# Differences in Behaviour Problems among Preschool Children: Implications for Parents

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#### Doi:10.5901/jesr.2013.v3n7p716

#### Abstract

Social and emotional development in young children has to do with how young children feel about themselves, how they behave and how they relate to others, specially people who matter to them, for example, parents, teachers, and friends. Behaviour problems have often been conceptualised along two broad spectrums: internalising problems which are expressed in intrapersonal manifestation, such as anxiety, depression and withdrawal; and externalising problems which are demonstrated in interpersonal manifestation, such as hyperactivity and aggression. Considering the long-term effects of behavior problems on children's later academic performance, it can be conjectured that disparities in children achievement may be rooted in developmental characteristics in early childhood. This study investigated the variability in behavior problems among preschool children. There were 220 participants, parents and preschool teachers, who voluntarily completed a socio-demographic questionnaire, and rated the child's behavior on the Achenbach Child Behavior Checklist (2-5 years). Children were from five municipalities of Kosovo. The children consisted of 120 boys and 100 girls (mean age in months = 48.56). It was found that parents perceived boys to exhibit higher rates of externalising problems than girls. Results revealed significant differences in parents' and teachers' responses to behaviour problems among preschoolers. The present findings provide important information for consistent early intervention parenting programs.

Keywords: externalizing problems; internalizing problems; gender differences, behavior problems.

#### 1. Introduction

Preschool age is characterized by a rapid development in all aspects of development. During this development, the presence of emotional and behavioral problems can happen to any child, although it must be said that it is not always easy to define the emotional or behavioral problems. But, at the same time, it is indisputable fact that due to the importance for the overall development of children, the study of psychopathological problems of preschool children has increased significantly both in terms of research and in terms of clinical treatment (Carter, 2010).

The belief that some types of problems as problems at school, serious health and behavioural problems in adolescence, including depression, suicidal ideation, anxiety, and delinquency (Campbell, 1995) may be occasional and transitory, is not supported (Campbell, 1995; Richman & Stevenson, 1982). There are a lot of studies which indicate that early emergent behaviour problems are linked with serious behaviour problems later in life (Duncan, Brooks-Gunn, & Klebanov, 1994; Stormont, 2002).

There is almost an agreement among researchers on a classification of behavior problems: in internalizing behavior problems, defined as an overcontrol of emotion, which are expressed in intrapersonal manifestation, such as anxiety, depression and withdrawal (McCulloch, Wiggins, Joshi, & Sachdev, 2000) and externalizing problems, defined as an undercontrol of emotions, which are demonstrated in interpersonal manifestation, such as hyperactivity and aggression (e.g. Achenbach, 1991; McCulloch, Wiggins, Joshi & Sachdev, 2000; Achenbach & Rescorla, 2000).

Early detection of warning psychopathological signs that may have a negative impact on the overall development of little children and their mental health is considered a necessity for the overall identification of approaches to children which support that development. Conceptually, this is consistent with the developmental and psychobiological frameworks suggesting that the origin and subsequently the psychopathologies may be identified in behavioural and emotional characteristics that are present in the child's first years of life (Carter et al, 1999; DelCarmen-Wiggins and Carter, 2001; Lieberman, 1993; Mesman dhe Koot, 2001; Shaw et al, 2001; Zeanah, 2000). At the same time, the identification of signs of emotional distress is also necessary for planning and assessing models of early intervention. Addressing the characteristics of the normal development of children, mental health needs in the pre=school age, which requires parents' awareness on the importance of their children's mental health, is none the less essential (Salyers, 2001).

ISSN 2239-978X	Journal of Educational and Social Research	Vol. 3 No. 7	
ISSN 2240-0524	MCSER Publishing, Rome-Italy	October 2013	
	Journal of Educational and Social Resources		

Parents and teachers are important sources of identification of children's behaviour problems (Touliatos & Lindholm, 1981) and many studies have suggested that information should be obtained from multiple informants (Kaiser & Hancock, 2004). However, little research has examined the prevalence of behaviour problems using joint parent and teacher reports. Studies have shown that the persistence of behaviour problems over time is higher for children who display problems in multiple settings compared to children who display these problems in one setting only (Miller, Koplewicz, & Klein, 1997). From this perspective, findings of this study provide support for early intervention to prevent these behaviour problems from becoming pervasive and intractable.

## 2. Methods

## 2.1 Study design

This is an evaluation study with quantitative approach. Prior to the collection of the survey data, we were granted the permission for using Kosovar version of CBCL 1½-5 and C-TRF 1½-5. From January to March 2013 the researcher visited 5 preschool institutions in five municipalities that were selected from the list provided by Ministry of Education, Science, and Technology. The researcher met with the each preschool director to explain the aim of the study and establish the mutual cooperation.

## 2.2 Participants

There were 120 boys and 100 girls (mean age in months = 48.56) from five municipalities (Pristine, Peja, Ferizaj, Mitrovice, Gjilan), who took part in the study. Children ranged in age from 25 to 60 months old. There were almost an equal distribution of children from each gender and each age group. 220 participants' parents and preschool teachers voluntarily completed a socio-demographic questionnaire, and rated the child's behavior on the Achenbach Child Behavior Checklist (CBCL 1½-5 and C-TRF 1½-5 years).The response participation rate was 89%. As expected, all the responders (100%) to the sociodemographic questionnaire and C-TRF/2-5, were female and almost all of the responders to the sociodemographic questionnaire and CBCL/2-5 (91 %) the CBCL were mothers.

# 2.3 Instruments

The ASEBA (Achenbach System of Empirically Based Assessment) preschool forms are standardized assessment instruments that are user-friendly, cost-effective, and usable by a wide range of professionals in different settings, which can be completed independently by most respondents in about 15-20 min. CBCL1½-5 5 and the C–TRF 1½-5 were designed to provide normed scores on a wide array of behavioral and emotional problem scales in young children (Rescorla, 2005). The CBCL and C-TRF for preschoolers has been used in over 200 published studies and its validity and reliability are well documented (Rescorla, 2005)

To obtain ratings from preschool teachers who observe children ages  $1\frac{1}{2}$ -5 in preschools settings, we used the C-TRF (Achenbach & Rescorla, 2000). The C-TRF has 99 specific problem items, all of which are rated 0 = not true (as far as you know); 1 = somewhat or sometimes true; or 2 = very true or often true, plus 1 open-ended problem items. Ratings of C-TRF problem items are based on the children's functioning over the preceding 2 months. Preschool teachers completed the questionnaires on a voluntary basis at preschool institutions and then all questionnaires were collected by preschool directors.

For cross-informant analyses, parent ratings were obtained using the CBCL1 $\frac{1}{2}$ -5 (Achenbach & Rescorla, 2000), which also has 99 items rated 0-1-2 (0 = not true (as far as you know); 1 = somewhat or sometimes true; or 2 = very true or often true) plus 1 open-ended problem items. Ratings of CBCL 1 $\frac{1}{2}$ -5 problem items are based on the children's functioning over the preceding 2 months. Parents completed the questionnaires on a voluntary basis at home. They were asked to return the questionnaires to the preschool teacher, who collected and sent them to the director.

The CBCL 1½-5 and the C–TRF have 82 similar problem items, plus 17 items that are specific to home versus preschool contexts, and an open-ended item for adding other problems that are not listed on the forms.

Six syndromes of co-occurring problems were identified for the CBCL 1½-5 and C-TRF through exploratory and confirmatory factor analysis of item ratings (Achenbach & Rescorla, 2000). Second-order factor analyses of the six syndromes yielded two broad-band groupings: *Internalizing* (comprised of the *Emotionally Reactive, Anxious/Depressed, Somatic Complaints,* and *Withdrawn* syndromes) and *Externalizing* (comprised of the *Attention Problems* and *Aggressive* 

Behavior syndromes). The Total Problems scale is the sum of the ratings on all problem items.

#### 2.4 Data Analyses

Cronbach's  $\alpha$  coefficient was used as an index of internal consistency for the CBCL and C-TRF. T scores and raw scores were assessed using Assessment Data Management (ADM), and all other statistical analyses were carried out by SPSS version 19 for Windows.

Analysis started with descriptive and *t*-test statistics, as well as correlation analyses. To determine the relationship between child gender and total score problems, a correlation analysis was performed. Child gender was coded as 1 for girls and 2 for boys. The correlation coefficient (r = -0.40, p < .05) indicates that child gender was significantly correlated with externalising problems but in the negative direction, suggesting that boys were rated by parents higher than girls in externalising problems. Another correlation analysis was performed to obtain the cross-informant agreement between both checklists and the coefficient (r = 0.23) indicates for a relatively low ratings.

## 3. Results and Discussion

Mean scale scores on the Total Problem Scores, and the Internalising and Externalising Scales for both checklists are presented in Table 1, also showing gender stratified scale scores. Boys obtained a significantly higher mean Total Problem Scores than girls, according to parents. No statistically significant differences were found in any of the investigated gender mean Internalising scale scores. Parents rated boys externalizing problem behaviour higher than girls.

Regarding the *r* value for the cross-informant agreement between both checklists, parent-caregiver/teacher (0.23) it is obvious that we have relatively low ratings, in other words poor agreement on the child's problems. We found almost the same results in other studies (Achenbach et al. 1987; Gross, Rogg, Garvey, and Julian 2004; Crane, Mincic, and Winsler 2011).

Checklist Cl	Gender	n	Gender Comparison	Cronbach α
Total Problem Scale scores CBCL/2–5				
	Boys and girls	220		0.95
	Boys	120	P= 0.42	0.92
	Girls	100		0.93
	Boys and girls	220		0.95
C-TRF	Boys	120	P = 0.04	0.95
	Girls	100		0.95
Internalising Cools secres	Boys and girls	220		0.89
Internalising Scale scores CBCL/2–5	Boys	120	P = 0.53	0.90
CBCL/2-3	Girls	100		0.92
	Boys and girls	220		0.90
C-TRF	Boys	120	P = 0.09	0.91
	Girls	100		0.91
Externalicing Scale coores	Boys and girls	220		0.90
Externalising Scale scores CBCL/2–5	Boys	120	P = 0.42	0.89
CBCL/2-3	Girls	100		0.90
	Boys and girls	220		0.88
C-TRF	Boys	120	P = 0.03	0.90
	Girls	100		0.91

 Table 1. Gender-stratified scale scores for the Child Behavior Checklist for Ages 1½–5 (CBCL/1½–5) and the Caregiver-Teacher Report Form (C-TRF).

The finding of gender differences in externalising problems are supported by a very large number of studies, demonstrating that boys tend to manifest higher rates of externalising problems than girls (e.g. Offord et al., 1987; Prior et al., 1993; Rose et al., 1989; Sanson et al., 1991).

There are several factors that may affect the development of externalizing behaviors. One of the reasons might be

Girls' faster maturation in regulatory abilities, which may facilitate easier adjustment through developmental transitions. Also, girls are more likely to develop language competence and social skills (e.g. empathic reactions and perspective taking) (Keenan & Shaw, 1997; Stansbury & Zimmerman, 1999; Zahn-Waxler, Radke-Yarrow, Wagner, & Chapman, 1992). There is evidence suggesting that in the early years, girls tend to surpass boys in language development. On the other hand different treatment of girls and boys by their parents might be another reason. In fact in our society, overactivity and aggression is considered as being more normative for boys than for girls, expressions of externalizing symptoms are more likely to be accepted and encouraged in boys, which is supported by other studies too (Keenan & Shaw, 1997).

#### 4. Implications for parents

Even if some studies reported that behavior problems emerge around the ages of 3 or 4 and continue throughout childhood (Keenan & Shaw, 1997; Loeber & Hay, 1997), in one recent study, gender differences were found in 17-monthold children with five percent of boys but only one percent of girls in the sample displaying aggressive behaviors (Baillargeon et al., 2007).

There are a lot of researches that identified child, parent, and parent-child relationship factors related to the development of externalizing problems (Campbell et al.,2000). Such problems are influenced by both biological and environmental factors, and as children under 3 years in Kosovo are so dependent on their caregiving environment, there is an emphasis on giving more attention to the factors in the family and the wider caregiving context, such as parenthood quality or care. There are studies that reported that parents' supportive reactions to children's emotions may help the child in differentiating among emotions and that supportive responses to children's emotions also are a supportive breeding ground for emotion regulation (Denham & Kochanoff, 2002; Eisenberg et al., 2001; Fabes, Poulin, Eisenberg, & Madden-Derdich, 2002).

The scientific evidence for the significant developmental impacts of early experiences, caregiving relationships, and environmental threats is incontrovertible (Shonkoff and Phillips, 2000), so considering the critical role that parents play in their child's development and learning, it is all the more essential that in teaching about emotions, parents should draw attention to emotions and validate or clarify the child's emotion, helping the child to express emotions authentically, in a regulated manner, and promote desirable behavioural outcomes in their child.

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