

AGE TRENDS IN BEHAVIOUR PROBLEMS OF PRESCHOOLERS

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Abstract:The present research was conducted to ascertain the incidence of behaviour problems among preschoolers in Jammu city. It further aimed to know the age trends in behaviour problems among preschoolers. The information was collected through Child Behaviour Checklist (CBCL) from the parents (n=150) of preschoolers, 50 each from three age groups viz. 3-4 year, 4-5 year and 5-6 year. Observation was conducted to supplement the data. Purposive sampling technique was adopted for the selection of nursery schools and day care centres from which the entire sample was identified and for the selection of parents, random sampling technique was used. The findings of the study indicated that some behaviour problems were found to be common among preschoolers like fearing school, crying a lot, demanding attention, being stubborn, impulsiveness, not eating well, anxiety and arguing. Significant difference was found with regard to the behaviour problems between the three age groups. It was interpreted that with the advancement in age; there is a decrease in the incidence of behaviour problems like uncommunicativeness and anxiety among preschoolers. Delinquency was observed only in case of 5-6 year old children. Depression was noticed to be increasing with age. Somatic complaints were not prevalent among the sample children. There was significant difference on the mean score of CBCL of 3-4 and 4-5 year old children and 5-6 and 3-4 year olds, while insignificant difference was found between 4-5 and 5-6 year old children.

Keyword:behaviour problems, CBCL, preschoolers, age trends.

1.INTRODUCTION:

Development of a child in all domains i.e. physical, cognitive, language, social and emotional proceeds at a rapid rate during the early years. Therefore, unfavourable experiences such as unhealthy living conditions, lack of nurture and care, sickness, lack of interaction with adults etc. are likely to hamper the child's behaviour and thereby his development to a considerable extent. As children grow and move through various stages over the years, the changes that occur in them are phenomenal and the problems vary physically, intellectually, socially and emotionally. Therefore, behaviour of children must be viewed in relation to their age and developmental stage. Normal behaviour in children depends on the child's age, personality, physical and emotional development. A child's behaviour may be a problem if it doesn't match the expectations of the family or if it is disruptive. Normal or "good" behaviour is usually determined by whether it's socially, culturally and developmentally appropriate. Knowing what to expect from child at each age helps to decide whether his/her behaviour is normal (familydoctor.org). Whenever a child displays a pattern of behaviour that does not conform to basic expected or accepted norms of the society that we live in and thereby causes a degree of anxiety or concern to those around him, then that child is termed maladjusted and is displaying a sort of behavioural disorder. All young children behave badly from time to time, and occasional temper tantrums, aggression and defiance of authority are a normal part of

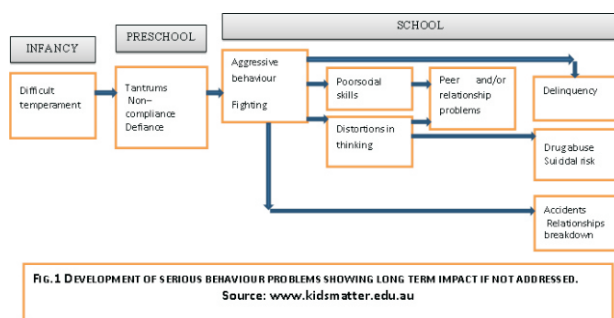
growing up (www.parliament.uk/briefing-papers/post-pn-92.pdf). It is certainly true that the preschool and kindergarten are a time of tremendous development and change, so some instability in behaviours are expected. However, it has become increasingly clear that many children who exhibit emotional and behaviour problems in the early childhood years will continue to have such problems over time and perhaps throughout their adolescent and even adult years (Gimpel & Holland, 2003).

In light of the growing evidence of onset of behaviour problems as early as toddlerhood (Carter et al., 2003; Shaw et al., 2006), early childhood represents a particularly important time to target children's risk of behaviour problems. These behavioural disorders can be of many kinds. There are certain habit disorders like bed wetting, thumb sucking, and nail biting, stammering and feeding problems. And then there are personality disorders like shyness, temper tantrums and day dreaming. And worst of all are the delinquency acts like stealing, lying, sexual offences, basic indiscipline and playing truant (<http://www.indiaparenting.com>).

Most of the behavioural problems young children experiences are temporary in nature. As such, these behaviours present challenges for young children in their interactions with others, especially within their family system. Most problems are stage specific. In other words, certain problems (like crying, throwing tantrums and bedwetting) observed among preschoolers are unique to

their stage of life span whereas others occur more commonly among older children (Bigner, 2006). When a child shows behaviour problems, it usually does not mean he is bad kid or intentionally trying to make life difficult. Quite often, behaviour problems are a sign of other problems that the child cannot put into words, like depression, anxiety, anguish over abuse, or distress over situational problems like divorce. Also child who has problems with attention or learning disorders often will have behaviour problems. Children don't necessarily "outgrow" behaviour problems. Indeed, research shows that, by age 8, the child has already established patterns that may be seen in adulthood. For example, an 8 year old who fights a lot is more likely to be aggressive as an adult. The longer one waits to address behaviour problems, the harder they are to change (dsm.psychiatryonline.org/book.aspx?bookid=22).

Many children's behaviour can be disruptive and difficult at times. As part of learning how to behave appropriately children may test adult rules at home, school or in the community. Often such behaviour is a reaction to stress or frustration. For some children serious behaviour problems develop into a pattern that can include acting impulsively, reacting with aggression, refusing to follow reasonable directions and defying adult authority. Children who behave in this way usually have trouble with making and keeping friends. They may be the target of bullying because they overreact. Yet they may also bully others to try and get their own way. These patterns of behaviour interfere with children's social and academic development. They often lead to social isolation and to disciplinary consequences, such as school suspension, that interrupt learning. Children with serious behaviour problems often do not feel connected at school. They are more likely to experience low self-esteem and depression (www.kidsmatter.edu.au). Fig.1 represents typical development of serious behaviour problems showing long term impact if not addressed.



Dealing with child behavioural and emotional problems can be one of the most difficult parts of parenting. Several large longitudinal studies from the US (Campbell et al., 2000), England (Deater-Deckard & Dunn, 1999) and Australia (Prior et al., 2001) have found consistent correlations between infant temperament, parenting styles and later behaviour problems. Infants with difficult temperaments, that is, infants who are irritable, have strong negative emotional reactions, lack persistence, are overactive and difficult to soothe, may be at greater risk for conduct disorder and anti-social behaviour in early and

middle childhood. Infants' difficult temperament is related to less maternal warmth, which in turn predicts externalizing problems (Olson et al., 2005). Insecure parent-child relationships and/or parenting styles that are harsh, inconsistent and coercive are related to poor outcomes in children. (Belsky et al., 1996; Campbell et al., 1996, Campbell et al., 2000). A 'vicious cycle' begins as difficult infant temperament attracts harsher parenting, with mothers becoming more coercive than other mothers by the time their children are two years old (Lee & Bates, 1985). Belsky et al. (1998) suggest that this process may be further compounded by the hypersensitivity and therefore greater susceptibility of children with difficult temperaments to the effects of coercive parenting style. Temperament and parenting have been identified as two important predictors of problem behaviour in young children. Efforts need to be made to prevent problem behaviours, which require the understanding of related and predictive factors, both within the young child and within the environment (Putnam et al., 2002). Research suggests that negative control may strengthen the relation between temperament and problem behaviour and that positive control and parental warmth may buffer this relation. For example, negative emotionality and measures of difficult temperament are found to be linked to externalizing and internalizing problems in toddlers, especially in families with parents high on negative control (Van Aken et al., 2007). Evidence is accumulating that preschool children are more likely to show overactive, noncompliant, aggressive and impulsive behaviour in the context of uninvolved, rejecting or harsh parenting (Campbell, 1995). Keeping this perspective in mind, the present research was undertaken in Jammu, the winter capital of the J&K state of India where previously no such research has been conducted. The study was undertaken with the following specific objectives:

- 1) Study the behaviour problems of preschoolers (age 3-6 years).
- 2) Know the age trends in behaviour problems of preschoolers.

RESEARCH METHODOLOGY

The preschoolers formed the core group of the present study. The sample was identified from nursery schools and day care centres of Jammu city. The total sample size for the study was 150. Purposive sampling technique was adopted for selection of nursery schools and day care centres. The children of the required age group were chosen randomly from school registers. In some cases, when lesser number of children of desired age group was available in schools, the entire universe was selected. After the selection of preschoolers, their parents were contacted and after obtaining their approval for participation, they were included in the study. The whole sample was divided into 3 homogenous groups i.e., group-1 (3-4 year olds), group-2 (4-5 year olds) and group -3 (5-6 year olds) such that each group comprised of 50 parents of the given age group of preschoolers.

Research tools

Child Behaviour Checklist (CBCL) was administered on parents at home or in schools. It was devised by Achenbach at The Department of Psychiatry, University Of Vermont, USA and modified by Neelam Sood (1997). The 110 items on CBCL were subsumed under the following ten subscales: Schizoid or Anxious; Depressed; Uncommunicative; Obsessive-Compulsive; Somatic Complaints; Social Withdrawal; Hyperactive; Aggressive; Delinquent; Other Problems. It was a 3-point rating scale (0-1-2). The checklist was originally constructed for scoring behaviour reported in psychiatric records. The CBCL's reliability has been estimated at 0.952. The checklist was administered on parents. It took 15-20 minutes to fill the scale. Scoring was done by rating behaviour item as '2' for 'very true', '1' for 'somewhat or sometimes true', and '0' if term was 'not true' for the child. The total score thus obtained across 110 items indicated the child's total behaviour problem score, maximum possible score on the checklist being 220. Interpretation was done by calculating range by dividing maximum possible scores i.e. 220 by 3, which equals 74.3

Interpretation of the CBCL was done in the following manner:-

| SCORE | INTERPRETATION |
|---------|--------------------------------------|
| 0-75 | low level of behaviour problems |
| 75-150 | moderate level of behaviour problems |
| 150-220 | high level of behaviour problems |

Non participant observation method was employed to study child's behaviour at school or home. It was conducted for a period of one hour during investigator's visits for administering CBCL. For the purpose of data collection, rapport was established with the parents of preschoolers and they were ensured that the information furnished by them would be kept confidential. 2-3 visits were made on an average to each subject. The duration of each visit varied from one to two hours. In these visits the requisite data was collected by means of CBCL.

RESULTS AND DISCUSSION

Data collected through child behaviour checklist and observations was analysed using quantitative methods chiefly and was also supported qualitatively. Under quantitative analysis, data was grouped, percentages were calculated and descriptive and inferential statistical measures were applied. The results were discussed considering the objectives of the study under the headings of background information, assessment of the incidence of behaviour problems in preschoolers and assessment of the age trends in behaviour problems of preschoolers.

I.BACKGROUND INFORMATION**Table 1: Age and gender of preschoolers**

| Sex | 3-4 years (n=50) | | 4-5 years (n=50) | | 5-6 years (n=50) | | Total (n= 150) | |
|-----|---------------------|----|---------------------|----|---------------------|----|-------------------|----|
| | M | F | M | F | M | F | M | F |
| N | 31 | 19 | 28 | 22 | 25 | 25 | 84 | 66 |
| % | 62 | 38 | 56 | 44 | 50 | 50 | 56 | 44 |

Among the sample groups selected for the study (Table 1), most (56%) of preschoolers were males, majority being 62 percent males in the age group of 3-4 years while among 5-6 years old children, the distribution of boys and girls was same.

Table 2: Profile of sample preschoolers

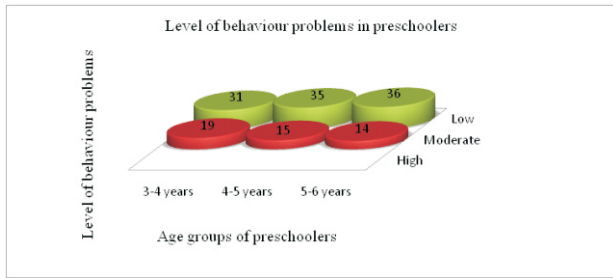
| <u>Type of family</u> | 3-4 years (n=50) | | 4-5 years (n=50) | | 5-6 years (n=50) | | Total (n= 150) | |
|---------------------------------|---------------------|----|---------------------|----|---------------------|----|-------------------|-------|
| | N | % | N | % | N | % | N | % |
| Nuclear | 29 | 58 | 24 | 48 | 22 | 44 | 75 | 50 |
| Joint | 21 | 42 | 26 | 52 | 28 | 56 | 75 | 50 |
| <u>Qualification of parents</u> | | | | | | | | |
| Post-graduation | 19 | 38 | 12 | 24 | 16 | 32 | 47 | 31.3 |
| Graduation | 14 | 28 | 19 | 38 | 20 | 40 | 53 | 35.3 |
| Higher secondary | 17 | 34 | 19 | 38 | 14 | 28 | 50 | 33.3 |
| <u>Occupation of parents</u> | | | | | | | | |
| Clerk | 8 | 16 | 5 | 10 | 10 | 24 | 24 | 16.6 |
| Teacher/lecturer | 16 | 32 | 13 | 26 | 11 | 22 | 40 | 26.6 |
| Doctor | 9 | 18 | 4 | 8 | 4 | 8 | 17 | 11.33 |
| Engineer | 3 | 6 | 6 | 12 | 4 | 8 | 13 | 8.6 |
| Defence personnel | 1 | 2 | 4 | 8 | 2 | 4 | 7 | 4.6 |
| Advocate | 2 | 4 | 2 | 4 | 5 | 10 | 9 | 6 |
| Business man | 11 | 22 | 16 | 32 | 12 | 24 | 39 | 26 |

Profile of sample preschoolers (Table 2) reveals that most (58%) of children falling under the age group of 3-4 years were residing in nuclear families while majority (56%) of children came from joint families under the age group of 5-6 years, followed by 52 percent of 4-5 year old children. The data on qualification of parents revealed that highest degree attained was graduation by 35.3 percent parents. Majority (38%) of parents of 3-4 years old children were post graduates. Most of the parents of 4-5 and 5-6 year old children were graduates. The statistics also revealed that none of the parents was illiterate in the age groups in the present study. Majority of parents (26.6%) were teachers/lecturers followed by 26% businessmen.

I.ASSESSMENT OF INCIDENCE OF BEHAVIOUR PROBLEMS IN PRESCHOOLERS

Information was collected on the sampled groups to know the incidence of problem behaviour in preschoolers of the said age group by using CBCL

Fig.2: Level of behaviour problems in preschoolers



df=4, $\chi^2=5.99$, insignificant difference at 0.05 level

After the analysis of problem behaviour scores (Fig.2), it was found that most of the children exhibited lower levels of problem behaviour. Among the groups, majority (38%) of children falling in the age group of 3-4 years, showed moderate levels of problem behaviour followed by 4-5 years and 5-6 years, which revealed that there was a decrease in the extent of behaviour problems as the age advanced. While none of the children any age group was found to have high incidence of behaviour problems.

Table 3: Mean Difference of CBCL Scores

| Group | Age (in years) | Mean X | SD σ | Calculated t-value |
|-------|----------------|--------|-------------|--------------------|
| A | 3-4 | 70.22 | 23.59 | 2.462* |
| | 4-5 | 58.26 | 25.25 | |
| B | 4-5 | 58.2 | 25.25 | 0.039 |
| | 5-6 | 58.06 | 25.45 | |
| C | 5-6 | 58.06 | 25.45 | 2.19* |
| | 3-4 | 70.22 | 23.59 | |

Table 3 shows the mean differences of CBCL as calculated between the three age groups separately. It was interpreted that in case of group-A i.e. 3-4 and 4-5 years of preschoolers the calculated value of 't' is greater than table value so there is a significant difference between the means of child behaviour score in both age groups. As per group-B, the calculated value of 't' is less than the table value, thus difference is insignificant and with regard to group-C, the value of 't' is greater than table value, therefore the difference found was significant. So, overall it can be calculated that there is variation between the mean scores of CBCL among the three age groups studied.

ASSESSMENT OF TRENDS IN BEHAVIOUR PROBLEMS OF PRESCHOOLERS

Information gathered on behaviour problems was analysed. Each item of the scale was scrutinised to know the prevalence of behaviour problems (reported on the ten subscales) among various age groups. Some of the problems were found to be specific to certain age while others were common but their intensity and frequency differed. The following discussion is about the trends in behaviour problems as exhibited by each of the age groups studied.

Table 4: Commonly occurring behaviour problems

| CBCL Subscale | 3-4 years | 4-5 years | 5-6 years |
|----------------------|--|--|---|
| Schizoid or Anxious | clings to adults fears school shy, timid | nightmares shy, timid | anxious |
| Depressed | cries much | nervous | lonely feels to be unloved self-conscious |
| Uncommunicative | won't talk stubborn | won't talk stubborn | - |
| Obsessive-compulsive | sleeps little | sleeps little excess talk | - |
| Social withdrawal | - | poor peer relations withdrawn | prefers young children |
| Somatic complaints | - | - | - |
| Hyperactive | can't concentrate clumsy speech problems | hyperactive day dreams impulsive clumsy | acts too young hyperactive |
| Aggressive | demands attention moody temper tantrums | demands attention jealous | argues fights moody |
| Delinquent | - | - | runs away |
| Other problems | doesn't eat well thumb sucking fears | doesn't eat well nail biting fears | too neat fears |

Age differences were found to be significant for most of the items of CBCL. The problems that increased with age include anxiety, hyperactivity, acting too young, mood swings, arguing to name a few (Table 4). The problems that decreased with age were crying a lot, fearing school, demanding attention, temper tantrums, thumb sucking and nail biting. The results also indicated certain age trends in behaviour problems. The incidence of behaviour problems was least in the age group of 5-6 year olds like uncommunicativeness and obsessive compulsive disorder etc. The reverse trend i.e., the peak in the problem behaviour around 4-5 years of age group was also observed with regards to problems such as nightmares, nervousness, stubborn behaviour, day dreams, impulsiveness and poor peer relations. Certain problem like shying, mood swings and fears didn't change much with age. By and large, problems subsumed under subscales of depression, delinquency increased with age while anxiety, social withdrawal, uncommunicative behaviour and aggression declined with increase in age.

Table 5: Age trends in behaviour problems

| Subscales | 3-4 years (n=50) \bar{X}_{34} | 4-5 years (n=50) \bar{X}_{45} | 5-6 years (n=50) \bar{X}_{56} |
|----------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Schizoid or Anxious | 8.3 | 0.66 | 4.04 |
| Depressed | 6.44 | 0.28 | 12.16 |
| Uncommunicativeness | 9.52 | 6.68 | - |
| Obsessive-compulsive | 4.64 | 6.8 | 4.2 |
| Somatic complaints | - | - | - |
| Social withdrawal | - | 0.64 | 4.16 |
| Hyperactive | 14.52 | 12.8 | 8.44 |
| Aggressive | 13.48 | 6.4 | 12.6 |
| Delinquent | - | - | 4 |
| Other Problems | 13.32 | 9.6 | 8.44 |

Apart from content analysis of the scale, the above information is supported by quantitative analysis. The total score was obtained by adding the items of each subscale on each age group. Inferential statistical measures were employed and it was again found that in subscales schizoid or anxious, uncommunicativeness, hyperactivity, social withdrawal, and other problems, mean declined with age i.e. the incidence of problems categorised under the subscales were least in the age group of 5-6 years (Table 5). It is important to note here that among above subscales, in case of uncommunicativeness, such problems were not at all visible in 5-6 year old children as per social withdrawal, 3-4 year old children didn't exhibit them. Findings suggested that depression among preschoolers declined in 4-5 year old children and peaked at 5-6 year old age group. In addition to this, findings indicate that there was not even a single somatic complaint found in the sample groups studied. Thus, it can be interpreted that with the advancement in age, there is an increase in the incidence of behaviour problems among preschoolers although it was observed only in some of the problems. These above research findings have shown that behaviour problems are age related and the extent of behaviour problem increases with increase in age. Although, some problem behaviours disappear with time, there is convincing evidence that in many cases, the early onset of problem behaviour poses a threat to future wellbeing and adjustment of child in later life.

CONCLUSION

The present study offers a unique picture of the incidence and age trends in behaviour problems of preschoolers enrolled in nursery and play way schools of Jammu city. The results indicated that majority of children of 3-4 years of age showed moderate levels of problem behaviour, which was followed by 4-5 years and 5-6 years. A decrease in the extent of behaviour problems was observed as the age advanced. However, none of the child in any age group showed high incidence of behaviour problems. It was also observed that the type of behaviour problem varied in

each age group e.g. 3-4 years old preschoolers exhibited problems like clinging to adults, fearing school, speech problems, lack of concentration, mood swings, lack of sleep and throwing tantrums. In case of 4-5 years old, majority of preschoolers had the problems like nightmares, shying, talking too much, withdrawal and hyperactivity while in preschoolers of 5-6 years of age, the problems such as loneliness, anxiety, self-consciousness, arguing and delinquency were observed. Certain age trends in behaviour problems were also observed. By and large, problems subsumed under subscales of depression and delinquency increased with age while social withdrawal, uncommunicative behaviour and aggression decline with advancing age. None of the children was found to have somatic complaints. The results of the present study have been compared with similar studies carried out in different contexts (Table 6).

Table 6: Comparison between present and previous studies

| Name, Year& place | Previous studies | Present study |
|---|---|---|
| Campbell, 1995 and Broidy et al, 2003 Place: Canada, USA and New Zealand | Reported that physical aggression during elementary school years specifically increases the risk for continued physical violence. It was revealed that where problem behaviours were present in preschool children, as many as 50% of these children maintain these behaviours into adolescence and a substantial number of these will engage in antisocial behaviour. | Similar findings were reported in this study as depression and delinquency are among the behaviour problems that increased with age. |
| Bhatia et al., 1990 Place: Pediatric Outpatient Department, New Delhi | It was found that behaviour problems such as temper tantrums typically appear at age 2 or 3 and start to decline by four. | Present study revealed that along with the problems like tantrums, thumb sucking, nail biting, demanding attention and fearing school were found to be decreased after four. |
| Shaw et al, 2000; Richman, 1982; Bor et al, 2001 and Moffitt, 1993. Place: New York, London, Australia and Madison | They found that one third of aggressive five year olds were still aggressive at 14. Similarly, Moffitt showed that 6% of children, who had conduct disorder at seven, were still exhibiting these behaviours at 15. | The results of the present study were contradictory as there was a decrease in the extent of behaviour problems as the age advanced and most of the preschoolers exhibited lower levels of behaviour problems. |
| Broidy et al, 2003 Place: Canada, USA and New Zealand | This study examined the developmental course of physical aggression in childhood and to analyse its linkage to violent and nonviolent offending outcomes in adolescence. The results indicated that among boys there is continuity in problem behaviour from childhood to adolescence and that such continuity is especially acute when early problem behaviour takes the form of physical aggression | The present study revealed that boys were found to be having higher prevalence of behaviour problems in case of hyperactivity, aggression, delinquency, conduct disorder, demanding attention, temper tantrums and truancy. |

| | | |
|---|---|---|
| Knoff, 2003 Place: New York, USA | The aim of the study was to assess the child and adolescent personality. It was found that the preschoolers of 4 years of age exhibited the behaviour problems such as being fearful and restless while the children belonging to five years of age exhibited temper tantrums were restless, fearful, self conscious and hyperactive. | The results of the present study showed that there were certain behaviour problems which were present in an age group and some were present in the other. While some of the problems were found in all the age groups. For example, 3-4 year old exhibited clinging to adults, fears schooling, speech problems, lack of sleep and temper tantrums whereas 4-5 year olds were found to have problems like nightmares, shy timid, talkative, withdrawn, hyperactive, day dreaming, jealousy, nail biting and those belonging to 5-6 year age group, they had problems like being anxious, lonely, self-consciousness, arguing and delinquency. |
| Archways / Incredible Years programme (2009). Place: Ireland | The results of the evaluation found that parents reported a substantial reduction in behavioural problems in their children. Specifically, they reported decreases in problem behaviours such as non-compliance (i.e. refusal to carry out tasks/obey instructions), temper tantrums and negative physical behaviours (e.g. hitting, destroying objects). This decline in problem behaviour was accompanied by marked reductions in hyperactive-type behaviours. Parents also noted improvements in their children's social behaviour and in their social interaction/communication skills. | Similar results were found in this investigation. There was a decrease in the extent of behaviour problems was observed as the age advanced. However, none of the child in any age group showed high incidence of behaviour problems. |

Previous studies have shown that problem behaviour was found in preschool children and 50% of these children maintained these behaviours into adolescence (Campbell, 1995 & Broidy et al., 2003). Similar findings were reported as certain behaviours got increased with advancing age. The problems like temper tantrums were found to appear at age 2 or 3 and likely to decline by 4 years of age both in previous studies (Bhatia et al., 1990) and in present study. Yet another study by Knoff (2003) to assess child and adolescent personality revealed that the most common behaviour problems in 4 year olds were being fearful like the current one where 3-4 year old preschoolers exhibited behaviour problems such as lack of sleep, temper tantrums along with having certain fears. Both these studies reported children to be hyperactive at 5. In another investigation (Archways/Incredible Years programme, 2009) and in present investigation, behaviour problems were found to be decreasing with advancing age.

Some of the most difficult challenges for a parent are their child's behavioural problems. Unlike an injury or disease, the "cure" is not always evident. Added is the fact that as a child grows, his or her personality is also developing and constantly changing. Almost overnight, the quiet three year old can suddenly become a disruptive four years old. (<http://www.pamf.org/children/common/behavioral/>). There is a need to increase awareness of parents and teachers regarding behaviour problems in their children. Further, since many preventive and counselling measures can help in

reducing behaviour problem, activities in this sphere are required to be conducted in specific context of study.

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