

Behaviour Problems in Children: Prevalence Across Age

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Abstract:

The behaviour problems in children may manifest as disturbance in emotions like anxiety or depression, aggression, physical function, psychogenic disorders, mental performance problems at school. This range of disorders may be caused by a number of factors such as parenting style, which are inconsistent, contradictory, family, marital problems, child abuse or neglect, overindulgence, injury or chronic illness, separation or bereavement. Achenbach & Edelbrock (1983) classifies child behaviour problems into eleven problems in behaviour of the children on which the present study was formulated to investigate the nature and dimensions of behaviour problems in 812 school going children of urban area, between the age range of 5-12 years with a cross sectional research strategy was applied with extensive survey. The data was obtained in the classroom observations with the help of teachers using the Child behaviour checklist a standardized scale by Achenbach, (1983), and was analyzed qualitatively in 3 age groups of children (A1: 60-90 months, A2: 91-115 months, A3: 116-146 months). It was evident that age emerged as the primary factor to produce main effect on incidence of internalization behaviour, withdrawn, anxiety, aggression and conduct disorder. The trend showed that either the children manifest normal behaviour or severely deficient behaviour irrespective of their age. Most of the behaviour problems found to be showing improvement corresponding to advancing age. However, there was gradual increase in all most all behaviour problems in middle age and there after behaviour disposition of children in older age.

Keywords: Behaviour problem, Age, Anxiety/Depression, Aggression, Internalization behaviour, Withdrawn behaviour, Conduct disorder.

I. INTRODUCTION

A creative mind to blossom and art and science to flourish in any society the first and foremost condition, is a well-settled society that provides peace and security. The term security with reference to child refers to the cordial environment in the family which can only be possible in one condition; when mother's health, status in the family and society is considerably satisfactory. The child's growth and development depends upon the degree of his competence in meeting his bio-psychological needs within the family. The sensory equipments through which the experiences are derived at birth, neither fully developed nor adequate enough for initiating this experience that are necessary to generate complex set of adjustive behaviour.

The sensory organs which are required for deriving experiences from environment (family features e.g., family affective dynamics, quality of parenting, psycho, socio, somatic, health status of mothers) become sharpened and more efficacious in developmental course of active interplay with environment in producing proper behavior (Vidya and Tripathi 1998). Since the larger parts of sensory input comes from environment, it can be easily assumed that growth and behaviour of a child should be shaped by the characteristics of environment (family affective dynamics) in which the developing organism (child) is placed and to which it is exposed (Vidya 1998). During the last two decades the subject of growth and development of children has received serious attention: of different academicians, policy makers,

practitioners and scholars of different disciplines i.e., Home-science, Psychology, Psychiatry, Pediatrics, Education, Social work and sociology have placed child at a focal point of these researches (Vidya & Tripathi 2001).

Great diversity characterizes the interests and concerns of the thousands of investigators, who study child development. But all the child developmental researchers have a single goal in common; the desire to describe and identify those factors that influence the behavior enactment that occur in young people during the first fifteen years of life, (Mishra & Tripathi 1980).

The low concern for the child's need and health care with reference to the behaviour problems in children & malnutrition has been investigated systematically; maternal health (anxiety/depression) precipitated that malnutrition produces several behavioural problems in children. (Rahim and Cederblad, 1986). Today much more research in child development recognizes the impact of children's characteristics on the reactions they receive from others (especially the role of mother). Also dyadic interaction is indirectly influenced by the presence of third parties within the micro-system. Campbell, (1995), studied the correlates of behavior problems in preschool children. Prospective epidemiological studies and follow-Up studies of clinical/high risk samples indicate that serious externalizing problems identified early, often persist Negative, inconsistent

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parental behavior and high levels of family adversity are associated with the emergence of problems in early childhood and predict their persistence in school age.

In order to examine the associations of somatic complaints with DSM-III-R-defined depression, anxiety disorders, conduct disorder, oppositional defiant disorder, and attention-deficit hyperactivity disorder in a population-based sample of children (9 to 16 year old). Overall, somatic complaints were strongly associated with emotional disorders in girls and with disruptive behavior disorders in boys. For girls, stomach aches and headaches together and musculoskeletal pains alone were associated with anxiety disorders. (Egger, Costello, Erkanli, Angold 1999), Saps, Seshadri, Sztainberg, Schaffer, Marshall, Lorenzo, (2009), Findings revealed that frequency of somatic complaints increased with severity of depression regardless of coexisting anxiety. Taking the above into account the present study investigated the nature and dimension of behaviour problems in children across different age groups.

II. METHODOLOGY

An extensive review of literature revealed that whatever research have been carried out in this field had been centered around macro-level determinants of behaviour problems, their impact of intellectual developments : and therefore, it can be concluded that more empirical research is required in order to understand the major micro-level determinants and other behavioural consequences in children. Since behaviour is the attribute of individual subject, and; therefore, exist naturally and through child behaviour check list, its level was measured. Furthermore through Child Behaviour Checklist various types of behaviour problems were also measured. In the present piece of work an extensive survey was made to study the behavior problems in children (5-12 years) in relation to age.

Research Design:

Achenbach & Edelbrock (1983) classifies child behaviour problems into eleven problems in behaviour of the children on which the present study was formulated. To investigate the nature and dimensions of behaviour problems in children between the age ranges of 5-12 years with a cross sectional research strategy was applied with extensive survey.

Sample:

The present study was conducted on the large sample of 812 children (5-12 years) and their parents (specifically mothers). The stratified random sampling procedure was followed. The children were selected from different schools situated in New town yelahanka. The age and gender wise description of the children.

Tool Used:

The present study confined to assess the behaviour problems in children across age. Hence, in the present study Achenbach's 1986 child behaviour checklist with 4 point scale, a standardized tool was used to assess the manifestation of Behaviour Problems in children across three age groups. The term behaviour refers to manifestation of Internalization, Externalization, Withdrawn behaviour, Somatic Complaints,

Anxiety/Depressed, Social problems, Thought problems, Attention problems, Aggressive/Delinquent Behaviour, Conduct disorders and maladjustment with peer group in everyday life. Further the researcher tested the communicability, utility, validity of this questionnaire among the pilot group.

Procedure:

In the present study an extensive survey of 812 families was carried out on a represented sample in three age groups as follows: A1: 60-90months, (5-7yrs), A2:91-115months (7-9 yrs), A3:116-146months (9-12yrs), gender as mentioned in the research design. The samples were drawn from schools at Yelahanka, North Bangalore city.

The children (5-12 years) were observed in the classroom situation with the help of the teachers using child behaviour check list.

Once the extensive survey was completed the obtained data was analyzed qualitatively for further classification.

Plan of Data Analysis:

The obtained data was analyzed qualitatively and treated to variety of statistical techniques such as Frequency distribution, Percentile Norms and Mean, Standard deviation.

III. RESULTS

In the present study an attempt has been made to analyses the prevalence of behavior problems in early childhood in response to age.

Table - 1 depicts the differentials in the quality of behaviour problem as a whole and its eleven components where in, it was evident that maladjustment (38%) appears to be the most prominent disorder followed by social problem (36%), internalization (36%) and withdrawn behaviour (35%) in children. A close perusal of Table-1 indicates the trend that either the children manifest normal behaviour or severely deficient behaviour irrespective of their age.

Table - 1: Level of behaviour problems in children (N=812)

Sl. No.	Component of behaviour problems	Level of behaviour problem		
		Normal	Deficient	Severely deficient
1	Internalization	393 (48.39%)	129 (15.89%)	290 (35.71%)
2	Externalization	376 (46.30%)	181 (22.29%)	255 (31.40%)
3	Withdrawn	340 (41.87%)	189 (23.27%)	283 (34.85%)
4	Somatic complaints	251 (30.91%)	278 (34.23%)	283 (34.85%)
5	Anxiety / Depressed	392 (48.27%)	138 (16.99%)	220 (27.09%)
6	Social problem	395 (48.64%)	126 (15.51%)	291 (35.83%)
7	Thought problem	342 (42.11%)	194 (23.89%)	276 (33.99%)
8	Attention problem	329 (40.51%)	223 (27.46%)	260 (32.01%)
9	Aggressive/Delinquent	381 (46.92%)	164 (20.19%)	267 (32.88%)
10	Conduct disorder	387 (47.66%)	150 (18.47%)	275 (33.87%)
11	Maladjustment	374 (46.05%)	133 (16.37%)	305 (37.56%)
12	Total Behaviour Problem	335 (41.26%)	158 (19.46%)	319 (31.29%)

Table - 2 contains Mean and Standard deviation of different components of behaviour problem across the age. Most of the behaviours found to be showing improvement corresponding to advancing age. However, a close perusal Fig.2, depicted the gradual increase in all most all behaviour problems in middle age and there after behaviour disposition of children in older age.

Table – 2: Mean & standard deviation behaviour problems in relation to age of children (N=812)

Sl. No.	Components of behaviour problems	Age in months		
		A1 - (60 - 90)	A2 -(91 - 115)	A3-(116 - 146)
1	Internalization	43.95 ± 6.08	43.37 ± 5.12	43.18 ± 4.61
2	Externalization	50.44 ± 7.00	51.09 ± 5.91	49.32 ± 5.10
3	Withdrawn	33.67 ± 4.53	33.61 ± 3.85	33.11 ± 3.24
4	Somatic complaints	21.44 ± 2.01	22.10 ± 2.53	21.84 ± 2.30
5	Anxiety / Depressed	44.84 ± 4.92	45.75 ± 4.37	44.64 ± 3.92
6	Social problem	21.94 ± 3.10	22.29 ± 2.76	21.59 ± 2.62
7	Thought problem	27.40 ± 3.55	27.26 ± 3.37	27.29 ± 3.09
8	Attention problem	17.55 ± 3.04	17.63 ± 2.77	17.42 ± 2.58
9	Aggressive/Delinquent	42.94 ± 5.81	42.61 ± 4.90	41.67 ± 4.49
10	Conduct disorder	38.97 ± 5.31	38.81 ± 4.33	37.60 ± 3.74
11	Maladjustment	22.12 ± 2.91	22.46 ± 2.73	21.37 ± 2.11
12	Total	210.50 ± 21.20	211.85 ± 18.48	207.30 ± 14.51

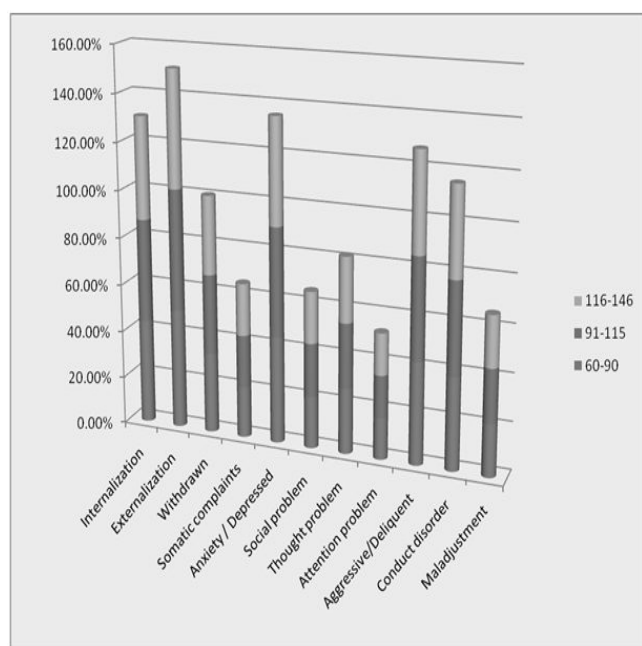


Table – 3 consisted of level of Internalization behaviour problem in relation to the age of children. As for as quality of internalization behaviour is concerned 50% of children suffered from internalizing their stress ranging from deficient to severely deficient behaviour problem irrespective of age. But, it was found that younger children possess the problem of internalization (38%) more as compared to middle (34%) and older age (35%) children.

Table - 3: Level of Internalization behaviour problem in relation to age of children (N=812)

Sl. No.	Age in months	Level of behaviour problem		
		Normal	Deficient	Severely deficient
1	A1(60 - 90)	144 (47.84%)	44 (14.61%)	113 (37.54%)
2	A2(91 - 115)	110 (48.24%)	41 (17.98%)	77 (33.77%)
3	A3 (116-146)	139 (49.11%)	44 (15.54%)	100 (35.33%)

Table - 4 the externalization behavior problem was analyzed qualitatively, it was found that qualitative externalization increases with advance in age and the inverse pattern was seen in case of deficiency in externalization in children. However, middle age children exhibited severely deficient externalization as compared to young and children of older age.

Table - 4: Level of Externalization Behaviour Problem in relation to age of children (N=812)

Sl. No.	Age in months	Level of behaviour problems		
		Normal	Deficient	Severely deficient
1	A1 (60 - 90)	141 (46.84%)	67 (22.25%)	93 (30.89%)
2	A2 (91 - 115)	89 (39.03%)	56 (24.56%)	83 (36.40%)
3	A3 (116-146)	146 (51.59%)	58 (20.49%)	79 (27.90%)

The level of withdrawn behavior problem (Table - 5) found to be 55% - 60% deficient to severely deficient across all the age groups. Further more middle age children manifested more severely deficient behaviour as compared to older and younger age children.

Table - 5: Level of Withdrawn behaviour problem in relation to age of children (N=812)

Sl. No.	Age in months	Level of behaviour problem		
		Normal	Deficient	Severely deficient
1	A1 (60 - 90)	125 (41.52%)	71 (23.58%)	105 (34.88%)
2	A2 (91 - 115)	86 (37.71%)	54 (23.68%)	88 (38.59%)
3	A3 (116-146)	129 (45.58%)	64 (22.61%)	90 (31.80%)

Table - 6 depicted the prevalence of somatic complaints ranging from deficient to severely deficient which was very high. Among the children more than 70% prevalence rate of deficient behaviour decreased gradually corresponding to progression in age; however, similar pattern was noted for severely deficient somatic complaints but, it was strikingly high in middle age than the younger and children of older age.

Table - 6: Level of Somatic complaints in relation to age of children (N=812)

Sl. No.	Age in months	Level of behaviour problem		
		Normal	Deficient	Severely deficient
1	A1 (60 – 90)	96 (31.89%)	124 (41.19%)	81 (26.91%)
2	A2 (91 -115)	68 (29.82%)	60 (26.31%)	100 (43.85%)
3	A3 (116-146)	87 (30.74%)	94 (33.21%)	102 (36.04%)

A close perusal of Table - 7 & 8 indicated that, the prevalence of anxiety/depressed behaviour disorders and social problem was found to be normal or deficient to severely deficient in all age groups. It was found that majority of the children manifested either normal level (50%) or deficient behaviour problem (50% plus) for anxiety/depressed behavior disorder and social problem equally. Alike other behaviour problems the incidence of severely deficient anxiety/depressed disorder and social problem was considerably low among middle aged children.

Table – 7 : Level of Anxiety/Depressed Behaviour in relation to age of children (N=812)

Sl. No.	Age in months	Level of behaviour problem		
		Normal	Deficient	Severely deficient
1	A1 (60 – 90)	149 (49.50%)	44 (14.61%)	108 (35.88%)
2	A2 (91 -115)	98 (42.98%)	42 (18.42%)	88 (38.59%)
3	A3 (116-146)	145 (51.23%)	52 (18.37%)	86 (30.38%)

Table – 8 : Level of Social Problem in relation to age of children (N=812)

Sl. No.	Age in months	Level of behaviour problem		
		Normal	Deficient	Severely deficient
1	60 – 90	144 (47.84%)	45 (14.95%)	112 (37.20%)
2	91 – 115	104 (45.61%)	36 (15.78%)	88 (38.59%)
3	116 – 146	147 (51.94%)	45 (15.90%)	91 (32.15%)

Table - 9 indicated that 55% to 60% of children suffer from thought problem, irrespective of age and gender. Compared to other behavioural problems, the incidence of severely deficient thought problem was found more in younger and children of older age than middle aged but, the incidence of deficient thought problem was very high in children of older age.

Table - 9: Level of Thought Problem in relation to age of children (N=812)

Sl. No.	Age in months	Level of behaviour problem		
		Normal	Deficient	Severely deficient
1	A1 (60 – 90)	121 (40.19%)	66 (21.92%)	114 (37.87%)
2	A2 (91-115)	102 (44.73%)	55 (24.12%)	71 (31.14%)
3	A3 (116-146)	119 (42.04%)	73 (25.79%)	91 (32.15%)

A close perusal of Table – 10 indicated that more than 60% of the children are suffering attention related behaviour problems irrespective of their age. However, the incidence of severe attention problem was vertically high among the young and middle aged children. The deficient attention problem was more in older age children, there was no much difference from deficient to severely deficient attention related behaviour problem among the older age children. It was quiet striking that 64% of children at older age manifested deficient or severely deficient attention related problem.

Table - 10: Level of Attention Problem in relation to age of children (N=812)

Sl. No.	Age in months	Level		
		Qualitative	Deficient	Severely deficient
1	A1(60 – 90)	133 (44.18%)	69 (22.92%)	99 (32.89%)
2	A2(91 – 115)	92 (40.35%)	63 (27.63%)	73 (32.01%)
3	A3 (116 -146)	104 (36.74%)	91 (32.15%)	88 (31.09%)

The prevalence of aggression/delinquent behavior problem (Table – 11) was found in 50% of the children from normal or severely deficient in all most all age groups. The prevalence of deficient aggressive behaviour problem was found to be less. A gradual decrease in severe aggressive problem was noted with age progression, on the contrary normal aggression increased with age.

Table - 11: Level of Aggressive / delinquent behaviour in relation to age of children (N=812)

Sl. No.	Age in months	Level		
		Qualitative	Deficient	Severely deficient
1	A1 (60 – 90)	138 (45.84%)	50 (16.61%)	113 (37.54%)
2	A2 (91- 115)	102 (44.73%)	59 (25.87%)	67 (29.38%)
3	A3 (116 –146)	141 (49.82%)	55 (19.43%)	87 (30.74%)

Table - 12 consisted level of conduct disorder behavior problem prevailing in children. The entire sample was broadly divided into two extreme categories either; children had normal conduct (50%) or severely deficient conduct disorder ranging from 28 – 37%. But, a decreasing trend was noted for severely deficient conduct disorder with age significantly.

Table - 12: Level of Conduct Disorder Behaviour Problem in relation to age of children (N=812)

Sl. No.	Age in months	Level		
		Qualitative	Deficient	Severely deficient
1	A1 (60 – 90)	137 (45.51%)	51 (16.94%)	113 (37.54%)
2	A2 (91 -115)	103 (45.17%)	44 (19.29%)	81 (35.52%)
3	A3 (116-146)	147 (51.94%)	55 (19.43%)	81 (28.62%)

Maladjustment (Table - 13) was considered as a major component of behaviour assessment in the present study. It is evinced from the table that, older age children manifested problems related to maladjustment as compared to younger age children. The highest incidence of severely deficient maladjustment problem was found among the middle age children followed by younger children.

Table - 13: Level of Maladjustment in relation to age of children (N=812)

Sl. No.	Age in months	Level		
		Normal	Deficient	Severely deficient
1	A1 (60 – 90)	136 (45.18%)	44 (14.61%)	121 (40.19%)
2	A2 (91 -115)	91 (39.91%)	31 (13.59%)	106 (46.49%)
3	A3 (116-146)	147 (51.94%)	58 (20.49%)	78 (27.56%)

IV. DISCUSSION

After a very extensive and intensive investigation relating to behavioral problems in early childhood, remedial measures for behavior modification have to be spelt out. In order to evaluate the empirical findings of present work and making certain generalization, it seems appropriate to emphasize certain assumptions, which constitute the major planks of present work.

The variation in manifest of severely deficient behaviour problems with advancement in age is the result of permissive parenting in Indian social system, parental expectations, academic challenges and repeated exposure through electronic media. The young children imitate the behaviour of older where as older children manifest the behaviour problem due to adventurous psyche (Cathy, Ann, Kaiser, 2003).

Due to more academic pressure and parental expectation the internalization behaviour includes social withdrawal, feelings of loneliness or guilt, unexplained physical symptoms, i.e., headaches and stomach aches, not due to a medical condition, not talking to or interacting with others, feeling unloved (Joshua, Elizabeth, Naomi, Kipling, Victoria, Julie, 2009; Rogers, Adamson, McCarthy, 1997; Steinhause, Müller, Metzke, 2009). Many theorists believe that the internalized values of behaviour implemented during early socialization are key factors in predicting a child's future moral character.

The pattern of externalization (Jianghong, 2004; Joshua, Elizabeth, Naomi, Kipling, Victoria, Julie, 2009) indicated that maturity behaviour disposition comes naturally with age. It may be attributed to the affective structure of family, conducive to promote behaviour of externalization (Vidya and Tripathi 2001).

High incidence of withdrawn behaviour irrespective of the age can be attributed to scholastic pressure and high expectation of parents (Vidya, Rathna, Tripathi, 2014; Campbell, Shaw, Gilliom, 2000; McElroy, Rodriguez, 2008). The process of withdrawn behaviour acquired by children is just to escape from academic realities (Diana, Edward and Sonya, 2005; Paul, Alan, Jonathan, Thomas, 2005; Erin, Eric, Brian, 2011; Torbjorn, Bente, 2001).

Children manifest somatic complaints as a frustrating reaction to inadequate coping strategy with stress full environment caused by parents as well as at home for academic persuades (Tripathi 1992, Elizabeth, Gabrielle, Rose, 1991; Eric & Charlotte, 1990).

The trend of anxiety (Ajay, Prakriti, Rajiv, Yashi, Vijay, Suprakash, 2013), and social problem suggest that, a shift in the attitude of parents towards children might have caused the high incidence of anxiety disorder and social problem (Frederick, 2012; Trivedi and Pawan, 2010; Karla, Ivan, Caroline Braet, and Guy, 2004; Neil and Christensen, 2009; Tremblay, Daniel, Nagin, Seguin, Zoccolillo, Zelazo, Boivin, Pérusse, Japel, 2004).

Developmental theories suggest that incidence of thought problem caused by environmental pressure (Gershoff, Elizabeth, 2002; Giannakopoulos, Mihas, Dimitrakaki, Tountas, 2012) and absence of support system for the problem solving. The parents develop expectation that children by 7 years should be able to take care of themselves on their own and they do not give proper guidance to their children which cause the incidence of thought problem in that particular age. In case of younger children parents take it as a childish behaviour and ignore it (Cathy, Ann, 2003; Christine and Lynlee, 2012; Sushrutha samhitha; Tamis-LeMonda, Briggs, McClowry and Snow, 2008).

According to the theories of child development attention related problem (Campbell, 1995; Catherine, Tracy and Philip, 2012; Harvey, Youngwirth, Thakar and Errazuriz 2009; Karla, Ivan, Caroline and Guy, 2004) should improve corresponding to the progression in age. In the present study similar trend was found for qualitative attention. In case of deficient to severely deficient attention related problem the trend was increasing with age (Jyoti Prakash, Mitra, Prabhu, 2008).

It was assumed that, prevalence of aggressive behaviour (Karla, Ivan, Caroline and Guy, 2004; Renner, 2012; Prudent, Johnson, Carroll, Culpepper, 2009) should decrease with age and same pattern was observed in the present study.

The majority of the children suffer from conduct disorder irrespective of age, which could be attributed to quality of family environment and exposure to electronic media where in mischievous children are projected as hero and children try to personify and assimilate such characters (Vidya and Tripathi, 2008; Vidya, Rathna, Tripathi, 2014) Needless to say they acquire conduct disorder.

The present study suggested a shift in parental attitude associated with age that might have caused severe adjustment problem in middle age children (Raver, Jones, Li-Grining, Zhai, Metzger and Solomon, 2009).

In recent studies on prevalence of behaviour problem in children indicated that due to parental pressure and syllabus overload, at school children acquired behaviour disorders (American Psychiatric Association, 1994, Ann, Frank, Robert and Margot, 2006, Vidya and Tripathi, 2008). The similar trend was confirmed by studies. The most striking feature that emerged was most of the children (55%+) manifested various behaviour problems ranging from deficient to severely deficient. The trend of increase in middle age may be attributed to parental expectation from their children with regard to academic performance which was the cause of gradual increase in the middle age. In younger age parents and teachers take the behaviour disposition of the children bit casually (Brendel, Kristen; Maynard, Brandy 2014; McWayne, Cheung 2009; Melissa Stormont, 2002). But the moment child crosses 7 years plus the scholastic expectations increases vertically and might have caused the gradual increasing trend for behaviour manifestation; the decrease in behaviour problem at older age can be attributed to the adaptation process and healthy coping with scholastic demand as well as parental expectations with regard to academic achievements (Campbell, Shaw, Gilliom, 2000; Helen, Jane, Alaattin, Adrian, 1999; Kessler, Soukup, Davis, Foster, Wilkey, Van, Eisenberg, 2001).

V. CONCLUSION

- Maladjustment, social problem and withdrawn behaviour emerged as a major behaviour problem manifested by children. Children manifest considerably more behaviour problems within the age range of 7 years to 10 years. Level of internalization was found to be more prominent in younger children followed by older and middle aged children.
- Externalization behaviour becomes more qualitative with advancement in age - middle age children manifested

severely withdrawn behaviour. High incidence severe somatic complaints by middle age children were noted significantly. Middle age children were found to be anxiety prone and susceptible to acquire social problems. Majority of the children found to be manifesting thought problems irrespective of their age.

- More than 60% of children are suffering from attention related problems. Aggressive / delinquent behaviour deficient to severely deficient decreased with age. Prevalence of Conduct disorder was found to be more than 45% of studied population. About 40% of children were found to be manifesting maladjustment behaviour.
- The present study indicates the need for early intervention for (Family, mother, care takers and school environment) to overcome the ill effect of behaviour acquisition process in children.
- There is a need of Psychologist & counselor who can help children and parents with regard to Behaviour problems.

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