



A Brief Note on Various Factors that Influences On Early Childhood Behavioral Problems

Alfred Otis*

Department of Psychiatry, Nairobi University, Kenya

Abstract

Child behavioral issues, including internalizing and externalizing symptoms, are brought on by a variety of factors in the early stages of development and are strongly linked to negative outcomes in later stages, such as mental health issues, poor academic performance, and peer victimization. Because children in these developmental stages are able to explicitly and overtly express their feelings and experiences, a large number of empirical studies have investigated behavioral issues in late childhood and adolescence. However, there have been fewer studies that have focused on internalizing and externalizing symptoms in early childhood (before age 5), which is also a crucial developmental stage that can influence later developmental outcomes.

Keywords: Childhood behavioral problems

Introduction

The literature has identified a variety of factors associated with behavior problems in the microsystem (such as children's temperament) and mesosystem and the exosystem (for instance, neighborhood factors like the poverty rate, violence in the community, and collective efficacy in the neighborhood). In addition, despite the fact that some studies found connections between child maltreatment experiences, neighborhood structural factors, and early childhood behavioral issues, the long-term effects of neighborhood process factors on early childhood have been rarely discussed. As a result, additional empirical research is required to investigate the connection between child maltreatment experiences, early childhood internalizing and externalizing symptoms, and two distinct categories of neighborhood factors-neighborhood structural and process factors. The characteristics of a neighborhood, such as its poverty rate, unemployment rate, ethnic diversity, and so forth, are referred to as neighborhood structural factors in this context. The relationship between neighbors is reflected in the neighborhood process factors, such as the sharing of common goods and mutual support [1].

Based on analysis results, empirical studies conducted in the middle of the 20th century used an internalizing-externalizing dichotomy to classify children's behavior symptoms. Internalizing symptoms include somatic complaints, depression, anxiety, social withdrawal, and over-controlled, inward-directed problematic behaviors. Externalizing symptoms, on the other hand, manifest themselves in rule-breaking, oppositional defiance, and aggressive behaviors. This is in contrast to internalizing symptoms. Negative experiences in the early stages of development, according to the developmental psychopathology perspective, can influence later developmental patterns and outcomes. For instance, 14% of U.S. children aged 2 to 8 were diagnosed with mental, behavioral, or developmental disorders in the 2011-12 National Survey of Children's Health. According to Verhulst and Koot (1992), between 40% and 60% of children who exhibit high levels of problematic behavior when they are 3 or 4 years old continue to experience these issues until they are 10 years old. Behavior issues in early childhood are regarded as a major public health concern due to their impact on children's present well-being, but they also persist into later developmental stages and indicate the occurrence of additional detrimental developmental issues [2].

Discussion

Children's behaviors are influenced by their multilevel living environment, according to Bronfenbrenner's (1979) social ecology theory, and these behaviors can also shape their living environment. The microsystem, which refers to the children's direct relationships, such as family relationships, is included in this multilevel living environment; the mesosystem, which symbolizes the ways in which factors in the children's microsystem are connected; the exosystem, which includes children's indirect relationships with resources and services in the neighborhood; the larger system, which encompasses values and cultures; and the chronosystem, which incorporates time as an additional dimension [3].

Individual characteristics, maternal mental health, child-parent attachment, domestic violence, and experiences with child maltreatment are some of the predictors of behavioral problems in the microsystem and mesosystem that have been identified in previous research. Additionally, a large body of previous research suggested that early childhood physical and sexual abuse strongly predicts future behavioral issues in children [4].

Taking into account the findings of a variety of empirical studies, children who have experienced a variety of early childhood forms of abuse, such as physical abuse, emotional abuse, sexual abuse, and neglect, are more likely to have behavioral issues as children. There are many different kinds of early childhood experiences that can cause behavior issues. In previous research, both internalizing and externalizing symptoms in children have been linked to physical abuse, which is one of the most common forms of abuse. However, results varied widely. For instance, Font and Berger (2015) found that children who had experienced physical abuse as young as three were more likely to have persistent behavior issues from the ages of three to nine.

*Corresponding author: Alfred Otis, Department of Psychiatry, Nairobi University, Kenya, E-mail: alfredotis@edu.ke

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According to another study that used the same dataset, early childhood physical abuse by the age of 5 predicted increased externalizing symptoms but not internalizing symptoms. In previous studies on behavioral symptoms in young children, sexual abuse has not been extensively discussed. Early childhood sexual abuse, according to a study of 116 children between the ages of 3 and 6, predicted clinical internalizing symptoms but not externalizing symptoms. Cicchetti and co. found that children who had been subjected to both physical and sexual abuse prior to the age of five had severe internalizing symptoms.

Even though early childhood emotional neglect and abuse frequently had correlations with both externalizing and internalizing symptoms, more research has focused on how these issues affect internalizing symptoms. Children who have experienced neglect or emotional abuse were found to be more likely to experience both externalizing and internalizing symptoms, according to a systematic review of 30 articles published worldwide between 1947 and 2012 on the topic. Additionally, in accordance with the findings of the Bennett, Sullivan, and Lewis (2010) study, Paul and Eckenrode (2015) suggested that psychological abuse in childhood had multidimensional effects on the etiology of adolescent depressive symptoms [5-7].

Fewer studies have examined how predictors in the exosystem (such as neighborhood factors) affect early childhood behavior problems than have previous studies of the microsystem and mesosystem's predictors of internalizing and externalizing symptoms. To gain a comprehensive understanding of how the diverse environment affects individuals' development and to promote macro-level interventions for children with behavioral problems, additional research focusing on the influences of neighborhood factors on early childhood behavioral problems is required. A variety of neighborhood factors, including disadvantage, social cohesion, and social control, were the subject of previous research. According to Sampson et al. According to's (2002) literature review of 40 studies, neighborhood factors can be divided into two categories based on their characteristics and working mechanisms: neighborhood structural factors and neighborhood process factors.

In the early 20th century, social scientists discussed the effects of neighborhood structural factors on human development, such as externalizing and internalizing symptoms such as home ownership rates, poverty rates, and the percentage of renter-occupied houses. (2002). Social disorganization theory, which is the most widely used theory for studying neighborhood disorganization, was developed by the Chicago School, which carried out systematic research into the effects of neighborhood structural factors [8].

Conclusion

Additionally, previous research has shown that collective efficacy

has a significant direct impact on child behavioral issues. Low neighborhood collective efficacy in early childhood was found to predict children's internalizing and externalizing symptoms at age 3, according to a longitudinal multilevel study that followed 3705 children from the ages of 3 to 5. However, the protective effects of neighborhood collective efficacy decreased over time. Xue and co.'s (2005) study of 2805 children between the ages of 5 and 11 found that, after controlling for neighborhood structural factors, neighborhood collective efficacy was linked to fewer internalizing symptoms. In addition, empirical research suggested that neighborhood process factors act as a mediator between child behavior issues and neighborhood structural factors. Mrug and Windle (2009) discovered that the relationship between childhood externalizing symptoms and concentrated neighborhood poverty was completely mediated by neighborhood process factors. Additionally, a study of 867 10- to 12-year-old children found that neighborhood disadvantages had a smaller impact on children's affiliation with deviant peers in children living in neighborhoods with higher collective efficacy. Despite the fact that these neighborhood factors had distinct effects on children's development, none of the studies reviewed here have examined the effects of two distinct types of neighborhood factors. Therefore, a solid foundation for future prevention and intervention efforts will be provided by a thorough comprehension of how the two kinds of neighborhood factors affect internalizing and externalizing symptoms in early childhood.

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