

Assessment of Temper Tantrum Behaviour in Preschool Children: A Descriptive Survey Approach

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Abstract

Objective: The purpose of the study is to assess parents' experiences and associate demographic characteristics of parents and children with temper tantrum behavior characteristics of preschool children.

Methods: A descriptive survey approach was used to conduct this study. A non-probability purposive sampling technique was adopted to recruit 121 parents of children aged between 3-6 years visiting a selected tertiary care hospital in India. All parents completed the parents' experience of temper tantrums in the children's questionnaire. The analysis of results was carried out on IBM SPSS Software version 23.0.

Results: A moderate level of temper tantrums showed on the mother's age, education, occupation, marital status, program attendance, and medical and mental illness in the family, whereas a family's monthly income above 50,000 indicated a severe level of temper tantrums, and half of the children experienced tantrum behavior to get the attention of their parents, hungry and tired. The most frequently reported tantrum behavior was throwing things and hitting parents and siblings, and most tantrums occurred in public places and in vehicles. The majority of the parents adopted strategies to distract their child's attention by helping the child talk about the causes of anger. A significant association was found between temper tantrum behavior and demographic characteristics of the marital status of parents ($\chi^2 = 15.340$, $p = 0.002$) and the awareness program attended regarding temper tantrums in children ($\chi^2 = 4.491$, $p = 0.034$).

Conclusion: As temper tantrums peak in the toddler age group, the present study found that parental involvement is a necessity to manage temper tantrums in preschoolers as well. The main parent's strategies to control the tantrum were distraction of child attention and helped them to talk about the causes of tantrum. Therefore, the study emphasizes the necessity of the involvement of parents and family members.

Keywords: Tantrum, children, mother, severity, frequency

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Introduction

Temper tantrums are unpleasant and disruptive behaviours or emotional outbursts. They often occur in response to unmet needs or desires. Tantrums are more likely to occur in younger children or others who cannot express their needs or control their

emotions when they are frustrated. Temper tantrums or "acting-out" behaviours are natural during early childhood. It is normal for children to want to be independent as they learn they are separate people from their mothers¹. Tantrums are normal behavioural problems in childhood and appropriate mothers responses, including the provision of support and warmth, help children to achieve healthy progress in their life. Neglect of children may lead to negative consequences such as personality problems. The persistence of frequent tantrums is often an indication of poor parenting behaviour or problems in the parent-child relationship². Children are the treasures of the nation. They are developing into

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the citizens and leaders of tomorrow. Thus, their health and development must be monitored at every step of their life. So it is very important to provide the best for them through proper care, nourishment, love, attention, and good health. The clinical features of tantrum include crying, screaming, biting, destroying property, throwing objects, or showing violence to defiance, with a child expressing their frustration due to poor developmental skills³. Children's misbehavior in tantrum results from developmental factors, intellectual processing, temperament, health status, and family learning skills acquired through reflection, imitation, and the surrounding environment. Temper tantrum peak at 18 to 24 months, slightly decline from 30 to 36 months, and sharply decline by 59% after 42 months. Overall, 21.3% of temper tantrum occurs daily, 37.3% occur weekly, 30.7% occur monthly, and 10.7% occurs yearly⁴. A total of 46.5% of TT last between 5 and 10 minutes. Temper tantrums are common among preschoolers and result in the child's emotional overwhelm, subjecting them to resisting discipline. Common temper tantrums include kicking, hitting, throwing objects, breaking objects, hitting oneself, head banging, breath holding, biting oneself, biting others, non-directed kicking, stamping feet, hitting the wall, spitting on others, lying on the floor, kicking their feet, and screaming at the top of their lungs. Without sufficient reinforcement, breath holding most often disappears. A temper tantrum is a natural response when someone or something blocks a child from learning a particular independent or learning skill⁵. At this time, the child may not possess the required skills or knowledge to express his or her disappointment, anger, and frustration in any other manner. For example, when your child cannot get what he/she wants, a temper tantrum may pop up immediately⁶. According to the World Health Organization's Regional Office for the Eastern Mediterranean, there will be approximately 679 million people in the Arab world in 2021, which includes 22 countries and territories such as Algeria, Bahrain, Comoros, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, the UAE, Yemen, and Palestine. Although

the Arab countries' economic situations vary significantly, they are all connected by a common language, culture, and religion. To evaluate the prevalence of DDs among Arab preschoolers, this study conducted a narrative review of the relevant literature⁷. There are a lack of data about cultural factors and parental perceptions in relation to tantrums among children in India, and this study hopes to fill the gap in the literature. The main causes of temper tantrums are frustration, wanting attention, wanting something, avoiding doing something, hunger, tiredness, etc. Temper tantrums in children are very common, especially when they are 2 years old⁸. As children pick up important life skills, tantrums tend to decrease. The best way to deal with a temper tantrum is to avoid having it happen. An important role in controlling temper tantrums in children needs to have lots of patience with their children. Parents who set clear and consistent boundaries help their children develop autonomy and gain a sense of order, control, and security⁹. Every member of the family occupies a vital position in the interaction map of the child. But among them, the role of mom is important and varied. Mothers play an important role in the personality development of their children by shaping their intellectual and social behavior¹⁰. It is essential for mothers to learn about the causes, signs and symptoms, prevention, and management of temper tantrums in preschool children. As a consequence, the study's purpose is to assess parents' experiences with temper tantrum behaviour in their children.

Methodology

This is a descriptive survey approach that was conducted in selected tertiary care hospitals in Karnataka, India, from August to September 2022. Ethical approval was obtained from the Ethics Committee-2. The principles of the Declaration of Helsinki were adopted to conduct the study. Informed consent from the participants was obtained. Mothers of preschool children who visit Yenepoya Medical College Hospital's outpatient or inpatient departments met the study's inclusion criteria. The current study excluded mothers who didn't have

children aged 3 to 6 years. A non-probability purposive sampling technique was employed to select the mothers of preschool children. A structured Parents' experiences of temper tantrum behaviour were assessed by using a likert scale questionnaire. It consists of six components: frequency, reason, location, behaviour, mother's strategies, and severity of temper tantrum behavior. Each item is weighted on a 0–4 interval scale. The total score is determined by adding the results from each of the six components, yielding a total score ranging from 0–124, with a score of 94–124 considered severe, 93–63 moderate, 62–32 mild, and less than 33 considered no temper tantrum parent's experiences. The reliability of the tool was 0.7, which was tested using the Cronbach's alpha method. IBM SPSS software version 23.0 was used to compute descriptive statistics of temper tantrum components in terms of frequency and percentage. A Chi-square test was used to study the association of temper tantrums with demographic characteristics of the participants. As recommended by Salameh AK and Bani S et al⁷, the sample size was calculated using a single population proportion with 95 percent power and a level of significance of 5%. G* power was used in the calculation to determine the estimated sample size of 121.

Results

The response rate of the study was 121 mothers of preschool children. The demographic characteristics of the study participants are described in the form of frequency and percentage in tables 1 and 2. The description of parents' experiences of temper tantrum behavior is summarized in Table 3.

The mean age of preschool children was 3.5 ± 0.25 . Out of that, (n=79) were boys and (n=72) were girls. The majority (62%) belonged to nuclear family. Most of the preschool children were found to be absent from mental (n=106) and medical illnesses (n=99). Among the few preschool children, (n=15) had mental illnesses such as anxiety, phobia, and attention-deficit hyperactive disorders. Medical illnesses (n=22) like diabetes mellitus, seizures, and Hirschsprung diseases were reported.

The play activity responses revealed that 63.9% showed interest in outdoor play, whereas 36.4% were not interested in play activities, but mothers expressed that they were encouraging their children to play outside. The majority, 53.7%, were second-born children in the family. A moderate level of tantrum behavior was found in the demographic characteristics of all the preschool children. There was no significant association found with any demographic characteristic such as child age, gender, type of family, mental illness, medical illness, primary education, participation in play activities with other children of the same age, or birth order of the child.

The mean age of preschool mothers was 29.8 ± 0.58 . The majority (90.9%, 81.0%, and 98%) had less than a bachelor's degree, unemployed and married; respectively. 50.4% of the family income was below 10,000 rupees. Out of (n=111) mothers, none addressed temper tantrum behavior. There was a significant association found between temper tantrum behavior and demographic characteristics of the marital status of parents ($\chi^2 = 15.340$, $p = 0.002$) and the awareness program attended regarding temper tantrums in children ($\chi^2 = 4.491$, $p = 0.034$). A moderate level of tantrum behavior was found in the demographic characteristics of parents except family income above 50,000 rupees found severe temper tantrum.

The majority of mothers reported that 69.4%, 18.2%, and 12.4% had mild, moderate, and severe temper tantrums, respectively. The reason for the temper tantrum in the preschool children was that they wanted parents' attention in their activity (2.59 ± 0.80). The majority of mothers expressed the tantrum behavior of their children as throwing themselves on the floor (2.613 ± 0.00) and throwing things (2.63 ± 0.88) during the outburst of the tantrum period. The most common location of tantrum behavior was reported in public places (2.38 ± 0.82) and traveling in a vehicle to a guest's home (2.41 ± 0.90). Most of the mother's strategies during tantrum behavior were distraction techniques, which distracted the child's attention away from whatever was upsetting him/her and helped the child talk about the

cause of his/her anger (2.39±0.79).

Table 1. Demographic characteristics of preschool children (n=121)

Variables	F (%)	÷2	p
Child age in years			
3	38(31.4)	5.063	0.167
4	37(30.6)		
5	27(22.3)		
6	19(15.7)		
Gender			
Boy	79(65.3)	0.187	0.665
Girl	42(34.7)		
Type of family			
Nuclear	75(62)	0.127	0.722
Joint	46(38)		
Does the child have any mental illness			
Yes	15(12.4)	2.408	0.121
No	106(87.6)		
Does the child have any medical illness			
Yes	22(18.2)	0.532	0.466
No	99(81.6)		
Did the child getting primary education			
Yes	40(33.1)	2.606	0.122
No	81(66.9)		
Does the child participate in play activities with other children of same age			
Yes	77(63.6)	0.522	0.470
No	44(36.4)		
Birth order			
1 st	38(31.4)	0.456	0.929
2 nd	65(53.7)		
3 rd	13(10.7)		
4 th	5(4.14)		

F= frequency, %=percentage %2=Pearson's Chi-square test, p<0.05 level of significant

Table 2: Demographic characteristics of mothers (=121)

variables	F (%)	÷2	P value
Mother's age			
Below 20	4(3.3)	5.379	0.146
20 to 30	70(57.9)		
30 to 40	46(38.0)		
Above 40	1(0.8)		
Mother's education			
Less than bachelor	110(90.9)	1.400	0.706
Bachelor	11(9.1)		
Occupation of mother			
Employed	16(13.2)	1.232	0.540
Unemployed	105(86.8)		
Marital status of mother			
Single mother	13(10.7)	15.340	0.002**
Widow	5(4.1)		
Divorced	5(4.1)		
married	98(81.0)		
Monthly income of family			
Below 10000	61(50.4)	2.196	0.333
Below 20,000	56(46.3)		
Above 50,000	4(3.3)		
Did you attended any programmes related to temper tantrum behaviour in children			
Yes	10(8.3)	4.491	0.034*
no	111(91.7)		

Is there any family history of mental illness			
Yes	3(2.5)	0.433	0.511
No	118(97.5)		
Is there any family history of medical illness			
Yes	13(10.7)	3.761	0.153
No	106(87.6)		

F= frequency, %=percentage %2=Pearson's Chi-square test value, p=<0.05 level of significant*, p=<0.01 level of significant* *

Table 3. Description of Temper tantrum behaviour in Preschool children (n=121)

Reasons of temper tantrum in the child.	Always F (%)	Often F (%)	Sometimes F (%)	Never F (%)	M ±SD
Child was hungry or tired.	19(15.7)	56(46.3)	41(33.9)	5(4.1)	2.64 ± 2.05
Child wanted attention	12(9.9)	63(52.1)	32(26.4)	13(10.7)	2.59 ±0.80
Child was sick or in pain	14(11.6)	43(35.5)	54(44.6)	10(8.3)	2.51 ± 0.81
Child's request for an item or activity was denied	17(14.0)	45(37.2)	50(41.3)	9(7.4)	2.60 ± 0.78
Child was involved in activity and did not want to start/stop/change activity.	16(13.2)	39(32.2)	58(47.9)	8(6.6)	2.70 ± 0.92
There is no reason for showing temper tantrum behaviour.	13(10.7)	41(33.9)	45(37.2)	22(18.2)	2.26 ± 0.90
Tantrum behaviour					
Crying.	29(24.0)	44(36.4)	40(33.1)	8(6.6)	2.55 ± 0.91
Screaming or shouting.	22(18.2)	41(33.9)	49(40.5)	9(7.4)	2.56 ± 0.88
Hitting parents/siblings.	23(19)	30(24.8)	57(47.1)	11(9.1)	2.70 ± 0.80
Hitting objects.	16(13.2)	47(38.8)	45(37.2)	13(10.7)	2.63 ± 0.91
Throwing self on floor	21(17.4)	23(19)	69(57)	8(6.6)	2.63 ± 1.00
Stomping feet.	16(13.2)	32(26.4)	58(47.9)	15(12.4)	2.61 ± 0.95
Deliberately hitting own head against something.	19(15.7)	36(29.8)	43(35.5)	23(19.0)	2.62 ± 0.84
Breaking things.	20(16.5)	33(27.3)	51(42.1)	17(14)	2.62 ± 0.87
Throwing things.	21(17.4)	23(19)	69(57)	8(6.6)	2.63 ± 0.88
Biting	13(10.7)	38(31.4)	56(46.3)	14(11.6)	2.33 ± 0.96
Kicking.	14(11.6)	42(34.7)	50(41.3)	15(12.4)	2.38 ± 0.82
Location in which child showing temper tantrum.					
At home	27(22.3)	36(29.8)	49(40.5)	9(7.4)	2.33 ± 0.96
In public places	19(15.7)	55(45.5)	88(31.4)	9(7.4)	2.38 ± 0.82
In the vehicle.	16(13.2)	56(46.3)	36(29.8)	13(10.7)	2.41 ± 0.90
Someone else's home	13(10.7)	44(36.4)	50(41.3)	14(11.6)	2.57 ±0.88
Parents strategies to manage temper tantrum					
Speaking soothing to child.	14(11.6)	51(42.1)	50(41.3)	6(5.0)	2.44 ± 0.85
Picking the child up and holding him /her	18(14.9)	42(34.7)	52(43.0)	9(7.4)	2.59 ± 0.83
Commanding the child to stop.	15(12.4)	39(32.2)	56(46.3)	11(9.12)	2.77 ± 0.84
Ignoring the behaviour.	17(14)	45(37.2)	45(37.2)	14(11.6)	2.39 ± 0.79
Giving the child, what else he or she wanted.	18(14.9)	50(41.3)	48(39.7)	5(4.1)	2.45 ± 0.85
Offering the child reward if he/she would have.	18(14.9)	38(31.4)	57(47.1)	8(6.6)	2.44 ± 0.85
Turning your back on the child and walking away.	9(7.40)	37(30.6)	56(46.3)	19(15.7)	2.59 ± 0.83
]Finding a way to distract child's attention away from whatever was upsetting him/her.	7(5.8)	39(32.2)	59(48.8)	16(13.2)	2.77 ± 0.84
Helped the child to talk about the cause for his/her anger.	15(12.4)	39(32.2)	59(48.8)	8(6.6)	2.39 ± 0.79

F= frequency, %=percentage, M=Mean, SD=Standard deviation

Discussion

The primary aim of the study was to assess temper tantrum behaviour in preschool children and its association with mothers' and children's demographic characteristics. The study sample consists of preschool children's mothers visiting a tertiary care hospital, India. The present study showed the frequency and percentage distribution of demographic characteristics of preschool children indicated more prevalent of temper tantrum was (31.4%) among 3years old child, (63.5%) in boy children nuclear family children exhibited (62.0%) and peak among (53.7%) second born children. This study finding consistent with a study was conducted by¹¹ reported that majority of the child (32.7%) were between 3 to 4 years of age. The majority of the parents (32%) had received secondary education and (47%) had the income of Rs <5000. The finding of this study found reason for temper tantrum was due to when child was hungry or tired and need attention from their parents. Our findings are comparable to a previous study^{11,12}, which found that when children feel hungry and/or are impeded from continuing an activity, or they have unfulfilled demands, they exhibit tantrum behaviors. This result seems important in terms of parents' perceptions, emotions, and behaviours regarding the child's distress. Children may be tired, uncomfortable or sick, hungry, ignored, need security and safety, or have other reasons that cause them to use this behaviour to engage the attention of their parents and make them sensitive to their needs¹³.

The most common tantrum behaviour found in the present study was throwing things and hitting parents and siblings. Our study compared with a previous study done by^{14,15} these behaviours reflect two different types of emotion. Shouting or screaming is connected to anger, and crying is associated with sadness. This study found tantrum behaviour in public places and while travelling in a vehicle to a guest's home. The study result consisted with study conducted by¹² reveled the most frequent location of a child's tantrum was someone else's home, followed by public places¹². The present study explained that children develop healthy at

tachments and are comfortable with family members, so they exhibit tantrum behaviour when visiting someone's place or public places. In our study parents adopted managing tantrum behavior by finding a way to distract the attention of child and helping the child to talk about the cause of his/her anger. These findings supported the previous literature, which found that using consequences was the most common approach to reducing tantrums. Parental attention was found to prolong children's tantrums; but supporting positive behaviour results in a parent-child relationship that would inhibit tantrums^{14,16}. Studies have revealed that parent-child relationships during toddlerhood influence their behaviour and those children who do not receive good support and have little sense of belonging from their parents use tantrums to force carers and parents to meet their demands¹⁶. Parents must teach their children and encourage them to specify their feelings or desires in a suitable social way, and use the reward system to decrease tantrums^{17,18}. This study provides information to the health care fraternity that works with children's growth and development measures, and the findings are of practical use in aspects of equipping parents or carers with the appropriate strategies to enable them to halt tantrums among children. Because their children's tantrums are less severe, parental strategies are also more adaptive¹⁹. There is evidence that the frequency of tantrums decreases once a child has advanced language skills and is capable of expressing their needs and desires. The study finding suggested that younger children reported majority of sever tantrum compared to other age group²⁰. The results of our study add to the growing body of evidence indicating a causal relationship between parental styles and the frequency of children's temper outbursts²¹. The findings emphasize the significance of parental styles in children's development and the need for additional research in this area. By identifying the elements that lead to the development of temper tantrums, research can help to design more effective interventions for children who have them and enhance their well-being. The findings of this investigation are consistent with those of a previous study^{22,23}. This

could be explained by the fact that older kids are more aware of their surroundings, autonomous, and in charge of them^{24,21}. The topic of children's temper tantrums and the impact of parental styles on their occurrence is of significant interest the field of child development and psychology^{25,14}. The present study found significant association found between temper tantrum behaviour and demographic characteristics of the marital status of parents and the awareness programme attended regarding temper tantrums in children whereas mother's age, father's age, mother's education, father's education, mother's occupation, father's occupation, family monthly income, family history of mental illness, and family history of medical illness were insignificant. Thus, health care authorities could utilize this information to plan and promote health education programs aimed at child rearing, including tantrums. As a result, the study provides empirical data to health care providers who work with children that shows the most important factors correlated with tantrum behaviors, and the findings are practical in terms of providing parents and caregivers with the appropriate strategies to enable them to stop tantrums in children. Parental tactics and discipline techniques may play a role in explaining why this behavior worsens for some children whereas for others it fades away.

Conclusion

The study found that characteristics of tantrums in preschool children reported the context of severity, tantrum behavior, reason, location, and parents' strategies to control tantrums were significant to promote a high understanding of children's emotions, activities, and most importantly, their need to express themselves in every contest of development.

Conflict of Interest

Authors have no conflict of interest and no grant/funding from any organization

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