

Internalizing and Externalizing Behavioural Problems among Higher Secondary Students in Kerala

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ABSTRACT

Adolescence is the period of life between the ages of 10-19 years (WHO). This is a stage identified as a period of “storm and stress” in one’s life. Adolescence has been included as an increase in the prevalence of both internalizing as well as externalizing problem behavior is generally demonstrated (Moffitt, 1993). The purpose of the present study was to find out the extent of various behavioural problems in adolescents. The study was a cross sectional descriptive in nature. 143 adolescents (76 males and 67 females) were randomly selected from the district of Thrissur, Kerala. The age range of the sample was 15-18 years. Youth Self Report (YSR/11-18) developed by Achenbach was used to assess behavior problems of adolescents. Student t test was used for statistical analysis of the data. The obtained result indicates that male and female adolescents come under the clinical range of internalizing behavior problems (nearly 75%) and externalizing behavior problems (below 50%). The mean scores, SD, and t value of all the scales were calculated. Significant differences among male and female adolescents were observed in withdrawal/ depression ($t=2.199$; $p<0.05$), rule breaking ($t=5.601$; $p<0.01$) and externalizing behavior problems ($t=3.028$; $p<0.01$). Both male and female adolescents reported behavior problems. Both were having internalizing behavior problems, and other problem behaviours such as difficulties in social relationships, immature pattern of thinking, and attention problems. In the case of externalizing behavior problems, the tendency to break rules was seen more among males than females. Both reflected aggressive behavior and the pattern of distribution of externalizing behavior problems were found more among male adolescents than female adolescents.

Keywords: *Adolescence, Behavior Problems*

According to WHO, adolescence is the period of life between the ages of 10-19 years. This is a stage identified as a period of “storm and stress” in one’s life. Adolescence has been included as an increase in the prevalence of both internalizing as well as externalizing problem behavior is generally demonstrated (Moffitt, 1993). Adolescence is a period of transition between childhood and adulthood that involves biological, cognitive and socio emotional changes. The fundamental task of adolescence is preparation for adulthood.

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A healthy adolescent is often considered the next generation of actors on the social and economic stage. Adolescence (10–19 years) is a distinctive and formative period. The biological, cognitive, and socio emotional changes of adolescence extend from the development of sexual functions to abstract thinking processes to independence. The period of adolescence is not necessarily a period of intense emotional disturbances arising from the biological emergence of the sex drive or the psychological problems of becoming self dependent.

Adolescents are heterogeneous. Although a majority of adolescents successfully make the transition from childhood to adulthood, too large a percentage do not and are not provided with adequate opportunities and support (Santrock, 2007). Different representations of adolescents emerge depending on the particular set of adolescents being described. Contexts, the settings in which development occurs, play important roles in adolescent development (Santrock, 2007). These contexts include families, peers, schools, neighbours, society and culture. Adolescence is a significant period for developing and maintaining good behavior. Supportive environments in the family, socio economic status, parental attachment, quality of parental relationship, temperamental hurdles, school commitment, and the wider community are also having a huge impact on adolescent's behavior. But unfortunately, the more risk factors adolescents are exposed to, which leads to a greater potential impact on their behavior development.

The adolescent struggles to develop his individuality while still conforming to societal norms (Pathak, Sharma, Parvan, Gupta, Ojha, & Goel, 2011). Rapid technological advancement and modernization have exposed them to changes in society. The resultant breakdown in family structure, and rapidly changing socio-cultural paradigm, rise in the behavior problems in adolescents are also similarly steep and disrupting. Healthy adulthood depends upon successful resolution of these emotional and behavioural problems (Pathak, Sharma, Parvan, Gupta, Ojha, & Goel, 2011). Adolescence is a stage identified as a period of "storm and stress" in one's life only in those societies that make it so severe limitations on sexual behavior or by providing sharp breaks between dependent childhood and responsible maturity or by demanding so fast a change that a large gulf opens between the generations.

The adolescent's behavior problems are often multifactorial and the way in which they are expressed may be influenced by a wide range of factors and it is very difficult to characterize. Studies identified different factors, which can contribute to stress during adolescence include a desire for greater autonomy, pressure to conform to peers, exploration of sexual identity, and increased access to and use of technology. These factors vary from individual to individual, and even minute factors can influence adolescents' behavior. It can be difficult to assess whether the behavior of such adolescents is normal or sufficiently problematic.

Adolescence symbolises the developmental transition from childhood to adulthood. The value and complexion of young people's future lives, as well as a country's future social and economic growth, largely depend on how well adolescents traverse this transition. Adolescents continue to face various emotional and behavior problems. These problems influence the child's overall development, specifically academic and social outcome as adults. Hence there is a need to identify problem behavior among adolescents at the right time. So, the present study envisaged to understand the prevalence and pattern of behavioural problems among adolescents.

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Objectives

- To study the extent and types of behavior problems among higher secondary school adolescents.
- To understand the gender differences among behavior problems in adolescence.

Hypothesis

- There will be no significant difference in the level of internalizing and externalizing behavior problems among adolescents.
- There will be no significant gender difference in internalizing behavior problems among adolescents.
- There will be no significant gender difference in externalizing behavior problems among adolescents.

METHODOLOGY

Participants

The study was a cross sectional descriptive in nature. In this study, 143 participants, both males and females were selected from government higher secondary schools of Thrissur district. The students from bio science and computer science stream were randomly selected for the study. The students at higher secondary level were included. Of 143 adolescents, 76 were males and 67 were females.

Test Used for the study

Behavioural problems were measured using the self-administered Youth Self-Report (YSR/11-18) (Achenbach, 1991) which assesses 3 main domains: 1) internalizing problem scale: anxious/depressed, withdrawn/depressed and somatic complaints; 2) externalizing problem scale: rule-breaking behavior and aggressive behavior; 3) other problems (than internalizing/externalizing behavior): social problems, thought problems and attention problems. The total score is based upon the total problem scale, which is a sum of the scores for the three domains.

Ethical Consideration

The study was approved by the Research Admission Committee of the institution. All students were provided informed consent for participation in the current study. The consent from their principal was also considered. Investigator ensures to maintain privacy, anonymity and confidentiality throughout the study.

Procedure

Schools were visited with prior permission from the principal. After creating good rapport, the participants were provided a self administered Youth Self-Report (YSR/11-18). They were instructed as “for each item that describes you now or within the past 6 months, please choose and circle the 2 if the item is very true or often true of you. Choose and circle the 1 if the item is somewhat or sometimes true of you. If the item is not true of you, choose and circle the 0”. The scoring was completed as per the manual.

RESULT AND DISCUSSION

The study aims to explore the extent and types of behavior problems among higher secondary school adolescents. It also aims to explore the gender differences among behavior problems in adolescence. The study was a cross sectional descriptive in nature.

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The scoring of YSR's items, classifies adolescents into Clinical, Borderline and Non-clinical ranges (Achenbach, 1991) in which clinical range means more behavior problems and non-clinical range means fewer behavior problems. The internalizing problem scale constitutes anxious/depressed, withdrawn/depressed and somatic complaints and externalizing behavior problems constitute rule-breaking behavior and aggressive behavior. Other problems (than internalization/externalization behavior) constitute social problems, thought problems and attention problems.

The relative percentages of participants falling within each category based on gender are provided in Table 1.

Table 1: Percentage of Adolescents who Obtained Scores on the Youth Self Report's Scale based on Gender

Category	Male (N=76) %	Female (N=67) %
Internalizing		
Clinical	72.36	71.64
Borderline	11.84	14.92
Non Clinical	15.78	13.43
Externalizing		
Clinical	43.42	41.79
Borderline	23.68	29.85
Non clinical	32.89	28.35
Other Problems		
Clinical	67.10	76.11
Borderline	13.15	16.41
Non Clinical	19.73	7.46
Total Problems		
Clinical	68.42	56.71
Borderline	15.78	25.37
Non Clinical	15.78	17.91

The obtained result in (Table 1) indicates nearly 75 percentage of male and female adolescents come under the clinical range of internalizing behavior problems. Below half of the adolescents both male and female, fall under the clinical range of externalizing behavior problems. Above 75 percent female adolescents are under clinical range of other problems (social, thought and attention problems) and male adolescents clinical range is below 70 percent, which is comparatively lesser than the female adolescent's clinical range. By considering total problems, above 60 percent of male and 50 percent of females come under the clinical range of behavior problems. Overall clinical range of problem distributions were more among male adolescents than female except for other problems (social, thought and attention problems) which is higher among female adolescents.

The scales of Youth Self-Report measures behavior problems such as anxious/depressed, withdrawn/depressed, somatic complaints, rule-breaking behavior and aggressive behavior, social problems, thought problems and attention problems. Total problems are sum of all the scales. The mean, SD, t value of adolescents who obtained scores on YSR scale based on gender are summarized in Table 2.

Table 2: mean, SD, t value of adolescents who obtained scores on YSR scale based on gender

Scales	Male N=76		Female N=67		t value
	Mean	SD	Mean	SD	
Anxious/depressed	10.78	4.48	12.23	5.03	1.821
Withdrawal/depression	4.42	2.99	3.88	2.57	2.199*
Somatic complaints	4.77	3.32	4.83	3.16	0.109
Social problems	6.97	3.49	6.08	2.6	1.695
Thought problems	7.47	4.08	6.67	3.63	1.233
Attention problems	7.21	2.99	7.23	2.61	0.06
Rule breaking	7.06	3.75	4.05	2.42	5.601**
Aggression	11.27	5.8	10.68	4.19	0.688
Internalizing problems	19.81	9.17	20.49	8.96	0.445
Externalizing problems	18.32	8.59	14.55	5.87	3.028**
Total problems	59.98	22.81	55.21	19.21	1.345

*Significance at 0.05 level (2 tailed) **significance at 0.01 level (2 tailed)

The obtained result in (Table 2) shows, the mean scores of anxious/ depression for both male and female are 10.78 and 12.23, which has slight differences in their mean values, indicating no significant differences (i.e., t value is less than 1.96). Thus, the adolescents' increased vulnerability to anxiety/depression can be due to the reason for continued brain changes, physical growth and development. The withdrawal/ depression mean scores of male and female are 4.42 and 3.88, which indicates significance at 0.05 level. This result showed that among adolescents, male has increased evaluative concerns which induce social withdrawal than female adolescents. The mean values of male and female in somatic complaints are 4.77 and 4.83, which shows there is no significant difference (calculated t value is less than table value 1.96). This result showed that the health concerns are an important determinant among adolescents especially physical concerns attributed to mental health factors should be considered. Their somatic complaints can be due to psychosocial factors such as basic traits, school environment, home environment, peer pressure, and other interpersonal difficulties.

From the result of table 2, the mean values of male and female in social problems have no significant difference because the calculated t value is less than the table value. This suggests that the social problems were common among adolescents. Several similar findings were reported; the finding of Honkalampi, Tolmunen, Hintikka, Rissanen, Kylma & Laukkanen (2009) revealed that difficulties in social relationships are common causes of anguish among adolescents. Heterosexual peer groups and dyadic romantic relationships; transformational parental relationship everything make difficulty in social relationship Curtis & Alexa (2015). The thought problems mean scores of male and female are not significant as calculated t value is less than the table value 1.96, which indicates both male and female adolescents are having thought problems. The thought problems can be due to the efficiency of cognitive process and control of impulsivity remains immature among adolescents Steinberg (2014). The mean scores of attention problems are not significant as calculated t value is not significant at 0.05 level. The result found that both male and female adolescents exhibited attention problems. The study conducted by Landhuis, Poulton, Welch, Hancox (2007) identified that childhood television viewing was associated to attention problems in adolescence.

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From the result of the table 2, the mean values of male and female in rule breaking has significant difference because the calculated t value is significant at 0.01 level. The result showed that the tendency to break rules was seen more among males than females. The mean scores of aggression between male and female show no significant difference as the calculated value is less than 1.96, which indicates both male and female adolescents reflected aggressive behavior. This aggressiveness can be due to the violent video games and media multitasking are negatively influence adolescents.

The mean score of internalizing behavioural problems between male and female are not significant as calculated t value is less than 1.96, which shows the females reflected more internalizing behavior problems than males but the difference is not very much. Thus, the behaviours considered 'female' such as being withdrawn, shyness, anxious, also remained in male adolescents. The result of table 2 shows that there is a significant difference between male and female in externalizing behaviour problems at 0.01 level. The result found the pattern of distribution of externalizing behavioural problems are more among male adolescents than female adolescents. This finding also supported the findings of Chaudhury, Prasad, Zacharia, Madhusudan & Saini (2007), Shetty & Shihabuddeen (2014), Shastri, Shastri & Shastri (2010) that females had more internalizing behavioral problems whereas males had more externalizing problems.

Result from table 2, indicates the mean score of total problems between male and female are not significant because the calculated t value is not significant at 0.05 level. This showed emotional and behavior problems are common among adolescents. Most of the behaviours of males and females are alike, even though they are judged themselves by a different standard.

CONCLUSION

Both male and female adolescents reported behavior problems. Both are having internalizing behavior problems, and other problem behaviours such as difficulties in social relationships, immature pattern of thinking, and attention problems. In the case of externalizing behavior problems, the tendency to break rules was seen more among males than females. Both reflected aggressive behavior and the pattern of distribution of externalizing behavior problems were found more among male adolescents than female adolescents.

Implications

The present study recognises a considerable number of adolescents expressing internalizing and externalizing behavior problems. They need support in coping with such behavior problems. So, this study highlights the importance to establish easy and practical methods to identify treat and prevent behaviour problems of adolescents and promote proper behavior aspects of them. The findings from the study imply that parents and teachers should be aware about the behavior and emotional problems of adolescents. The present study highly advises to appoint a counsellor, who is competent and has in-depth knowledge in mental health in every school. The study also recommends establishing training programs in academic curriculum, which enables the development of social skills for adolescents.

Limitation

The sample size is small and these findings are a part of pilot study done for the first author's research work.

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Conflict of Interest

The author(s) declared no conflict of interest.

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