per cent of boys and 17.4 per cent of girls in the control group being irritable. Shepherd et al (1971) considered 11 per cent each of boys and girls to be 'very irritable'. Rutter et al (1970) arrived at the conclusion that 33 per cent of boys and 26.4 per cent of girls, according to the parental report, (8.9 and 5.3 according to teachers) were irritable. Forty-three point one per cent of West Indian children and 16.4 per cent non-immigrant children in London were irritable or touchy (Rutter et al, 1973).

Irritability was found to be statistically more prevalent in the CG than in the SG children ($\chi^2 = 15.7$ $df = 2$). This significant difference was recorded by the teachers also in the school situation.

Irritability was significantly related to maladjusted behaviour of children in both the groups.

Miserable or Unhappy

While the SG had 13 children (6 boys and 7 girls) the CG had 29 children (15 boys and 14 girls) who were said to be miserable or unhappy. The teachers identified more children in both the groups than the parents (9 to 5 in the SG and 22 to 12 in the CG) as unhappy. According to Rutter et al (1970) 10.6 per cent of the children on the PS and 7.8 per cent of children on the TS were found to be miserable or unhappy in the Isle of Wight study. Teachers of London children observed 17 per cent of non-immigrant children and 29 per cent of West Indian children as miserable.

In both groups significantly more 'miserable' or 'unhappy' children came from among the maladjusted children than the non-maladjusted group.

Tics, Twitches or Mannerisms.

Twice as many CG children (18) as SG children had tics twitches or mannerisms at home and/or at school.

Ackerson (1931) found incidence of mannerisms in 5 per cent of girls and 6 per cent of boys in his study. Lewis (1954) noted about 20 per cent of incidence of tics in a sample of deprived children admitted to the Kent Reception Centre. There were 6.1 per cent of boys (4.9 per cent on the TS) and 2.2 per cent of girls (1.1 per cent on the TS) according to the reports of parents in the Isle of Wight child population. Five point nine per cent of the non-immigrant children and 6.2 per cent of West Indian children had tics or mannerisms. Wolff (1967) found among the children of primary school age referred to a clinic in Edinburgh, about the same percentage (18) of children as in the CG of the present survey, with tics.

Thumb or Finger sucking

Thumb or finger sucking is a normal symptom in young children and gradually disappears as they grow up.

The recorded prevalence of sucking thumb or finger was 18 per cent in the SG (6 boys and 12 girls) and 17.3 per cent (10 boys and 7 girls) in the CG. As in the present study, about the same percentage of immigrant (5.6) children as the non-immigrant children (5.7) showed the problem in London children.

Thumb sucking was present in 10.7 per cent of children according to the PS and 4.9 per cent of children according to the TS in Rutter et al (1970). Several studies have shown that the symptom was more prevalent in girls than in boys, for example Shepherd et al (1971) observed the symptom in 8 per

cent of girls and in 5 per cent of boys among ten year olds. In the present study there were more girls than boys among the SG but not among the CG children. But the difference was not significant.

Nail biting

Nail biting was more prevalent in both the groups than thumb or finger sucking; but as in the case of thumb sucking, there were more girls than boys with the symptom in SG, but more boys than girls in CG, for 11 boys and 13 girls of SG and 24 boys and 22 girls of CG exhibited the symptom of nail biting. Results of some previous studies on incidence of nail biting are given in table VIII.2.

Disobedience

Disobedience in children is a symptom that could be easily misunderstood from the reporting of the parents, depending on their frame of mind and attitudes. For, some parents are more tolerant and liberal than others on the 'do's' and 'don'ts' of their children. In the present study the SG had a total of 23 children (16 boys and 7 girls) who were reported to be disobedient. The parents found 15 disobedient children and the teachers too found 15 disobedient children, but they agreed in the cases of 7 children only. The CG, however had 50 children according to parents and 22 children according to teachers who were showing the symptom. They agreed in the case of 16 children, as to their disobedience.

Table VIII.2 Results of some previous studies on Incidence of Nail biting

Investigator	No. of children	Age-range (Yrs)	Location	Incidence found			
				Boys %	Girls %	Sexes not separated %	
Billig (1941)	223	8-16	School	32	41	-	
Birch (1955)	4000	5-18	School	-	-	51	
Lapouse & Monk (1964)	482	6-12	Mother's report	-	-	27	
Malone & Massler (1952)	4587	5-18	School	-	-	41	
Valentine (1956)	272	5-15	School	-	-	45	
Wechsler (1931)	3000	1-17	School & pre-school	34*	33*	-	
MacFarlane et al (1954)	Varied from 116 at 1 $\frac{3}{4}$ yrs to 41 at 14 yrs**	1-14	Special survey group	17	23	-	
Ackerson (1931)	5000	2-18	Psychiatric Clinic	11	16	-	
Rutter et al (1970)	961 Boys)	10-12	Parents	28.0	32.5		
	953 Girls)						
Rutter et al (1973)	1080 Boys)	10-12	Teachers	18.8	18.8		
	1079 Girls)						
Rutter et al (1973)	West Ind. boys: 172		Teachers	13.9	10.4		
	West Ind. girls: 182						
	Non-imm. boys: 873		Teachers	17.5	14.7		
	Non-imm. girls: 816						

* Wechsler covered an age-range from one to seventeen years, but these figures have been calculated from his more detailed information on the school age (five to sixteen years) children only.

** This was a longitudinal study of one group of children re-examined yearly, but the sample was reduced considerably over time.

The most important reason for the large difference in the number of disobedient children between the SG and the CG may be attributed to the discipline at home. The SG homes are known for the discipline prevailing in Indian homes, sometimes too hard for a Western mind to understand.

Like most of the previous studies (Ackerson, 19 and 15; Brandon, 36.8 and 32 in the maladjusted group, Rutter et al, (1970) 31.5 and 20.8; Rutter et al, (1974) West Indian boys 58.1 and West Indian girls 36.8) the present study consistently showed the existence of more disobedient boys than disobedient girls.

The symptom in both groups showed a significant relation with maladjustment.

Unsettled (Poor Concentration)

Twenty boys and 12 girls of SG and 31 boys and 23 girls of CG were found to be unsettled.

More boys than girls were unsettled in both the groups. Rutter et al (1970) also found more boys (25.1 per cent) than girls (18.2 per cent) who were unsettled. In the West Indian children 49.5 per cent boys and 32.4 per cent girls and in the non-immigrant population 30.5 per cent boys and 17.9 per cent girls showed poor concentration, according to the teachers of the London children (Rutter et al, 1973).

A significant percentage of maladjusted children of both

groups showed poor concentration.

Fearful

Fearfulness or apprehension of new situations, dogs, cats, insects or other animals, high places, darkness, being in a crowd, meeting new people, being left alone in a room, walking in the street alone, riding in a bus or train etc., were investigated. Twenty five boys and 27 girls of the SG against 24 boys and 29 girls of the CG were reported fearful.

This finding of the study is higher than the incidence of fears reported by Rutter et al (1970) (26.2 per cent boys and 26.8 per cent girls on the PS, and 17.6 per cent boys and 6 per cent girls on the TS), Craig (1956) (16.5 per cent) and Lewis (1954) (12 per cent). Brandon (1960) however, found 39.7 per cent of children in his study group and 23.8 per cent of the control group manifesting specific fears. In the London study, Rutter et al (1973) found 33.8 per cent of West Indian children and 27.3 per cent of non-immigrant children who were reported by teachers as showing fears.

Fussy

More girls than boys (8 girls and 4 boys in the SG and 24 boys and 20 girls in the CG) have been found to be fussy or over-particular at home and/or school. Parents of the Isle of Wight children also thought that more girls (26.8 per cent) than boys (12.9 per cent) were fussy. Teachers in the London study also observed more girls than boys among the West Indian

children (23.1 against 10.4 per cent) as well as among non-immigrant children (17.3 as against 12.2 per cent) who were found to be fussy or over-particular in the school situation. Both the teachers and parents found a significantly higher - at the one per cent level - prevalence of fussiness in the CG children than in the SG children.

Telling lies

No distinction was made between habitual lying or lying to avoid trouble or to make an impression on others. Brandon (1960) says that English authors seem reluctant to define this symptom and hence no corresponding figures could be found for this country. But since then a few studies tried to estimate the incidence rate of this symptom. Shepherd et al (1971) noted 2 per cent of boys and 3 per cent of girls among the 10-11 year olds. Rutter et al (1970) reported that 11.4 per cent of children on PS and 4.4 per cent on the TS had been found to be telling lies. Among the West Indian children 27.7 per cent have been found to have been telling lies in the school situation; the percentage for the non-immigrant children was however only 9.4 per cent. In Newcastle Brandon (1960) observed the symptom in "26.3% of boys and 30% of girls among the maladjusted group and 13.6% of boys and 13% of girls in the control group". There were 25 SG and 40CG children who have been reported to be lying. The symptom was related to maladjustment in both the groups.

Bullying

More boys than girls (16 boys and 4 girls of the SG and 14 boys and 12 girls of the CG) exhibited the symptom of bullying in the SG as well as the CG children. The parents and the teachers of the children of the Isle of Wight and the teacher's observation among the London children confirm this finding. In both groups the symptom was associated with maladjustment.

Inert, Unresponsive.

Fourteen per cent of the SG and 24.5 per cent of the CG children have been found by teachers to be inert or unresponsive. More girls than boys showed unresponsiveness. There were 8.0 per cent boys and 20.0 per cent girls in the SG and 24.0 per cent boys and 25.0 per cent girls in the CG with the symptom.

Thirty-six point four per cent of all the SG maladjusted children and 54.8 per cent of all the CG maladjusted children were found to be inert or unresponsive.

Resentful

The SG had 9.0 per cent of resentful children (10.0 per cent of boys and 8.0 per cent of girls) and the CG had 20.4 per cent of resentful children (26.0 per cent of boys and 14.6 per cent of girls). More boys than girls showed the symptom of resentment (5 boys and 4 girls in the SG and 13 boys and 7 girls in the CG).

Fifty-four point five per cent of the SG maladjusted children and forty-five point two per cent of the CG maladjusted children have shown resentfulness in the school situation.

According to the teachers a significantly higher percentage of CG children than SG children were resentful at school. There was also a significant association between the symptom and maladjustment in both the groups.

Further Analysis of Individual Items of Behaviour

Having seen the prevalence of the individual items of behaviour in the children, we will attempt below to analyse their significant associations with some of the important variables, such as maladjusted behaviour, age difference, sex difference, family size, social class and employment of mothers.

Maladjustment in Relation to Individual Items of Behaviour

By analysing the association or lack of association of individual items with maladjustment (as assessed in the previous chapter), we may be able to gauge in some measure a cluster or constellation of factors related to maladjustment. The items that were associated with maladjusted behaviour at the five per cent level or better are given in table VII.3. In addition, we provide a measure of association - a contingency coefficient (C).

Table VIII.3 Individual Behaviour Items in Relation to Maladjustment

Behaviour	Percentage of SG maladjusted	C	Percentage of CG maladjusted	C
Temper Tantrums	72.7*	0.24		
Stealing			38.7**	0.32
Restless	81.8*	0.24	93.5**	0.29
Squirmy, fidgety	72.9**	0.29	87.1**	0.54
Unsettled	63.6**	0.29	83.9**	0.49
Destructive	45.5**	0.39	35.5**	0.41
Fighting	72.7**	0.25	77.4**	0.33
Not much liked	81.8**	0.46	58.1**	0.52
Worrying			64.5*	0.25
Solitary	63.6*	0.20	58.1**	0.33
Irritable	90.9**	0.38	77.4*	0.21
Miserable, Unhappy	45.5**	0.28	67.7**	0.48
Tics, twitches			38.7**	0.31
Disobedience	63.6**	0.29	83.9**	0.49
Fearful			77.4**	0.28
Fussy			67.7**	0.28
Telling lies	54.5*	0.19	70.9**	0.37
Bullying	63.6**	0.38	48.4**	0.29
Inert, unresponsive			54.8**	0.41
Resentful	54.5**	0.45	45.2**	0.36
TOTAL NUMBER	11		31	

* Significant at the five per cent level

** Significant at the one per cent level or better

Those items of behaviour which did not show significant association are of particular interest. Psychosomatic disorders (headache, stomach ache and asthma) and most of the habit disorders (speech difficulties, soiling, eating

difficulties, sleeping disorders, nail biting and thumb sucking) were not significantly associated with maladjustment. On the other hand, antisocial disorders, disorders of interpersonal relations, mood disorders, and motor and cognitive disorders, all were found to be significant at the five per cent level or better. These findings are supported by the study of Rutter et al (1970): "On both scales all antisocial items (except truanting for boys on the parent scale), and items concerning interpersonal relationships, restlessness, fidgetiness and poor concentration were all very much commoner in the psychiatric disorder group than in the general population".

Antisocial and aggressive behaviours are frequently reported to be associated with other deviant behaviours and often are an indication that maladjustment may be present now (Rutter et al, 1970) and in the future (Robins, 1972). In the present study, the items 'destructive', 'fighting', 'disobedient', and 'bullying' were found to be associated with maladjustment at the one per cent level or better in both the groups. 'Stealing' was associated with maladjustment of CG children at the one per cent level. The symptom of 'telling lies' was significant at the five per cent level in the case of the SG maladjusted children, but in the case of the CG maladjusted children, it was significant at better than the one per cent level. Truancy was not significant.

Mitchell and Shepherd (1965) found a significant association between maladjustment and 'stealing' and 'telling lies' among 5 to 10 year old children.

The neurotic item 'miserable or unhappy' and maladjusted behaviour were significantly associated in both the groups. But the items of 'worrying' and 'fearful' were associated with maladjustment of CG children only. 'Tears on arrival at school or refusal to go into the school building' rarely occurred in either groups.

Antisocial and aggressive behaviours were more significantly associated with maladjusted behaviour than neurotic or emotional behaviours. Whether this was due to the tendency in the parents and teachers to underline the antisocial behaviour and overlook the subtle and less annoying emotional behaviour or due to the particular subculture of the neighbourhood from where the children came (see pages 257 ff) is hard to say.

The association of motor items (restless, fidgety, poor concentration) with maladjusted behaviour in the present study was very similar to the findings of Rutter et al (1970). The items of 'squirmy or fidgety' and 'unsettled' were strongly associated with maladjustment while 'restlessness' was associated with maladjustment at the five per cent level in the SG and at the one per cent level in the CG.

The single item that had the highest association (in terms of statistical significance) with maladjusted behaviour in both the groups was to be 'not much liked by other children'. The result is in keeping with the findings of other studies. "The statement 'not much liked by other children' was one of the best pointers to the presence of psychiatric disorder" (Rutter et al, 1970). Mensh et al (1959) found that the symptom most

associated with general maladjustment is 'trouble getting along with other children'. Roff (1961) has shown that a difficulty in relationships with other children was associated with the presence of later problem behaviour in early adult life. The item 'tends to do things on his own - rather solitary' was also significant in its relation with disorders in both the groups.

Age Trends in Relation to Individual Items of Behaviour

Being not a longitudinal but a cross-sectional study, the present investigation was greatly handicapped to draw conclusive age trends in relation to individual behaviour items. Moreover, since only children from the final two classes of junior schools formed the subjects of the study, the age span in the present investigation was further restricted. Among the children, 39 of the SG and 38 of the CG children were between 9 and 10 years, 48 SG and 50 CG children were between 10 and 11 years, and 13 of the SG and 10 of the CG children were between 11 and 12 years of age. Within this age range of 9 - 12, individual behaviours showed little variation and the conclusions arrived at with regard to age trends are limited. Table VIII.4 shows the items of behaviour which were associated with age at the five per cent level or better.

Table VIII.4 Items Significantly Associated with Age

Items	Study Group/Contrast Group	χ^2	C
Speech difficulties	CG	7.2	0.26
Resentful	CG	8.2	0.28

A number of items had both upward and downward trends within the age period. There was no item which showed a significant increase in both the groups or decrease in both the groups.

Sex Differences in Relation to Individual Behaviour Items

Significant sex differences were observed in a few items as can be seen from table VIII.5

Table VIII.5 Behavioural Items Showing Significant Sex Differences

Item	Study Group Boys %	Girls %	C	Contrast Group Boys %	Girls %	C
Temper tantrums				76	52.1	0.22
Stealing				28	8.3	0.22
Fighting	46	20	0.25			
Twitches, tics				28	8.3	0.33

The item of disobedience was very close to a significant level ($\chi^2 = 3.7$ df = 1) in the case of SG boys. All the items in the above table were significantly more common in boys than in girls.

In the Isle of Wight child population Rutter et al (1970) found that the "behavioural differences in relation to sex were many and large". The difference between the present study and Rutter et al (1970) may mainly be attributed to the relatively smaller sample size of the present study. While in the Isle

of Wight, there were 1500 girls and over 1500 boys, the present study had only 50 boys each in the SG and the CG and 50 girls in the SG and 48 girls in the CG.

However, not all studies agree with the findings of Rutter et al for example, MacFarlane et al (1954) observed significant sex difference only in the item of 'excessive reserve' among ten year old children, and in the items of 'lying', 'excess demanding of attention', 'jealousy', 'competitiveness' and 'shyness' among the eleven year olds.

Family Size in Relation to Behaviour Items

For the purpose of comparison, families were grouped into small (that is, families with up to three children) and large (that is, families with four or more children). Only one item, namely 'fighting' was found to have a significant association with family size ($C = 0.23$). Large SG families appear to have more children with the symptom than small SG families. Perhaps one of the reasons for an association between 'fighting' and large families is the fact that a large number of individuals are struggling to obtain their share of finite resources in terms of affection, attention, care, treats and economic benefits.

Social Class in Relation to Individual Items of Behaviour

Because of the relatively small sample size, social classes were narrowed down to two broader categories, non-manual and manual, in order to assess their relation to the prevalence of individual behaviour items.

In the SG, asthmatic and sleeping difficulties were observed only in the children from the manual classes. Similarly in the CG, wetting the bed or pants, soiling, and truancy were found only in the manual classes. Temper tantrums in the SG was found significantly associated with manual class children ($C = 0.19$).

The finding that few behaviour items were class-related, is supported by other epidemiological studies (Mensh et al, 1959; Brandon, 1960; Lapouse and Monk, 1964; Mitchell, 1965; Rutter et al, 1970; Shepherd et al, 1971). All these studies except Mensh et al (1959) also agreed that "where there is any association it lies in a slightly increased prevalence in working class children" (see also pages 222 ff).

Employment of Mothers in Relation to Individual Behaviour Items

Forty-four of the SG mothers and 63 of the CG mothers have been engaged in gainful work outside the home. The individual items that were found to be significantly prevalent among the children of the working or non-working mothers are given in table VIII.6.

Only the 'restlessness' among the CG children was positively associated with the employment of mothers. All the other individual behaviour items were more common among children of mothers who did not have a paid job than among children whose mothers had one.

Douglas and Blomfield (1958) in a nationwide study of five

Table VIII.6 Significant Associations Between the
Employment of Mothers and Behaviour Items.

Items	SG children of		C
	working mothers %	non-working mothers %	
Restless			
Fidgety	27.3*	55.4	0.25
Fighting	20.5**	42.9	0.21
Not much liked	9.1**	26.8	0.19
Solitary	18.2**	42.9	0.23
Lies	11.4**	35.7	0.25

<u>Items</u>	CG children of		C
	working mothers %	non-working mothers %	
Restless	80.9*	54.3	0.23
Fidgety	50.8*	88.6	0.34
Fighting			
Not much liked			
Solitary			
Lies	20.6*	77.1	0.47

* Significant at the five per cent level
** Significant at the one per cent level or better

year old children concluded: "there is no reason to believe that the children of employed mothers are in any way at a disadvantage". This view is clearly at variance with the widely held view (Glueck and Glueck, 1950), that has been expressed by other studies. Ferguson (1952) found no association between delinquency and working mothers of Glasgow. The conclusion of Lewis (1954) and Brandon (1960) also support the finding of the present study.

Home and School Behaviours

Before concluding this chapter, we would like to point out to what extent the SG and the CG parents agreed on the existence or absence of deviant behaviour, to what extent the parents and the teachers agreed on the existence of the individual items and how close the SG and the CG children were in the views of their teachers regarding individual behaviours.

The prevalence of individual deviant behaviour items, according to the parents, was found to be more in the CG children than in the SG children in the following items.

Table VIII.7 Behaviour Items Significantly Lower in the SG than in the CG children

Item	Study Group No.	Contrast Group No.
Temper tantrums	34**	63
Eating difficulties	33*	49
Sleeping difficulties	11**	29
Restlessness	43**	72
Fidgety	35**	51
Fighting	33*	49
Worrying	42**	64
Irritable	32**	59
Nailbiting	24**	46
Disobedient	23**	56
Unsettled	32**	54
Lying	25*	40

* Significant at the five per cent level

** Significant at the one per cent level or better

Comparing the individual items reported by the parents and the teachers the following items showed significant disagreement.

Table VIII.8 Items Showing Significant Disagreement According to the Ratings of Parents and Teachers

Item	Study Group		Contrast Group	
	PS No.	TS No.	PS No.	TS No.
Restless			62**	40
Quarrelsome	26*	13	39*	24
Irritable	29**	10	56**	18
Stealing	13*	4	17*	6
Thumb sucking	17**	4		
Nail biting	19*	6	41**	17
Disobedient			50**	22
Lying			36**	16
Not much liked			2**	21

* Significant at the five per cent level

** Significant at the one per cent level or better

There was more agreement between the SG parents and the teachers than the CG parents and the teachers on the reporting of individual items of behaviour. This shows that the reporting of the SG parents should be considered to be more objective than that of the CG parents in the present study.

The teachers' rating of the SG children showed a significant difference (at the one per cent level) from that of the CG children only in one item, 'fussy'.

CHAPTER IX

CONCLUSIONS AND IMPLICATIONS

There was an unprecedented influx of rural immigrants in the past two decades from India - as well as from other tropical commonwealth countries - to the industrial centres and cities of the UK. Along with the manpower much needed at that time in Britain, they unwittingly brought on the host society and on themselves and on their children, problems of far-reaching consequences. For, the influx of these visibly different immigrants changed the British community into a multi-racial society (Command Papers 2266) and it has highlighted and exacerbated conditions which have been inadequate in these central areas for many years - in housing, recreational facilities and health conditions. The changes are felt at least as dramatically as in any field, in the class rooms where the teachers - who are trained to teach mainly the English children - are presented with problems of teaching children with vastly different social, cultural, religious, educational and linguistic backgrounds. Among the problems the newcomers brought on themselves, is the gradual erosion and undermining of their traditional family life, age-old child rearing practices and cultural heritage caused by a constant and ever increasing onslaught by the school, neighbourhood, communication media and other formal and informal institutions in the newly adopted homeland. The first generation of adult immigrants may possibly escape the full impact of thrusts from these forces; but the young immigrants are left with no choice but to face the cultural conflicts between the family on one side

and the school and society on the other.

It was observed that there is a deplorable dearth of research on the problems of immigrants in this country. This lack of information is most acutely felt in connection with the adjustment problem of immigrant children in general, and of Indian immigrant children in particular. It was with this in mind that an attempt was made to study the socio-personal adjustment of Indian immigrant children in the junior schools of Leicester.

The population of the survey consisted of all Indian children (as defined in chapter IV) in the ultimate and penultimate classes of junior schools which numbered 261 boys and 260 girls. By a 20 per cent sampling procedure 52 boys and 52 girls were randomly selected for the Study Group. The Contrast Group consisted of the same number of English boys and girls who were matched for every Indian child of the SG, sex for sex and class-room for class-room. The method of selection of the CG children from the class-room register also guaranteed a close identity of age between the two groups.

After a pilot study in Nottingham, data were collected in Leicester from 100 Indian parents and 98 English parents of the subjects, through structured interviews. Questionnaire method was used to collect data from teachers. (There was a wastage of 4 Indian and 6 English subjects).

Family and Social Factors

The pre-emigration background of the SG parents which

moulded, in part, their adult personality and which will greatly influence the adjustment processes of their children growing up in this country, was investigated. Most of the parents in the study hail from the two Indian states of Gujarat (54 per cent of the sample) and Punjab (41 per cent). In terms of religion, the Gujaratis were mostly Hindus and the Punjabis, mostly Sikhs. Commensurate with statistical figures for the whole of India, about 80 per cent of Indian parents in the sample were from villages. About 40 per cent of these villagers were small farmers or landless labourers before their emigration. Findings on the educational background of these immigrants, especially of the female adults should cause some concern for all those who work with them or with their children. Eleven per cent of the male and 40 per cent of the female parents had no schooling at all. On arrival in this country their pattern of settlement appears to be one of concentration in certain areas of the city.

It is well-known among those working with Indian immigrants that what they want is to be left alone to pursue their own distinctive way of life. The findings of the present study seem to confirm this view. Seventy seven per cent of the families in the sample always had Indian types of meal while another 21 per cent more often than not had the Indian types than Western types of food. It was also found that 91 per cent of Indians always speak their own native language at home and another 7 per cent use their native tongue at home more often than English. None of the Indian parents reported that they belonged to any inter-racial clubs or associations. The assumption that many of them are in this country temporarily

only - 45 per cent wanted to return to India and another 15 per cent were undecided about their future in this country - seems to discourage them from real involvement and full participation in British citizenship. They came here for economic reasons and seem self-assured that they are successful in their objective. They feel contented with this and don't see the need to get involved with the host society or its public activities. Another reason for non-involvement is their disapproval of Western society's 'permissive' way of life. The illiteracy and low educational level, especially among their women is another factor that keeps some away from contact with the host society.

Along with these signs of a lack of enthusiasm generally found in the Indian community for contact with the host society, we can also see some hopeful signs of accommodation - one of the preliminary stages of integration - especially among young Indian immigrants. For example, most of the young Sikhs have abandoned the five K's^{*}; an increasing number of Indian workers have been seen regularly frequenting the pubs; Western style dress is being more widely adopted by young immigrant girls; and a greater number of Indian women are taking up full-time employment outside the home than ever before.

These immigrants, once they have arrived in the UK, whether they like it or not, have to come to terms with the host society at least to a minimal degree and establish themselves in its midst for survival. Their adjustment - the social and economic adjustment of the family as a whole as well as personal adjust-

* See page 141

ment of its members - or lack of it, will certainly influence the adjustment of their children in great measure. Hence the socio-economic and family backgrounds of the SG and the CG were compared for a comparative understanding of adjustment problems of both groups of children.

All the Indian children in the sample were found to be living with both of their natural parents and no serious marital problems and no long absence of any one of the natural parents were reported among them. On the other hand 22.4 per cent of the English children were not living with both the natural parents; 5.1 per cent of the children came from families with serious marital conflicts; and another 3.1 per cent experienced prolonged absence of father.

A higher percentage of Indian than English parents was found employed in the semiskilled and unskilled jobs (30.7 as against 6.4 per cent). Hardly any of the highly educated sector of immigrants has avoided a downward mobility from their pre-immigration occupational status. On the other hand, among those who had semi-skilled or unskilled jobs before immigration, a considerable number (54.5 per cent of all the semi-skilled and unskilled) showed an upward mobility in their occupational status in this country.

Whether employed in semi-skilled or unskilled jobs or whether they have suffered downward occupational mobility or not, incredibly enough, 94 per cent of Indians owned their homes (see pages 186 ff). The magnitude of their economic success becomes more evident in the light of comparable

statistics for the host community. At the time of survey, of all the households in the city of Leicester only 45.1 per cent and of all the English families in the CG only 37.7 per cent are owner-occupants

While the main difference between the occupations of the two groups of fathers was in the semi-skilled and unskilled jobs, the difference between the two groups of mothers' jobs was in two areas: first, in the number of mothers who were working (for, only 44 per cent of the SG as against 64.3 per cent of the CG mothers were working); and secondly in the nature of the work (for, about 75 per cent of all SG working women were on full-time jobs whereas about 50 per cent of all CG working women had full-time jobs).

Forty-four per cent of the Indian mothers at the time of survey as against only 6 per cent at the time of emigration, had been gainfully employed. The rather sudden change of roles of Indian women in Britain from that of a housebound housewife (see page 134) to that of wage-earner - and that too, mostly in full-time jobs - is bound to bring about changes in the traditional way of life in Indian families. The close supervision of children may become slack as both parents have to be away from home for work; children may have to be looked after by child minders or by parents themselves taking their turn during day or night if they work on shifts. The Indian women (who are not used to the role of wage earners) may find the stress and strain of carrying on a full time job and house-keeping too taxing, and even affecting her relations with her children and her husband. It may be physically impossible to

find sufficient time to attend to the children's ever increasing demands for the full attention of their parents, especially of mother, particularly if they are very young. Even if she could find time after a day's full-time job, she could not give that tender loving care of a mother to her children and of a wife to her husband, which are customary in an Indian home.

The same number of Indian and English families (87) in the survey were nuclear families. But 75 per cent of Indian families as against only 29.6 per cent of English families had 4 or more children. The average size of an Indian family was 4.7 children and that of an English family 3.2 children. Seventy per cent of the Indian and 83.7 per cent of the English families had their relatives - parents, in-laws, brothers, sisters, sons, or daughters - living in the city of Leicester itself. The percentage of Indian families that does not keep contact with their relatives was nearly double that of the English families (30 per cent to 17 per cent). Most of the Indian families were members of joint families in India not long ago. The strange paradox is that when they are reduced to nuclear families, they show a tendency to become further isolated by reducing contact with even nearby relatives. This may be explained as the outcome of an over-reaction to their previous restrictive (and for some, suffocating) closeness in the joint family. Or, perhaps so much time and energy have to be devoted to furthering their economic status in the new country that little is left over for keeping in touch with their close relatives (see page 189).

But these are not reasons for them to have fewer contacts than the English families with the social service agencies of the country. Only 16 per cent Indian families as against 27.6 per cent English families received various kinds of social services from the Welfare Department, School Social Services and Child Guidance Clinic (see page 191). Not only do the Indian families receive less benefit than the English families in the study, they also contribute more to the national coffers as rate payers - 94 per cent were owner-occupiers - apart from their contribution through employment. Only a small percentage of Indian parents (4 per cent Indian parents and 38.8 per cent English parents) thought that psychological services are required for maladjusted behaviour of children. This lack of knowledge of the proper sources of help for psychological problems of children, may be attributed to their illiteracy, low education or unfamiliarity with the services available in this country.

Communication between the Indian parents and the school was found to be minimal (see page 192 ff). This has led to prejudices and misunderstanding on both sides. Many parents were of the view that the children do not learn enough at school as they spend too much time in sports, games and extra-curricular activities. Several teachers are not fully aware of the familial and socio-cultural backgrounds of the Indian children. Due to lack of knowledge of English (only 44 per cent of fathers and 7 per cent of mothers could speak or write English well) prompt replies to the communications from the school may not be forthcoming; illiterate or less educated Indian parents may find it embarrassing to take part in parent-

teacher meetings; it is traditional in their native country for parents not to take an active part in school affairs; education of children being the domain of the father, Indian mothers do not take an active role in the children's education; in any event, male members of the household who work difficult shifts or do night work, may well find it difficult to go to school. Teachers, by and large, appeared to be unaware of these handicaps to participation by Indian parents. They rated 58 per cent of Indian parents as against 33.1 per cent of English parents as having below average interest in the education of their children. The criterion for this rating was parental involvement. The teachers appear to have mistaken the inability of parents as disinterest. Interestingly enough, Indian parents have been reported by the same teachers to have shown more interest in their sons' education than their daughters' - 60 per cent to 42 per cent displaying average of above average interest - (see pages 134 ff.) .

Prevalence of Behaviour Disorders

Children who scored 13 or more on the parental scale were considered as maladjusted in the home situation. Four per cent of Indian children and 19.4 per cent of English children were thus found to be maladjusted in the home situation. The difference between the two groups in terms of the number of maladjusted children was statistically significant ($p < 0.01$).

Children who scored 9 or more on the teachers' scale were rated as maladjusted in the school situation. Teachers

judged about 6 to 7 per cent more children to be maladjusted than the parents. There were 10 per cent Indian and 26.5 per cent English children who were rated as maladjusted in the school situation. In this case too, the difference between the two groups of maladjusted children was statistically significant ($p < 0.01$).

Children reportedly display different behaviour problems at home and at school. Rutter's scales for parents and teachers possess high validity and reliability when used in combination to assess the maladjustment at home and at school. Hence the maladjusted behaviour of the subjects of the present study was considered on the basis of combined ratings of parents and teachers. There was a total of 11 Indian and 31 English children who were considered as maladjusted on the combined ratings. The higher prevalence of maladjusted behaviour in the English than in the Indian children was statistically significant. The Isle of Wight (Rutter et al, 1970) had 12.4 per cent maladjusted children after the screening process. Among studies of children of more or less of the same age group, Brandon (1960) found about 20 per cent, Chazan (1962) 5 - 11 per cent, and Stennett (1966) 5 - 10 per cent.

The average deviance scores of Indian children was 5.3 (with a range of 0 - 18) at home and 3.3 (with a range of 0 - 18) at school. The average for English children was 9.9 (with a range of 0 - 31) at home and 6.1 (with a range of 0 - 25) at school.

Even if the cut-off points were lowered from 13 to 9 on

the PS or from 9 to 5 on the TS, still there would have been a much higher percentage of English than Indian children scoring at the cut-off point or above (59.2 to 20 in the home situation and 40.8 to 27 in the school situation).

In the Isle of Wight, 161 children in every one thousand or approximately one child in every six of those in the middle years of their schooling were found to have some kind of maladjustment. Projecting to the wider population the findings among the Indian children in the present study, 110 children in every one thousand or approximately one child in every 9 would have (given accurate sampling and assessment procedures) some kind of maladjustment. Among the English children, however, 316 children in every one thousand or approximately one child in every 3 would be maladjusted in a similar projection of the present findings.

Analysing the deviance scores of the Indian and English nonmaladjusted children, the following points emerged: for every English parent 8 Indian parents reported that their child was problem-free at home; similarly the teachers observed that for every English pupil, 2 Indian pupils were without any problem at school. The distribution of deviance scores in the home situation was significantly higher in the English children than in the Indian children ($p < 0.001$). The distribution of deviance scores in the school situation too was higher in the English than in the Indian children but was not significant ($\chi^2 = 3.1$ df = 2). The presence of a significant difference in the home situation and its absence in the school situation could be due to the well known findings that children tend to

display different patterns of problem behaviour at home and at school. The less harsh regime at school than the one in Indian homes could also be another reason. The Indian child who may not dare to ventilate his 'negative' feelings at home, may do so in the less threatening and less punitive school atmosphere and display what may be interpreted as 'behaviour disorders', indeed, even as many as the English children. This may very well be the reason why about the same number of Indian and English children got placed by teachers in the 1-4 and 5-8 deviance score groups. Although the Indian children exhibit their feelings at school at moderate levels of symptomatic expression, they rarely seem to 'go over the top' in this self expression, as the teachers' ratings indicate. This may be due to the parental displeasure they are very likely to incur if they push their teachers too far and there is a complaint.

The present study was not a hypothesis-testing investigation but rather an 'exploratory/discovery' type of investigation. However, in trying to reckon the likely numbers involved in deciding on sample size, it was hypothesized that there might well be a higher incidence of maladjustment among the first generation of Indian immigrant children (given the adult figures (page 27) and the vicissitudes of life for these newcomers) than the admittedly varying rates given by people like Rutter, Brandon, Shepherd et al and others. However, now it must be hypothesized that maladjusted behaviour rates among the first generation of Indian immigrant children (ie. the second generation of the Indian immigrants) are generally lower than the rate in a comparable population of native non-immigrant children.

Possible Contributory Factors

There may, of course be far fewer behaviour problems displayed by Indian than English children to an extent that cancels out potentially noxious effects of immigration. Sadly we do not possess epidemiological evidence from India itself for children with behaviour problems. Nevertheless a number of factors may be speculated as contributing to the lower prevalence of maladjustment found in the Indian children in the present study as compared with English children. These factors are suggested by the survey carried out into family and other social variables.

1. Family and cultural backgrounds.

The quality of Indian family life may positively help to reduce the risk of developing deviant behaviour in Indian children. All Indian children in the sample were living with both of their natural parents. No serious disruption of family relations was reported. The parent-child relationships appeared to the investigator to be satisfactorily harmonious, although, admittedly, this is impressionistic and subject to the value judgements which are inescapable in this area of research. Indian parents were found to be insistent on close supervision of children and strong discipline at home. On the other hand, about 30 per cent of English families had either only one natural parent of the subject, or had strained relationships between the members of the family. Similarly the investigator got the impression that in the English families of the sample, children were freer, more independent and experienced less supervision and discipline than their Indian counterparts. These differences are popularly supposed to lead

to more unruly maladapted patterns of behaviour.

Even though the Indian children may display some of their negative feelings in the less threatening school situation, they may still be cautious in terms of self-expression (and what may be interpreted as symptomatic expression). Teachers also reputedly take more note of antisocial and aggressive problems of pupils and miss neurotic or emotional problems. Hence some of the covert or 'internalized' problems of Indian children may be overlooked by teachers. The politeness, the eagerness to please authorities and the deference of Indian children may create a 'halo-effect' for the teachers which may block their noticing and reporting the 'less desirable' behaviours of Indian children. Certain teachers also entertain a feeling that Indian parents are harsh disciplinarians and that the 'poor' children have to put up with 'regimental-type' discipline at home. Hence they may tend to view the problems of Indian children more sympathetically than those of English children and report them accordingly.

2. The age and duration of stay

Wiles (1968) thinks that immigrant children need at least five years' education before they can behave like their English counterparts. Other studies (Saint, 1963; Bhatnagar, 1968) have shown a positive association between the duration of stay in this country and existence of maladjustment. In the present study 19.0 per cent of all the UK born Indian children (ie. 4 out of 21) were found to be maladjusted. Among those who were born in India 32 children had been in this country for more than 5 years and 47 less than 5 years;

among the former group 6.3 per cent (2) and in the latter 10.5 per cent (5) were maladjusted. Even though the association between maladjustment and the duration of stay in the UK did not reach a statistically significant level in the present study, a proportionately higher percentage of UK born children were found to be maladjusted. Maybe the more integrated the Indian children become into the host culture, the higher will be the rate of maladjustment.

The Indian children in the sample are at an age where they have only just begun to assimilate the host culture in a way that may possibly lead to cultural conflict. However, these children in the 9 to 11 plus age group - even if they have been in this country (and specifically in school) long enough to experience cultural conflict - are brought up in the closely supervised and disciplined Indian homes and may not, unlike their English counterparts, be independent enough to defy or rebel against their parents or teachers or to react overtly to cultural conflict. But there is another consideration. Of late, more Indian mothers have started accepting full time employment, the impact of which on the sheltered and closely supervised home-setting of children may be felt rather slowly. Hence, as things stood at the time of survey, only a study of an older age group would have given a more accurate picture of the result of the postulated cultural conflict and culture shock experienced by Indian children. Similarly, only a later study of children with working mothers might be able to evaluate the association between maladjustment of Indian children from homes with working mothers.

3. Life in the Twilight Areas.

A third reason for a higher prevalence of deviant behaviour in the English than in the Indian children may have to do with the locality they live in. Over 80 per cent of Indian and English children in the study were from the twilight areas of the city. A proportionately higher percentage of English multi-problem families and poor families drift into such areas or remain there if already there. They are unable to move out along with other better-off English families when the immigrants - especially the coloured immigrants - move into such areas where houses of cheap rent are available.

Many of the families of the twilight areas represent a special subculture. One of their characteristics is low self-esteem which is highly correlated with maladjustment (McCandless, 1967). Children with low self-esteem tend to be withdrawn, extremely sensitive, suspicious; they have problems with peers; they respond to feelings of insecurity and inferiority with aggression (Klausner, 1953; Rosenberg, 1965). There are proportionately more one-parent families headed by mothers (Taylor, 1965) as in the present study. The punishment is coercive rather than love-orientated (Bronfenbrenner, 1958). Several studies (Maddy, 1943; Burchinal et al, 1958; Mulligan, 1964; McDermott et al, 1967) have shown that the lower the socio-economic status of the child's family, the less favourable is his adjustment. In the present study a slightly higher percentage of maladjusted English children - though not statistically significant - belonged to the manual as opposed to the non-manual class. The relatively poor prenatal and paranatal care, lack of parental supervision and management of

children and poor nutrition are also factors that may contribute for a higher rate of maladjusted behaviour. Some of these factors are likely to have operated in the families interviewed, especially the last two, for (a) the investigator observed in the homes of the CG maladjusted children some of the worst cases of squalor and poverty among the families investigated; (b) more English children (14.3 per cent) than Indian children (5 per cent) in the sample were receiving free meals at school.

Why should environmental factors such as living in twilight areas have an unfavourable impact only on the English families and their children and not the Indian families and their children? Indian families were found to be financially better-off than the English families in the same area. Ninety-four per cent of them were owner-occupiers. The Indians coming from a country with much lower standards and amenities of life may therefore be better able to cope in the twilight areas. Moreover, in spite of the cultural conflicts and culture shock experienced by Indian children, the rather low prevalence of maladjusted behaviour may be attributed speculatively to factors mentioned before, such as the strong and protective nature of the Indian family life, effective discipline and close supervision of children and economically successful adjustment, all of which help to 'oil the wheels' of adjustment and ward off the potentially high risk of emotional and behaviour problems in their children

These are all non-specific factors and sadly there are huge gaps in our knowledge of what variables produce or act as a buffer against maladjustment. In any event, as we have seen

in early chapters, the term 'maladjustment' is a vague and over-inclusive concept which not surprisingly (given its lack of precision) leads epidemiologists to claim very different percentages as to its prevalence (eg. Rutter, 1970; Brandon, 1960). We are in possession of increasing knowledge about the specific causes of particular patterns of maladjustment in children (eg. Eysenck and Rachman, 1965 pp.192-241; Herbert, 1974). However this was not an aetiological study and it was not a part of our brief to observe directly the contingencies in home and school settings, which we know, reinforce or extinguish specific behaviour problems in children.

Types of Maladjustment

The investigator wants to make it clear that caution is essential in generalizing the findings on the types of maladjustment, because the numbers involved were rather small.

Proportionately less neurotic and more antisocial behaviour disorders were observed in the Indian than in the English children. This was a surprising finding as Indian children are generally known to be gentle, non-aggressive and of subdued manner. Whether this is due to the life in the twilight areas, where aggression is in a sense 'adaptive' - necessary for survival - and therefore more tolerable, could not be established.

In the present study there were more antisocial types (45.5 per cent SG and 41.9 per cent CG) of maladjustment than in the Isle of Wight (34.1 per cent). This may be on account

of the fact that there is a higher prevalence of aggressive and antisocial behaviour in twilight areas of cities than in a mainly rural area like Isle of Wight with no large cities. This view is confirmed by the findings of London study. Among the children of Inner London boroughs antisocial behaviour was more prevalent than neurotic or mixed type of disorders. All types of behaviour among them were found to be more than in the children of Isle of Wight (Rutter, 1973).

In agreement with several studies, antisocial behaviour was more common in boys than girls in both groups. But neurotic types of maladjustment was more common in girls than boys of the CG but not in the SG; perhaps the small number of neurotic (SG) children may account for the absence of sex differences in the SG children.

Maladjustment in Relation to Certain Variables

Forty per cent of the English maladjusted children came from families with some sort of impaired relations such as divorce, separation, serious marital problems or prolonged absence of one parent, while 60 per cent were from apparently 'normal' or at least, intact families. All Indian maladjusted children came from apparently 'normal' families. We cannot, therefore, say that in the present study there was a clearcut, unambiguous connection between maladjustment of children and the type of global index of disruptive relations (which was all that was feasible in this study) in their families.

Perhaps due to the homogeneity of children in terms of age,

the association between maladjustment and age did not reach a significant level.

Like several studies, the present study also observed that more boys than girls were maladjusted in both groups, but the difference was not statistically significant.

The association between maladjustment and mothers' employment indicated different patterns in the case of Indian and English mothers but were nevertheless substantial in both cases: 72.7 per cent of all Indian maladjusted children had non-working mothers whereas 54.8 per cent of all English maladjusted children had working mothers.

Neither family size nor social class was associated to a significant level with the maladjusted behaviour of children.

As for the relationship between parental education and maladjusted behaviour of Indian children, it was observed that 6 of the 11 maladjusted children had illiterate mothers and another 2 had both parents illiterate. Again in 3 cases both parents and in 6 cases the mothers could neither speak nor write English. As discussed in a previous chapter, this lack of proficiency in English means that the mothers are unable to help the child in his adaptation by interpreting the English culture to him. If anything it is the child who has to interpret the symbols and meanings of the culture to the parents.

More than half of all the individual items were found to be significantly associated with maladjustment in children in

one or both groups. Among the Indian children more boys than girls displayed the problem of fighting. Similarly more English boys than girls showed 'temper tantrums', 'stealing', and 'twitches, tics or mannerisms'. 'Restlessness' in the English children was the only item positively related to families with working mothers. The problem of fighting in the Indian children was found to be associated with membership of large families. This may be because, as the Indian families are generally larger ones, individual members of the family have to struggle to obtain their share of finite resources in terms of affection, attention and amenities of life.

Certain Limitations

The Study Group had only 100 subjects and the Contrast Group 98, although even this relatively modest number involves a major interviewing and logistic task for one investigator. From the advantageous position of hindsight it is realised that for an epidemiological study like the present one, it is a small number to arrive at meaningful conclusions. Brandon (1960), at the end of his study, observed: "... in the population 43.3% (approximately two in five) of children caused anxiety to their parents on account of nervous or emotional disturbance before the age of eleven years. It is estimated that 19.4% of the total population (approximately one in five) may be regarded as clinically maladjusted". The investigator, therefore, thought that if there was such a high prevalence of maladjustment in the general population as Brandon and others observed, a group of about 100 Indian children which had experienced considerable cultural conflicts and culture shock, might produce a still higher percentage of maladjusted

children on the two rating scales and which would be large enough for detailed analysis and breakdown. Moreover, as has been indicated, for any research undertaken single-handed, using a time-consuming methodology within the constraints of a limited period of time, a larger sample is not really viable. The present research, therefore, should be considered as an exploratory study of the area which offers some hypotheses to be tested by further research.

Being an exploratory study, it was not the aim of this survey to investigate and isolate the aetiological factors producing maladjustment in Indian immigrant pupils. It merely attempted to find out the prevalence of maladjustment in Indian children and some background factors in comparison with a group of English children.

Rutter's scales were intended only as a screening device for further psychological and psychiatric examinations. They possess reasonable validity and reliability. The findings of the Isle of Wight and of other studies suggest that they may be usefully employed as screening instruments to select children likely to show emotional and behaviour disorders. They have to be supplemented by other information to achieve clinical confidence. The present study did not seek clinical certitude but only some non-clinical assessment - a statistical measurement of departure from society's norms - of the prevalence of the maladjusted behaviour which might serve as base line information for future studies.

The Indian immigrant children in this country appear to

be becoming more and more Westernized, conforming increasingly to the social norms of this country. The criteria for normal and abnormal behaviour in this country are mainly social ones, which Rutter's scales are intended to measure. The behaviour of these future Britons, therefore, will have to be measured by the same criteria for normal and abnormal behaviour, that are used for non-immigrant native children. Therefore, Rutter's scale may not be as inappropriate in the case of Indian immigrant children as they might a priori appear. Indeed they are probably at least as good as any other scales in the case of the Indian children.

We may, however, make one or two suggestions for better results in the case of Indian children. The first suggestion is to have an official translation of Rutter's scales in the Hindi, Punjabi and Gujarati languages. Almost all Indian parents in this country can speak one of them. Since many of the Indian parents are illiterate or have not enough proficiency in the English language, an official translation into these languages will be of immense help to an investigator of the problems of Indian children. Secondly, the investigator may suggest that questions on the elimination process 'wets the bed or pants' and 'soils or loses control of bowels' on the parents' scale, be transferred to a later stage in the questionnaire when applied to the Indian children. Information regarding enuresis and encopresis has some kind of taboo or shame attached to it among certain Indian castes. A postponement of unavoidable embarrassment in an interview from the beginning to a later stage could certainly produce a better result (see page 105).

Need for Further Research

There has been an increasing number of studies over the past decade in Britain on the immigrant situation. But those which can be classified as research in the rigorous sense of the word on the adjustment problems of the immigrants are very few indeed. Yet there is an urgent need for more objective information and assessment of the many factors involved in the adjustment of young immigrants. We believe that not nearly enough attention is being paid to the second generation of coloured citizens of this country. It is not an overstatement of the situation to say that the future of race relations in Britain largely depends on how the children of the present coloured immigrants are accepted and integrated with those of the host community of their own age group. The present investigation was conducted in the junior schools of the city of Leicester. We observed that a large majority of the Indian children in the junior schools at the time of the survey are apparently well-adjusted or could be hypothesized that they have not been long enough in this country or are not psychosocially mature enough to display or communicate their adjustment problems. We would, therefore, recommend that a similar research with a larger sample might be conducted using Rutter's scales (which are being widely used in this country nowadays) on an older age group of Indian children, for example, on a secondary school population.

APPENDIX ATABLES1. VI.1 General Intellectual Ability of the SG and CG Children

	Study Group No.	Contrast Group No.
Above average	12	18
Average	36	44
Below Average	50	36
Total	98	98

N.B. No data available on 2 SG pupils

$$X^2 = 4.2 \quad df = 2 \quad N.S.$$

2. VI.2 Reading Ability of SG and CG Children

	Study Group No.	Contrast Group No.
Above average	18	36
Average	16	23
Below average	64	36
Total	98	95

N.B. No data available on 2 SG and 3 CG pupils

$$X^2 = 14.8 \quad df = 2 \quad p < 0.001$$

3. VI.3 Ability in Written English of SG and CG Children

	Study Group No.	Contrast Group No.
Above average	6	21
Average	36	45
Below average	54	31
Total	96	97

N.B. No data on 4 SG and 1 CG pupils

$$X^2 = 15.5 \quad df = 2 \quad p < 0.001$$

4. VI.4 Ability in Speaking English of SG and CG Children

	Study Group No.	Contrast Group No.
Above average	8	25
Average	42	45
Below average	46	27
Total	96	97

N.B. No data on 4 SG and 1 CG pupils

$$\chi^2 = 13.9 \quad df = 2 \quad p < 0.001$$

5. VI.5 Ability in Arithmetic of SG and CG Children

	Study Group No.	Contrast Group No.
Above average	10	21
Average	41	49
Below average	45	27
Total	96	97

N.B. No data on 4 SG and 1 CG pupils

$$\chi^2 = 9.1 \quad df = 2 \quad p < 0.01$$

6. VII.1 Maladjustment in Relation to Age of SG Children

	9 up to 10 years No.	10 up to 11 years No.	11 up to 12 years No.
Maladjusted	7	4	0
Nonmaladjusted	32	44	13

$$\chi^2 = 3.9 \quad df = 2 \quad \text{N.S.}$$

7. VII.2 Maladjustment in Relation to Age of CG Children

	9 up to 10 years No.	10 up to 11 years No.	11 up to 12 years No.
Maladjusted	11	19	1
Nonmaladjusted	27	31	9

$$\chi^2 = 3.2 \quad df = 2 \quad \text{N.S.}$$

8. VII.3 Maladjustment in Relation to Sex of SG Children

	Boys No.	Girls No.
Maladjusted	6	5
Nonmaladjusted	44	45

$$\chi^2 = 0 \quad df = 2 \quad \text{N.S.}$$

9. VII.4 Maladjustment in Relation to Sex of CG Children

	Boys No.	Girls No.
Maladjusted	18	13
Nonmaladjusted	32	35

$$\chi^2 = 0.5 \quad df = 1 \quad \text{N.S.}$$

10. VII.5 Maladjustment in Relation to Reading Ability of SG Children

	Above average No.	Average No.	Below average No.
Maladjusted	1	5	5
Nonmaladjusted	14	8	66

$$\chi^2 = 11.3 \quad df = 2 \quad p < 0.001$$

11. VII.6 Maladjustment in Relation to Reading Ability of CG Children

	Above average No.	Average No.	Below average No.
Maladjusted	11	1	19
Nonmaladjusted	22	12	33

$$\chi^2 = 4.1 \quad df = 2 \quad \text{N.S.}$$

12. VII.7 Maladjustment in Relation to Ability in Written English of SG Children

	Above average No.	Average No.	Below average No.
Maladjusted	1	5	5
Nonmaladjusted	12	21	55

$$\chi^2 = 2.4 \quad df = 2 \quad N.S.$$

13. VII.8 Maladjustment in Relation to Ability in Written English of CG children

	Above average No.	Average No.	Below average No.
Maladjusted	5	13	13
Nonmaladjusted	21	26	20

$$\chi^2 = 3.8 \quad df = 2 \quad N.S.$$

14. VII.9 Maladjustment in Relation to Ability of Speaking English of SG Children

	Above average No.	Average No.	Below average No.
Maladjusted	1	4	6
Nonmaladjusted	8	40	40

$$\chi^2 = 0.4 \quad df = 2 \quad N.S.$$

15. VII.10 Maladjustment in Relation to Ability in Speaking English of CG Children

	Above average No.	Average No.	Below average No.
Maladjusted	4	19	8
Nonmaladjusted	25	27	15

$$\chi^2 = 6.4 \quad df = 2 \quad p < 0.05$$

16. VII.11 Maladjustment in Relation to Ability in Arithmetic of SG Children

	Above average No.	Average No.	Below average No.
Maladjusted	1	5	5
Nonmaladjusted	15	30	43

$$\chi^2 = 0.8 \quad df = 2 \quad N.S.$$

17. VII.12 Maladjustment in Relation to Ability in Arithmetic of CG Children

	Above average No.	Average No.	Below average No.
Maladjusted	6	9	15
Nonmaladjusted	24	25	18

$$\chi^2 = 5.3 \quad df = 2 \quad N.S.$$

18. VII.13 Maladjustment in Relation to Intellectual Functioning of SG Children

	Above average No.	Average No.	Below average No.
Maladjusted	2	5	4
Nonmaladjusted	15	25	48

$$\chi^2 = 1.6 \quad df = 2 \quad N.S.$$

19. VII.14 Maladjustment in Relation to Intellectual Functioning of CG Children

	Above average No.	Average No.	Below average No.
Maladjusted	8	9	14
Nonmaladjusted	21	35	11

$$\chi^2 = 9.6 \quad df = 2 \quad p < 0.01$$

APPENDIX - B

PARENTS' SCALE

- I. The parents, both of them being present, may be told thus, after an introduction on the purpose of the research, its use both for the parents and children and reassuring them of the confidential character of the research etc. : "Here is a list of minor problems which most children have at some time. Could you please tell me how often each of these happens with your child,"
- II. The frequency of the problems in Section I may be marked by a tick in one of the columns on the right-hand side under:
 - i. Never
 - ii. Occasionally, but not as often as once per week
 - iii. At least once per week.
- III. When Sections I, II and III are marked for the frequency, the parents' attitude regarding these problems shall be marked in the columns on the left-hand side. The questions regarding the parental attitude shall be asked only in those cases where problems may be reported to be present. They may be asked how do they see the problem of their child:
 - A. Less than most children of his/her age
 - B. As much as most children of his/her age
 - C. More than most children of his/her age
- IV. A few examples of the type of problems, wherever it was found necessary, are given against few items.
- V. If the answer to items 1 - 8 is 'YES', ask, 'How often in the past year?'.
- VI. Examples of problems:
 6. Temper Tantrums: f.e. does he/she scream, lie on the floor or break things etc. when things go against his/her wishes?
 8. Truants from school: Does he/she run away from the school?
 11. Has he/she taken things either from home or from others that did not belong to him/her?
 12. Eating difficulties: f.e. not eating certain things or too much liking for certain other things?
 13. Sleeping difficulties: difficulties such as in getting off to sleep, screaming in sleep, night mares, waking up with bad dreams, walking in sleep etc.

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No.

Section I

i ii iii

-
1. Complains of headaches
 2. Has stomach-ache or vomiting
 3. Asthma or attacks of wheezing
 4. Wets the bed or pants
 5. Soils or loses control of bowels
 6. Has temper tantrums (that is,
complete loss of temper with
shouting, angry movements, etc.)
 7. Had tears on arrival at school or
refused to go into the building
 8. Truants from school
-

Section II

-
9. Does he/she stammer or stutter?
☐ No ☐ Yes - mildly ☐ Yes - severely
 10. Is there any difficulty with speech other than
stammering or stuttering?
☐ No ☐ Yes - mild ☐ Yes - severe
 11. Does he/she ever steal things?
☐ No ☐ Yes - occasionally ☐ Yes - frequently
 12. Is there any eating difficulty?
☐ No ☐ Yes - mild ☐ Yes - severe
 13. Is there any sleeping difficulty?
☐ No ☐ Yes - mild ☐ Yes - severe
-

Section III

Please indicate whether the following descriptions of behaviour (14-31) are applicable or not to this child:

- i. Doesn't apply
- ii. Applies somewhat
- iii. Certainly applies

14. Very restless: whether

- stays still if expected f.e. at meal times or on a bus
- stays still for as long as an hour if he/she is doing something interested such as reading a book, watching T.V. etc.

15. Squirmy, fidgety: wriggling or showing bodily discomfiture

16. Often destroys... : whether destroys one's own or other people's things or sets fire to things etc.

19. Often worried: f.e. about health, exams, etc.

23. Twitches, mannerisms or tics: twitches of face or shoulders or habit of blinking etc.

28. Fearful or afraid of: being in a crowd, going to a party, meeting new people, being left alone in the room, walking in the street by himself/herself, being in the dark, going on a bus or train, undressing for P.E. in school; insects, dogs, cats, or other animals.

29. Fussy or overparticular child: Overfussy about things like having clean hands or a clean plate, or about the way he/she puts on his/her clothes or touching things or washing over and over again or insisting on doing things only in a special way.

Section III

	i	ii	iii
14. Very restless, has difficulty staying seated for long			
15. Squirmy, fidgety child			
16. Often destroys own or others' property			
17. Frequently fights or is extremely quarrelsome with other children			
18. Not much liked by other children			
19. Often worried, worries about many things			
20. Tends to be on own - rather solitary			
21. Irritable, is quick to 'fly off the handle'			
22. Often appears miserable, unhappy, tearful or distressed			
23. Has twitches, mannerisms or tics of the face or body			
24. Frequently sucks thumb or finger			
25. Frequently bites nails or fingers			
26. Is often disobedient			
27. Cannot settle to anything for more than a few moments			
28. Tends to be fearful or afraid of new things or new situations			
29. Fussy or over-particular child			
30. Often tells lies			
31. Bullies other children			

Section IV

33. (i) Some of the respondents may know the agency by name, while others may only know the person from the agency who is in direct contact with them. For the purpose of this study, one or the other information will suffice.
- (ii) 'Place' means the agency, the source of help
- (iii) 'People' means the persons representing the agency and rendering the necessary help.
- (iv) 'Help' is understood here as the services given to the child under study, by the agency or its representative.
- (v) Tick the place or people, the respondent may indicate.

35. From what places/people, might children with problems mentioned above (Sections I - III) get help for their problems?

1. Don't know

2.

3.

4.

5.

36. Here is a list of Medical and Social Services that families sometimes contact in connection with family or health problems. Would you please tell me whether any one else in the family had been in contact with any of them in the past year.

1. Welfare Services

2. Health Visitors

3. Child Guidance

4. Probation

5. School Welfare

6. Teacher

7. Children's Officer

8. Social Worker

9. Home Help

10. National Assistance

11. Church/Church Organization

12. Other (Specify)

(If contacts are made, find out why and for which member of the family they were made, and also the duration of the contact).

Section V

Socio-economic Background

This section is intended primarily to bring out the characteristics of the survey population such as, members of the household, their age, marital status, education, occupation and socio-economical status.

The household is based upon communal living, that is, the group of people who share a common dwelling, who normally eat together and have common housekeeping. The Registrar General's definition of household is followed in this study.

36. The code may be used wherever provided.

- i. HOH - Head of the household
- ii. Country of origin:
 - B - Britain
 - I - India
- iv. Education:
 - P.I. - Primary incompleted
 - P.C. - Primary completed
 - S.I. - Secondary incompleted
 - S.C. - Secondary completed
 - T.I. - Tertiary education incompleted
 - T.C. - Tertiary education completed.
- v. Marital status:
 - M. - Married
 - W. - Widowed
 - Sep. - Separated
 - D. - Divorced
 - S. - Single
- vi. Occupation:
 - The classification of Register General shall be followed.
- vii. The average weekly take home pay:
 - a. - up to £15.00 per week
 - b. - from £15.00 to £25.00 per week
 - c. - £25.00 or over per week

N.B. Tick against the name of the child under study.

39. Circle the appropriate number.

Section V

37. Could you please give me the following details about the members of your household?

No.	i	ii	iii	iv	v	vi	vii
1.	HOH						
2.							
3.							
4.							
5.							
6.							
7.							
8.							

- i. Relation to the head of the household
- ii. Age on last birthday
- iii. Country of origin
- iv. Education
- v. Marital status
- vi. Occupation
- vii. Average take-home pay

38. Is there any one else living with you?

Yes

No

IF 'YES', ASK QUESTIONS 39 AND 40.

39. How many?

1 2 3 4 5 5+

40. How long have they been living with you?

1 year 2 years 3 years 4 years 5 years or over

1.

2.

3.

41. What form of possession do you have for your accommodation?

1. Ownership
2. Private tenancy
3. Council tenancy
4. Lodging
5. Subletting
6. Other (specify)

42. Have you any relatives living within a one-hour bus journey of your home?

Yes	_____
No	_____

IF 'YES, ASK QUESTIONS 43, 44 & 45.

43. How Many? 1 2 3 4 5 5+
(Circle appropriate number)

44. What relation are they to you?

1. Parents
2. Grandparents
3. Uncles
4. Aunts
5. Cousins
6. Brothers
7. Sisters
8. Other (specify)

45. What type of contacts do you have with each of them?

	Daily	Weekly	Monthly	Occasional
Visits				
Telephone calls				
Letters				
Other (specify)				

Section VITO INDIAN IMMIGRANTS ONLY

46. i. In India, your State
 your city/village

ii. Your religion:

iii. Occupation in India:

HOH =

Wife =

iv. Do you now intend to stay permanently in this
 country?

Yes

No

Uncertain/dependent on
 circumstances

v. If "NO", why?

vi. Date of arrival in U.K. and the present knowledge
 of English of the household members:

No.	Yr. of arrival	Knowledge of English Language					
		Ability to speak			Ability to write		
		0	1	2	0	1	2
1.	HOH						
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

0. No ability to speak/write
 1. Could speak/write somewhat
 2. Could speak/write well

47. What was the main reason for your coming to Britain?

Better job/opportunity for self
Eductnl. opportunities for children
Join family or spouse
Other (specify)

48. What is the language spoken at home?

	Always	More often	Occasionally
English			
Indian			

49. What is the type of meals served at home?

	Always	More often	Occasionally
English			
Indian			

50. Do you actively belong to any Indian or English clubs or associations?

English
Indian
None

APPENDIX - CTEACHERS' SCALESTRICTLY CONFIDENTIAL

No.....

Below are a series of descriptions of behaviour often shown by children. After each statement are three columns: "Doesn't apply", "Applies Somewhat" and "Certainly Applies". If the child definitely shows the behaviour described by the statement place a cross in the box under Column 2 "Certainly Applies". If the child shows the behaviour described by the statement but to a lesser degree or less often place a cross in the box under Column 1 "Applies Somewhat". If, as far as you are aware, the child does not show the behaviour, place a cross in the box under Column 0 "Doesn't Apply".

Please complete on basis of child's behaviour
IN THE PAST 12 MONTHS

Put ONE cross against EACH statement. Thank you.

STATEMENT	0	1	2
	Doesn't Apply	Applies Somewhat	Certainly Applies
1. Very restless, has difficulty staying seated for long			
2. Truants from school			
3. Squirmy, fidgety child			
4. Often destroys or damages own or others' property			
5. Frequently fights or is extremely quarrelsome with other children			
6. Not much liked by other children			
7. Often worried, worries about many things.			
8. Tends to be on own - rather solitary			
9. Irritable. Touchy. Is quick to 'fly off the handle'			
10. Often appears miserable, unhappy, tearful or distressed			
11. Has twitches, mannerisms, or tics of the face or body			
12. Frequently sucks thumb or finger			

	0	1	2
	Doesn't Apply	Applies Somewhat	Certainly Applies
13. Frequently bites nails or fingers			
14. Tends to be absent from school for trivial reasons			
15. Is often disobedient			
16. Cannot settle to anything for more than a few moments			
17. Tends to be fearful or afraid of new things or new situations			
18. Fussy or over-particular child			
19. Often tells lies			
20. Has stolen things on one or more occasions in the past 12 months			
21. Unresponsive, inert or apathetic			
22. Often complains of aches or pains			
23. Has had tears on arrival at school or has refused to come into the building in the past 12 months			
24. Has a stutter or a stammer			
25. Resentful or aggressive when corrected			
26. Bullies other children			

Is there anything else unusual about this child's behaviour? -
or are there any other comments you would like to make?

APPENDIX - DSTRICTLY CONFIDENTIAL

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SCHOOL REPORT FORM

1. Attainment in:

Reading
 Written English
 Arithmetic
 Speech

2. Intelligence Test: (Estimate of intelligence, if no I.Q.
 tests were given: top 25%, middle 50% or bottom 25%
 of the class)

3. Special abilities or interests:

4. Special medical report:

5. Parents' interest in the child's educational progress
 expressed through their co-operation:

Less than average _____
 Average _____
 More than average _____

6. Whether the child receives:

free meal _____
 other school _____
 services _____

7. Whether the child had been referred for emotional or
 behavioural problems in the past by school or family.

Yes _____
 No _____

APPENDIX E

ਗੁਰ ਨਾਨਕ ਗੁਰਦੁਆਰਾ
ਪੰਜਾਬ ਨੂੰ ਟੋਪਾਪਾ
ਓ ਨਿਥਿ ਫਾਰ ਨੈਮਦਰ
ਗੁਰਮੁਖੀ ਜੰਮਾ

ਪਿਆਰੇ ਬਾਈਓ ਅਤੇ ਕੌਣ

ਮਿਸਟਰ ਬੇਬਰਾਹਮ ਜੀ ਪੰਝੀਆਂ ਤੋਂ ਪੰਝਰ ਰਾਨਜ਼ ਦੇ ਪਾਠੈਸਾਹਤ
ਅਤੇ ਨਾਨਕ ਬੰਸ ਤੀ ਕਰੇ ਗੇ. ਪੰਝਰ ਮਾਰਮੀ ਨੇ ਬਾਈਆਂ ਦੇ ਦੇਖ
ਤਾਨ ਦਾ ਕੰਮ ਤੀ ਕੀਤਾ ਹੈ ਜੀ: ਪੰਝਰ ਵਕਤ ਦੇਹ ਬੰਦ ਪੰਝਰ ਜਪਾਨ
ਜਟਤੀ ਪੰਝੀਮਨ ਬਾਈਆਂ ਦੇ ਬਾਏ ਕਾ ਹੋ ਗੇ: ਪੰਝਰ ਨਈ ਫਿਰੇ
ਪਾਠ ਸਾਕਾ ਫਿਰੇ ਮਾਂ ਅਤੇ ਪੰਝਤਾ ਨੂੰ ਪੰਝਰ ਨੈਂਦ ਤਾਂ ਮਾਂਦਾ ਤੰਦੇ ਗਾ
ਪੰਝਰਾਂ ਦੀ ਪੰਝਰ ਪਾਜਾਈ ਬੰਗਤੀ ਜੁਗਤੀ ਤੰਦੇ ਗੀ ਹੈ ਅਤੇ ਮਾਪੇ
ਜਾਇਆਂ ਨਈ ਨਾਇਰੇ ਮੰਦ ਹੈ:

ਪੰਝਰ ਕਰੇ ਜਾਤੀ ਤੁਗਤੀ ਮਾਂਗੇ ਬੇਨਤੀ ਹੈ ਜੀ ਪੰਝਰ ਜੋ ਕੁਝ ਤੀ
ਤੁਜੀ ਮਿਸਟਰ ਬੇਬਰਾਹਮ ਨੂੰ ਦਖ ਜਕੇ ਤਾਂ ਮਾਜੀ ਤੁਗਤੀ
ਬੰਗਤੀ ਜੰਮਦਾਰੀ ਤੰਦੇ ਗੇ ਹੈ

ਤੁਗਤੀ ਦਾਖ

ਗੁਰਮੁਖੀ ਜੰਮਾ ਗੀ

APPENDIX - GLETTER FROM HEAD TEACHERS

Dear

I write this to introduce to you Rev. Abraham who is a qualified social worker and a Lecturer in one of the colleges in Kerala, India. He has taken his Master's degree from the University of Ottawa, Canada. At present he is at the School of Social Work of the University of Leicester and is involved in a research study on the problems of children. He would like to meet as many parents as possible and talk to them on a randomly selected basis.

Rev. Abraham is anxious to contact you personally within the next two weeks. If he should call, please feel free to give him information that may help him in his research. He will not invade your privacy or urge you to answer anything you do not wish to divulge.

Thank you very much for your kind cooperation and help in this matter.

Yours sincerely

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PREVALENCE OF MALADJUSTMENT IN INDIAN IMMIGRANT CHILDREN

During the past two decades there was an unprecedented influx of Indian immigrants - mostly rural - to the industrial centres and cities of the UK. Their children in this country face an uphill task in their adjustment in the new environment, mainly due to traumatic separation of family members, conflict between the home and host culture and inadequate knowledge of the host language. There is a deplorably acute dearth of research and empirical data on the adjustment problems of immigrant children in general and of Indian immigrant children in particular. The purpose of this study was therefore, to provide base line information on the prevalence of maladjustment in Indian immigrant children in comparison with a similar group of English children.

By a 20% sampling procedure 52 boys and 52 girls were selected for the study group from the 521 Indian children in the ultimate and penultimate classes of junior schools in the city of Leicester. The contrast group consisted of the same number of boys and girls from the host community who were matched for every Indian pupil of the study group sex for sex and class-room for class-room. Data were collected (1) from the parents through structured interviews using Rutter's Scale for parents and (2) from teachers through questionnaire using Rutter's Scale for teachers.

Pupils who scored 13 or more deviance scores on the parents' scale and/or 9 or more on the teachers' scale were considered maladjusted. 11% of Indian children and 31.6% of English children were thus considered as maladjusted at home and/or at school. The higher prevalence of maladjusted behaviour in the English than Indian children was statistically significant. The average deviance scores of Indian children were 5.3 (with a range of 0 - 18) at home and 3.3 (with a range of 0 - 18) at school; the average deviance scores for the English children were 9.9 (with a range of 0 - 31) at home and 6.1 (with a range of 0 - 25) at school indicating the presence of more deviant behaviour among them than among the Indian children.

As a result of the study it was hypothesized that maladjusted behaviour rate among the first generation of Indian immigrant children in the study was lower than the rate in a comparable population of native non-immigrant children. A number of factors were speculatively suggested as contributing to the lower prevalence of maladjustment in Indian than in English children, such as the close supervision and strong discipline in Indian homes and the comparatively short duration of stay of Indian children in this country.

Antisocial types of behaviour disorders were more common than neurotic types in both groups; similarly in both groups more boys than girls showed antisocial behaviour disorders.

From the advantageous position of hindsight it is realised that for an epidemiological study like the present one, a group of 100 subjects is a small number to arrive at meaningful conclusions. Further, the present study did not seek clinical certitude but only some non-clinical assessment of prevalence of maladjusted behaviour which might serve as a base line information for future studies.