Prediction of Behavioral Disorders among Preschooler: A Survey Report

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Abstract

Children show a wide variety of behavioural disorders; management of these minor behaviour deviations requires an understanding of the stresses that lead to these problems. So, giving education to the parents regarding the common behavioural problems of children will help them in better management of these problems in future. A Quantitative research approach was adopted for the study with a descriptive Cross-sectional survey research design with 60 preschoolers aged 3 to 6 years of children who are receiving Integrated Child Development Services Centre using a non-probability convenience sampling technique. A Self-Structured Knowledge Questionnaire was framed to assess the behavioural disorders. The questionnaire consists of 3 items which include habit disorder, conduct disorder, and emotional disorder. The data obtained will be analyzed given the objectives of the study using descriptive and inferential statistics. Total of 60 preschoolers aged 3 to 6 years children the standardized beta indicates the relative contribution of all five dimensions of the independent variables in predicting emotional disorder based on the percentage of prediction of emotional disorder. Age (07.3%), Gender (09.9%), Parents occupation (03.7%), Monthly income (13.2%) No. of siblings (15.7%) and Birth order (10.9%). Thus, these dimensions of readiness for the adoption of CEIT influence Emotional disorder. In most of the behavioural problem subscales, girls experienced more problems compared to boys (P=0.001). Based on the results, in most of the behavioural problem subscales, girls experienced more problems compared to boys. To exhibit fewer behaviour-related problems than children with unsupportive parents and difficult family circumstances.

Keywords: Behavioral Disorders, Children, Emotional Disorder, Preschooler.

Introduction

Children are a mirror of a nation. They are our future and our most precious resources. The quality of tomorrow's world and perhaps even its survival will be determined by the well-being, safety and physical and intellectual development of children today. To predict the future of a nation, it has been remarked, one need not consult the stars; it can more easily be read in the faces of its children Every society needs physically and mentally healthy individuals to progress in various socio-economic and cultural domains. In developing countries, 50 per cent of the population consists of children [1]. The well-being of this great population is significantly influential on the future health and flourishing of the society and next generations. It is, therefore, necessary to focus increased attention on children's mental and physical health to take essential measures for preventing and treating psychological and behavioural disorders. Behavioural disorders are common debilitating

problems that cause many difficulties for children and their families. These problems have a broad spectrum including short attention span, low self-esteem, low social competence and problems in communication with family members and friends [2]. 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 at a parent, caregiver or friend. However, some preschoolers show even more extreme and difficult behaviours, often defying adults and deliberately hurting other people. Some may be so disruptive that they are banned from pre-school [3]. Major behavioural problems are significant deviations from socially accepted normal behaviour. These problems are mainly due to failure and adjustment to the external environment and the presence of internal conflict. Behavioral problems always special attention. Children are the future of our country [4].

Child Mental health problems are common and cause high costs. If these behavioural and emotional problems are detected and treated at an early age, their possibility of turning to chronic disorders in adults will be reduced [5]. Emotional and behavioural problems in children can be defined as signs or symptoms that do not meet the criteria for a mental disorder but that cause a potential for the development of disorders later in life. For example, aggression, disobedience, sleeping problems, nail-biting, and anxiety are some of these emotional and behavioural problems [6]. To provide adequate mental health services to children in society, the first step is to identify the emotional and behavioural problems that children face. Thus, some studies have investigated the prevalence of behavioural problems and disorders in children [7]. In one study, Iranian researchers investigated the prevalence of behavioural disorders among elementary students of Hamadan. In this study, 16% of students were diagnosed with behavioural disorders, which

were more commonly found in males rather than females [8]. Overall, the prevalence of behavioural disorders in children and adolescents in different studies has been reported from 10% to 42%, being more common among males [9].

Several types of factors may increase a child's vulnerability to mental health problems, including biological factors, genetic factors, psychosocial factors, and environmental factors [10]. Marital discord, maternal psychopathology, paternal criminality, and parental death or separation from parents are some of the environmental factors associated with increased psychological and behavioural problems in children [11]. Environmental and psychological stressors in certain areas, such as outskirt areas of cities can be observed more frequently. The outskirt areas, regions that are away from the main areas of the city and their people encounter economic and social problems, such as poverty, addiction, and crime [12]. As a result, children living in these areas are exposed to greater behaviour problems. Children exposed to violence and maltreated children are at an increased risk of depressive and anxiety disorders, alcohol and drug abuse, and personality disorders. The results of one study indicated that children exposed to substance abusers more commonly had mental health problems when compared with the general population [13].

Poverty is another common risk factor for emotional and behavioural difficulties in children [14]. The behavioural characteristics commonly observed during the toddler period include negativism, temper tantrums, ritualistic behaviour, and ambivalence. These are manifestations of the child's efforts to assert autonomy. Some of the common behavioural problems in children are resistance to feed or impaired appetite, breath-holding spells, temper tantrums, thumb sucking, nail biting, masturbation, unclear speech, stuttering, pica, sleep disturbances, enuresis, encopresis, etc [15]. Most of the problems are minor and do not

cause permanent disturbances. Nevertheless, these cause anxieties considerably to the parents [16]. Since children show a wide variety of behavioural disorders, management of these minor behaviour deviations requires an understanding of the stresses that lead to these problems [17]. So, giving education to the parents regarding the common behavioural problems of children will help them in better management of these problems in future [18].

The objectives of the study are to assess the level of behavioural disorders, to find out the association between behavioural disorders with demographic variables like age, gender, parent's occupation, monthly income, no. of siblings, and birth order & to find the linear regression of behavioural disorders among boys and girls with demographic variables.

Materials and Methods

A Quantitative research approach was adopted for the study with a descriptive Cross-sectional survey research design with 60 preschoolers aged 3 to 6 years of children who are receiving Integrated Child Development Services Centre using a non-probability convenience sampling technique. Data was collected with the prior consent from the samples and ethical approval was obtained from the institutional ethical committee. A Self-Structured Knowledge Questionnaire was framed to assess the behavioural disorders. The questionnaire consists of 3 items which include habit disorder, conduct disorder, and emotional disorder. Data were entered and examined. For continuous variables, descriptive statistics such as mean and standard deviation were calculated, whereas for categorical variables, frequency and percentage were determined. The data obtained will be analyzed given the objectives of the study using descriptive and inferential statistics.

Results

The demographic information of the study area, 18 (36%) were between the age group of 3 – 4 yrs, 32 (64%) were between the age group of 5 - 6 years, gender, 35 (70%) were males, and 15 (30%) were females, parents occupation, 27(54%) were government employees, 13 (26%) were self-employed, 10 (20%) were private employees, monthly income of parents, 29 (58%) were less than Rs 5000, 16 (32%) were Rs5000-10,000, 5 (10%) above Rs 10,000, number of siblings 25 (50%) were with one sibling, 20(40%) were with two siblings, 5(10%) were more than two and birth order, 34(68%) were with 1st child, 12(24%) were with 2nd child and 4(8%) were 3rd child.

Table 1. Linear Regression on Habit Disorder among Demographic Variables of Preschoolers of Age 3 to 6 Years

Demographic Variables	Unstandardized Coefficients		Standardized Coefficients	T	Sign
	B	Standard Error			
Age	.190	.136	.178	1.395	.169
Gender	.028	.135	.026	.208	.836
Occupation	.248	.102	.309	2.424	.019
Monthly Income	.061	.131	.059	.465	.644
No Of Siblings	.195	.119	.238	1.630	.109
Birth Order	.173	.119	.215	1.456	.151

The table shows that the standardized beta indicates the relative contribution of all five dimensions of the independent variables in predicting habit disorder based on the percentage of prediction of Habit Disorder- Age (17.8%), Gender (02.6%), Parents occupation (30.9%), Monthly income (05.9%) No. of siblings (23.8%) and Birth order (21.5%) Thus, these dimensions of readiness for the adoption of CEIT influence Habit disorder (Table 1).

Table 2. Linear Regression on Conduct Disorder among Demographic Variables of Preschoolers of Age 3 to 6 Years

Demographic Variables	Unstandardized Coefficients		Standardized Coefficients	T	Sign
	B	Standard Error			
Age	.146	.141	.130	1.031	.307
Gender	.380	.140	.342	2.712	.009
Occupation	.114	.106	.135	1.068	.290
Monthly Income	.212	.136	.195	1.556	.126
No of Siblings	.075	.124	.087	.603	.549
Birth Order	.180	.123	.214	1.463	.149

The table shows that the standardized beta indicates the relative contribution of all five dimensions of the independent variables in predicting conduct disorder based on the percentage of prediction of Conduct Disorder- Age (13.0%), Gender (34.2%), Parents occupation (13.5%), Monthly income (19.5%) No. of siblings (08.7%) and Birth order (21.4%) Thus, these dimensions of readiness for the adoption of CEIT influence Conduct disorder (Table 2).

Table 3. Linear Regression on Emotional Disorder among Demographic Variables of Preschoolers of Age 3 to 6 Years

Demographic Variables	Unstandardized Coefficients		Standardized Coefficients	T	Sign
	B	Standard Error			
Age	.074	.139	.073	.532	.597
Gender	.100	.138	.099	.725	.472
Occupation	.028	.104	.037	.268	.790
Monthly Income	.131	.134	.132	.974	.334
No of Siblings	.122	.122	.157	1.003	.321
Birth Order	.083	.121	.109	.687	.495

The standardized beta indicates the relative contribution of all five dimensions of the independent variables in predicting emotional disorder based on the percentage of prediction of emotional disorder. Age (07.3%), Gender (09.9%), Parents occupation (03.7%), Monthly

income (13.2%) No. of siblings (15.7%) and Birth order (10.9%) Thus, these dimensions of readiness for the adoption of CEIT influence Emotional disorder (Table 3).

The association of behavioural disorders among preschoolers of age 3 to 6 years with the selected socio-demographic characteristics. Regarding Conduct disorder, the Chi-square value was 8.622. The table value was 5.99 which is lesser than Chi-Square Value. There is an association between gender and conduct disorder. Regarding Emotional disorder, the Chi-Square value was 10.121. The table value was 9.49 and it is lesser than the Chi-Square Value. There is an association between parents' occupation and emotional disorder.

There is a significant association between the knowledge level of parents regarding behavioural problems of preschool children with their selected socio-demographic variable. In that variable like source of information, any health problem child, Educational Status, and Type of Family were significantly associated with pre-test knowledge.

Discussion

This study is supported by Gupta, et al. (2001). Prevalence of behavioural problems in school-going children, the study included 957 schoolchildren and used the Rutter B scale. One hundred and forty-one youngsters (14.6%) scored more than 9 points and were chosen for the second portion of the study. An equal number of sex-matched youngsters who scored fewer than 9 points acted as controls. Both of these groups were summoned to an interview with a child psychiatrist, along with their parents. Only 117 and 124 youngsters attended and were included in the analysis. According to the screening instrument results and the parental interview, 45.6% of the children were considered to have behavioural difficulties, with 36.5% having substantial problems. It was discovered that neither the screening tool nor the interview were able to detect all of the difficulties. Scholastic underachievement was found to be connected with the most issues. Scholastic underachievement might be an effective beginning point for identifying youngsters with behavioural issues. To support children's healthy growth, school teachers, parents, and healthcare providers must work closely together [19]. Another study that supports these findings is a work conducted by Anindya Kumar Gupta, et. al., (2017). A descriptive study of behavioural problems in school-going children. Teachers and parents are particularly concerned about behavioural issues among school-aged youngsters. These are known to have both short- and long-term negative implications. Despite its high incidence, studies on psychiatric illness among school children are scarce in our nation. Five hundred children ages 6 to 18 were chosen at random from a government school in Kanpur, Uttar Pradesh, and evaluated for cognitive, emotional, or behavioural issues using standardized methods. Approximately 22.7% of children had behavioural, cognitive, or emotional issues. Additional screening and evaluation instruments revealed a higher prevalence of externalizing symptoms among boys than girls [20]. The study emphasizes the significance of assessing schoolchildren regularly for both preventive and early remedial interventions.

Conclusion

India is a developing country with a large population, a significant proportion of which are school-aged children. Behaviour/emotional problems in these children are a matter of concern as the outcomes can seriously impact their ability to become useful citizens of tomorrow. Hence early identification and appropriate interventions would go a long way in helping these children lead fruitful lives. Study participants reported that society had negative attitudes towards children with behavioural problems, with almost no systems or mechanisms in place to address such problems. These findings demonstrate the

perceived knowledge and importance of child behavioural problems in a rural community. This study underlines the importance of routinely assessing children in schools for behavioural issues that may act as early markers of future psychopathology. So, this study suggests that multi-level community-based interventions targeting peers, parents, teachers and community leaders could be a feasible and acceptable approach to address the identified problems. To support children's healthy growth, school teachers, parents, and healthcare providers must work closely together.

Conflict of Interest

The authors do not declare that there is no conflict of interest.

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