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# Family Risk Factors Associated With Aggressive Behavior in Chinese Preschool Children

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#### **Keywords:**

Aggression; Aggressive behavior; Family risk factor; Parenting style; Preschool children **Purpose:** The study explored family predictors of aggressive behavior in preschool children in China. **Design and Methods:** Using a stratified cluster sampling method, 1382 preschool children were recruited from ten kindergarten schools in Shanghai, China. Their parents completed the Child Behavior Checklist (CBCL)-aggression subscale, the Parent Behavior Inventory, the Family Environment Scale, and a demographic questionnaire.

**Results:** The mean age of the 1382 children was 4.97 years (SD = .88), with 55.1% (762) boys, and 44.9% (620) girls. According to the CBCL, the prevalence of aggressive behavior in preschool children was 12.4%. Multivariate logistic regression analysis showed that family conflicts (OR = 1.231, 95% CI: 1.115-1.360), hostile/coercive parenting (OR = 1.083, 95% CI: 1.051-1.116), inconsistent parenting between grandparents and parents (OR = 1.658, 95% CI: 1.175-2.341), and more time spent watching TV (OR = 1.999, 95% CI: 1.568-2.550) significantly predicted aggressive behavior of children.

**Conclusions:** Children with more family conflicts who experience hostile/coercive parenting were more likely to engage in aggressive behavior. Moreover, inconsistent parenting attitudes between grandparents and parents, and excessive TV exposure also contributed to childhood aggression. Given that the results of this study show a high prevalence of aggressive behavior in preschool children, future research must pay greater attention to this aspect.

**Practice Implications:** Family risk factors identified as relevant to children's aggression in this study provide avenues to develop family-focused strategies for curbing aggression in preschool children. © 2016 Elsevier Inc. All rights reserved.

Aggression can be defined as a behavior that is intended to hurt, harm, or injure another person (Dodge, Coie, & Lynanl, 2006). Aggressive behavior has been identified as a serious mental health issue in young children in both western and eastern cultures (Chen, Chen, Wang, & Liu, 2002; Harachi et al., 2006; McNamara, Selig, & Hawley, 2010; Valles & Knutson, 2008; Vitaro, Barker, Boivin, Brendgen, & Tremblay, 2006).

Population-based investigations have shown that a high level

From a developmental perspective, childhood aggression is a

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significant phenomenon due to its high stability, as it can last to adulthood, and its robust and pervasive effects on long-term outcomes, such as poorer psychosocial functioning (Huesmann, Dubow, & Boxer, 2009). Previous studies have demonstrated that early aggressive behavior can have adverse consequences, such as poor physical and psychological health, negative effects on social development, adolescent behavioral disorders, and crimes in adulthood (Chen et al., 2002; Harachi et al., 2006; Huesmann et al., 2009; Valles & Knutson, 2008).

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of aggressive behavior results in high social costs (due to high rates of service use for the treatment of psychiatric disorders, delinquency, incarceration, and unemployment) and impaired family functioning, even as early as preschool years (children aged six years or younger) (Huesmann et al., 2009; Raaijmakers, Posthumus, van Hout, van Engeland, & Matthys, 2011; Serbin, Temcheff, Cooperman, et al., 2011). Therefore, in order to promote adequate child development, family functioning, and social stability, it is important to identify factors that may promote aggressive behavior during childhood.

Family environment plays an important role in the development of children's aggressive behavior (Andreas & Watson, 2009; Cummings, Goeke-Morey, & Papp, 2004; Ehrenreich, Beron, Brinkley, & Underwood, 2014; Jester et al., 2005; Yu, Shi, Huang, & Wang, 2006). It has been found when studying preschool children and school children, that family conflict and lack of family cohesiveness predict a developmental trajectory toward aggressive behavior (Jester et al., 2005; Litrownik, Newton, & Hunter, 2003). In contrast, school children who were exposed to positive family environments, including fewer family conflicts and more family cohesion, were less likely to develop aggressive behavior or have reduced levels of aggression, even when they had high aggressive beliefs or hostile cognitions (Andreas & Watson, 2009; Yu et al., 2006). Yu et al. (2006) used the Child Behavior Checklist (CBCL) on a sample of 4010 school children and found that children raised in more intellectual and recreational environments were less likely to develop aggressive behavior.

While supportive/engaged parenting is correlated with positive outcomes regarding children's behavior and a lower likelihood of acting aggressively (Crick & Dodge, 1994), several studies have emphasized the relationship between hostile/ aversive parenting and children's aggressive behavior (Braza et al., 2015; Chang, Schwartz, Dodge, & McBride-Chang, 2003; Vitaro et al., 2006). It has been proposed that supportive/engaged parenting approaches include warm, supportive, sensitive, responsive parenting; parental involvement; and parental monitoring (Beyers, Bates, Pettit, & Dodge, 2003; O'Connor, 2002), while hostile/aversive parenting are often characterized by harsh discipline, frequent use of physical punishment, verbal assaults, punitive/non-reasoning strategies, hostile parental control, and low levels of parental warmth (Braza et al., 2015; Vitaro et al., 2006; Xu, Farver, & Zhang, 2009). Hostile/Aversive parenting is a significant contributor to aggressive behavior in early childhood (Benzies, Keown, & Magill-Evans, 2009; Cote, Vaillancourt, Barker, Nagin, & Tremblay, 2007; Nelson, Hart, Yang, Olsen, & Jin, 2006; Tremblay et al., 2004; Vitaro et al., 2006; Yu et al., 2006). Moreover, children of parents who use highly restrictive and controlling parental styles also demonstrate more aggressive behavior (Braza et al., 2015; McNamara et al., 2010).

Studies often describe Chinese parents as more controlling or authoritarian than their western counterparts (Chan, 2010; Pearson & Rao, 2003). Studies in China have indicated that

authoritarian parenting was positively correlated with aggressive behavior in children (Chan, 2010; Chang et al., 2003; Chen et al., 2002; Nelson et al., 2006). However, more detailed information regarding Chinese parenting styles and its contribution to children's aggression is still needed.

Other family characteristics, such as family structure, parenting consistency, education, and parental occupation, might also have an impact on children's aggressive behavior. It was reported that children living in single parent family received higher scores of aggression than children living in a nuclear family (Ehrenreich et al., 2014; Yu et al., 2006). Studies also revealed that parental consistency between family members was related to the development of aggressive behavior in Chinese children (Nelson et al., 2006; Yu et al., 2006). Moreover, Yu et al. found that there was a higher incidence of aggression among children whose mothers' education level was lower, and whose parents were engaged in manual labor, while children whose parents had a higher level of education, parents engaged in intellectual work, and lived in high-income families, had lower CBCL aggression scores (Yu et al., 2006). It was also reported that more TV exposure increased young children's risk of aggressive behavior (Manganello & Taylor, 2009). The relationship between family characteristics and preschool children's aggression requires further exploration.

Only a few studies in China have addressed the relationship between family contextual factors and aggressive behavior in preschool children. There is limited empirical evidence as to the influence of family factors on children's aggression. This study explored family risk factors associated with aggressive behavior within a sample of preschool children. The results provide a theoretical foundation for the prevention and intervention of childhood aggression.

#### Methods Participants

Using a stratified cluster sampling method, eight public kindergartens and two private kindergartens in six districts of Shanghai, China were chosen. In each kindergarten, children from two first-year classes, two second-year classes, and two third-year classes were recruited, and their parents (who were the children's primary caregivers) were also invited to participate in this study. Inclusion criteria for children were those aged between three and six years, and living in Shanghai. Exclusion criteria for children were those with severe physical disease or mental disease diagnosis. Approximately 1700 children were introduced to the study, and questionnaires were distributed to their parents. Parents who completed the questionnaires completely and effectively (N = 1382, 81.29%) were included in the analysis. Of the 318 questionnaires that were excluded from the sample, 216 were not returned from parents and 102 were returned with more than half of the questions not answered because these parents did not have the desire to complete it. Participants included in final analysis comprised 476 (34.4%) first-year children, 416 (30.1%) second-year children, and 490 (35.5%) third-year children.

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