

Prevalence of preschooler behavioural problems

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Healthy behavior makes perfect human and makes the country to be healthy and wealthy. Unhealthy behavior pattern is common among children because of lack of understanding due to age factor and poor parenting, environmental influences and so on. This present study was a focus on the assessment of behavioral problems of preschooler among mothers who were attending the pediatric outpatient department. Quantitative approach with descriptive research design was adopted and study sample was chosen by purposive sampling technique. The data was collected from 60 mothers by a standard checklist. The collected data were analyzed by a descriptive statistical method. The results show that Preschooler had the higher frustration level, it shows female children comparatively had a higher level of frustration (64%) than the male children (62%). Male children had a high level of shyness (58.73%), guilt and shame (45.23%) when compared to female children (36.33% & 39.80% respectively). Female children had a higher fear level (62.2%) compared to male children (60%). Compared to female children male children had a high score in the area of inhibitory control (58.7%) and low-intensity pleasure (63.8%). The preschool children have some range of behavioral problems like anger and frustration, shyness, guilt and shame, fear inhibitory control, low-intensity pleasure.

Keywords: Preschooler, Behavioral Problems, Health.**Introduction**

Normal children are healthy, happy and well adjusted. This adjustment is developed by providing basic emotional needs along with physical and physiological needs for their mental wellbeing. The children are dependent on their parents, so parents are responsible for the fulfillment of emotional needs. Every child should have tender loving care and a sense of security about protection from parents and family members. They should have an opportunity for the development of independence, trust, confidence, and self-respect. There should be adequate social and emotional interaction with discipline. The child should get the scope for self-expression and recreation. The parent should be aware of the achievements of their children and express acceptance of positive attitude within the social norms.

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The preschool year extending from approximately 3 to 5 years of age. In theoretical perspective, preschool behavior problems are influenced by both biological and environmental factors, as manifest in an individual difference in child characteristics (Viz. temperamental dimensions of activity, sociability, attention) and the quality of the care giving environment. The causes for all behavioral problems in preschool children are due to parent's negligence poor supervision or poor attention, family conflict, and maladjustment e.g., too strict parents, rejection, sibling rivalry, unconscious anger and defiance in the child, insecurity, conflict or hostility, aggression, neurotic attitudes of the mothers. Common behavioral problems of childhood are temper tantrum, breath holding spell, thumb sucking, nail biting, enuresis, encopresis, pica, tics, and stuttering or stammering, delayed speech and attention deficit disorder.

Children problem behavior shows increasing stability beginning in the toddler period. Whereas a substantial percentage of children will "outgrow" these problems, longitudinal studies suggested that 50-60% of children showing a high rate of disruptive behavior at age 3-4 will continue to show these problems at school age [1-

4]. In a recent study of low-income boys, among those identified above the 90th percentile on disruptive symptoms at age 2, 60% remained above the 90th percentile and 100% (all 18) remained above 6 years age median [5-6]. If a parent fails to identify the behavioral problem at the earliest it causes a severe disruptive problem among older children and adolescence.

As children move into the preschool years (ages 2 ½ to 5 ½), cries of “No and I will do it myself”, are frequently heard. Children, this age may be easily frustrated when faced with limits. They will cry, throw tantrums and even lash out a parent, caregiver or friend. However, some preschoolers show even more extreme and difficult behaviors, often defying adults and deliberately hurting other people. Some may be so disruptive that they are banned from preschool. Major behavioral problems are the significant deviations from socially accepted normal behavior. These problems are mainly due to failure and adjustment to the external environment and presence of internal conflict. Behavioral problems always require special attention. Globally, the prevalence of clinically significant psychiatric disorder in children was 7%. This rate rises in socially disadvantaged and densely populated urban areas. It is also increased by 3% to 4% after puberty. The prevalence behavioral problem such as disturbed or anti-social behavior 3% to 5%, troubled emotions and feelings 2% to 5%, a mixture of psychological problems and physical illness 1% to 3%, more rarely as childhood psychosis or autism spectrum about 0.1%. The incidence of anxiety disorders among preschool children was 9.4%, emotional disorders were 10.5% and behavioral disorders was 9.0% [7]. Another study reported that the incidence of emotional and behavioral problems of preschooler was 14.9% respectively [8].

The prevalence of behavior problem is higher among the boys. Especially second born boys and eldest girls had a higher prevalence of temper tantrums, destructive nature, and hyperactivity. Behavioral problems are caused by multiple factors. No single event is responsible for the behavioral disorder, faulty parental attitude, inadequate family environment influence of social relationship, influence of social change, mentally and physically sick condition.

Major symptoms of behavioral problems are expression of anger, verbal and physical aggression with other children, adult, and animals, destruction of property, serious violation rules abdominal pain and back talk. There is a need for early detection and intervention of behavior in children so that the deleterious effects of these problems can be avoided. Several earlier studies had focused on studying behavioral problems but comparatively only a few had

focused especially on the preschool population. Several checklists had been used as a screening tool in many of the studies. A detailed investigation could help to identify more specific etiological factors.

The children in violent families often do not experience the warmth, affection and caring from the parent that is associated with a healthy parent-child relationship. The health of the children has always been at the care health organization. Felling of insecurity and anxiety often stimulate a person to start any kind of continuous activities the continuous form of activities called habits. The habits or usually viewed has harmless and the safer option when compared to hard drugs.

The knowledge of growth and development is important to the mother for what to expect from the child at any age and at what age certain kinds of behavior are likely to emerge in more mature forms. Now a day the mothers are more anxious towards their preschool children behavioral problems due to less attention or negligence or ignorance. So the researcher felt that to study to assess the behavioral problems of preschool children among mothers.

Materials and Methods

A quantitative approach was used for this present study. The researcher used a descriptive survey design for assessing the behavioral problems among mothers of a preschooler who were attending the pediatric OPD for some minor ailments. 60 mothers were chosen by purposive sampling technique to collect the relevant data related to child behavioral problems. Standard checklist [K Rothbare et al] was used. It consists of 99 question which were categorized under the following heading Activity level, Anger and frustration, Attentional focusing, Fear, High intensity pressure, Inhibitory control, Low intensity pressure, Perceptual sensitivity, Positive approach/ anticipation, Sadness, Shyness, Soothability (and falling reactivity), Help-seeking, Empathy, Guilt and shame, and Social emotion. Score allotted for rating method like extremely untrue, quite untrue, slightly untrue, either true or false, slightly true, quite true and extremely true. Based on the rating the score was interpreted below 3 scores out of 7 consider as abnormal behavior pattern and score above 4 out of 7 consider as a normal behavior pattern.

Results and Discussion

In this study, 21.7% of children were in the age groups of 3-4 years and 78.3% of were in the age group of 4-5 years. Around 50% of children are female and 50% of children are male. Majority 96.7% of the mothers were

in the age group of 20-30 years and 3.3% of mothers were in the age group of 30-40 years. The study reveals that 76.7% fathers in the age group of 20-30 years, 21.7% of fathers in the age group of 30-40 years and 1.7% of fathers in the age group of 40-50 years. Maximum of 91.7% of them are Hindu, 5% of them are Christians and 3.3% of them are Muslims. Nearly 78.3% of fathers are daily wages and 21.7% of fathers are government employees. The study indicates 83.3% of mothers are homemakers, 5% of mothers are daily wages and 11.7% of mothers are government employees. The study indicates the 35% of them had a monthly income of Rs.2001 to 5000, 30% of the monthly income of 5001 to 8000, 33.3% of had monthly income of above Rs.8000 and 1.7% of the monthly income of below Rs.2000. 63.3% belongs to an urban area, 3.3% of the semi-urban area and 33.3% of the rural area. Majority 78.3% of them belongs to a nuclear family and 21.7% of them belong to join a family.

The researcher found the item wise analysis of mean, standard deviation and mean percentage of behavior problem of a preschooler. For the items, activity level, high-intensity pleasure, empathy shows the mean, standard deviation and mean percentage. It was 0.60 ± 6.81 & 60.47%, 0.60 ± 7.98 & 60.52%, and 0.60 ± 6.15 & 60.74% respectively. The items, attention focusing and soothability and falling reactivity had the mean, standard deviation and mean percentage of 0.58 ± 6.28 & 58.8% and 0.58 ± 8.86 & 58.4 % respectively. The mean standard deviation, and mean percentage was calculated for the items perceptual sensitivity, shyness, help-seeking and guilt and shame shows 0.59 ± 10.13 & 59.64%, 0.59 ± 5.17 & 59.56%, 0.59 ± 7.17 & 59.58% and 0.59 ± 6.12 & 59.52 % respectively. For the items of inability to control, sadness, fear and low intensity pleasure had mean, standard deviation and mean percentage of 0.5 ± 6.77 & 57.14%, 0.5 ± 8.46 & 56.90%, 0.6 ± 5.4 & 61.11% and 0.6 ± 8.08 & 62.76% respectively. Finally, the items positive approach and anticipation, anger frustration and social emotion had mean standard deviation and mean percentage of 0.6 ± 6.67 & 63.57%, 0.7 ± 6.2 & 72% and 0.78 ± 7.02 & 78.05% respectively. Overall for all the 16 items, the mean standard deviation was 0.78 ± 57.22 with the mean percentage of 78%. To conclude the preschool children had some kind of behavior problems like

anger frustration, sadness, fear, low-intensity pleasure, inability to control, guilt and shame.

The study reveals that girls are more frustrated, attention seeker, highly sensitive and phobic when compared to the boys. On the other hand, boys have positive approach and feel excessive shyness and guilty when committing mistakes as depicted in figure 1. Irrespective of family income all children are having a behavioral problem. Economically weaker section of children is attention seeker and having shyness when compared with other socioeconomic background children. Children with family income above Rs.8000 are sensitive, less satisfied and more soothing (figure 2). The children residing in rural and urban area having near equal percentage of behavior problems. The children residing in semi urban are less phobic and more active and attention seekers at the same time they are less positive approaches and less help seeker as mentioned in figure 3. The children from nuclear family having more anger and frustrated also having the feeling of guilt and shame, more active and more pleasure. The children from joint family are having more positive approaches, empathetic and sensitive and having less pleasure as mentioned in figure 4. The children of mother with daily wages are having more behavioral problems when compared with home maker mother and government employee. The children of mother with government occupation are more positive in their approaches, help seekers and empathetic as depicted in figure 5.

The present research study is similar to Rai et al [9], Richman et al [10]. they found that 22% of preschooler had behavior problems. The prevalence of behavior problems was higher among boys. Second born boys and the eldest girls had a higher prevalence of temper tantrum, destructive nature. Fearful reactions and attention seeking behaviors were encountered only in girls. Behavior problems were more common from nuclear families and a low socioeconomic status. Cathy Huaqing QI et al [11] found that those children from the low socioeconomic background were found to have a higher incidence of behavior problems as compared to the general population. but Lavigne et.al [12] stated 51.7% of children had behavior problems. Also other research studies showing the preschooler behavioral problems range from 7% - 25% [13] (Angold & Egger et al) & 11.9% of Turkish children [14] Campbell et al [15] reported the prevalence rate of 10- 15%.

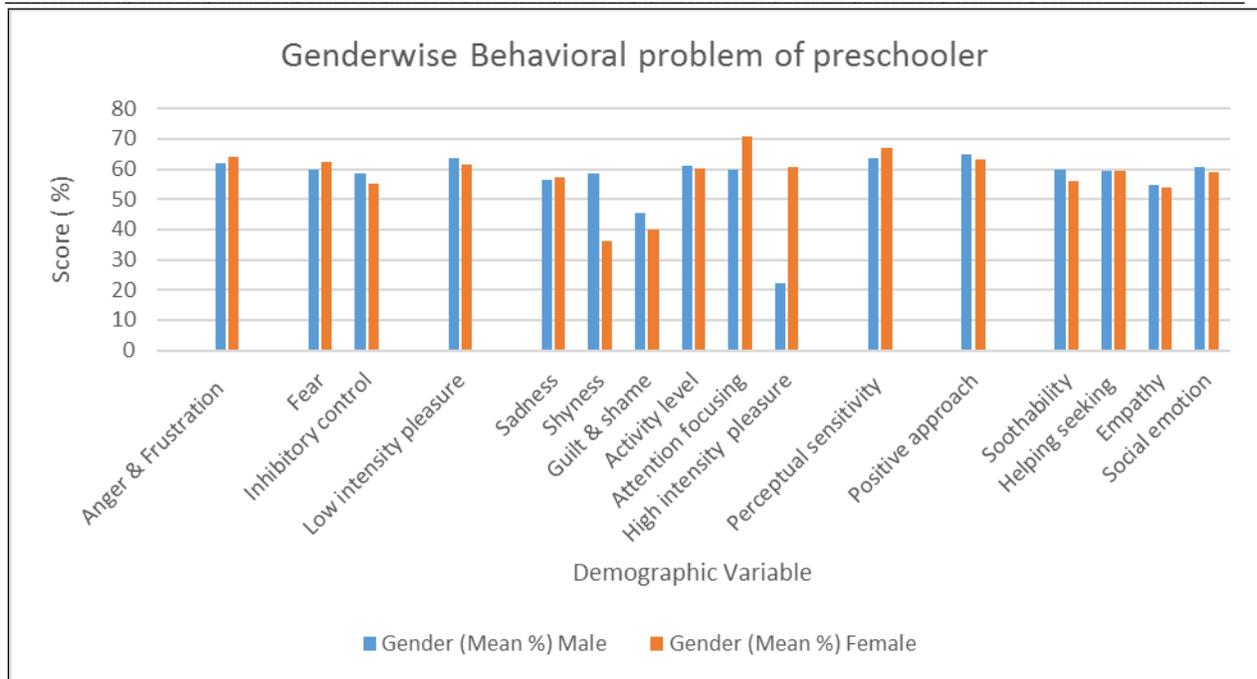


Figure 1: Gender-wise behavioral problem of preschooler

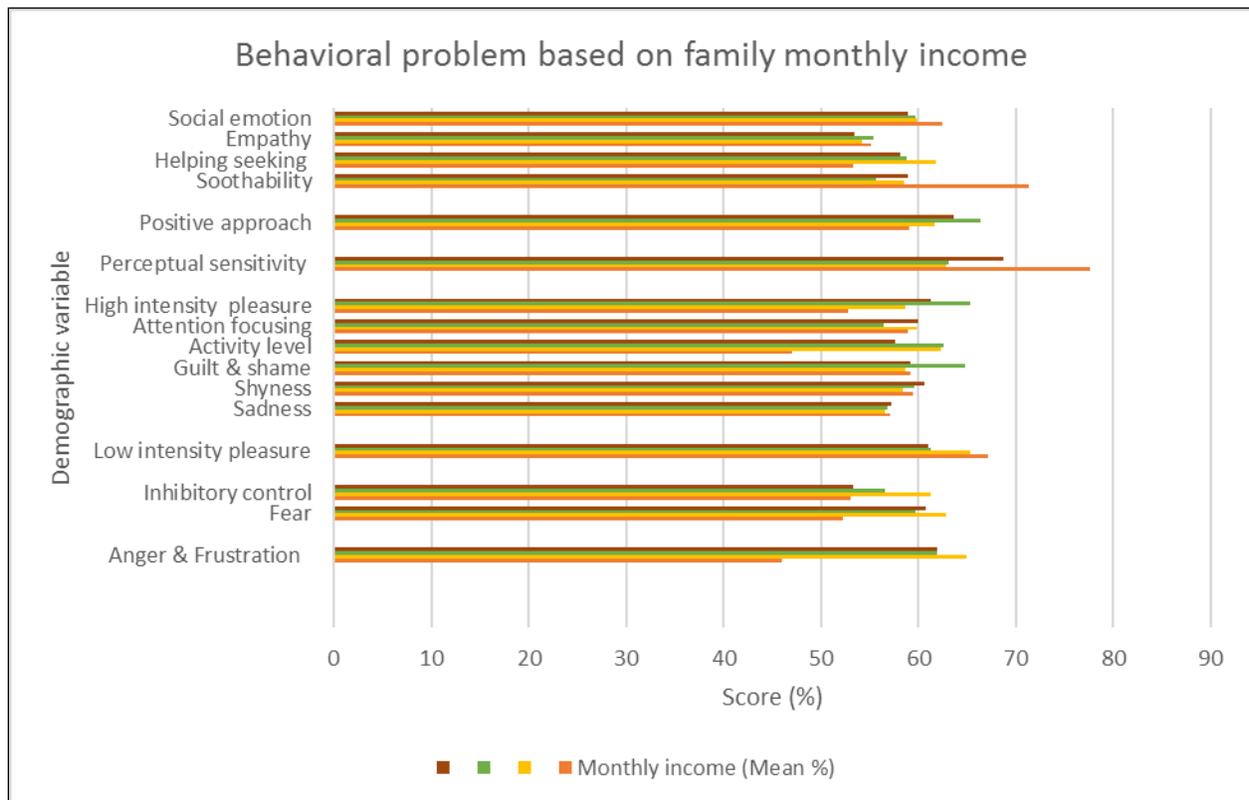


Figure 2: Behavioral problem based on family monthly income wise

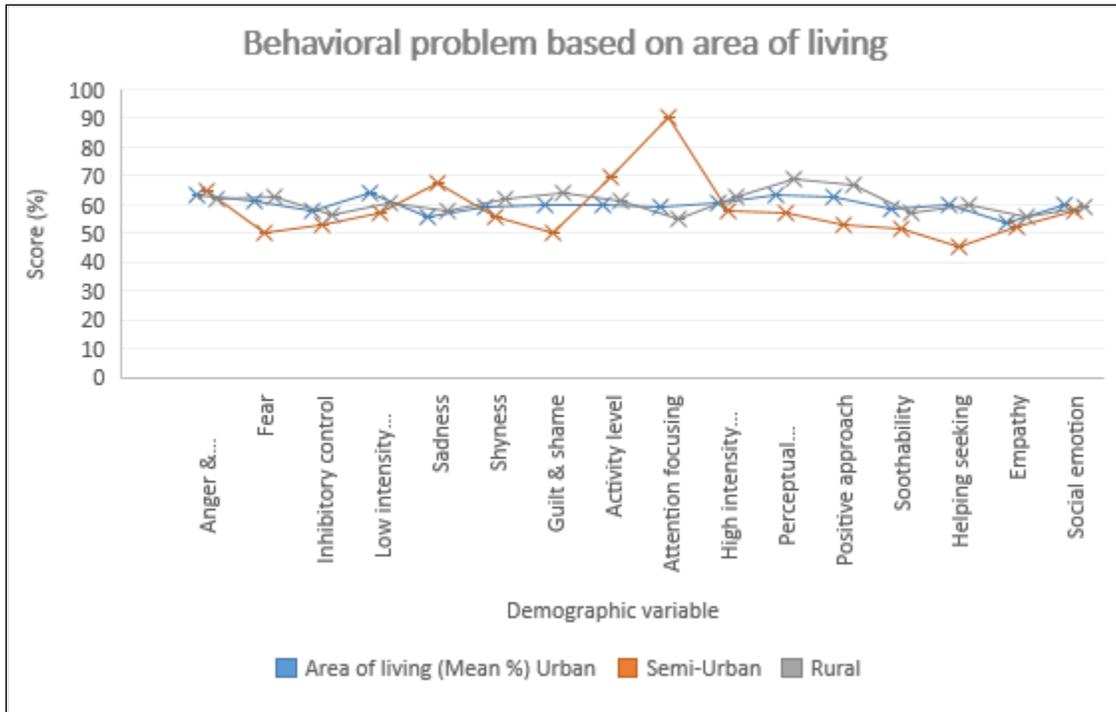


Figure 3: Behavioral problem based on area of living

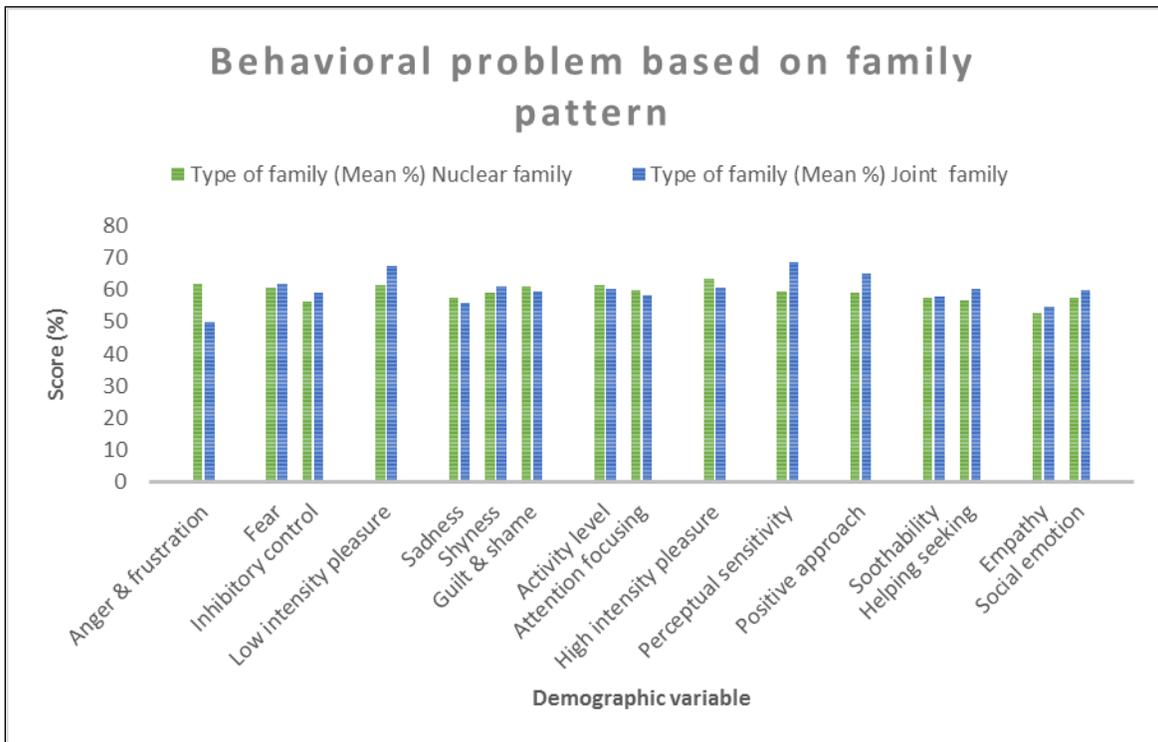


Figure 4: Behavioral problem based on family pattern

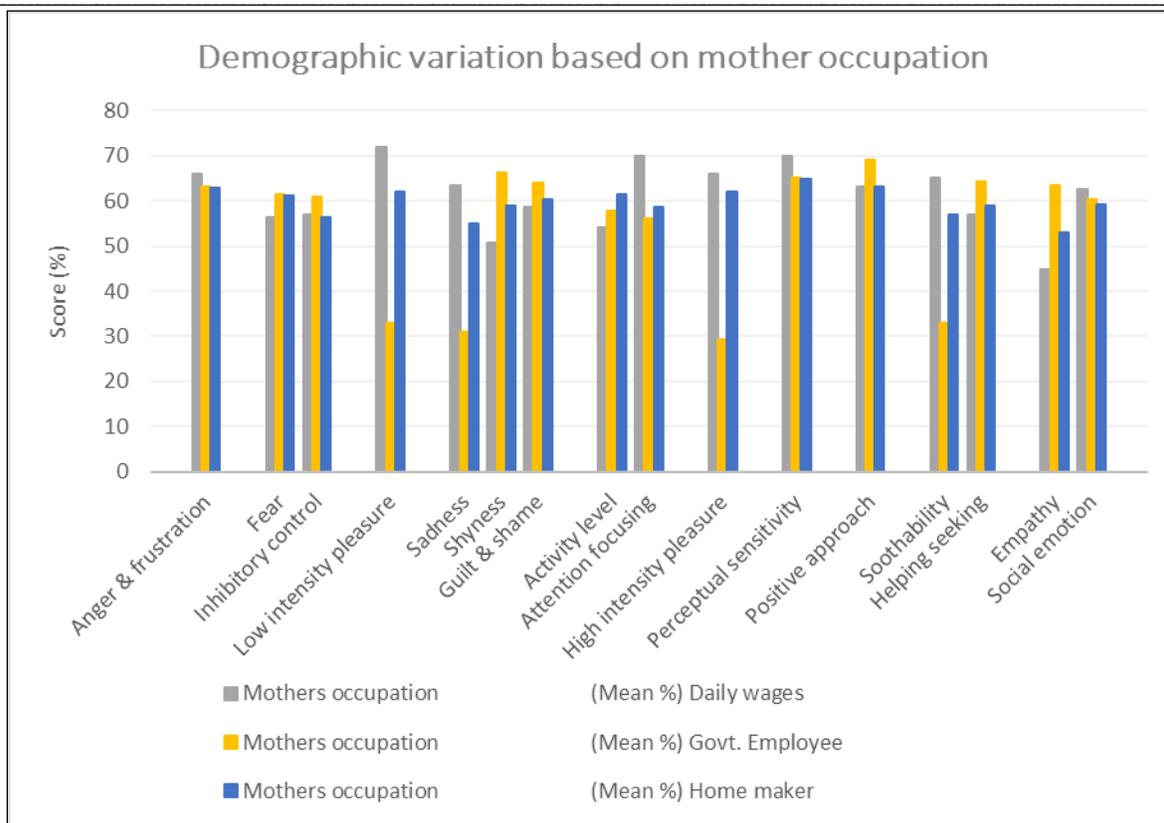


Figure 5: Demographic Variation based on mother occupation

Conclusion

Behavioral problems of young children cause a negative impact on the society as well as to the family and an individual in the form of poor academic performance, poor occupational and psychosocial functioning of the family, juvenile court, foster home, child guidance clinic rehabilitation center etc. Early identification of the behavioral problem is essential to prevent further consequences of disruptive behaviors. It requires a multidisciplinary team to work enthusiastically to identify, diagnose and treat the problems at the earliest. Parents must be aware of the identification of such problems and to approach the health care team member for further care. Parent must be supported by social, psycho-emotional and economic by health care members.

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