

Introduction

Preschool and school ages are times of great developmental changes. Children learn which behaviours are acceptable and which are not. Often behaviours that are perceived as problematic during these times are resolved without intervention. Preschool and school age children with behavioural problems that no its solution are at risk for more serious behavioural problems in the future (**Caspi, 2013**).

Behavioural problems in preschool age children include elimination difficulties, sibling jealousy, lack of friends, self-destructive impulsiveness, multiple fears, nightmares, refusal to follow directions, speech that is difficult to understand, and tempertantrums (**Beharman, 2013**).

While behavioural problems in school age children include aggression, bedtime battles, biting, defiance, hair pulling, head banging, ignoring, interrupting, lying, masturbation, nail biting, nose picking, refusing to nap, resistance, sibling rivalry, talking back, tantrums, tattling, teasing, teeth grinding, thumb sucking and whining (**Davis, 2010**).

This range of disorders may be caused by many factors such as inconsistent or contradictory parenting style, family or marital problems, child abuse or neglect, over-indulgence, injury or chronic illness, separation or bereavement. The child's problems are often multi-factorial and the way in which they are expressed may be influenced by a range of factors including developmental stage, temperament, coping, and adaptive abilities of family and the nature and the duration of stress (**Knott, 2012**).

Over the past several years, a number of studies have shown a rise in behavioural problems among preschool and school age. These problems include prolonged tantrums, physical and verbal aggression, disruptive vocal and motor behaviours, property destruction, self-injury, non-compliance and withdrawal. Many researchers view the continuing rise in bad pre-schooler behaviour as an indication of the need for change in school programs and classroom management (**Walsh, 2011**).

Nurses at the frontline of service delivery for children and young people are often best placed to recognize when the child or young person is experiencing difficulties. Nurses should be able to offer general advice and treatment for less severe problems; contribute towards

mental health promotion; identify problems early in their development; and refer to more specialist services. Nurses will need to ensure that they are aware of local referral protocols to services, as services will vary in localities. With support and training, they will be able to provide screening and some simple interventions with young people and their families (**Ershadi *et al.*, 2010**).

Significance of the study:

Behavioural problems in preschool and school age children can result in problems later in life. Therefore, it was important to carry out this study to shed light on such problem with emphasis on pediatric nurse's role in its detection, prevention and management. 21% of children aged 2 to 5 years met criteria for a behavior disorder and 9% were rated as severe (*Center disease control CDC, 2010*).

Aim of the Study

This study aimed to:

Compare behavioural problems in preschool age children versus school age children.

Research question:

What are the common behavioural problems among preschool and school age children?

Review of Literature

Outline:

Part I: Overview about growth and development in the preschool and school age children.

- Physical growth.
- Cognitive development.
- Psychosocial development.
- Emotional and social development.

Part II: Types of behavioural problems in preschool and school age children.

- Aggression.
- Depression.
- Anxiety.
- Loneliness.
- Self-esteem.
- Temper tantrum.
- Jealousy.
- Lying.
- Shyness.
- Fear.
- Thumb sucking.
- Enuresis.
- Stubbornness.
- School refusal.
- Truancy.

Part III: Nursing role regarding care of preschool and school age children having behavioural problems.

Part I: Overview about growth and development in the preschool and school age children:

The pre-schooler is an inquisitive learner who absorbs new concepts like a sponge absorbs water. The school age years are a time of continued maturation of the child's physical, social, and psychological characteristics. During this time, children move toward abstract thinking and seek approval of peers, teacher and parents. Their eye-hand-muscle coordination allows them to participate in organized sports in school or community. The school age child values school attendance and school activities (Pina, 2009).

Physical growth of preschool age children:

The average height of a preschool age child will increase 6.5-7.8 centimetres per year (the average 3-year-old is 96.2 centimetres, the average 4-year-old is 103.7 centimetres and the average 5-year-old is 118.5 centimetres). Average weight gain during this time is about 2.3 kilograms per year. The average weight of 3-year-old is 14.5 kilograms, which increases to an average weight of 18.6 kilograms by age five. The loss of child fat and the growth of muscles during the preschool years give the child a stronger and more mature appearance. The length of the skull also increases slightly, with the lower jaw becoming more pronounced. The upper jaw widens through the preschool years in preparation

for the emergence of permanent teeth, usually starting around age 6 (Scott, 2009).

Physical growth of school age children:

Children from 6 to 12 years of age grow an average of 5 centimetres per year, increasing their height by at least 1 foot. An increase in weight from 2 to 3 kilograms per year is expected. In the early school age years, girls and boys are similar in height and weight and appear thinner and more graceful than in previous years. In later school age years, most girls begin to surpass boys in both height and weight. Pre-adolescent boys and girls do not want to appear different from peers of the same or the opposite sex, although there are differences in physical and physiological growth during the school age years. The differences between girls and boys become more apparent at the end of the middle school years and may become extreme and a source of emotional problems. The differences in height, weight, and change patterns should be explained to parents and children (Nelson, 2003).

Cognitive development of preschool age children:

The thinking of the preschool child is unique. Piaget calls this period the preoperational phase. It comprises children from 2 to 7 years of age and is divided into two stages: the preconception stage (2 to 4 years of age), and the intuitive thought stage (4 to 7 years of age). The importance of the preconception stage is because it involves increased

development of language and symbolic functioning. Symbolic functioning is seen in the play of children who pretend that an empty box is a fort; they create a mental image to stand for something that is not there. Another characteristic of this period is egocentrism, a type of thinking in which children have difficulty seeing any point of view other than their own. Because children's knowledge and understanding are restricted to their own limited experiences, misconceptions arise. One misconception is animism. This is a tendency to attribute life to inanimate objects. Another is artificialism, the idea that people create the world and everything in it (Leifer, 2015).

Cognitive development of school age children:

The child enters the stage of concrete operational thought at about 7 years. This stage enables school age children to consider alternative solutions and solve problems. School age children continue to rely on concrete experiences and materials to form their thought content. During the school age years, the child learns the concept of conversation (Marcia, 2010).

Psychosocial development of preschool age children:

The psychosocial task of the preschool years is establishing a sense of initiative versus guilt. The preschool child is an inquisitive learner, very enthusiastic about learning new things. Pre-schoolers feel a sense of

accomplishment when succeeding in activities. Feeling pride in one's accomplishment helps the child to use initiative. When the child extends himself or herself further than current capabilities allow, he or she may feel a sense of guilt. The superego or conscience development is completed during the preschool period, and this is the basis for moral development (understanding right and wrong) (Lewis, 2002).

Psychosocial development of school age children:

Described the task of the school age years to be sense of industry vs. inferiority. During this time, the child develops this sense of self-worth by becoming involved in multiple activities at home, school, and in the community, which develops his cognitive and social skills. The child is very interested in learning how things are made and work. The school age child's satisfaction from achieving success in developing new skills leads him to an increased sense of self-worth and level of competence (Hill, 2004).

Emotional and social development of preschool age children:

Pre-schoolers tend to have strong emotions. The preschool children can be very excited, happy, and giddy in one moment, then extremely disappointed in the next. Most children in this age have learned to control their behaviours. Strong feelings may be expressed through outlets such as

clay play, water play, drawing or painting, or through dramatic play such as with puppets (Nakamura, et al.2009).

Pre-schoolers develop a sense of identity and recognize their sex (boys or girls). The preschool child is capable of helping others and can be involved in routines. Parents can encourage and assist preschool children with developing the social and emotional skills that will be needed when the child enters the school. Preschool children thrive on one-to-one communication with a parent. During interactive communication, children learn to express their feelings and ideas. Interactive communication fosters not only emotional and moral development, but also self-esteem and cognitive development (American Academy of Child, 2009).

Emotional and social development of school age children:

Parent's temperamental traits in infancy may continue to influence behaviour in the school age child. Analysing past situations may provide clues to the way a child may react to new or different situations. Children may react differently over time due to their experiences and abilities. Self-esteem is the child's view of their individual worth. This view is impacted by feedback from family, teachers, and other authorities (Dejong, 2010).

The sense of industry has been identified by Erikson as the developmental stage achieved between the ages of 6

and 12 years. Children desire to engage in tasks in the real world. They are internally motivated to put forth effort on purposeful activity, which will yield a sense of self-worth. Even before they are 6 years old, children may show evidence that they enjoy doing socially-useful tasks for others, and that they want to do things and to learn to do them well (Marlow, 2010).

Moral development:-

Preschooler children judgment is basic on the freedom or restriction that is placed their action at 4 years judge whether an action good or bad depending on its results in whether a reward or punishment. At 7 years this stage of native instrumental. Orientation in which their action to satisfy their needs and less needs of others. They have a concrete sense of justice and fairness during the period of treatment (Hodeenberry and Wilson, 2013).

Spiritual development:

intuitive projective. Children assimilate some value as beliefs from other and parents. Religious belief convey to children as re considered bad or good. School age children Mythical literal. Spiritual aspect parallels cognitive development and may manipulate religious practice as pray (Wongs, 2013).

Part II: Types of behavioural problems in preschool and school age children:

Behavioural problems are influenced by both biological and environmental factors, as manifested in individual differences in children's characteristics (e.g., temperamental dimensions of activity, sociability, attention), and the quality of the caregiving environment. Genetic and prenatal environmental factors are influential in the age period of preschool and school to distinguish between: risk factors, in the presence of which the probability of showing a disorder is raised; precursors, where there is continuity between an early problem (e.g., preschool disruptive problems), a latter one (e.g., conduct disorder), and the presence of a former disorder. Extreme difficult temperament is often viewed as a risk factor for latter behavioural problems, although at moderate levels and without other indicators of child or family risks, such individual differences are likely to reflect developmentally normative patterns rather than implying risks for disorders (**Gardner and Shaw, 2008**).

There are a number of reasons for emotional problems such as anxiety, depression and posttraumatic stress in pre-schoolers, including the inability of children to communicate easily about their emotions, or noticing them as problematic. Furthermore, there are difficulties in distinguishing

developmentally normal emotions (e.g., fears and crying) from more severe and prolonged anxiety or misery that might constitute a disorder. This is especially difficult in the young years, when children undergo rapid changes in the development of emotions, and in their ability to communicate these to others (**American Academy of pediatrics, 2004**).

Many behaviours exhibited by children concern parents. Behaviours or behavioural patterns become clinically significant if they are frequent or persistent and maladaptive (e.g., interfere with emotional maturation or social and cognitive functioning). Severe behavioural problems may be classified as mental disorders (e.g., oppositional defiant disorder) (**Brian, 2013**).

Many children get in trouble at school at some point, but if constantly causing problems in the classroom or at home is the case, attention becomes required. Behaviour problems vary among children, but failing to put a stop to them can interfere with child's life, including his ability to make and keep friends and to stay on track with school assignments. Work with partner and the child's school is advised to solve the problems (**Martinez, 2016**).

Along with the wonderful milestones expected to be seen among school-age children such as increased independence and ability to handle more responsibilities, there is also the less-pleasant emergence of common

behaviour problems for this age group. While child-discipline issues such as defiance and back talk may have cropped up at earlier ages in a child, such behaviours can take on entirely-more challenging aspects as children become older, more verbal and more independent. The key to effective child discipline starts with understanding the difference between discipline and punishment, establishing a strong bond with the child, and communicating with him every day (Lee, 2016).

Causes of behaviour problems:

There are many different causes of behaviour problems in 5-year-old children as there are individual differences in children's personalities and preferences. But when it comes to disciplining and correcting behaviour in 5-year old children, parents have a big advantage because children of this age are much more verbal, and able to reason and discuss problems with their parents. For instance, a 5-year-old child will be better able to express his feelings using words when frustrated by something, whereas a toddler may resort to a tantrum because he does not yet have the verbal skills to articulate his feelings. Similarly, parents can encourage 5-year-olds to talk about what may be causing unacceptable behaviour, and discuss with their child ways that may help him make better decisions (Kochenderfer, 1996).

1- Aggression:

Aggression is generally defined as a behavioural act that results in harming or hurting others. However, there are numerous types of aggression, depending on the intentions of the aggressor and the situation that stimulated the aggressive response. Because aggressive behaviour, and thus the treatment of aggression, varies greatly according to the intentions and conditions surrounding the aggression, aggression is typically categorized according to type. It is commonly viewed as being proactive or reactive; overt or covert; or physical, verbal, or relational. Because proactive and reactive types of aggression have been the focus of recent research and offer both an explanation and description of aggression, they received primary emphasis (**John, et al 2008**).

The aggressive child is the one who hits, bites, bullies, demands, and/or destroys. Although aggression is a part of human nature, it is particularly likely during times of threat, anger, rage, and frustration. As an important task of early childhood, youngsters must develop the ability to manage aggression and replace it with more socially-acceptable responses. By the time most children reach school age, their coping skills become sophisticated enough, and their range of social skills broad enough that they can generally remain calm and cooperative even in the face of stressful or un-