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## Current Situation and Difference Analysis of Emotional Competence of 3-6 years old Children in Shangrao City, China

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### Abstract

*Introduction: The purpose of this study was to discover the differences of emotional competence and demographic characteristics of 3-6 years old children in Shangrao City.*

*Methodology: The sample size of this study was 45,000 people. Stratified random cluster sampling was conducted according to age, and 1172 people were selected as survey subjects.*

*The emotional competence Scale (CEAS-P) after adjustment and verification analysis was adopted, and SPSS22.0 was used for descriptive analysis and difference test.*

*Results and discussion: The results showed that children's anxiety control ability and social assertiveness ability were good, while temper control ability was low. Temper control and social assertiveness improved with age, while anxiety control level did not differ with age.*

*There was no significant gender difference in children's emotional competence, but rural children's emotional competence was significantly lower than that of urban children.*

*Conclusion: The overall situation of emotional competence of 3-6 years old children in Shangrao City is good, and the temper control ability is low, and the regional differences in temper control and social assertiveness are large between urban and rural children. More attention should be paid to improving the emotional competence of rural children.*

**Keywords:** Children; Emotional competence; Current situation analysis

## **Introduction**

With the progress of society and the improvement of people's living standards, the spectrum of childhood diseases has obviously changed, and more and more people have begun to pay attention to children's behavior problems. Emotional competence can promote the development of children's social functions. Children with strong emotional competence have stronger self-confidence, and they often have better social communication skills and positive peer relationships to effectively manage emotions and attention, as well as positive emotional regulation, which helps children to better focus attention, deal with challenges and pressure, and improve learning results. (Denham, 2006) On the contrary, children with weak emotional competence are more likely to have emotional and behavioral problems (Eisenberg et al., 2010), which also lead to a series of maladjustment in their later childhood. Including high rates of peer rejection and low academic achievement (Trentacosta & Shaw, 2009). Emotional and behavioral problems are common psychological problems of preschool children, which will cause obvious adverse effects on children's daily life and later mental health, bring trouble to parents' upbringing, and are one of the main reasons for medical consultation in the psychological consultation clinic (Wan Guobin et al., 2011). 3-6 years old is a critical period for the development of children's emotional competence. The rapid development of economy and urbanization has made great changes in children's living environment and mental health. At present, Chinese children's emotional competence is not optimistic, and emotional and behavioral problems have become the main psychological problems of children, with a higher incidence than before. Therefore, it is urgent to study and improve children's emotional competence.

## **Literature review**

Studies have shown that children's emotional competence is associated with a variety of positive outcomes, including better social relationships, academic success, and overall well-being. The development of emotional competence helps young children understand and express their own emotions, as well as being able to better understand the emotions of others. This allows them to build positive interpersonal relationships with others, resolve conflict

effectively, and demonstrate the ability to cooperate and empathize. The increase in emotional competence enables children to explore the world around them, take on new challenges, and learn to cope with adversity. (Thorlaciuss & Gudmundsson, 2019) emotional competence has been identified as one of the most important competencies to support early school success and growth in academic achievement during elementary school (Denham,2006). It is considered a third psychological trait besides intelligence and conscientiousness that helps students succeed, and different types of EI are most likely to predict academic performance through different pathways (MacCann et al., 2020). Therefore, it is of great significance to discover the deficiency and level difference of emotional competence of preschool children for promoting their future development.

In a 1992 Chinese survey that interviewed 24,013 children and adolescents aged 4-16 and reported the prevalence of behaviors and emotions, CBCL data showed that the incidence of problems in 22 Chinese cities was 12.97 percent. Overall, the percentage of children and adolescents identified as having behavioral and emotional problems rose to 17.6 percent, according to the latest survey results from a sample of 71,929 children and adolescents aged 6 to 16 in five regions across China in 2021. It is also worth noting that the prevalence of behavioral and emotional problems among children and adolescents appears to have risen over the past 30 years. (Cui et al., 2021), the World Health Organization estimates that about 10% to 20% of children worldwide suffer from one or more psychological problems (Bele et al., 2013). A survey in Brazil shows that the prevalence of emotional and behavioral problems is 30.0% for boys and 28.2% for girls. Moreover, family economic status and parents' mental health have a significant impact on children's mental health (Bach et al., 2019). However, previous studies mainly focused on the screening of emotional and behavioral problems, and there were relatively few investigations on the positive emotional competence of normal children. From the perspective of normal children's positive emotional adaptation, the analysis of the influence and promoting factors of children's emotional competence is helpful to discover the subtle and sensitive factors that affect the change of children's emotional competence.

## Methods

This study used a combination of quantitative research and questionnaire survey to investigate the emotional competence of children aged 3-6. A total of 1242 children aged 3-6 from 10 kindergartens in Shangrao City were selected by random cluster stratified sampling method in December 2022 for retrospective investigation. The emotional competence was assessed using the Children's Emotional Regulation Scale (CEAS-P). Questionnaire star system was used to collect electronic questionnaire data, Excel 3.0 software was used to establish a database, SPSS 22.0 software was used for statistical analysis, and T-test ANOVA method was used to examine the differences in children's emotional competence among different demographic characteristics.

3.1 Participants: The survey was carried out in December 2022, stratified random cluster sampling method was adopted, stratified according to urban and rural areas, and then cluster sampling was conducted on kindergartens, including 5 kindergartens in urban areas and 5 kindergartens in township areas. Parents of children were surveyed, and all parents of children in kindergartens with informed consent participated in the questionnaire survey. A total of 1311 questionnaires were sent out, 1265 were recovered, the questionnaire recovery rate was 96.49%, 23 invalid questionnaires were excluded, the exclusion criteria were too short filling time and the scores were inconsistent with the reverse questions, then the Mahalanobis distance was 3 times of the average for screening, and the outlier samples were deleted. The valid questionnaires were 1172, and the effective rate was 92.65%. The average age of the sample in this survey was  $4.0\pm 0.81$  years old, with 615 male and 557 female. Parents of the children surveyed signed informed consent and voluntarily participated in the questionnaire. This study was approved by the Ethics Review Committee of Gannan Medical College (No.: 2022306).

3.2 Data collection: Children's Emotional Adjustment Scale - Preschool Version (CEAS-P) (Thorlacius & Gudmundsson, 2019) was used to assess children's emotional competence. This measure was translated and verified by domestic researchers Wu Min et al. (Wu Min et al., 2020). The questionnaire had good structural validity, and the Cronbach  $\alpha$  coefficient of internal consistency reliability was 0.93. The scale contains 29 items in three dimensions:

temper control, social assertiveness and anxiety control. After verification and analysis, the questionnaire questions were adjusted to: temper control 7 questions, social assertiveness 9 questions, anxiety control 4 questions, a total of 20 questions. Likert grade score (0= never, 1= rarely, 2= sometimes, 3= often, 4= always) was adopted for each question. The cumulative score was 0-80 points. The higher the score, the better the emotional competence. The  $\alpha$  coefficient of internal consistency reliability tested in this study was 0.96. The survey took the class as the unit, the kindergarten teacher assisted the questionnaire distribution and retrieval, and the parents filled in the questionnaire online using the mobile phone, and the filling time was 5 ~ 10min. The method of centralized survey and anonymous and independent filling out is adopted. Each student can only fill in and submit the questionnaire once, and the survey will be completed in December 2022. The questionnaire mainly includes demographic variables (age, gender, place of residence, whether the child is the only child, health status, etc.), children's emotional competence variables and home nurture environment variables.

## **Results**

### **4.1 Demographic analysis of children aged 3-6 years**

A total of 1172 questionnaires were received in this survey, of which 615 were boys (52.47%) and 557 were girls (47.53%). In terms of age distribution, 385 were 3-year-olds, 391 were 4-year-olds and 396 were 5-year-olds. In terms of regional distribution, 642 were urban households, accounting for 54.78%, and 530 were rural households, accounting for 45.22%. In addition, in terms of the distribution of one-child families, 266 people (22.70%) are one-child families, and 906 people (77.30%) are non-one-child families. The proportion of multi-child families is much higher than that of one-child families, indicating that the number of children in families in third-tier cities such as Shangrao has changed greatly since the implementation of the national two-child policy. Family environment and children's emotional competence in multi-child families are the focus of future research. In terms of health level, 723 children were in very good health, accounting for 61.69%, 310 children were in medium good health, accounting for 26.45%, while 139 children were still reported as poor health, accounting for 11.86%. From the perspective of children's health statistics, it is not very optimistic, taking the

number of visits to the hospital in the latest year as an example, there are 3/5 children who have been to the hospital or outpatient clinic for nearly a year. Children's health status has a negative impact on the development of children's emotional competence. Pay attention to the development of children's emotional competence, but also pay attention to the development of children's health level. In terms of the education level of mothers, the number of college graduates accounted for the largest proportion of 32.51%, followed by the number of college graduates accounted for 21.76%. The educational level of the parents explained has been greatly improved, and the proportion of parents with higher education has exceeded half.

#### 1 Demography of the Respondents Profile

Demographic Field	Number	Percent
Gender		
female.	557	47.53%
Male	615	52.47%
Age		
4	385	32.85%
5	391	33.36%
6	396	33.79%
District		
Urban	642	54.78%
Rural	530	45.22%
Only child or not		
Only child	266	22.70%
Not Only child	906	77.30%
health level		
Very good	723	61.69%
medium	310	26.45%
poor	139	11.86%
Educational level of the mother		
Primary and below	31	2.65%

Junior high school	249	21.25%
High school/secondary school	225	19.20%
Three-year college	255	21.76%
Undergraduate	381	32.51%
Graduate students and above	31	2.65%

Source: Developed for this research.

#### 4.2 Analysis of children's emotional ability level

The average value of each dimension of children's emotional ability is as follows: anxiety control is 23.16, the average value of each item is 3.31, social confidence is 31.10, the average value of each item is 4.46, temper control is 13.86, the average value of each item is 3.47. Because the scale adopts 5-level Likert scoring method, the median value is 2 points, and the average value of the three dimensions is much higher than the median value, indicating that the overall situation of children's emotional ability in this survey is good and at the upper medium level. Among them, the number of children whose emotional ability was lower than the median value was 14, accounting for 1.2%, indicating that the emotional ability of children in this study was lower than the reported rate of children with emotional disorders in previous studies.

In addition, the average scores of emotional ability of children aged 3-6 were 66.96, 68.01 and 69.36. Children's emotional ability increases with age. Among them, the temper control scores of 3-6 years old children were 22.82, 22.93 and 23.73, respectively. With the increase of age, the temper control ability of children increased gradually, and there was a significant statistical difference ( $P < 0.05$ ). The scores of social confidence of 3-6 years old children were 30.30, 31.15 and 31.82 points respectively, and the average scores also increased with the increase of age, and there was a significant difference ( $P < 0.01$ ). It is worth noting that there was no statistical difference in the scores of anxiety control, and there was no significant change in the anxiety problems of children at different ages.

## 2 Emotional competence of children aged 3-6

demogr aphy	Items	n	Temper control		Social assertiveness		Anxiety control		Emotional Competence	
			M	SD	M	SD	M	SD	M	SD
Gender	female.	615	23.00	5.46	30.94	6.88	13.80	3.66	67.73	14.20
	Male	557	23.35	5.10	31.27	6.89	13.93	3.19	68.55	13.60
	t		1.141		0.814		0.679		1.006	
	P		0.254		0.416		0.497		0.314	
Age	3-4	385	22.82	5.21	30.30	6.71	13.84	3.70	66.96	13.85
	4 to 5	391	22.93	5.42	31.15	6.96	13.93	3.44	68.01	14.16
	5-6	396	23.73	5.21	31.82	6.91	13.82	3.19	69.36	13.68
	F		3.423		4.805		0.112		2.944	
	P		0.033		0.008		0.894		0.053	

Source: Developed for this research.

### 4.3 Analysis of differences in children's emotional competence

In order to test whether children's emotional ability and abilities of various dimensions are different in demographic indicators, gender, age, household registration location, whether they are the only child, and children's health status are taken as grouping variables, and temper control, social confidence, anxiety control, and total score of emotional ability are taken as test variables. Independent sample T-test and F-test are conducted, and the results are shown in Table 4.12.

The comparison of different gender differences found that there were no significant differences in temper control, social confidence and anxiety control between boys and girls ( $P > 0.05$ ). However, girls' average scores were slightly higher than boys'.

In the comparison of different regional differences, it was found that there was a highly significant difference between urban and rural children's emotional ability ( $P < 0.01$ ). The average score of urban children's emotional ability was 70.49, which was much higher than



that of rural children (65.25). The scores of temper control ability of urban and rural children were 23.90 points and 22.27 points respectively, and the scores of urban children were significantly higher than those of rural children, with statistical significance ( $P < 0.01$ ). The scores of social confidence ability of urban and rural children were 32.24 and 29.71, respectively, and the scores of urban children were significantly higher than those of rural children, with statistical significance ( $P < 0.01$ ); The scores of anxiety control ability of urban and rural children were 14.35 and 13.27, respectively, and the scores of urban children were significantly higher than those of rural children, with statistical significance ( $P < 0.01$ ). This indicates that there is a significant gap between rural children and urban children in all dimensions of emotional ability.

Compared with the difference in the number of children in a family, it was found that the emotional ability of the only child was better than that of the non-only child, with statistical significance ( $P < 0.05$ ). Among them, the social confidence and anxiety control of the only child were significantly higher than that of the non-only child ( $P < 0.05$ ), but there was a significant difference in temper control.

In the difference comparison of different health conditions, it was found that the emotional ability of children with good overall health status was significantly different from that of children with deviant health status ( $P < 0.01$ ). Children with poor health status also had low emotional ability score. The scores of temper control, social confidence and anxiety control were significantly different ( $P < 0.01$ ), and the scores of temper control, social confidence and anxiety control were correspondingly lower in children with poor health status.

It was found that there was a statistically significant difference between the mother's education level and the children's emotional ability score ( $P < 0.01$ ). The higher the mother's education level, the better the children's emotional ability. Among them, the mother's education level had significant differences with the scores of temper control, social confidence and anxiety control ( $P < 0.01$ ). The higher the mother's education level, the better the children's temper control, social confidence and anxiety control ability. The same results were also obtained in the comparison of the difference of the father's education level. That is, the more educated the father, the better the children's temper control, social confidence, anxiety control and overall emotional ability. By careful comparison, it can be found that although the differences in

children's emotional ability between mothers with different educational backgrounds are statistically significant, the differences in children's temper control, social confidence, anxiety control ability and overall emotional ability between mothers with different educational backgrounds are greater, and the F-value is higher. This indicates that the higher the educational level of the father or the mother, the better the children's emotional ability in all aspects, but the mother's educational background is more closely related to the children's emotional ability. It is worth noting that the anxiety control scores of children whose fathers have a graduate degree or above are slightly lower than those of children whose fathers have a bachelor's degree.

### 3 An analysis of influencing factors of emotional ability in children aged 3-6

Items	n	Temper control		Social assertiveness		Anxiety control		Emotional Competence		
		M	SD	M	SD	M	SD	M	SD	
Distr	Urban	642	23.90	5.49	32.24	6.71	14.35	3.40	70.49	13.87
ict	Rural	530	22.27	4.91	29.71	6.84	13.27	3.41	65.25	13.44
	t		5.300		6.387		5.411		6.534	
	P		0.000		0.000		0.000		0.000	
Only	Only	266	23.44	5.37	31.98	7.03	14.27	3.62	69.70	14.02
child										
or	Not Only	906	23.08	5.27	30.84	6.82	13.74	3.38	67.66	13.86
not										
	t		0.971		2.392		2.227		2.102	
	P		0.332		0.017		0.026		0.036	
healt	Very good	723	24.04	5.41	32.22	6.75	14.42	3.51	70.68	13.93
h										
level	medium	310	22.16	4.99	29.93	6.77	13.22	3.25	65.31	13.25
	poor	139	20.82	4.13	27.86	6.40	12.39	2.75	61.07	11.59
	F		30.728		30.877		28.836		38.711	

	P		0.000		0.000		0.000		0.000	
Educational level of mother	Primary and below	31	20.36	5.70	27.55	7.51	12.10	3.81	60.00	14.88
	Junior high school	249	22.47	5.37	29.44	7.02	13.15	3.73	65.06	14.51
	High school/secondary school	225	21.98	4.33	29.79	6.34	13.16	2.72	64.93	11.70
	Three-year college	255	23.40	5.40	31.94	7.07	14.14	3.70	69.49	14.38
	Undergraduate	381	24.18	5.34	32.42	6.52	14.54	3.14	71.13	13.25
Educational level of father	Graduate students and above	31	25.68	5.54	34.23	5.97	15.84	3.98	75.74	13.78
	F		9.50		11.51		11.44		13.49	
	P		0.00		0.00		0.00		0.00	
Educational level of mother	Primary and below	27	19.63	4.92	28.26	7.46	11.96	3.14	59.85	13.46
	Junior high school	274	22.07	5.01	29.25	6.67	13.10	3.54	64.42	13.51
	High school/secondary school	213	23.06	5.03	30.48	7.02	13.73	3.48	67.27	13.73
	Three-year college	238	23.40	5.11	31.80	7.01	13.91	3.11	69.11	13.42
	Undergraduate	386	23.98	5.59	32.31	6.63	14.54	3.52	70.83	14.11
Educational level of father	Graduate students and above	34	24.53	4.76	33.38	4.94	14.29	2.15	72.21	10.61
	F		7.34		9.14		7.76		10.06	
	P		0.00		0.00		0.00		0.00	

Source: Developed for this research.

## Discussion

Emotional competence is an important part of children's psychological quality, which is not only related to the formation of children's good psychological quality, but also related to their lifetime development (Saarni, 1999). 3-6 years old is the key period to cultivate children's emotional competence. Investigating and mastering the current situation of children's emotional competence can effectively prevent children's bad emotional behavior problems

from being transformed into various psychological problems during their growth. On the whole, children in Shangrao City have a good level of emotional competence. In three specific dimensions, children's anxiety control ability and social assertiveness ability are relatively high, while children's temper control ability is relatively low. The emotional competence of children aged 3, 4 and 5 increased with age, but there was no significant difference ( $F=2.944$ ,  $p>0.05$ ). From all dimensions, there were significant differences in temper control and social assertiveness ability ( $F=3.423$ ,  $4.805$ ,  $p<0.05$ ). Temper control and social assertiveness ability gradually increased with age. However, there was no significant change in the anxiety control level of children at all ages. As children grew older, their cognitive ability also developed rapidly, and there was no age difference in anxiety control, indicating that the causes of anxiety vary among children of different ages. The increasing demands and harshness of parents on older children should be one of the reasons for children's anxiety.

There are differences in children's temper control in parents' education, health level and geographical factors. The higher the education level of parents and the higher the health level of children, the better the temper control ability of children living in the city than living in the countryside. Temper control is influenced by internal factors and external environmental factors (Jiang Yuan & Lin Chongde, 2010). The internal factors can be explained by genetic inheritance. The more educated parents are, the higher their cognitive level and self-cultivation, the better genes they will pass on to their children than the less educated parents. External factors can be explained by family socioeconomic status and environment. Educated parents tend to have better socioeconomic status, they tend to live in cities, they have more children living together, they pay more attention to parenting styles and parent-child relationships, and their children are well cared for, so they have better health and better temper control. On the other hand, rural parents are less educated, many parents work in other places (Sun Hongyan & Zhang Xudong, 2015), the proportion of left-behind children is relatively high, the phenomenon of intergenerational rearing is common, and the lack of parental education should be the main reasons for the poor temper control ability of rural children.

Children's social assertiveness has differences in parents' education, health level, whether the child is the only child, region and other factors. The higher the parents' education, the higher the child's health level, the better the social assertiveness ability. The only child living in the

city has better social assertiveness ability than the non-only child living in the countryside. 3-6 years old is the period of rapid physical, cognitive, emotional and social development of children, and it is also the period when psychological and behavioral deviations are most likely to occur. In this period, children lack social skills and self-confidence, which are easily transformed into externalized behavior problems (such as aggression, resistance, conduct problems, inattention, etc.) and internalized psychological problems (such as anxiety, depression, withdrawal, etc.). Studies have found that mothers' encouragement of sociability, independence and achievement can promote the development of children's social abilities (Xia Min, 2017). When mothers give warm responses and support to their children's needs, their children develop better social skills. Children perform better on social skills when mothers treat their children as equals, allow them to question their decisions, and provide guidance and explanation for their confusion (Jabaghourian et al., 2014). The negative parenting behavior of the mother is not consistent with the outcome of the relationship between the child's social skills. Some studies have found that parents' strict discipline and refusal to punish negatively predict children's social skills (Sun Ling et al., 2014).

Children's anxiety control is different in the factors of parents' education, health level, whether the child is the only child, region and so on. The higher the parents' education, the higher the child's health level, the better the anxiety control ability. The only child living in the city has better anxiety control ability than the child living in the countryside and not the only child. The higher the education level of the mother, the stronger her own emotional regulation ability, which has a positive impact on children's anxiety control (Morelen et al., 2016). First of all, excessive exposure to negative emotions has a negative impact on children's emotional regulation development (Milojevich & Haskett, 2018), while more positive emotion expression is conducive to children's emotional regulation development (Hu et al., 2017). The mother has a higher ability of emotion regulation, which directly reduces her exposure to negative emotions and increases her exposure to positive emotions in her daily interactions with young children. Secondly, mothers' daily emotional regulation behaviors form a good demonstration role for their children, enabling them to learn better emotional regulation methods through imitation when facing similar emotions (Morris et al., 2007). Parents with low educational background usually have a low family income, while parents with lower family income tend to

use authoritarian or indulgent parenting styles, have lower sense of responsibility and lower warmth of the family (Criss et al., 2016). Such a family environment is not conducive to the development of children's emotional regulation. In addition, low-income families have higher risks (Ellis et al., 2014). Ellis et al., 2014), such as family's low social status, economic weakness, family livelihood pressure, family conflicts, family abuse, etc. All these family risks will have a negative impact on children's emotional regulation development.

## **Conclusion**

The current situation of emotional competence of 3-6 year old children in Shangrao city is generally good, and the emotional competence of rural children with low educational background and low health level is poor. More attention should be paid to improving the emotional competence of these children.

## **References**

- Bach, S. D. L., Molina, M. L., Amaral, P. L. D., Reyes, A. N., Jansen, K., Silva, R. A. D., & Motta, J. V. D. S. (2019). Emotional and behavioral problems: a school-based study in southern Brazil. *Trends in Psychiatry and Psychotherapy*, 41, 211-217.
- Bele, S. D., Bodhare, T. N., Valsangkar, S., & Saraf, A. (2013). An epidemiological study of emotional and behavioral disorders among children in an urban slum. *Psychology, Health & Medicine*, 18(2), 223-232.
- Criss, M. M., Morris, A. S., Ponce Garcia, E., Cui, L., & Silk, J. S. (2016). Pathways to adaptive emotion regulation among adolescents from low-income families. *Family Relations*, 65(3), 517-529.
- Cui, Y., Li, F., Leckman, J. F., Guo, L., Ke, X., Liu, J., Zheng, Y., & Li, Y. (2021). The prevalence of behavioral and emotional problems among Chinese school children and adolescents aged 6–16: a national survey. *European Child & Adolescent Psychiatry*, 30, 233-241.
- Denham, S. A. (2006). Social-emotional competence as support for school readiness: What is it and how do we assess it? *Early Education and Development*, 17(1), 57-89.

- Eisenberg, N., Spinrad, T. L., & Eggum, N. D. (2010). Emotion-related self-regulation and its relation to children's maladjustment. *Annual Review of Clinical Psychology*, 6, 495-525.
- Ellis, B. H., Alisic, E., Reiss, A., Dishion, T., & Fisher, P. A. (2014). Emotion regulation among preschoolers on a continuum of risk: The role of maternal emotion coaching. *Journal of Child and Family Studies*, 23, 965-974.
- Hu, Y., Wang, Y., & Liu, A. (2017). The influence of mothers' emotional expressivity and class grouping on Chinese preschoolers' emotional regulation strategies. *Journal of Child and Family Studies*, 26, 824-832.
- Jabaghourian, J. J., Sorkhabi, N., Quach, W., & Strage, A. (2014). Parenting styles and practices of Latino parents and Latino fifth graders' academic, cognitive, social, and behavioral outcomes. *Hispanic Journal of Behavioral Sciences*, 36(2), 175-194.
- MacCann, C., Jiang, Y., Brown, L. E., Double, K. S., Bucich, M., & Minbashian, A. (2020). Emotional intelligence predicts academic performance: A meta-analysis. *Psychological Bulletin*, 146(2), 150.
- Milojevich, H. M., & Haskett, M. E. (2018). Longitudinal associations between physically abusive parents' emotional expressiveness and children's self-regulation. *Child Abuse & Neglect*, 77, 144-154.
- Morris, A. S., Silk, J. S., Steinberg, L., Myers, S. S., & Robinson, L. R. (2007). The role of the family context in the development of emotion regulation. *Social Development*, 16(2), 361-388.
- Saarni, C. (1999). *The development of emotional competence*. Guilford press.
- Thorlaciuss, O., & Gudmundsson, E. (2019). The Effectiveness of the Children's Emotional Adjustment Scale (CEAS) in Screening for Mental Health Problems In Middle Childhood. *School getting Health*, 11 (3), 400-412. <http://doi.org/10.1007/s12310-018-9296-x>
- Trentacosta, C. J., & Shaw, D. S. (2009). Emotional self-regulation, peer rejection, and antisocial behavior: Developmental associations from early childhood to early adolescence. *Journal of Applied Developmental Psychology*, 30(3), 356-365.
- Jiang Y, & Lin C D. (2010). Advances in brain unilateralization of emotion. *Psychological and Behavioral Research* (4), 7.

Sun Hongyan, & Zhang Xudong. (2015). Different growth: A research report on left-behind children in rural China. Different growth: A research report on the National rural left-behind children Group.

Sun Ling, Liang Zong-bao, Chen Huichang, & Chen Xin-Yin. (2014). Children's activity at age 2, self-control and school adjustment 5 years later: the moderating role of parenting style. *Psychological Development and Education*, 30(1), 9-15.

Wan G B, Wei Z, He H J, & He M Y. (2011). Prevalence of emotional problems among preschool children in Shenzhen. *Chinese Journal of Child Health*, 19(12), 3.

Wu M, Yang T T, Zhu J, & Li Y. (2020). Reliability and validity of the preschool version of the Emotional Adjustment Scale for children in Chinese preschool children. *Chinese Journal of Clinical Psychology*, 28(1), 46-48.]

Xia M. (2017). The role of parenting behavior and children's volitional control in children's social competence: A follow-up study from 4 to 7 years old: Southeast University.