CHAPTER – V

DISCUSSION AND CONCLUSIONS

This chapter provides an overview of the study and a discussion of the results. It also relates and compares findings from previous studies with current results. Specifically, the results of the primary research hypothesis are discussed and explained. In addition, this chapter provides the limitations of the study (b) recommendations for future research; and (c) presents implications for school counseling, parents, counselor and for academicians.

5.1 Main Findings:

Major findings of the study

- Majority of the children in late childhood selected for the study had low levels of behavioral problems.

- Only 1/8th of the children in late childhood had moderate levels of behavioral problems and none of them had high levels of behavioural problems.

- Those with moderate levels of behavioural problems had higher shyness scores in all the domains and in total shyness scores than those children with low levels of behavioural problems.

- As behavioural problems increased, well-being decreased in positive outlook, positive emotional state and total well being scores except for social desirability.

- Children from urban area were found to have more behavioural problems than children from rural areas.
• Children from urban area were shyer than children from rural area in physiological and action oriented domains of shyness including total shyness scores.

• Children from urban area had lower wellbeing than children from rural area in the positive emotional state and social desirability.

• Male children were found to have higher levels of behavioural problems than female children.

• Gender wise there was no difference in well being in individual and total wellbeing Scores as well in shyness scores.

There was a relative contribution of the predictor variable ‘Cognitive Affective X1. Physiological X2 and Action Oriented shyness X3 and ‘Positive Outlook X4, Positive Emotional State X5 and Social Desirability X6’ to the criterion variable Behavioral problem

5.2: Hypothesis related Discussion

Hypothesis 1: Higher the level of behavioral problems more will be shyness in late childhood.

Hypothesis 1, expects that a majority of the selected sample when they have higher level of behavioural problems, they will be having higher shyness in late childhood. So, the finding of the study accepts the hypothesis.

Here in the current study, in all the domains of shyness and total shyness, as the behaviour problems increased, shyness also increased linearly and significantly. These findings are consistent with previous research. As researchers generally agree behavior
problems are signified by intropunitive emotions, moods like guilt, worries, loneliness and somatic complaints (Zahn-Waxler et al., 2005) and also withdrawal, inferiority and being shy (Williams et al., 2009). The present study confirmed the previous findings. It is interesting to note that even though behavior problems are characterized by harmful and disturbing, and it is featured by impulsivity, hostile defiance, destructive behavior, temper tantrums, and over-activity (Achenbach, 1990).

These factors are also linked to behavioral and affective components, as well as cognitive features. Children with behavior problems also scored high in shyness. Many researchers argue that shyness itself as behavioral problem, it involve a cluster of behaviors, such as cognitions, feelings and bodily reactions and it also creates keen sensitivity to cues of being rejected (Lund, 2008). A general observation in shyness research is that the outcome is profoundly troubling (D'Souza, 2003a, 2003b), it reduces the level of happiness (Sreeshakumar, D'Souza, & Nagalakshmi, 2007), it initiates neurotic tendency, leads to lower academic performance (D’Souza, Urs & James, 2000), and increased adolescent problems (Gowda & D’Souza, 2015) also social and emotional maladjustments (D’Souza & Urs, 2001).

**Hypothesis 2 – Higher the levels of behavioral problems lesser will be the wellbeing in late Childhood**

Hypothesis 3, expects that majority of the selected sample when they have higher level of behavioral problems, they will be having lower level of Wellbeing in late childhood. So, the hypothesis is accepted.

Behavioral problems is significantly linked with Well-being, present study revealed that as the behavioral problems increased, wellbeing of children decreased in the positive outlook and positive emotional state. Valois et al., (2001) in their study found a negative
correlation between psychological well-being and behavioral and mental problems. Disruptive behaviors, such as peer bullying, victimization, are negatively correlated with psychological well-being. Very few studies had illustrated that lower levels of well-being are associated with antisocial behaviors in children. The negative indicators for psychological well-being are related to each other and to positive aspects of mental health; antisocial behaviors are positively related to maladaptive behaviors and negatively related to adjustment. It means that victims of peers’ aggression or aggressive children, experience depression and have lower self-esteem. Depression in children is also related to poor functioning, interpersonal and behavioral problems and eventually lower psychological well-being (Gutman & Feinstein, 2008).

A research on Swiss children in Switzerland revealed, children who had difficulties in school and behavioral problems surely have negative influence on well-being. Birtchnell, Evans, & Kennard, (1988). The purpose, of the child psychiatric evaluation is to assess for the presence of psychopathology (Gagne et al, 2011). Therefore, it is clear children wellbeing; environment and behavioral problems are interrelated.

It is evident that behavioral problems do affect wellbeing of the children. Parents have a major role in improving wellbeing of their children. However, few of the factors contribute to wellbeing may be at the family level, but not at school and peer group levels. If, the family gives quality time to their children by actively spending time with them, motivating children to participate in sports and leisure activities, which makes children physically fit and psychologically comfortable, and avoiding children to spend much time on mobile phones and related digital technologies which takes away their time. Parents should have a constant vigil on their children’s behavior by being positive role models as the studies revealed that health behavior established in childhood
influences health and wellbeing outcomes in later life (Bates et al., 2011). However, interventions targeting experimental antisocial behavior should focus on the early secondary school years (Ralph, Sanders, 2003).

Hypothesis 3 – There will be significant difference between rural and urban school students in their behavior problems, shyness and wellbeing

a) Behavioral problems: There will be significant difference between rural and urban school students in their behavior problems. Hence the hypothesis is accepted.

International research on children problems relies heavily on parent and teacher ratings. Such ratings are helpful to professionals who assess children but are subjected to biases emerging from their own cultural experiences. Jamaican study investigated on children aged from 6–11 differed in urban and rural area, gender, and age. Children are more demanding and aggressive while, rural children exhibited more externalizing problems than urban children. Opportunity for discharging behavior in a closed environment may have caused rural children to present more externalizing problems (Lambert et al. 2001).

b) Shyness: There will be significant difference between rural and urban school students in their shyness. So the hypothesis is accepted.

The physiological and action orientated domains of shyness is accepted and cognitive domain of shyness is rejected.

Previous research suggested that in rural areas, traditionally endorsed behavioral qualities such as social responsibility and self constraint are still highly emphasised (Fuligni & Zhang, 2004; Ming, 2008, Ying & Zhang, 1995) which is reflected in socialization, school education (Fang, 2000; Li, 2006). So, it was observed that rural
children expressed more shyness than urban children. Few of the studies have also confirmed, more exposure towards to media, technology and to various cultural aspects may be contributing factors for less shyness in urban children. On the contrary, rural children grow up in a traditional and constrained environment which may lead to higher shyness as compared to urban children (Ebrahimi, D’Souza, & Ghasemian, 2011; Balilashk & D’Souza, 2013).

c) Wellbeing: There will be significant difference between rural and urban school students in their Wellbeing. So the hypothesis is accepted.

Positive Emotional State and social desirability of Wellbeing component is accepted and positive Outlook component of Wellbeing and Total Wellbeing is rejected.

Children’s development is also affected by their parent’s resources, health, and geographical environment, housing conditions, social network and parenting general knowledge. Children living in less affluent areas have lower levels of wellbeing than those in affluent areas. (Currie et al., 2012) At age seven, girls were happier than boys, but boys worried less than girls. However, by adolescence boys reported higher subjective wellbeing than girls, hence Children’s wellbeing is strongly associated with the wider neighbourhood they live in. Throughout childhood, social relationships at home and school are important predictors of wellbeing. A secure school environment, without bullying or conflict, and a supportive family that spends time together are the foundations of good child wellbeing (Robinson, Shaver, Wrightsman, 2013).
Hypothesis 4 – There will be significant difference between male and female children in their behavior problems, shyness and wellbeing.

a) Behavioural Problem: There exists significant difference between male and children in behavioural problems; hence the hypothesis is accepted. Male children had more behavioural problems than female children so hypothesis is accepted.

The occurrence of child behavioural problems is caused by variables including child condition and environmental condition. Identified variables contributing to children problems including education, age, number of siblings, and housing environmental quality so, these variables had 28 percent of contribution to child behavioural problems (Anselmi et al. 2004). Children raised in step families showed more problem behaviours than those children reared in biological families and more frequent behavioural problems were found among boys than girls (Murray, 1992; Jenkins, Simpson, Dunn, & Rabash, 2005).

Relationship between the behaviour problems and perceived social support from different sources of children was analyzed. The result of this research was that behaviour problems of the children show difference according to sex, and it was established that aggressiveness, destructive behaviours and externalized behaviour problems of boys were higher than those of girls (Erol & Şimşek, 2000; Keiley, et al., 2000). Similarly aggressiveness and anti-social behaviours are observed (Bongers, et al., 2003; Stormount, 2002) and family and teachers perceive boys have more trouble when compared to girls (Erol & Şimşek, 2000).

Kazdin (1987) stated that behaviour problems have become different according to sex at the school age and differentiation is explicitly manifested especially in boys, they tend to show aggressive behaviours than girls. In addition, Ellis and Zarbatany (2007)
stated that boys tend to engage in more deviant behaviours than girls in late childhood and early adolescence.

And also, Children with language impairment are at a higher risk for clinical levels of abnormal behavior. An examination of bio psychosocial variables associated with language and behavior revealed that, language ability was a predictor of behavior problems and association found to be stronger for boys than girls (Bretherton et al, 2014). Studies have also indicated that, boys showed more conflicts and aggressive behaviors than girls (Earls & Jung 1987).

Fitzgerald and Jeffers (1994) categorized children with behaviorally disorder are twice as many boys as girls classified in this way. Boys are vulnerable in terms of developing conduct and behavioral difficulties and for criminal activities (Kolvin et al., 1990) whereas, anxiety disorders are more common amongst girls and disruptive conduct behavior amongst boys (Martin & Carr, 2005)

b) Shyness: There exists no significant difference between male and children in Shyness hence the hypothesis is rejected.

c) Wellbeing: There exists no significant difference between male and female children in wellbeing hence the hypothesis is rejected.

**Hypothesis 5: There will be significant interactions between behavioral problems and area on shyness and wellbeing.**

a) Shyness: There is significant interactions between behvioural problems and area on shyness. Hence the hypothesis is rejected.

b) Wellbeing: There is significant interactions between behavioural problems and area on wellbeing. Hence the hypothesis is accepted.
In Components of wellbeing, only Positive outlook of wellbeing is accepted and other components like Positive Emotional State and Total Wellbeing is rejected.

**Hypothesis 6: There will be significant interactions between behavioral problems and gender on shyness and wellbeing.**

a) Shyness: There is no significant interactions between behavioural problems and gender for shyness. Hence the hypothesis is rejected.

b) Wellbeing: There is no significant interactions between behavioural problems and gender for Wellbeing. Hence the hypothesis is rejected.

Throughout the literature I could not find any related findings on the interaction effect of behavioural problems and gender on shyness and wellbeing, the present study was an initial attempt to clarify the aforementioned hypotheses.

**Limitations of our current study:**

The present study has not included the sample of other developmental stages.

Secondly, reports from parents, teachers may have not completely captured extent of behavioural problems. Also, Parents can be extremely subjective to assess their children behavioural problems. So, we did not use any separate measure to assess level of behavioural problems.

Behavioural problems are too wide concept; hence we could study specific behavioral problems in late childhood.

Focus should also have been on influence of other aspects of late childhood such as Peer interaction, conflict and language development factors.
Regardless of these limitations, the present research has made a significant contribution to the most needed analysis of the relationship between behavioral problems, shyness and wellbeing.

5.9. Recommendations for Further Research:

The study could be extended to individuals belonging to other developmental stages. Children should define their own behavioral problems with their parents, teachers and guardians.

The wellbeing is still in growth and it calls for more scientific results to ensure its significance.

Influence of modern technology on behaviour problems in late childhood could be another interesting area of research.

Finally, continued research is needed to better understanding of behavioural problems in late childhood.

The further studies need to clarify the interaction of behavioural and area; behavioural problems and gender on shyness and wellbeing.

5.10: Conclusion

In the present study it was observed that at least $1/8$th of the selected children had moderate levels of behavioural problems. Several factors influence these problems like their growing age. 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, disposition to various situations, coping and adaptive abilities of family. Type and period/periodicity stress could be also lead to behavioural problems. In a way there are a set of factors (multi factorial) may lead to behavioural problems among these children in late childhood.
During stressful situations, children’s reactions with impaired physiological functions like feeding and sleeping problems are quite evident. There could problems in interpersonal relations with friends and family, poor school performance, behavioural regression to an earlier developmental stage and development of specific psychological disorders such as phobia or psychosomatic illness. Parenting style could be another reason for development of behavioural problems where inconsistencies or contradictions among parents may foster such problems. Other issues like family or marital problems, child abuse or neglect, overindulgence, injury or chronic illness, separation or bereavement can also contribute to behavioural problems among children.

Some children have extremely difficult and challenging behaviours that are outside the norm for their age. These problems can result from temporary stressors in the child’s life, or they might represent more enduring disorders. It can be difficult to assess whether the behaviour of such children is normal or sufficiently problematical to require intervention. Judgement will need to take into account the frequency, range and intensity of symptoms and the extent to which they cause impairment.

Though, in the present study, the researcher found less prevalence of behavioural problems, still it cannot be ignored. Due to invasion of new media, the psychological functioning of the children is affected in terms of concentration and attention. Therapists, educationists, psychologists, policymakers should plan effectively to underpin such problems by planning various strategies. Few of the treatment options include parent management training, cognitive behaviour therapy, medication in extreme cases and treatment for associated problems, so that the children can have better tomorrow with responsible citizenship.