

# PROBLEMS FACED BY THE WORKING WOMEN AND THEIR CHILDREN

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## ABSTRACT

Workplace needs in the present world calls for tough competition, expectations and a quest for excellence, creating performance pressure on the individuals. Women belonging to either the workforce or the labourforce are one of the most vulnerable sections in this context. A working woman besides fulfilling the traditionally earmarked productive, reproductive and community management roles, is also burdened with maintain standard of work at the workplace. As a result, not only the family but the women herself faces various physical and psychological problems. The present study makes an attempt to explore problems faced by working women and their children as a result of women's dual role. The respondents for the study were 120 working women respondents, 60 from each public and private sector and 15 each from Class I, II, III and IV cadre working in banks, hospitals and educational institutions of Hisar city of Haryana State. Results of the study concluded that majority of the respondents' children suffered from obesity (69.47%), swing mood (65.00%) and lack of attachment (62.11%) in terms of physical, psychological and socio-emotional problems respectively. Regarding perceived impact on physical health prevalence of physical ailments like vision disability in extreme, bodyache in moderate and low prevalence of headache was reported. In terms of psychological health issues, anxiety, conflict with family members, loss of sound sleep, and monotony were moderate and low episodes of memory loss, conflict with colleagues' and lack of zeal were also stated by the respondents. Other problems reported by the respondents were lack of time for personal care and household work, unable to look after children/family members and other household responsibilities.

**KEYWORDS:** Competition, Expectations, Health problems, Working Women, Stress

## I. INTRODUCTION

Work satisfies identification and achievement needs of an individual. It creates sense of worth and emotional well-being. Ali (2008) also reported that jobs and careers are an important part of an individual's life. Due to modernization and globalization, one of the most underprivileged and disadvantaged section, women also emerged to prove the validity of the concept. The consequence have although resulted into providing a valid source of income, fulfill personal aims and build social networks but also exposed women to the increased incidents of severe and prolonged physical, psychological and emotional stress. The common reason being plethora of demands and pressure created by multiple role demands and conflicting expectations at home and workplace. As, women have increased their participation in paid employment considerably during the past 30 years, but men have not increased their participation in housework to the same extent" (Evertsson and Neremo, 2004). Women still perform majority of the care giving role and juggling of work in the family. Gender is seen as a significant determinant of negative job spill-over because employed women are expected to carry out the responsibility for family services and still be able to smoothly handle their work roles (Delgado and Canabal, 2006). A survey by ACCI (Ahmad, 2009) reported significant ill health impacts in the form of obesity, depression, chronic backache, diabetes, hypertension, etc. as a result of stress among women, because of balancing a work life of long hours and deadline pressures with daily home responsibilities. A global survey report released by Kenexa Research Institute in 2010, covering sample of almost 30,000 workers also reported that stress level among women was 10% higher for those in supervisory positions, 8% higher stress in service and production jobs than men, and 6% higher in middle and upper management than men in the same position (Anonymous, 2010). Keeping the above mentioned facts in consideration, present study was planned with the objective of identifying problems faced by the working women and their children of Hisar city.

## II. MATERIAL AND METHODS

The study was conducted in Haryana state by selecting Hisar city. For the purpose of study a total of 120 women respondents (both married and unmarried), 60 respondents from each of public and private sector working in banks, hospital, colleges and schools in class I, II, III and IV (15 from each class) were selected randomly. A structured and duly pre-tested questionnaire-cum-interview schedule comprising of general information, physical, psychological health problems and miscellaneous problems faced by the respondents and physical, psychological and socio-emotional problems faced by respondents' children was prepared for data collection. Respondents included both married and unmarried working women respondents of the city.

## III. RESULTS AND DISCUSSION

Data on information pertaining to the socio-economic, occupational and communication profile of the respondents stated that among all the surveyed respondents of both the sectors, more than one-third of the respondents belonged to the age group of 46-58 years (35.00%), married marital status (72.50%), possessed academic degree till graduation (38.33%), nuclear family type (56.67%), medium family size of 4 to 6 members (70.83%), having 1 to 2 children (69.16, urban place of residence (63.33%), self-monthly earning between 20,001 to 50,000 (37.50%), monthly family income above 1 lakhs (50.00%), medium material possession (57.50%), had service experience of 20 years and above (40.00%), permanent (71.67%) and up to 7 working hours per day (62.50%).

Perusal of Table 1 related to data pertaining to the perceived impact on physical health of the respondents' stated that amongst public sector majority marked low problem of headache (46.67%), moderate intensity of backache (48.33%), bodyache (55.00%) and excessive sweating (38.33%), and further severe prevalence of obesity (50.00%), spondylitis (38.33%), thyroid (48.33%), heart problems (36.67%) and vision disability (53.33%). In private sector majority of respondents reported severe problem faced by them as result of stress in terms of vision disability (41.67%), moderate issues associated with backache (43.33%) and low occurrence of stomach ailments (38.33%), headache (41.67%), and bodyache (36.67%). Thus, cumulatively majority of respondents reported severity of vision disability (45.83%), followed by moderate back ache (45.83%) and body ache (47.50%) and low intensity of headache (44.17%) issues in terms of impact on physical health due to dual-role stress. Similarly in terms of psychological consequences on health because of being at job, among public sector majority respondents stated occurrence of insomnia (50.00%), mental anxiety (45.00%), conflict with family members (50.00%) in moderate intensity, and low episodes of memory loss (55.00%), lack of zeal (50.00%) and conflict with colleagues (58.33%). Same way among private sector, respondents mostly reported the low presence of memory loss (61.67%) and insomnia (50.00%) and conflict with colleagues (40.00%), moderate intensity of depression (38.33%) and mental anxiety (48.33%) and severe intensity for the problem of lack of zeal (31.67%) as a result of stress. Researches done previously also indicated that experiencing high levels of stress due to job may lead to psychological ailments as fatigue, insomnia, anger, anxiety, depression, nervousness, irritability, tension, hypersensitivity to criticism and mental blocks (Cartwright and Cooper 2002; Martin 2005; Sudhashree *et al.*, 2005), leading to boredom, lowered job performance and inability to take decisions and physical symptoms such as headache or cramps, voice problem, eye strain, hearing problem, pain in neck, shoulder, back, wrist also called occupational neurosis (Mosby, 2009; Ofreneo *et al.*, 2007).

Scrutiny of Table 2 stating data on miscellaneous problems faced by the respondents revealed that among all public sector respondents, 76.67 per cent reported lack of time for HH work, 61.67 per cent can't manage other HH responsibilities, 58.33 per cent can't look after children properly, 46.67 per cent can't satisfy family members, 45.00 per cent lack of time for personal care, 36.67 per cent non-cooperative attitude of family, and lack of time for study (16.67%). On the other hand in case of private sector respondents, problems reported by majority due to job were lack of time for HH work (90.00%), can't manage other HH responsibilities (78.33%), can't look after children properly (56.67%), lack of time for personal care (55.00%), can't satisfy family members (43.33%), non-cooperative attitude of family (31.67%), and lack of time to study (16.67%). Class-wise analysis of the Table stated that in Class III and IV cadre respondents, the more prevalent problems were non-cooperative attitude of family members, unable to satisfy family members, lack of time for household work and child care of both the sectors, whereas in Class I and II from both the sectors, lack of time for study was also stated as problem which was non-existent among other two cadres. In totality majority of the respondents reported lack of time for HH work (83.33%), can't manage other HH responsibilities (70.00%), can't look after children properly (57.50%), lack of time for personal care (50.00%), can't satisfy family members (45.00%), non-

cooperative attitude of the family (34.17%), and lack of time to study (16.67%) as problems due to dual role.

In terms of physical problems being faced by the respondents' children as a result of their job, among public sector more than half (66.00%) reported their children suffering from obesity, 62.00 per cent from excessive eating, 46.00 per cent from stomach disorders and 4.00 per cent from anorexia. Cadre wise in public as well as private sector, Class I employees stated that their children were suffering from obesity, which was comparatively lower in children of Class IV cadre, that too only among private sector respondents only. Similar results were stated among respondents' of private sector as also cumulatively (Table 3). Previous studies done in this context also stated that a child is more likely to be overweight if his/her mother works more hours per week (Anderson *et al.* 2003). In developed countries, outside foods mainly consumed due to less time available for cooking food and reduced time of mother to supervise children in participating health improvement activities and consume nutritional food have been reported to have more calories and sodium; a higher density of cholesterol; a higher quantity of fat; and contain less dietary fiber, calcium, and iron (Guthrie *et al.* 2002).

Regarding psychological problems faced by children, respondents' of public sector revealed that majority suffered from swing mood (70.00%), followed by loneliness (36.00%), lack of concentration (14.00%) and depression (8.00%). On the other side, 95.36 per cent private sector respondents stated swing mood, 57.78 per cent loneliness and lack of concentration (24.44%) in their children. Among respondents of public sector Class-wise, swing mood was found to be a major problem with higher prevalence in I, II and III cadre, whereas among Class IV cadre employees prevalence of depression and lack of concentration was also reported in significant percentage, same way in case of private sector respondents the problem of swing mood was found at vast majority among all cadre, with significant percentage for depression and lack of concentration in children of Class III and IV cadre respondents. Among all respondents the psychological problems faced by respondent's children at majority was swing mood (65.00%), loneliness (46.32%), lack of concentration (18.95%), depression (4.21%) and no problem (13.68%) as a result of job (Table 3).

Analysis of data in Table 3 unveiled socio-emotional problems faced by respondent's children and stated that public sector respondents' children were lack of attachment (60.00%), difficulty in forming bonds (56.00%), lack of confidence (32.00%), lack of competitive zeal (26.00%) and lack of social communication skills (24.44%). In case of private sector, respondents reported that their children mainly lacked attachment (64.44%), followed by lack of confidence (35.55%), difficulty in forming bonds (33.33%), lack of social communication skills (26.00%) and lack of competitive zeal (24.44%). Analysis of the data class-wise states that among children of Class I and II cadre respondents from both the sectors lack of attachment and bond formation were most prevalent whereas among children of Class III and IV cadre respondents lack of competitive zeal and spirit and social communication skills were also predominantly existing socio-emotional issues. Among all the surveyed respondents majority reported their children suffering from lack of attachment (62.11%), difficulty in forming bonds (45.26%), lack of confidence (33.68%) and lack of competitive zeal as also communication skills (25.26% each) in terms of socio-emotional problems. Research studies conducted in this context earlier also stated maternal employment linked with poor supervision, lower academic success and delinquency in later stages (Vander Yen *et al.* 2001; Brooks-Gunn *et al.* 2002)

#### IV. CONCLUSION

It can be concluded from the above study that respondents' children majorly reported to suffer from physical problem like obesity (69.47%), psychological being swing mood (65.00%) and socio-emotional problem like lack of attachment (62.11%). Respondents' perceived impact on physical health highlighted prevalence of physical ailments like vision disability in extreme, also ache of body parts in moderate level and low prevalence of headache, further in terms of psychological aspects of health, medium severity for ailments like anxiety, conflict with family members, loss of sound sleep, and monotony whereas low episodes of memory loss, conflict with colleagues and lack of zeal were also reported. In terms of other miscellaneous problems, lack of time for personal care and household work, unable to look after children/family members and other household responsibilities (percentage of all accounts for more than 50.00%) were most faced problems.

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Table 1: Respondents' physical and psychological health due to stress

Sr. No.	Health problems	Public Sector (n=60)				Private Sector (n=60)			
		None	Low	Moderate	Severe	None	Low	Moderate	Severe
<b>A.</b>	<b>Physical*</b>								
1.	Vision disability	4 (6.67)	18 (30.00)	8 (13.33)	30 (50.00)	13 (21.67)	10 (16.67)	12 (20.00)	25 (41.67)
2.	Hearing	28 (46.67)	21 (35.00)	11 (18.33)	-	33 (55.00)	16 (26.67)	7 (11.67)	4 (6.67)
3.	Hands disability	33 (55.00)	15 (25.00)	6 (10.00)	6 (10.00)	37 (61.67)	5 (8.33)	7 (11.67)	11 (18.33)
4.	Locomotion disability	30 (50.00)	16 (26.67)	5 (8.33)	9 (15.00)	39 (65.00)	13 (21.67)	5 (8.33)	3 (5.00)
5.	Asthma	34 (56.67)	18 (30.00)	3 (5.00)	5 (8.33)	47 (78.33)	10 (16.67)	-	3 (5.00)
6.	Stomach ailments	21 (35.00)	14 (23.33)	16 (26.67)	9 (15.00)	21 (35.00)	23 (38.33)	10 (16.67)	6 (10.00)
7.	Heart problems	20 (33.33)	5 (8.33)	13 (21.67)	22 (36.67)	24 (40.00)	7 (11.67)	10 (16.67)	19 (31.67)
8.	Low Blood Pressure	37 (61.67)	15 (25.00)	1 (1.67)	7 (11.67)	33 (55.00)	8 (13.33)	13 (21.67)	6 (10.00)
9.	Hypertension	29 (48.33)	6 (10.00)	9 (15.00)	16 (26.67)	32 (53.33)	13 (21.67)	4 (6.67)	11 (18.33)
10.	Thyroid	21 (35.00)	7 (11.67)	3 (5.00)	29 (48.33)	30 (50.00)	8 (13.33)	7 (11.67)	15 (25.00)
11.	Migraine	45 (75.00)	4 (6.67)	2 (3.33)	9 (15.00)	49 (81.67)	7 (11.67)	2 (3.33)	2 (3.33)
12.	Headache	4 (6.67)	28 (46.67)	18 (30.00)	10 (16.67)	20 (33.33)	25 (41.67)	13 (21.67)	2 (3.33)

13.	Backache	-	6 (10.00)	29 (48.33)	25 (41.67)	1 (1.67)	24 (40.00)	26 (43.33)	9 (15.00)
14.	Bodyache	3 (5.00)	13 (21.67)	33 (55.00)	11 (18.33)	1 (1.67)	22 (36.67)	24 (30.00)	13 (21.67)
15.	Frequent Urination	32 (53.33)	18 (30.00)	10 (16.67)	-	28 (46.67)	20 (33.33)	10 (16.67)	2 (3.33)
16.	Excessive sweating	15 (25.00)	22 (36.67)	23 (38.33)	-	28 (46.67)	17 (28.33)	15 (25.00)	-
17.	Spondylitis	20 (33.33)	7 (11.67)	10 (16.67)	23 (38.33)	28 (46.67)	10 (16.67)	9 (15.00)	13 (21.67)
18.	Mensuration related	32 (53.33)	10 (16.67)	16 (26.67)	2 (3.33)	34 (56.67)	21 (35.00)	3 (5.00)	2 (3.33)
19.	Weight loss	41 (68.33)	12 (20.00)	3 (5.00)	4 (6.67)	30 (50.00)	16 (26.67)	14 (23.33)	-
20.	Obesity	14 (23.33)	13 (21.67)	14 (23.33)	19 (31.67)	27 (45.00)	10 (16.67)	9 (15.00)	14 (23.33)
<b>B.</b>	<b>Psychological*</b>								
1.	Memory loss	2 (3.33)	33 (55.00)	25 (41.67)	-	5 (8.33)	37 (61.67)	13 (21.67)	5 (8.33)
2.	Insomnia	7 (46.67)	18 (30.00)	30 (50.00)	4 (6.67)	2 (3.33)	30 (50.00)	27 (45.00)	2 (3.33)
3.	Mental anxiety	9 (15.00)	13 (21.67)	27 (45.00)	11 (18.33)	8 (13.33)	21 (35.00)	29 (48.33)	2 (3.33)
4.	Lack of zeal	17 (28.33)	30 (50.00)	11 (18.33)	2 (3.33)	18 (30.00)	10 (16.67)	13 (21.67)	19 (31.67)
5.	Loneliness/ Monotony	27 (45.00)	15 (20.00)	17 (28.33)	1 (1.67)	26 (43.33)	14 (23.33)	20 (33.33)	-
6.	Depression	27 (45.00)	6 (10.00)	20 (33.33)	7 (11.67)	20 (33.33)	6 (10.00)	23 (38.33)	11 (18.33)

7.	Loss of appetite	27 (45.00)	14 (23.33)	17 (28.33)	2 (3.33)	26 (43.33)	15 (25.00)	15 (25.00)	4 (6.67)
8.	Bing-eating	31 (51.67)	6 (10.00)	16 (26.67)	7 (11.67)	43 (71.67)	9 (15.00)	8 (13.33)	-
9.	Drug abuse	42 (70.00)	9 (15.00)	5 (8.33)	4 (6.67)	34 (56.67)	12 (20.00)	10 (16.67)	4 (6.67)
10.	Conflict with family members	3 (5.00)	17 (28.33)	30 (50.00)	10 (16.67)	19 (31.67)	18 (30.00)	11 (18.33)	12 (20.00)
11.	Conflict with colleagues	12 (20.00)	35 (58.33)	13 (21.67)	-	20 (33.33)	24 (40.00)	5 (8.33)	11 (18.33)

Note: \* Multiple response, Figures in parentheses indicates percentages

**Table 2: Miscellaneous problems faced by the working women respondents**

Sr. no.	Miscellaneous problems*	Public Sector (n=60, 15 for each)				Total (n=60)	Private Sector (n=60, 15 for each)				Total (n=60)	Grand Total (N=120)
		I	II	III	IV		I	II	III	IV		
1.	Lack of time for HH work	6 (40.00)	15 (100.0)	13 (86.67)	12 (80.00)	46 (76.67)	10 (66.67)	15 (100.0)	14 (93.33)	15 (100.0)	54 (90.00)	100 (83.33)
2.	Can't look after children properly	8 (53.33)	7 (46.67)	12 (80.00)	8 (53.33)	35 (58.33)	3 (20.00)	8 (53.33)	11 (73.33)	12 (80.00)	34 (56.67)	69 (57.50)
3.	Can't satisfy family members	6 (40.00)	6 (40.00)	9 (60.00)	7 (46.67)	28 (46.67)	4 (26.67)	10 (66.67)	5 (33.33)	7 (46.67)	26 (43.33)	54 (45.00)
4.	Can't manage other HH responsibilities	10 (66.67)	5 (33.33)	14 (93.33)	8 (53.33)	37 (61.67)	8 (53.33)	13 (86.67)	12 (80.00)	14 (93.33)	47 (78.33)	84 (70.00)
5.	Non-cooperative attitude of family members'	2 (13.33)	2 (13.33)	5 (33.33)	13 (86.67)	22 (36.67)	-	-	9 (60.00)	10 (66.67)	19 (31.67)	41 (34.17)

6.	Lack of time for personal care	9 (60.00)	8 (53.33)	6 (40.00)	4 (26.67)	<b>27</b> <b>(45.00)</b>	9 (60.00)	7 (46.67)	10 (66.67)	7 (46.67)	<b>33</b> <b>(55.00)</b>	<b>60</b> <b>(50.00)</b>
7.	Lack of time to study	6 (40.00)	4 (26.67)	-	-	<b>10</b> <b>(16.67)</b>	6 (40.00)	4 (26.67)	-	-	<b>10</b> <b>(16.67)</b>	<b>20</b> <b>(16.67)</b>

Note: \* Multiple response, Figures in parentheses indicates percentages

**Table 3: Distribution of the respondents as per problems faced by their children due to job**

Sr. No.	Problems	Public Sector <sup>@</sup>				Total (n=50)	Private Sector <sup>@</sup>				Total (n=45)	Grand Total (N=95)
		I (12)	II (15)	III (11)	IV (12)		I (10)	II (15)	III (13)	IV (7)		
<b>1.1</b>	<b>Physical*</b>											
	Obesity	10 (83.33)	10 (66.67)	7 (63.64)	6 (50.00)	<b>33</b> <b>(66.00)</b>	10 (100.0)	11 (73.33)	7 (53.85)	5 (71.43)	<b>33</b> <b>(73.33)</b>	<b>66</b> <b>(69.47)</b>
	Anorexia	2 (16.67)	-	-	-	<b>2</b> <b>(4.00)</b>	-	3 (20.00)	-	5 (71.43)	<b>8</b> <b>(17.78)</b>	<b>10</b> <b>(10.53)</b>
	Excessive eating	10 (83.33)	10 (66.67)	9 (81.82)	2 (16.67)	<b>31</b> <b>(62.00)</b>	7 (70.00)	6 (40.00)	7 (53.85)	3 (42.86)	<b>23</b> <b>(51.11)</b>	<b>54</b> <b>(56.84)</b>
	Stomach disorders	5 (41.67)	6 (40.00)	9 (81.82)	3 (25.00)	<b>23</b> <b>(46.00)</b>	7 (70.00)	10 (66.67)	6 (46.15)	6 (85.71)	<b>29</b> <b>(64.44)</b>	<b>52</b> <b>(54.74)</b>
	No problem	2 (16.67)	5 (33.33)	2 (18.18)	6 (50.00)	<b>14</b> <b>(28.00)</b>	-	4 (26.67)	6 (46.15)	1 (14.29)	<b>15</b> <b>(33.33)</b>	<b>29</b> <b>(30.53)</b>
<b>1.2</b>	<b>Psychological*</b>											
	Lacks concentration	-	1 (6.67)	-	6 (50.00)	<b>7</b> <b>(14.00)</b>	-	-	8 (61.54)	3 (42.86)	<b>11</b> <b>(24.44)</b>	<b>18</b> <b>(18.95)</b>
	Depression	-	-	-	4 (33.33)	<b>4</b> <b>(8.00)</b>	-	-	-	-	-	<b>4</b> <b>(4.21)</b>
	Loneliness/ Boredom	-	3 (20.00)	11 (100.0)	4 (33.33)	<b>18</b> <b>(36.00)</b>	7 (70.00)	8 (53.33)	4 (30.77)	7 (100.0)	<b>26</b> <b>(57.78)</b>	<b>44</b> <b>(46.32)</b>

	Swing mood	12 (100.0)	10 (66.67)	8 (72.73)	5 (41.67)	<b>35</b> <b>(70.00)</b>	8 (80.00)	15 (100.0)	13 (100.0)	5 (71.43)	<b>43</b> <b>(95.56)</b>	<b>78</b> <b>(65.00)</b>
	No problem	-	5 (33.33)	-	6 (50.00)	<b>11</b> <b>(22.00)</b>	2 (20.00)	-	-	-	<b>2</b> <b>(4.44)</b>	<b>13</b> <b>(13.68)</b>
<b>1.3</b>	<b>Socio-emotional*</b>											
	Lacks confidence	-	3 (20.00)	8 (72.73)	5 (41.67)	<b>16</b> <b>(32.00)</b>	-	-	9 (69.23)	7 (100.0)	<b>16</b> <b>(35.55)</b>	<b>32</b> <b>(33.68)</b>
	Lacks competitive spirit and zeal	-	-	8 (72.73)	5 (41.67)	<b>13</b> <b>(26.00)</b>	-	-	8 (61.54)	3 (42.86)	<b>11</b> <b>(24.44)</b>	<b>24</b> <b>(25.26)</b>
	Lacks social communication skills	-	4 (26.67)	2 (18.18)	5 (41.67)	<b>11</b> <b>(22.00)</b>	-	-	8 (61.54)	5 (71.43)	<b>13</b> <b>(28.89)</b>	<b>24</b> <b>(25.26)</b>
	Difficulty in forming bonds	12 (100.0)	8 (53.33)	4 (36.37)	4 (33.33)	<b>28</b> <b>(56.00)</b>	3 (30.00)	8 (53.33)	3 (23.08)	1 (14.29)	<b>15</b> <b>(33.33)</b>	<b>43</b> <b>(45.26)</b>
	Lacks attachment	12 (100.0)	13 (86.67)	4 (36.37)	1 (8.33)	<b>30</b> <b>(60.00)</b>	8 (80.00)	15 (100.0)	3 (23.08)	3 (42.86)	<b>29</b> <b>(64.44)</b>	<b>59</b> <b>(62.11)</b>
	No problem	-	2 (13.33)	3 (27.27)	7 (58.33)	<b>12</b> <b>(24.00)</b>	2 (20.00)	-	4 (30.77)	-	<b>6</b> <b>(13.33)</b>	<b>18</b> <b>(18.95)</b>

Note: @ Values on n and N specified for each class\* Multiple response, Figures in parentheses indicates percentages