Emotional and Behavioral Problems: Age and Gender Differences

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Abstract: The objective of this study was to investigate the impact of age, gender, and interaction between the two on children's emotional behavioral problems. A total of 1545 students, ages ranging from 4 to 18 years (745 males & 800 females) from the U.A.E, participated in this study. The findings of this study showed that age, gender, and interaction between the two had significant impact on children's emotional behavioral problems.
Keywords: emotional, behavioral, problems, gender, age, UAE.

Introduction

A considerable number of children experience emotional and behavioral problems (Barkmann & Schulte-Markwort 2005; Eapen, Jakka, Abou-Saleh, 2003; Hussein 2009; Mohammadi, Alavi, Mahmoudi-Gharaei, Tehranidoost, Shahrivar, & Saadat, 2008; Ravens-Sieberer et. al., 2008). The mental health of these children has been a concern for parents, educators, mental health specialists, and policy makers. Children's social skills and emotional conditions have a significant effect on their daily adaptive behavior, academic performance, and the quality of their future life (Feldman, Hancock, Rielly, Minnes, & Cairns, 2000; Gunter, Coutinho, & Cade, 2002; Haj Hussien & Albaili, 2014; Merino, Livia, & Digz, 2006; Pardini, Bary, Lochman, 2006; Verma, Singh, Gupta & Gupta, 2001).

The emotional and behavioral problems among children have been investigated across countries (Bongers, Koot, Van der Ende, & Verhlust, 2003; Conners, 2008; Rescorla et al., 2007; Reynolds & Kamphaus, 2004). Although tremendous efforts and resources have been invested in the education system in the United Arab Emirates (UAE), little is known about the emotional and behavioral problems among school-age children. The purpose of the present study was to provide empirical ground regarding students' emotional and behavioral problems across age and gender in the UAE. Research is essential to understand the emotional and behavioral problems among children in the UAE in order to determine services needed.

The effect of gender and age on emotional and behavioral problems among children have been investigated utilizing cross-sectional (Conner, 2008; Rescorla et al., 2007; Reynolds & Kamphaus, 2004) and longitudinal (Bongers, Koot, Ende, & Verhlust, 2003) studies. The following is literature review of the impact of gender and age on children's emotional and behavioral problems.

Gender: Several studies provide evidence that gender affects the level of children's emotional and behavioral problems. Reynolds and Kamphaus (2004 reported that American males within each group (2-5, 6-11, & 12-18) exhibited more problems than females in aggression, conduct, attention, learning problems, and hyperactivity, with the exception that no significant differences were found between males and females in age group 2-5 in conduct, and learning. However, females exhibited more problems than males in somatization within age group 2-5 and 6-11, while there were no significant differences between males and females within age group 12-18. Females also exhibited more problems than males in anxiety within age group 12-18, while there were no significant differences between males and females within age group 2-5 and 6-11. Finally, the results indicated no significant gender differences in depression within any age group.

Conner (2008) found that American males (ages 6 to18) displayed higher problems than females in inattention, learning problems/executive functioning, hyperactivity/ impulsivity, aggression, and total problems.

Bongers, Koot, Van der Ende, and Verhulst (2003) reported that Dutch females (ages 4 to18) in the adolescence stage displayed higher internalizing problems than males, while no significant differences were found between males and females in childhood age. However, males displayed higher externalizing problems than females.

Stevens et al. (2003) investigated children's (ages 4-18) emotional problems in Holland. The sample involved Dutch, Moroccan immigrant, and Turkish immigrant children. The results indicated that males exhibited more problems than females in attention problems, delinquent behavior, aggressive behavior, and total problems, while there were no significant differences found in somatic complaints, and anxious/depressed.

Vollebergh et al. (2005) investigated children's (mean age = 11.09, SD = .55) emotional problems in Holland. The sample involved Dutch children as well as Moroccan, Turkish, and other immigrant children. The results indicated that males exhibited more problems than females in attention problems, delinquent behavior, aggressive behavior, while there were no significant differences found in somatic complaints, anxious/depressed, and total problems.

Lambert, Lyubansky, and Achenbach (1998) found that Jamaican and American adolescent (ages 12-18) males displayed higher problems than females in the two countries in attention problems, and delinquent behavior. In contrast, females displayed higher problems than males in somatic complaints, and anxious/depressed. No significant gender differences were found in the total problems.

Rescorla et al. (2007) examined the effect of gender on children's (ages 6-16, N = 47,987) emotional problems from 24 countries. Their findings revealed that, overall males exhibited higher problems than females in total problems, attention, rule-breaking, hyperactivity, oppositional defiant problems, and conduct problems. Conversely, overall, females displayed higher problems than males in anxious/depressed and somatic complaints. It is noteworthy to mention that none of the Arab countries were represented in this study. The findings also indicated that the impact of gender was not consistent across countries.

Finally, Petot, Petot, and Achenbach (2008) investigated children's (ages 6 -18) emotional problems in Algeria. The results showed that males exhibited more problems than females in attention problems, delinquent behavior, and aggressive behavior, while females showed significantly more problems in somatic complaints, and anxious/depressed.

Age: Several studies provide evidence that age affects children's levels of emotional and behavioral problems. Conner (2008) investigated the effect of age (6-9, 10-13, & 14-18) in the U.S.A. The findings showed that younger children (ages 6-9) exhibited higher problems than older children (10-13 & 14-18) in learning problems, and inattention. The results also indicated that hyperactivity-impulsivity decreased with age. There was no significant age effect on aggressive behavior. Moreover, the interaction between age and gender was only found on the total scores. No differences were found among the age groups for females, while total scores decrease with increasing age for males.

Reynolds and Kamphaus (2004) examined the effect of age (2-3, 4-5, 6-7, 8-11, 12-14, & 15-18) in the U.S.A. The results revealed that children age 2-3 years old exhibited higher problems than 4-5 year olds in attention, and hyperactivity. Also, children ages 6-7 exhibited higher problems than those ages 8-11, and children ages12-14 exhibited higher problems than those ages 15-18 in hyperactivity, whereas no significant effect was found on children's aggression, conduct, depression, somatization, and learning problems.

Rescorla et al. (2007) investigated the effect of age on children (ages 6-16) from 31 countries. Overall, the results showed that the most consistent findings across countries were the decrease of social problems and attention-deficit/hyperactivity with age and the increase of anxious /depressed and somatic complaints. Additionally, age had no significant effect on the total problems.

Stevens et al. (2003) reported that adolescents (12-18) showed higher problems than younger children (4-11) in delinquent behavior, whereas no significant differences exist between the two age groups in social problems, attention problems, aggressive behavior, somatic complaints, anxious/depressed, and total problems.

The findings of Bongers, Koot, Van der Ende, and Verhulst (2003) indicated that the interaction between age (ages 4-18) and gender had a significant effect on children's Aggressive. Aggressive behavior for males and females declined with age; the decline was faster in males than females. In contrast, delinquent behavior for males and females increased with age. Attention problems for males and females increased from age 4 to11 and decreased after that.

Finally, Petot, Petot, and Achenbach (2008) reported that attention problems, delinquent behavior, aggressive behavior, somatic complaints, and anxious/depressed increased with age (6-8, 9-11, 12-15 & 16-18) among Algerian children.

Overall, the previous studies were consistent that males displayed higher problems in aggression, conduct, attention, learning problems, and hyperactivity than females. However, the previous studies were not consistent with regard to the gender effect on the somatization, anxious/depressed, and total problems. With regard to the impact of the children's age on the emotional and behavioral problems the findings of the previous literature were inconsistent. Additionally, little if any research has focused on the emotional and behavioral problems among children in the UAE.

The aim of the current study was to investigate the effect of gender, age, and the interaction between gender and age on the children's emotional and behavioral problems in the UAE.

Method

Sample

A total of 1545 students, ages ranging from 4 to 18 years (745 males & 800 females) from three school districts (592 Al-Ain, 558 Sharjah, & 395 Fujairah) in the U.A.E, participated in this study. The sample was drawn using the following sampling method: first, three school districts were selected randomly from the U.A.E's 10 school districts. The three districts selected were Al-Ain, Sharjah, and Fujairah. Second, schools from each district were selected randomly. Third, classes were selected

randomly from each school, and finally, 5 students randomly selected from each classroom to participate in the study.

Measures

Emotional and behavioral problems

This continuous variable was defined as students' scores in each domain aggression/conduct problems, learning problems, psychosomatics, hyperactivity, and depression/ anxiety), and total problem score as measured by the teacher's emotional and behavior problems scale (TEBPS). The scale was developed by the authors (2014) for the UAE based on the literature of the psychopathology among children and adolescents, the approaches of identifying and diagnosing emotional and behavior problems, and a number of emotional and behavioral problems scales.

The TEBPS consists of 65 items that measure emotional and behavioral problems among children and adolescents. The teacher rates the student on each item indicating how often she/he exhibit specific problem behaviors using a 4-point rating scale ranging from 1= never, 2 = sometimes, 3 = often, and 4 = almost always.

Content validity: the content validity of the TEBPS was examined by 10 experts who hold PhDs in education. All the experts were Arabs and faculty members at the UAE University who are knowledgeable about the culture, educational system, and school setting in the UAE. The experts' review revealed that the items were written in clear and precise language, measured the target domain and observable in the school environment confirming the content validity of the scale.

The results of the EFA revealed that the 5 factors accounted for 55.26% of the total variance: 37.03%, 7.32, 6.07%, 2.49%, and 2.36%, respectively. The first factor consisted of 21 items reflecting the aggression/conduct problems, the second factor consisted of 19 items reflecting the learning problems, the third factor consisted of 8 items reflecting the psychosomatics problems, the fourth factor consisted of 5 items reflect hyperactivity, and the fifth factor consisted of 12 items reflect depression/anxiety.

The following are the domains and their definition:

1. Aggression/conduct problems: this scale measures the verbal or physical threat towards others, participation in inappropriate social behavior, violation of rules and instructions, and the destruction of public property.
2. Learning problems: this scale measures attention problems and academic problems. The items measure distractibility, inability to maintain concentration sufficiently, and difficulties in understanding or performing the academic tasks expected at the student's grade level.

3. Psychosomatic: this scale measures the oversensitivity and complaints about insignificant physical discomfort.
4. Hyperactivity: this scale measures over activity, impulsivity, and acting without thinking.
5. Depression/anxiety: this scale measures feeling sad or unhappy, stressed, a tendency to be worried, fearful, and tense regarding imagined or real matters.

Discriminant validity: the discrimination validity of the EBPS was investigated by comparing the scores of 350 children without disabilities and the scores of 360 children with intellectual

disabilities in each domain and the total score of the EBPS. The findings showed that children with intellectual disabilities scored significantly higher than children without disabilities in all the domains and the total score of the TEBPS.

Reliability: the internal consistency Cronbach's alpha ranged from (.79) to (.97), and the test-retest reliability coefficients ranged from (.77) to (.89) as shown in table 1. All the coefficients values exceed the conventional minimum of .7 (Nunnally and Bernstein 1994) and demonstrate high internal consistency and levels of temporal stability.

Table 1
Test-Retest Reliability Coefficients and Internal Consistency
Coefficients of the TEBPS

Factors	Number of Items	Test Retest Reliability (N=80)	Cronbach's Alpha (N=1554)
Aggression/Conduct	21	.863	.964
learning problems	19	.891	.963
Psychosomatics	8	.772	.794
Hyperactivity	5	.779	.834
Depression/Anxiety	12	.771	.880
Total	65	.888	.974

Age

This variable involved two levels: children (ages 4 -11), adolescences (ages 12-18).

Gender

This categorical variable involved two levels: Male and female

Research design and data analysis

This study utilized an ex- post- facto research design. The following statistical procedures were employed to analyze the data:

1. Descriptive statistics which involved means and standard deviations in each domain (aggression/conduct problems, hyperactivity, learning problems, depression/anxiety, and psychosomatic), and total problems score were calculated.
2. Multivariate analysis of variance (MANOVA) were performed to examine the main effect of age (children (ages 4 -11) & adolescences (ages 12-18), students' gender (male & female), and interaction between the ages and students' gender on the students' scores in the five domain. Then tests of between-subjects effects were computed.
3. Two way analysis of variance (ANOVA) was performed to examine the main effect of age (children ages 4 -11 & adolescences (ages 12-18), students' gender (male & female), and interaction between the students' gender and age on the participants' total problems.

Results

The purpose of the current study was to investigate the impact of students' age, gender, and the interaction between gender and age on students' emotional and behavior problems. Data concerning emotional and behavior problems was collected using the TEBPS. The IBM SPSS Statistics 20 was used to analyze the data in the form described earlier.

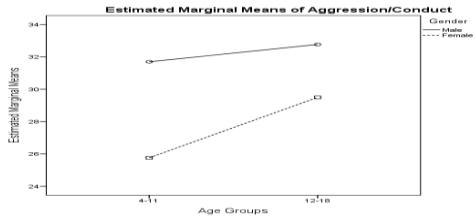
Descriptive statistics

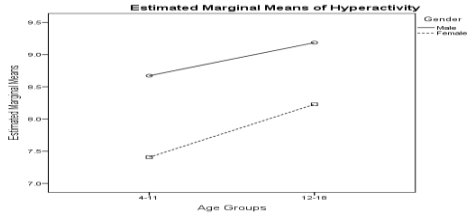
Means and standard deviations in each domain and the total problems according to students' gender x age were calculated and presented in Table 2 and figure 1. Based on these results, it appears that the mean scores of children's (ages 4 - 11) are lower than the mean scores of adolescences (ages 12 - 18) for both males and females in all domains and total problems.

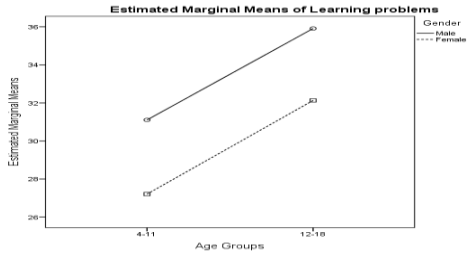
It appears also that the mean scores of males are higher than the mean scores of females in all domains and total problems in both age groups.

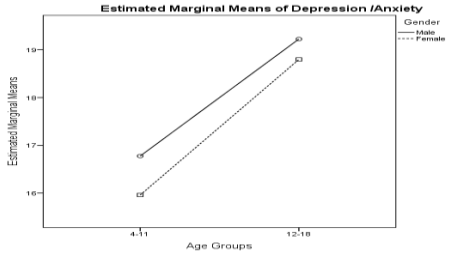
Table 2
Means, Standard Deviations and N in each Domain and the Total Problems according to
Students' Gender x Age

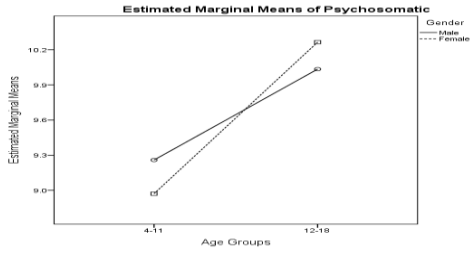
		Male			Female			Total		
Domains	Age	Mean	Std. Deviation	N	Mean	Std. Deviation	N	Mean	Std. Deviation	N
Aggression/Conduct	4-11	31.69	14.835	385	25.76	8.503	421	28.59	12.309	806
	12-18	32.76	13.183	360	29.49	10.771	379	31.09	12.109	739
	Total	32.21	14.062	745	27.53	9.817	800	29.79	12.273	1545
Hyperactivity	4-11	8.67	3.997	385	7.41	3.261	421	8.01	3.683	806
	12-18	9.19	3.281	360	8.23	3.335	379	8.69	3.341	739
	Total	8.92	3.675	745	7.80	3.320	800	8.34	3.539	1545
Learning problems	4-11	31.11	13.988	385	27.21	10.931	421	29.07	12.628	806
	12-18	35.91	14.286	360	32.13	12.573	379	33.97	13.558	739
	Total	33.43	14.326	745	29.54	11.984	800	31.42	13.304	1545
Depression /Anxiety	4-11	16.78	6.246	385	15.96	5.304	421	16.35	5.784	806
	12-18	19.22	5.788	360	18.80	6.332	379	19.01	6.073	739
	Total	17.96	6.149	745	17.30	5.981	800	17.62	6.069	1545
Psychosomatic	4-11	9.26	2.249	385	8.97	1.993	421	9.11	2.123	806
	12-18	10.03	2.995	360	10.27	3.255	379	10.15	3.131	739
	Total	9.63	2.662	745	9.58	2.742	800	9.61	2.703	1545
Total Problems	4-11	97.51	35.149	385	85.31	24.661	421	91.13	30.722	806
	12-18	107.12	33.086	360	98.91	30.354	379	102.91	31.957	739
	Total	102.15	34.482	745	91.75	28.316	800	96.77	31.857	1545


Estimated Marginal Means of Aggression/Conduct
Gender
Male
Female
Estimated Marginal Means
34
32
30
28
26
24
4-11
12-18
Age Groups


Estimated Marginal Means of Hyperactivity
Gender
Male
Female
Estimated Marginal Means
9.5
9.0
8.5
8.0
7.5
7.0
4-11
12-18
Age Groups


Estimated Marginal Means of Learning problems
Gender
Male
Female
Estimated Marginal Means
36
34
32
30
28
26
4-11
12-18
Age Groups


Estimated Marginal Means of Depression /Anxiety
Gender
Male
Female
Estimated Marginal Means
19
18
17
16
4-11
12-18
Age Groups


Estimated Marginal Means of Psychosomatic
Gender
Male
Female
Estimated Marginal Means
10.2
9.9
9.6
9.3
9.0
4-11
12-18
Age Groups

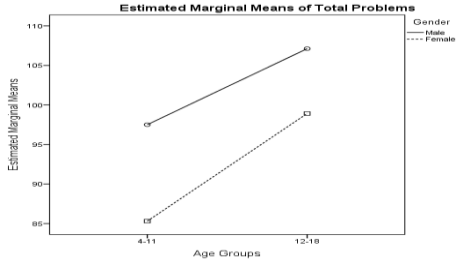

Estimated Marginal Means of Total Problems
Gender
Male
Female
Estimated Marginal Means
110
105
100
95
90
85
4-11
12-18
Age Groups

Fig. 1: Means on each Emotional and Behavior Domain and total problems according to
Gender × Age

Analysis of variance for the effect of gender, age, and the interaction between gender and age on the emotional and behavioral problems

Multivariate analysis of variance: two -way (gender x age) multivariate analysis of variance were performed to examine the main effect of age (4-11, & 12-18), students' gender (male & female), and interaction between the ages and students' gender on the students' scores in the five domain and total problems. The findings indicated a significant multivariate main effect for age [Wilks' $\lambda = .937$, $F(5, 1537) = 20.672$ $p < .000$], for gender [Wilks' $\lambda = .951$, $F(5, 1537) = 15.872$ $p < .000$], and for gender x age [Wilks' $\lambda = .993$, $F(5, 1537) = 2.185$ $p < .053$].

Tests of between-subjects effects: tests of between-subjects effects computed and presented in table 3 and 4. These findings

indicated that students' gender had a significant main effect ($P < .05$) on every domain and total problems, with the exception of psychosomatic were the impact was not significant ($p > .05$). Males exhibited significantly ($P < .05$) higher problems than females in the aggression/ conduct, hyperactivity, learning problems, depression/ anxiety, and total problems.

In addition, the findings indicated that students' age had significant main effect ($P < .05$) on every domain and total problems. Children's (ages 4 to 11) exhibited significantly ($P < .05$) lower problems than adolescences (ages 12 to 18) in every domain and total problems.

Finally, the findings indicated significant ($P < .05$), effect of the interaction between the students' gender and age only on aggression/conduct, while there were no significant ($P > .05$), differences found in the rest of the domains and total problems. The differences between males and female ages 4 to 11 were significantly ($P > .05$) higher than differences between males and females ages 12 to 18.

Table 3
Tests of Between-Subjects Effects for the Domains

Source	Dependent Variable	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	Aggression/Conduct	11455.905	3	3818.635	26.612	.000
	Hyperactivity	670.723	3	223.574	18.454	.000
	Learning problems	14947.238	3	4982.413	29.720	.000
	Depression /Anxiety	2887.236	3	962.412	27.471	.000
	Psychosomatic	446.817	3	148.939	21.184	.000
Intercept	Aggression/Conduct	1379430.617	1	1379430.617	9613.394	.000
	Hyperactivity	107969.287	1	107969.287	8911.862	.000
	Learning problems	1536846.750	1	1536846.750	9167.321	.000
	Depression /Anxiety	481916.578	1	481916.578	13755.912	.000
	Psychosomatic	142894.407	1	142894.407	20323.936	.000
Gender	Aggression/Conduct	8156.931	1	8156.931	56.846	.000
	Hyperactivity	475.475	1	475.475	39.246	.000
	Learning problems	5671.656	1	5671.656	33.832	.000
	Depression /Anxiety	148.579	1	148.579	4.241	.040
	Psychosomatic	.314	1	.314	.045	.833
Age	Aggression/Conduct	2222.926	1	2222.926	15.492	.000
	Hyperactivity	171.148	1	171.148	14.127	.000
	Learning problems	9100.138	1	9100.138	54.283	.000
	Depression /Anxiety	2690.317	1	2690.317	76.793	.000
	Psychosomatic	412.294	1	412.294	58.641	.000
Gender * Age	Aggression/Conduct	684.045	1	684.045	4.767	.029
	Hyperactivity	9.081	1	9.081	.750	.387
	Learning problems	1.302	1	1.302	.008	.930
	Depression /Anxiety	14.556	1	14.556	.415	.519
	Psychosomatic	25.855	1	25.855	3.677	.055
Error	Aggression/Conduct	221118.849	1541	143.490		
	Hyperactivity	18669.575	1541	12.115		
	Learning problems	258339.457	1541	167.644		
	Depression /Anxiety	53986.495	1541	35.033		
	Psychosomatic	10834.529	1541	7.031		
Total	Aggression/Conduct	1603361.031	1545			
	Hyperactivity	126748.037	1545			
	Learning problems	1798090.253	1545			
	Depression /Anxiety	536538.256	1545			
	Psychosomatic	153906.782	1545			
Corrected Total	Aggression/Conduct	232574.754	1544			
	Hyperactivity	19340.298	1544			
	Learning problems	273286.696	1544			
	Depression /Anxiety	56873.731	1544			
	Psychosomatic	11281.346	1544			

Table 4
Tests of Between- Subjects Effects for Total Problems

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	95822.567	3	31940.856	33.458	.000
Intercept	14554152.972	1	14554152.972	15245.390	.000
Gender	40072.599	1	40072.599	41.976	.000
Age	51892.019	1	51892.019	54.357	.000
Gender * Age	1537.314	1	1537.314	1.610	.205
Error	1471129.963	1541	954.659		
Total	16034343.663	1545			
Corrected Total	1566952.530	1544			

Discussion

The purpose of the current study was to investigate the impact of students' age, gender, and the interaction between gender and age on students' emotional and behavior problems. A total of 1545 students, ages ranging from 4 to 18 years (745 males & 800 females) from the U.A.E, participated in this study.

This study examined the differences between males and females in emotional and behavioral problems. The results of this

study indicated that males exhibited significantly ($P < .05$) higher problems than females in the aggression/ conduct, hyperactivity, learning problems, depression/ anxiety, and total problems, while there were no significant differences between males and females in psychosomatic problems.

These findings were consistent with previous studies (Conner, 2008; Lambert, Lyubansky, & Achenbach, 1998; Reynolds & Kamphaus, 2004; Petot, Petot, Achenbach, 2008; Rescorla et al., 2007; Stevens et al., 2003; & Vollebergh et al., 2005) with regard to aggression/ conduct, hyperactivity, learning problems. In addition, the findings of this study with regard to total problems were consistent with the findings of Conner (2008) and Stevens et al., (2003), while inconsistent with findings of Lambert, Lyubansky, and Achenbach (1998) who reported that gender had insignificant impact on total problems.

However, the findings of this study with regard to psychosomatic and depression/ anxiety contradict the findings of Bongers, Koot, Van der Ende, and

Verhulst (2003); Lambert, Lyubansky, and Achenbach (1998); Petot, Petot, Achenbach, (2008); and Rescorla et al., (2007) that females exhibited significantly ($P < .05$) higher problems than males in these two domains.

Overall, gender differences appear to be consistent with the Arab culture. Culture and social context play a major role in the determination, manifestation, and interpretation of emotional and behavioral problems (Al-Krenawi, 2005; Eapen & Robertson, 2008; Gunzelmann & Connell, 2006; Liu, Leung, Sun, Li, & Liu, 2012; Woo et. al., 2007; Saleem & Mehmood, 2011; Simon & Nath, 2004). In the Arab culture, roles, and expectations of males and females are more defined than western culture. Also, the conformity with social norms and values in the Arab culture is important for both males and females, and more critical for females. In general the contingencies between the behaviors and the outcomes are reinforced, particularly more strictly for females than males.

This study also investigated the impact of age on emotional and behavioral problems. Age had a significant effect on every domain and total problems. The findings revealed that children's (ages 4 to 11) exhibited significantly ($P < .05$) lower problems than adolescences (ages 12 to 18) in every domain and total problems.

Finally, the effect of the interaction between the students' gender and age on emotional and behavioral problems was investigated. The findings showed that the interaction between the students' gender and age had a significant impact only on aggression/conduct. The differences between males and female ages 4 to 11 were significantly higher than differences between males and females ages 12 to 18.

The higher level of emotional and behavioral problems among adolescences (ages 12 to 18) in comparison with children's (ages 4 to 11) may be due to the difficulties associated the critical and rapid developmental change in physical, cognitive, emotional, and social growth during their transition from childhood to adolescence (Batenburg-Eddes., & Jolles,2013; Eccles, 1999; Hossain, 2013; Millins & Irvin, 2000; Niesen & Wise, 2004; Roeser, Eccles, & Sameroff, 2000; Urdan & Klein, 1998; Windle & Mason, 2004).

These outcomes are consistent with the outcomes of the Algerian study (Petot, Petot, & Achenbach, 2008), whereas they contradict almost all Western studies which showed that the level of emotional and behavioral problems decreased with age or age had no significant impact.

The decrease in the level of emotional and behavioral problems with age in the Western culture and the increased of these problems among children in the UAE and Algeria is remarkable and requires validation. This can be achieved by replicating the investigation of the impact of age on the level of emotional and

behavioral problems using different samples of children from various Arab countries. In addition, the inconsistency between the Western countries and findings in two Arab countries may be due to the advanced medical and educational identification system which provides children the appropriate instruction and intervention very early in Western countries. Early intervention may eliminate or at least minimize the emotional problems and may prevent developing secondary difficulties or disabilities in later age. In comparison, there were no national plans for identification or intervention within the medical and educational systems for children with emotional and behavioral problems or other disabilities in most of the Arab countries. Therefore, the decrease in emotional problems with age in the Western countries may be due to the early identification and intervention systems. Finally, the samples from the two Arab countries may have included unidentified children with disabilities because the current educational system does not have valid and integrated identification procedures which are not the case in the samples of the studies in Western countries.

Conclusion and recommendation

The results of this study showed that adolescences (ages 12 to 18) exhibited significantly higher problems than children's (ages 4 to 11) in aggression/conduct problems, learning problems, psychosomatics problems, hyperactivity, depression/anxiety, and total problems. The results of this study also indicated that males exhibited significantly higher problems than females in the aggression/ conduct, hyperactivity, learning problems, depression/ anxiety, and total problems, while there were no significant differences between males and females in psychosomatic problems.

The findings of this study provide empirical ground regarding students' emotional and behavioral problems of males and females children and adolescents in the UAE. This empirical data is highly beneficial for and planning services needed for school-age children. Further investigation of the emotional and behavioral problems across age and gender based on parents' rating, self- rating, and across raters is recommended to have a complete understanding of these problems among children in the UAE. Finally, this study utilized a cross-sectional design; longitudinal examination of emotional and behavioral problems among children in the UAE is highly needed.

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References

Achenbach, T. M. (1991). *Manual for the Child Behavior Checklist 4-18 and 1991 profile.*
Burlington: University of Vermont, Department of Psychiatry.

Achenbach, T. M. & Rescorla, L. A. (2001). *Manual for ASEBA school-age forms and*
profiles. Burlington, VT: University of Vermont, Research Center for Children,
Youth and Families.

Al-Krenawi, A. (2005). Social-political aspects of mental health practice with Arabs in Israeli
context. *Isr J Psychiatry Relat Sci, 42 (2), 126-136.*

Alves, D., Roysamb, E., Oppedal1, B., & Zachrisson, H. (2011). Emotional problems in
preadolescents in Norway: the role of gender, ethnic minority status, and home- and school-related hassles. *Alves et al. Child and Adolescent Psychiatry and Mental Health*, 1-10.
http://www.capmh.com/content/5/1/37.

Batenburg-Eddes, T., & Jolles, J. (2013). How does emotional wellbeing relate to underachievement in a general population sample of young adolescents: a neurocognitive perspective. *Frontiers in Psychology, 4, Article 673*, 1-10.
http://www.frontiersin.org/Journal/10.3389/fpsyg.2013.00673/abstract

Barkmann, C., & Schulte-Markwort, M. (2005): Emotional and behavioral problems of children and adolescents in Germany: An epidemiological screening. In: *Social Psychiatry and Psychiatric Epidemiology, 40, 357 – 366*

Bongers, J., Koot, H., Van der Ende., & Verhulst, F. (2003). The normative development of child and adolescent problem behavior. *Journal of Abnormal Psychology, 112 (2),* 179-192.

Conners, K. (2008). *Conners 3rd Edition: Manual.* Multi-Heath System Inc, NY, U.S.A.

Eapen,V., Jakka, M. S., & Abou-Saleh, M. T. (2003) Children with psychiatric disorders: the Al Ain community psychiatric survey. *Can J Psychiatry, 48,402–407*

Eapen, V., & Robertson, M.M. (2008). Clinical correlates Tourette's disorder across cultures: a
comparative study between the United Arab Emirates and the United Kingdom. *Prim Care Companion J Clin Psychiatry, 10 (2), 103-107.*

Eccles, J. (1999). The development of children ages 6 to 14. *Children When School Is Out, 9 (2),* 30-44.

Feldman, M. A.; Hancock, Ch. L.; Rielly, N.; Mines, P. & Cairnes, C. (2000). Behavior

problems in young children with or at risk for developmental delay. *Journal of Child and Family Studies 9(2), 247-261.*

Gunter, P. L.; Coutinho, M. J. & Cade, T. (2002). Classroom factors linked with academic gains among students with emotional and behavioral problems. *Preventing School Failure, 46(3), 126-133.*

Gunzelmann, B. & Connell, D. (2006). The new gender gap: Social, psychological, neuro- biological, and educational perspectives. *Educational Horizons 84*(2), 94-101.

Haj Hussien, J., & Albaili, M. (2014). The Correlation of emotional and behavior problems with academic achievement, *International Journal for research in Education, 36,* 1-18.

Hossain, S. (2013). A study of determining the relationship between academic achievement and problem behavior of urban secondary school students in Bangladesh. *The International Journal of Social Sciences, 8 (1),* 1-10.

Hussein, A. S. (2009).A review of global issues and prevalence of child mental health problems: Where does CAMH stand in PAKISTAN? *JPPS, 2009; 6(1), 5-13.*

Lambert, M., Lyubansky, M., & Achenbach, T. (1998). Behavioral and emotional problems among adolescents of Jamaica and the United States: parent, teacher, self-reports for ages 12 to 18. *Journal of Emotional and Behavioral Disorders, 6 (3),* 180-187.

Liu, J., Leung, P., Sun, R., Li, H.T., & Liu, J.M. (2012). Cross-culture application of Achenbach system of empirically based assessment: instrument translation in Chinese, challenges, and future directions. *World J Pediatr, 8 (1), 5-10.*

Mohammadi, R., Alavi, A., Mahmoudi-Gharaei, J., Tehranidoost, M., Shahrivar, Z., & Saadat, S. (2008). Prevalence of psychiatric disorders among adolescents in Tehran. *Iranian J Psychiatry, 3 (3), 100-104.*

Mullins. E., & Irvin, J. (2000). Transition into middle school. *Middle School Journal, 31 (3),* 1-6

Niesen, V., & Wise, P. (2004). Transition from elementary to middle school: strategies for educators. *National Association of School Psychologists.* http://www.nasponline.org/communications/spawareness/transition_elem2mid.pdf

Pardini, D. A.; Barry, T. D. & Lochman, J. L. (2006), Self-perceived social acceptance and peer social standing in children with aggressive-disruptive behaviors. *Social Development, 15(1).*

Petot, D., Petot, J., & Achenbach, T. (2008). Behavioral and emotional problems of Algerian children and adolescents as reported by parents. *European Child & Adolescent Psychiatry, 17 (4),* 200-208. 17:200-208 DOI 10.1007/s00787-007-0654-8.

Ravens-Sieberer, U., Wille, N., Erhart, M., Bettge, S., Wittchen, H., Rothenberger, A., Herpertz-Dahlmann, B., Resch, F., Holling, H., Bullinger, M., Barkmann, C., Schulte-Markwort., & Dopfner, M. (2008). Prevalence of mental health problems among children and adolescents in Germany: results of BELLA study within the national health review and examination survey. *Eur Child Adolesc [Suppl 1], 17, 22-33,* DOI 10.1007/s00787-008-1003-2.

Rescorla, L.A., Achenbach, T.M., Ivanova, M.Y., Dumenci, L., Almqvist, F., Bilenberg, N., et al. (2007). Behavioral and emotional problems reported by parents of children ages 6 to 16 in 31 societies. *Journal of Emotional and Behavioral Disorders, 15,* 130-142.

Reynolds, C. R., & Kamphaus, R. W. (2004). *Behavior Assessment System for Children - Second Edition: Manual.* Circle Pines, MN: AGS Publishing.

Roeser, R., Eccles, J., & Freedman-Doan, C. (1999). Academic functioning and mental health in adolescence: patterns, progressions, and routes from childhood. *Journal of Adolescent Research,* 14 (2), 135-174.

Roeser, R., Eccles, J., & Sameroff, A. (1998). Academic and emotional functioning in early adolescence: longitudinal relations, patterns, and prediction by experience in middle school. *Development and Psychopathology, 10***,** 321–352.

Roeser, R., Eccles, J., & Sameroff, A. (2000). School as a context of early adolescents' academic and social-emotional development: a summary of research findings. *The Elementary School Journal, 100 (5)***,** 443–471.

Saleem, S., & Mehmood, Z. (2011). Developing a scale for assessing emotional and behavioral problems of school children. *Pakistan Journal of Social and Clinical Psychology, 9, 73-78.*

Simon, R., & Nath, L. (2004). Gender and emotion in the United States: Do men and women differ in self-reports of feelings and expressive behavior? *American Journal of Sociology, 109 (5),* 1137–76.

Stevens, G., Pels,T., Bengi-Arslan, L.,Verhulst, F., Vollebergh, W., & Crijnen, A.(2003). Parent,

teacher and self-reported problem behavior in the Netherlands: comparing Moroccan immigrant with Dutch and with Turkish immigrant children and adolescents. *Soc Psychiatry Psychiatr Epidemiol, 38*, 576–585, DOI 10.1007/s00127-003-0677-5.

Urdan, T., & Klein,S. (1998). Early adolescence: a review of the literature. A *paper prepared for* the U.S. Department of Education Office of Educational Research and Improvement, 1-37.

Verma, M.; Singh, T. Gupta, I. & Gupta, V. (2001). Behavioral problems in school-going children: Implications for medical teachers in developing countries. *Education for Health 14(2) 309-311.*

Vollebergh,W., Have, M., Dekovic, M., Oosterwegel, A., Pels,T., Veenstra, R., de Winter, A., Ormel, H., & Verhulst, F. (2005). Mental health in immigrant children in the Netherlands. *Soc Psychiatry Psychiatr Epidemiol, 40*, 489–496. DOI 10.1007/s00127-005-0906-1.

Windle, M., & Mason, W. (2004) General and specific predictors of behavioral and emotional problems among adolescents. *Journal of Emotional and Behavioral Disorders, 12 (1)*, 49-61.

Woo, B.S.C., Ng, T.P., Fung, D.S.S., Chan, Y.H., Lee, Y.P., Koh., J.B.K., & Cai,Y. (2007). Emotional and behavioural problems in Singaporean children based on parent, teacher and child reports. *Singapore Med J, 48 (12), 1100-1106.*

The World Health Organization. (2001).The world health report: Mental health: new understanding, new hope. http://www.who.int/whr/2001/en/index.html.

المشكلات السلوكية والانفعالية: الفروق تِبْعاً للعمر والنوع

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خلاصة: استهدفت الدراسة الحالية التعرف على أثر النوع ألإجتماعي ، والعمر، والتفاعل ما بينها على المشكلات السلوكية والانفعالية لدى الأطفال في دولة الإمارات العربية المتحدة. تكونت عينة الدراسة من (745) طالباً و (800 بين ما أعمارهم تراوحت ، طالبة 4) أثر وجود النتائج أظهرت . سنة 18 و سنوات ذي دلالة للنوع ألإجتماعي، والعمر، والتفاعل ما بينها على المشكلات السلوكية والانفعالية لدى الأطفال.

الكلمات المفتاحية: المشكلات السلوكية والانفعالية، النوع، العمر، دولة الإمارات العربية المتحدة