Social competence and emotional/behaviour problems in 6–16 year-old Swedish school children

B. Larsson
M. Frisk

Abstract Social competence and emotional/behavioural problems as reported by parents on a Swedish version of the Child Behaviour Checklist (CBCL) were examined in 1308 Swedish school-aged children/adolescents recruited from a stratified, random sample of schools in urban, semirural, and rural areas in Uppsala County, Sweden, and from Stockholm, the capital city of Sweden. The overall response rate was 80.6%. Few gender differences were found, but adolescents received higher problem scores and higher social competence scores than the younger children. Children from the middle SES groups were regarded as having higher social competence levels, and children from the lower SES groups had higher emotional/behaviour problem scores. Children from the larger cities consistently obtained higher problem scores. Those who had received help during the previous year because of psychological problems (2%) had much higher problems scores than those who had not received help. The levels of emotional/behavioural problems in children and adolescents in the present sample seem to be comparable to those reported in similar Scandinavian studies where the CBCL has been used. However, they were considerably lower than those commonly reported in epidemiological studies of children/adolescents from other countries and cultures.

Key words Child – adolescent – psychopathology – epidemiology

Introduction

Extensive epidemiological research on psychosocial functioning in children and adolescents has been carried out in various countries and cultures (40) over the years. However, one has to interpret the findings cautiously because of diverse and nonstandardized assessment methods, particularly in early epidemiological research. In the pioneering Isle of Wight study, Rutter and his co-workers developed parent (31) and teacher (30) questionnaires for assessing behaviour problems in school-aged children. These instruments have also been used in several epidemiological studies of children in other countries and cultures (13, 15, 21, 26).

Based on clinical samples of children referred to child psychiatric services, Achenbach and his coworkers (4) developed an extensive checklist, the Child Behaviour Checklist (CBCL), which assesses social competence and behavioural/emotional problems in children. The CBCL is to be filled out by parents. Today it has been translated into more than 50 different languages and is used in numerous studies on a wide range of problems in children and adolescents (42). During the last decade, several cross-cultural studies have been accomplished in which social competencies and behavioural/emotional problems in children/adolescents have been compared between countries (5, 33, 36). In a recent study on parent-reported problems in children and adolescents in 12 countries or cultures, total problem, externalizing and internalizing scores were compared and found to be lowest for Swedish children (12). Results from Scandinavian epidemiological studies using the CBCL have
been published from Finland (6), Norway (17, 23), Iceland (18), and recently Denmark (7).

Since the 1940s various large-scale epidemiological studies of children's psychosocial functioning have been conducted in Sweden [for a review, see (9)]. Several of these have been based on teacher, child or adolescent self-reports, only a few have applied parent reports in the assessment (10, 19, 20). In an early pioneering study, Jonsson and Kälvesten examined social psychiatric problems in 222 boys 8–16 years-old from Stockholm (19). Using a symptom checklist developed by MacFarlane and her co-workers for a longitudinal study of American children (25), Jonsson and Kälvesten found that 25% of the boys could be regarded as “problem cases”. In a study of 10- and 12-year-old school children in a rural district in Southern Sweden, Kornfält (20) found that 6% of the children were rated by their parents as being problematic, compared with 13% in teacher ratings, and 18% when the children themselves reported psychological problems. Cederblad and Höök (9) used a semi-structured interview with parents based on the items used in the MacFarlane study and found that 13% of the children received a problem score indicating deviance in their behaviour.

The aims of the present study were (1) investigate social competence and behaviour/emotional problems in Swedish school children 6–16 years, (2) supply normative Swedish data for the CBCL, (3) examine whether factors as children’s age, gender, socio-economic status (SES) of the family, area of residence (urban, semirural/rural), Swedish vs. non-Swedish citizenship, were related to the children’s social competence and behaviour/emotional problem scores, and (4) compare the study sample scores with the outcomes of similar Scandinavian studies as well as studies conducted in other countries and cultures where the CBCL has been used.

Methods

Subjects and procedures

Our sample of school children was recruited from Uppsala County and from Western Stockholm in 1992–1993. At the time of study, the County of Uppsala consisted of 270,000 inhabitants, and the City of Uppsala of 106,000 inhabitants (the fourth largest city in Sweden). The City of Stockholm, the largest in Sweden, had about 1 million people (Statistics Sweden) (34). We aimed to include at least 50 boys and 50 girls in each of the 11 age groups and equally large subsamples from rural, semirural (small and middle-sized towns), and urban (larger cities) areas, in addition to equally large subsamples of school children in low (1–3) middle (4–6) and high (7–9) grades.

A cluster sampling procedure was used, and 1677 children from 10 public preschools and 25 public schools (66 classes from grades 1–9) were invited to participate in the study. Of a total of 44 eligible schools in the large cities (Stockholm and Uppsala), 13 schools were randomly selected and from each of these schools 2–3 classes were likewise randomly selected. Twelve schools were randomly selected (of 47 schools with more than 100 pupils) in the semirural and rural areas, and from each of these schools 2–5 classes were similarly randomly selected. One school in the countryside, and one classroom teacher in Uppsala was reluctant to participate, and both were therefore replaced with another school and another class. In Sweden, 99% of all school children attend public schools (27). According to school statistics, about 1% of adolescents left grade 9 in 1992–1993 with at least one missing school mark due to high school absence (28).

After consent from the principal of each preschool and school, the classroom teachers of each selected class received information about the study by mail. In addition, they were informed about the study by one research assistant during a meeting at school, when all the material was handed over to the teachers. They were asked to notify each class about the study and to distribute the material to the students, who brought the CBCL questionnaire home along with an information letter to the parents. The students then returned the CBCL questionnaire in a sealed envelope to the classroom teacher who collected the material over a period of several weeks. Each class received 500 Sw.Cr. after the teacher decided to terminate the collection of questionnaires.

The teachers were asked to evaluate whether at least one parent in each family had knowledge enough in the Swedish language to be able to fill out the CBCL. Twenty-nine families (1.7%) were excluded because they lacked such competence. In order to follow procedures recommended by Achenbach in the assessment of children in a normative sample [Achenbach 1991, p. 20 (1)], parents were also asked whether the child had received any help in school or regular health service during the previous year related to psychological problems. Twenty-six parents (1.9%) responded positively to this item, and their children were excluded from the final sample. An analysis showed that there was no difference in social competence levels between those who had received any help, compared to those who had not, whereas the behavioural/emotional problem scores were significantly higher among those who had received help ($M = 39.1$) compared with those who had not ($M = 14.2$), $t(1275) = 4.54, p < 0.001$.

Among the 1622 subjects who fulfilled the inclusion criteria, 242 families forgot to return the questionnaire, or returned it blank, or refused to participate (altogether 16.9%). In 2.4% ($n = 40$) of the 1348 questionnaires returned, more than 8 items had been left out by the parents. The final sample consisted of 1308 school