A study to assess the knowledge and attitude of adolescents regarding reactive attachment disorder among selected PU colleges, Bangalore

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ABSTRACT

While it's not known if reactive attachment disorder can be prevented with certainty, there may be ways to reduce the risk of its development. Education about attachment issues, and adult with attachment problems, should get help without delay. Seeing a mental health provider not only may help but also may prevent from having further attachment problems with their children.13So the research is aimed to study knowledge and attitude of adolescents regarding management of reactive attachment disorder. A descriptive correlation approach was used to assess the knowledge and attitude of adolescents regarding Reactive Attachment Disorder in selected PU colleges, Bangalore. The research design selected for the study was non- experimental descriptive correlational study design to assess the knowledge and attitude of adolescents regarding Reactive Attachment Disorder in selected PU colleges, Bangalore. The study was conducted in selected PU Colleges, Banglore. The investigator planned arbitrarily to take 80 adolescents, of selected colleges, Bangalore and who are available at the time of data collection and to fulfill the inclusion criteria selected by using simple random sampling technique. The present study assessed the level of knowledge and attitude of adolescents regarding reactive attachment disorder. The results revealed that majority (70.0 %) of them have inadequate knowledge, 30.0% have moderately adequate knowledge none of them have adequate knowledge. And coming to attitude majority (77.5%) of them have moderately favorable attitude, 22.5% of them have favorable attitude and none of them have an unfavorable attitude. Demographic variables like age, year of studying and attachment pattern have influence over the knowledge and attitude.

Keywords: Definition, Meaning, Causes, Clinical manifestations, and management of reactive attachment disorder among adolescents

1. INTRODUCTION

Adolescence is a transitional stage of physical and mental human development generally occurring between puberty and legal adulthood, but largely characterized as beginning and ending with the teenage stage. According to Erik Erikson's stages of human development, for example, an adolescent is a person between the ages of 13 and 19.[1]

While it's not known if reactive attachment disorder can be prevented with certainty, there may be ways to reduce the risk of its development. Education about attachment issues, and adult with attachment problems, should get help without delay. Seeing a mental health provider not only may help but also may prevent from having further attachment problems with their children.[13]

Around 70-80 percent of people experience no significant changes in attachment styles over time. The fact that attachment styles do not change for a majority of people indicates working models are relatively stable. Yet, around 20-30 percent of people do experience changes in attachment styles. These changes can occur over periods of weeks or months. The number of people who experience changes in attachment styles, and the short periods over which the changes occur, suggest working models are not rigid personality traits.[14]

The 1-year incidence rate of 12.3% in this sample is consistent with the 6.9% rate observed in the non-affective disorder and the high rates among patients may reflect often highly traumatic attachment experiences. One previous study showed a high rate of U (44%) in mothers of children with the oppositional disorder, but there is no literature on the incidence of unresolved loss or trauma among parents of adult/adolescent psychiatric patients. The suicide rate is approximately 8 to 10 percent. There has also been a high incidence of incest and loss of caregivers in early childhood. States has been calculated as 1 percent to 3 percent of the adult population. "Attachment and borderline personality disorder: implications for psychotherapy".[16]

So the research is aimed to study knowledge and attitude of adolescents regarding management of reactive attachment disorder.

2. METHODOLOGY

Research approach: A descriptive correlation approach was used to assess the knowledge and attitude of adolescents regarding Reactive Attachment Disorder in selected PU colleges, Bangalore.

Research design: The research design selected for the study was non- experimental descriptive correlational study design to assess the knowledge and attitude of adolescents regarding Reactive Attachment Disorder in selected PU colleges, Bangalore.

Study variables: Knowledge and attitude are the variables used in this study.

Demographic variables: Demographic variables are uncontrolled variables that greatly influence the result of the study. The extraneous variables in this study include age, sex, religion, and year of study, type of family, place of stay, attachment pattern, childhood history, and source of information.

Settings of the study: The study was conducted in selected PU Colleges, Banglore.

Population: In this study, the population refers to all adolescents between the age group of 16-19 years.

Sample and Sampling Technique: The investigator planned arbitrarily to take 80 adolescents, of selected colleges, Bangalore and who are available at the time of data collection and to fulfill the inclusion criteria selected by using simple random sampling technique.

Criteria for sample selection
Inclusion criteria
- Adolescents who can read and write English.
- Adolescents, both males, and females who are in the age group of 16-19 years.

Exclusion criteria
- Adolescents who are not willing to participate in the study.
- Adolescents who are suffering from any physical illness.

Content validity
To ensure content validity of the tools which includes demographic data, structured knowledge questionnaire, and Likert scale for the attitude of adolescents regarding Reactive Attachment Disorder was submitted to one psychiatrist, one psychologist, five subject experts and also one biostatistician. Their suggestions were taken into consideration and the modifications were incorporated in the final preparation of the demographic, knowledge and attitude questionnaire.

Reliability
The reliability of the tool was established by using test re-test method for knowledge and attitude. Using the obtained values coefficient correlation was done with the help of Karl Pearson's formula. The reliability score obtained was, r = "0.93" for the level of knowledge and r = "0.98" for attitude. Which showed knowledge questionnaire and attitude scale were highly reliable.

Ethical consideration
For this study, the investigator took into consideration certain ethical issues. Formal permission was obtained from the Principal of PU Colleges, Bangalore to conduct the study. After explaining the purpose of the study and about the confidentiality, informed consent was obtained from the subjects. There were no ethical issues aroused during the study.

3. RESULTS
This chapter deals with the analysis and interpretation of data collected from 80 adolescents to assess the knowledge and attitude of adolescents regarding Reactive Attachment Disorder, Bangalore. The purpose of the analysis is to reduce the data into an interpretable and meaningful form so that the results can be compared and significance can be identified. Analysis has been defined as categorizing, ordering, manipulating and summarizing of data to obtain answers to research hypothesis questions.

Organization and presentation of the data:
The data collected were edited, tabulated, analyzed, interpreted and findings obtained were presented in the forms of tables and diagrams represented under following two parts and five sections.

PART-I
Section A: Description of adolescents based on demographic variables.
Table–1(a): Frequency and percentage distribution of adolescents according to age, sex, religion, type of family, year of studying and place of stay. n=80

S. No.	Demographic variables	Characters	Frequency(f)	Percentage (%)
1	Age	16-17	63	78.8
		18-19	17	21.3
2	Sex	Male	43	53.8
		Female	37	46.3

		Hindu	69	86.3
3	Religion	Muslim	8	10.0
		Christian	3	3.8
		Other	-	-
4	Type of family	Nuclear	62	77.5
		Joint	18	22.5
		Others specify	-	-
5	Year of studying	First year PUC	35	43.8
		Second Year	45	56.3
6	Place of stay	House	74	92.5
		Hostel	4	5.0
		Paying guest	1	1.3
		other	1	1.3

Table–1(b): Frequency and percentage distribution of adolescents according to attachment pattern, childhood history, primary caregiver in early childhood, the source of information about Reactive Attachment Disorder. n=80

S. No.	Demographic variables	Characters	Frequency (f)	Percentage (%)
7	Attachment pattern	To parents	50	62.5
		To grandparents/ significant family members	2	2.5
		To friends	23	28.8
		To self	5	6.3
		To siblings	-	-
8	Childhood history	Neglected	8	10.0
		Abused	8	10.0
		Maltreated	5	6.3
		Secured	59	73.8
9	Primary caregiver in childhood	Mother	67	83.8
		Father	7	8.8
		Other than parents	6	7.5
10	Information regarding re-active attachment	No	54	67.5
		Yes	26	32.5

Section B: Assessment of knowledge of adolescents regarding reactive attachment disorder.

Table–2(a): Frequency and percentage distribution of adolescents according to knowledge regarding Reactive Attachment Disorder. n=80

S. No.	Level of knowledge	Frequency (f)	Percentage (%)
1	Inadequate knowledge	56	70.0
2	Moderately adequate knowledge	24	30.0
3	Adequate knowledge	-	-
4	Overall	80	100

Above table shows the level of knowledge of adolescents in which 56(70%) had inadequate knowledge, 24(30%) had moderate knowledge regarding reactive attachment disorder
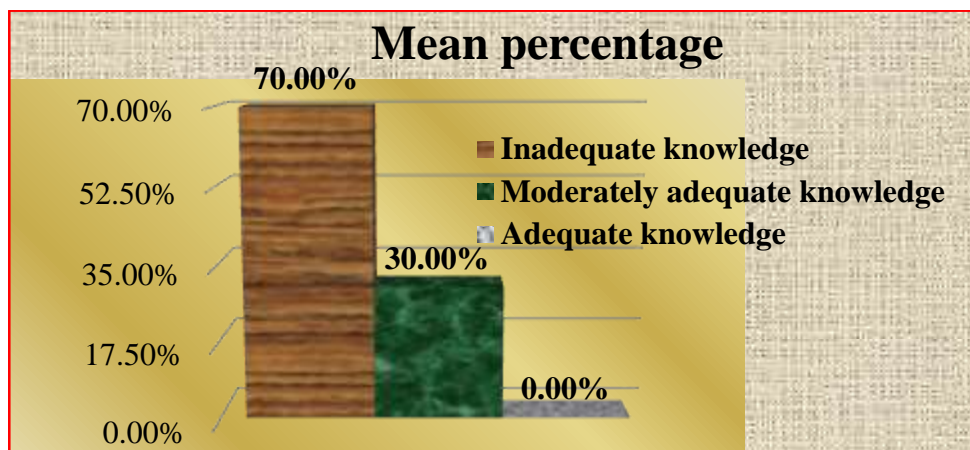

Fig. 1: Frequency and percentage distribution of adolescents according to knowledge regarding Reactive Attachment Disorder.

Table 2 (b): Mean & Standard Deviation of adolescents regarding Reactive Attachment Disorder.n=80

S. No.	Aspects of Knowledge	Max. score	Range	Mean	SD	Mean %
1	General information on attachment pattern	5	1-5	3.10	1.13	62.0
2	General information on reactive attachment disorder	19	2-11	7.26	1.86	38.2
3	Over all	24	5-16	10.36	2.21	43.1

SECTION-C: Assessment of level of the attitude of Adolescents regarding Reactive Attachment Disorder

TABLE 3 (a): Frequency and percentage distribution of adolescents according to the attitude of Adolescents regarding Reactive Attachment Disorder. n=80

S. No.	Level of attitude regarding attachment disorder	Frequency (f)	Percentage (%)
1	Unfavorable attitude	-	-
2	Moderately favorable attitude	62	77.5
3	Favorable attitude	18	22.5
4	Overall	80	100

Above table depicts that 62(77.5%) adults had moderately favorable attitude, 18(22.5%) had favorable attitude and none of them had an unfavorable attitude regarding reactive attachment disorder.
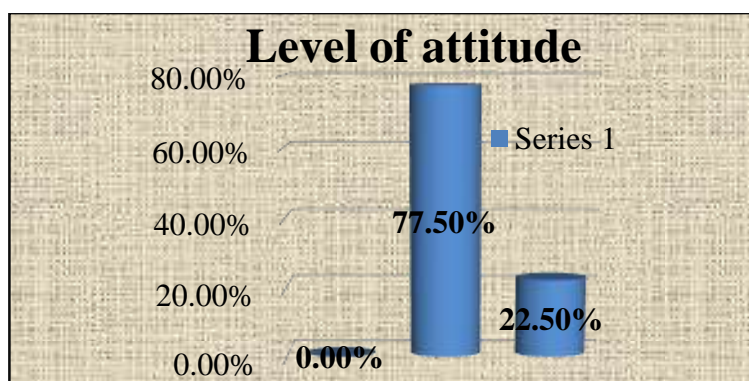

Fig. 2: Frequency and percentage distribution of adolescents according to the level of attitude regarding Reactive Attachment Disorder.

Table 3 (b): Mean, Standard Deviation & Mean percentage of attitude regarding Reactive Attachment Disorder. n=80

S. No.	Variable	Max. score	Range	Mean	SD	Mean %
1	Attitude	60	35-50	42.83	3.32	71.3

PART-II
Section D: Assessment of correlation between knowledge and attitude of adolescents.

Table 4: Correlation between the knowledge and attitude of adolescents regarding Reactive Attachment Disorder. n=80

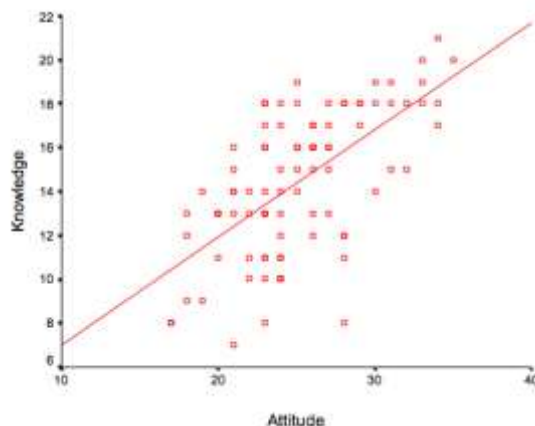| Variable	Attitude	
	r	**p-value**
Knowledge	0.541*	P<0.01

Note: *- Significant at 1 % level i.e., (p<.01)

Fig. 3: Correlation between the knowledge and attitude of adolescents regarding Reactive Attachment Disorder.

Section E: Association of knowledge and attitude with selected demographic variables.

Table 5(a): Association of knowledge with selected demographic variables such as age, sex, religion, type of family, year of studying and place of stay. n=80

S. No.	Demographic variables	Characters	Sample		Knowledge				χ^2-value	p_value
			No.	%	≤Median		>Median			
					No.	%	No.	%		
1	Age	16-17	63	78.8	29	69.0	34	89.5	**4.974, df=1, S**	p<0.05
		18-19	17	21.3	13	31.0	4	10.5		
2	Sex	Male	43	53.8	20	47.6	23	60.5	1.337, df=1, NS	p>0.05
		Female	37	46.3	22	52.4	15	39.5		
3	Religion	Hindu	69	86.3	34	81.0	35	92.1	2.153, df=2, NS	p>05
		Muslim	8	10.0	6	14.3	2	5.3		
		Christian	3	3.8	2	4.8	1	2.6		
4	Type of family	Nuclear	62	77.5	30	71.4	32	84.2	1.86, df=1, NS	p>0.05
		Joint	18	22.5	12	28.6	6	15.8		
5	Year of studying	First year PUC	35	43.8	20	47.6	15	39.5	0.538, df=1, NS	P>0.05
		Second Year	45	56.3	22	52.4	23	60.5		
6	Place of stay	House	74	92.5	40	95.2	34	89.5	2.292, df=3, NS	p>.05
		Hostel	4	5.0	2	4.8	2	5.3		
		Paying guest	1	1.3	0	0	1	2.6		
		others	1	1.3	0	0	1	2.6		

Note: Sig- Significant at <0.05 level, NS- Not significant.

Table 5 (b): Association of knowledge with selected demographic variables such as attachment pattern, childhood history, primary caregiver, the source of information. n=80

S. No.	Demographic variables	Characters	Sample		Knowledge				χ^2-value	p_value
					≤Median		>Median			
			No.	%	No.	%	No.	%		
7	Attachment pattern	To parents	50	62.5	29	69.0	21	55.3	1.675, df=3, NS	P>0.05
		To grand parents	2	2.5	1	2.4	1	2.4		
		To friends	23	28.8	10	23.8	13	34.2		
		To self	5	6.3	2	4.8	3	7.		
8	Childhood history	Neglected	8	10.0	4	9.5	4	10.5	0.926, df=3, NS	P>0.05
		Abused	8	10.0	3	7.1	5	13.2		
		Maltreated	5	6.3	3	7.1	2	5.3		
		Secured	59	73.8	32	76.2	27	71.1		
9	Primary caregiver	Mother	67	83.8	38	90.5	29	76.3	2.969, df=2, NS	P>0.05
		Father	7	8.8	2	4.8	5	13.2		
		Others	6	7.5	2	4.8	4	10.6		
10	Information	No	54	67.5	28	66.7	26	68.4	0.028, df=1, NS	p>0.05
		Yes	26	32.5	14	33.3	12	31.6		

Note: S- Denotes significant at 5% level (p<0.05) and NS- Not significant at 5% level (p>0.05)

Table 5 (c): Association of attitude with selected demographic variables such as age, sex, religion, type of family, year of studying and place of stay. n=80

S. No.	Demographic variables	Characters	Sample		Attitude				χ^2-value	p_value
			No.	%	≤Median		>Median			
					No.	%	No.	%		
1	Age	16-17	63	78.8	36	83.7	27	73.0	1.373, df=1, NS	p>0.05
		18-19	17	21.3	7	16.3	10	27.0		
2	Sex	Male	43	53.8	22	51.2	21	56.8	0.250, df=1, NS	p>0.05
		Female	37	46.3	21	48.8	16	43.2		
3	Religion	Hindu	69	86.3	37	86.0	32	86.5	0.750, df=2, NS	p>05
		Muslim	8	10.0	5	11.6	3	8.1		
		Christian	3	3.8	1	2.3	2	5.4		
4	Type of family	Nuclear	62	77.5	33	76.7	29	78.4	0.30, df=1, NS	p>0.05
		Joint	18	22.5	10	23.3	8	21.6		
5	Year of studying	First year PUC	35	43.8	23	53.5	12	32.4	3.942, df=1, S	P<0.05
		Second Year	45	56.3	20	46.5	25	67.6		
6	Place of stay	House	74	92.5	40	93.0	34	91.9	2.048, df=3, NS	p>.05
		Hostel	4	5.0	2	4.7	2	5.4		
		Paying guest	1	1.3	0	0	1	2.7		
		others	1	1.3	1	2.3	0	0		

Note: S- Denotes significant at 5% level (p<0.05) and NS- Not significant at 5% level (p>0.05)

Table 5(d): Association of attitude with selected demographic variables such as attachment pattern, childhood history, primary caregiver, the source of information. n=80

S. No.	Demographic variables	Characters	Sample		Attitude				χ²-value	p_value
			No.	%	≤Median		>Median			
					No.	%	No.	%		
7	Attachment pattern	To parents	50	62.5	23	53.5	27	73.0	**7.232, df=3, S**	P<0.05
		To grand parents	2	2.5	0	0	2	5.4		
		To friends	23	28.8	16	37.2	7	18.9		
		To self	5	6.3	4	9.3	1	2.7		
8	Childhood history	Neglected	8	10.0	6	14.0	2	5.4	4.25, df=3, NS	P>0.05
		Abused	8	10.0	5	11.6	3	8.1		
		Maltreated	5	6.3	1	2.3	4	10.8		
		Secured	59	73.8	31	72.1	28	75.7		
9	Primary care giver	Mother	67	83.8	38	88.4	29	78.4	1.577, df=2, NS	P>0.05
		Father	7	8.8	3	7.0	4	10.8		
		Others	6	7.5	2	4.7	4	10.8		
10	Information	No	54	67.5	30	69.8	24	64.9	0.218, df=1, NS	p>0.05
		Yes	26	32.5	13	30.2	13	35.1		

Note: S- Denotes significant at 5% level (p<0.05) and NS- Not significant at 5% level (p>0.05)

4. DISCUSSION

Characteristics of demographic variables
The characteristics of the demographic variables, described in terms of their frequency and percentage distribution, which showed that 78.8% subjects were in the age group of 16-17, 53.8% were males, maximum number of subjects (ie) 86.3% were Hindus, 77.5% were from nuclear family, and nearly 56.3% of subjects were studying in second year PUC. Nearly 92.5% of the subjects were staying at home, 62.5% of the subjects were more attached to parents, and most of them 73.8% were having secured childhood history. For most of the subjects 83.8% primary caregiver was a mother. About 67.5% of adolescents were not informed about Reactive Attachment Disorder.

The first objective was to assess the knowledge of adolescents regarding Reactive Attachment Disorder.
The majority (70.0%) of adolescents had an inadequate level of knowledge. The overall mean related to knowledge of adolescents regarding reactive attachment disorder is 10.36 with the SD 2.21.

A study revealed that although adolescents diagnosed with RAD appear to demonstrate significantly more behavioral problems and psychosocial difficulties than adolescents without RAD, there have been few examinations of empirically informed treatments for this disorder. One avenue that may be particularly promising is the use of treatments that have been successfully used to decrease similar problematic behaviors in adolescents. Perhaps the most concerning consequence of the RAD diagnosis is the emergence of novel treatments that lack a sound theoretical basis or empirical support, so adolescents need to have knowledge about RAD and other attachment disorders. [59]

The second objective was to assess the attitude of adolescents regarding Reactive Attachment Disorder.
The assessment of the adolescents regarding their attitude regarding Reactive Attachment Disorder was revealed that 77.5 % of them had moderately favorable attitude, 22.5% of them had favorable attitude and none of them had an unfavorable attitude.

Several studies suggest people with secure attachment styles have longer-lasting relationships. This may be partly due to commitment. People with secure attachment styles tend to express more commitment to their relationships. People with secure attachment styles also tend to be more satisfied with their relationships, which may encourage them to stay in their relationships longer. However, secure attachment styles are by no means a guarantee of long-lasting relationships. So their attitude differs with attachment patterns. [60]

The third objective was to correlate knowledge and attitude of adolescents regarding Reactive Attachment Disorder.
The correlation between the level of knowledge and attitude (r= 0.541 at p< 0.01) showed that there was a positive correlation between the knowledge and attitude of adults regarding reactive attachment disorder.

Hence the research hypothesis H_1- which states, "There is a significant correlation between knowledge and attitude regarding reactive attachment disorder.

There is an extensive body of research demonstrating a significant association between attachment organizations and adolescents functioning across multiple domains. Early insecure attachment does not necessarily predict difficulties, but it is a liability for the child, particularly if similar parental behaviors continue throughout childhood. Compared to that of securely attached adolescent, the adjustment of an insecure adolescent in many spheres of life is not as soundly based, putting their future relationships in jeopardy. Although the link is not fully established by research and there are other influences besides attachment, secure infants are more likely to become socially competent than their insecure peers. Relationships formed with peers influence the acquisition of social skills, intellectual development and the formation of social identity.[61]

The fourth objective was to associate knowledge and attitude of adolescents regarding Reactive Attachment Disorder with their demographic variables.

Association of demographic variables with the knowledge was done using chi-square test. Although there was no significant association found between knowledge and demographic variables of adolescents, sex, religion, type of family, year of studying, place of stay, attachment pattern, childhood history, primary caregiver, source of information, but it is found that there was significant association between knowledge and demographic variable of adolescents such as age.

Similarly, association of demographic variables with attitude was done using chi-square test. Although there was no significant association found between attitude and demographic variables of adolescents, age, sex, religion, type of family, place of stay, childhood history, primary caregiver, source of information, It is found that there is significant association between the attitude and demographic variables of adolescents such as year of studying and attachment pattern.

Hence the research hypothesis H_2 that stated, "There is a significant association between knowledge and attitude regarding Reactive Attachment Disorder with that of demographic variables" was accepted. This indicates that level of knowledge of adolescents varies according to their age and attitude of adolescents varies according to their year of studying and attachment pattern.

There is some evidence that gender differences and age in attachment patterns of adaptive significance begin to emerge in middle childhood. Insecure attachment and early psychosocial stress indicate the presence of environmental risk (for example poverty, mental illness, instability, minority status, violence). This can tend to favor the development of strategies for earlier reproduction. However, different patterns have different adaptive values for males and females. Insecure males tend to adopt avoidant strategies, whereas insecure females tend to adopt anxious/ambivalent strategies unless they are in a very high-risk environment. [62]

5. CONCLUSION

Reactive attachment disorder is a lifelong condition, but with proper recognition, adolescents can develop more stable and healthy relationships with caregivers and others. Good knowledge and attitude about Reactive Attachment Disorder will help adolescents to recognize their attachment pattern in order to maintain the mental health.

The present study assessed the level of knowledge and attitude of adolescents regarding reactive attachment disorder. The results revealed that majority (70.0 %) of them have inadequate knowledge, 30.0% have moderately adequate knowledge none of them have adequate knowledge. And coming to attitude majority (77.5%) of them have moderately favorable attitude, 22.5% of them have favorable attitude and none of them have an unfavorable attitude. Demographic variables like age, year of studying and attachment pattern have influence over the knowledge and attitude.

6. SUMMARY

There was a positive correlation between the knowledge and attitude of adolescents. Hence research hypothesis H_1 was accepted. There was a statistically significant association between the knowledge and attitude with that of some demographic variables of adolescents like age, year of studying and attachment pattern. Hence the research hypothesis H_2 was accepted.

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