Psychological Disturbance and its Associations in the Children of the Gujarati Community

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Abstract—The infrequent referral of Asian children to child psychiatry clinics was noted. By administering Rutter’s scale A2 to samples of Gujarati and English parents with children between the ages of 4 and 7 years a lower rate of disturbance was demonstrated among the Asian sample providing an explanation for the original observation. Family and child-rearing factors associated with disturbance were identified.

Keywords: Psychological, disturbance, Gujarati, children

Introduction

The experience of child psychiatry clinics in Manchester has been that Asian children are rarely seen despite there being a large population of Asian immigrants. The reason for this under-representation among clinic attenders may be that Asian children have lower rates of disturbance than indigenous children. However, if they do experience a significant degree of morbidity, our services may be failing to reach them, in which case we need to provide a service which is acceptable and available to them.

Previous studies examining psychiatric disorder in the children of Asian immigrants are rare. Cochrane (1979) compared rates of child disturbance using Rutter’s B2 (teacher) questionnaire on 9 year old Indian, Pakistani, West Indian and English children. His main finding was a lower morbidity in the two Asian groups. He speculated that either immigration selected the Asians for psychiatric wellbeing or that the Asians’ family structure served to protect the children. His estimates of current disturbance in the children were derived only from teachers, a consideration that Rutter et al. have shown to be important in some immigrant communities (Rutter et al., 1974), and he treated his Indian sample as one homogeneous grouping.

Kallarackal and Herbert (1976) studied 100 children of Indian immigrants aged 10–11 years, many of whom had been born abroad. They used Rutter’s scales,
completed by both parents and teachers, and demonstrated significantly lower rates of disturbance among these children when compared to the English. His sample was conspicuous for its rural background and poor ability in spoken English.

Our study set out to ascertain the rate of psychiatric disturbance among the children of a particular Asian community, the Gujarati speaking Hindus, and compare them with a sample of indigenous English children. Correlates of disturbance were also sought among items covering family structure, child-rearing practices and parental concepts of deviant child behaviour.

Method

Rutter's A2 questionnaire was administered in English, Hindi or Gujarati, as preferred by the mother. An extended interview examining many aspects of the parents' child-rearing practices and their concepts of deviant and normal child behaviour was also undertaken.

We ourselves administered the Rutter questionnaire to all subjects because the pilot study had shown that many of the Gujarati parents failed to fill it in. Both samples of parents were interviewed at home. The first 15 interviews were conducted jointly by both researchers to ensure agreement on rating. From then on the Gujaratis were interviewed by the Indian member of the team (L.H.), the English by R.H.

The samples

The East Manchester Gujarati community arrived in the neighbouring towns of Oldham and Ashton-under-Lyne during the 1970s and is estimated to comprise 800 families. It is not entirely homogeneous, consisting as it does of three largely endogamous groupings united, however, by Hinduism and the Gujarati language. The parents interviewed derived mostly from India or East Africa. After alerting the community by way of temples and community centres, infant and primary schools with a significant Gujarati intake invited parents with children aged 4-7 years to participate. The precise manner of approach was negotiated with the schools' governors. Though all subjects were volunteers, and most schools required a written approach to the Gujarati parents, one headmaster preferred to contact potential subjects in person. Ninety-two Gujarati parents accepted, though the unavailability of a breakdown of school roll by race prevented calculation of an exact response rate. A further eight subjects were recruited through the community organizations. These subjects were representative as regards social class and age (mode SEC 3, mean age 5 years 6 months). There were no refusals, all non-participation was due to a failure to respond to the invitation.

The English sample was assembled by the same method using the same or adjacent schools serving the same catchment area to ensure social class homogeneity by district of residence. The schools' decision to consistently use a written approach in this sample enabled calculation of the acceptance rate as approximately 30%. Five per cent refused, the rest were non-responders. Any bias towards social integration resulting from the use of volunteers was presumed to act similarly in both samples.

Each sample comprised 100 mothers. The mean age of the index child was 5 years 8 months in both samples. The mean age at which the mothers' full-time education ended was 16 years among the Gujaratis and 16 years among the English. The range among the Gujaratis was greater, two of them never having been to school.

<table>
<thead>
<tr>
<th>Social class</th>
<th>1/2*</th>
<th>3</th>
<th>4/5*</th>
<th>U/E or data missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>27%</td>
<td>46%</td>
<td>16%</td>
<td>11%</td>
</tr>
<tr>
<td>Gujarati</td>
<td>11%</td>
<td>43%</td>
<td>41%</td>
<td>5%</td>
</tr>
</tbody>
</table>

*Significant difference, \( p < 0.05 \).
The data were analysed using the chi-squared and Mann–Whitney U tests as appropriate on the non-parametric data and the t-test where the data were parametric. Kendall’s tau was derived when examining for correlations.

**Results**

*Rates of disturbance*

Using a cut off on the Rutter scale of 13 or more, 5% of Gujarati children were found to be disturbed (3% emotional disorder, 2% conduct disorder) compared to 21% of the English (6% emotional disorder, 13% conduct disorder, 2% mixed disorder); a significant difference ($p = 0.004$). Median scores were 4 and 8 respectively. Six per cent of the English children had had psychiatric referral compared to none of the Gujaratis.

*Factors associated with Rutter score*

As rarity of disturbance among the Gujarati children frequently prevented the identification of significant associations within the sample, disturbance as defined was dispensed with, associations with Rutter score being sought instead.

Within both samples greater physical independence (ability to dress, undress, tidy away clothes and use the toilet) correlated with a lower Rutter score (Gujaratis, $\tau = 0.24$, $p = 0.001$, English, $\tau = -0.14$, $p = 0.034$).

The experience of separation from parents during early childhood was associated with a higher Rutter score among the English ($p = 0.033$) but not among the Gujaratis ($p = 0.12$).

Different patterns were found between the two samples when the associations between Rutter score and the child-rearing attitude and practice items were examined. Among the Gujaratis, later toilet training was significantly associated with a higher Rutter score ($\tau = 0.135$, $p = 0.034$). Within the English, but not the Gujaratis, the summated attitudinal items indicating tolerance of aggressive behaviour correlated with Rutter score ($\tau = 0.174$, $p = 0.012$).

Finally, the patterns of association between Rutter score and disciplinary practices within each sample were found to be different. Among the English, parents whose children had higher Rutter scores were more likely to smack ($p = 0.004$), threaten their child with deprivation of love ($p = 0.027$) and induce guilt by saying that the child had made them unhappy ($p = 0.024$). In both communities a higher Rutter score was significantly associated with threats to send the child away (English $p = 0.034$,
Gujarati \( p = 0.003 \) and to bring in an authority figure (English \( p = 0.003 \), Gujarati \( p = 0.01 \)). Two English parents reported actually taking their 5 year old children to the police station following small misdemeanours.

No significant association was found between Rutter score and age, nor between disturbance and social class (OPCS, 1981) or sex.

Across the samples but in neither alone, a higher Rutter score was associated with fewer adults (tau \(-0.15, p = 0.005\)), and fewer children (tau \(-0.097, p = 0.042\)) in the household. Among the child-rearing items, parental strictness was similarly related to Rutter score (tau 0.24, \( p = 0.0001 \)). Single parenthood was strongly associated with disturbance (\( p = 0.005 \)) across, but not within, either sample.

**Discussion**

Our finding of less disturbance among Gujarati children may explain why they use child psychiatry services less. The impressions of the children’s teachers were entirely congruent with our findings in the home. However, Rutter’s Scale A(2) has not been validated on the community studied and could fail to identify emotional disorder among Gujaratis. Support for their having different idioms of distress derives from Rack’s observation (Rack, 1984) that Asian adults somatize rather than verbalize distress and from our finding (Hackett, 1990, unpublished data) that phobias, considered a sign of disturbance among the English, are not only common in Gujarati children (63%) but arouse no parental concern.

The more stringent Gujarati attitude towards physical aggression (Hackett, 1990, unpublished data) would lower their threshold for considering such behaviour deviant. Differentially reweighting the conduct items in Gujarati children might enhance the validity of scale A(2) for identifying conduct disorder.

The findings on family structure underestimate the differences in family dislocation experienced by the two groups of children. Unlike the Gujaratis, many of the English two-parent families were remarriages following divorce. Not only were single-parent families rare among the Gujaratis, but of the three identified, two were compensated by the presence of 2nd degree adult relatives, this being the case in only one of the 10 English single-parent families.

The presence of a separation effect only in the English indicates that there are culture specific determinants of disturbance that operate differently within the two samples of families. A mechanism could be that an early separation from the household might indicate family upheaval among the English whereas farming out is a normal practice among the Gujaratis.

Whereas Rutter score correlated with tolerance of aggression among English families, the uniform condemnation of aggressive behaviour prevented any such relationship in the Gujarati sample.

The associations between Rutter score and single parenthood, fewer children and fewer adults in the household and less strict parenting were identified across the whole data set. With the exception of single parenthood, in which the Gujarati sample lacked adequate variance, these associations are unlikely to be artifacts. The failure to identify them at a between-subject level within either sample suggests that they act specifically
Psychological disturbance in children of the Gujarati community

at a communal rather than a family level. These unexpected findings could reflect the generally small families in both samples. Alternatively, communal factors may override the previously observed association (Rutter, Tizard & Whitmore, 1970) between disturbance and larger families.

The correlation of a lower Rutter score with physical independence within each sample suggests the latter is just another facet of psychological wellbeing. Put another way, happy children acquire living skills easily. Congruent with this is the association between Rutter score and late toilet training. These observations differ from Rutter et al.'s (1974) observation among West Indian children of no such relationship between self reliance (a near identical factor) and disturbance.

The differential associations between disciplinary items and Rutter score presumably indicate that parents in the two communities resort to different methods of dealing with bad behaviour.

Though age had no effect on Rutter score over the limited range that our subjects occupied, there is evidence that it does affect the sex distribution of disturbance. Studies in 10 and 11 year olds (Rutter et al., 1970) show a marked preponderance of disturbance among boys which is not observed among preschool children (Richman, Stevenson & Graham, 1982). The age range in our sample was nearer to the latter and so it is not surprising that it had some of the characteristics of younger children. Interpretation of the present data must be cautious in view of Rutter's scales having been originally validated on a different age group.

Though it has been shown (Newson & Newson, 1968) that social class effectively predicts parental attitudes in the English, and therefore has a bearing on the rate of disturbance, our failure to demonstrate any such effect probably relates to the occupation of the father being a poor guide to the attitudes and practices of the parents in the Gujarati household, the overriding determinant being the cultural values of their community. Among our English sample, the well-established social class effect seen in 10 and 11 year olds may not be fully operative in the younger age group we studied.

This study has demonstrated a lower rate of disturbance among Gujarati children compared to the English. To explain this we have found cultural factors and a more integrated family structure among the immigrant sample that, together with a pattern of child-rearing practice characterized by a stricter style, greater expectations of obedience, encouragement of sharing, intolerance of temper tantrums and of aggression (Hackett, 1990, unpublished data), form a cluster of attitudes that represents the ethos of the Gujarati household. This, in itself, may confer considerable protection against disturbance on the Gujarati children studied. However, within each sample, children showed a range of disturbance and our data suggested that the causative factors for this variation were themselves culture specific.

The study of enclave communities is still in its early stages. Accurate estimates of disturbance have still to be made as are clarifying the form and presentation of this disturbance and the factors that put certain communities at risk and, within communities, the factors that put certain children at risk.

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References


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