EVALUATION OF EMOTIONAL AND BEHAVIORAL PROBLEMS IN PRESCHOOL CHILDREN AGED 2-5, IN THE CITY OF PRISTINA

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ABSTRACT

To study the emotional and behavioral problems of preschool children, and in order to research the prevalence, characteristics and spread of these problems, a research has been carried out on "The report of parents regarding the emotional and behavior problems on preschool children aged 2-5". The research was conducted in the city of Pristina. The research took place with preschool children of public preschool institutions of the city of Pristina. Samples of participants were selected on purpose. The number of participants in the research is 360 children. For the collection of data in this research, the standardized questionnaire Child Behavior Checklist/1.5-5 (CBCL/1.5-5) by Th. Achenbach was administered. For the processing and analysis of the collected data from the questionnaires, the computer program SPSS was utilized. The results of this research from the representative samples of 360 children, found out that 314 children (or 87.2% of the children) belong to the first degree of the normal emotional development, 19 children (or 5.3%) belong to the second degree, whereas 26 children (or 7.2%) belong to the third or clinical degree. Prevention programs must be raised and developed in our country as a priority national issue, in order to make the parents, tutors and teachers aware of the signs of early warnings regarding the problems of mental health, in particular the behavioral and emotional problems and the suitable methods to treat them, a priority issue should also be the commitment of psychologists in all preschool and school institutions of Kosovo.

Keywords: Preschool, CBCL, Parents, Behavioral and emotional problems, Questionnaire.

INTRODUCTION

Emotional and behavioral problems can occur children of all ages. However, very often they appear early in life. Children often are concerned, significantly, the excitable, irritable or aggressive, and sometimes they seem to have much more energy than adults, but this is normal. Their noisy vigor is usually just part of being a child, especially until the age of five. However, sometimes these experiences and these actions can be painful for their parents and for the others. In cases where children are concerned, sensitive, anxiety, etc., for a long time and also refuse to act as parents ask and carry behind them bad behaviors such as defiance, aggression, strife, anger instant, strikes, kicks etc., or to explain briefly, behave outside the rules of family and community for several months or longer, then we are dealing with emotional and behavioral problems (Tufnell, 1999).

Emotional and behavioral problems in early childhood often are difficult to classify. For most of the preschool child's evaluation generates a list of problem areas, rather than a specific diagnosis (Sourander, 2001). However, there is the classification of those problems where according to his emotional and behavioral problems in childhood are usually divided into two general categories: externalization problems and internalization problems. Externalization problems include problems directed from external as behaviors and actions directed outside, provocative behavior

and not conviction. In group of externalization problems include: hyperactivity and attention disorders, defiant and behavioral disorders. While, internalization problems are problems directed from internal, that include: withdrawal, depression and anxiety. In group of internalization problems include: anxiety disorder, social and specific phobias, obsessive-compulsive disorder, panic disorder, and depression (Cimpel, Holland, 2003).

Emotional disorders are related with the person that has problems with himself and makes no effort to challenge others. Usually with emotional problems are described withdrawn children, children with no good mood, children with various phobic symptoms, children with depression, anxiety and also children often with unexplained somatic disorders (Zabeli, 2008). But externalization behaviors can be described as worrying about other people, children who exhibit these behaviors interfere with the rights of others and often violate environmental norms (eg, class or community). Features of externalization problems may be, disobedience to parents, teachers, blaming of others, lies, refusal to work together with others, creating noise, quarrel and clash physically with pupils, etc., (Zionts, Zionts and Simpson, 2002). These disorders are a pattern of behavior in which individuals constantly observe and not infringe the rights of others (Salkind, 2002).

Early behavior problems in children which are manifested in many contexts are often very serious and stable. For most pre-school children, aggression, disobedience, and other externalization problems express normal development problems which will remove after the early childhood through self-regulation body. In some cases, however, such problems can continue later in childhood and adolescence, which are costly for the children themselves, their families, and to society in general. Internalization problems like anxiety and depression, usually are less identified early childhood, but they grow or develop in later years of childhood (Kerr, Lunkenheimer & Olson, 2007).

Exists some evidences that symptoms of emotional and behavioral disorders vary with age of individuals. This can be caused by changes in expressions of biological development, the level of knowledge, social status, and also different experiences. Studies have shown that mental disorders that appear in adulthood their origin is from the characteristics of behavioral problems in early childhood years (Anselmi, Barros, Teodoro, Piccinini, Menezes, Araujo and Rohde, 2008). Various studies have also concluded that internalization and externalization disorders in early life or in the early childhood, constantly anticipate externalization and internalization problems in later life (Buchanan, Fluorine, & Brinke, 2002).

Emotional disorders are common evenly between boys and girls, but in adolescence this ratio varies with emotional problems are more common among women than among boys (Lange, Sheerin, Carr, Dooley, Barton, Marshall, Mulligan, Lawlor, Beltonf and Doylef, 2005). The boys are in greater risk for developing problems in childhood, ranging from autism, attention-deficit hyperactivity disorder and elimination disorder. Anxiety and depression problems affecting also more often boys than girls (Nevid, Rathus, & Greene, 2003). Emotional problems, such as anxiety and depression, and other problems are associated with negative life consequences. These disorders are also often associated with other psycho-social problems, including immaturity, lack of attention, confusion, and problems of concentration, academic difficulties, reports or weak relationships with society, low self-esteem, and other low social competencies

(Farrell & Barrett, 2007). Emotional and behavioral problems are the most important functional causes of disability in childhood. The rate of behavioral problems of preschool is high. Studies have shown that 7% of children aged 3-4 years are exposed to serious behavioral problems. Various studies have also shown the stability of behavior problems over time (Barlow, Parsons and Stewart-Brown, 2004). According to a recent report in the US, 1 in 10 children suffer from a very serious mental disorder that damages their development. More American children suffer from mental disorders than diabetes, AIDS, and leukemia and combined disorders. However, 60% to 80% of children with mental health disorders fail to receive adequate assistance. Children who have internalization problems as anxiety and depression, are at risk of not receiving help or appropriate treatment more than children with externalization problems (trouble dealing with aggressive behavior) which tend to be a nuisance to others (Nevid, Rathus, & Greene, 2003).

There are a number of factors that affect the appearance of emotional and behavioral problems in children, despite some emotional and behavioral problems is not yet known causes of their occurrence. As a cause of emotional and behavioral disorders can be: biological factors, such as genetics, brain dysfunction or brain damage, temperament, or physical illness. Family factors, such as: family structure, family interaction, external pressures that affect family, and school factors, such as the inability of school personnel to accommodate the students on the basis of intelligence, academic knowledge, and social skills (Zionts, Zionts and Simpson, 2002).

All these factors as: biological factors, psycho-social, genetic factors, and different factors during pregnancy, injury or any brain trauma, exposure to any substance with toxic character impact on the express of these problems (and especially the expression of hyperactivity and attention disorders) (Lange et al., 2005). Children living in families economically disadvantaged are more likely to experience socio-emotional problems, as weak interactions with society, low self-esteem, low level for socializing, externalization problems in classroom, internalization behaviors more than children living in families with more financial resources (Eamon, 2000). Namely, externalization and internalization problems are the result of the interaction of many variables within the child as well as within its environment. Genetic factors and complications during birth also, attitudes of parents, such as the lack of reaction to the needs of children, cruelty to children, contradicting and discipline, poor supervision of the activities of the child, and depression of parents in interaction with other factors, family and community violence, socio-economic status of the family, single parent status, poverty, social support and society are contribute to the externalization problems and other emotional problems (Hersen & Ammerman, 2000). Also, some studies of the development of children with low weight birth generally reported an increased prevalence of emotional and behavior problems including signs of anxiety, depression, aggression, hyperactivity, low self concept, problems with behavior at home and school (Miller, Bowen, Gibson, Hand, & Ungerer, 2001). Apart from the factors mentioned above, internalization problems of preschool children were found to be provided by a negative emotional development during infancy, and of disorganized love relationships (Hersen & Ammerman, 2000).

METHODOLOGY

Sample and procedure

Respondents in which the study was conducted were children aged 2-5 years, from eight public preschool institutions in Pristina. Respectively, for the reporting of emotional and behavioral

problems in these children were selected parents of children 2-5 years, because the children of this age cannot report for themselves. Parents are informed for the purpose of research by meeting in preschools and after they agreed to participate in the survey, questionnaires have been assigned to be completed at home and then brought to the respective institutions. Sample selection was intentional. Participants were 360 children (187 boys, 173 girls) aged 2-5 years. Data obtained through this questionnaire, are processed through the program of data processing SPSS 15.

Instrument of the survey

To collect data for this study was administered a standardized questionnaire Achenbah-ut-Child Behaviour Checklist / 1.5-5 years. The purpose of this questionnaire is to get the parent's report about the child's competencies and behavioral problems in a standardized format (Achenbach, 1991). This questionnaire generally is an instrument that aims to assess behavioral characteristics, social characteristics and emotional problems of children, including those in the two groups of symptoms internalization and externalization problems (Merrell, 1999). In these two groups symptoms entered eight kind of symptoms such as: Social Withdrawal, Somatic Complaints, Anxiety / Depression, Social Problems, Thought Problems, Attention Problems, Aggressive Problems and Behaviroal Problems (Anselmi, et al., 2008). The questionnaire was composed of 100 questions. Each question has three options of response of 0-2 (0 = not true, 1 = sometimes true 2= many times true), all information describing the child now or within the past 6 months.

Ethic aspect

All participants in this research, as they are announced with the purpose of research, have participated voluntarily in research. For all of them is provided requested anonymity.

Results

Table 1: *Internal consistency for the CBCL*

CBCL scale	Cronbach's alpha(α)
Emotional	.71
Anxiety/depression	.66
Somatic complaint	.52
Withdrawn	.67
Sleep problems	.63
Attention problems	.49
Aggressive behavior	.86
Internalizing	.84
Eksternalizing	.87
Total	.94

CBCL Questionnaire is analyzed for internal consistency reliability (alpha coefficient) from our results in most areas has coefficient to appropriate levels with the lower .49 for problems with Attention the highest .87.

Table 2: *Number and Percentage for Gender and Age of Children*

		N	*%*
Gender	Female	173	48.1
	Male	187	51.9
Age	2 years old	42	11.7
	3 years old	61	16.9
	4 years old	135	37.5
	5 years old	122	33.9

By this table number of children participating in this study is 360 children, of whom 51.9% (N = 187) were boys and 48.1% (N = 173) were female. However, the age of children in the study is 2-5 years old. Number of children 2 years in the study was 11.67% (N = 42) children, the percentage of children 3 years is 16.94% (N = 61) children, the percentage of children 4 years is 37.50% (N = 135) children, and the percentage of children 5 years is 33.89% (N = 122) children. This table can therefore be seen that the largest percentage of participants in the study was that children aged 4 years 37.50%, then that of children aged 5 years 33.89%, while the lowest percentage was children 2 years 11.67% and 3 years 16.94.

Table 3: *Education level and employment rates for parents*

	N	**%**
Father		
High education	192	53.3
Secondary education	151	41.9
Unemployed	15	4.2
Retiree	2	.6
Mother		
High education	208	57.8
Secondary education	136	37.8
Housewives	7	1.9
Unemployed	9	2.5

Table 3 shows the level of education of the parents who completed questionnaires in the study. Where we have four levels of education: higher education, secondary education, the unemployed and pensioners. At the level of fathers with higher education were 53.3% (N = 192) of them, the level of secondary education have met 41.9% (N = 151) of them, the level of the unemployed belonged 4.2% (N = 15) of them, and the level of pensioners have met only 0.6% or two of them. But the level of mothers with higher education were 57.8% (N = 208) their level of mothers with secondary education have met 37.8% (N = 136) their level of housewives have met 1.9% or 7 of them, and the level unemployed belonged 2.5% (N = 9) of them.

Table 4: *Distribution by whom are completed questionnaires*

	N	%
Mother	128	35.6
Father	41	11.4
Other	1	.3
Both parents	190	52.8

Table 4 shows the distribution by whom are completed questionnaires in this study (with the opportunity to fill in the questionnaires have been mother, father, both parents together, and other people who know the child, their caregivers or close family members). In this study questionnaires were completed by both parents, to show that the questionnaires completed by both parents because of not the same attitudes we have a higher degree of problems that results also from data analysis. From this distribution shows that the percentage of mothers who completed questionnaires is 35.6% (N = 128) of them, the proportion of fathers who have completed questionnaires 11.4% (N = 41) of them, the proportion of other persons (not a parent) is 0.3% or just 1 person, and the highest number of questionnaires completed was when the questionnaires were completed by both parents, 190 mothers and fathers together, or 52.8% (N = 190) of them.

Table 5: *Total problems estimated in scale*

	N	%
1	314	87.2
2	19	5.3
3	26	7.2
Total	359	99.7
Missed	1	.3
Total	360	100

Table 5 presents the results of total problems estimated in scale (which are determined by the questionnaire used in the study) where the normal rate of healthy emotional and behavioural development is presented with number 1, the rate which represents the limit of presenting emotional and behavioural problems is presented with number 2 and the rate which represents the clinical development of emotional and behavioural problems or clinical scale is presented with number 3. So, here can be seen the first instance belong to number 1 is 87.2% (N = 314) of them, the second instance belonging number 2 is 5.3% (N = 19) of them, and the third degree or clinical scale belong 7.2% (N = 26) of them.

Table 6: *Total estimated in scale by gender*

	Total estimated in scale			Total
	1	2	3	
Gender				
Boys	164	9	13	186
Girls	150	10	13	173
Total	314	19	26	359

This table shows the estimated total scale of child gender in this study to assess the scale of the normal rate to the clinical level. Normal rate 1 belong total (N = 314) children, of them 164 boys and 150 girls, the second instance at the border to present problems belong (N = 19) children from them 9 boys and 10 girls, and third clinical degree belong (N = 26) children, of them 13 boys and 13 girls, so we have a balance between the sexes when it comes to problems in clinical scale.

Table 7: *Total estimated in scale by age*

	Total estimated in scale			Total
	1	2	3	
Age				
2 years old	40	2	0	42
3 years old	53	4	4	61
4 years old	116	10	9	135
5 years old	105	3	13	121
Total	314	19	26	359

From table 7 is seen that to third clinical level does not belong any child of age 2 years, while the great number of children that belongs instance third clinical level is found to age 5 years, where (N = 13) children is reported to have emotional and behavioural problems in clinical level.

Table 8: *Table of externalizing and internalizing problems*

	Gender	N	M	SD
Externalizing	Boy	186	9.99	7.09
	Girl	173	9.41	6.91
Internalizing	Boy	187	9.59	6.92
	Girl	173	10.70	7.50

According to data shown in this table it shows that M=9.9 and SD= 7.0 of externalizing problems is greater for males than female. As seen M=10.7 and SD= 7.5 of internalizing problems is greater to female than in the male.

Table 9: *Estimated total scale of those who completed questionnaires*

	Total estimated in scale			Total
	1	2	3	
Mother	112	7	8	127
Father	37	1	3	41
Other	1	0	0	1
Both parents	164	11	15	190
Total	314	19	26	359

Table 9 shows the estimated total scale of those who completed questionnaires in the study. The estimated scale again form normal scale to clinical scale. From the table it can be seen that when the questionnaires were completed by mothers, is reported greater number of children (N = 8) that belong to clinical level that express emotional and behavioural problems compared with reporting from questionnaires that were completed by fathers. And when the questionnaires were completed by both parents, shows that in the third clinical degree belong (N = 15) children. So, when the questionnaires were completed by both parents was the largest number of children listed in the third clinical degree, which means that both parents together get to know the child better and therefore reports can be more valuable.

COMPLETION

The purpose of the study on "Reporting parents for emotional and behavioral problems in preschool children 2-5 years" was the identification and investigation of the prevalence, characteristics and distribution of emotional and behavioral problems based on a representative sample of the eight preschool institutions of Prishtina, ages 2-5 years.

Results of this study showed that the sample of 360 children of both genders that participated in the study (of which 187 or 51.94% boys and 173 or 48.06% girls) first instance the smooth development of emotional and behavioral belong 314 children, or 87.2% of them, while the second grade in limits presentation emotional and behavioral problems belong 19 or 5.3% of them, and third-degree or clinical degree belongs 26 children or 7.2% of them. From 26 children who met the third clinical degree of presentation of emotional and behavioral problems 13 of them concerning male and 13 of them belonged to females, which means that in this research in our country we have a balance between sexes when it comes to the presentation of emotional and behavioral problems in clinical scale.

Although research conducted in these eight public preschool Pristina a significant proportion of children in this sample are reported to have emotional and behavioral problems, none of them is reported to have visited for treatment a center of mental health or any another psychosocial center. Which shows not only the small number of institutions for the treatment of emotional and behavioral problems and professionals in this matter, but shows a lack of awareness of the population about children's mental health, specifically in our case, the lack of awareness about emotional and behavioral problems in childhood.

Based on the results of this research and the importance of healthy emotional and behavior development in children, in particular way, as a matter of national priority, in our country should be up and develop prevention programs for young parents of children with emotional and behavioral problems. Such programs should also be raised and held for educators and teachers, since a most part of the time stay with children and after the parents are the closest persons who may recognize the good social, emotional and behavioral performance of children.

Aside from setting up these plans for the awareness of parents, educators and teachers for signs of early warning related with mental health problems especially emotional and behavioral problems and appropriate methods to address them, priority issues should be the engagement of psychologists in all school and preschool institutions of Kosovo. Finally, the study supports the view that CBCL / 1.5-5 is a highly reliable and useful for the identification of young children at risk for exposure to behavioral and emotional problems and to identify those children who suffer from emotional and behavioral problems

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