Assessment of Common Behavioral Problems among Preschool Children as Perceived by their Parents in Some Rural Areas at Assuit.

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Abstract

Background: Preschool age is characterized by a rapid development in all aspects of child development. During this development, the introduction of emotional and behavioral disorders can happen to any child. **Aim of the study:** this study aimed to assess common behavioral problems among preschool children as perceived by parents. **Methodology:** A descriptive research design was used. The study was carried out in Abo-tig district which was chosen randomly. It include sixteen village twelve of them contains (14) governmental nurseries. We Selected four villages randomly then one nursery was chosen because it includes Kg1 and Kg2 from each village. that represents 28.6 % from the total number of nurseries. A structured interview questionnaire was used which was divided into two parts. **Results:** more than one third of the studied children had hyperactivity problems and less than one quarter of the children had aggressive problems while 1.5% of them had somatic problems and mean score of behavior problems among preschool children was higher in anxious and depression problems and lower in thought problems. **Conclusion**: The study concluded that externalizing problems is more frequent among studied sample than internalizing problems and there were statistical significant differences in mean score of behavioral problems. **Recommendation**: The study recommended that training programs for parents about how to deal with their children who have behavioral problems

Keywords: Preschool Children, Behavioral Problems, Parents & Rural area.

Introduction

The preschool child referred to their ages from 3 to 5 years old. During this period the child's growth is marked by a slowdown also true control of their muscle and that participates in playing hard activities. They can swing and jump higher. Their gait resembles that of an adult, they are quicker, and compared with toddlers; also they have more confidence in themselves **(Hockenberry & Wilson, 2011).**

Preschool age is characterized by a rapid development in all aspects of child development. During this development, the introduction of emotional and behavioral disorders can happen to any child. The distribution of Egypt's population by age groups is shown that 13. 8% less than 6 year **(Central Agency for Mobilization & Statistics. Cairo, 2007 & Carter, 2010).**

The negativism, temper tantrums, ritualistic behavior, and ambivalence are the commonly behavioral characteristics which observed during the toddler period. Some of common behavioral problems in children are resistance to feed or impaired appetite, breath holding spell, thumb sucking, nail biting, masturbation, unclear speech, stuttering ,pica ,sleep disturbances ,enuresis ,encopresis ,etc. These problems can cause anxiety to the parents **(Binger, 2014)**. Behavioral problem defined as asymptomatic expression of emotional or interpersonal maladjustment especially in children (as by nail-biting, enuresis, and negativism) **(Thomas, 2012)**.

There is a range of risk factors for behavioral problems in children that relate to the parent, family or social or economic environment and community. it is essential to have an understanding of the factors that place children at risk of, or contribute to the development of such behavior in the first place **(Dekovic, 2010).**

The behavioral problems classification as internalizing behavior problems which defined as an over control of emotion, which are expressed in intrapersonal manifestation, such as anxiety, depression and withdrawal and externalizing problems, defined as an under control of emotions, which are demonstrated in interpersonal manifestation, such as hyperactivity and aggression **(Shala, 2013).**

In study conducted **by (Sadoon, 2011)** at Port Said university found that 9. 7 % of preschool children had common behavioral problems as perceived by their mothers Such as (fears, eating problems, eye, skin, speech problems) followed by attention problems and aggressive behavioral were the most frequent behavioral problems (28.2%, 13.0%, and 10.2% respectively) recorded by the preschooler mothers.

Another Study conducted Baraem Bader nursery school in Al- Asher 10th of Ramadan city, Egypt by **(Amin et al., 2011)** They reported that the prevalence of preschool age aggression were 68% who occasionally suffering from aggression and 32% who always suffering from aggression.

Nurses should identify appropriate local services to assist in the assessment and treatment of these children .Many services are offered through public and private mental health treatment programs. Some public schools and community-based settings also offer early-intervention programs **(Sadoon, 2011).**

Nurses can play a major role in diminishing the behavioral problems by providing education, guidance and counseling to the mothers and children and also by creating good environment for them. Nurse researchers can be motivated to develop new strategies to prevent the behavioral problems of preschool children **(Alexander & Shetty, 2014).**

Significance of the study

Preschool children are of paramount importance in determining the future behaviors of children. Preschool behavior problems are now being recognized as clear indicator of difficulties that may persist into later childhood. Majority of adolescents identified with disruptive problems have a history of behavioral issues that began in preschool years. This suggests that intervention during early school years has a chance to reduce the prevalence of behavior problems in adolescence **(Zukauskiene, 2010).** Also Preschool children have been a neglected Population in the study of psychopathology **(Shala & Dhamo, 2013).**

Aim of the study

To assess the common behavioral problems among preschool children as perceived by their parents.

Research Question

- What are common behavioral problem among preschool children?
- Is there a relation between behavioral problems among preschool children and some of their socio-demographic characteristics?

Subjects & Methods

Research design

A descriptive research design was used in this study.

Setting

Assiut governorate, includes 11 district. This study was conducted at Abo-tig district which chosen randomly. Abo-tig district includes sixteen villages twelve of them contains (14) governmental nurseries. We Selected Four villages randomly then one nursery which included children in Kg1and Kg2 this nursery's name (El-Kom El-Ahmar, Bakor, El-Balizaa and Nazlt kaab) it represents 28.6 % from the total

number of nurseries which representd The west, East, North and South of the chosen district.

Sample

By using Multie stage random sample which conducted on the previous setting it included all of the preschool children's parents which were collected and chosen through home visit. The total number of children's parents were 330 parent.

Tool of the study

Tool I: A structured interview questionnaire was used in this study after reviewing relevant literature which divided into two parts:

Part I : It includes personal characteristics data of the participant's. For children as (child's age, gender, birth order and class) for parents as (age, educational level, marital status and occupation) and name of nursery.

Part II: Child Behavior Check List (CBCL) used to assess the common behavior problems among preschool children adapted by **(Achenbach & Rescorla, 2001)**, It contains (8) subscales Anxious and depressed which includes 16 items, Sleep behavioral problems which includes 7 items, Withdrawn which include 18 items, somatic which includes 16 items, aggressive which includes 17 items, destructive behavioral which contains 14 items, Thought behavioral which includes 3 items and Hyperactivity behavioral problems which includes 3 items. This scale modified by the researchers to internalizing problems (Anxious and depressed problems, Withdrawn and Somatic problems) externalizing problems (Aggressive, Hyperactivity and Destructive behavior problems) non internalizing and non-externalizing (Sleep and Thought problems).

Scoring System

It is designed to be completed by parents or those who interact with the child at home. It included 99 items modified to 94 items rated 0-1-2 (0 = rarely or not true (as far as you know); 1 = somewhat or sometimes true; or 2 = very true or usually) plus 5 open-ended questions about any other behavior problems. For every behavioral problem If T Scores less than 60 it was considered as abnormal, and scores greater than 60 was normal. Hand – scored and computer – scored profiles are available.

Methodology

Administrative phase

An official letter approval was obtained from dean of nursing faculty of Assiut University to undersecretary of ministry of education and undersecretary ministry of health to collect data after explanation the aim and purpose of the study.

Pilot study

A Pilot study was   carried out on 10 % (33 parents) of the sample before starting data collection. The aims of pilot study to test clarity of sheet and estimated the time needed for filling the sheet. Which was included in the sample.

Validity of tool:

To evaluate the sheet validity. It was reviewed by (5) expeste in the field of community health and psychiatric nursing.

Reliability of tool:

Reliability was assessed by crombachs coefficients to be 0.915

Ethical consideration:

Research proposal was approved from ethical committee in the Faculty of nursing. There is no risk for the study's subject during application of research. The study followed common ethical principles in clinical research. Written consent was obtained from director of each nursery and oral from participants that willing to participate in the study, after explaining the nature and purpose the study's Confidentiality and anonymity was assured. The Study's subject have the right to refuse participation and or withdraw from the study without any rational at any time. Also the Study's subject privacy was considered during collecting the data.

Field of the work:

Data was collected in the period from 1st of February 2016 until the end of May 2016.   Firstly the researcher obtained an agreement from the under secretary of education for obtaining a list about name, number of nurseries and number of children at these nurseries. After obtaining an official letter for every school director of each nursery to provide a list of children's names. Secondly the researcher obtains an agreement from the undersecretary ministry of health to allow the worker or the rural leader who works at MCH to go with the researcher through home visits to every village as a source of safety and confidentiality for both parent and researcher. The researcher introduces herself , explaining the purpose of the study for any parent and filling the sheet, the average time taken to complete each sheet was around 25-30 minutes depending on the person's response to questions. The data was collected in three days per week, the number of families which were selected in each visit ranged from 8 to 10 families per day.

Statistical analysis

Data entry and data analysis were done using SPSS version 22 (Statistical Package for Social Science). Data were presented as number, percentage, mean, standard deviation. Mann-Whitney test was used to compare quantitative variables between two groups and Kruskal Wallis test to compare quantitative variables among more than two groups in case of non-parametric data. Spearman correlation was done to measure correlation between quantitative variables. P-value considered statistically significant when P < 0.05.

Results

Table (1): Distribution of the studied children regarding to their personal characteristics at some rural area 2016 (No=330).

Personal characteristics	No. (n= 330)	%
Gender		
Boys	184	55.8
Girls	146	44.2
Age: (years)		
4<5 years	159	48.2
5<6 years	171	51.8
Birth order		
First	58	17.7
Second	82	24.8
Third	82	24.8
Fourth	49	14.8
Fifth or more	59	17.9
Class:		
KG1	159	48.2
KG2	171	51.8

Table (2): Distribution of the studied parents regarding their personal characteristics (No=330).

Demographic characteristics	No. (n= 330)	%
Father age: *		
< 35 years	68	21.0
35 - 40 years	145	44.8
> 40 years	111	34.3
Father education: *		
Illiterate	64	19.4
Basic education	31	9.4
Secondary and Technical Institute	200	60.6
High education	35	10.6
Father occupation: *		
Employee	90	27.8
Farmer	19	5.9
Skilled worker	84	25.9
Free business	27	8.3
Unskilled worker	104	32.1
Mother age		
< 30 years	101	30.6
30 - 35 years	158	47.9
> 35 years	71	21.5
Mother education		
Illiterate	101	30.6
Basic education	34	10.3
Secondary and Technical Institute	171	51.8
High education	24	7.3
Mother occupation		
Worked	39	11.8
Not worked	291	88.2
Marital status		
Married	321	97.3
Divorced	3	0.9
Widowed	6	1.8
No. of children in family		
1 – 3	82	24.8
4 – 5	183	55.5
> 5	65	19.7

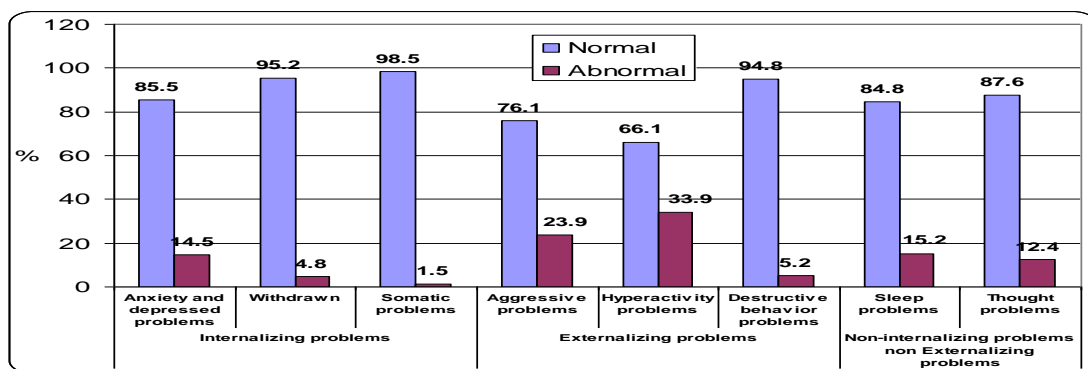** Number of died father = 6*

Figer (1): Distribution of the studied preschool children regarding to their types of behavioral problems at selected rural area 2016 (No=330).

Table (3): Relation between child behavioral problems and their gender at some rural area 2016 (No =330).

Behavioral problems	Gender		Test value	P-value
	Boys	**Girls**		
	Mean ± SD	**Mean ± SD**		
Anxious and depressed problems	13.19 ± 5.79	13.37 ± 5.78	0.078	0.700
Sleep problems	5.18 ± 3.28	4.55 ± 2.92	3.384	0.115
Withdrawn	10.93 ± 5.48	9.53 ± 5.47	5.334	0.008*
Somatic problems	5.89 ± 5.03	5.12 ± 3.83	2.330	0.442
Aggressive problems	15.40 ± 8.16	11.94 ± 7.02	16.521	0.000*
Destructive behavior problems	8.21 ± 5.74	4.79 ± 4.19	36.326	0.000*
Thought problems	1.71 ± 1.48	1.66 ± 1.40	0.115	0.855
Hyperactivity problems	2.82 ± 1.72	2.19 ± 1.74	10.565	0.001*

* Statistical significant differences.   *P < 0.05   Mann-Whitney Test*

Table (4): Relation between child behavioral problems and their age at some rural area 2016 (No =330).

Behavioral problems	Age (years)		Test value	P-value
	4 years	**5 years**		
	Mean ± SD	**Mean ± SD**		
Anxious and depressed problems	14.58 ± 5.93	12.05 ± 5.37	16.476	0.000*
Sleep problems	5.33 ± 3.13	4.51 ± 3.10	5.694	0.013*
Withdrawn	10.42 ± 5.59	10.21 ± 5.46	0.113	0.532
Somatic problems	5.65 ± 4.28	5.46 ± 4.80	0.156	0.458
Aggressive problems	14.55 ± 7.67	13.23 ± 8.00	2.355	0.084
Destructive behavior problems	6.89 ± 5.65	6.52 ± 5.13	0.394	0.733
Thought problems	1.75 ± 1.50	1.63 ± 1.39	0.656	0.529
Hyperactivity problems	2.83 ± 1.80	2.27 ± 1.67	8.614	0.004*

* Statistical significant differences.   *P < 0.05   Mann-Whitney Test.*

Table (5): Relation between child behavioral problems and their birth order at some rural area 2016 (No =330).

Behavioral problems	Birth order					Test value	P-value
	First	**Second**	**Third**	**Fourth**	**Fifth**		
	Mean±SD	**Mean±SD**	**Mean±SD**	**Mean±SD**	**Mean±SD**		
Anxious and depressed problems	14.16±6.29	13.37±4.97	12.01±6.06	13.22±5.42	14.05±6.07	1.598	0.156
Sleep problems	5.95±3.06	5.04±3.14	4.49±3.10	4.43±3.10	4.66±3.12	2.419	0.038*
Withdrawn	10.66±5.79	10.74±4.92	9.70±5.74	10.37±5.42	10.17±5.87	0.447	0.609
Somatic problems	6.14±4.39	5.28±4.45	5.10±4.75	5.53±4.65	6.00±4.52	0.659	0.334
Aggressive problems	14.29±7.38	14.26±7.80	13.34±8.90	12.80±7.00	14.53±7.63	0.513	0.695
Destructive behavior problems	7.02±4.74	6.61±4.98	6.89±6.20	6.49±5.32	6.42±5.50	0.138	0.795
Thought problems	1.74±1.48	1.70±1.51	1.50±1.41	1.84±1.37	1.76±1.44	0.534	0.606
Hyperactivity problems	2.69±1.74	2.67±1.84	2.50±1.89	2.20±1.44	2.54±1.72	0.676	0.593

* Statistical significant differences.   *P < 0.05   Krusal Wallist Test*

Table (6): Relation between child behavioral problems and their mother's age at some rural area 2016 (No=330).

Behavioral problems	Mother`s age			Test value	P-value
	< 30 years	30 - 35 years	> 35 years		
	Mean ± SD	Mean ± SD	Mean ± SD		
Anxious and depressed problems	13.84 ± 5.95	13.32 ± 5.73	12.35 ± 5.62	1.398	0.301
Sleep problems	5.59 ± 3.26	4.77 ± 3.01	4.23 ± 3.09	4.351	0.011*
Withdrawn	10.50 ± 5.19	10.67 ± 5.59	9.24 ± 5.72	1.742	0.148
Somatic problems	5.36 ± 4.60	5.63 ± 4.58	5.66 ± 4.46	0.135	0.709
Aggressive problems	14.32 ± 7.72	14.06 ± 8.01	12.79 ± 7.71	0.883	0.410
Destructive behavior problems	5.99 ± 4.47	7.49 ± 5.95	5.94 ± 5.05	3.343	0.098
Thought problems	1.85 ± 1.53	1.53 ± 1.36	1.80 ± 1.49	1.805	0.185
Hyperactivity problems	2.65 ± 1.76	2.56 ± 1.82	2.32 ± 1.58	0.761	0.483

Statistical significant differences. $P < 0.05$ *Krusal Wallist Test.*

Table (7): Relation between child behavioral problems and their mother's education at some rural area 2016 (No =330).

Behavioral problems	Mother education				Test value	P-value
	Illiterate	Basisedurat	Secondary	University		
	Mean ± SD	Mean ± SD	Mean ± SD	Mean ± SD		
Anxious and depressed problems	13.88 ± 6.02	13.00 ± 5.68	12.99 ± 5.73	13.06 ± 5.52	0.542	0.375
Sleep problems	5.11 ± 3.23	5.50 ± 3.30	4.74 ± 3.07	4.50 ± 2.99	0.905	0.415
Withdrawn	11.68 ± 5.61	10.85 ± 5.22	9.64 ± 5.42	8.89 ± 5.28	3.875	0.004*
Somatic problems	5.99 ± 4.85	4.97 ± 4.08	5.53 ± 4.68	4.97 ± 3.38	0.692	0.737
Aggressive problems	15.28 ± 8.15	15.06 ± 7.53	12.87 ± 7.77	13.17 ± 7.22	2.315	0.081
Destructive behavior problems	7.94 ± 6.04	7.21 ± 5.13	6.17 ± 5.24	5.08 ± 3.31	3.566	0.032*
Thought problems	1.82 ± 1.49	1.82 ± 1.47	1.57 ± 1.42	1.72 ± 1.43	0.771	0.509
Hyperactivity problems	3.02 ± 1.67	2.65 ± 1.79	2.28 ± 1.80	2.25 ± 1.52	4.195	0.007*
Total	64.72 ± 24.48	61.06 ± 22.52	55.78 ± 24.92	53.64 ± 21.05	0.542	0.012*

* Statistical significant differences. $P < 0.05$
  Krusal Wallist Test.

Table (1): Shows that distribution of studied children regarding their personal characteristics it was found that more than half (55. 8%) of the studied children were boys and 51.8% of them aged from 5 to <6 years and in K G 2.

Table (2): Shows the demographic characteristics of studied Parents it was found that more than two fifth (44.8%) of children fathers aged 35-40 year, regarding to fathers education of the studied children more than half (57.6%) of them hade secondary education, regarding to mothers age of the studied children 47.9 % of them aged 30-35 years and less than half (48, 2%) of them had secondary education.

Figer (1): Illustrates distribution of the studied preschool children regarding to their types of behavioral problems. It was found that externalizing behavior problems is more frequent (10.6%) among studied children than internalizing behavioral problems.

Table (3): Illustrate the relations between child behavioral problems and their gender the present study found that the mean score in boys children higher than girls children. Also there were statistical significant differences in mean score of behavioral problems regarding to gender except anxious and depressed problems, sleep problems, somatic problems and thought problems.

Table (4): Illustrate the behavioral problems was higher in children aged 4 years than in children aged 5 years there were statistical significant differences in mean score of behavioral problems regarding to age such as anxious and depressed problems (0.000*), sleep problems (0.013*) and hyperactivity problems (0.004*).

Table (5): Represent the relation between child behavioral problems and their birth order ,it was found that there were no statistical significant differences in mean score of behavioral problems regarding to birth order except sleep problems p-Value 0.038*. Regarding to relation between child behavioral problems and their mother's age.

Table (6): Illustrate that there were no statistical significant differences in mean score of behavioral problems regarding to mother's age except sleep problems (0.011*).

Table (7): Illustrate that the relation between child behavioral problems and their mother`s education, the mean score of all behavioral problems was higher in illiterate and preparatory mother's education. There were statistical significant differences in mean score of behavioral problems: withdrawn, destructive, hyperactivity and total of behavioral problems regarding to mother's education.

Discussion

Behavioral disorders refer to a category of mental disorders that are characterized by persistent or repetitive behaviors which uncommon among children of the same age, inappropriate, and disrupt others around the child **(Williams, 2016).**Childhood has been recognized as a significant life stage laying the foundations for future personality. Most disorders and behavioral maladjustments result from neglecting the sensitive period of childhood and a lack of correct guidance in the process of development. The onset of many behavioral problems is during the preschool age and they continue to prevail in further developmental stages **(Pandina et al., 2007).**

The present study aimed to assess common behavioral problems among preschool children as perceived by their parents.

As regard to personal characteristics of the studied present study it revealed that more than half of the studied children were boys. These findings agree with **(Leticia et al., 2015)** who reported that most of the children were boys while the present study contraindicated with **(Reza et al., 2015)** who reported that more than half of the studied sample were girls.

Also the present study revealed that most of the studied children mothers are not working these finding disagree with **(Amin et al., 2011)** they reported that one quarter of the studied children mother are not working this can explained in the light of the culture,   believes and attitude toward work of women in these place.

According to the types of behavioral problems this study found that the externalizing behavior problems(Aggressive ,Hyperactivity and destructive behavioral problems) more frequent than internalizing behavior problems(Anxious and

depressed ,withdrawn and somatic behavioral problems) which agree with **(Leticia et al., 2015)** who reported that the externalizing behavior problems more frequent than internalizing behavior problems, Also the present study agree with **(Shala, 2013)** who report and found that the externalizing behavior problems more frequent than internalizing behavior problems.

The finding of the present study found that the most common behavioral problems among preschool boys and girls was aggressive problems which disagree with **(Reza et al., 2015)** they reported that the most common disorder among preschool boys was attention ,while the most common disorder among preschool girls was emotional problems.

As regard to gender the present study revealed that the boys had aggressive behavior than girls in preschool age. This may be due to the biology in particular to male sex hormones, at the same time the development of gender typing that boys and girls are expected to behave differently. In addition parent's tendency to discipline boys more harshly magnifies this effect. These results go in **(Amin et al., 2011)** and **(Adams, 2009)** they indicated that boys were more physically aggressive than girls. Also these findings are disagreeing with **(Med et al., 2012)** who reported that Brazilian girls are more aggressive than boys. The finding of current study revealed that the mean score of Anxious/Depressed problems was higher in girls than boys this result in the same line with **(Achenbach et al., 2008)** they found that Anxious/Depressed problems are higher in girls than in boys. This explained in anxiety is a normal part of child's behavioral and emotional development, because the girls so acutely aware of her environment, she may be more sensitive when she hears her parents fight, discuss an overdue bill, or talk about a sick relative.

It was observed from the present study reported that there was statistically significance difference between age of children and presence of common behavior problems. It was observed that anxious and depressed problems were more common at 4-5 years of age these results disagree with **(Reza et al., 2015)** they reported that the most common problems before 5 years was emotionally problems and the most common problems at 5 age years were emotionally and somatic behavior problems. Confirmed that some children become aggressive in kindergarten as a result of the stress generated by the transition from preschool to formal schooling. Parenting behaviors, such as overprotection an anxious parent may be more likely to model anxious behavior this lead to increasing the child's risk of anxiety disorder.

Regarding to the relation between child behavioral problems and their birth order the current study

indicated that there is significance difference in sleep problems which disagree with study conducted by (**Amin et al., 2011**) they show concerning children aggressive behavior in relation to birth order. Also the present study contraindicated with (**Breitenstein et al**., **2011**, **& Adams, 2009**) they revealed that there is statistical significance differences between birth order and aggressive problems. This explained because Siblings play an important role in children's day-to-day well-being, simply by virtue of the vast quantity of time brothers and sisters spend with one another. The quality of sibling relationships differs markedly across and within families, and individual differences in early childhood have been found to relate to children's concurrent and later adjustment, and to the development of social understanding. Positive cooperative experiences with siblings in early childhood have been shown to be linked to individual differences in understanding other minds and feelings .Beyond this, sibling conflict is not harmless, but children experiencing high levels of sibling negativity are at much greater risk of behavior problems (**Kretschmer & Pike, 2009**).

As regard to the relation between behavioral problems and mother age the results of the current study indicated that there was a significance differences in mean score of sleep problems in children of younger mothers; this study was in agreement with study conducted by (**Fergusson & Woodward, 2009**) show consistent tendencies for decreasing maternal age to be associated with increasing risk of behavioral problems. Regarding to child behavioral problems and their mother age the present study found that there was statistical significance difference in sleep problems and mother age which disagree with (**Med et al., 2012**) they showed that significance association withdrawal and somatic   problems. This was especially because younger mothers showed more distanced behaviors with their children as indicated by lack of affective interactions with and linguistic stimulations made with them (**lestari, 2010**). Decreasing in maternal age leading to decreasing in social abilities, reflected by decreased social functioning, across the entire range of social functioning levels in the general population (**Weiser et al., 2008**).

Concerning to the mother's education, it was observed from the current study that the mean score of aggressive was higher in mothers with illiterate and preparatory. This study was agree with (**Amin et al., 2011**) they found that the aggressive score level in children whose mother less than university were higher than those of children whose mothers have university education. Also the same line with (**Cote et al., 2006** & **Adams, 2009**) they reported that a child's mothers with less than a high school

significantly predicted aggression in preschool age children. Also (**Tremblay et al., 2004**) who study Physical aggression during early childhood emphasized that children who remain aggressive throughout childhood are tend to be from mothers who have low educational level**.** While these findings disagree with (**Reza et al., 2015**)   they reported that there were no significance difference for the prevalence of behavioral problems between the two group's less educated mothers and high educated mothers. mother education is a reflection of a parent's cognitive abilities and personal strivings that may benefit a child, for instance in helping him or her to develop language, academic and social skills. Additionally, parental education has been found to be a stronger predictor for child well-being than family income, single parenthood, or family size and determine dealing with behavioral problems among their children (**Lung et al., 2009**).

From the researcher point of view the spread of common behavioral problems among preschool children refers to lack of parents education related to strategies about how to deal with their children .Also Egypt is a developing country with many social, economic and health problems that could affect the development of preschool children. The researchers refers common behavior problems among preschool age to social stress, conflict between parents and the unhealthy environment in the rural areas.

Conclusion

Based on the results of the present study: it concluded that the externalizing problems were more frequent among the studied sample than internalizing problems.   There were   statistical significant differences in the mean score of withdrawn, aggressive, destructive and hyperactivity behavioral problems with gender. Also, there were statistical significant differences in the mean score of behavioral problems such as anxious and depression problems, sleep problems and hyperactivity problems and age of children.

Recommendations
Based on the results of the present study, it's recommended to
- Provide educational programs for rural mothers in Egypt to let them understand the developmental changes of their children. Also about child rearing strategies and how to deal with their children with behavioral problems.
- Further researches are needed to investigate behavioral problems among Upper Egypt children and its effects on behavioral problems among children.

- Good communication between parents and kindergartens in order to assess children's behavior.
- Parental monitoring and increasing guidance from parents to their children is important as simply reducing media of violence , negative behavioral patterns and values thus may children learn from many other experiences for instance, TV programs.

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