

BEHAVIOR PROBLEMS AMONG PRESCHOOL CHILDREN

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ABSTRACT

Of 200 preschool children (aged 3-6 years) screened in the Pediatric Outpatient Department, over a period of six months, 44 (22%) 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 tantrums, destructive nature, difficulty in management and hyperactivity. Fearful reactions and attention seeking behavior was encountered only in girls. Behavior problems were more common in children from nuclear families and a lower socio-economic status.

Key words: *Preschool children, Behavior problems, Socio-economic class.*

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Received for publication: September 27, 1992;

Accepted: December 14, 1992

Children form a large percentage of the population of our country, hence their overall health carries a great significance. Since children with behavioral problems and delinquency have a discernible pattern of abnormal behavior in early years, the importance of early detection cannot be ignored. In the western countries, extensive studies have been done to study behavior problems in children belonging to different age-groups(1-5). In India, only a few studies related to behavior problems in children have been carried out(6,7). The present study was conducted with the objectives to determine the prevalence of behavior problems among preschool children, and their relationship to various socio-demographic variables.

Material and Methods

Two hundred children in the preschool age group (3-6 years) were chosen randomly twice a week, from the Pediatric Outpatient Department of the Kalawati Saran Hospital, New Delhi, for the study. Children with chronic physical illness, mental retardation and epilepsy were excluded from the study.

Screening Technique

Preschool behavior check list (PBCL) devised by McGurie and Richman(8) was used (Appendix). The scale consists of 22 items, each scored 0, 1 or 2 giving a maximum possible score of 44. Patients scoring 12 or above were considered to have behavior problems.

Socio-economic status was assessed using Kuppaswamy scale(9), which is based on education, occupation and monthly income, as the three major variables contributing to the socio-economic status in urban areas.

The parents (mothers in a majority of cases) were administered the PBCL and

the relevant questions were asked to assess the socio-economic status. The Chi-square test and the 't'-test were applied to find out the statistical significance.

Results

Of the 200 preschool children, 115 (57.5%) were boys. Forty four children (22.0%) scored above 12 on PBCL. Of these children 29 (65.9%) were boys and 15 (34.1%) girls. A quarter (25%) of the boys and 17.7% of the girls scored 12 or above on the PBCL. The prevalence of behavior problems showed a decline with age, 53% of children with behavior problems belonged to the 3.1-4 years age group, followed by 31.2% in the age group 4.1-5 years, while only 15.4% were in the age group 5.1-6 years (*Table*).

Among girls, behavior problems were more common in the eldest child (60.0%) as compared to girls who were second or subsequent borns. This was statistically significant ($p < 0.01$). Among the boys, behavior problems were more prevalent in the second borns ($p < 0.001$). The prevalence of behavior problems was higher in children hailing from nuclear families than those from a joint family or a three-generation

family. This finding was also statistically significant ($p < 0.001$).

Sixty per cent of the girls with behavior problems belonged to Socio-economic Class II, followed by 26.7% from Socio-economic Class III; the difference was statistically significant ($p < 0.01$). In case of boys, the preponderance was more in Socio-economic Class III and this was also statistically significant ($p < 0.01$).

Symptoms like temper tantrums, fights and bites, destructive nature, management problems, hyperkinesis and distractibility were more common in boys, whereas being over-sensitive, having fearful reactions, whining and complaining and attention-seeking behavior were more common in girls.

Discussion

The prevalence of behavior problems in preschool children attending a children's hospital was 22%. In a similar study, Richman, *et al.*(3) found the prevalence of behavior problems as 22%, whereas Jenkins(4) reported that 23% of 3-year-old and 15% of 4½-year-old children had behavioral disturbances. Earls(10) found the prevalence in 3-year-old children to be

TABLE—Distribution of Children with Behavior Problems

Age group (yr)	Boys		Boys with behavior problems		Girls		Girls with behavior problems	
	No. (n=115)	(%)	No.	No. (n=85)	(%)	No.		
3.1-4.0	49	(42.6)	15	36	(42.5)	8		
4.1-5.0	40	(34.8)	9	29	(34.0)	5		
5.1-6.0	26	(22.6)	5	20	(23.5)	2		

24% whereas McFarlane, *et al.*(1) reported the prevalence as 50%. The difference in the prevalence can be attributed to the fact that in the latter study, children less than 3 years of age were also included. A lower prevalence of behavior problems have been found in other studies(11,12) which screened children above the age of six years.

The prevalence of behavior problems was much higher in boys than girls. Similar results have been reported by other studies(3,4,13). In the present study, the difference in the prevalence of behavior problems between two sexes was marked in all the three subgroups of age, (3.1-4.0, 4.1-5.0 and 5.1-6.0 years). The mean PBCL score in boys was 14.8 whereas it was 13.9 in girls, but the difference in the scores was most marked in the age group 5.1-6 years ($p < 0.05$).

The higher prevalences of behavior problems in children in a nuclear family in comparison to those from a joint family could be due to the fact that in the former children get less time and care of the elders. Often both parents are working or the mother is busy with household chores and the children are left alone, whereas in a joint family, the rearing of children is shared by a number of people. Singh and Dagar(14) found that 74.8% of all emotionally disturbed children belonged to a nuclear family as compared to 25.2% from a joint family. Wadsworth(15) showed that the family type had a highly significant association with the development of behavior.

There was a significant association between behavior problems and sibling order. Among girls, a higher prevalence of behavior problems was found in the eldest child, whereas among boys, it was commonest in the second born. The eldest child in the

family is believed to be at a greater risk of developing behavior problems. A different pattern was, however, observed in boys. The probable reason could be that in India, the birth of a male child is given much more importance and the demands of the first male child are usually met, but if both the first and second child are males, this difference is not seen. Taja *et al.*(16) reported that the eldest child had a higher rate of speech defects than the second or subsequent child whereas Hinde *et al.*(17) found that second borns scored higher on the scale for behavior problems.

The prevalence of behavior problems was higher in children belonging to a lower socio-economic class. Singh and Dagar(14) also found that 48.5% of all children having behavior disorders belonged to a lower socio-economic class and 18.1% to an upper socio-economic class. Verhulst(13) found enuresis to be higher in the lower socio-economic group.

Though the prevalence of behavior problems was quite high in the group studied, none of the parents were aware that any help was available for children with such problems as enuresis, temper tantrums, and hyperactivity. Our study suggests that similar work should be conducted on a larger scale in the community with more emphasis on individual behavioral problems. Such studies would increase the awareness among parents that if behavioral problems are given due care in the early years of life it would prevent future psychological aberrations.

Appendix

The Preschool Behavior Checklist(8).

(1) Activity level, (2) Not liked by peers, (3) Wets the bed, (4) Soils, (5) Poor concentration, (6) Difficulty in management, (7) Attention seeking, (8) Speech

not clear, (9) Reluctance to speak, (10) Temper tantrums, (11) Not sociable with peers, (12) Whines/complains, (13) Sensitive, (14) Fights and bites, (15) Aimless staring into space, (16) Interference, (17) Miserable/unhappy, (18) Teasing/spiteful, (19) Withdrawn, (20) Destructive, (21) Fearful, (22) Habit disorders.

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