CHAPTER – I

INTRODUCTION

Late childhood extends from the age of six years to the time individual becomes sexually mature. At both its beginning and end, late childhood is marked by the condition that profoundly affects a child’s personal and social adjustments. To the Psychologists, late childhood is - the time when children’s major concern is acceptance by their age-mates and membership in a group. Self-help, social-help, school and play skills are the major skills that develop during late childhood. The beginning of late childhood is marked by the child’s entrance into first grade, so there brings major change in their lives, even when they have had a year or more experience in preschool situation, whereas adjusting to new demands and expectations, most children in late childhood are in state of disequilibrium. Thus, it brings change in attitudes, values and behavior.

1.1 Characteristics of Late Childhood

Parents, educators, and psychologists apply various names to late childhood and these names replicate the important characteristics of the period. For many parents, late childhood is considered as troublesome, sloppy, quarrelsome age because they are more influenced by their peers than by their parents and other family members. Children tend to be careless but few older children adhere to parents’ expectations. In families fights between siblings are common and the environment of the home is unpleasant due to constant fights and disturbances.
Educators refer late childhood as *elementary school* age because; it is the time when the child is expected to acquire the rudiments of knowledge, which are considered essential for successful adjustment for adult life. It is also referred as a *critical period* since Children learn certain essential skills, both curricular and extracurricular. Late childhood achievement behavior is highly correlated with achievement behavior in adulthood.

To the psychologist, late childhood is referred as the age of conformity, the time when children's major concern is acceptance by their peers. Children are willing to conform to group-approved standards in terms of appearance, speech, and behavior. This has led psychologists to label late childhood as the age of *conformity.* Recent studies of creativity have shown that, though the foundations for creative expressions are laid in early childhood, the ability to use these foundations for original activities is developed in late childhood. While children are unhampered by environmental restraints, criticism from adults or peers, they will turn their energies into creative activities. As a result, psychologists also label late childhood as *creative age.*

*Lastly,* late childhood is frequently called the *play age* by psychologists, as more time is devoted to playing than at any other age. It is thus the amount of play interest and activities, rather than the time spent in play gives the name *play age* to late childhood. Overlapping of play activities of the previous years and future characteristics of adolescence constitute children play time. So, this stage plays a very vital role in forming behavior.

*Other major developments in late Childhood are* developing moral codes and that is influenced by the moral standards of the groups with which they are identified and a conscience which guides their behavior. In spite of this, in home, school, and
neighbourhood misbehaviour are common. Besides, Sex-role typing in late Childhood have an effect on children appearances, behavior, aspirations, achievements, interests, attitudes towards members of the opposite sex, and self-evaluation.

The deterioration in family relationships affects children personal and social adjustments and has a strong impact on behaviour and social adjustments. Among Physical hazards of late childhood are obesity, Sex inappropriate body build, and tendency to be accident prone. The psychological hazards are children’s social adjustments because they lead to unfavourable self and social evaluations. When achievement, acceptance and affection from others are not present in child’s life, it can be considered as a danger indication for future problem. It suggests that the child is poorly equipped to face later periods (Hurlock, 1981).

To understand behavior, some classic psychological theories will help us. Below are Piaget’s and Erikson’s theories which will give more insight regarding the development of behavior.

1.2 Piaget’s Concrete Operational Stage:

During this period of childhood, important cognitive processes will emerge. Piaget considered seven to eleven years as the stage of Concrete Operational, and it is characterized by the appropriate use of logic and seeks higher cognitive abilities. This cognitive process helps in gaining the ability to sort objects, to recognize logical relationships among elements, ability to name and identify sets of objects, discover several aspects for problem-solving. In addition, development of language occurs with Vocabulary, grammar and pragmatics continues to develop which comprise the
language. In addition, children develop *language awareness* and *their* approach toward language undergoes a fundamental shift.

Late childhood also marks by with child eliminating *egocentrism*. In early stages, the child will be self-absorbed, pre-occupied in its own world, but slowly child learns to identify the importance of others and begin to view things from another’s perspective which aids in socialization.

1.3 *Erikson's theory:*

According to Erikson, during early school years, the personality and behavior change. Their energies are redirected from the fantasy into realistic accomplishment. Parents, teacher’s expectations and children's drive toward mastery sets the stage for the psychological conflict in late childhood. So, if the children accomplish expected skills, they develop a sense of self-worth, if not they feel not worth of oneself resulting to industry versus inferiority.

In developed nations, the transition to late childhood is marked by the beginning of formal schooling. In school, children become aware of their own and others' unique capacities, learn the value of division of labor, and develop a sense of moral commitment and responsibility.

The danger at this stage is *inferiority*, reflected in pessimism in children. This sense of shortfall can develop when parents have not prepared children for school life or when experiences with teachers and peers are negative (Hurlock 1981). The author states a positive shift toward to self and others, marks late childhood a joyful stage of development if not it is an invitation intended for problems in later stages.
To conclude, happiness in late childhood will not guarantee happiness for the rest of the life but the conditions will have impact as the child grows older. Though new values operate in adolescence and adulthood, the foundation lay in late childhood will build new patterns of behaviour to conform to the new values.

Temperament is a variable of the person which interacts with environmental variables, and can influence children's developmental trajectories. Studies on emotional and social development have highlighted the relevance of temperament as a variable that fundamentally influence the adjustment healthy individual. Temperament had relationship with emotional and behavioural problems in children in pre-school age. There are direct associations between temperament factors and specific types of emotional and internalized and externalized behaviour problems, in pre-school children (Gracioli & Linhares, 2014).

Many researchers use behavioral problems and emotional problems interchangeably. The discussion of child behavioural problems should consider chronological age. Children sometimes shows several behaviours which is problematic but they are normal for their age. Parents who are not aware of child behavioural conditions, tend to categorize these kinds of behaviours as problematic behaviours. The range of behavior problems can therefore vary from mild to clinically problematic, and their definition and nature expands beyond the term ‘behavioral problems’ which includes mental health and emotional problems. Often, the behavioral problem is a manifestation of a deeper emotional/mental health problem. Emotional disorders such as depression, anxiety, and obsessions, hyperactivity involve inattention and overactivity and conduct disorders, involving awkward, troublesome, aggressive and antisocial behavior (Wenar, 2006).
Behavior problems are usually categorized in two factors namely externalizing and internalizing behavior problems. Externalizing behavior problems include troubles with attention, self-regulation, and noncompliance as well as antisocial and other under controlled behaviors. Internalizing behavior problems include depression, social withdrawal, and feelings of inferiority, self-consciousness, shyness, hypersensitivity, and somatic complaints, all of which are generally conceived of as over controlled (Achenbach & Edelbrock, 1978).

Researchers agree on a classification of behavior problems that distinguishes between internalizing and externalizing manifestations of dysfunction (Achenbach, 1990; Garnefski et al., 2005). Internalizing behavior problems are signified by moods like sorrow, guilt, and worries, and by loneliness and somatic complaints (Zahn-Waxler et al., 2000) withdrawal (Williams et al. 2009; Guttmannova, 2007) which are defined as an over control of emotions including demand for attention, worthlessness or inferiority (Guttmannova, 2007) and being shyness (Williams et al., 2009).

Externalizing behavior problems are characterized by behaviors that are harmful to others such as impulsivity, hostile defiance, destructive behavior, temper tantrums, and over-activity (Achenbach, 1990). Generally, these factors are described under the headings as aggression and delinquency (Patterson, 2002). Moreover, internalizing and externalizing problems generally tend to exhibit relatively strong concurrent associations. Both types of dysfunction have behavioral and affective components, as well as characteristic cognitive features. Investigation of comorbid conditions and also their links to externalizing problems will be central to advances in understanding the origins and development of different types of internalizing problems (Zahn-Waxler et al., 2000).
All infants and young children will display a few degrees of an emotional or behavioral disturbance at various stages in their development, and these disturbances are an ordinary part of growing up. Different children will display their feelings to inconsistent extents and in different ways.

A sizeable body of literature has examined the presence of antisocial behavior, delinquency or criminal behavior in family member’s places children at increased risks for similar behaviors. Much of research has found increased risk when mothers, fathers, or siblings were rated as antisocial or had a history of delinquency or criminal behavior (Farrington & Hawkins, 1991). A study in the UK found that 63% of boys with convicted fathers have subsequently convicted themselves. Having a convicted parent at late childhood was the greatest single predictor of an antisocial personality (Farrington & Coid, 2003).

Rutter (1979) estimated that severe stresses and adversities are remarkable for more than half of all affected children to succumb to a maladaptive outcome. Swedish researchers also report that reducing the accumulation of problem seems to reduce the risk of later problems (Stattin & Magnusson, 1996). However, Hay et al. (1999) argued that children have to possess the ability to regulate their emotions before prosocial behavior can develop. This is supported by Fantuzzo et al. (2005) who found that children who had lower levels of emotional regulation and self-control displayed early socially negative behavior and lower levels of emotional awareness. Stevenson and Goodman (2001) found that early behavior problems such as deficits in early emotional self-regulation predicted later adult criminality, more than the impact of negative family or social circumstances. And also, researchers argue that prosocial behavior increases
over time due to the internal development of emotional regulation (Fantuzzo et al., 2005).

Emotional and behavioral difficulties in childhood are associated with a variety of difficulties that continue into adulthood (Rutter, 1996; Visser et al. 2004). Young people with these problems are more likely to experience difficulties with securing employment and with forming personal relationships and are at increased risk of engaging in criminal activities later in life (Bartusch et al. 1997; Stevenson & Goodman 2001).

There is longstanding theoretical agreement based on major longitudinal studies that either the most chronic or the most severe criminal behaviors occurring in adulthood originate from persistent disruptive behaviors (e.g., physical aggression, hyperactivity, opposition) in childhood or conduct problems during adolescence (e.g., theft, vandalism and violence; Loeber, Burke & Pardini 2009; Barker, 2010). One of the most important individual risks of a long-term adult criminal lifestyle is the presence of childhood or adolescent onset Conduct Disorder (Moffitt et al. 2008; Odgers et al. 2007).

Although many children steer transition successfully (e.g., Chung, Elias, & Schneider, 1998; Proctor & Choi, 1994), the challenges of this transition have negative consequences for others, undermining their sense of self-worth, increasing feelings of psychological distress, disengaging them from school, and increasing their involvement in potentially risky behavior (Carnegie Council on Adolescent Development, 1994; Eccles, Lord, Roeser, Barber, & Jozefowicz, 1997; Simmons, Carlton-Ford, & Blyth, 1987). So for some children, this transition has long-term effects on development, with negative effects on achievement and social factors (Barber & Olsen, 2004; Burchinal, Roberts, Zeisel, & Rowley, 2008; Duchesne, Ratelle, Poitras, & Drouin, 2009; Eccles
et al., 1997) and moreover reductions in academic effort increases behavioral and social-emotional problems (Alspaugh, 1998; Barber & Olsen, 2004; Burchinal et al., 2008). Based on these basic criteria, Achenbach (1991) analyzed behavioral problems and classified child behavioral problems into four categories: (1) internalizing problems, (2) externalizing problems, (3) physique-related problems, and (4) school-related problems. Internalizing problems include withdrawal, somatic complaints, sadness, fear, depression, and anxiety. Externalizing problems can be seen in aggressive behaviors, hyperactivity, disobedience, low impulse control, and displays of anger and delinquent behaviors.

1.4 Factors influencing behavioral problems

Parenting

Parents always watch their own steps and always pray for their children’s safety and well-being from the time when they are still in their mothers’ womb till they become independent (Geertz, 1983). First of all insecure maternal attachment relationships in early childhood were associated with externalizing and internalizing behaviors in late childhood. Impulsivity, aggression, internalizing behaviors including depression and social withdrawal, in early childhood is well established due to insecure maternal attachment (Thompson, 2008; Weinfield, Sroufe, Egeland, & Carlson, 2008). Furthermore, parental misperception or misjudgement against children may cause parents to take inappropriate measures in guiding or nurturing their children. Even Behavioral development in children is strongly influenced by the nature of the infant-caregiver relationship (Keenan & Wakschlag, 2002), and the maternal chronic illness, maternal distress, parenting style and other demographical aspects also affect the multiple aspects of child functioning (Annunziato et al. 2007). So, warm, supportive
and authoritative parenting may promote positive social-emotional regulation and development of social skills. Parental involvement and supervision of children’s day-to-day activities seem particularly important in socializing children’s behavior at the time of early adolescence (Annunziato et al., 2007).

**Biological factors**

(Furlong et al, 1999) debated over mental health problems arise, because of nature (genetics) or nurture (environment) has been replaced by a much more sophisticated approval that both genes and environment acts in the development of mental health. A child’s genetic inheritance may contribute vulnerability and combination with environmental adversity can result in mental health problems. Findings have shown that those children who have a genetic variant which produces lower levels of monoamine oxidase (MAOA) enzyme have higher rates of conduct disorder, antisocial personality, and criminality when exposed to physical maltreatment. But meantime, reducing adverse environments and promoting high-quality parenting are likely to reduce the numbers of children whose genetic vulnerabilities manifest in later mental health problems or other negative outcomes. Also, Pittsburgh Girls study examined psychopathology, reported low parental warmth and socio-demographic factors cause conduct disorder and depression (Murray, Hipwell, Hooper, Stein & Copeer, 1996).

**School Life:**

Teacher–child relationships are predictors of externalizing and internalizing behaviors with especially strong associations noted between conflict and externalizing behaviors. Consequently, the teacher–child relationship is expected to be a pathway linking early maternal attachment relationships with externalizing and internalizing behaviors in later childhood (Henricsson & Rydell, 2004; Howes, 2000; Ladd & Burgess, 1999).
Jerome, Hamre, and Pianta (2009) studied teacher–child relationships from kindergarten till sixth grade found that decrease in closeness with teachers, increase levels of conflict in children over time. Changes in closeness and conflict during childhood have important consequences for children’s externalizing and internalizing behaviors.

**Peer relations**

Early problems with peers have negative consequences for the child’s social and emotional development. Some children find it hard to relate to peers, so it is important to study the early development of peer relations. Most children meet peers on a regular basis, even infants can communicate with other infants by smiling, touching and babbling. In the second year of life, they show both prosocial and aggressive behavior with peers, with some toddlers clearly being more aggressive than others. Investigators have described in early peer relations, relatively little attention has been paid to the emotional, cognitive and behavioral skills that underlie the ability to interact harmoniously with peers. Peer acceptance is affected by many factors in a child’s life, such as their relationships at home with parents and siblings. However, peer acceptance is most directly affected by children’s own behavior. Studies show that, highly aggressive children are not accepted by their peers. Furthermore, it may actually be the absence of prosocial behavior, not the presence of aggression, which promotes peer rejection (Hay, 2005), consequently unpleasant experiences with peers, may impact children’s behavioral development in an undesirable way. Indeed, children who experience negative interactions with their peers, such as peer rejection and isolation, have been found to show elevated levels of internalizing and externalizing problems (Deater-Deckard, 2001)
1.5 Shyness:

Shy behaviour is experienced as emotional and behavioural problem and it cover two areas, the inner world filled with emotions and outer world of behaviour (Clough, 2005). Thus, Shyness is a stable dispositional trait describing as an anxious self-preoccupation and behavioral inhibition in social contexts due to prospects of interpersonal evaluation (Amico et al., 2004). Hence we can consider, Shyness as a character, trait, an attitude, or a state of inhibition.

Shyness overlaps with related concepts as behavioural inhibition, social anxiety, Social phobia, social withdrawal, and social reticence (Crozier, 2000). Each of these constructs shares similarities. Behavioural inhibition means biologically based tendency towards wariness when exposed to novelty (Kagan, 1997), and anxious-solitude means social wariness showed specifically in familiar peer contexts (Gazelle & Ladd 2003).

Most situations, Shyness is misunderstood for social anxiety and Phobia. However, it is different from both concepts. Shyness influence unsociability with social, school, psychological problems and it is also associated with indexes of adjustment such as social status and academic achievement. It also influences children cognitive test performance, and its impact is larger when children are tested face to face rather than an anonymous group setting. (Crozier & Birdsey, 2003).

Indeed, Shyness reduces relationship between advance maturity and risk behavior in early adolescence (Zalk & Kerr, 2011). There is relative importance of early temperament and family factors influence the development of both shyness and anxiety symptoms during childhood (Volbrecht & Goldsmith, 2010). Inhibited children display more restrained and anxious behavior during free play hour than uninhibited children.
As well, shy children participate less in structured social activities outside school and were more likely to engage in dyadic or single friend as compared with uninhibited children (Coplan & Debow, 2009). Childhood social phobia (SP) is common and associated with varying forms of impairment. The cause of social anxiety disorder is often complex, involving both genetic and environmental factors (Hitchcock, Chavira & Stein, 2009).

1.6 Wellbeing:

Health means a complete state physical, mental and social wellbeing (WHO 1978). In Psychological literature, wellbeing has evolved as an overarching concept which is generally held to describe the quality of people’s lives. Positive psychology, argue focus on reducing mental illness as there is a need to understand and promote positive emotions, feelings and qualities to make daily life more fulfilling (Seligman & Csikszentmihalyi, 2000). The theory of positive emotions noted that there has been a great deal of focus on negative emotions in the field of mental health. Protective factors such as self-esteem, good inter-personal relationship include pathways for stimulating creativity, promoting positive experiences and emotions, and building stronger relationships between children and their wider community (Barbara Fredrickson, 2013). Therefore, positive mental health is not simply the opposite end of the continuum to mental illness, but its aspect of Wellbeing (McDowell, 2010; Keyes, 2002).

Psychological well-being referred to emotional or mental wellbeing, which represents a state of positive mental health, which allow individuals to realize their abilities, interact with others and also cope with the stresses of life (World Health Organisation, 2011). Further, concepts such as ‘wellbeing’, ‘life satisfaction’ and ‘quality of life’ are often used interchangeably, and incorporate both objective and subjective aspects of a
person’s life – both observable facts such as household income, family structure, educational achievement, health status and individual’s own feelings about these things and their life in general.

Child’s wellbeing emerges from a dynamic interaction between their environment and internal resources and their experience of the world around them. This gives us, thought about children life and their aspirations for the future. An interesting investigation of child wellbeing in 21 countries concluded, that child wellbeing has six dimensions that is, material wellbeing, health and safety, educational wellbeing, family and peer relationships, behaviors and risks, and subjective wellbeing. The school & home are influenced by the health & wellbeing of the child (Parthasarathy 1994). It is now widely acknowledged that schools play an important role in the social and emotional wellbeing (SEW) of children and young people. The Children Act (2004; cited in Penna, 2005) legally obliged all maintained schools to promote children’s wellbeing. Also, recent qualitative research showed that children need stimulating activities with their parents, to participate in and good relationships with their friends.

Adi, Killoran, and Brown (2007) presented a summary of both risk and protective factors for children’s mental health and wellbeing at the individual, family, and community level, suggesting that wellbeing can be enhanced by both reducing risk factors, such as parental conflict, socio-economic disadvantage, learning disabilities and enhancing relationships, and high standards of living. Understanding based on a review of child wellbeing literature suggests that there is no consistent, unified definition of wellbeing or agreement on how to measure it. Wellbeing is multidimensional and should not only be measured with deficit indicators (Pollard & Lee, 2003).
Child well-being and deprivation represent different sides of the same coin. From a child rights perspective, well-being can be defined as the realization of children’s rights and the fulfillment of the opportunity for every child to be all, she or he can be. The degree, to which this is achieved, can be measured in terms of positive child outcomes, whereas negative outcomes and numerous efforts have been made to define the concept of child well-being. Subsequently, to prepare children for their transition into later stages in life, the monitor is very essential in the developmental process. Child well-being is not fundamentally different from human well-being. However, children are much more dependent on a nurturing and stimulating environment and childhood poverty and other deprivations in child well-being can affect the rest of the individual’s life (Ben-Arieh, 2007).

According to the Child and Youth Well-Being Index, *the overall well-being of children and young people is defined in terms of averages of social conditions encountered by children and young people.* Our evidence shows that external factors play a major role in determining children’s life satisfaction and life chances. Promoting positive well-being for children requires a radical new approach. This will help and give every child the best possible chance of having a good childhood and a positive outlook for their adult lives (Bradshaw, Sawyer & O’Brennan, 2007)

Reviews of many studies reveal that behavioural problems, shyness, and Wellbehaving are closely related as the Behavioral problem has a negative impact on Wellbeing and it is a cause for concern. Thus, a better understanding of these three aspects would help in developing an effective method to overcome behavioural problem, shyness which in turn would help in improving Wellbeing in late childhood.