CHAPTER – II

REVIEW OF LITERATURE

The aim of this literature review is to examine the works of a number of investigators, methodologists, and scholars who have explored different concepts with various approaches and theories related to behavioural problems, Shyness and Wellbeing. They have given different opinions related to the subject of present study based on their findings. The review of a few studies will provide framework for this research that will help the researcher in planning the study design for the problem at hand that supports the theoretical base for the study. For the present study, the review is done under the following categories.

- Behavioural Problems
- Shyness
- Well-being
- Behavioural problems and Shyness
- Behavioural problems and Well-being
- Behavioural problems, Shyness and Well-being

2.1 Behaviour problems:

Children are the most important asset of a nation and are the richest source of progress of a nation. Developing child pass through a rapid physical, hormonal, intellectual, emotional and psychological growth. This can cause emotional & behavioural instability. Incidence of problem behaviour in school children is universal (Banik, Nayar, Krishna & Raj, 1972). A child’s feelings and behaviours are influenced by
temperament, culture, relationships, health, family circumstances, experiences of early childhood care and education and also other factors. Almost all children show difficulties in managing their feelings and behaviour at times, particularly during certain stages of development. Because of this complexity, child’s behaviour requires further assessment (Berk, 2009). The causes of poor mental health among children are complex and will be different for each child. However, clear messages are emerging from research, indicating that children’s mental health is the result of the interaction of pre-existing mental health conditions, experience to maltreatment, and biological risk and resilience. Behavioural problems in children are a rising concern, if behaviour problems in children not addressed, later it develops into serious mental health concerns (Watt, Hoyland, Best & Dadds, 2007).

Significant changes in behavior are:

- Behavior that is out of pace with peers at a similar age and stage.
- Persistent separation difficulties or attachment problems with family.
- Being withdrawn, fearful, and anxious or upset a large amount of the time.
- Poor-quality play that seems limited and repetitive.
- Difficulty managing anger and frustration, frequent tantrums or aggression.
- Difficulty in paying attention, following instructions and completing tasks.
- Frequent defiance and refusal to follow instructions (Child Australia, 2004).

Accordingly, behavioural problems are unique and it is influenced by many internal and external causes. The major reasons for behavioural problems are Parenting, Biological association, Child age group, Peer influence, worries, fear, Phobia, Stress, anxiety, depression and other causes places unrest in children. Out of all, Parents play
a very important in shaping child behaviour, so the majority of study focus on the parent temperament, family environment and it is revealed that parenting behaviors correlate and predict children’s behavior problems. Researchers across a large number of studies identify the presence of harsh, negative parenting manners can lead to high levels of problem behaviors in young children (Pettit, Bates & Dodge, 1997; Olson et al., 2000).

The researchers even looked at infant’s temperament and mother’s parenting skills during the first year of life and this might predict behavioural problems. Infant nature influence, later childhood problems that include cheating, telling lies, trouble getting on with teachers, being disobedient at home and school, bullying and showing no remorse after misbehaving can be predicted at early stages of childhood (Massetti et al., 2008). In fact, Mothers role in children development is greater compared to that of fathers (Wenar, 2006). Mothers’ beliefs that their children are problematic are problem-prone and may interfere with children development. Green and Solnit and Green 1964 study of children with various behavioural and learning handicaps during childhood found that, even when the children recover, their parents would consider them as susceptible to disorders and lead to overprotective towards the child at. Such attitude contributes to abnormal mother-child interaction which in turn had negative impacts on children developmental (Forsyth, Horwitz, Leventhal, & Leaf, 1996). Therefore, it is confirmed both maternal and paternal parenting behaviors, influence anxiety and its precursors in early childhood. Maternal and paternal parenting behaviors such as over control, overprotection, over-involvement, autonomy respectively cause anxiety and its precursors like fearful temperament, behavioral inhibition, and shyness in children (Möller, Nikolić, Majdandžić, & Bögels, 2016).
In particular, children with avoidant and ambivalent attachments, compared to those with secure attachments, show higher levels of externalizing and internalizing behaviors. While, those children with disorganized attachments, appear to be at special risk for elevated levels of externalizing and internalizing behaviors (e.g., Cassidy & Berlin, 1994; NICHD Early Child Care Research Network, 2001; O’Connor, Bureau, McCartney, & Lyons-Ruth, 2011; Vanzen Doorn, Schuengel, & Bakermans-Kranenburg, 1999; Weinfield et al., 2008). Previous studies also found that culturally-universal stressors such as parent-child disagreement substantially influenced depressive symptoms (Stein, Gonzalez, & Huq, 2012).

Children of alcoholics had high emotional and behavioural problems. They showed shyness, insecurity and low self-esteem. And mothers reported children as impatient, irritable, agitated, disobedient and dependent. The girl children of alcoholics showed more emotional and behavioural problems. They even showed to be more vulnerable than the boys of alcoholic’s parents, regarding emotional and behavioural aspects (Souza, Jeronymo, & Carvalho, 2005). Children of alcoholic parents manifested higher rates of oppositional and conduct disorders too. These children also showed increased incidence of alcohol and other substance use. (Achenbach & Howell, 1993). Furthermore, a Coping Power Program and Preventive Intervention say, child and parent relationship can also predict adolescent substance use (Lochman, & Wells, 2003).

Next, the relationship between parent’s marital problems and children’s problems was also described. Child behavioural problems were more frequently evident among parents who experienced prolonged marital conflicts than, those couples who did not experience prolonged conflicts (Jenkins, Simpson, Dunn, Rasbash, & O’Connors,
Intimate partner violence (IPV), exposure can negatively affect children’s social behaviour. If the maladaptive behaviour in one domain is linked it subsequently affect maladaptive behaviour in a different developmental domain. IPV was associated with increased aggressive behaviour. The finding support that behavioural problems established in childhood may emerge from earlier adverse experiences and these difficulties may fall over developmental domains. (Holmes, Voith, & Gromoske, 2015).

Unfortunately, mental health problems in parents represent a risk factor for a wide variety of maladaptive cognitive, psychosocial, and behavioural outcomes in their children. More children develop psychiatric disorders in childhood or adolescence. Recent findings suggest, that personal resources such as the cognitive and social capabilities in childhood as well as positive family relationships and social support, act as protective factors for children (Patterson, 2002).

Children are being diagnosed with psychopathologies are at alarming rates, so with proper care during pregnancy, medical professionals can now help expectant mothers prevent many birth defects. Prevention and intervention techniques can detect fetal development that manifests behavioural problems in later life. (Martin & Dombrowski, 2008). Fragile X syndrome (FXS) is a well-documented neurodevelopment disorder but it is rarely defined by its clinical features alone (Hagerman, 2008). Single gene being switched off on the X chromosome resulting in a characteristic profile that includes developmental delay alongside chronic and pervasive attention and executive function difficulties (Cornish, Gray, & Rinehart, 2010).

It is now argued, that damage or disruption to prefrontal regions during infancy and early childhood may cause irreversible changes in brain organization and can lead to
impairments in cognitive and social function also impact on the child's capacity to interact with environment and reduce the capacity for independence in adulthood (Anderson, Anderson, Northam, Jacobs, & Mikiewicz, 2002; Eslinger, Flaherty-Craig, & Benton, 2004; Jacobs, Harvey, & Anderson, 2007; Kolb, Pellis, & Robinson, 2004; Anderson, Levin, & Jacobs, 2002). Rettew (2013) suggests neurobiology of temperament, the relationship between genetic and environment influences, early appearing behavioural tendencies. Child behaviour problems can be important elements for intervention and can reduce the incidence of mental illness. Other than the stability of child, gender and birth order of child signifies temperament affecting mental illness (Rettew, 2013).

In the usual mental health setting, most patients fall in the age range of 6-12 years (Farmer et al. 2003). Clinicians evaluating these patients and their families should be familiar with expected childhood developmental progression and the more common development difficulties and psychopathology in childhood. The key developmental milestones for this age group are focused on the tasks of identity formation that are related to autonomy, peer identity, and social identity (Gemelli 1996). Late childhood involves a lot of peer interaction; there is evidence of associations between early attachment patterns and Peer relationships in late childhood. Secure children show less aggression and more co-operations in peer interactions (Gutman & Vorhaus, 2012) and also manifest right, emotional and behavioral responses. In contrast, insecure children are more expected to show, emotional deregulation and troubled peer relationships (Hymel, Rubin, Rowden & LeMare, 1990).

Children's peer relationships play an important developmental role. They offer unique opportunities for learning new social skills, especially in late childhood, when identity
formation is closely linked to experiences with peers (Rubin, Bukowski, & Parker, 1998). Unfortunately, peer group experiences are not always beneficial to a child. Approximately 10% of children in elementary and middle schools are harassed and victimized by one or more peers regularly (Hodges, Malone, & Perry, 1997; Kochenderfer & Ladd, 1996; Perry, Kusel, & Perry, 1988). These negative peer experiences have been linked to adjustment problems, including anxiety, loneliness, depression, low self-esteem, academic difficulties, and school avoidance (Alsaker & Valkamover, 2001; Björkvist, Ekman, & Lagerspetz, 1982; Hanish & Guerra, 2002; Juvonen, Nishina, & Graham, 2001; Kochenderfer & Ladd, 1996; Schwartz, 2000).

Teasing, by peers has a significant association with distress and it leads to arguments and quarrels, these arguments and quarrels pose a major source of stress if not managed properly. Consistent with previous research, results demonstrated predictive links between early peer rejection, aggression and externalizing difficulties. Internalizing problems in childhood were also significantly related to early social difficulties, including poor peer acceptance, social isolation, and perceptions of social incompetence. Social isolation may indeed be a risk factor in early development (Hymel, Rubin, Rowden, & LeMare, 1990). Several studies also found, that rejected children are more disruptive, aggressive, and socially inappropriate than are their classmates (Cantrell & Prinz, 1985). Study, on adiposity and temperament states that higher negative emotionality in early childhood contributed to more internalizing behaviours in late childhood. Even, we can notice due to adiposity poor peer evaluation can exist (Raia, 2009).

Studies have indicated that gender had some influence on forms of problem behaviours. Boys showed more conflicts and aggressive behaviours than girls (Earls & Jung 1987).
Fitzgerald and Jeffers (1994) categorized almost a fifth of the Irish children they studied as behaviorally disordered with twice as many boys as girls classified in this way. Boys are vulnerable in terms of developing conduct and behavioral difficulties and for offending (Kolvin et al., 1990). Anxiety disorders are more common amongst girls and disruptive conduct behavior amongst boy’s. Recent studies on longitudinal data, show pattern-based and person-centered approaches to investigate the influence of multiple risk exposures on developmental effect in childhood. It says, first eight years of life has distinct consequences for the developmental growth trajectories of academic and behavioural abilities. It is found that, influence of gender and race, ethnicity on the patterning of risks and on the trajectories, exists (Thompson, 2008).

Higher levels of childhood stress were associated with higher levels of adult stress (Keirns, 2015). Specific phobias, represent one of the most common psychological disorders affecting children. Specific phobias arise from multiple factors like genetics, evolutionary, preparedness, learning history, modeling, and also parenting Phobias. Due to this, children are exposed to academic and social difficulties, as well as adult psychopathology. While some fear is appropriate for children age, other childhood fears persist and increase in frequency, intensity, and duration and they become specific phobias (Mason et al. 2004).

In addition, Children who reported higher levels of conduct problems were nearly four times more likely to experience depressive episode in early adulthood. Latest, the multi-ethnic epidemiologic study indicates an increased risk for the onset of new and recurrent episodes of clinical depression among midlife women has a connection with childhood adversity. And it is found that stress models that include childhood harsh conditions as a risk factor for later major depression (Burton, 1996).
Infants with disorganized attachments tend to show clearly disturbed relationships often characterized by a ‘fight or flight’ pattern of aggression and withdrawal. Emotional and behavior problems are a major cause of impairment amongst children (Goodman, et al. 2000). Children suffering from behaviour problems may be acutely withdrawn or extremely aggressive and have difficulty to manage in classroom (Kershaw & Sonuga-barke, 1998).

2.2 Shyness:

Children’s shyness is a widespread concern and shyness is interrelated to the prevalence of mental health problems among children and young people. Shyness is a common phenomenon and may be present in as much as 40 to 50% of the population (Henderson & Zimbardo, 2001). In children, being shy is not viewed as problematic. So, intervention can easily be overlooked. Thus, socially anxious children experience mental anguish and intervention is inevitable for the child who experience shyness. (Eisen & Smith 2008). At times, shyness can be a positive characteristic and finding pathology of shyness is important. Temperamental extremes which includes, shyness in high level is difficult to accommodate at home, preschool and school and it can turn to serious concern. Additionally, students who fail to master social skills, emotional regulation, and behavioural skills struggle in a structured peer setting (Lane, 2007).

Children born with a possible predisposition toward shyness face many social challenges. Researchers, over the past four decades have begun to identify specific factors that influence shy children’s social skill development and their level of peer acceptance. Each developmental stage, have been found both to promote and hinder the development of social competence and peer acceptance in shy children. These factors include physiological differences, caregiver influences, emotion, socialization,
friendships, general peer support, coping skills, organized social activities, and socioeconomic status (Miller & Coll, 2005). The strong association between social competence and social acceptance (Harter 1982) help to reduce the peer rejection, which is commonly associated with shyness (Gazelle & Ladd, 2003; Coplan et al. 2004). Middle childhood, appears to be a period when socially inhibited children are at risk of developing difficulties, shyness can also lead to deviant behaviors in children. Hence, during late childhood, friendship act as protective tool and can prevent shy children from suffering long-term socio-emotional difficulties. (Coplan & Arbeau, 2008).

Review on Infant and Child Development, says that, Shyness levels range from temperament, emotion and cognition, about the self and others. Recent work on shyness takes different approach and found shyness, behavioural inhibition, and social withdrawal are nominally organized around three factors, that is, assessment, biology, and context. The probability of a child experiencing shyness and social withdrawal, begins at Conception. Researchers have established that a predisposition toward shyness is due to variations in genetic and environmental factors within the child (Daniels & Plomin 1985; Fox & Calkins 1993). For this reason, behavioural inhibition is hypothesized precursors to psychopathology (Biederman, et al. 2003).

Further, Cheek and Melchior (1990) described symptoms of shyness affects behavioural, somatic, and cognitive domains. Shy individuals, tend to minimize conversation and avoid firm eye contact (Cheekand & Buss 1981; Leary 1983). Physiological shyness often accompany by significant physical symptoms in social situations, such as increased systemic cortisol levels in novel social situations (Kagan & Snidman 1991; Kaganet, Reznick & Reznick 1988; Schmidt & Schulkin 1999).
Remarkable, research on differences between identical and fraternal twin says that, heritability of various temperament traits and emotion determine, certain temperament traits. They are more genetically influenced, than other factors, such as diverse characteristics as proneness to anger, empathy and level of activity. Temperament, cognitive skills and emotional nature are all somewhat influenced by environmental factors. Temperament traits are the stable personality characteristics that appear early in childhood. Researchers determine trait, such as shyness, is heavily influenced by genes. Shyness was found to be related to child adjustment difficulties. Analyses of the risk and protective factors suggested that the moderate roles of individual, parenting, and peer factors promote withdrawn behaviours (Liu et al. 2014). It is also to be found, parents, caregivers influence the child’s daily events and surrounding limit the child’s social interactions, therefore shy children often experience lack of exposure to novel social situations (Kagan et al. 1977).

As a result, these children tend to develop, isolation, difficult to interact, develop poor social skills, which increases child’s shyness and social incompetence (Putallaz & Gottman 1981). This phase raises the likelihood of the child confusion and awkwardness towards social situations (Jones, Rose & Russell, 1981). When children enter late childhood, emotions continue to play a significant role to exercise their social skills in creating new relationships. Shy children, continue to struggle with social interactions, further inhibiting the development of social skills outside the home. As a result, shy children in late childhood may develop a poor sense of self and continue to feel uncomfortable in the presence of others (Cheek & Watson, 1985).

Research on Mother’s gender-role attitudes revealed, that mothers may enforce gender-typical social behaviours in their children, particularly if they themselves hold more
traditional gender-role attitudes (Kingsbury & Coplan, 2012). So, children including those born with a positive social disposition are susceptible to poor parenting strategies, such as over control and over involvement. Infant shyness is often linked to mothers’ introvert personality, lack of sociability, and having extreme level of shyness (Daniels & Plomin 1985). Shy children described themselves as more scared in ambiguous and hostile scenario. There is importance of examining emotion's role in social information processing and to know the behaviour pattern of shyness. Shy individuals, have significant self-defeating thoughts, perhaps due to fear of being rejected by others (Halford & Foddy 1982; Rubin & Stewart 1995) Anxiety, shyness in children can be reduced through open trial program who earlier showed relatively high prevalence of shyness (Barrett, Fisak, & Cooper, 2015).

2.3 Well-being:

Paediatricians, child psychiatrists, and psychologists have long recognized that an understanding of the genetic and biological predisposition influence child development. Macro environmental features such as social values and public policy in general effect on the health and well-being of children and families. (Vimpani, 2000). Also, health promotion from the early stages in life by, nurturing healthy eating practices, regular physical activity has the potential for major impact on health and well-being during childhood and later stages in life (Perez-Rodrigo, & Aranceta, 2003). After family, school, and peers are powerful socialization agents to social, emotional, and cognitive well-being and adjustment. Consequently, experiences with peers constitute an important developmental context for children because they acquire wide range of skills, attitudes, and experiences that influence their adaptation, across the life span (Rubin, Bukowski, & Parker, 1998). School related experience affect the social, emotional &
intellectual development of the children. The school & home are influenced by the health & wellbeing of the child (Parthasarathy, 1994). In a contrary study it has proven that, children who fail at school also succeed in life, this can give teachers, schools, counsellors and health care professionals, parents and guardian’s new remedies to overcome learning, behavioral, and emotional problems which also reduces juvenile crime, school dropout, and substance abuse. Hence it improves health and well-being and preventing remedial problems later in life (Chetty, Hendren & Katz, 2016).

Successful communication, mutual respect, and support from others, in the middle of stressful life events, contribute largely a holistic construction and meaning of health and wellbeing. Results also claim that health and wellbeing were also largely influenced by the capability to perform a daily task, ability to take critical decisions. There are many developmental theories of child wellbeing focusing on their psychological, physiological, social, moral and spiritual development. The principle development is based on the adult interaction with children and preparation of children for their transition into later stages of the developmental process (Glozah, 2015).

Most studies on children's health find that neonatal risks, like low birth weight and premature birth, impair children's early functioning. Hence Neonatal risks, poor health, and hospitalization functioned directly to predict lower cognitive and learning skills. Findings highlight the importance of interdisciplinary research on child well-being which draws attention to potential avenues for prevention and intervention. When children experience psychosocial stressors, it decreases later life satisfaction. Very few researches have happened to understand about the individual contributions of different types of childhood adversity on life satisfaction in adulthood. Exposure to victimization, domestic violence, child abuse, parental divorce, parental mental illness,
and parental drug use reduces the subjective well-being. Emotional wellbeing includes being happy and confident, not anxious or depressed. Psychological wellbeing includes the ability to be autonomous, problem-solve, manage emotions, experience empathy, be resilient and attentive. Social wellbeing includes having good relationships with others and not having behavioural problems that can lead to violence, disruption, or bullying (Kull, 2002).

Since wellbeing is seen as a key element in a child’s development, the terms social and emotional wellbeing and social and emotional development are sometimes used interchangeably. Thus, the facilitators and barriers that may support and hinder a given child’s development may be regarded as indicators of that child’s wellbeing (Hamilton & Redmond 2010).

### 2.4 Behavioural Problem-Shyness:

Change is the part of life, but unsociable children are expected to develop adjustment difficulties. Results indicated that unsociability was also positively related to peer problems because of shyness. When unsociability and peer problems were not attended, it leads to higher behavioural problem. Cultural norms and values provide guidance for children to evaluate specific behavioural characteristics with shyness, unsociability, and social avoidance. Children learn to manifest behaviour and to react to peers in social interactions. Survey of children’s viewpoint across societies may shed some light on the processes in which culture is involved in shaping the display and developmental significance of different types of social withdrawal (Chen, Chen & Gau 2015).
Shyness is associated with social-emotional maladjustment and can develop internalizing problems. Young children who react with behavioural inhibition or shyness to new situations have an increased risk of internalizing problems as they grow older (Marysko, Finke, Wiebel, Resch, Moehler, 2010). Children experience internalizing disorder such as anxiety, shyness, and behavioral inhibition represent a growing section of the population (Merrell, & Boelter 2001). Children suffer from internalizing behavioral problems needs are different. Information indicates that these children needs should be heard and their educational, psychological, and emotional needs are not being addressed (Barlow, 2002), till date, research on social withdrawal in young children has been minimal. Children described as withdrawn would exhibit a disparity in their social problem solving, compared to children described as sociable. In addition, withdrawn children’s thought processes impact their social behaviour. Studies on behaviour usually tend to focus on externalizing behaviours only and Internalizing behaviours like shyness are considered less severe and children who elicit these characteristics are thought of as not requiring intervention (Henderson, 2010).

Focus on early identification of developmental risk factors through maternal report of child behaviour during early infancy is related to behavioural inhibition. Infant distress to novelty was found to be associated with toddler's fear level scores. behavioural inhibition is a potential risk factor for childhood shyness and anxiety, can be predicted by maternal judgment of infant distress to novelty at age of 4 months (Klein, & Linhares, 2010). One more similar study says, maternal Characteristics linking Childhood Shyness. Maternal personality and parenting characteristics had association to shyness and adjustment in kindergarten. Children with mothers characterized by higher neuroticism increase shyness and other associated behavioral problems (Coplan, Arbeau, & Armer, 2008).
In addition, study on Children's night waking pattern, among toddlers examined that, Children in the extended night waking group had highest scores on externalizing and internalizing behaviours. It is also revealed that girls had higher scores on shyness and boys had higher scores on aggression and hyperactivity (Zaidman-Zait, & Hall, 2015). Children from kindergarten showed peer rejection, social withdrawal and internalizing problems. They tend to stabilize over time and create an additive model in which withdrawn children who experience peer rejection are at greater risk for developing internalizing problems such as anxiety, depression in later childhood (Ladd 2006). Also, anxious-solitary children excluded by peers showed increasing depressive symptoms over time (Gazelle & Ladd 2003).

A study on Developmental trajectories of academic achievement and Contributions of early social-behavioural functioning in Chinese children says certain levels of shyness and externalizing behaviours predict lower decreasing rates of academic achievement. Children rated, high in shyness reported more passive strategies in response to social failure compared to children who rated as low in shyness. An attempt to understand, Unsociability, shyness, victimization displayed acceptable internal consistency. Also, unsociability was linked with an increase of internalizing problems among children and early adolescents (Liu et al. 2014).

A research on Chinese Boys with fragile X syndrome (FXS) investigated that hereditary cause Intellectual Disability and temperament in childhood. Specific behavioural features like, attention deficit hyperactivity disorder and stereotyped behaviour are associated with FXS. Very specific behavioural features like attention deficit, hyperactivity disorder and stereotyped behaviour are associated with FXS. Boys with FXS also displayed significantly greater shyness and less attention and inhibitory
control. This study also leads to improved intervention and preventative efforts. An emotional facial expression analysed by imaging techniques shows, the activation of the following areas, frontal cortex, amygdala and hippocampus. Children with anxiety suffer from behavioural inhibition with persistent fear and show a marked body reaction to stress. Consequently, such children at later stages will be at higher risk of chronic anxiety, depression and substance abuse. Speech and language in children are also at special risk for developing psychiatric disorders. Attention deficit, aggressive behaviour as well as over anxiety and excessive shyness have been reported in speech and language impaired in children (Noterdaeme, & Amorosa, 1999).

Investigators at Stanford University found temperament traits like intro-/extraversion, neuroticism, or social anxiety, representing risk factors for psychopathology. They also assessed the effects of Emotionality, Shyness, and Sociability, which are similar to neuroticism, behavioral inhibition/fear, and extraversion. Shyness is negatively associated with brain activity linked with both cognitive and emotion components (Schalling, Åsberg, Edman, & Oreland, 1987).

A study on Child temperament and teacher–child interactions shown, the quality of children's relationships with teachers in early elementary grades has implications for their academic and behavioural outcomes in later grades (e.g., Hamre & Pianta, 2001). Findings reveal Children's characteristics, i.e., shyness were related to the amount of interactions they initiated with their teachers (Rudasill, 2011). Teachers' and parents' reports of children's shyness (i.e., social inhibition) at ages 6-12 yrs suggested dispositional regulation, emotionality, and coping. Shyness was positively related to internalizing negative emotion (Eisenberg et al. 1998). Children who are rejected by their peers in grade school tend to suffer immediate consequences, such as poor school
performance and lowered self-esteem, as well as long-term consequences, such as more depressive symptoms in adulthood (Bagwell et al. 1998). Positive peer relationships, in contrast, may serve as a protective factor against internalizing problems for children by socializing them into the normative peer group (Bukowski & Adams 2005).

Rubin and colleagues (2006) reported that socially withdrawn children who established close friendships were considered to be more sociable and were regarded more positively than children without close friendships. However, the quality of the friendships further inhibits the shy child or promotes the more social initiative. For instance, socially withdrawn children are strongly affected by troublesome relationships in multiple domains, including poor school performance, and a higher likelihood of disruptive behaviors and substance abuse (Ladd, Kochenderfer & Coleman 1996; Berndt and Keefe 1995; Sebanc, 2003). On the other hand, socially withdrawn children who engage themselves in positive relationships may be positively influenced by the positive attributes of their friends (Bagwell et al. 1998; Bukowski & Adams 2005; Sheehan & Bullock 1992).

A small number of studies have utilized a person-centred approach to examine about multiple social behaviours cluster within an individual. Childhood solitude and withdrawal predict subsequent internalizing maladjustment (Rubin et al., 1995) Sources from previous studies states, children lack ability might result in unpredictable shyness and poor inhibitory control, making them unpleasant play partners (Coplan et al., 2001) and this is because of insensitive and uncooperative parenting, provide them less opportunity to learn the necessary social skills for adapting to the social world (Booth-LaForce & Oxford, 2008).
2.5 Behavioral problems and Well-being

The field of infant mental health has grown dramatically over the past few decades and its increasing importance is now widely accepted. This is due to the supporting evidence in baby’s neurological development and early childhood relationship and experiences by the primary care giver shape babies’ brains. Secure attachment, relationships have a positive effect and it aids in developing emotional and social well-being resulting in less behavioral problems, better peer relationships, and less affective disorders e.g. depression and anxiety. Early intervention prevents the development of mental health problems in later life. (Hagell, Coleman, & Brooks, 2013).

Schools, need to have a clear awareness of the extent and nature of mental health problems in children and young people improving school behaviour, includes a reduction in low-level disruption, incidents, and fights, bullying (Adi, Schrader McMillan, Killoran, & Stewart-Brown, 2007). Meanwhile, it also reduces, risky behaviour, impulsiveness, uncontrolled anger, violence, bullying and crime, early sexual experience, alcohol and drug use (Catalano, et al. 2002).

Research from Australia found out prenatal influence and intrauterine exposures on the child's long-term behavioural and emotional well-being. It also influences on mothers’ habit like cigarette smoking, alcohol consumption and other causes like stress, vitamin D deficiency, and poverty. Hence it examines, the history of research on early-life influences on later mental health, and summarizes research on numerous risk factors present in the prenatal period that are linked to an increased risk for mental health problems throughout childhood (Barakat et al. 2014). Early bio-behavioural regulation and influence of caregivers have an influence on child behaviour. Maternal characteristics can improve or worsen infants’ intrinsic nature towards well-being.
Women experiencing high levels of depressive symptoms also influence children’s neurodevelopment (Martinez et al. 2014). A non-western, Hong Kong’s study suggests, gestational age had few associations with mental health and well-being in adolescence, whereas preterm birth was specifically associated with hyperactivity in childhood (Wang, Leung, Lam, & Schooling, 2015).

Research has also highlighted the importance of housing characteristics and their relative contributions to children’s well-being. It is confirmed that poor housing quality was most consistently associated with children’s and adolescents’ development of poor emotional and behavioural functioning and lower cognitive skills (Coley, Leventhal, Lynch, & Kull, 2013). A recent study revealed that children’s emotional and behavioral difficulties were severe among those who exposed to both verbal or physical conflict, and these effects across the developmental periods which results in lower well-being in children. (Kincheloe, 2011).

Australian National Health and Well-Being reported Childhood adversity has been shown to increase the risk of psychotic symptoms in adult life. Childhood data on emotional and behavioral disorders and dysfunctional parenting was available.

One of the difficulties on positive indicators is that it may be easily observed but not easily quantified as negative behaviors and outcomes (Lippman, Moore & McIntosh 2011). A number of studies discuss the issue of making use of positive and/or deficit indicators of child wellbeing. In previous decades, the most common measures of early childhood development pertained to deficiencies in achievements, problem behaviors, and negative circumstances. However, the absence of problems or failures does not necessarily indicate proper growth and success (Pollard & Lee 2003). This has led to an increasing shift toward focusing on positive indicators when describing and
measuring wellbeing. Integrating early childhood mental health services into primary care holds promise for increasing access to high-quality healthcare services (Lippman, Moore & McIntosh 2011). Such services have potential to prevent the development of later difficulties, promote health and well-being. Establishing sustainable integrated early childhood behavioral health services requires leveraging resources and blending funding streams to create a comprehensive model of care that will meet the needs of young children and their families. Funding, financing, and investing in integrated early childhood mental health is important levels of externalizing problem (Shirk, Talmi, & Olds, 2000).

A significant interaction was found between children’s daily hassles and child routines for the internalizing model, but not for the externalizing model. Children reporting more daily hassles had fewer internalizing behaviors when they also had more frequent child routines (Bridley & Jordan, 2012). Daily hassles have been defined as “experiences and conditions of daily living that have been appraised as salient and harmful or threatening to the endorser’s well-being” (Lazarus & Folkman, 1984, p. 376). More specifically, daily hassles are “irritating, frustrating, distressing demands that to some degree characterizes everyday transactions with the environment” (Kanner, Feldman, Weinberger, & Ford, 1987, p. 3). Although only a few studies, to date, have examined the impact of daily hassles on children’s psychological adjustment, studies evaluating the larger construct of “stress” have provided consistent evidence that children exposed to frequent stressors are at greater risk for both internalizing and externalizing behavior problems (Creasey, Mitts, & Catanzaro, 1995; Kliwer & Kung, 1998; Lazarus & Folkman, 1984).
Summary

In this chapter, the researcher has reviewed research studies, which have analyzed the association between behavioral problems with shyness and wellbeing. Each of the elements may have direct and indirect relationships with other. Studies in this fields suggest that this kind of measurement has improved the predictive factors for behavioral problems in late childhood because if it is ignored it can turn into psychopathology. This test helps in identifying children fragile side of behavioral problems and also strength side of wellbeing. Studies also reveal that students who were high in all the two dimensions, that is behavioral problems and shyness display low wellbeing.

Review of literature showed that there are very few studies done on behavioral problems and shyness and its relationship with other variables. Hence, there exists a definite need to carry out this study on behavioral problems and their relationship with shyness and wellbeing.