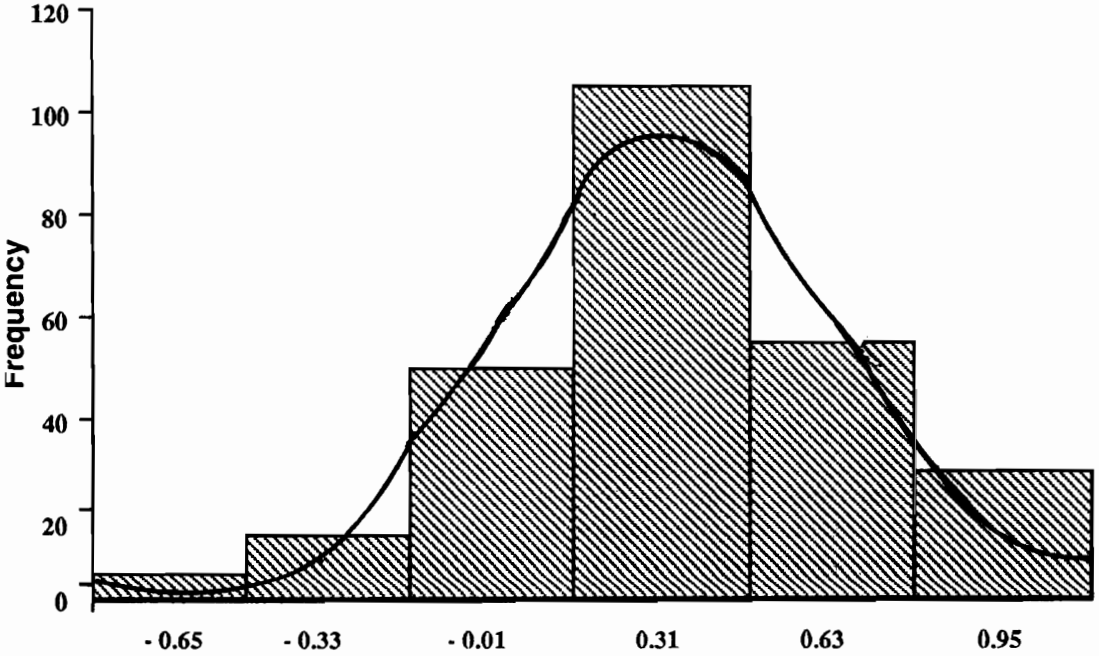


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Index Scores for the interval groups

Figure 1 : PVAI Distribution in the Population

may be seriously obstructing their chances of receiving badly needed help. The way forward would have to be through carefully planned efforts to increase awareness in the community concerning children's vulnerability to mental health problems.

Such a programme would have to be ongoing and sensitive enough to take into account the prevailing cultural values and attitudes in order to avoid being rejected and alienated soon after introduction.

المخلص

أجريت هذه الدراسة على عينة عشوائية من العرب في دولة الإمارات العربية المتحدة للتقصي عن ميولهم حول تعرض الأطفال للإضرابات النفسية . استعملت في هذا البحث أداة مكونة من عشرة أسئلة وبينت أن معلومات هذه العينة حول مدى تعرض الأطفال للاضطرابات النفسية غير كافية ولم تصل الحد المتوقع . بينت الدراسة أيضا أن عوامل العمر والخبرة في تربية الأطفال لم يكن لها تأثير على مقدار تلك المعلومات . إلا أن النساء كانوا أكثر علما من الرجال حول مدى تعرض الأطفال للاضطرابات النفسية .

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Discussion

We are aware that there may be other reasons for the low proportion of referrals of children with psychological health problems. Referral biases, publicity and our availability may contribute as reasons for this observation. This study was stimulated by the observation of disproportionate referrals but was not designed to look for an explanation.

The internal consistency of the instrument was reasonable (.76), and Factor Analysis supported the unidimensionality of the scale. For these reasons we feel that the instrument did achieve the purpose intended, i.e. providing some means of quantifying the population's attitude.

To our knowledge, there are no similar reports for comparison. By and large the majority of this population seem to have little awareness of the fact that children are vulnerable to mental health problems or have no knowledge about it. The questionnaire items addressed issues in child mental health that were clear cut and non-controversial. Therefore, one would expect most people to score well above .7 on the scale. There were some notable variations in relation to particular psychological states. While the vast majority acknowledged children's vulnerability to anxiety, depression and other psychological health problems, a significantly lower proportion did not accept that children may worry about their own health. This could relate to their knowledge and beliefs about the cognitive aspects of child development. Most surprisingly a large proportion agreed that children are not affected by scenes of violence (real or on TV or video). The

potential negative impact violence, particularly TV violence on children's emotional and behavioural state is now beyond doubt⁴. Most probably this is a reflection of cultural values which emphasise masculinity and strength particularly for boys. A minority showed not only a lack of awareness, but also had a negative attitude towards children's vulnerability to psychological problems. This is likely to reflect in their attitude towards managing, let alone preventing, mental health problems in children. For example, more than half believe that what children need most is meeting their material needs.

Males and females showed significant differences, females being more aware of children's vulnerability. This probably holds true in view of the fact that mothers are particularly sensitive to their children's emotional state. In this particular case it could be related to the fact that children are mostly cared for by the mother. Women, by experience, may become much more sensitive to mood variations in children⁵. Children may also find it easier to talk (or otherwise communicate) their concerns to their mothers.

In conclusion, we feel that although a proportion are aware of children's vulnerability to psychological health problems, this is still at a level which requires improvement. This we believe is not related to education or experience but is culturally embedded in our sample of Arabs. Many children suffer from psychological problems^{2,6} but negative attitudes towards mental illness, and the scanty awareness of children's vulnerability to psychological problems

Table 1: Views about child psychological health issues

Children Can:	Strongly Agree %	Agree %	No Opinion %	Disagree %	Strongly Disagree %
1. suffer from depression	27.9	46.1	9.1	11.4	5.5
2. suffer from anxiety	27.9	48.4	9.1	11.4	5.5
3. suffer from other psy. problems	27.9	48.9	11.0	9.1	3.2
4. worry about parents health	21.5	50.2	9.1	16.0	3.2
5. worry about their own health	6.4	41.6	13.2	32.0	6.8
6. suffer from disappointment	27.9	45.2	11.4	12.8	2.7
7. <u>not</u> affected by scenes of violence	34.7	27.9	3.2	20.1	14.2
8. suffer from low self-esteem	28.3	45.2	6.4	17.8	2.3
9. their material needs are most important	15.5	28.3	3.2	46.1	6.8
10. worry about their parents' relationship	26.5	46.1	8.2	15.1	4.1

* Questions 7, 9 are negatively scored.

According to this analysis the psychological vulnerability awareness index (PVAI) of this population as a whole was .31 (SD .32) with a minimum value of (-.7) and a maximum value of 1.0. The distribution of scores in the population is shown in Figure 1. More than half scored 0.3 on the index which is a rather low score.

T-test for independent samples was carried out to compare different sub-groups. Younger individuals (less than 25 years old) scored a mean of 0.32 while older individuals (25 year olds and older) scored a mean of 0.29 (not significant). Males

showed a mean score of 0.22 (SD .15) while females showed a mean score of 0.34 (SD .21), (p value = .02). Those who had more than one child showed a mean score of 0.29 while those who had one or no children showed a mean score of 0.32 (not significant). UAE nationals showed a mean score of 0.31 while other Arabs showed a mean score of 0.30 (not significant). There was no correlation between the PVAI scores and the level of education (Pearson Coefficient .0268, p value = .695).

felt that attitudes of adults towards mental illness in children may play a role in this observation. Many believe that children in this part of the world have 'no reason to worry' and that even if they went through difficult times the sources of support are so available and varied that they would be protected from the effects of adversity. This paper reports the results of an investigation into the attitudes of Arabs in Al Ain towards children's vulnerability to mental health problems.

Method

The study population included an opportunity sample of men and women above the age of 17 years. There was no systematic randomisation, but it seems reasonable to accept the sample obtained as being somewhat representative of the public in Al Ain. Roughly equal numbers of people attending health centres, school teachers and parents, hospital staff, shoppers and passers-by were approached and asked to participate in this study. Arabs and non-Arabs were initially approached but later we decided to restrict our inquiry to Arabs because of the wide cultural diversities and the project was not looking at trans-cultural differences.

Participants were presented with a short semi-structured interview which included socio-demographic data and ten statements about the vulnerability of children under the age of 11 years to mental health problems. They were asked to respond by stating whether they strongly agreed, agreed, had no opinion, disagreed or strongly disagreed with each statement. The statements were designed to cover psychological states that children are

known to be vulnerable to such as anxiety, depression, worry, self-esteem etc. (see table 1). They were scored as 2, 1, 0, -1, and -2 respectively. Two items (7, 9) were scored in reverse since they contained negative statements.

Results

Although it was not systematically recorded, we had a very low refusal rate with only a handful of individuals refusing to participate in the study. As the number of non-Arabs was small (18) they were not included in the analysis. There were 219 responders. Fifty seven (26%) were males and 162 (74%) were females. The mean age was 33.6 years (SD 10.1) with a minimum age of 18 and a maximum age of 60 years. Sixty four (29%) were UAE nationals and 145 (61%) were other Arabs. Sixty three had one or no children and 157 (71%) had more than one child. Table 1 shows their responses to the questionnaire items.

The Alpha coefficient of the questionnaire was .76 which indicates good internal consistency. We also carried out a Principle Component Factor Analysis which showed an eigenvalue of 4.9 for the main component (consisting of questions relating to emotional vulnerability) and a much smaller value of 1.2 for the second component (consisting of questions relating to external influences) supporting the unidimensionality of the scale. The maximum each respondent could score on each item was +2. We added the scores for each respondent and divided the sum by the maximum (20) to obtain a mean score, the index.

Children's Vulnerability to Psychological Health Problems: Attitudes of a Community Sample of Arabs in the United Arab Emirates

Harith Swadi, Lina Karim

قابلية الأطفال للتعرض للإضطرابات النفسية : آراء وميول عينة عشوائية من

العرب في دولة الإمارات العربية المتحدة

حارث سوادى، لينا كريم

Abstract

A community survey of adult Arabs in the United Arab Emirates examined their beliefs regarding the vulnerability of children to psychological health problems. The study utilised a specially designed 10 item questionnaire covering the vulnerability of children to different psychological problems. The results showed that the sample had a less than expected level of awareness of such vulnerability. Age, experience with child rearing, nationality and level of education could not discriminate between those with acceptable levels of awareness and those without. However, women were more aware than men of children's vulnerability. Possible explanations for such findings are discussed.

Introduction

There is some evidence to suggest that Arabs in the United Arab Emirates show low levels of recognition of psychiatric problems in young people and that such an attitude influences their help-seeking behaviour for young people with mental health problems. A recent survey showed that a significant proportion of UAE adults did not believe that young people can suffer from mental illness. Only 43% of a representative sample of Emarati male and female university students thought that adolescents could suffer from psychological problems¹. Unfortunately, children were not included in the survey. A representative sample of school children in Al Ain city was surveyed to screen for

psychiatric morbidity². The results showed that 9.8% of the children scored above the recommended cut-off score for possible psychiatric morbidity according to teachers' reports and 18% according to parents' reports as measured by the Rutter questionnaires³. The ratio of behavioural problems to emotional problems was similar to that in other countries. Despite that, our clinical experience leads us to believe that there is something amiss about the attitude of this population towards the vulnerability of children to mental health problems. We see a very large proportion of children with developmental problems but only a small minority of children with behavioural or emotional problems. We