



Behavioral problems: Common in children

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Abstract

Behavioral development in children is strongly influenced by the nature of the caregiver relationships. Parents particularly mothers, who are emotionally available, sensitive, perceptive and effective meeting the need of their child, are likely to have securely attached who are more likely to meet important behavioral milestones as they get older.

In early childhood, life behavioral disorders are common. Behavioral disorders are developed from the home environment, school environment and by social group environment by which child belongs and passes the most time. These disorders are more reliable than adjustment reactions. This article try to explain the concept like early childhood Behavioral Problems and its causes & management in the modern digital era especially in light of the fact that challenging behaviors are one of the strongest predictors of more serious problems as kids grow older, including delinquency, aggression, anti-social behavior, and substance abuse. It is important to understand that today's children are holding the future of our nation so there is an important need to conduct a study and make the mothers aware of behavioral problems and its prevention.

Keywords: Behavioral problems, children, behavioral disorders

Introduction

Behavior is affected by temperament, which is made up of an individual's innate and unique expectations, emotions and beliefs. Behavior can also be influenced by a range of social and environmental factors including parenting practices, gender, and exposure to new situations, general life events and relationships with friends and siblings. Most children learn to regulate their reactions and feelings over time in the early years through emotional connections with significant others and learned self-understanding. They use the face, voice and body to communicate their reactions to others. If the child receives appropriate responses then an emotional connection is established this will ensure that the child will learn and development will be enriched. This connection requires the parent or caregivers to help the child balance emotions, feel valued and gain a 1sense of belonging. Parents or caregivers need to be able to read the emotional responses that infants and toddlers are expressing and to model coping skills for the child. Behavioral development in children is strongly influenced by the nature of the -caregiver relationship. Parents, particularly mothers, who are emotionally available, sensitive,

Perceptive and effective at meeting the needs of their child, are likely to have securely attached who are more likely to meet important behavioral milestones as they get older. In Preschool-aged children (four - five years) stages of development in behavior because of past experiences with others are remembered and can become part of the self-concept, developing understanding of social rules, developing greater empathy, systematic increase in pro-social behavior, natural decrease in aggressive behavior, preference for specific peers, so possibility of being disliked.

Causes of Behavioral Problems

A behavioral disorder can have a variety of causes. According to the University of North Carolina at Chapel Hill, the abnormal behaviour that is usually associated with these disorders can be traced back to biological, family and school related factors.

1. **Faulty Parental Attitude:** Over protection, dominance, unrealistic expectation, over criticism, unhealthy comparison, under discipline or over discipline, parental rejection, disturbed parent-child interaction, broken family (death, divorce), etc. are responsible factors for development of behavioral problems.
2. **Inadequate Family Environment:** Poor economic status, cultural pattern, family habits, child rearing practices, superstition, parent's mood and job satisfaction, parental illiteracy, inappropriate relationship among family members, etc. influence on child's behaviors and may cause behavioral disorders
3. **Mentally And Physically Sick or Handicapped Conditions:** Children with sickness and disability may have behavioral problems. Chronic illness and prolonged hospitalization can lead to this problem.
4. **Influence of Social Relationships:** Maladjustment at home and school, disturbed relationship with neighbor school teachers, schoolmates and playmates, favouritism, punishment, etc. may predispose behavioral problems.
5. **Influence of Mass Media:** Television, radio, periodicals, and high-tech communication systems affect the school children and adolescence leading to conflict and tension which may cause behavioral

Signs and symptoms of behavioural disorders

Emotional symptoms of behavioral disorders: According to Boston Children's Hospital, some of the emotional symptoms of behavioral disorders include:

- Easily getting annoyed or nervous
- Often appearing angry Putting blame on others
- Refusing to follow rules or questioning authority
- Arguing and throwing temper tantrums
- Having difficulty in handling frustration

Physical symptoms of behavioral disorders

Unlike other type of health issues, a behavioral disorder will have mostly emotional symptoms, with physical symptoms such as a fever, rash, or headache being absent. However sometimes people suffering from a behavioral disorder will develop substance abuse problems which shows physical symptoms such as shaking, burnt fingertips. Or blood shot eyes.

Types of behavioural problems

1. Temper tantrum

A tantrum is an episode of extreme anger and frustration characterized by crying, screaming, and violent body motions, including throwing things, falling to the floor, and banging one's head, hands, and feet against the floor. It is not just an act to get attention. Temper tantrums usually last 30 seconds to 2 minutes and are most intense at the start. It occurs in maladjusted children. The activity is directed towards the environment not to any person or anything.

From the age of 18 months to 3 years, the child begins to develop autonomy and starts separating from primary caregivers. When they can't express their autonomy they

become frustrated and angry. Some of them show their frustration and defiance with physical aggression or resistance such as biting, crying, kicking, throwing objects, hitting and head banging. Parents should be calm, loving, firm and consistent and such behaviour should not allow the child to take advantage of gaining things.

Characterized symptoms

- Stubbornness.
- Crying.
- Screaming.
- Yelling.
- Shrieking.
- Defiance.

A resistance to attempts at pacification and, in some cases, violence. Physical control may be lost, the person may be unable to remain still, and even if the "goal" of the person is met he or she may not be calmed.

A tantrum may be expressed by Kicking, hitting, biting, scratching, hair pulling, or pinching other people, throwing or breaking things, Head-banging or inflicting self-injury

Prevention of Temper tantrums

- It is much easier to prevent temper tantrums than it is to manage
- Them once they have erupted. Here are some tips for the parents in preventing temper tantrums:
- Reward children for positive attention rather than negative attention. During situations when they are prone to temper tantrums, catch them when they are being good and say such things as, "Nice job sharing with your friend."
- Keep off-limit objects out of sight and therefore out of mind. In an art activity keep the scissors out of reach if children are not ready to use them safely.
- Change environments, thus removing the child from the source of the temper tantrum.
- Make sure that children are well rested and fed in situations in which a temper tantrum is a likely possibility.

2. Thumb Sucking

Thumb sucking is defined as the habit of putting thumb into the mouth most of the time. It usually involves placing the thumb into the mouth and rhythmically repeating sucking contact for a prolonged duration. Many children have the habit of thumb sucking, most of them give it up by 2 years but it is treated as normal till the age of 5 years. If the child discards this habit initially and resumes again at the age of 7-8 years, they need to be evaluated for psychological problems. Resumption of the habit suggest about the stress or insecurity faced by the child.

Causes

- Gratifying action especially under unpleasant and unsatisfying feeding situation.
- Sensory solace for child (internal stroking) to cope with stressful situation in infants and toddlers.
- Reinforced by attention from parents.

Consequences

Persistent thumb sucking can result in

- Malocclusion of teeth.

- Facial distortion
- Speech difficulty for consonants D and T
- Difficulty in mastication and swallowing.
- Deformity of thumb.
- GI tract infection.

Management

- Talk to the child about the thumb sucking habit. Parents and family members need support and to be advised not to become irritable, anxious and tense.
- Explains the management of thumb sucking.
- Do not turn it into argument. Practice self-awareness with the child.
- Distract the child.
- Don't forcibly stop the child from thumb sucking.
- Bitter salves, thumb splints, gloves may be used to
- Consultation with dentist and speech therapist may be required to correct the complication.

3. Pica

Pica is a habit disorder of eating non- edible substances such as clay, paint, chalks, pencil, plaster from wall etc. for at least one month. It is normal up-to the age of 2 years. If it persists after two years of age, it may be due to parental neglect, poor attention of caregiver, inadequate love and affection, etc. It is common in poor socioeconomic family and in malnourished and mentally subnormal children.

Causes

- Parental neglect, poor attention of the caregiver, inadequate love and affection,
- Mental health conditions like mental retardation and OCD etc.
- Nutritional deficiencies.
- Children of poor socioeconomic status family, malnourished and children. Mentally subnormal

Clinical Features

Nutritional deficiencies, like iron deficiency anaemia

Complication

- Parasitic infection
- Lead poisoning
- Ulcers
- Anemia
- Bowel problems
- Malnutrition
- Death

Management

- Teach the ways to eat more appropriately.
- Find the missing nutrients or medical problems like lead poisoning by means of blood test.
- Try to substitute a different behaviour for diverting attention.
- Close observation needed.
- Counselling with a child psychologist or child psychiatrist might be helpful.

- Iron rich foods prevent risk of iron deficiency anemia.

4. Bed-wetting

Bed-wetting or nocturnal enuresis is defined as repetitive, spontaneous involuntary passage of urine at inappropriate place especially at bed, during night time, beyond the age of 4 to 5 years. The sphincter control is expected to be achieved by five years. It is found in 3 to 10 percent schoolchildren. It is more common in boys. Passing urine during sleep is known as nocturnal enuresis. Bed wetting occurring beyond the age of 4 years at daytime and 6 years at night time for at least 3 months is called as enuresis. The behavioral problems associated with enuresis are conduct disorders, attention deficit. Toilet training should started at the age of 18 months.

Causes

- Defects in toilet training. Small bladder capacity.
- Environmental factors such as dominant parent, punishment, sibling rivalry, emotional deprivation due to insecurity and parental death.
- Lazy to get out of warm bed.
- Emotional stress.
- Parent child maladjustment.
- To seek attention from parents
- Social pressure.

Clinical Features

- Incontinence
- Straining on urination
- Dribbling
- Stress incontinence (with coughing, lifting or running).
- Poor bowel control
- Continuous dampness

Management

- The child needs parents and teachers support and reassurance.
- Avoid fruits and juice drinks after 4 pm
- Consumption of caffeine-based drinks should be avoided in children.
- Using the toilet at regular intervals Avoid blaming and punishing the child.
- Child should urinate before bedtime. There should be easy access to toilet.
- Reward should be given to the child for improving
- Encourage the child to hold the urine.

5. School phobia

School phobia is persistent and abnormal fear of going to school. It is emotional disorder of the children who are afraid to leave the parents, especially mother and prefer to remain at home and refuse to go to school absolutely. It is common in all age group. The contributing factors of school phobia are anxiety about maternal separation, overindulgent, overprotective and dominant, disinterested father, intellectual disability of the students.

Causes

- Fear of separation from parents.

- Jealousy of new siblings.
- Fear of being teased by other student.
- Academic difficulties.

Clinical Features

Complaining of abdominal pain, headaches which subsides when allowed to stay home.

Management

- Identify the source of the problem.
- Start by asking the child questions, or discreetly asking their friends without giving the impression that could make them feel uncomfortable.
- Stay calm and not panic.
- Provide reassurance and support to overcome their fears.
- Teach child relaxation technique like phobia.
- Reward the child for attending the school.
- Create friendly environment in the school.
- Avoid frequent scolding.
- Improve communication with the parents.
- Prepare the child for schooling.
- Improvement of school environment.
- Assessment of health status of the child to detect any health problems for necessary interventions.

6. Disobedience

The trait of being unwilling to obey

Prevention of Disobedience

- Tell a child what he should do and not to do in a calm voice. Show a young child how to behave properly by explaining and showing how it should be done.
- Give the child some preparation time before he has to carry out the instruction.
- Discuss what will happen if he misbehaves, always deal with the behaviour, not the child.
- Praise, smile, give a pat on the back or hug him. Give small treats occasionally but make it clear that material rewards will not be given every time. Never tell a child upfront that rewards will be given for good behaviour.
- Withdraw privileges if the child still does not obey. Impose responsibilities, especially for older children. Scold only when appropriate, that is when all other steps failed to work. Hold the child's shoulders with both your hands, look at the child at eye level, tell the child clearly and sternly why.
- Never scold the child in public. Bring him away from the scene where he misbehaves to a quiet place. Talk about the unacceptable behaviour. Alternatively, say that you are bringing him home now because of the action he did.
- Match the type of discipline with the child's behaviour. Choose a method that is suitable for the age and the maturity of the child.

Conclusion

Behavioral problems are the symptomatic expression of emotional or interpersonal maladjustment among children. A behavioral problem is the discrepancy between the child demand and the child behaviour. Whenever a child displays a pattern of behaviour that does not suit the society, then the child is termed as maladjusted which is the sign of behavioral disorder.

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