

# UNDERSTANDING AND MANAGING BEHAVIOURAL PROBLEMS IN CHILDREN :Thumb Sucking , Nail Biting , PICA, Elimination problems , Speech Difficulties and Temper Tantrums

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## ABSTRACT

Behavioural problems in children encompass a range of conditions that can significantly impact their education and overall wellbeing. This article explores various behavioural problems such as nail biting , thumb sucking , pica, speech difficulties , elimination problems and temper tantrums. It delves into the etiology and signs and symptoms associated with these conditions. Effective management strategies are discussed , including parental education , cognitive behavioural therapy and pharmacotherapy. By addressing these behavioural problems comprehensively , we can foster better educational and social outcomes for children facing these challenges.

**KEY WORDS:** Behavioural Problems , Enuresis , Encopresis , Pica , Thumb Sucking , Nail Biting

## INTRODUCTION

In an individual's life from birth to end of life at every stage of growth and development there is part of passing from one stage of development to another child. Who changes from the life of helpless to gradual independence may have a certain adjustment problem which has to be solved.

## DEFINITION

Behaviour problems are viewed as discrepancy between the child's behaviour and demands placed on him by his parents , teachers and colleagues.

## BEHAVIOURAL PROBLEMS:

- Thumb sucking
- Nail Biting
- PICA
- Elimination problem
- Speech difficulties
- Temper tantrums

## THUMB SUCKING

### DEFINITION

Thumb sucking is a habit of disorder due to feelings of insecurity and tension-reducing activities and attention, sucking in a normal reflex which is a soothing and calming effect for the child. Recent studies have shown that thumb sucking may be practiced even during intra uterine life. The presence of this habit is considered quite normal till the age of 3-4 years. Persistence of the habit beyond this age can lead to various malocclusions.

### ETIOLOGY

- ❖ Age of the child
- ❖ Working parents
- ❖ Number of siblings

- ❖ Social adjustment and stress
- ❖ Introduce pacifiers
- ❖ Loneliness
- ❖ Hunger

### MANAGEMENT

- Divert the child's attention. Engage him in play activities.
- The hands and fingers of the child should be kept busy in some interesting activity like drawing.
- Offer praise and rewards to the child for not sucking thumb.
- Distract the child when he feels bored.
- Put gloves on child's hands or wrap the thumb with a cloth or bandage.
- A non-toxic bitter tasting substance can be applied on child's thumb so that he may not suck it.
- Take help of elder children for explanation to younger siblings.
- Encourage the child to socialize.

### NAIL BITING

Nail biting is bad oral habit especially in school age children beyond 4 years old (5 - 7 years). It is sign of tension and self punishment to cope with the hostile feeling towards parents. It's also known as onychophagia /onychophagy. It's sometimes described as para functional activity , the common use of the mouth for an activity other than speaking drinking and eating.

### ETIOLOGY

- ❖ Parental neglect or separation
- ❖ Strict punitive parents and teachers
- ❖ Stress of examination
- ❖ Excessive tear
- ❖ Disharmony among parents
- ❖ Beloved or overprotected child

### MANAGEMENT

- 1.The most common treatment , which is cheap and widely available is application of a clear , bitter tasting nail polish to the nails. The bitter flavour discourages nail biting.
- 2.Address the child's anxieties. Make the child speak about his/her worries.
- 3.Don't nag or punish the child.
- 4.Keep the fingernails of child neatly trimmed , to cut down on the temptation to bite.
- 5.Keep the child's hands clean to cut down on ingestion of germs.
- 6.Don't pressurize the children to stop biting nails , as this adds to their stress.
- 7.Reassure the child with love and affection.
- 8.Discuss with the child about unacceptable habits and how to break them.
- 9.Help the child become aware of this bad habit.
- 10.Suggest a substitute activity like car rides or holding a smooth stone in free hand while reading or writing and then make the child practice the alternative habit daily.

**SIDE EFFECTS**

- Abnormal nails
- Germs & illness
- Damaged teeth
- Structural damage
- Malocclusions
- Root resorption
- Gingivitis
- Bruxism

**PICA**

Pica is characterized by an appetite for substance largely non nutritive and the habit must persist for more than one month, at an age when eating such objects considered developmentally inappropriate .

The child used to eat:

- Dirt or clay
- Plaster or paint
- Paper or clothing
- Wood or pencils
- Talcum powder or toothpaste
- Cigarette ashes and butts
- Animal dropping, Crayons, strings

**ETIOLOGY**

- ❖ Pica may occur due to acquired taste or neurological mechanism like iron deficiency or chemical imbalance. Pica is also linked to mental disability .Stressors such as maternal deprivation , family issues, parental neglect , pregnancy ,poverty and a disorganized family structure are strongly linked to pica.
- ❖ Recent researches suggest that pica is a disorder of specific appetite caused by mineral deficiency , in many cases iron deficiency , which at times is the result of hookworm infection.

**MANAGEMENT**

- Presentation of attention , food or toys not contingent on pica being attempted.
- Discrimination training between edible and non-edible items.
- Detect nutritional deficiencies and treat them. For e.g. Anaemia and Hypocalcaemia etc.
- Make meal times pleasant.
- Meet the emotional needs of child .
- Don't leave the child alone.
- Keep the child busy , as boredom may give him time for eating non-edible substances.

**COMPLICATIONS**

1.Lead toxicity (leading to hematologic, renal, cardiovascular, endocrine, and neurological defects).

2. Complications in the gastrointestinal tract (including mild ones like constipation to extreme and harmful ones like hemorrhage).

3. Nutritional deficiencies (particularly zinc and iron deficiencies).

4. Dental problems (like chipped and cracked teeth).

## **ELIMINATION PROBLEMS**

### **ENURESIS**

Enuresis or bedwetting is a disorder of involuntary micturition in children who are beyond the age, when normal bladder control is acquired. Bladder control is normally acquired by the age of 2 ½ -3 years. If it is not acquired beyond 4-5 years of age, it is abnormal. When bed wetting occurs repeatedly it is called as "Enuresis".

### **ETIOLOGY**

- ❖ Inappropriate toilet training
- ❖ Neurological developmental delay
- ❖ Genetics
- ❖ Emotional factors
- ❖ Organic causes

### **MANAGEMENT**

- Reassure the child and parents
- Try to build the child's self confidence
- Parents should be explained about the factors related to bed wetting.
- The child should not be given any liquids like tea or milk after 5 pm in the evening.
- The child should be habitually made to pass urine before going to bed.
- Medications: In very resistant cases tricyclic antidepressants like amitriptyline, imipramine and nortriptyline are given orally. Desmopressin, which is a synthetic replacement for antidiuretic hormone.

### **ENCOPRESIS**

Encopresis also known as paradoxical diarrhoea is involuntary faecal soiling in children who are past the age of toilet training.

### **MANAGEMENT**

- Administer enema or series of enemas as it creates pressure within the rectum and gives the child an urge to pass stool.
- Suppositories and laxatives can also be used to promote bowel evacuation.
- Establish a regular toilet routine.
- Behaviour techniques: Offer age appropriate positive reinforcement for developing regular toilet habits.
- Training: Children may respond to teaching about appropriate use of muscles and other physical responses during defecation.

### **SPEECH DIFFICULTIES**

#### **STUTTERING / STAMMERING**

Stammering also known as stuttering, is speech disorder in which the flow of speech is disrupted by involuntary repetitions and prolongation of sounds, words or syllables. Also there are involuntary silent pauses or blocks.

**ETIOLOGY**

- ❑ Developmental factors : If the child have cleft lip , cleft palate or tongue tie the speech is affected. There may be central nervous system impairment which may affect the speech
- ❑ Neurogenic Stuttering : A stroke or brain injury may affect the signals between brain , speech nerves and muscles , thereby leading to stuttering.
- ❑ Psychological factor: Factors like stress and embarrassment may make stuttering worse in people who stutter.

**MANAGEMENT**

- Treatment for children who stutter, aims at teaching the child skills, strategies and behaviours that help in oral communication.
- Parents should not put undue pressure on the child, regarding fluency of speech during preschool age.
- Give the child sufficient time to express himself.
- Never criticize the child for his/her speech.
- Make the child feel that parents are interested in his talks.

**SELECTIVE MUTISM**

Mutism is the absence of articulate speech but when a mentally and physically sound child forced himself into mutism it is called as elective mutism or voluntary silence.

**MANAGEMENT**

- The stress factor is to be identified and removed.
- The quality of the mother-child relationship should be improved.
- In some cases, the child has to be removed from the home and placed in another suitable environment.
- Do not shame the child in front of the others.

**TEMPER TANTRUMS**

Open resentment and displeasure of small children are expressed. Frequency in the form of dramatic outbursts, commonly called temper tantrums. Anger and frustration are the basic causes of temper tantrums.

**INCIDENCE**

Temper tantrum was found to be 22.8% in children aged 3-12 years. The tantrum is more common up to the age of 5 years after that there is a decline with increasing age.

**ETIOLOGY:**

- The personality of the child
- The period of resistance
- Imitativeness
- Insecurity
- Attitude of parents
- Parental inconsistency

**Other Factors**

- Sibling jealousy
- Heredity
- Physical Illness
- Postnatal Trauma

**ASSOCIATED PROBLEM**

- Feeding problems
- Bed wetting
- Fear reaction
- Night terrors
- Nail biting , Nail plucks

## MANAGEMENT

- ✚ Underling insecurity, overprotection overindulgence, over-strictness and another faulty attitude of the parents has to be remedied first.
- ✚ The opportunities for resistance must be cut down to a minimum as the essence of treatment lies in prevention.
- ✚ The best way to treat a tantrum is to ignore it. He should certainly not be given what he wanted after the tantrum

## CONCLUSION

Behavioural Problems in children present complex challenges that require a multifaceted approach to management. Understanding the underlying causes , symptoms, and effective treatment options for conditions such as Nail Biting , Thumb Sucking , Elimination Problems , Speech difficulties , PICA , Temper tantrums is crucial for parents, educators and healthcare professionals. By implementing tailored therapeutic strategies and providing robust support systems, we can significantly improve the educational and social experiences of children with behavioural difficulties, helping them lead more fulfilling and productive lives.

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