



A STUDY OF BIRTH ORDER, PERSONALITY & MENTAL HEALTH

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ABSTRACT

Context: Ordinal position the child holds within the sibling ranking of a family is related to intellectual functioning, personality, behavior, and development of psychopathology. This study aimed to investigate birth order effect on personality & mental health. **Material and Methods:** Study conducted on (n=40) participants of either sex (group I, n=20) was normal and another (group II, n=20) psychiatric. They were held from Pt. Deendayal upadhyay joint hospital, district Moradabad, U.P, India. GHQ-12 negative participants from the community formed the normal group age ranging between young adulthood (20-30) years. Sentence Completion Test (SCT) administered on all the participants included in the study. **Results:** Analysis of the data indicated 'oldest' & 'only' born psychiatric group very low 'social', 'ambitious' and 'confident' in their personality traits and 'oldest' male had high psychiatric morbidity then female. Difference is statistically significant at (p<0.001).

Key words: Birth order; personality; mental health

INTRODUCTION

The possibility that the ordinal position a child holds within the sibling ranking of a family may predict intellectual functioning, personality, and behavior has been the subject of extensive research.[1,2,3] Alfred Adler proposed the effects of birth order on human personality characteristics, which led to an increased motivation of scientists toward birth order studies.[4] The place of the individual within the family, the first social structure encountered, has been suggested as a contributing factor in shaping human personalities. This debate on birth order characteristics later involved psychiatric illnesses such as obsessive-compulsive disorder,[5] schizophrenia,[6,7,8,9,10,11] gender identity disorder, and somatic disorder.[12] Studies have investigated the associations between birth order and various forms of psychopathology, including depression,[13] alcohol abuse,[14] anorexia nervosa,[15] delinquency,[16] and the negative effects on well-being.[17]

Knowing these entire things we can say that role of family, social environment, interaction of the child with other people, parents and siblings built their personality.

Considering all the above-mentioned facts and figures, this study has been taken up with an aim to study the possible association of "A Study of Birth Order, Personality & Mental health" among the patients attending the psychiatry services in a hospital & normal from community.

METHODS

Sample: The sample comprised (n=40) participants divided into two groups (group I, n=20) i.e. normal and (group II, n=20) psychiatric ranged from (20-30) young adulthood were chosen at Pt. Deendayal upadhyay joint hospital; district Moradabad, U.P, India. GHQ-12 negative participants from the community formed the normal group. Sentence Completion Test was administered on all the included subjects. Mean age of normal (group I, n=20) was found to be 26.6 + 2.42 and mean age of psychiatric (group II, n=20) was found to be 26.12+ 1.92. (30%) of the sample reported being 'oldest'; (20%) of the sample reported being 'middle'; (25%) of the sample reported being the 'youngest' in their families; and (25%) of the sample reported being 'only' children.

INSTRUMENTS

Participants were required to fill in a consent form and demographic sheet before they proceed to the instruments behind. The 12-Item General Health Questionnaire [18] is the most extensively used screening instrument for common mental disorders, in addition to being a more general measure of psychiatric well-being.

Scale used in this study was sentence Completion Test (SCT) [19] it comprised of 50 incomplete sentence and the participants are instructed to complete every incomplete sentence by the first appearing thought of their mind. Objective of this test was to measure certain personality traits. An attempt has been made to measure three personality characteristics through the responses of the subjects. These traits are (1) Sociability, (2) Self Confidence, and (3) Ambitious. All the sentences are so framed that they lead to reveal the positive or negative aspect related to one of the traits.

PROCEDURE

Participants were approached purposively and were briefed about the purpose of this study. As participants agreed to partake in this study, they were required to sign a consent letter diagnosed case of psychiatric disorder from the hospital and normal from the community. For psychiatric data interview conducted in the separate room associated with the ward to maintain confidentiality, (22.5%) participant's neurotic (27.5%) were psychotic and (50%) normal healthy control. Uncooperative subjects, having problem in speech and communication which can impede the interview were excluded from the study. After that, SCT with demographic detail were administered to them. Instruction for each section was written at the top part of test.

Statistical Analysis

Chi-square, fisher exact test was used to analyze the data and evaluate the birth order and its effect of personality and mental health.

Observations & Results

The result of the present study has been given below and consecutively discussed.

Sample Characteristics

With regard to socio demographic characteristics of the study subjects, (50%) were male and (50%) were female in both group. (70%) patients came from rural background. On the basis of religion (75%) were Hindus (55%) normal group up to graduate (50%) psychiatric population up to 8th.

Personality traits of normal and psychiatric group regarding their score each participants on sentence completion test (SCT) were categorized in very high (90 and above), average (72-89), low (66-73) and very low (below-65) compared in (Table1).

Table-1 Personality traits of normal and psychiatric group according to their birth order.

| Birth Order | Group | Personality Traits | | | | Fisher's exact value |
|-------------|-------------|--|---------|--------|----------|----------------------|
| | | Sociability, Self confidence & ambitiousness | | | | |
| | | Very high | Average | Low | Very low | |
| Oldest | Normal | 2(10%) | 3(15%) | 0(0%) | 0(0%) | 0.02* |
| | Psychiatric | 0(0%) | 1(5%) | 2(10%) | 4(20%) | |
| Youngest | Normal | 2(10%) | 1(5%) | 1(5%) | 0(0%) | 0.15 |
| | Psychiatric | 0(0%) | 1(5%) | 2(10%) | 3(15%) | |
| Middle | Normal | 1(5%) | 2(10%) | 1(5%) | 0(0%) | 0.4 |
| | Psychiatric | 0(0%) | 1(5%) | 1(5%) | 2(10%) | |
| Only | Normal | 2(10%) | 2(10%) | 1(5%) | 0(0%) | 0.03* |
| | Psychiatric | 0(0%) | 1(5%) | 0(0%) | 4(20%) | |

* Fisher exact value

Personality difference amongst birth positions was tested using fisher exacts value. Results indicated that 'oldest' born psychiatric group (20%) very low 'social', 'ambitious' and 'confident' in their personality traits; the difference was statistically significant. 'Middle' born psychiatric group (10%) very low 'social', 'confident' and 'ambitious' on their personality traits. 'Middle' and 'youngest' born normal and psychiatric group almost similar on their personality traits this difference was insignificant. 'Only' born psychiatric group (20%) very low 'social', 'confident' and 'ambitious' on personality traits. Significant difference was found on 'oldest' & 'only' children on their personality traits. (Table-1)

Table 2 Comparison of Health Status of two genders according to their birth sequence

| Birth Order | Gender | Normal Group=20 | Psychiatric group N=20 | | | Fisher's exact value/X ² |
|-------------|--------|-----------------|------------------------|-----------|-------------------|-------------------------------------|
| | | | Neurotic | Psychotic | Total Psychiatric | |
| Oldest | Male | 0(0%) | 2(33.33%) | 4(66.66%) | 6(30%) | 0.00*/8.57** |
| | Female | 5(83.33%) | 1(16.66%) | 0(0%) | 1(5%) | |
| Youngest | Male | 4(57.14%) | 1(14.28%) | 2(28.57%) | 3(15%) | 0.58/0.47 |
| | Female | 1(33.33%) | 0(0%) | 2(66.66%) | 2(10%) | |
| Middle | Male | 2(33.33%) | 2(33.33%) | 2(33.33%) | 4(20%) | 0.99/0.17 |
| | Female | 1(50%) | 1(50%) | 0(0%) | 1(5%) | |
| Only | Male | 6(85.71%) | 0(0%) | 0(0%) | 0(0%) | 0.03*/ 6.42** |
| | Female | 1(25%) | 2(50%) | 1(25%) | 3(15%) | |

**Significant at p<0.001 level * Fisher exact value

Chi square was used to compare the mental health of two gender according to their birth order, results indicated that 'oldest' male had high psychiatric morbidity (30%) then female (5%), the difference is statistically significant at (p<0.001). Insignificant difference was found on 'Youngest' and 'middle' born child on their mental condition. 'Only' born female had psychiatric morbidity (15%) then male (0%).

DISCUSSION

An attempt was made in this study to explore the possible effect of birth order, personality & mental health. In our study 'oldest' born psychiatric group (20%) very low social, ambitious and

confident in their personality traits; the difference is statistically significant. (Table1) A study done by [6] showed that male (but not female) schizophrenics tend to be born late in their sib ships and it was concluded that there was a causal relationship between birth order and schizophrenia in males. The most striking finding in our study that 'Middle' and 'youngest' born normal and psychiatric group almost similar on their personality traits this difference was insignificant.(Table1) In our study 'Only' born psychiatric patients (20%) very low social, confident and ambitious on personality traits. many genetic and environmental factors contribute to differences between siblings, some differences in behavior of siblings have been attributed to the effects of birth order[20] Significant difference was found on 'oldest' & 'only' children on their personality traits. (Table1).A study reported that 'oldest' born psychiatric patients extremely unstable on the level of emotionality rather than other group [21] Individual's birth order is a possible influence on relationships with parents and siblings, which may affect personality formation and social behavior across the lifespan [8]. Many families, the early born has to shoulder the stresses and strains of family responsibilities to a large extent and this may be the contributing factor for the illness. [10]

Birth order has been argued as a factor in personality development, many research studies have been done examining birth order. However, because much of this research is either inconclusive or contradictory, more is needed to support or negate current research and theories.

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Conflict of Interest: None

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