

Family Transition, Conduct Problem, and Self-Esteem in Elementary Schools in Kuwait: A Quasi-Experimental Design

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The study investigates whether family transitions are related to behavioural and self-esteem problems in elementary school-aged males in Kuwait. Boys between the ages of 8 and 10 are divided into two groups: a group whose families have undergone a transition within the past three years and a group whose families had not undergone such a transition. The two groups are compared in problems with conduct and self-esteem as measured by the Child Behaviour Checklist-6/18, and on the Self-Esteem Index. The study does not find statistically significant relationships between having undergone a family transition and the students' conduct and self-esteem. Transitions in the families of young Kuwaiti boys do not seem to be precursors of conduct problems or low self-esteem. Future research could study conflict factors in families to determine whether conflict is related to both problems with behaviour and self-esteem.

Keywords: Family Transition, Conduct Problem, Self Esteem, Quasi Experimental

I. INTRODUCTION

The family is the unit of society that is primarily responsible for child-rearing functions; the "family" is not limited to biological parents and children, but may consist of a variety of adults or siblings who care for a child (Kumpfer 1999) and the family is the unit that has the greatest influence on children (Simons, Wu, Lin, Gordon and Conger 2000). Families should offer or provide emotional support, learning opportunities, physical necessities, moral guidance, and the chance to develop self-esteem and resilience (Kumpfer 1999). A family also provides a feeling of safety from harm (Chamberlain 2003).

In addition to providing various kinds of support, the family unit also teaches children to control unacceptable behaviour, to delay gratification, and to respect the rights of others (Wright and Wright 1994). Ideally, families provide nurturing environments through which children learn effective ways to interact with others (Chamberlain 2003). Todd, Smith, Inchley, Currie and Currie (2007) summarise what the family provides by describing the family as an important setting for an

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individual's development on every level—physical, emotional, and social. Social behaviour and attitudes are formed within the family.

Good parenting practices result in children's seeing that they are valued and cared for in their parents' willingness to provide warmth and attentiveness, set limits, reward good behaviour, and monitor activities. When the focus is narrowed to mothers and daughters, researchers note that modeling by maternal caretakers teaches girls to develop caring, empathic relationships, manage anger, and protect themselves from harm (Letendre 2007).

Most scholars believe that mother-child and father-child relationships are beneficial to children (Sobolewski and Amato 2007). However, many families are configured in a variety of other ways: some are single parent families, divorced families with joint custody, children living with extended family members, adoptive parents, protective custody, and stepparents. However, having a non-traditional family does not mean that the child or the family is necessarily at risk. Having a relationship, along with the support and guidance provided to the child, is the best predictor of a well functioning family (Kumpfer 1999). Therefore, a well functioning family could set the tone for a well functioning child.

1.1 Objectives, Research Questions, and Hypotheses

The aim of this study is to investigate whether family transitions were related to the conduct problems and self-esteem in elementary school aged Kuwaiti males.

1) Are conduct problems and low self-esteem more prevalent among elementary aged Kuwaiti boys whose families are in transition than among a similar group of boys whose families are not in transition?

The hypotheses related to this question are:

H1: There is a statistically significant difference between the levels of conduct problems as measured by the Child Behavior Checklist (CBCL 6-18) (Achenbach and Rescorla 2001) in elementary aged Kuwaiti boys whose families are in transition, as compared to elementary school aged Kuwaiti boys whose families are not in transition.

H0: There is no statistically significant difference between the levels of conduct problems as measured by the Child Behaviour Checklist (CBCL 6-18) (Achenbach and Rescorla, 2001) in elementary aged Kuwaiti boys whose families are in transition, as compared to elementary school aged Kuwaiti boys whose families are not in transition.

H2: There is a statistically significant difference between the levels of self-esteem as measured by the Self-Esteem Index (SEI) (Brown and Alexander 1991) in elementary school aged Kuwaiti boys whose families are in transition, as compared to elementary school aged Kuwaiti boys whose families are not in transition.

H2o: There is no statistically significant difference between the levels of self-esteem as measured by the Self-Esteem Index (SEI) (Brown and Alexander 1991) in elementary school aged Kuwaiti boys whose families are in transition, as compared to elementary school aged Kuwaiti boys whose families are not in transition.

1.2 Family Transitions

Transitions may include parents' separation, a cohabiting romantic partner's move into or out of the home, the remarriage of a single parent, or the disruption of a remarriage. The number of American homes that have children who live with both biological parents is declining (Lugaila 1998). A high percentage of American children experience transitions into single-parent families and stepfamilies (Andersson 2002). In 2006, just 35 per cent of African American children between the ages of 0 and 17 lived with married parents, compared to 76 per cent for Caucasian children (Forum on Child and Family Statistics 2007). Only 60 per cent of young people in the United States report living with both of their parents (Todd, Smith, Inchley, Currie and Currie 2007). Older children are more likely to live with a stepparent and less likely to live with cohabiting parents. In comparison to other countries, the United States has the highest percentage of children who experience transitions into single-parent homes (Forum on Child and Family Statistics 2007).

Children respond differently to family transitions. Some may withdraw, act out, develop school problems, and others may progress unharmed (Martinez and Forgatch 2002). However, changes in a family's structure are likely to be disruptive (Ermisch, Francesconi and Pevalin 2004). Family structure transitions create a cycle of changes that are detrimental to children's development and well-being that can disrupt family processes (DeGarmo and Forgatch 1999).

The problems for children are both immediate and long-term. Compared with intact families, children who come from divorced families may endure long-term negative outcomes as they grow into adulthood, such as lower socioeconomic attainment, poorer psychological adjustment, increased marital instability, and academic problems (Chase-Landale, Cherlin and Kiernan 1995).

Children and their parents form a functioning family system and any repeated disruption to a family functioning system may create more problems than its

stable continuation. Although a two-parent family is usually considered best, research suggests that children who are born to a single parent may be as well off or better if the parent does not remarry or cohabit (Fomby and Cherlin 2007).

Even Children who experience only one transition in family structure during early childhood are more likely to exhibit behaviour problems by age 5 (Najman *et al.* 1997). Elementary school children who experience more than two transitions are more likely to show disruptive behaviour at school, have poorer emotional adjustment, and have lower grades and achievement score than those who experience one or no transitions (Martinez and Forgatch 2002).

Children who deal with multiple transitions face worse developmental outcomes than children who are raised in stable two-parent families (Fomby and Cherlin 2007). This repeated disruption could create more short-term crises that might negatively affect the child's development. Even in cases in which there are no crises, multiple transitions could damage a child's sense of security and trust, which could negatively affect the child's emotional development (Fomby and Cherlin 2007).

Families that face changes in their family structure frequently create hostile environments for children, which may often result in harsh discipline or abusive behaviours. This abusive family environment increases the risk of delinquency and child drug use among the children who experience it (Krohn, Hall and Lizotte 2009).

Stress brought on by transitions may decrease the ability for a family to cope, and the family members may be more vulnerable to impaired functioning. This is likely among transitions that are viewed as positive.

Multiple transitions also place mothers at risk for disrupted parenting practices. However, mothers who use effective parenting throughout such transitions may be able to decrease the negative effects (Martinez and Forgatch 2002). Observing conflict between parents can be a great source of stress for children (Amato and Cheadle 2008). It can negatively affect their interactions with their own children (Davies and Cummings 1994, Hetherington and Clingempeel 1992). Children who are exposed to unresolved conflicts between parents may also risk the chance of modeling that behaviour later (Amato and Booth 1997, Emery 1999).

Children who come from homes where domestic violence occurs have more developmental, physical, and psychological difficulties than their counterparts from non-battering homes (American Bar Association 2005).

1.3 Definition of Terms

- 1) **Conduct Problem:** refers to deviant behaviours carried out by children which break family, school or societal rules such as lying, cheating, stealing, running away from home, setting fires, etc. For the purpose of this study, conduct problems will be measured using the Child Behaviour Checklist-6/18 (CBCL-6/18) (Achenbach and Rescorla 2001).
- 2) **Self-esteem:** an individual's sense of his or her value or worth, or the extent to which a person values, approves of, appreciates, prizes, or likes him or herself (Blascovich and Tomaka 1991). Self-esteem will be measured by the Self-Esteem Index (SEI) (Brown and Alexander, 1991).
- 3) **Transition:** the addition or loss of a parental spouse or partner (Fomby and Cherlin 2007). For the purpose of this study, the word *transitions* will apply to any family transition occurring within two years prior to testing.

II. THEORETICAL PERSPECTIVE

2.1 Developmental and Life Course Theories

Developmental and life course theorists believe that a child's exhibition of early delinquent behaviour begins a process in which tension and conflict with parents or other family members increases, which causes emotional bonds to weaken (Thornberry 2005).

The cycle of negative behaviours can spread to relationships with peers too. Typically, friendships with conventional peers are broken or replaced in favour of a greater affiliation with deviant peers who have delinquent values. These children may avoid or refuse to participate in positive activities such as sports or extra-curricular activities. Developmental and life course theorists also speak of "cascading negative consequences," which weakens a child's connection to conventional people and institutions in exchange for associations with individuals associated with a criminal life (Thornberry and Krohn 2005:296).

But, of course, deviant behaviour is not always due to changes in the family. Biological factors may predispose individuals to criminal behaviour (Bacon, Paternoster and Brame 2009). Some studies cite factors that could include physiological factors, such as a low birth weight or other neuropsychological deficits (Moffitt 1993). Wilson and Hermstein (1985) believed that among individuals who committed crime, low birth weight or neuropsychological deficits correlated with an early onset of criminal behaviour. Those who engage in crime early would indicate that they possess a high criminal propensity.

Gottfredson and Hirschi (1990) proposed that the crime may be related to an ability to be impulsive, or the inability to delay gratification. Impulsivity, which may be able to be mediated by socialisation, often has its roots in neurological deficit. Impulsivity and rule breaking in childhood is a predictor of criminal acts later in life.

As establishing social bonds is crucial, breaking such bonds may initiate a self-perpetuating cycle of deviant behaviour. Bacon, Paternoster and Brame (2009) found that social control, social learning, and strain theorists would argue that criminal offending that occurs in one year will causally influence criminal offending that occurs over the next year due to the weakening of social bonds. However, these theorists do not necessarily believe that the early onset of offending would be any worse than offending initiated at a later time.

2.2 Theories of Family Systems

The importance of social bonds is at the heart of family systems theory, which explores and supports the idea that people cannot be understood in isolation from one another (Bowen 1985). Family systems theory focuses specifically on how a child learns communication and interaction patterns, his sense of separateness and connectedness, loyalty and independence; family systems theory is concerned with adaptation as a whole and not with the individual in isolation (Van Velsor and Cox 2000).

Research indicates that youth who come from divorced or chaotic homes have to experience the transition to adulthood without the support of close parent-child ties. Most often it is the father who is missing from the family. It is difficult for children and non-resident fathers to continue a deep, satisfying bond due to the fact that mothers often have primary custody of their children. Therefore, many children acknowledge a closer relationship with their mothers than with their fathers (Sobolewski and Amato 2007).

The standard family environment models assume that the quality of a parent's marriage has an effect on a child's chances of developing emotional, academic, and behavioural problems (Amato and Cheadle 2008). Conflict or disagreements are often the precursors for divorce. Divorce often leads to difficulties for children, including reduced contact with the noncustodial parent, a decline in living conditions, possibly moving to new neighbourhoods where there are fewer community resources, and continued problems between the parents (Amato 2000).

Just as deviant behaviour might be traced to a physiological origin, so too might marital dissolution have some physiological or genetic links. According to

Plomin (1994:1140), "the passive genetic model perceives that many personality traits, such as depression, neuroticism, and antisocial behaviour have a strong genetic component." Behavioural genetics studies indicate that adults' reports of family conflict and marital satisfaction have genetic components. In other words, genetically inherited traits may predispose people to act in ways that will contribute to the risk of marital dissolution (Towers, Spotts and Neiderhiser 2001). As children share about 50 per cent of their genes with each parent, the parents' marital distress and children's behaviour problems are positively correlated (Amato and Cheadle 2008).

Other theorists focus less on genetics and more on family dynamics. According to Amato and Cheadle (2008:1141), "the child effects model assumes that the links between the parent's and children's behaviour are due to the causal effect of children on parents." Children who behave negatively may increase the chances for tension between parents, which leads to a positive correlation between marital conflicts and children's misbehaviour.

This model does not assume that all children's problems are genetically inherited. These problems may exist because of peers, neighbourhoods, or the media. In other words, parents' behaviour may be a reaction to a child's negative behaviour (Amato and Cheadle 2008).

The deficit model assumes that two biological parents are necessary for the proper development of children. It also assumes that a single-parent family in which the father is absent, or a stepfamily in which the father is present but is not biologically related, does not provide enough psychological, material, and emotional resources to children (Ram and Hou 2005).

III. LITERATURE REVIEW

Conduct problems are a cluster of behaviours characterised by non-compliance, aggressive behaviour and violation of societal or familial rules (McMahon and Wells 1998). They are also characteristic of disruptive behaviour disorders (APA 1994). These problems may range from mild oppositional behaviour to delinquent acts (Sanders, Gooley and Nicholson 2000).

Conduct problems occur in young children (Larsson *et al.* 2009), and these problems usually manifest first in preschool children (Sanders, Gooley and Nicholson 2000). Larsson *et al.* (2009) proposed that children who experience severe conduct problems early on are at an increased risk of peer rejection, parental abuse, and, at later stages, adapting poorly to school, dropping out, and engaging in substance abuse and other delinquent behaviour. Disruptive behaviour in childhood could have long-term effects on adult antisocial outcomes (Simonoff *et al.* 2004). Problem behaviours are developed from persistent

disruptive behaviours that lead to delinquency, which is followed by serious violent offending (Loeber and Farrington 2000).

Conduct problems in adolescence are associated with becoming a parent at a young age, leaving school earlier or with fewer qualifications, unemployment, substance abuse, and other psychiatric disorders (Colman *et al.* 2009).

Colman *et al.* reviewed existing research data, which contended that those who experience conduct problems in adolescence were less likely to be successful as young adults. Conduct problems are more prevalent in adolescent males. Studies have also found that parenting quality has also been related to conduct problems in boys (Mrug, Hoza and Bukowski 2004).

Conduct disorders can cause major impairment in social, academic, or occupational functioning. The behaviour pattern is usually present within the home, school, or the community. Children or adolescents who experience this problem may initiate aggressive behaviours and react aggressively to others. They may display bullying, threatening, or intimidating behaviour, frequent physical fights, use of a weapon, or they may be physically cruel to people or animals.

These children may also destroy property by participating in school vandalism or smashing car windows. Acts of deceitfulness or theft may include breaking into someone's house, frequently lying, or stealing. This pattern may begin before the age of 13. These behaviours may include staying out late at night despite parental prohibitions or running away from home. The childhood-onset type of this disorder is defined by the onset of at least one criterion before the age of 10. Children with conduct disorders are usually male, frequently display physical aggression toward others, have negative peer relationships, and may have had Oppositional defiant disorder during early childhood and usually have symptoms that meet the full criteria for Conduct Disorder before puberty.

3.1 Family Transitions and Academic Conduct

Research indicates that children from single-parent families or disruptive family environments are more likely to get into trouble at school and be less successful. This may be due to the children having less of a commitment to school, creating a cycle of negative outcomes: disrupted families lead to acting badly at school, and trouble at school escalates to juvenile delinquency, which leads to more problems at home and at school. Those children who are not committed to school are also more likely to engage in delinquent behaviour and to use drugs (Lawrence 2007).

Krohn, Hall and Lizotte (2009) found that children who experience frequent structural transitions will also experience problems in the school setting, which

results in more problematic behaviour. Tucker, Marx and Long (1998) argued that residential changes might have a negative impact on the school performance of children in family structures that do not involve both biological parents. Disruptions in the family structure have affected the school performance of children (Brown 2006).

Research has proven that children from single-parent families are more likely to get in trouble at school and be less successful because their commitment level is low. Although structural transitions have an effect on children, the way in which children perceive themselves may also be detrimental to their success.

3.2 Self-esteem

Self-esteem is an individual's sense of his or her value or worth, or the extent to which a person values, approves of, appreciates, prizes, or likes him or herself (Blascovich and Tomaka 1991).

People demonstrate a need to feel good about themselves. They need to feel that they are worthy or valuable (Bosson, Brown, Zeigler-Hill and Swann 2003). As early as 1890, William James recognised the importance of self-esteem as the ability to strive to feel good about self. He believed it to be an important part of human nature.

Types of self-esteem. Bosson *et al.* (2009) concluded that there were several types of self-esteem including explicit, implicit, optimal, and global. Explicit self-esteem is expressed, conscious, and verbal. Implicit self-esteem is automatic and non-verbal.

Sources of self-esteem. According to Kernis (2003), optimal self-esteem is the positive feelings about self that may be brought on by favourable implicit feelings that are not based on achievement. Global self-esteem consists of emotions, which are related to value, likeableness, acceptance, and worthiness.

Links to behaviour. Self-esteem may affect the attainment of goals or increase coping, whereas low self-esteem may create avoidance (Hendy, Eggen, Gustitus, McLeog and Ng 2003). Self-esteem could also influence decision-making, which may have an effect on a person's entire life (D'Amico and Cardaci 2003).

Problems with self-esteem creates a widening circle of effects—teens' disruptive behaviour leads to altered life choices, negative short- and long-term effects, bad feelings about oneself, relationships, and about work. Hendy *et al.* (2003) contended that self-esteem could have an effect on protected sex, age of first sexual experience, school attendance, crime involvement, drug and alcohol use, suicide, job attainment, vocational choice, peer group selection, diet, parenting, and domestic violence.

Self-esteem has been linked to achievement, poor performance, teen pregnancy, bullying, and involvement in the criminal justice system (D'Amico and Cardaci 2003). Self-esteem has also been linked to certain problems, that is, family systems may also have an effect on self-esteem. Positive self-concept is a crucial aspect of social and emotional development (Harter 2006).

The self-views of children reflect early emotional tendencies and the ways in which parents respond to this emotion. Children's self-concepts are associated with child, parent, and family characteristics (Brown *et al.* 2009).

A variety of people are responsible for the construction of a child's self-concept. A child's sense of self is tied to the family (Miller and Mangelsdorf 2005).

Brown *et al.* (2009) found that family relationships work together to impact a child's developing sense of self. Families that exhibit more harmonious interactions have children who describe themselves as being more adventurous. However, family systems that experience high levels of discord are more likely to have children who view themselves as more fearful and less agreeable.

Fathers who are found to be positively engaged and low on hostility tend to have children who are not prone to distress. Parental warmth and support prevents temperamental proneness to distress from affecting children's beliefs about their own social self. Children who experience warm and affectionate bonds from their parents also report a higher level of self-esteem that extends into their adulthood (Roberts and Bengston 1996).

O'Moore and Kirkham (2001) found that bullies have lower self-esteem than those not considered to be bullies. Perez, Vohs and Joiner (2005) indicated that those who have a negative self-view may be more likely to engage in aggressive behaviour.

Past research has shown that children who exhibit aggressive behaviours are more likely to have learning problems in school, poor peer social skills, poor academic performance, and an increased involvement in delinquent activities (DeRosier, Kupersmidt and Patterson 1994, Sutton, Cowen, Crean, Wyman and Work 1999).

A study by Trzesniewski *et al.* (2006) found links between self-esteem and violence and a link between self-esteem in late childhood/early adolescence and aggressive behaviour at age 13. They also found court convictions for violent offenses in adults, which are related to self-esteem. Low self-esteem has been found to be the result of socio-economic deprivation, personal disadvantages and difficulties, family dysfunction, and exposure to abuse. These factors are also linked to longer-term violent behavior (Boden, Fergusson and Horwood 2007).

Another study found low self-esteem to be a predictor of aggression. This same study found that once problem-solving ability was controlled for, self-esteem was no longer a predictor of aggression. Low self-esteem was found to be associated with more negative problem orientation and less positive problem orientation (D'Zurilla, Chang and Sanna 2003).

Perez Vohs and Joiner (2005) indicated that some researchers believe that high self-esteem is related to aggression. In other words, unrealistically high levels of self-esteem can lead to problem behaviours.

Boden, Fergusson and Horwood (2007) found some support for a link between unstable high self-esteem and self-reported violent offending after controlling for confounding factors. Baumeister, Boden and Smart (1996) reported that some research has found a correlation between high self-esteem and aggressive responses.

The authors argued that individuals are motivated to maintain their inflated self-view through interpersonal or intrapersonal mechanisms. Some authors even believe that high self-esteem increases academic achievement (Schmidt and Padilla 2003).

IV. RESEARCH METHOD AND DESIGN

The study used quantitative methods to investigate the relationship between family transitions and characteristics including conduct problems and low self-esteem. Specifically, a quasi-experimental comparison group design was used.

According to Heiman (2001), a quasi-experimental design is appropriate when the researcher does not manipulate a variable and then assigns participants to a comparison group, but rather assigns participants to a particular group based on the qualification of the subject to be a member of that group before the study begins.

This method was chosen because the variable under study, family transitions, was not manipulated by the researcher. Rather, participants were placed in one of two groups depending on whether their families underwent transition in the three years prior to testing. However, it would be ideal to have two perfectly matched groups (Heiman 2001).

The quasi-independent variables including age, and gender was controlled for, as both groups were comprised of Kuwaiti boys of elementary school age. The confounding quasi-independent variables of the socio-economic status and education of the parents were measured.

Participants

The population of this study was students in elementary schools in Kuwait City. A non-probability sampling design, a convenience sample of students from the school, was used in this study. This sampling technique is representative of a limited population made up of the same types of people found in the same situation in which the participants were conveniently available.

The ages of the students ranged from 8 to 10 years of age. Three hundred thirty one subjects were Kuwaiti from second and third grade boys in Alassima governorate in Kuwait City. Every Kuwaiti second and third grade boy in the school had the chance to participate in the study. The subjects consisted of children who were in the regular education programme at the school. If informed consent was given, the students were allowed to participate in the study. There were approximately 331 Kuwaiti male students in the second and third grade in the school.

The mean age of respondents was 8.1 years ($s.d = 2.35$). Participants were treated in accordance with the “Ethical Principles of Psychologists and Code of Conduct.”

Instruments

The instruments used in this study include the Child Behaviour Checklist (CBCL 6-18) (Achenbach and Rescorla 2001), and the Self-Esteem Inventory (SEI) (Brown and Alexander 1991). All subjects were given a demographic questionnaire to determine key quasi-independent variables and also to identify the families that have undergone transition.

Child Behaviour Checklist

In this study, conduct disorders was measured using the Child Behaviour Checklist (CBCL 6-18). The CBL/6-18 measures children's behavioural/emotional problems. This test was designed to assess behaviour problems in children as measured by parents. This test also covers children's activities, social relations, and school performance.

The CBCL/6-18 obtains reports from parents, close relatives, or guardians. It also includes two open-ended items for reporting additional problems. Parents are required to rate their child for how true each item is presently or within the past 6 months using the scale: 0=not true; 1=somewhat or sometimes true; 2=very true or often true (Achenbach and Rescorla 2001).

Reliability and Validity

Two particular subscales were of interest in this study: the conduct problem and the self-esteem sub-scales. The test-retest reliability for Achenbach and Rescorla's conduct problem subscale is .93. Cronbach's alpha coefficient is .91. The cross-informant score for conduct problems is .88. The stability of conduct problems is .80 over 12 months and .79 over 24 months (Achenbach and Rescorla 2001).

Self-Esteem Index

Self-esteem was measured by using the Self-Esteem Index (SEI). This test has been proven to be a reliable measure with children. The Self-Esteem Index (SEI) was used to measure the way children perceive themselves. It is an 80-item instrument that consists of four 20-item scales: perception of familial acceptance, perception of academic competence, perception of peer popularity, and perception of personal security.

Subjects are asked to classify each item on a Likert-type scale as always true, usually true, usually false, or always false. The Self-Esteem Quotient measured the overall self-esteem (Brown and Alexander 1991).

The SEI includes only internal consistency estimates, along with the standard error of measurement. The alpha reliability coefficient is .93 and subscale alphas for the entire sample was in excess of .80. The alphas across the age level of the subjects were similarly appropriate. The coefficient alpha for conduct is .88. The coefficient alpha for self-esteem is .85.

Concurrent validation studies demonstrate promising correlations with other self-esteem measures. Content validity was established through a careful item selection process (Brown and Alexander 1991).

Procedure

Parental consent and child assent forms were sent home to all of the Kuwaiti boys who presently in the second and third grade in Alassima governorate. The purpose of the study was explained and parents were informed of the process of the study.

Parents were also informed that the results of the study would be shared with them upon their request. Once the consent forms were collected, the parental questionnaire process began.

The demographic questionnaire was sent home to the consenting parents and they were asked to return it within one week. Envelopes were provided so that the parents could send it back to school with their children. This questionnaire determined if the family was involved in transitions or had been involved in transitions within the last three years. Next, the students with parental and child consent were administered the SEI. All students were tested at the same time of day to eliminate any possible effect of normal daily variation in performance.

The students received instructions for the test. Although they had signed consent forms, they were also reminded that their parents had given permission for them to take the test. The examiner read the questions to the students to make sure they completely understood what was being asked of them.

All students who had returned their consent forms were given the SEI in a separate classroom. All other students were removed from the classroom. Once the students had completed the self-esteem inventory, the CBCL-6/18 was given to the teacher to complete for each child who took the SEI.

Once the SEI was scored, the parent questionnaires were all completed, and the checklists had been received, the parent questionnaire was assessed to determine which students were/had been experiencing family transitions.

The subjects had the opportunity to withdraw from the study at any time and by no means were they forced to be a part of the research study. Also, if they did not wish to answer a question, they did not have to. Harm and discomfort were not factors in this study. The same rule applied to the questionnaire given to the parents.

The teacher was asked to leave the classroom while the students were completing the inventory to help relieve any stress or pressure in which the student may have been feeling.

The students were grouped according to those who are/had been in transitions and those who are/had not. If a student experienced one or more transitions within the last three years, they were placed in the group of experiencing transitions. If they did not experience any transitions within the last three years, then they were in the group experiencing no transitions.

There were no decisions that were problematic or ambiguous. The SEI and the CBCL-6/18 was scored. The group experiencing transitions were compared against the group who was not experiencing transitions by performing an analysis of variance (ANOVA). It was used to detect the amount of shared variance and strength of the relationship between the variables.

V. DATA ANALYSIS AND DISCUSSION

In this study, it was hypothesised that Kuwaiti boys of elementary school age whose families underwent transition in the past three years would have a higher level of conduct problems than boys whose families had not undergone such a transition. To test this hypothesis, the teacher completed the Child Behavior Checklist for each boy. The results of the scores of the CBCL 6-18 of the boys whose families did undergo a transition within the past three years was compared to the results of the boys whose families did not undergo such a transition.

A one-way analysis of variance (ANOVA) was performed to see if there was any significant difference in the scores of these two groups on the conduct problem subscale of the CBCL. However, a comparison of the demographics between the groups was completed to make certain that they did not differ on any of the ones not being controlled for.

Also, in the present study, it was hypothesised that Kuwaiti boys of elementary school age whose families underwent transition in the past three years would have a lower level of self-esteem than boys whose families did not undergo such a transition. To test this hypothesis, each boy was given the Self Esteem Inventory.

The results of the scores of the SEI of the boys whose families did undergo a transition within the past three years were compared to the results of the boys whose families did not undergo such a transition. An ANOVA was performed to see if there was any significant difference in the scores of these two groups on the SEI.

5.1 Data Analysis Procedure

Inferential statistics was used to draw conclusions from the sample tested. The Statistical Package for the Social Sciences (SPSS) version 19 was used to code and tabulate scores collected from the survey and provide summarised values where applicable, including the median, mean, central tendency, variance, and standard deviation. In addition, demographic data was processed using frequency statistics.

Finally, the t-test and analysis of variance (ANOVA) were used to detect the amount of shared variance and strength of the relationship between the variables of interest.

5.1.1 Testing Hypothesis One

Results of *Hypothesis 1* indicated no significant difference was found between student's conduct and whether or not they were in transition.

Results of *Hypothesis 2* indicated no significant difference was found between student's self-esteem and whether or not they were in transition.

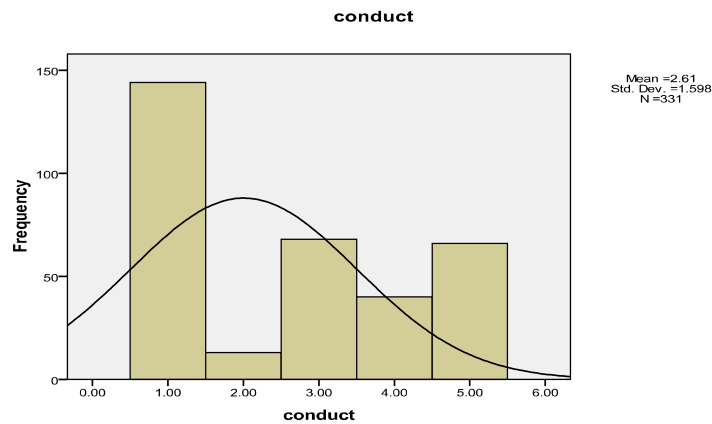
Hypothesis 1 (H1 o): There is no statistically significant difference between the levels of conduct problems (Conduct) as measured by the Child Behavior Checklist (CBCL 6-18) (Achenbach and Rescorla 2001) in elementary aged Kuwaiti boys whose families are in transition, as compared to elementary school aged Kuwaiti boys whose families are not in transition.

The dependent variable for the question was student's conduct as measured by the Child Behavior Checklist (CBCL6-18). Elementary aged Kuwaiti boys whose families are in transition and those who are not in transition serve as the independent variable for *H1 o*. The parameters for transition are measured by 0 being families not under transition and 1 being families under transition within three years prior to testing.

Tests of Normality

Before the *H1 o* was analysed, basic parametric assumptions were assessed. That is, for the dependent variable "Conduct," assumptions of normality, linearity, and homogeneity were evaluated. A graphical device was created to enable the researcher to visually evaluate the previous assumptions. Specifically, the Standardised Conduct frequency histogram is presented to provide visual evidence of normality (see Figure 1).

FIGURE 1: Histogram of the Conduct Dependent Variable with Normal Curve



The normalised histogram indicates very slight positive skewness = .305 and no detectable kurtosis (Kurtosis = -.1.479).

To test if this deviation from normality was significant, a z score was calculated using the standard error of the skew (std. error skew = .134). That is .305 was divided by .134 which produces a z-score of 2.27. Skew z scores exceeding the critical value of +/- 3.29 suggest the distribution may be significantly skewed (Tabachnick and Fidell 2007).

Results indicated that the construct did not deviate significantly from normality (skew= .305, $z=2.27$, $z < 3.29$). Thus, as the dependent variable did not exhibit significant deviations from normality, the researcher assumes the construct to be normally distributed. Descriptive statistics for the two variables are presented in Table I.

TABLE I
DESCRIPTIVE STATISTICS FOR DEPENDENT AND INDEPENDENT VARIABLES

| Variables | Mean | Std Deviation | Skewness | Kurtosis |
|------------|-------|---------------|----------|----------|
| Conduct | 2.613 | 1.598 | .305 | -1.479 |
| Transition | 1.625 | .484 | -.520 | -1.740 |

Note: Standard Error Skew: .134; Standard Error Kurtosis: .267.

Test of Homogeneity

Levene’s test was run to examine the assumption of homogeneity of variance.

Homogeneity of variance is evaluated to determine if distributions are equal across the two levels of the independent variable (Not in Transition, In Transition).

Results from Levene's test found that the distributions were not equal across groups, $F = 40.543$, $p .000$. These results suggest that the two distributions are not equally distributed and the variances for the two groups are not the same. Thus, the non-equal variance t-test statistics were reported to compensate for the violation of the assumption of homogeneity.

Using ANOVA analysis of HI, no significant difference in conduct scores was found between students who were in transition and those who were not; two-tailed t (equal variance not assumed) (28.76), $\eta^2 = .716$, $p = .327$. Mean score for those Not in Transition was $M = 3.014$ ($SD = 1.666$) and In Transition was $M = 1.927$ ($SD = 1.204$). Based on these results, conduct score for students not in transition were higher than those in transitions, but the difference was not significant.

5.1.2 Testing Hypothesis Two

Hypothesis 2 (H2o): There is no statistically significant difference between the levels of self-esteem as measured by the Self-Esteem Index (SEI) (Brown and Alexander 1991) in elementary school aged Kuwaiti whose families are in transition, as compared to elementary school aged Kuwaiti boys whose families are not in transition. The dependent variable for the question was student's self-esteem (Self-Esteem) as measured by the Self-Esteem Index (SEI) (Brown and Alexander 1991). Elementary aged Kuwaiti boys whose families are in transition and those who are not in transition (Transition) serve as the independent variable for H2o. The parameters for Transition are measured by 0 being families not under transition and 1 being families under transition within three years prior to testing.

Tests of Normality

Before the H2o was analysed, basic parametric assumptions were assessed. That is, for the dependent variable "Self-Esteem," assumptions of normality, linearity, and homogeneity were evaluated. A graphical device was created to enable the researcher to visually evaluate the previous assumptions. Specifically, the Standardised Self-Esteem frequency histogram is presented to provide visual evidence of normality.



The normalised histogram indicates very slight negative skewness = $-.385$ and no detectable kurtosis (Kurtosis = -1.310). To test if this deviation from normality was significant, a z score was calculated using the standard error of the

skew (std. error skew = .134). That is, .385 was divided by .134, which produces a z-score of 2.87. Skew z scores exceeding theoretical value of +/- 3.29 suggest the distribution may be significantly skewed (Tabachnick and Fidell 2007). Results indicated that the construct was normally distributed; (skew = -.385, z = 2.87, z < 3.29).

Thus, as the dependent variable did not exhibit significant deviations from normality, the researcher assumes that the construct was normally distributed. Descriptive statistics for the two variables are presented in Table II.

TABLE II
**DESCRIPTIVE STATISTICS FOR DEPENDENT
 AND INDEPENDENT VARIABLES**

| Variables | Mean | Std Deviation | Skewness | Kurtosis |
|-------------|------|---------------|----------|----------|
| Self-Esteem | 3.44 | 1.511 | -.385 | -1.310 |
| Transition | 1.63 | .4847 | -.520 | -1.740 |

Note: Standard Error Skew: .134; Standard Error Kurtosis: .267.

Test of Homogeneity

Levene's test was run to examine the assumption of homogeneity of variance.

Homogeneity of variance is evaluated to determine if distributions are equal across the two levels of the Independent variable (Not in Transition, In Transition).

Results from Levene's test found that the distributions were equal across groups, F = .082, p = .775. These results suggest that the two distributions are equally distributed. Given the prevalence of evidence provided, normality is confirmed. That is, after examining the descriptive statistics, Normalised Frequency Histogram and Levene's test, the distributions are assumed to meet parametric assumptions.

ANOVA analysis of H2 shows no significant difference in Self-Esteem scores was found between students who were in transition and those who were not; F (1, 58) = 1.649, eta-squared = .334, p = .294. Mean score for those Not in Transition was M = 4.114 (SD = 1.26) and in Transition was M= 2.314{SD = 1.17). Based on these results, H2o is retained. That is, self-esteem score for students not in transition were slightly higher than those in transition, but the difference was not significant.

5.2 Discussion

Family transitions have been found to correlate with delinquent behaviours in teenagers (Haas, Farrington, Killias and Sattar 2004). While the impact of family transitions on adolescents has been investigated, the role of such transitions in the lives of pre-adolescent children was still unclear. Therefore, there was a pressing need to find factors that correlate with anti-social behaviours in the elementary school. The current study used quantitative methods to determine if family transitions were related to conduct problems and low self-esteem in elementary school aged Kuwaiti boys.

The study did not find statistically significant relationships between transition (whether or not the boys were in transition) and both student's conduct and self esteem. Thus, transitions in the families of young Kuwaiti boys do not seem to be related to precursors to conduct problems and low self-esteem.

5.2.1 Differences in Conduct Problems for Children in Transition

The failure to identify significance between the two groups of students suggests that despite findings which show that transitions can impact adolescent behavior (Krohn *et al.* 2009), the transitions did not have a significant effect on this population of younger Kuwaiti boys. This also indicates that, in terms of delinquency trajectory (Foster and Kalil 2007), young boys whose families are in transition are no more likely to enter a delinquency trajectory at an early age than are other similar young boys whose families are not in transition.

These findings mirror the prior work of Granic and Dishion (2003) who found that parenting itself, along with the involvement of deviant peers has been proven to be the strongest predictors of future delinquent behaviour. By contrast, these findings differ from Amato and Cheadle's (2008) standard family environment model which suggests that the quality of a parent's marriage has an effect on a child's chances of developing emotional, academic and behaviour problems.

Amato and Cheadle (2008), however, also noted that observing conflict between parents can be a great source of stress for children. Thus, this may be an indication that families who are in transition or families who have experienced a divorce or separation have provided a vehicle for the child to avoid observing conflict and thus enter a calmer environment. That is, the findings of the present study support Cheadle's notion that the standard family environment may need to be adjusted to include a multi model family environment: the standard intact family, the family in transition, and the family in which children observe conflict.

Therefore, children who have strong social bonds and have parents who are actively involved in monitoring their behaviour may not be as likely to associate with delinquent peers and are less likely to engage in delinquent behaviour themselves (Warr 2005).

5.2.2 Differences in Self-Esteem for Children in Transition

The failure to identify significance between the two groups of students in relation to self-esteem may signify that it is not family transitions that contribute to low self-esteem. Research suggests that the way in which parents view their children sets the tone for the way in which children view themselves (Brown *et al.* 2009).

A child's self-esteem may be tied to a variety of people (Miller and Mangelsdorf 2005). Other findings suggest that parental warmth and support prevents distress, which may affect what children believe about themselves. Children who experience warm and affectionate bonds from their parents were said to report a higher level of self-esteem that extends into their adulthood (Roberts and Bengston 1996).

The Kuwaiti society has greater cohesion across generations. Thus, when a family is in transition, other generations, such as grandmothers, aunts, etc., may step in to ease the transition and to help with the children (Sarkisian and Gerstel 2004). Therefore, the stress that may be encountered in the general population may be less among Kuwaiti children.

VI. CONCLUSIONS

The present research investigated if family transitions were related to conduct problems and self-esteem in elementary school aged Kuwaiti males. Boys between the ages of 8 and 10 were divided into two groups: a group whose families had undergone a transition within the past three years and another group whose families had not undergone such a transition. The two groups were compared in relation to conduct problems as measured by the Child Behaviour Checklist-6/18, and on Self-Esteem Index.

A two-tailed t-test and (ANOVA) indicated that there were no statistically significant relationships between those whose families had been in transition and those who had not in terms of the boys' conduct and self-esteem. Thus, transitions in the families of young Kuwaiti boys do not seem to be precursors of conduct problems and low self-esteem. Future research could include studies based on observing conflict in families in order to determine whether conflict is related to both conduct problems and self-esteem.

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